

*The Impact of COVID-19 on the Incarcerated Mentally Ill
Upon Reentry to the Community*

A Virtual Forum Summary Report

May 25, 2021

Prepared by:
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College of Education and Human Development
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I. Overview

The results of a recent MURC study conducted on the *Impact of COVID-19 on the Incarcerated Mentally Ill Upon Reentry to the Community* indicated the pandemic significantly affected the delivery of services provided to people living with a mental illness. Those impacts included reduced linkages to community resources; reduced connections to mental health treatment providers; and increased death among this population group.

The purpose of this forum was to begin focusing on justice-involved individuals who live with a mental illness and are reentering the community since the start of the COVID-19 pandemic. An additional aim was to present study findings to panelists from justice and mental health related fields for their response. Panelist would then share their views on what policies, programs, services, and interventions may be required to address the needs of this often overlooked group.

Forum Details

The Mississippi Urban Research Center hosted the virtual forum, “*The Impact of COVID-19 on the Incarcerated Mentally Ill Upon Reentry to the Community*” on April 21, 2021 at 10:00 a.m. via Zoom. Attendees consisted of non-profit organizations, community members, government agencies, and Jackson State University (JSU) students, faculty, and staff.

One of the forum’s desired outcomes was to bring attention to issues of the incarcerated mentally ill exacerbated by the effects of the pandemic. Another desired outcome was for the formation of a Coalition from various community and government agencies. The coalition would develop strategies needed to secure funding for the planning and implementation of interventions serving this population group.

Organization of Summary Report

This summary report presents information in six sections that consists of: (1) An Overview; (2) Research Presentation Summary; (3) Panelist experiences regarding COVID-19’s impact on the incarcerated mentally ill; (4) Panelists Recommendations for Moving Forward; (5) Insights from Question and Answer Session; and (6) Conclusions. The *Research Presentation Summary* and *Insights from “Q&A”* sections contain commentary and recommendations from panel members on the pandemic’s impact on the incarcerated mentally ill returning to the community. They also offer suggestions on the best way to mitigate those effects now and in the future. Public, private, and nonprofit organizations, and individual citizens alike are encouraged to use this report’s findings to begin addressing the issues of the incarcerated mentally ill.

II. Research Presentation Summary

The COVID-19 pandemic had multiple impacts upon our nation, including untimely deaths, widespread illness, unemployment, and quarantine. However, it has also impacted a largely overlooked population – the incarcerated mentally ill. To combat the effects of the virus,

many parts of the country underwent a process of reducing the prison population through the removal or release of inmates, otherwise known as “decarceration.” North Carolina, Kansas, and Colorado are just some of the states that amended laws and released prisoners in an effort to reduce the spread of COVID-19 among inmates and staff in correctional facilities. Mississippi also released inmates, but mostly at the local county jail level. As a result, many mentally ill former inmates stopped receiving any kind of institutional treatment or support services.

Findings from a survey administered to agencies and individuals who regularly interact with mentally ill persons revealed the following:

- The majority of individuals (54.55%) responding to the survey identified themselves as community service providers.
- The majority of respondents (76.4%) observed changes in the delivery of services (e.g. limited linkage to community resources, limited connection to treatment, and increase in death among the target population).
- The majority of respondents (76.8%) answered “Yes” that they were aware of services provided to mentally ill persons in their community.
- The majority of respondents (61.9%) observed an increase in death among the target population of mentally ill persons.
- Respondents reported an increase in the usage of Zoom and other technology-based telehealth services, alongside a reduction in general access to mental health services.
- Some agencies had difficulty offering services virtually, and as such, their service delivery either paused or discontinued during the COVID-19 pandemic.

The following three tables present key responses received from survey respondents:

Figure 1 – Awareness of Treatment Services

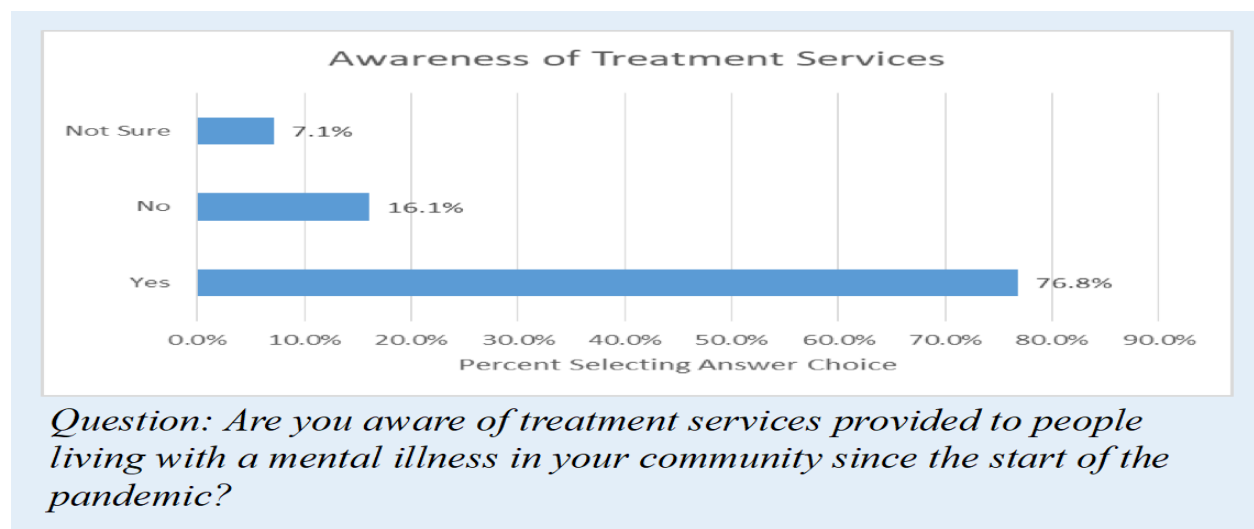


Figure 2 – Observed Changes in Services since Start of Pandemic

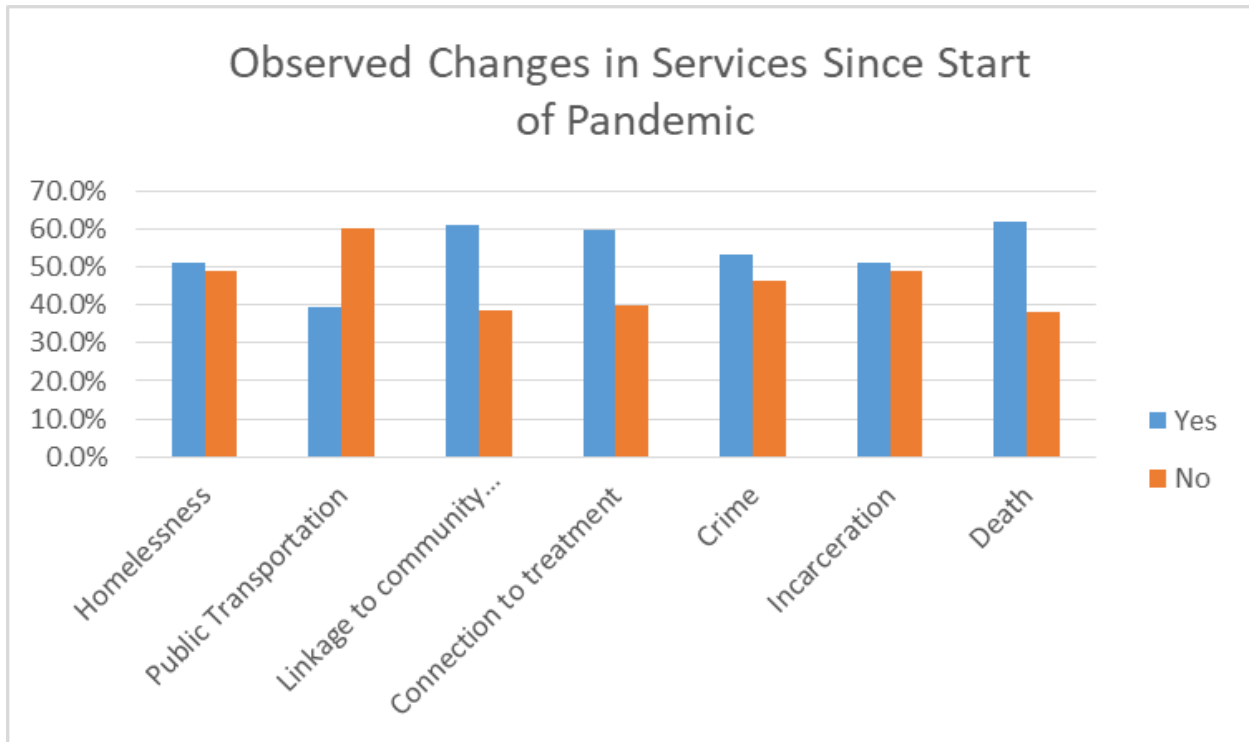
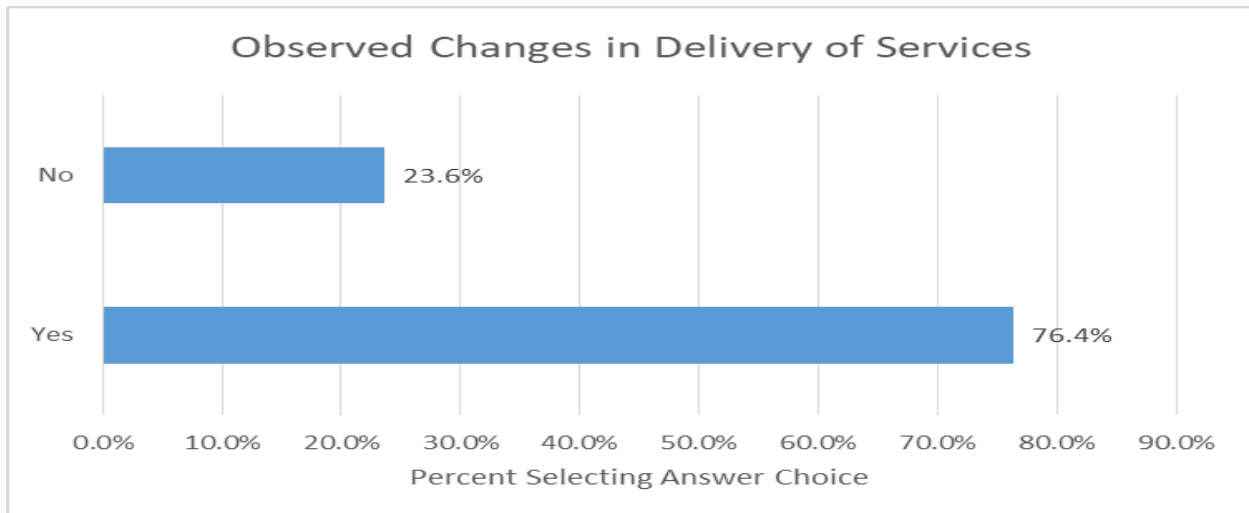


Figure 3 – displays findings that most study participants observed changes in the delivery of services provided to the mentally ill in their community since the start of the pandemic.



III. Panelists Experiences Regarding the Impact of COVID-19 on the Incarcerated Mentally Ill

Panelists from justice and mental health related fields discussed the challenges they experienced at their respective agencies due to the pandemic. They shared real-life experiences of what was required to continue providing services during the pandemic. Panelists also offered insights and “lessons learned” in the performance of their duties that could help inform planning future interventions and programs. The following is a summary of those insights and lessons learned.

Sitaniel Wimbley, Executive Director, NAMI Mississippi

- COVID-19 has been a blessing and a curse
- Provided virtual support groups and virtual training due to pandemic
- Organization forced to adapt to technology regarding day-to-day activities
- Transferred classes and support groups to a virtual platform due
- Able to reach individuals who are in areas that may not have had an affiliate office
- Many individuals don't receive services any longer
- Added a heightened level of anxiety

Sanetria Moore, Coordinator of Adult Services, Hinds Behavioral Health Services

- Agency started providing telehealth and Zoom calls to meet the needs of their clients
- Performed temperature checks upon individuals entering the facility
- Enforced mask mandate for individuals arriving for appointments
- Encouraged frequent hand washing among visitors and staff
- Experienced an influx of intakes due to rise in anxiety and depression levels

Kenneth Lewis, Judge, Hinds county Justice Court

- Experienced a reduction in the number of court cases due to pandemic
- Start adjudicating cases by way of the Zoom platform
- Docket in criminal cases have slowed down tremendously because of pandemic
- Individuals became stuck in the criminal justice system

Tyrone Buckley, Deputy Chief, City of Jackson Police Department

- Lockdowns triggered mental illness in many individuals with no previous mental health issues
- The pandemic increased stress by forcing individuals to spend more time together resulting in more conflicts

- Experienced an influx in domestic violence against loved ones, husband and wives, children and parents
- Large number of inmates released from Hinds County jail
- Mentally ill dropped off at the bus or rail station in the City of Jackson
- Experienced an increased presence of homeless individuals who have not been assessed for mentally illness
- Greater recognition of need for increased CIT training of law enforcement

IV. Panelists' Recommendations for Moving Forward

Panelists offered recommendations on policies, programs, and services needed to move forward with addressing the needs of the incarcerated mentally ill. These recommendations would serve to provide guidance on potential funding sources, the role of a Coalition/Taskforce, planning and implementation of interventions, and the need for changes in current policies and procedures. Those recommendations included are as follows:

Sitaniel Wimbley

- Advocate for informing community leaders there is an issue
- Offer education and training on mental illness
- Raise awareness on available services in the community
- Increase Crisis Intervention training for law enforcement officers
- Insure that mental illness is properly covered under Medicaid
- Insure that incarcerated mentally ill persons receive evaluation and medication prior to release
- Include individuals with “lived experience” in planning for interventions and programs

Sanetria Moore

- Increase number of CIT trained law enforcement to de-escalate individuals experiencing a mental health crisis
- Provide Mental Health First Aid Training
- Provide Mobile Crisis Services
- Provide Mental health education within the community

Judge Kenneth Lewis

- Secure funding to increase mental health education
- Secure funding for housing
- Provide funding to increase the number of judges needed to prioritize the cases of mentally ill offenders

- Increase training on mental illness for judges
- Increase number of psychiatrist to assess the mentally ill booked into jail
- Increased mental health training for families

Deputy Chief Buckley

- Stop criminalizing Mental illness
- Plan and implement a 72 hour holding facility for observation and assessment of mentally ill offenders
- Secure funding for interventions and programming for the mentally ill
- Expand training for law enforcement
- Create an interagency team to address the issues of the incarcerated mentally ill

V. Insights from “Question & Answer” Session

The “Q&A” session provided forum attendees an opportunity to present issues or ask questions of the panelists. The following are some excerpts of those issues and questions:

Q: If a family has someone who may have a mental illness and they are having difficulty dealing with them, what recommendation do you have for them?

* Sitaniel Wimbley: “For me the family members are key. The support system is key. We do trainings specifically for family members. Anyone having difficulty with a family member, tell them to call NAMI. We will get them into any program that we have. Our services have no charge. What we teach them is what mental illness looks like. We teach them how to recognize the signs and symptoms of mental illness because many of them do not know what the signs and symptoms are. We also teach them how to de-escalate situations. One of the first things I teach them is if they have to call for help how to do it. Because I want to make sure the right person gets to that family member. We also try to make sure that they get the support they need. I also provide help getting a clinician and discussion if they have insurance to get the help they need for their loved one.”

* Sanetria Moore: “We are always here for the support of the family as well as the support for the client. We are fortunate because we have community support going out into the community. We try to educate family members and friends to be able to recognize when people are struggling with mental illness, or not taking their medication. Peer support is wonderful because we have that extra layer of support to go into the community to help the family. Because region 9 has so many services, we are able to do ‘warm hand-offs’ (in person transfers) to other services within our department. We have Navigator. We have Infusion Metro. So if a client needs some education or needs transferring to another service that we have, we give a warm handoff to that department. It is our goal for the ball not to drop. Education is everything. So we provide education to family members to let them know what is available and to let them know you not out on an island. We are in this together.”

* Judge Lewis: “I agree. Educate the family. Overcome the stigma if you have a family member diagnosed with a mental illness. There appears to have been a division between law enforcement and mental health, and as a result, the family does not know whom to trust. I think the collaboration between mental health and law enforcement through the CIT program has bridged the gap, and has helped families trust us more. It is important that family members know if the police are called for assistance to let them know that their loved one has a mental illness. Show them the medication if needed. Educate the family not to use the jail as a place of daycare. When they get tired of that individual, do not just call and put a criminal charge on their family member because you are tired of dealing with them. Once your loved one enters the jail, go visit them. Do not forget about them. Check on them to ensure they navigate through the system as swiftly as possible.”

* Tyrone Buckley: Please do not threaten your loved one that you will call law enforcement to get them to behave. This creates a negative and adversarial relationship between them and law enforcement. It is important to let dispatch know at the time of the call that the family member suffers from mental illness. This would allow for the dispatching of a CIT officer to the location to resolve the issue. I can recall situations when a homicide was committed by an individual with mental illness, and we were able to remove the individual because staff from Hinds Behavioral Health Services was present. The individual would not talk to our officer, but they were willing to communicate with the mental health worker, and we were able to remove them from the location without harm.

Q: (1) Is there training for school or university administration on how to care for students with mental illness prior to an incident requiring jail or detention. (2) Is there training to help those students in jail get back to school.

* Sitaniel Wimbley: We also offer the youth version of Mental Health First Aid Training. We have other training tailored to help individuals learn about mental health and wellness for young adult. We also offer to universities a program called “NAMI on Campus.”

* Sanetria Moore: We offer Mental Health First Aid Training. I would recommend that if an individual is interested, that they visit our website and enroll in Mental Health First Aid Training. The training offers an excellent opportunity for someone to learn the in’s and out of mental illness.

* Tyrone Buckley: I would recommend that you take a look at the Criminal Mental Health Project in Miami/Dade County Florida. They have a three-prong approach to addressing the issue of mental illness and incarceration. The program has had a significant effect on that community and within the state.

VI. Conclusions

Research results indicated the COVID-19 pandemic significantly impacted the delivery of services provided to individuals living with a mental illness. There were observable changes in the service delivery system as evidenced by limited linkages to community resources, limited

connection to treatment services, and increased death among the population group. Research recommendations point to the need for a treatment diversion court and/or treatment diversion services. There was consensus among panelists participating in the virtual forum that mental health education is needed in all segments of our society. This education would help increase awareness among influential officials that a problem exists, and help inform families how to support and address the needs of a loved one living with a mental illness. Panelists also discussed the need for funding for increased CIT training of law enforcement officers. Other recommendations made included developing a 72-hour holding facility to divert mentally ill offenders away from the jail, and stabilizing individuals in the community to help them become more functional and independent.

It is noteworthy that a large majority of study participants (88.4%) saw the need for a Coalition/Taskforce to address the needs of the incarcerated mentally ill. It is possible that the results of the survey, and the recommendations made by panelists during the forum, will help inform the development of the proposed Coalition/Taskforce.

All individuals deserve to live at their highest level of functioning. In the case of the incarcerated mentally ill, public intervention is needed as the burden and suffering of an individual living with a mental illness is often too great to be shouldered entirely by the family. The incarcerated mentally ill frequently lack the wherewithal to provide for their health care needs and fall into poor health. They pose not only a health risk for themselves, but also for those they encounter. Also, individuals with untreated mental illness may decompensate to their lowest state with auditory and visual hallucinations, as well as exhibit bizarre behavior. In these instances, they may become a public safety risk to themselves or others. Most city and county governments struggle to manage their budgets without the added costs of medical treatment and psychotropic medications that has the potential to cause local governments to go broke.

A major concluding point from this virtual forum is the urgent need for public and private officials, community stakeholders, service providers and concerned individuals to become more active in addressing this issue. The COVID-19 pandemic only amplified the problems encountered by individuals suffering from mental illness overall, and especially the problems faced by the incarcerated mentally ill. The insight and recommendations offered during this forum can serve as a blueprint for developing and/or expanding those services that can help improve the functioning and quality of life for this population.

References

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Upon Reentry to the Community**

A MURC Virtual Forum

Agenda

April 21, 2021 / 10:00 a.m.

10:00 a.m. – 10:05 a.m.

Welcome

Sheryl Bacon, MURC Research Associate

10:05 a.m. – 10:15 a.m.

**Presentation – The Impact of COVID-19 on the
Incarcerated Mentally Ill Upon Reentry to the
Community**

Frederick O’Quinn, MURC Research Associate

10:15 a.m. – 11:00 a.m.

Panel Discussion

Dr. Sam Mozee, MURC Executive Director

Participants:

Sitaniel Wimbley, Executive Director, NAMI MS

**Sanetria B. Moore, Coordinator of Adult Services,
Hinds Behavioral Health Services**

**Kenneth Lewis, Judge, Hinds County Justice
Court**

**Tyrone Buckley, Deputy Chief, City Of Jackson
Police Department**

11:00 a.m. – 11:10 a.m.

Audience Q&A

11:10 a.m. – 11:20 a.m.

Summary/Conclusion

11:20 a.m. – 11:25 a.m.

Next Steps

Frederick O’Quinn, Research Associate

Mississippi Urban Research Center

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