



COVID-19, Mental Health, and Substance Use in Correctional Settings: Considerations for Addressing Systemic Vulnerabilities

Policy Brief

mental health and substance use impacts — positive and negative — remain unknown. Efforts to assess these impacts are constrained by the lack of electronic medical records in many jurisdictions and limited mental health and substance use data.^{401,402} As noted, the positive impacts of decarceration are contingent on the adequacy and availability of wraparound community services and supports, which at minimum should include unfettered access to overdose prevention, harm reduction services, medication, mental health and home-based care, peer support, and safe, affordable housing.⁴⁰³⁻⁴⁰⁶

RECOMMENDATIONS

- Create a national correctional decarceration strategy that is linked with national emergency measures and public health responses.
 - Ensure that infectious-disease-specific information and vulnerable populations are considered and given priority in decarceration strategies and parole review submissions.
 - Strengthen corrections' communications, collaborations, partnerships, and integration with public health authorities, as well as with mental health and substance use services and other community services needed to adequately support decarcerated individuals.
- Commit resources to study recently enacted legislation and policies that support decarceration to determine their potential impact on recidivism, cost savings, and social, economic, and health impacts (e.g., infectious disease, chronic disease, mental health, and substance use).
 - Increase supportive housing service options for decarcerated people and improve housing availability to amplify the potential benefits of decarceration efforts.

Issue 7. Social determinants, equity, and data gaps

As identified in Issues 1 and 2, many social determinants of health intersect with the public health, mental health, and substance use risks from COVID-19. Advocates are calling for routine performance measurement and monitoring on the availability of income, housing, and social supports (collected upon admission to correctional settings).⁴⁰⁷ Specifically, a rigorous, systematic collection of data is lacking on the mental health and substance use impacts of care models and release practices for people who are (or were) incarcerated.⁴⁰⁸⁻⁴¹⁰ These challenges are compounded by a lack of race-based and gender-sensitive data, which makes health-service system planning and policy decisions difficult.⁴¹¹⁻⁴¹³

RECOMMENDATIONS

- Collect data and report outcomes of services and release models, including gender-sensitive and race-based data.

Conclusion

Incarcerated populations are at a higher risk of contracting COVID-19 and of experiencing poorer outcomes associated with the illness due to their close proximity to the virus and disproportionate burden-of-risk factors. These factors include significant physical/mental health and substance use multi-morbidities, as well as experiences of structural racism, stigma, and discrimination and trauma, food insecurity, and poverty.⁴¹⁴⁻⁴²⁰

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