

No. 17013/19/2021-PR  
Government of India  
Ministry of Home Affairs

\*\*

Women Safety Division, Hall No. 2,  
Major Dhyan Chand National Stadium,  
India Gate, New Delhi – 110002

**June 24, 2021**

To

The Chief Secretaries of all States and UTs  
The Advisors to Administrators of UTs of Chandigarh, Dadra and Nagar  
Haveli & Daman and Diu, Lakshadweep and Ladakh  
The DG/IG Prisons of all States and UTs

**Sub: Addressing mental health issues of inmates and staff in Prisons and Correctional facilities during Covid-19.**

The Covid-19 pandemic has posed unique challenges to the world. Prisons and Correctional facilities have also been affected by the pandemic. Appropriate measures have been taken by Prison authorities to check the spread of Covid-19 in Prisons. However, there is a need to continue to monitor the situation rigorously without letting the guard down and provide care and support to inmates and prison staff.

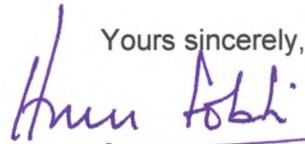
2. Incarcerated populations may face many vulnerabilities during the pandemic, including anxiety, stress, deprivation of support from families, concern about the wellbeing of their family members etc., which may impact their mental wellbeing. Mental health of prisoners is therefore an area of focus and concern.

3. During this period, prison staff has also been working under tremendous pressure and may have faced challenges in performing their duty while safeguarding themselves from catching the infection, thereby resulting in mental stress and strain for them.

4. Taking cognizance of the challenges faced by prison inmates and prison staff, the Ministry of Home Affairs had engaged with the Department of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore and had requested them to prepare guidelines for addressing the mental health needs of prisoners and prison staff with a view to empowering them in managing these issues.

5. NIMHANS has now prepared two handbooks titled 'Dealing with Mental Health Issues in Prisoners during COVID-19: A HANDBOOK' and 'Dealing with Mental Health Issues in Prison Staff during COVID-19: A HANDBOOK.' The Handbooks are forwarded to all State Prison authorities, who may disseminate the guidance contained therein to all Prisons in the States and UTs. They may also consider getting these translated into local language of the State/UT for better reach and understanding by one and all. It is expected that these Handbooks will serve as an important step towards promoting the mental health and well-being of prisoners and prison staff during the times of COVID-19.

6. Prison authorities are requested to make use of the guidance provided in these Handbooks and also explore and evaluate appropriate strategies for promoting mental wellbeing of inmates and prison staff.

  
Yours sincerely,  
Arun Sobti  
(Arun Sobti)  
Deputy Secretary to the Govt. of India  
Tele: 2307 5297  
Email: [dspr.atc@mha.gov.in](mailto:dspr.atc@mha.gov.in)

24/6



**Dealing with  
Mental Health Issues  
in Prisoners during  
COVID-19:  
A HANDBOOK**

This handbook is published by the National Institute of Mental Health & Neuro Sciences,  
Bengaluru-560029, India

First printing 2021

NIMHANS Publication number: 201

ISBN: 978-81-951544-7-0



Copyright © National Institute of Mental Health & Neuro Sciences, Bengaluru-560029, India

**How to cite?**

Hegde, P.R., Vajawat, B., Patley, R., Varshney, P., Chander, R., Philip, S., Kumar, C.N., Jayashankar, S., Hegde, M., Math, S.B., Murthy, P. (2021). *Dealing with Mental Health Issues in Prisoners during COVID-19: A Handbook*. National Institute of Mental Health & Neuro Sciences, Bengaluru, India.

This work is a publication of the National Institute of Mental Health & Neuro Sciences, Bengaluru-560029, India. All rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced, or translated, in part or whole, but NOT FOR SALE in conjunction with commercial purposes. The source must be acknowledged.

Cover Design: This cover page has been designed by Dr Prakyath R Hegde



## NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

INSTITUTE OF NATIONAL IMPORTANCE

P.B. 2900, Bengaluru - 560 029 (India)

### Dr. Shekhar P. Seshadri

MBBS, MD, DPM

Director

Sr. Professor of Child & Adolescent Psychiatry

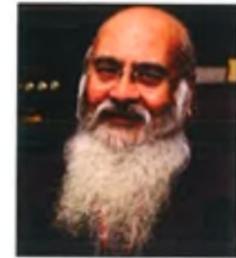
Off : 91-80-26564140, 26561811

26565822, 26995001 / 2

Res : 91-80-26638689

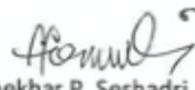
Fax : 91-80-26564830 / 26562121

Email : [docshekhar.seshadri@gmail.com](mailto:docshekhar.seshadri@gmail.com)  
[shekhar@nimhans.ac.in](mailto:shekhar@nimhans.ac.in)



### Message from the Director of the National Institute of Mental Health & Neuro Sciences, Bengaluru

The prison population represents an incarcerated section of the society, calling for utmost attention from the State. The prevalence of mental illness among the prisoners is significant. Prison populations are predisposed to mental health issues and these issues may further exacerbate in the prison environment. The prison staff also battle with burnout while working in a highly demanding environment. Access to treatment in prison for the prisoners and the prison staff needs to be a priority. To enhance care in prisons, immediate steps are required to address this concern. Special medical and mental health challenges are posed by the ongoing COVID-19 pandemic. Hence preparedness, health promotive measures, and management of mental health issues of the prisoners and the prison staff is the need of the hour. I hope this handbook will be helpful for stakeholders in handling the mental health issues of prisoners and prison staff during the COVID-19 pandemic.



Dr. Shekhar P. Seshadri,  
Director, NIMHANS.

**Dr. Shekhar P. Seshadri**  
Director  
National Institute of  
Mental Health & Neuro Sciences  
Bengaluru - 560 029

## Contents

<b>Chapter Number</b>	<b>Title</b>	<b>Page Number</b>
I	Introduction to dealing with mental health issues in prisoners during COVID-19	1
II	Mental health issues in prisoners 2.1 Identification of mental illness in prisoners 2.2 Strategies for mental health promotion 2.3 Remedies to handle psychological crises 2.4 Preventing suicide in jails and prisons 2.5 Strategies specific to COVID 19	2
III	Dealing with stigma	13
IV	Telepsychiatry for prisoners - challenges and possible solutions during COVID-19	14
V	Management of covid positive patients with mental illness	15
VI	Recommendations	19
	References	20
	Appendices: a. NIMHANS mental health screening questionnaire b. Minimum standards for mental health care in prison c. Further resources	21

## **Chapter 1 : INTRODUCTION TO DEALING WITH MENTAL HEALTH IN PRISONS DURING COVID-19**

The World Health Organization recognized the outbreak of COVID-19 as a Public Health Emergency of International concern in January 2020. By March 2020, it affected more than 115 countries and was declared a pandemic. Lack of predictability of the course of the infection, immobilization, disruption of the routine, loss of social connectedness, rising health concerns, concerns about the availability of medical facilities, stigma related to the infection, and adverse impact on occupation are various factors that have impacted the mental health(*Rahbar – Corona Response*, n.d.).

Mental health issues relating to prisoners need special attention. According to the Bangalore Prison Mental Health Study, the prevalence of mental illness and substance use disorder is nearly 80% in the prison population. After excluding substance abuse, 27.6% of prisoners still have a diagnosable mental disorder(Math. S, Murthy. P, Parthasarathy. R, Kumar. C, 2011).

The conditions in the prisons pose a major challenge to ensuring physical distancing that has been advocated to curtail the spread of infection. Uncertainties regarding how the prison staffs are equipped to address associated problems persist due to challenges relating to health care facilities and the sufficient availability of mental health professionals in prisons. Even the knowledge among prison staff and officials about mental illness is often inadequate (D. Kumar et al., 2014).

Concerns related to the referral of patients with mental illness to mental health establishments also become important in terms of the ability to identify individuals who need a referral and the availability of a psychiatrist who is sensitive to the needs and requirements of the patients referred from prison.

Prisoners are a vulnerable population and are predisposed to develop mental health issues. Figure 1 depicts the mental health problems faced by prisoners (Math. S, Murthy. P, Parthasarathy. R, Kumar. C, n.d.). Due to this vulnerability and predisposition, the prevalence of mental illness is very high in prisons compared to the community.

**Table 1: Prevalence of mental illness in Indian prisons**

Study	Sample size	% of prisoners with psychiatric illness
Math et al (2011)(Math. S, Murthy. P, Parthasarathy. R, Kumar. C, 2011)	5024	79.6
Goyal et al (2011)(Goyal et al., 2011)	500	23.8
Kumar et al (2013)(V. Kumar & Daria, 2013)	118	33
Ayirolimeethal et al (2014)(Ayirolimeethal et al., 2014)	255	68.6
Joshi et al (2014)(Joshi et al., 2014)	50	82

**Figure 1: Mental health problems faced by prisoners**

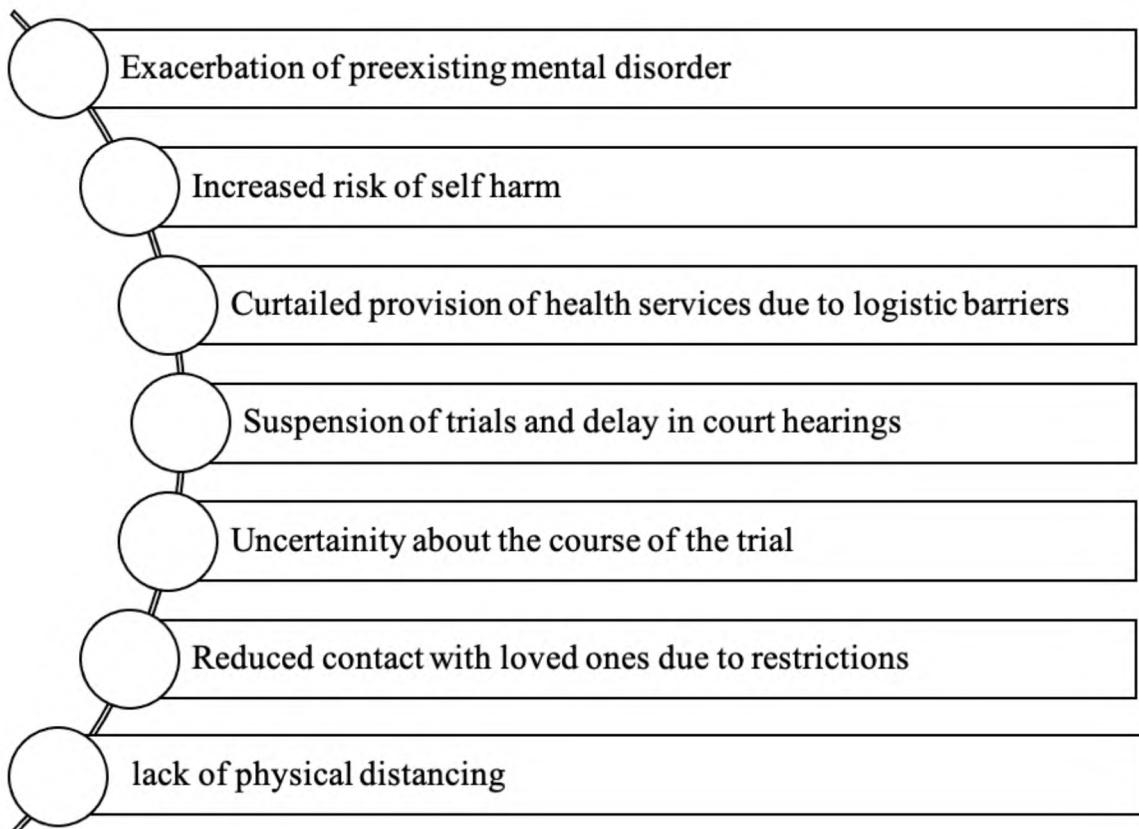
Before imprisonment	In custody	Release from prison
<ul style="list-style-type: none"> <li>➤ Pre-existing vulnerabilities (Hence a higher risk of imprisonment)</li> <li>➤ Substance abuse</li> <li>➤ ADHD</li> <li>➤ Mood disorders</li> <li>➤ Psychosis</li> <li>➤ Personality disorder;</li> <li>➤ Homeless mentally ill often land up in prison</li> </ul>	<ul style="list-style-type: none"> <li>➤ Mood disorders</li> <li>➤ Substance withdrawal-related complications</li> <li>➤ Drug default may cause a relapse or exacerbation of symptoms</li> <li>➤ Adjustment and stress-related disorders</li> <li>➤ Anxiety and mood disorders</li> <li>➤ Self-harm attempts</li> <li>➤ Somatoform disorders</li> <li>➤ Psychotic disorders</li> <li>➤ Nonorganic sleep disorders</li> <li>➤ Development of substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adjustment and stress-related disorders</li> <li>➤ Anxiety and mood disorders</li> <li>➤ Substance withdrawal-related complications</li> <li>➤ Self-harm attempts</li> <li>➤ Somatoform disorders</li> <li>➤ The above problems can worsen or precipitate mental health problems and lead to relapse</li> </ul>

## Chapter 2 : MENTAL HEALTH ISSUES IN PRISONERS

About four in ten adults have reported symptoms of either anxiety or depression in the United States during the pandemic(Young et al., 2021). India too has reported an increase in the burden of mental health issues especially in the marginalized and vulnerable population(Roy et al., 2020).

Prisoners are further affected due to several measures that were taken to curtail the spread of the infection. Lockdowns and restrictions related to the COVID-19 pandemic have led to restricted access of family members to the prison, reduced interaction with prisoners, and impediment of legal proceedings, as courts were not functioning. Figure 2 depicts special mental health concerns of the prisoners during the COVID-19 pandemic(Hewson et al., 2020).

**Figure 2: Special mental health concerns of the prisoners during the COVID-19 pandemic**



### 2.1 IDENTIFICATION OF MENTAL ILLNESS IN PRISONERS

#### Gatekeeper model (Burnette et al.,2015)

Gatekeepers are existing people who are in close contact with the prisoners and can provide help for the prisoners. They could be other convicted prisoners, prison staff who will be able to identify and support prisoners needing psychological help. People having a psychological problem or at risk of suicide can access the gatekeeper, who can bridge the gap between them and the professional services. This is of particular benefit in at-risk suicidal prisoners.

*Not all prisoners with mental disorders need specialist psychiatric care. But all prisoners need support to counterbalance the negative influence of COVID-19 that adds to the difficult circumstances in the prison*

## COMMON SYMPTOMS OF MENTAL ILLNESS

Common mental illness	Severe Mental Illness	Substance use disorder	Specific to Covid-19
<ul style="list-style-type: none"> <li>• Feeling sad most of the time</li> <li>• Reduced interest in doing regular daily activities</li> <li>• Feeling tired all the time</li> <li>• Failing to perform routine chores</li> <li>• Frequent crying spells</li> <li>• Lack of sleep and decreased appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Talking or smiling to self</li> <li>• Talking excessively/sleeping less/hyperactive</li> <li>• Suspicious/making big claims</li> <li>• Not taking proper self care</li> <li>• Suicidal/self harm or aggressive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Showing heavy urge to consume alcohol or cannabis etc.</li> <li>• Shaking of hands/body when alcohol is not available</li> <li>• Showing aggressive and self harm behaviour when not able to procure cannabis or alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive worry about contracting the infection even when all precautions have been taken</li> <li>• Lack of sleep and decreased appetite</li> <li>• Becoming easily annoyed or irritable</li> <li>• Excessively inquisitive about Covid-19 and its ill effects</li> </ul>

## WARNING SIGNS OF SUICIDE:

TALK	<ul style="list-style-type: none"> <li>• Being a burden to others</li> <li>• Feeling trapped</li> <li>• Having no reason to live</li> </ul>
MOOD	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Irritability</li> <li>• Loss of interest</li> </ul>
BEHAVIOUR	<ul style="list-style-type: none"> <li>• Calling people to say goodbye</li> <li>• Looking for ways to kill oneself</li> <li>• Giving away prized possessions</li> </ul>

## RED FLAG SIGNS – Indication for referral

- When the pre-existing illness has worsened significantly after the COVID-19
- When there is a significant risk of harm to self in the form of suicidality
- When there is a risk of harm to others because of a mental health problem

## 2.2 STRATEGIES FOR MENTAL HEALTH PROMOTION

### At the prison level

#### Mental Health Awareness for prisoners

- ✓ Administrators/supervisors should PROMOTE awareness about Mental Health and Stress through organizing awareness classes, stress management workshops, etc
- ✓ Regular discussions around common mental health issues that arise out of the difficult circumstances in the prison and COVID19 (depression, anxiety, fear, etc.) and simple steps for psychological 'self-care'.
- ✓ Ensure a clear protocol for diagnosis and treatment of healthcare personnel. This will help to avoid uncertainty or confusion.
- ✓ Staff should respect the spiritual beliefs of prisoners, and opportunities and facilities should be provided for relief through spiritual and religious practices.

#### Communication

- ✓ Ensuring to keep up to date with the State Government guidelines.
- ✓ Keeping the prisoners informed about COVID-19 and following safety measures to prevent infection.
- ✓ Allowing prisoners to communicate with their family and friends at regular intervals over the telephone.

#### Support during times of distress

- ✓ Staff should be alert to signs of prisoners undergoing an emotional crisis and in need of extra support – following, for example, disturbing news from their families related to COVID 19 and management should ensure that such support is provided.
- ✓ Encourage self-help: When they find someone, who is not his/her usual self. Enquire if anything is wrong, and be supportive. When Red flag signs are detected, inform the senior authority.
- ✓ For prisoners with pre-existing mental health issues, additional support needs to be provided in times of extreme stress.
- ✓ If any of the prisoners have extreme distress, they should be referred for further evaluation by a mental health professional.

## At the Individual level

### **Self- Care**

Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness

Structuring daily activities –	Carry out some activities and hobbies	Spiritual or religious activities (if inclined)
Ensure breaks and adequate sleep	Practice relaxation exercises like yoga	Exercise regularly and have a healthy diet

### **Relaxation (Breathing Exercise)**

Sit in a comfortable position on the ground or on a chair.



Remove any extra items from your shirt, trouser or dress.



Relax your shoulders.



Bring your hands to your lower belly with your two middle fingers touching the belly.



Close your eyes now.



Take a long, deep, gentle breath and send this long and deep breath down to your belly, so your stomach expands (keep your shoulders relaxed). You should find that your middle fingers naturally part slightly as the belly expands with the breath.



Exhale or breathe out slowly. Now you can feel how the belly naturally draws inwards as the breath exits the body and the middle fingers slide to touch again.

Do this abdominal breathing a minimum of 10 times (inhale and exhale slowly).

## Fifteen Minute Yoga Module

SN	Name of the practice	Description	Image
1.	Neck Movements (Perform for 3 rounds)	Stage 1: Forward-Backward  Inhale, slowly bend your head back  Exhale, bend your head forwards, touching chin to the chest	
2.	Shoulder Rotation (Perform this 3 times in clockwise and anticlockwise)	Place the fingers of the left hand on the left shoulder and the fingers of the right hand on the right shoulder.  Inhale and raise your elbow & bring them back when exhale.  Try to touch the elbow in front of the chest on the forward movement, stretch the elbow back in the backward movement and touch the side of the trunk while coming down.	
3.	Hand stretching breathing and side bending (1 minute: 5 counts hands up and down; 5 counts right and left side bending)	Interlock your fingers and keep them on your chest. Breathe in stretch the hands up above your head while keeping the fingers interlocked, stretch the whole body up at the peak of inhalation, breathe out and come back. Do 5 counts. Then bend sideways with hands stretched up. Breathe out bend towards the right, breathe in back to the center. Repeat same on the left side. Do 5 counts.	
4.	Ardha-chakrasana (backward bending) (1 minute; 5 counts)	Keep 2 feet distance between your feet. Inhale and bend back from your lower back while supporting with your hands breathe out and come back to the center. Keep your eyes open throughout the practice. (Elderly with difficulty in balancing should perform on a chair)	
5.	Nadishuddhi (Alternate nostril breathing) (1 minute: 3 cycle)	Come to sitting position. Back and neck erect. Inhale slowly from left nostril, exhale from right; then inhale from the right and exhale from left. This makes 1 cycle.	
6.	Bhramari (Humming Breath) (1 minute; 6 counts)	Sit with back and neck erect. Gently cover your eyes with fingers and close your ears with your thumbs, Touch your tongue gently to the upper palate. Take a deep breath in and as you breathe out-produce the humming sounds (Mmmmm) and feel the vibrations in the head and face region. Perform 6 cycles.	

Note: To practice 2 times a day, can be done at any time of the day

## **2.3 QUICK REMEDIES TO HANDLE PSYCHOLOGICAL CRISIS THAT CAN BE EMPLOYED IN CORRECTIONAL SETTING**

---

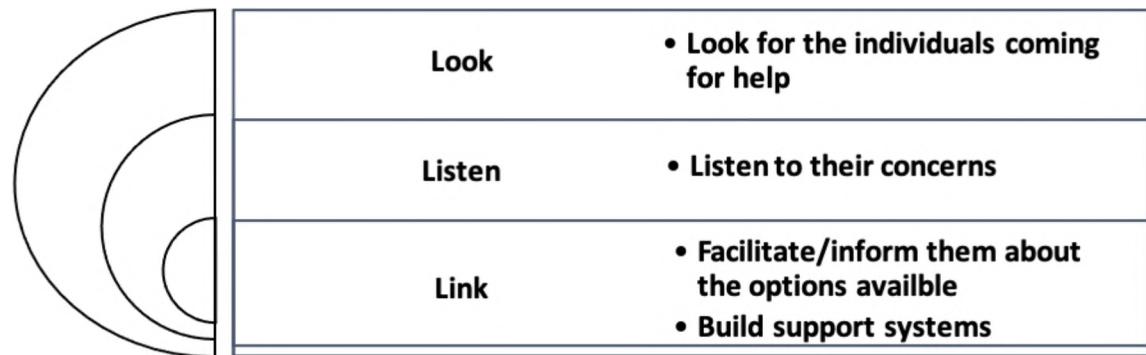
Psychological first aids are the immediate support offered to those in distress and involve both psychological and social support.

### **Who can provide PFA?**

Anybody who wishes to address the distress of an individual can provide PFA. This includes mental health professionals, doctors, nurses, ASHA workers, community workers, and laypersons who wish to volunteer to help in times of disaster.

### **What are the basic Principles of PFA?**

**LOOK – LISTEN -LINK** are the three principles of psychological first aid



**Reference:** World Health Organisation, W. T. (2011). *Psychological First Aid: Guide for Field Workers*. Geneva.

### **What are the components of PFA?**

Every individual has a different reaction to a crisis

PFA involves

- Providing care and support
  - Understanding and knowing the individual's needs
  - Listening to them \*not just hearing
  - Provide comfort and help them calm down at the time of crisis
  - Enabling their protection from further distress or harm
  - Providing information / services/ social support
- ❖ Always respect the individual's rights and dignity and ensure safety
- ❖ Adapt to the individual needs and understand their cultural practices

## **What is not PFA?**

- PFA is not therapy/ professional counselling
- PFA does not aim to understand their thoughts/feelings
- In PFA do not ask the individual to introspect into the situation/event

## **TECHNIQUES FOR PROVIDING PSYCHOSOCIAL SUPPORT**

### **VENTILATION**

It is important to allow the individual to ventilate to alleviate the distress. Validate their concerns. Do not be judgmental or minimize their concerns

#### Things to do

Listen carefully and attentively

Acknowledge the distress

Do not interrupt as much as possible

### **EMPATHY**

It is important to be empathetic to the person's concerns. It may seem odd but it is important to look at it from their point of view. Imagine yourself in the situation and try to understand from their perspective.

### **ACTIVE LISTENING**

It may appear difficult to actively listen over a phone call. But it is important to carefully listen to their concerns. The tone and pitch of your voice will communicate to the caller if you are interested in knowing their concerns

### **SOCIAL SUPPORT**

Social Support systems play an important role in decreasing their distress and ensuring their needs are met. It is important to connect them and link them to the resources available, as many would be unaware of the help available locally.

### **THE VALUE OF RELAXATION / RECREATION**

Lockdown is a time where many would get the time to involve themselves in other recreational activities. Encourage callers to explore their interests or their past hobbies they have been unable to carry out. This would help in distraction from the anxiety regarding COVID – 19 and address boredom during the lockdown. It is important to get back into a routine, this will help to deal with emotional reactions.

## **2.4 PREVENTING SUICIDE IN JAILS AND PRISONS**

### **Monitoring:**

The level of monitoring should match the level of risk. A suicidal prisoner should be constantly monitored. CCTV's can be installed to monitor. A "one-to-one" monitoring is recommended for those prisoners awaiting transfer to psychiatric facilities for treatment of depression or other emotional disorders having suicidal risk.

### **Communication:**

Suicide prevention should start from the point of arrest. There should be communication between the arresting officer, the staff in the prison setting, and between the staff and the prisoner. A watch sheet, which is a written record of suicidal prisoner's behaviour by prison medical offices updated on regular basis, will help to alert other staffs that a prisoner is in need of additional supervision. Prior suicidal behaviour should be asked about from family and friends to enable comprehensive assessment.

### **Social intervention and peer support:**

When necessary, prisoners are placed in isolation cells. It is well known that isolation is a risk factor for suicide. Therefore when isolation is the only option, constant observation should be provided. And if suicidal, prisoners should be in a dormitory or shared cell setting.

**Buddy system:** Social support through trained prisoners, called "buddies" or "listeners" has been found to have a good impact on the well-being of suicidal prisoners. Periodic telephone conversations with friends and family will also foster support.

### **Physical environment and architecture(Suicide prevention resource guide 2)**

- Suicidal patients should be identified, assessed, and kept in observation rooms.
- Careful selection of furniture and air vents and plumbing to prevent any opportunity for a prisoner to affix a ligature. Any material that can be easily used as a ligature should be removed.
- The observation room should have adequate visibility of the suicidal prisoner allowing staff to view the interior of a cell in its entirety.
- Observation cells should have natural light and exterior views, as there is evidence that greater exposure to daylight can reduce stress and depression, and the absence of windows has been linked to higher rates of anxiety.

### **Identification and referral**

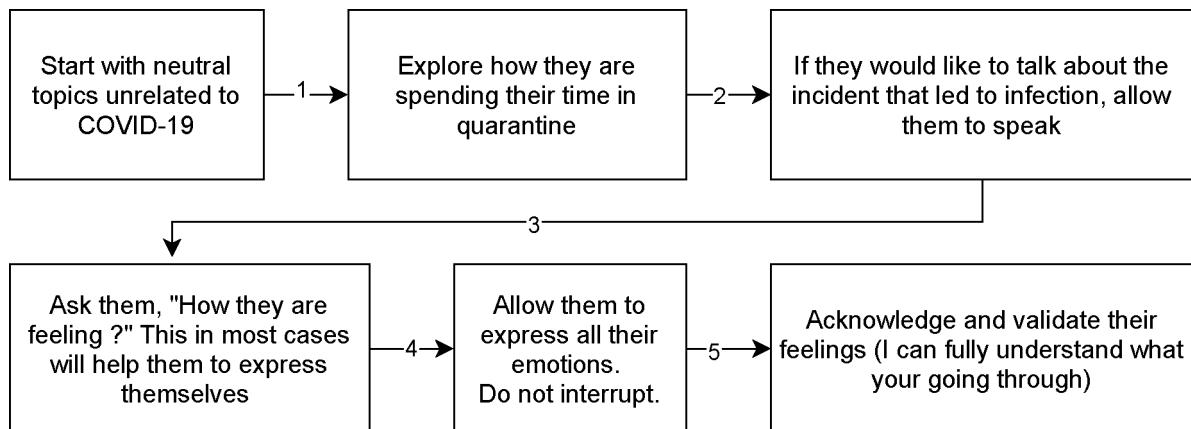
**Gatekeeper Model:** Selected prisoners should be trained to identify prisoners at risk of suicide, who will refer them to treatment or supportive services.

### **Mental health treatment**

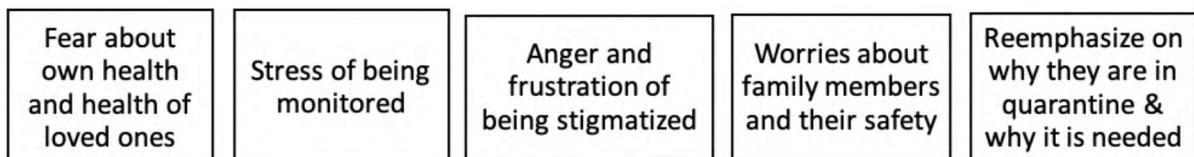
Prisoners with mental disorders having suicidal risk to be on regular and supervised medication, and needs to be regularly assessed for severity of the suicidal risk. If access to mental health staff is limited, links should be made to facilities outside. To address the prisoner's mental health needs, the correctional facility should have links to community-based programs like DMHP (District Mental health Programme) if they do not have adequate staffing or resources.

## 2.5 STRATEGIES SPECIFIC TO COVID19

- The following steps will help in guiding



- ✓ Check on the concerns related to quarantine /isolation (examples given below)



- ✗ If they do not want to discuss, do not compel

### Always remind

- All people who are exposed do not get infected (if exposed waiting for test)
- Vast majority of people infected will remain asymptomatic or develop only mild symptoms (after having tested positive)

### Do not

- Overload them with COVID-19 related information
- Do not initiate discussion on fatalities or other media stories related to COVID-19. If the discussion is initiated from the clients side, discuss it in the larger context (for example only 2- 3% die, the rest 97% recover fully).

### Ensure

- Your conversation also encompasses topics of general or mutual interest.
- Give sufficient time, do not rush
- Conclude with hopeful statements
- **Tell them that they can call anytime and assure that you will keep in touch.**

## **HANDLING GRIEF:**

***Handling grief:*** Loved ones might succumb to COVID-19 infection. During this period inability to attend funeral, guilt regarding the inability to save the ones who have succumbed to the infection etc. might be lead to mental health issues.

Acknowledge

- Acknowledge feelings of loss.
- Tell him/her that you can imagine how difficult it must have been for him/her.

Express

- Allow him/her to express his/her emotions (crying, shock, disbelief).
- If the person is crying or in shock, be with the person and do not interrupt. Give him/her time to express their feelings.

Talk

- Allow him/her to talk, and express their feelings about the loved person.

Ask

- Ask what he/she needs in a sensitive manner.

Help

- Help him/her to connect with the persons who will support.

Support

- The prisoner may have doubts and unanswered questions which should be addressed.
- Ask him/her what support is needed.

Acknowledge

- If you do not have answers for a question, acknowledge that you don't know what to say.
- Never give information you are not authorised to.

## **Chapter 3 : DEALING WITH STIGMA IN PRISONS ANDCORRECTIONAL SETTINGS**

'Stigma is worse than the virus itself.' (Ghebreyesus, Director-General of WHO 2020)

### **What is stigma?**

It is a set of beliefs and negative attitudes against someone based on a differentiating characteristics such as mental illness, disability or health condition. It is manifested in the words and actions of all of us to those whom we differentiate from ourselves. In the context of the pandemic, such stigma could extend to those diagnosed to be suffering from Covid 19. Stigma goes hand-in-hand with stereotypes and has been shown to limit access to help (Turan et al., 2017) and health care. Moreover, stigma perpetuates itself; it may be considered just as contagious as any infection.

### **Why should stigma be a concern during the pandemic?**

Stigma and the resultant behaviour and practices have been shown to increase community transmission as it limits early detection, especially in the infective periods (Turan et al., 2017). Stigmatised persons are likelier to attempt suicides (Kapilan, 2020), and have worse health outcomes than others (Hatzenbuehler et al., 2013; Stangl et al., 2019).

### **What can be done about stigma in correctional settings?**

Many thoughts and attitudes colour the stigma experiences and self-concepts. For example, one could anticipate stigma consequent to reporting flu-like symptoms. Another could perceive stigma in being isolated after testing for COVID 19. Still, others may stigmatise themselves and suffer low moods or anxiety about death or debility due to COVID 19. They could also regard themselves as less accepted even after having recovered completely. It is thus essential to provide a listening ear to them and to understand their stigma experiences. Most times, such interactions are themselves quite relieving and therapeutic. The listener must be empathic and adopt a non-judgmental stance. Validating the person's experience can be further helped by the listener expressing how wrong stigma is. This could help create communication bridges. Recovered persons could also aid in this strategy by being present, making themselves available for informal discussions regarding their experiences. Through such interactions, one must also emphasize not to perpetuate public stigma experiences for others. Frequently, wrongful attributes to those who contracted COVID 19 as irresponsible, dangerous, carriers lifelong, will be infective indefinitely, perpetuates stigma. It is essential not to be dismissive of these concerns while subtly helping them to challenge these myths. Reassurances from officials, facilitation by officials in connecting with families even when they are unable to visit may further lower distress and aid in better mental health outcomes.

Thus, much can be done to militate against the stigma of COVID 19 in jail settings. Prison officials and jail prisoners can work to reduce stigma and prevent the ill effects of stigma. In addition, healthcare support staff at the prisons can aid in influential messaging and dispelling commonly held myths.

## **Chapter 4 : TELEPSYCHIATRY FOR PRISONERS- CHALLENGES AND POSSIBLE SOLUTIONS DURING COVID-19**

During the COVID-19 pandemic, patients are discouraged from traveling and visiting a hospital unless it is an emergency or for treatment for COVID-19 illness. This includes patients in prisons as well. In this background, the Ministry of Health and Family Welfare, along with NITI Aayog released the "telemedicine guidelines" in the country and have provided a statutory status for the practice of telemedicine. This had led to the development of "**Telepsychiatry Operational Guidelines 2020**" that can be referred to while implementing the telepsychiatry services in the respective establishments. As visits to health establishments outside the prison campus come with the risk of prisoners and staff getting exposed to COVID-19, we can use telepsychiatry for prisoners needing specialist consultation.

Modes of Telepsychiatry video consultations that can be considered during the COVID-19 pandemic are:

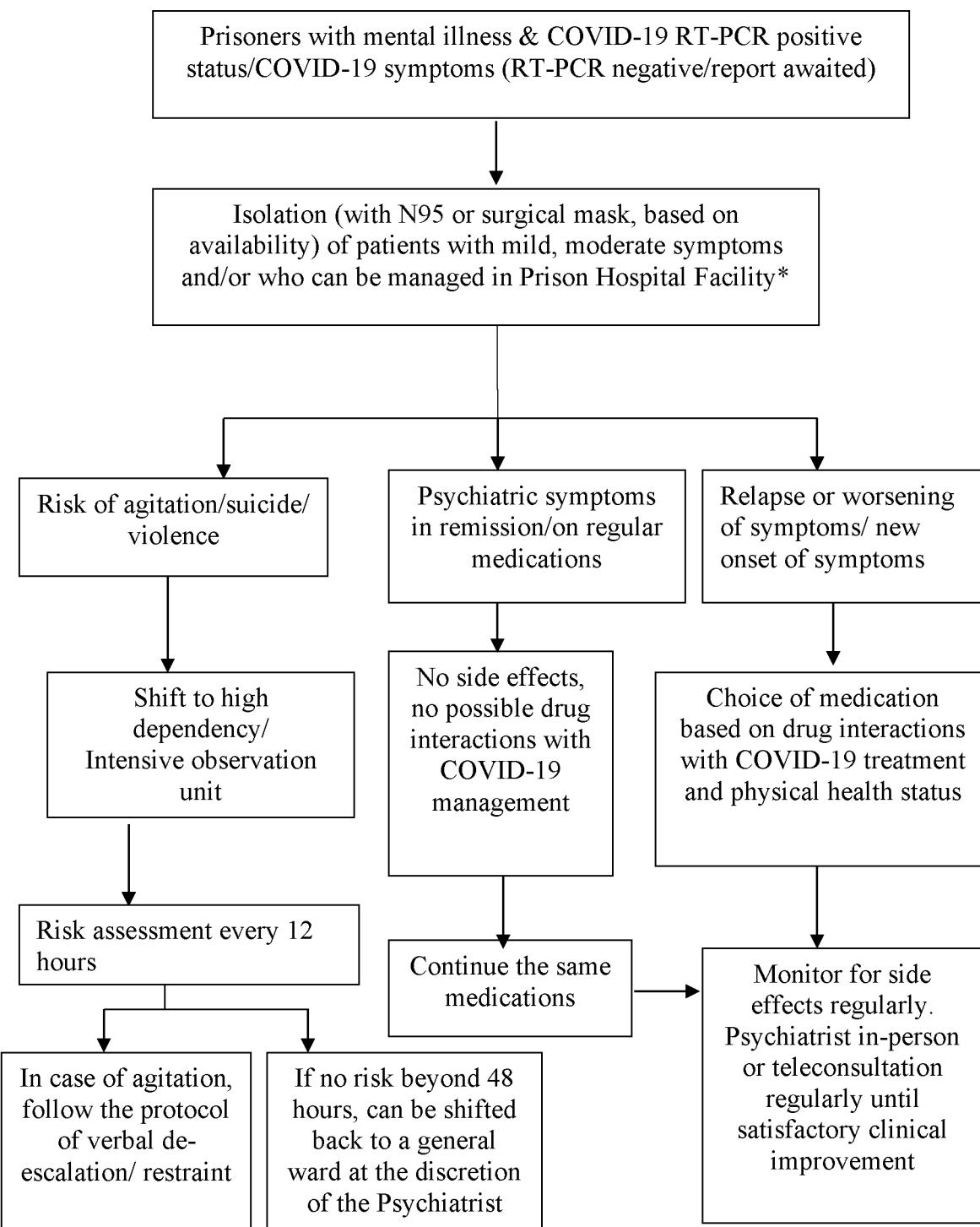
- **Direct to patient:** Video consultations may be used for screening, diagnosis, management, and follow-up of new and old cases. It is possible to include brief interventions such as counselling and psychotherapy sessions through this mode.
- **Collaborative Video Consultations (CVC):** With the presence of an intermediary medical or paramedical staff at the patient's end, a psychiatrist/mental health professional can provide expert inputs through this form of service.

For guidelines on setting up of video consultations services and for various services that can be provided, it is recommended to look into the following guidelines:

1. Telemedicine Practice Guidelines: Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine. 25<sup>th</sup> March 2020. Available at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>.
2. Bada Math S, Manjunath N, Kumar, CN & Basavarajappa C & Gangadhar BN. (2020). Telepsychiatry Operational Guidelines 2020 Available at [https://www.researchgate.net/publication/341650070\\_Telepsychiatry\\_Operational\\_Guidelines\\_2020](https://www.researchgate.net/publication/341650070_Telepsychiatry_Operational_Guidelines_2020)

## Chapter 5 : CLINICAL MANAGEMENT OF PRISONERS WITH MENTAL ILLNESS WHO TEST POSITIVE FOR COVID-19

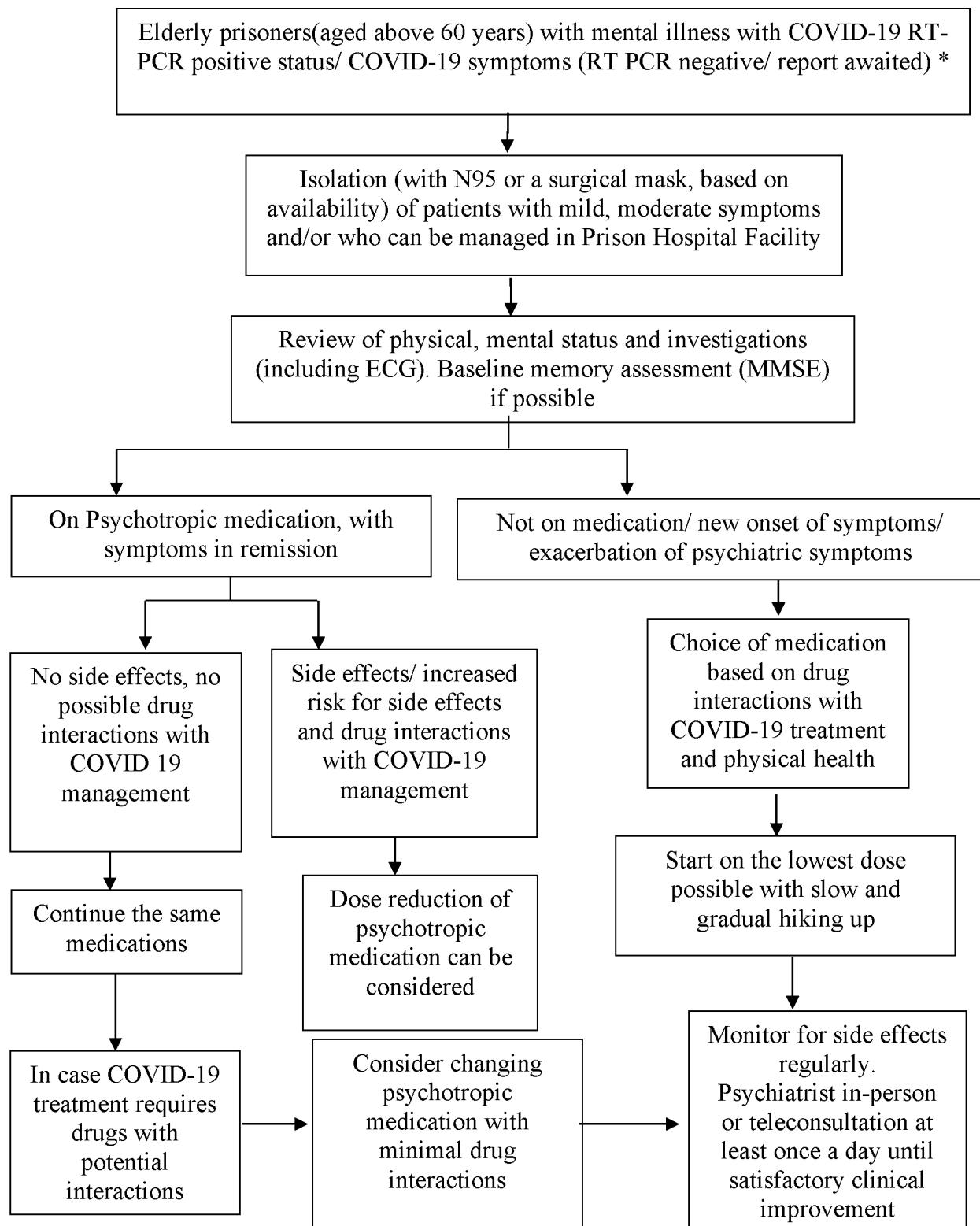
**Generic Flow Chart**



**\*Note:** Under medical guidance. And in case of patients unmanageable for COVID 19 infection or any other indication at the prison hospital, follow existing Prison Protocol for referring patients to higher centers.

## Management of COVID-19 in Specific Population

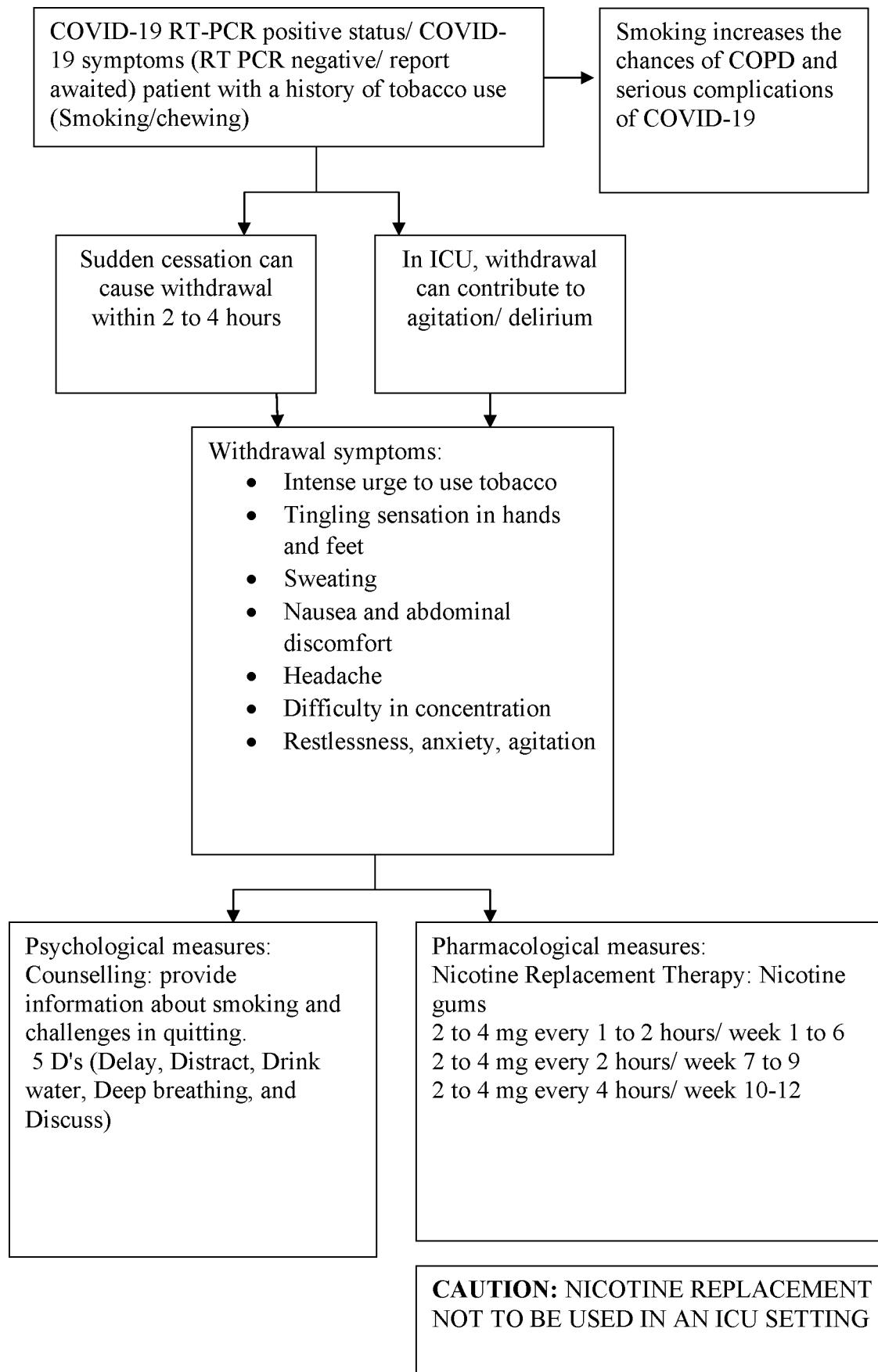
### **Elderly with Mental Illness:**



**Note:** The risk of multiorgan failure and delirium is higher in the elderly. In case of memory impairment frequent MMSE (Mini-Mental State Examination) is advised.

\*Under medical guidance

## Management of Tobacco use Disorder with COVID-19:



## **General Guidelines for management of prisoners with mental illness and COVID-19**

- Prison authorities should take all necessary measures to follow and promote COVID - 19 appropriate behaviour in prisons and strictly enforce the wearing of masks, hand hygiene, and social distancing to the extent possible.
  - The Prison Hospital should have a facility for isolating COVID-19 positive cases (including suspected cases) from other prisoners in addition to consultation with a Psychiatrist either in person or by teleconsultation.
  - Wherever feasible, the primary treating Psychiatrist can be contacted to collect treatment details of the individual patients.
  - **At no point should any psychotropic medication be stopped abruptly without a psychiatrist's advice, unless in case of a life-threatening emergency.**
  - The bed allocated for the patient should be preferably close to the nursing station. This will ensure that the person can be observed round the clock.
  - Steps must be taken to ensure that the windows are well boarded and there is no access to instruments to harm self/others.
  - All medications must be supervised and medical care (e.g.: wound care) reviewed.
  - Information about the N95 mask and social distancing can be provided using simple language and visual depictions or videos.
- ❖ **Communication with Caregivers:**
- Updated list of caregivers as per existing prison protocol should be maintained.
- ❖ **Non-pharmacological Management:**
- If possible, some supervised engagement for patients within the isolation facility may be arranged. This may be some simple task or recreation such as games and group activities following the principles of physical distancing.
  - Psychological support can be provided through teleconsultation mode by Psychiatrists or Clinical Psychologists as per availability and feasibility.
- ❖ **Pharmacological Management:**
- Most patients will be on long-term psychotropic medications which have to be continued while treating them for COVID-19.
  - In case of liver or kidney damage caused by COVID-19 or drugs used for its management, the psychotropic medications need dose adjustments as per their pharmacokinetics.
  - Some of the drugs used for treatment for COVID-19 can have neuropsychiatric side effects, which may worsen the pre-existing mental illness.
  - Available evidence suggests that there is no contraindication for starting/continuing psychotropic medications in a person who is COVID-19 positive. However, it is prudent to keep in mind, possible drug-drug interactions..
  - A collaborative approach is strongly recommended for making specific decision/s on a case-to-case basis (both formulating and implementation). These can be made by a team involving a physician and a psychiatrist.

## **Chapter 6 : RECOMMENDATIONS:**

1. There should be mechanisms available within the prison
  - a. To identify prisoners having mental health issues, and
  - b. To facilitate prisoners with psychological issues to approach concerned authorities for arranging referral and support.
2. Structuring of the day for the prisoners - Maximizing the opportunity to be occupied throughout the day.
3. To conduct an awareness program on mental wellness, mental illness, suicide prevention, and substance use disorder on regular basis.
4. Orientation of prisoners upon arrival at a correctional setting about the healthcare services, and how to access those services.
5. Liaison between DMHP(District Mental Health Programme) team and prison medical officer/psychiatrist. Ensuring an uninterrupted supply of medication for the prisoners with mental illness.
6. Providing the opportunity for recreation and relaxation:
  - i. Reading material, including spiritual/motivational magazines
  - ii. Indoor sports like carrom, ludo, chess
  - iii. Playing music through PA system
7. Providing relevant information to the prisoners.
8. Regular playing of awareness and educative messages using existing audio-visual facilities and setting up a radio station. The information has to be tailor-made for the prisoners using simple DO's and DON'T's messages, short movies, and songs.
9. Measures to be taken to decongest the prison as per state government regulations.
10. Vaccination of the prisoners for COVID-19 on a priority basis.
11. Testing for COVID-19 should be available for all prisoners when they develop symptoms or if they are a high-risk contact with COVID-19 positive as per ICMR guidelines. Facilitation of early reporting of the results of COVID-19 testing to be considered.
12. Recruitment of psychiatrist, psychologist, psychiatric social workers and psychiatric nurses for capacity building on a priority basis as recommended by the Mental Health Care Act 2017.
13. To limit screen time in the prisons.
14. Efforts to be made to connect prisoners with family at regular intervals through VC(Video conference).

## REFERENCES

- Ayirolimeethal, A., Ragesh, G., Ramanujam, J., & George, B. (2014). Psychiatric morbidity among prisoners. *Indian Journal of Psychiatry*, 56(2), 150–153. <https://doi.org/10.4103/0019-5545.130495>
- Goyal, S., Gargi, P., Garg, A., Singh, P., & Goyal, S. (2011). Psychiatric morbidity in prisoners. *Indian Journal of Psychiatry*, 53(3), 253. <https://doi.org/10.4103/0019-5545.86819>
- Hewson, T., Shepherd, A., Hard, J., & Shaw, J. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. In *The Lancet Psychiatry* (Vol. 7, Issue 7, pp. 568–570). Elsevier Ltd. [https://doi.org/10.1016/S2215-0366\(20\)30241-8](https://doi.org/10.1016/S2215-0366(20)30241-8)
- Joshi, P., Kukreja, S., Desousa, A., Shah, N., & Shrivastava, A. (2014). Psychopathology and other contributing stressful factors in female offenders: An exploratory study. *Indian Journal of Forensic Medicine and Toxicology*, 8(2), 149–155. <https://doi.org/10.5958/0973-9130.2014.00704.X>
- Kumar, D., Viswanath, B., Sebastian, A., Holla, B., Konduru, R., & Rajannachar, C. (2014). Profile of male forensic psychiatric inpatients in South India. *International Journal of Social Psychiatry*. <https://doi.org/10.1177/0020764012461334>
- Kumar, V., & Daria, U. (2013). Psychiatric morbidity in prisoners. *Indian Journal of Psychiatry*, 55(4), 366–370. <https://doi.org/10.4103/0019-5545.120562>
- Math. S, Murthy. P, Parthasarathy.R, Kumar.C, Madhusudhan. S. (Ed.). (n.d.). *Minds Imprisoned: Mental Health Care in Prisons*.
- Math. S, Murthy. P, Parthasarathy.R, Kumar.C, Madhusudhan. S. (Ed.). (2011). *Mental Health and Substance Use Problems in Prisons: Local lessons for National Action*.
- Rahbar - CoronaResponse. (n.d.). Retrieved May 12, 2021, from <https://coronaresponse.tiss.edu/rahbar/>
- Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2020). Mental health implications of COVID-19 pandemic and its response in India. In *International Journal of Social Psychiatry*. SAGE Publications Ltd. <https://doi.org/10.1177/0020764020950769>
- Burnette C, Ramchand R, Ayer L. Gatekeeper Training for Suicide Prevention. Rand Health Q [Internet]. 2015 Jul 15 [cited 2021 May 12];5(1). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5158249/>
- CSP-2.2-Oct-2018.pdf [Internet]. [cited 2021 May 12]. Available from: <https://nimhansdigitalacademy.in/wp-content/uploads/2020/02/CSP-2.2-Oct-2018.pdf>
- Suicide\_Prevention\_Resource\_Guide\_2.pdf [Internet]. [cited 2021 May 12]. Available from:[https://www.ncchc.org/filebin/Publications/Suicide\\_Prevention\\_Resource\\_Guide\\_2.pdf](https://www.ncchc.org/filebin/Publications/Suicide_Prevention_Resource_Guide_2.pdf)
- Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American journal of public health*, 103(5), 813-821.
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC medicine*, 17(1), 1-13

## **APPENDICES**

### **a. NIMHANS Mental Health Screening Questionnaire**

1. Are you suffering from any mental illness? Yes/No  
(If yes, please name or describe the condition)
  
2. Are you now taking any medicines for the same? Yes/No  
(If yes, please provide details)
  
3. Have you ever consulted a psychiatrist/got hospitalised for mental illness? Yes/No  
(If yes, please provide details)
  
4. Did you ever try to end your life? Yes/No  
(If yes, please provide details about the most recent attempt)
  
5. Did you ever try to injure yourself on purpose? Yes/No  
(for example cutting yourself, inflicting burns)  
(If yes, please provide details about the recent self-injurious behaviour)
  
6. Have you ever felt sad / depressed / unusually tired most of the days for at least 2 weeks? Yes/No  
(If yes, please provide details)
  
7. Have you ever felt useless, worthless, sinful, or guilty often for at least two weeks? Yes/No  
(If yes, please provide details)
  
8. Have you ever felt so irritable that you found yourself shouting at people or fighting (physical/verbal) with people or getting into an argument easily? Yes/No  
(If yes, please provide details)
  
9. Do people around you say that you are very short-tempered/ moody/ impulsive? Yes/No  
(If yes, please provide details with examples)
  
10. Are people around you worth trusting? Do they try to harm you or do things intentionally to harm you? Yes/No  
(If yes, please provide details)
  
11. Do people around you keep a constant watch on you or follow you or about talk you? Yes/No  
(If yes, please provide details)
  
12. Are you suffering from epilepsy? Yes/No  
(If yes, please provide details about the illness and medicine in taking)

---

(Please read the following questions aloud, so that the respondent understands the questions. Ask for clarification, explanation, and details for each 'yes' response. Document each response as well as the details)

13. Had you been consuming any of these substances on a weekly or daily basis

Sl No	Substances	Yes/No	Have you had any harm from use? Yes/No
1	Tobacco		
2	Alcohol		
3	Benzodiazepines (sleeping medicines)		
4	Cannabis (Ganja, bhang, hashish, marijuana)		
5	Opioids (Morphine, heroin, fortwin, cough syrup, pain killers)		
6	Inhalants (whitener, petrol)		
7	Cocaine		
8	Lysergic acid diethylamide (LSD)		
8	Methamphetamine (Ecstasy)		
10	Ketamine		
11	Any other drugs?		

14. Would you like to take treatment for the drugs that you are consuming?

15. Are you ready to undergo urine screening for substance use?

If investigation is done, please provide the report results here.....

16. Orientation

What is today's date, week, month?

Name this place, city, state?

Who is this person? (point to a familiar person)

Disoriented.....

'YES' or 'No'

Action taken if 'yes' to any response .....

Date .....

Medical officer signature.....

---

(Please read following questions aloud, so that the respondent understands the questions. Ask for clarification, explanation and details for each 'yes' response. Document each response as well as the details)

## **b. MENTAL HEALTH CARE ACT 2017**

### **Mental Healthcare (Rights Of Persons With Mental Illness) Rules, 2018**

#### Schedule

(See rule 11)

#### **Minimum standards and procedures for mental health care services in prisons**

##### **Minimum Standard for Mental Health care in Prison**

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
  - a. Mandatory physical and mental status examination
  - b. Questionnaire screening for substance use
  - c. Urine testing for common drugs of abuse
  - d. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.
7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons
9. Dealing with the psychological stress of prison life
  - a. Counselling for stress needs to be provided to all prisoners in both individual and group settings.
  - b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
  - c. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counsellors.
  - d. One to one counselling upon entry, during periods of crises and upon need or request.
10. Addressing substance use problems
  - a. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
  - b. Detoxification services and making suitable pharmacotherapy available for detoxification.
  - c. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
  - d. Specific interventions to be made available include the following:
    - i. Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy).
    - ii. Alcohol – benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counselling and long-term medication.
    - iii. For Opiates – buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
    - iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
    - v. There is a need for urgent human resource enhancement.

11. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:

- i. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care – physician, psychiatrist, dermatologist, gynecologist and surgeon.
- ii. 2 nurses for every 500 prisoners
- iii. 4 counsellors for every 500 prisoners. These trained counsellors (with a degree in any social sciences/any recognized degree with counselling experience (medical counselling/legal counselling/ psychosocial counselling/rehabilitation/education) can carry out the following tasks
  - a. Assessment
  - b. Counselling
  - c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness)
  - d. Legal counselling, pre-discharge counselling
  - e. Rehabilitation counselling
  - f. Substance use counselling
  - g. Training prison staff and peer counsellors

12. Inpatient services

- a. At least a 20-bedded psychiatric facility for every 500 prisoners

13. Prison aftercare services

- a. All prisoners should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
- b. For persons with mental illness they shall be referred to any mental health establishment for after care in community

14. Documentation

- a. Computerised data base and tracking system for all prisoners
- b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners
- c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release
- d. This information must be given to the prisoner to facilitate continuing health care after release.

15. All central prisons shall have dedicated tele-medicine services to provide health care

16. Following medicines shall be made available

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorazepam, Diazepam, Oxazepam Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline,

InjFluphenazine Inj Haloperidol, InjFlupenthixol, InjLorazepam, Inj Diazepam, Inj Promethazine Inj Thiamine/Multivitamin

[F. No. V-15011/09/2017-PH-I (iv)]  
LAV AGARWAL, Jt. Secy.

### **c. FURTHER RESOURCES**

- Impact of Covid Panic by Prof. Suresh Bada Math (<https://youtu.be/h17EQvybeAo>)
- Basic Counselling Skills by Prof. Suresh Bada Math (<https://youtu.be/sQqzLjar9No>)
- Video on meditation for stress management (<https://youtu.be/gur9p17XBFk>)
- Video on yoga for stress management (<https://youtu.be/NkWbaBYabwo>)
- Video on addressing social stigma associated with COVID-19 infection (English) ([https://youtu.be/1GCv8\\_BIWeY](https://youtu.be/1GCv8_BIWeY))
- Video on addressing social stigma associated with COVID-19 infection (Hindi) (<https://youtu.be/ca0gl2C3SVI>)
- How to safely stop drinking during lockdown (<https://youtu.be/6HJNFex2v5E>)
- How to safely quit Tobacco during lockdown (Hindi) ([https://youtu.be/qkdB\\_2htNe0](https://youtu.be/qkdB_2htNe0))
- Video on addressing psychosocial concerns of healthcare workers (<https://youtu.be/8I5xaKLhwBE>)

## **CONTRIBUTORS**

**Dr. Prakyath R Hegde**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Bhavika Vajawat**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Patley Rahul**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Prateek Varshney**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Rakesh Chander K.**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Sharad Philip**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Naveen Kumar C.,**

Professor, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Santhosh Jayashankar**

Psychiatrist, Central Prison hospital, Bengaluru

**Ms. Mythily Hegde**

Clinical Psychologist, Central Prison hospital, Bengaluru

**Dr. Suresh Bada Math,**

Professor, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Dr. Pratima Murthy,**

Professor and Head, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

**Acknowledgments:**

We extend our acknowledgements to the officials of the Ministry of Home Affairs, officials of the Bureau of Police Research and Development, Deputy Inspector General of Police and the Consultant Psychiatrist of Tihar Jail, and all the staff and faculty of the National Institute of Mental Health and Neuro Sciences, Bengaluru.



**Dealing with  
Mental Health Issues  
in Prison Staff during  
COVID-19:  
A HANDBOOK**

This handbook is published by the National Institute of Mental Health & Neuro Sciences,  
Bengaluru-560029, India

First printing 2021

Publication number: 202

ISBN: 978-93-91300-00-5



Copyright © National Institute of Mental Health & Neuro Sciences, Bengaluru-560029, India

**How to cite?**

Vajawat, B., Hegde, P.R, Patley, R., Varshney, P., Chander, R., Philip, S., Kumar C.N., Jayashankar, S., Hegde, M., Math, S.B., Murthy, P. (2021). *Dealing with Mental Health Issues in Prison Staff during COVID-19: A Handbook*. National Institute of Mental Health & Neuro Sciences, Bengaluru, India.

This work is a publication of the National Institute of Mental Health & Neuro Sciences, Bengaluru-560029, India. All rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced, or translated, in part or whole, but NOT FOR SALE in conjunction with commercial purposes. The source must be acknowledged.

Cover Design: This cover page has been designed by Dr Prakyath R Hegde



## NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

INSTITUTE OF NATIONAL IMPORTANCE

P.B. 2900, Bengaluru - 560 029 (India)

### Dr. Shekhar P. Seshadri

MBBS, MD, DPM

Director

Sr. Professor of Child & Adolescent Psychiatry

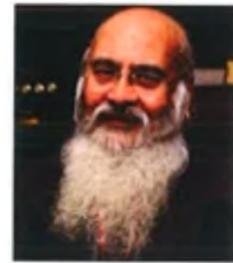
Off : 91-80-26564140, 26561811

26565822, 26995001 / 2

Res : 91-80-26638689

Fax : 91-80-26564830 / 26562121

Email : [docshekhar.seshadri@gmail.com](mailto:docshekhar.seshadri@gmail.com)  
[shekhar@nimhans.ac.in](mailto:shekhar@nimhans.ac.in)



### Message from the Director of the National Institute of Mental Health & Neuro Sciences, Bengaluru

The prison population represents an incarcerated section of the society, calling for utmost attention from the State. The prevalence of mental illness among the prisoners is significant. Prison populations are predisposed to mental health issues and these issues may further exacerbate in the prison environment. The prison staff also battle with burnout while working in a highly demanding environment. Access to treatment in prison for the prisoners and the prison staff needs to be a priority. To enhance care in prisons, immediate steps are required to address this concern. Special medical and mental health challenges are posed by the ongoing COVID-19 pandemic. Hence preparedness, health promotive measures, and management of mental health issues of the prisoners and the prison staff is the need of the hour. I hope this handbook will be helpful for stakeholders in handling the mental health issues of prisoners and prison staff during the COVID-19 pandemic.



Dr. Shekhar P. Seshadri,  
Director, NIMHANS.

**Dr. Shekhar P. Seshadri**  
Director  
National Institute of  
Mental Health & Neuro Sciences  
Bengaluru - 560 029

## Contents

<b>Chapter Number</b>	<b>Title</b>	<b>Page Number</b>
1	Introduction to dealing with mental health issues in prison staff during COVID-19	1
2	Mental health issues of prison staff 2.1 COVID-19 related mental health issues in prison staff 2.2 Identification of mental health illness in prison staff and referral 2.3 Management 2.3.1 Strategies for mental health promotion 2.3.2 Strategies specific to COVID-19	2
3	Dealing with stigma in prison and correctional settings	12
4	Telepsychiatry for prison staff - challenges and possible solutions during COVID-19	13
5	Recommendations	14
	References	15
	Appendices a. Psychological first aid b. Screening questionnaire c. Further resources	16

## **Chapter 1: INTRODUCTION TO DEALING WITH MENTAL HEALTH IN PRISONS DURING COVID-19**

The World Health Organization recognized the outbreak of COVID-19 as a Public Health Emergency of International Concern in January 2020. By March 2020, it affected more than 115 countries and was declared a pandemic. Lack of predictability of the course of the infection, immobilization, disruption of the routine, loss of social connectedness, rising health concerns, concerns about the availability of medical facilities, stigma related to the infection, adverse impact on occupation are various factors that have impacted the mental health(*Rahbar - Corona Response*, n.d.).

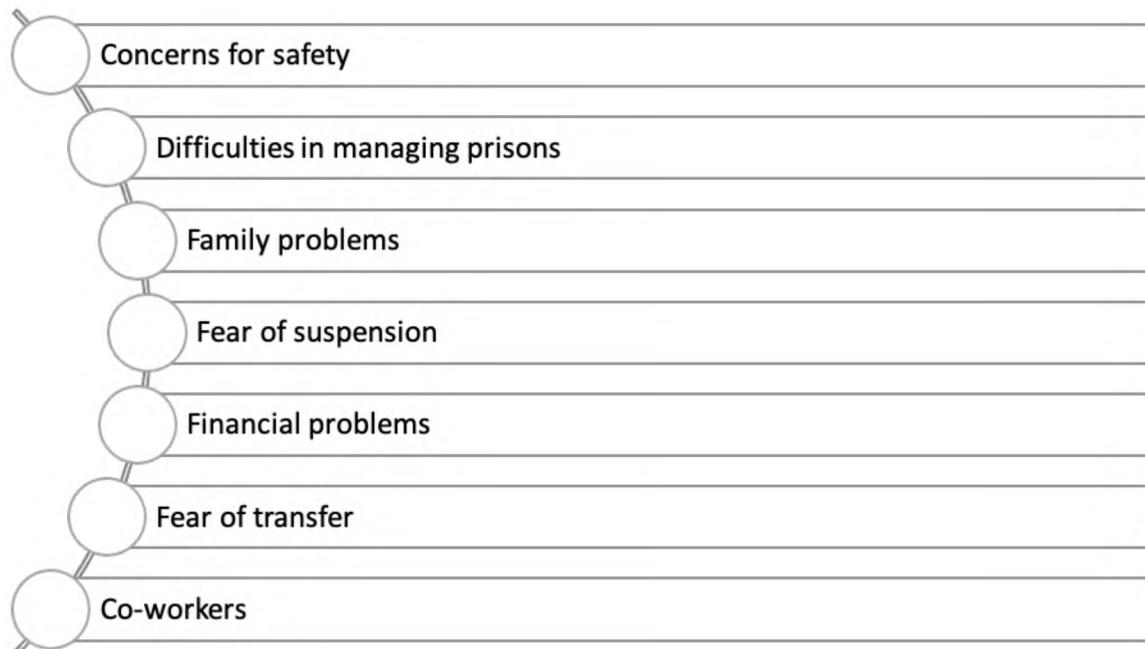
One of the key determinants of the performance of any organization is its staff. In the context of a prison, the challenges faced by the staff are unique. Prison staff have several roles, namely maintaining secure custody, providing care to prisoners, providing prisoners opportunities to correct their offending behavior, assisting with day-to-day management in the complex organizational environment of the prison. Therefore, the prison staff are at a greater risk of stress and burnout, which in turn might lead to mental health issues, medical problems, absenteeism, self-harm, poor quality of life, family discord and these may, in turn, impact prison functioning.

According to the Bangalore Prison Mental Health Study of 2011, out of the 201-prison staff that were interviewed, a majority (81%) reported moderate to high levels of stress, attributed to personal safety concerns (82%), and other issues like difficulties in managing prisoners, family problems, fear of suspension, financial problems, and fear of transfer. Prison staff are working in stressful environments and supporting them would benefit them as well as the prisoners. This document provides an overview regarding handling mental health issues in prisons in the times of COVID-19.

## Chapter 2: MENTAL HEALTH ISSUES OF PRISON STAFF

- Prisons are often difficult and demanding working environments for all levels of staff.
- The prison staff has a difficult job in carrying out day to day management tasks within the complex organisational environment of the prison.
- One of the central objectives of good prison management should be the promotion of the overall morale and mental health of prison staff along with the mental health of the prisoners.
- As the prison population becomes more and more diverse, the staff is expected to deliver a range of services and programmes resulting in increased stress among the staff.
- This stress on prison staff is damaging over time, leading to increased medical problems and mental health issues including depression, substance abuse, divorce, suicide etc.

### Sources of stress among prison staff



- Staff mental ill-health is also more likely in overcrowded, understaffed and under-resourced facilities and amongst staff who feel undervalued and unsupported.
- The important role of prison staff must be recognised at management level and strategies should be in place to protect and promote their health and well-being.

## **2.1 COVID-19 related mental health issues in the prison staff**

Most worries in the prison staff are about getting infected, taking infections to their families, adequacy of protection, availability of proper medical attention for self and family in case needed and separation from families. There has been social disruption creating a cycle of worry, and distress. If not effectively perceived and dealt with, this can lead to severe distress. It is in this way a matter of need to address these worries to guarantee positive psychological well-being.

### **Sources of worry related to COVID-19**

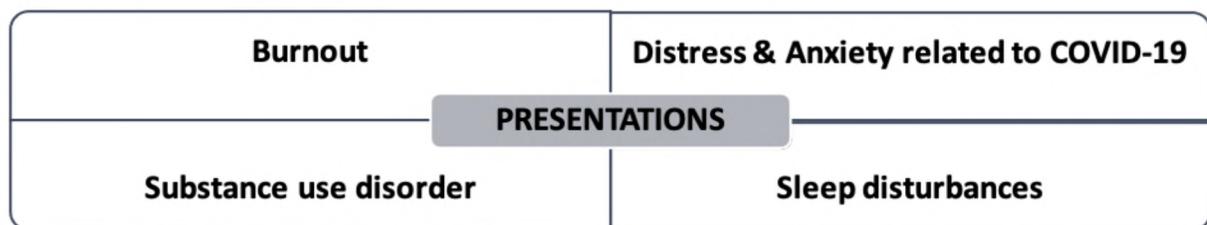
▪ Lack of contact with family
▪ Concern regarding personal protection equipment
▪ Long working hours
▪ Fear of family welfare if requiring quarantine/isolation/medical treatment
▪ Support for personal and family needs with increasing work demands
▪ Uncertainty of extent of support from the organisation
▪ Lack of information and communication

### **Indicators of mental health difficulties at work**

• Absenteeism	• Reduced job performance and productivity
• Restlessness/irritability	• Drowsiness
• Changes in communication with co-workers.	• Rapid changes in mood, anger outbursts, crying spells, apathy and passive aggression
• Reporting to work intoxicated (alcohol/drugs)	• Impaired physical capability and daily functioning

## 2.2 Identification and referral

### Identifying common presentations of mental illness



Burn-out (the commonest)	Distress & Anxiety related to COVID-19	Substance use disorder	Sleep disturbances
<ul style="list-style-type: none"> <li>• Emotional exhaustion</li> <li>• Depersonalization (loss of one's caring, empathy, and compassion)</li> <li>• Decreased sense of accomplishment</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive worry about contracting the infection even when all precautions have been taken</li> <li>• Not being able to stop or control worrying</li> <li>• Feeling sad, crying spells</li> <li>• Feeling nervous, anxious, or on edge</li> <li>• Being so restless that it is hard to sit still</li> <li>• Feeling incompetent at work</li> <li>• Becoming easily annoyed or irritable</li> <li>• Excessively following social media about COVID-19</li> <li>• Feeling afraid as if something awful might happen</li> <li>• Lack of sleep and decreased appetite</li> <li>• Wanting to end it all – SUICIDAL THOUGHTS AND PLANS</li> <li>• Losing prisoners under their care to COVID-19</li> <li>• Losing family members to COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>• Mostly stress related</li> <li>• Change in pattern of existing substance use is the commonest (commonly Alcohol/Tobacco). This can be present as a change in frequency or quantity.</li> <li>• Initiation less common. However subjects using one substance may experiment with additional substances.</li> <li>• Use of medicines for sleep and anxiety reduction without a valid medical prescription.</li> <li>• Possibility of substance withdrawal need to be considered if regular users present with mental health disturbances (especially in the context of disruption in supply chains)</li> </ul>	<ul style="list-style-type: none"> <li>• Extremely common. Subjects may present with</li> <li>• Difficulty in Initiating sleep</li> <li>• Frequent awakenings</li> <li>• Early morning awakening</li> <li>• Excessive sleep (relatively infrequent)</li> </ul>

### How do mental health issues present?

There are varied presentations of psychological issues but one must remember that these are “normal” people overwhelmed by extraordinary situations. These psychological issues arise from various stressors during this time and so the primary focus should be to handle and reduce these psychosocial stressors. Many of them resolve with brief interventions over time.

### Who would identify these mental health issues?

**Gatekeeper model** (Burnette et al., 2015): Gatekeepers are already existing accessible people who are in close contact with the prison staff. These gatekeepers could be identified from the existing pool of the prison administrators, healthcare workers and the prison guards (**G-PAHG: Gatekeepers- Prison Administrators, Healthcare workers and Guards**). They should be trained to be able to identify and support their colleagues in need of psychological help. People having psychological problems or at risk of self-harm can access the gatekeeper, who can bridge the gap between them and the professional services. This is of particular benefit in at-risk suicidal prisoners.

### How would the G-PAHG assess the prison staff in distress?

Choose place ensuring PRIVACY	
Begin with General Enquiry	
Active Listening <ul style="list-style-type: none"><li>• Have eye contact</li><li>• Acknowledge what is being said with appropriate nods and gestures</li><li>• Occasionally repeat what is said</li></ul>	<ul style="list-style-type: none"><li>• Ask questions but do not compel to give more details</li><li>• When the conversation ends – summarize what is discussed and agreed upon.</li><li>• Give appropriate contacts including a helpline if required</li></ul>
<ul style="list-style-type: none"><li>• Managing own feelings</li><li>• Treat what is said with respect</li></ul>	Do not react with surprise or judgement
Do not immediately suggest solutions. Always ask what they want before giving your suggestions.	

***Not all prison staff with mental health issues need specialist psychiatric care. But all prison staff would need support to counterbalance the negative influence of COVID-19 adding to the difficult circumstances and environment in the prison***

## When to refer to a psychiatrist?

<b>RED FLAG SIGNS</b>
If the Colleagues/family report of a person being unusually suspicious of others or reporting of hearing of voices or seeing visions indicating psychotic illness
If person has long-standing substance use problems which has significantly worsened after COVID-19 including withdrawal symptoms (ex: hand tremors among alcohol users)
Presence of a pre-existing illness or worsening of the pre-existing psychiatric illness
If there is significant and persistent suicidal ideation and/or a suicidal attempt
When there is a risk of harm to others because of a mental health problem
Presence of stressors

## **2.3 Management**

### 2.3.1 Strategies for the mental health promotion

<b>Mental Health Awareness among the prison staff</b>
<ul style="list-style-type: none"><li>✓ Administrators/supervisors should PROMOTE awareness about Mental Health and Stress through organizing awareness classes, stress management workshops etc.</li><li>✓ Team meetings may also be used to discuss common mental health issues that arise out of working under difficult circumstances (stress, burnout, anxiety, fear, etc.) and simple steps for psychological 'self-care'.</li><li>✓ Ensure a clear protocol for diagnosis and treatment of prison staff. This will help to avoid uncertainty or confusion.</li></ul>
<b>Communication</b>
<ul style="list-style-type: none"><li>✓ Good quality communication with accurate information updates</li><li>✓ Regular team meetings even if they are brief. This helps to develop a 'bond' and to also sort out issues that may emerge because of working in stressful situations</li><li>✓ Having a grievance policy</li><li>✓ Ensuring to keep up to date with the State Government guidelines which can keep changing depending on the situation</li></ul>

### **Workplace arrangements: The following changes can help**

- ✓ Staff rotation from jobs of higher stress to lower stress and vice-versa
- ✓ Mix and match, ensure that juniors with limited experience work with their senior colleagues
- ✓ Duty/shift breaks/holidays to be agreed upon within the team and ensured as far as possible
- ✓ Focus on the long-term, ensure adequate training of staff to prepare them for various roles

### **Support during the times of distress**

- ✓ In the event of death, allowing team members to have a 'debrief' and encourage them to share their feelings of **anger, guilt** etc.
- ✓ Flexible work schedule for staff wherever possible
- ✓ Creating 'Buddy System'. If anyone has mental health issues, tagging them to a colleague(buddy) will help in handling these **issues**. **Maintenance** of confidentiality will be explained to a buddy.
- ✓ For staff with pre-existing mental health issues, additional support needs to be provided in times of extreme stress.

***If any of the staff member has extreme distress, they should be referred for further evaluation by the mental health professional***

***Give credit to the staff for their work and taking measures to deal with the stigma***

1. **Self-care:** Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness.

Have a routine	Ensure adequate sleep	Ensure breaks in between work
Spiritual or religious activities (if inclined)	Keep in touch with relatives/friends	Exercise regularly and have a healthy diet
Carry out some activities and hobbies unrelated to work	Practice relaxation exercises like yoga	Make time for yourself and your family

**2. Buddy system at the workplace:** It is a system where two individuals are paired at the workplace. It is beneficial to mix people with differing competence, experience and levels of training. The following are its uses:

✓ Ensure all safety protocols are followed	✓ Knowledge transfer & training
✓ Improve confidence	✓ Reduce isolation especially among vulnerable
✓ Workplace bonding	✓ Discussing issues of distress
✓ Looking out for each other	✓ Employee morale

### **3. Relaxation (breathing exercise)**

Sit in a comfortable position on the ground or a chair.
↓
Remove your wallet, belt or other items (phones) from your shirts, trousers or dress.
↓
Relax your shoulders.
↓
Bring your hands to your lower belly with your two middle fingers touching the belly.
↓
Close your eyes now.
↓
Take a long, deep, gentle breath and send this long and deep breath down to your belly, so your stomach expands (keep your shoulders relaxed). You should find that your middle fingers naturally part slightly as the belly expands with the breath.
↓
Exhale or breathe out slowly. Now you can feel how the belly naturally draws inwards as the breath exits the body and the middle fingers slide to touch again.
Do this abdominal breathing a minimum of 10 times (inhale and exhale slowly).

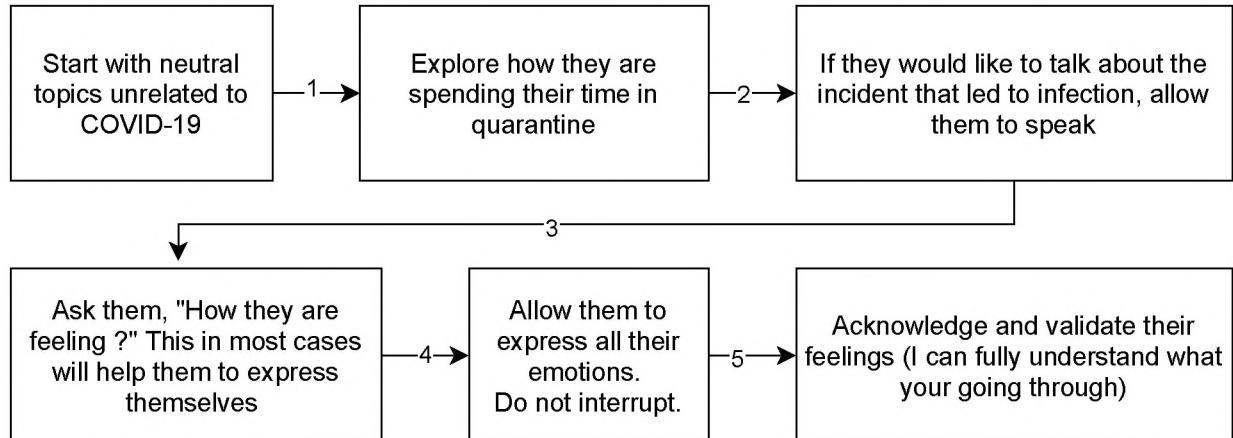
#### 4. Fifteen-minute yoga module at workplace

SN	Name of the practice	Description	Image
1.	Neck Movements (Perform for 3 rounds)	Stage 1: Forward-Backward  Inhale, slowly bend your head back  Exhale, bend your head forwards, touching chin to the chest	
2.	Shoulder Rotation (Perform this 3 times in clockwise and anticlockwise)	Place the fingers of left hand on the left shoulder and the fingers of right hand on the right shoulder.  Inhale and raise your elbow & bring them back when exhale.  Try to touch the elbow in front of the chest on the forward movement, stretch the elbow back in the backward movement and touch the side of the trunk while coming down.	
3.	Hand stretching breathing and side bending (1 minute: 5 counts hands up and down; 5 counts right and left side bending)	Interlock your fingers and keep them on your chest. Breathe-in, stretch the hands up above your head while keeping the fingers interlocked, stretch the whole body up at the peak of inhalation, breathe-out and come back. Do 5 counts. Then bend sideways with hands stretched up. Breathe out bend towards right, breathe in back to centre. Repeat same on left side. Do 5 counts.	
4.	Ardha-chakrasana (backward bending) (1 minutes; 5 counts)	Keep 2 feet distance between your feet. Inhale and bend back from your lower back while supporting with your hands breath out and come back to centre. Keep the eyes open throughout the practice.(Elderly with difficulty in balancing should perform on a chair)	
5.	Nadishuddhi (Alternate nostril breathing) (1 minute: 3 cycle)	Come to sitting position. Back and neck erect. Inhale slowly from left nostril, exhale from right; then inhale from right and exhale from left. This makes 1 cycle.	
6.	Bhramari (Humming Breath) (1 minute; 6 counts)	Sit with back and neck erect. Gently cover your eyes with fingers and close your ears with thumbs, Touch your tongue gently to the upper palate. Take a deep breathe in and as you breath out produce the humming sounds (mmmmm) and feel the vibrations in the head and face region. Perform 6 cycles.	

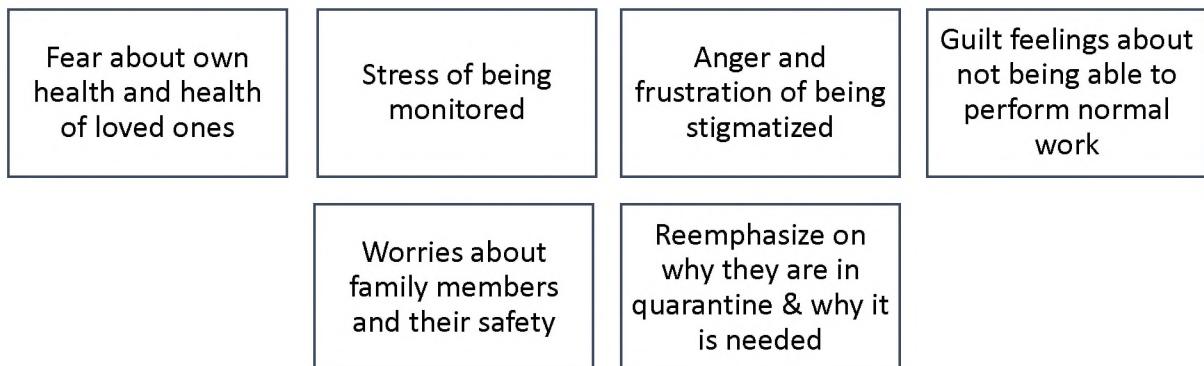
Note: To be practiced 2 times a day, can be done at any time of the day

### **2.3.2 Strategies specific to COVID-19**

- ❖ Supporting your colleagues and prisoners under your charge in isolation/quarantine- telephonic
- **The following steps will help in guiding**



- ✓ **Check on the concerns related to quarantine /isolation ( examples given below)**



- ✗ **If they do not want to discuss, do not compel**

Reassure	Reassure that their children/family are being supported (Ensure the same)
Routine	Ask them to focus on keeping a routine for themselves while in isolation
Exercise	Encourage to do physical exercise
Reliable source	Encourage to access information from only reliable resources (ICMR, Government of India and the State Governments)

<b>Always remind</b>	<b>Do not</b>	<b>Ensure</b>
<ul style="list-style-type: none"> <li>• All people who are exposed do not get infected (if exposed waiting for test)</li> <li>• Vast majority of people infected will remain asymptomatic or develop only mild symptoms (after having tested positive)</li> </ul>	<ul style="list-style-type: none"> <li>• Overload them with COVID-19 related information</li> <li>• Do not initiate discussion on fatalities or other media stories related to COVID-19. If the discussion is initiated from the clients side, discuss it in the larger context (for example only 2- 3% die, the rest 97% recover fully).</li> </ul>	<ul style="list-style-type: none"> <li>• Your conversation also encompasses topics of general or mutual interest.</li> <li>• Give sufficient time, do not rush</li> <li>• Conclude with hopeful statements</li> <li><b>• Tell them that they can call anytime and assure that you will keep in touch.</b></li> </ul>

**Handling grief:** Loved ones might succumb to COVID-19 infection. During this period inability to attend funeral, guilt regarding the inability to save the ones who have succumbed to the infection etc. might be lead to mental health issues.

Acknowledge	<ul style="list-style-type: none"> <li>• Acknowledge feelings of loss.</li> <li>• Tell him/her that you can imagine how difficult it must have been for him/her.</li> </ul>
Express	<ul style="list-style-type: none"> <li>• Allow him/her to express his/her emotions (crying, shock, disbelief).</li> <li>• If the person is crying or in shock, be with the person and do not interrupt. Give him/her time to express their feelings.</li> </ul>
Talk	<ul style="list-style-type: none"> <li>• Allow him/her to talk, and express their feelings about the loved person.</li> </ul>
Ask	<ul style="list-style-type: none"> <li>• Ask what he/she needs in a sensitive manner.</li> </ul>
Help	<ul style="list-style-type: none"> <li>• Help him/her to connect with the persons who will support.</li> </ul>
Support	<ul style="list-style-type: none"> <li>• The staff may have doubts and unanswered questions which should be addressed.</li> <li>• Ask him/her what support is needed.</li> </ul>
Acknowledge	<ul style="list-style-type: none"> <li>• If you do not have answers for a question, acknowledge that you don't know what to say.</li> <li>• Never give information you are not authorised to.</li> </ul>

## **Chapter 3: DEALING WITH STIGMA IN PRISONS AND CORRECTIONAL SETTINGS**

'Stigma is worse than the virus itself.' (Ghebreyesus, Director-General of WHO 2020)

### **What is stigma?**

It is a set of beliefs and negative attitudes against someone based on differentiating characteristics such as mental illness, disability or health condition. It is manifested in the words and actions of all of us to those whom we differentiate from ourselves. In the context of the pandemic, such stigma could extend to those diagnosed to be suffering from COVID-19. Stigma goes hand-in-hand with stereotypes and has been shown to limit access to help (Turan et al., 2017) and health care. Moreover, stigma perpetuates itself; it may be considered just as contagious as any infection.

### **Why should stigma be a concern during the pandemic?**

Stigma and the resultant behaviour and practices have been shown to increase community transmission as it limits early detection, especially in the infective periods (Turan et al., 2017). Stigmatised persons are likelier to attempt suicides (Kapilan, 2020), and have worse health outcomes than others (Hatzenbuehler et al., 2013; Stangl et al., 2019).

### **What can be done about stigma in correctional settings?**

There are many thoughts and attitudes that colour the stigma experiences and self-concepts. For example, one could anticipate stigma consequent to reporting flu-like symptoms. Another could perceive stigma in being isolated after testing for COVID-19. Still, others may stigmatise themselves and suffer low moods or anxiety about death or debility due to COVID-19. They could also regard themselves as less accepted even after having recovered completely. It is thus essential to provide a listening ear to them and to understand their stigma experiences. Most times, such interactions are themselves quite relieving and therapeutic. The listener must be empathic and adopt a non-judgmental stance. Validating the person's experience can be further helped by the listener expressing how wrong stigma is. This could help create communication bridges. Recovered persons could also aid in this strategy by being present, making themselves available for informal discussions regarding their experiences. Through such interactions, one must also emphasize not to perpetuate public stigma experiences for others. Frequently, wrongful attributes to those who contracted COVID-19 as irresponsible, dangerous, carriers lifelong, will be infective indefinitely, perpetuates stigma. It is essential not to be dismissive of these concerns while subtly helping them to challenge these myths. Reassurances from officials, facilitation by officials in connecting with families even when they are unable to visit may further lower distress and aid in better mental health outcomes.

Thus, much can be done to militate against the stigma of COVID-19 in jail settings. Prison officials and jail prisoners can work to reduce stigma and prevent the ill effects of stigma. In addition, healthcare support staff at the prisons can aid in influential messaging and dispelling commonly held myths.

## **Chapter 4: TELEPSYCHIATRY FOR PRISON STAFF- CHALLENGES AND POSSIBLE SOLUTIONS DURING COVID-19**

During the COVID-19 pandemic, patients are discouraged from travelling and visiting a hospital unless it is an emergency or for treatment for COVID-19 illness. This includes patients in prisons as well. In this background, the Ministry of Health and Family Welfare, along with NITI Aayog released the "telemedicine guidelines" in the country and have provided a statutory status for the practice of telemedicine. This had led to the development of "**Telepsychiatry Operational Guidelines 2020**" that can be referred to while implementing the telepsychiatry services in the respective establishments. As visits to health establishment outside the prison campus come with a risk of prisoners and staff getting exposed to COVID-19, we can use telepsychiatry for prisoners needing specialist consultation.

Modes of Telepsychiatry video consultations that can be considered during the COVID-19 pandemic are:

- **Direct to patient:** Video consultations may be used for screening, diagnosis, management, and follow-up of new and old cases. It is possible to include brief interventions such as counselling and psychotherapy sessions through this mode.
- **Collaborative Video Consultations (CVC):** With the presence of an intermediary medical or paramedical staff at the patient's end, a psychiatrist/mental health professional can provide expert inputs through this form of service.

For guidelines on setting up of video consultations services and for various services that can be provided, it is recommended to look into the following guidelines:

1. Telemedicine Practice Guidelines: Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine. 25<sup>th</sup> March 2020. Available at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>.
2. Bada Math S, Manjunath N, Kumar, CN & Basavarajappa C & Gangadhar BN. (2020). Telepsychiatry Operational Guidelines 2020 Available at [https://www.researchgate.net/publication/341650070\\_Telepsychiatry\\_Operational\\_Guidelines\\_2020](https://www.researchgate.net/publication/341650070_Telepsychiatry_Operational_Guidelines_2020)

## **Chapter 5: RECOMMENDATIONS**

1. **COVID Appropriate Behaviour** should be followed by the prison staff.
2. **Helpline:** To start a dedicated helpline for prison staff to address their mental health issues and worries. Alternatively, existing helpline numbers like 080-46110007 (NIMHANS) or +91-11-23978046 (Central Helpline number from MoHFW) can be used.
3. **Debriefing:** Prison staff to have regular debriefing meetings with their superiors. Superiors in the prison to provide support such as telephonic calls to those who test positive for COVID-19 infection or those who are in home isolation or hospitalized.
4. **Training programs:** Physical and mental health training programs to be conducted to equip the staff to handle their burnout and anxiety. G-PAHG groups should be trained in identifying mental health issues, providing psychological first aid and facilitating referral to a psychiatrist when indicated. Relaxation strategies to be taught to the staff that might include having regular yoga classes.
5. **Testing and treatment:** The respective prison departments should work out arrangements for assured medical support to the prison staff and their family members in case they suffer from COVID-19 infection. The State Governments should also provide necessary support in this regard. If such arrangements are made, these are likely to alleviate a lot of anxiety of the prison staff who work in a highly vulnerable environment. This will certainly boost their morale and enhance their performance. RT-PCR for COVID-19 infection, other relevant investigations, Identification of hospital beds and have them dedicated for the treatment of prison staff and their family members.
6. **Vaccination:** Prison staff and their family members should be given priority for the vaccination against COVID-19 infection.
7. **Counsellors:** Dedicated counsellors should be hired/made available to address the mental health issues of the prison staff.
8. **Adequate resources:** Spare Oxygen cylinders and basic amenities to be reserved for staff and their family members who may need these in case of an emergency related to COVID-19 infection. Have medical kits equipped with basic instruments like the pulse oximeter, glucometer, and Blood Pressure apparatus for the prison staff.
9. **Compensation:** As prison staff has been designated as Frontline Workers (FLW) by the Government, monetary compensation may also be disbursed to the family members of prison staff, in case of their death due to COVID-19 infection while discharging their duties by the appropriate State Governments.
10. **Working hours:** Flexible working hours should be kept as an idea to keep the staff motivated. For example, a 24-hour shift may be followed by a full day off on the subsequent day. This would be instrumental in reducing their physical and mental stress.
11. **Grievance redressal mechanisms:** Several prison staff may not be comfortable in discussing their mental health issues openly. Some form of grievance redressal mechanism in the form of a grievance box or book might be maintained. All such grievances would be dealt with and disposed of promptly by the designated person such as a counsellor, psychiatrist or Senior Jail Officers.
12. **Security gadgets:** Security gadgets such as handheld metal detectors and baggage scanners should be provided in each prison to minimise the use of physical frisking of prisoners by the staff, thereby minimizing close contact.

## REFERENCES

- Rahbar - Corona Response. (n.d.). Retrieved May 12, 2021, from <https://coronaresponse.tiss.edu/rahbar/>
- Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American journal of public health*, 103(5), 813-821.
- Kapilan, N. (2020). Suicides cases among nurses in India due to COVID-19 and possible prevention strategies. *Asian journal of psychiatry*, 54, 102434.
- Kothari, R., Forrester, A., Greenberg, N., Sarkissian, N., Tracy, D.K. (2020). COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff. *Medicine, Science and the Law*, 60(3), 165-168. 10.1177/0025802420929799
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC medicine*, 17(1), 1-13.
- Turan, B., Hatcher, A. M., Weiser, S. D., Johnson, M. O., Rice, W. S., & Turan, J. M. (2017). Framing mechanisms linking HIV-related stigma, adherence to treatment, and health outcomes. *American journal of public health*, 107(6), 863-869.
- Van Brakel, W. H., Cataldo, J., Grover, S., Kohrt, B. A., Nyblade, L., Stockton, M., ... & Yang, L. H. (2019). Out of the silos: identifying cross-cutting features of health-related stigma to advance measurement and intervention. *BMC medicine*, 17(1), 1-17.

## APPENDICES

### a. PSYCHOLOGICAL FIRST AID (PFA) - FIRST STEP TO PSYCHOLOGICAL SUPPORT IN COVID-19 PANDEMIC

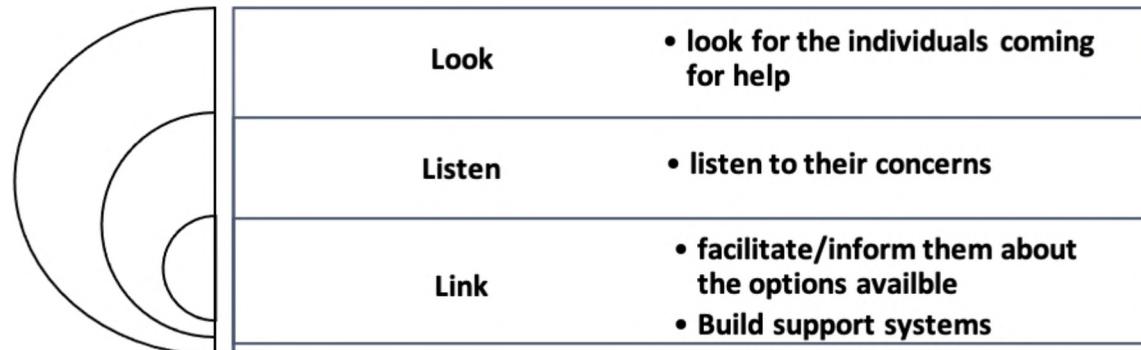
Psychological first aids are the immediate support offered to those in distress and involves both psychological and social support.

#### Who can provide PFA?

Anybody who wishes to address the distress of an individual can provide PFA. This includes the G-PAHG (**G-PAHG: Gatekeepers- Prison Administrators, Healthcare workers and Guards**).

#### What are the basic Principles of PFA?

LOOK – LISTEN -LINK , these are the three principles of psychological first aid



*Reference : World Health Organisation, W. T. (2011). Psychological first Aid : Guide for Field Workers. Genewa.*

#### What are the components of PFA?

Every individual has a different reaction to a crisis

PFA involves

- Providing care and support
  - Understanding and knowing the individual's needs
  - Listening to them \*not just hearing
  - Provide comfort and help them calm down at the time of crisis
  - Enabling their protection from further distress or harm
  - Providing information/services/social support
- 
- ❖ Always respect the individual's rights and dignity and ensure safety
  - ❖ Adapt to the individual needs and understand their cultural practices

### **What is not PFA?**

- PFA is not therapy/professional counselling
- PFA does not aim to understand their thoughts/feelings
- In PFA do not ask the individual to introspect into the situation/event

### **Techniques for providing psychosocial support**

#### **VENTILATION**

It is important to allow the individual to ventilate to alleviate the distress. Validate their concerns. Do not be judgmental or minimize their concerns

##### Things to do

Listen carefully and attentively

Acknowledge the distress

Do not interrupt as much as possible

#### **EMPATHY**

It is important to be empathetic to the person's concerns. It may seem odd but it is important to look at it from their point of view. Imagine yourself in the situation and try to understand from their perspective.

#### **ACTIVE LISTENING**

It may appear difficult to actively listen over a phone call. But it is important to carefully listen to their concerns. The tone and pitch of your voice will communicate to the caller if you are interested in knowing their concerns.

#### **SOCIAL SUPPORT**

Social Support systems play an important role in decreasing their distress and ensuring their needs are met. It is important to connect them and link them to the resources available locally, as many would be unaware of the help available locally.

#### **THE VALUE OF RELAXATION / RECREATION**

Lockdown is a time where many would get the time to involve themselves in other recreational activities. Encourage callers to explore their interests or their past hobbies they have been unable to carry out. This would help in distraction from the anxiety regarding COVID-19 and address boredom during the lockdown. It is important to get back into a routine at home, this will help to deal with emotional reactions.

## b. SCREENING QUESTIONNAIRE FOR MENTAL HEALTH ISSUES (CSP: Version 2.2)

### Part I: SCREENER / CASE RECORD FORM

Hospital No: .....

Date: .....

Aadhaar No:

Name: .....

Age: ..... years,

Gender: .....

Postal address with parent/Guardian name:

Presenting complaints with its duration:

- |         |         |
|---------|---------|
| 1. .... | 2. .... |
| 3. .... | 4. .... |
| 5. .... | 6. .... |

Physical examination findings: .....

*Can you explain above symptoms and signs with known medical illness?*

YES

NO

Please proceed with your diagnosis & your Rx

If illness is < 2 weeks, reassure & ask patient to follow-up if symptoms persists

If illness is ≥ 2 weeks, check for possible psychiatric disorders as below!!!

**Please begin with these general enquiries!**

- |  |                    |
|--|--------------------|
| 1 How is your sleep?                             | Normal / Disturbed |
| 2 How is your appetite?                          | Normal / Disturbed |
| 3 How is your interest in doing your daily work? | Normal / Disturbed |

**Now, begin with specific questions for possible psychiatric disorders!!!!**

4 In the past year, are you drinking alcohol heavily or regularly?	YES / NO	If YES to any, check for <b>Alcohol Disorder</b>
5 In the past year, are you not getting sleep without alcohol?	YES / NO	
6 In the past year, are you getting shaking of hands/body whenever you reduce or stop alcohol?	YES / NO	
7 Do you use Beedi/Cigarettes/Gutka or other tobacco products within one hour of getting up from bed in the early morning?	YES / NO	If YES, check for <b>Tobacco Addiction</b>
8 In the past few weeks, did you get sudden attack of fear or anxiety?	YES / NO	If YES to any, check for <b>Panic disorder (PD)</b>
9 In the past few weeks, does the above attack/s come without any reason/s?	YES / NO	
10 In the past few months, are you often getting tensed/stressed up with no reason or for small trivial reasons?	YES / NO	If YES to any, check for <b>Generalized Anxiety Disorder (GAD)</b>
11 In the past few months, are you unable to control or stop this tension?	YES / NO	
12 In the past few weeks, have you been feeling tired all the time?	YES / NO	
13 In the past few weeks, have you lost interest or pleasure in your regular daily activities?	YES / NO	If YES to any, check for <b>Depressive disorder</b>
14 In the past few weeks, have you been feeling sad / depressed?	YES / NO	
15 In the past many months, does this patient have any physical symptom/s (listed in diagnostic criteria of Somatization disorder) which is unexplainable with current medical knowledge or with depression/anxiety?	YES / NO	If YES to any, check for <b>Somatization Disorder</b>
16 In the past many months, does this patient shown the signs of doctor shopping (repeatedly consulting you or other doctors) for these similar physical symptoms?	YES / NO	
17 In the past few weeks, does he/she have talking or smiling to self / hallucination	YES / NO	
18 In the past few weeks, does he/she have poor self-care / wondering aimlessly	YES / NO	If YES to any, check for <b>Psychotic Disorder</b>
19 In the past few weeks, does he/she have suspiciousness/ big claims/ delusion	YES / NO	
20 In the past few weeks, does he/she talking excessively/ sleeping less/hyperactive	YES / NO	
21 In the past few days, did he/she have suicidal, self-harm or aggressive behaviour	YES / NO	<sup>§</sup> PFA & Refer

**Note:** Items 1-15 for patients, 18-20 for family & friends, 16, 17 & 21 for clinical interpretation of doctors

<sup>§</sup> Provide **Psychological First Aid** & refer to a psychiatrist

Behavioural observation/s: .....

**Diagnosis:** (Tick appropriately)

1	<b>Alcohol Disorder: Harmful use (Frequent / Infrequent type)/ Addiction</b>
2	<b>Tobacco Addiction</b>
3	<b>Common Mental Disorders (CMDs)/ Neurosis</b>
	a. Predominantly Depressive Disorder
	b. Predominantly Anxiety Disorder (Panic Disorder / Generalized Anxiety Disorder)
	c. Predominantly Somatization Disorder
	d. Mixed Disorder (Depressive, anxiety or somatic symptoms)
4	<b>Severe Mental Disorders (SMDs)/ Psychotic Disorders: Acute / Episodic / Chronic</b>
5	<b>Other.....</b>

## c. FURTHER RESOURCES

- Impact of Covid Panic by Prof. Suresh Bada Math (<https://youtu.be/h17EQvybeAo>)
- Basic Counselling Skills by Prof. Suresh Bada Math (<https://youtu.be/sQqzLjar9No>)
- Video on meditation for stress management (<https://youtu.be/gur9p17XBFk>)
- Video on yoga for stress management (<https://youtu.be/NkWbaBYabwo>)
- Video on addressing social stigma associated with COVID-19 infection (English) ([https://youtu.be/1GCv8\\_BIWeY](https://youtu.be/1GCv8_BIWeY))
- Video on addressing social stigma associated with COVID-19 infection (Hindi) (<https://youtu.be/ca0gl2C3SVI>)
- How to safely stop drinking during lockdown (<https://youtu.be/6HJNFex2v5E>)
- How to safely quit Tobacco during lockdown (Hindi) ([https://youtu.be/qkdB\\_2htNe0](https://youtu.be/qkdB_2htNe0))
- Video on addressing psychosocial concerns of healthcare workers (<https://youtu.be/8l5xaKLhwBE>)

## **CONTRIBUTORS**

### **Dr Bhavika Vajawat**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Prakyath R Hegde**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Patley Rahul**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Prateek Varshney**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Rakesh Chander K.**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Sharad Philip**

Senior Resident, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Naveen Kumar C.,**

Professor, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Santhosh Jayashankar**

Psychiatrist, Central Prison hospital, Bengaluru

### **Ms Mythily Hegde**

Clinical Psychologist, Central Prison hospital, Bengaluru

### **Dr Suresh Bada Math,**

Professor, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Dr Pratima Murthy,**

Professor and Head, Department of Psychiatry,  
National Institute of Mental Health and Neuro Sciences, Bengaluru -560029.

### **Acknowledgements:**

We extend our acknowledgements to the officials of the Ministry of Home Affairs, officials of the Bureau of Police Research and Development, Deputy Inspector General of Police and the Consultant Psychiatrist of Tihar Jail, and all the staff and faculty of the National Institute of Mental Health and Neuro Sciences, Bengaluru.