CANADA AWARDS FOR EXCELLENCE
PRIX CANADA POUR L'EXCELLENCE
2020
ORDER OF EXCELLENCE RECIPIENT MENTAL HEALTH AT WORK
RÉCIPIENDAIRE ORDRE DE L'EXCELLENCE SANTÉ MENTALE AU TRAVAIL

Mental Health Commission of Canada
Commission de la santé mentale du Canada

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

Policy Brief

Mental Health Commission of Canada
mentalhealthcommission.ca

Ce document est disponible en français

Citation information

Suggested citation: Mental Health Commission of Canada. (2021). *COVID-19, mental health, and substance use in correctional settings: Considerations for addressing systemic vulnerabilities — Policy brief*. Ottawa, Canada: Mental Health Commission of Canada.

ISBN: 978-1-77318-245-2

Legal deposit National Library of Canada

Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Acknowledgments

The Mental Health Commission of Canada operates primarily on the unceded traditional Territory of the Anishinabe Algonquin Nation whose presence here reaches back to time immemorial. The Algonquin people have lived on this land as keepers and defenders of the Ottawa River Watershed and its tributaries. We are privileged to benefit from their long history of welcoming many Nations to this beautiful territory. We also recognize the traditional lands across what is known as Canada on which our staff and stakeholders reside.

Our policy research work uses an intersectional Sex and Gender-Based Plus lens to identify, articulate, and address health and social inequities through policy action. In this respect, our work is guided by engagement with diverse lived experiences and other forms of expertise to shape our knowledge synthesis and policy recommendations. We are committed to continuous learning and welcome feedback.

The Mental Health Commission of Canada would like to thank the external reviewers and staff who provided important and valued contributions to this work:

Expert reviewers

- Lived and living experience focus group participants
- Katie Almond, Co-Chair, Downtown Toronto Committee, Provincial Human Services and Justice Coordinating Committee
- Dr. Anne Crocker, Professor, Department of Psychiatry and Addictions, Université de Montréal, and Director, Research and Academics, Institut national de psychiatrie légale Philippe-Pinel
- Rebecca Jesseman, Director, Policy, Canadian Centre on Substance Use and Addiction
- Dr. Fiona Kouyoumdjian, Assistant Professor, Department of Family Medicine, McMaster University
- Howard Sapers, former Correctional Investigator and private consultant

Federal departments/agencies

- Health Canada
- Public Health Agency of Canada
- Correctional Service Canada
- Mental Health Commission of Canada staff:
  - Brandon Hey, Francine Knoops, Marya Jaleel, Katerina Kalenteridis, Sandra Koppert, Mary Bartram

Contents

Purpose

The purpose of this brief is to identify mental health and substance use policy issues in relation to the impact of the coronavirus (COVID-19) on correctional populations. These populations include (1) those with pre-existing mental health and substance use concerns, and (2) those without pre-existing concerns who are, nevertheless, experiencing adverse mental health and risk or harm from substance use related to the pandemic. This brief aims to provide guidance and recommendations for senior-level decision makers to improve mental health, substance use, and other human services and supports in correctional settings during the COVID-19 pandemic and its aftermath.

Method

A scan of scientific and grey literature was conducted to identify what is known about the mental health and substance use impacts of COVID-19 and the associated infection control and prevention measures in federal, provincial, and territorial correctional services. Media sources were included where expert information was lacking, due to the rapidly evolving and unprecedented nature of the pandemic. Using a population health framework, the review considered the full range of mental health and substance use needs, including health promotion for all, prevention programs for those at higher risk (of adverse effects), and services and supports for those with mental health and/or substance use concerns. This brief focuses on those who are currently incarcerated or have been decarcerated since the onset of the pandemic. While pre-charge diversion and prevention approaches (such as alternative court treatment models) are beyond the scope of this brief, continuity of care and discharge-planning issues that share fundamental similarities are explored. A first draft of these findings was circulated for comment to leading experts and members of the Mental Health Commission of Canada's (MHCC's) expert advisory group on justice issues, as well as to Health Canada, the Public Health Agency of Canada (PHAC) and Correctional Service Canada (CSC). The MHCC considered all input in developing this policy brief. A focus group was also conducted with six people who had lived and living experience of criminal justice involvement. Focus group questions were shaped by the issues identified in the brief, and were validated and corroborated by the experiences heard. Illustrative quotes from the focus group are featured throughout the brief.

Key messages

1. Multiple factors contribute to increased COVID-19 risks among incarcerated populations.
    - Incarcerated populations have a higher risk of contracting COVID-19 and poorer outcomes due to pre-existing health conditions and health inequities.
    - People experiencing poverty, homelessness, or precarious housing; people who use drugs (particularly by injection); and those who are Black or Indigenous are already more likely to contract the coronavirus and die from it. These issues disproportionately affect persons who are Black and Indigenous in prisons and the community.
2. The heightened COVID-19 risk, combined with prison conditions, adversely impacts the mental health and substance use of incarcerated populations and exacerbates pre-existing problems.

- Sources of concern for substance use, mental health, and well-being include the combination of risk factors for COVID-19 infection, severity, and mortality; the perceived risks from the inherent conditions of incarceration and loss of support systems; and the loss of or restrictions in freedom of movement and mobility necessitated by infection control and prevention measures.
- These impacts are particularly challenging for those with pre-existing mental health and substance use concerns, who are overrepresented in correctional systems.

3. Despite some recent encouraging policy changes, the long-standing challenges associated with health-service delivery in correctional settings add layers of complexity in meeting the mental health and substance use needs of incarcerated persons during a pandemic. These challenges include the recruitment and retention of health-care professionals to work in corrections, and aging and often inadequate custody facilities.
4. Advocates, such as third-party watch dogs and criminal reform organizations, have expressed concerns about the use of medical isolation as an infection control and prevention measure and the adequacy of protocols to minimize its mental health impact.
5. Coupled with adequate community resourcing and supports, decarceration is an effective infection control and prevention measure that can help mitigate the impact of COVID-19 on mental health and substance use.

Introduction

The impact of COVID-19 has been devastating worldwide. The need to rapidly institute public health measures across society to control the spread of infection and provide treatment for infected persons has had widespread consequences for mental health and substance use,[1] including among correctional populations.[2] Early in the pandemic, the MHCC voiced its concern that rapid pivots to address mental health needs in innovative ways were leaving certain populations behind.[3,*] The early focus of governments was understandably on infection control and prevention. However, advocates and media outlets soon raised concerns about the impact of policies among incarcerated populations in Canada, particularly for mental health and substance use.

Prior to COVID-19, 1.6 million people living in Canada reported unmet needs for mental health services.[4] In the context of a pandemic, equitable access to services is needed more than ever. These services should include, but not be limited to, harm reduction, withdrawal management, and assertive community treatment.[5,6] For criminally justice-involved individuals, the service gaps are even more acute. When the pandemic struck, many were already facing multiple vulnerabilities, including the double or triple stigmas of criminal justice involvement, mental illness, and substance use. Such multiple vulnerabilities make it more difficult to access services and can lead to discrimination within service systems and recidivism.[7-10]

[*] Chief among these pivots were attempts to address rising depression and anxiety through virtual mental health care technologies — technologies less well-suited for individuals experiencing family violence or who have limited internet access.

This brief highlights the many pre-existing issues facing correctional populations that put them at a disproportionate risk for COVID-19 and exacerbate mental health and substance use needs.* It also draws attention to long-standing recommendations to implement evidence-based practices and services in community and correctional settings, along with increased attention to the integration of services across the justice, community, and health sectors.[11]

Findings

Issue 1. COVID-19 risks among correctional populations

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

There's so much fear and anxiety in the institutions. The reality is corrections is not doing a good job of relieving any of those anxieties.

From what he's shared with me, he's terrified to get COVID from one of the guards who are bringing it in. He's never even considered parole before, but now wants out so at least he could be with a smaller amount of people, and not just sit and wait in a large prison system and get COVID.

More and more people are using hard drugs in institutions mostly out of fear and anxiety.

Before examining the specific mental health and substance use impacts of COVID-19 in correctional populations, it is important to consider the broader impacts of the pandemic. People experiencing incarceration are at higher risk of contracting COVID-19 due to a combination of pre-existing health and environmental factors. A higher prevalence of pre-existing health conditions may increase the likelihood of severe illness and poor outcomes of illness once a person is infected. It may also increase challenges in accessing care, which in turn, may delay diagnosis and timely access to hospital care. Correctional environmental conditions that contribute to a higher risk of infection include crowded conditions and challenges in implementing public health measures, such as physical distancing, handwashing, increased cleaning, and mask wearing.

Among people who are incarcerated, there are high rates of infectious disease, chronic illness, and mental health and substance use concerns.[12-22] People experiencing poverty, homelessness, or precarious housing; people who use drugs (particularly by injection); and those who are Black or Indigenous are already more likely to contract COVID-19 and die from it.[23-28] This phenomenon is

* "Mental health and substance use needs" in this report are considered to be the needs of correctional populations (and others) for mental health and substance use services, as well as the mental health and substance use challenges faced by individuals that are exacerbated by the pandemic.

partially rooted in pre-existing health inequities facing disadvantaged communities.[29-32] As one would expect, given the prevalence of disease among incarcerated populations, they are also disproportionately exposed to poor social determinants and inequities, including racism, trauma, a lack of access to food security and quality education, and limited household income — issues that may further challenge health-care access and risks of infection.[33-40] Additional studies have documented how these factors specifically contribute to a heightened prevalence of infectious diseases, chronic physical and mental illnesses, and multi-morbidities.[41-45]

Emerging research indicates that older adults, people with compromised immune function, and individuals who live with pre-existing chronic health conditions (including diabetes, hypertension, cardiovascular disease, respiratory disease, myocardial injury, and cancer) face the greatest risk for COVID-19-related complications and severity.[46-49] Moreover, a greater proportion of older adults are becoming incarcerated across Canada and the U.S.[50,51] In 2003-04, people aged 50 and over in federal institutions represented 7.5 per cent of the incoming population; this increased to 21.5 per cent in 2012-13.[52] These individuals have higher rates of health conditions such as chronic disease and chronic pain.[53]

Substance use disorder affects 76 per cent of the female correctional population and 49.6 per cent of the male correctional population. Injection drug use specifically combines with infectious-disease prevalence to create conditions for high susceptibility to COVID-19 infection and complications.[54-58] Compromised respiratory function among people who use drugs can lead to brain, pulmonary, and cardiac complications from COVID-19, while further restricting breathing capacity among people who use opioids.[59,60] The impact of methamphetamines on lung, heart, and respiratory function can also increase an individual's susceptibility to and severity of COVID-19.[61]

In correctional settings, the environmental risk factors for COVID-19 transmission are compounded by the priority placed on security and the associated constraints on freedom of movement.[62-65] At the same time, prison populations are not static. Correctional staff, health professionals, and people who are incarcerated, in transitioning between facilities and communities, create conditions for the transmission of infection.[66-68] Despite commitments from correctional services to provide personal protective equipment (PPE), both domestically and abroad, there have been reports of correctional staff not using or having access to PPE.[69-78] Overcrowding is also common and makes physical distancing measures difficult to adhere to.[79-83] In addition, older correctional facilities have reduced airflow and persistent mold and dust, which heighten respiratory challenges and aggravate the risk of COVID-19 infection.[84,85]

During 2020, credible media reports and expert commentaries pointed out that correctional facilities in Canada experienced significantly higher infection rates than the general population. In July 2020, a CBC analysis estimated these rates to be six to nine times higher for provincial and federal institutions, respectively. CBC also reported that 600 federally and provincially incarcerated persons and 229 staff had tested positive for COVID-19, with three people dying.[86] While positive case counts in federal facilities held steady (cross-sectionally) from May 8 to June 19, 2020, hovering between zero and one per cent,[87] case counts continued to rise during the second wave of the pandemic. While only one active case was found (cross-sectionally) in any given Ontario prison as of July 23, 2020,[88] by November 27,

COVID-19 outbreaks were being reported in every prison in Saskatchewan, infecting 76 incarcerated persons and 15 staff members.[89]

Throughout 2020, COVID-19 mortality rates among persons incarcerated in Canadian federal institutions remained lower than in the general population, possibly due to the concentration of COVID-19 infections in even higher-risk long-term care settings. During the same period, some prisons in the U.S. were hard hit, particularly those in close proximity to densely populated urban areas.[90,91]

RECOMMENDATIONS

- Ensure adequate universal, routine screening and reporting of COVID-19 for all correctional staff and incarcerated persons on entry to settings.
- Ensure adequate universal, routine screening and reporting of pre-existing health conditions (including mental health, substance use, and other chronic diseases) for all persons upon their incarceration, with referral to appropriate supports for physical health, mental health, and specialist service providers.
- Ensure all incarcerated persons are up to date on their vaccines, especially those with pre-existing chronic health conditions, to hedge against COVID-19 susceptibility, complication risk, and negative mental health and substance use impacts.
- Prioritize access to COVID-19 vaccinations for incarcerated populations, especially those with pre-existing chronic health conditions that increase the risk of COVID-19 complications and mortality.
- Involve incarcerated persons in the process and ensure ongoing communication about the situation to increase adherence to PPE use and public health measures.
- Train all correctional staff in hygiene, infection prevention and control, and sanitation practices and principles (including the use of and adherence to PPE).
- Ensure sufficient resources to procure and safely store PPE.
- Create or update all infection control, pandemic response policies and strategic plans to integrate public health measures into correctional operations.

Issue 2. Impact of COVID-19 risks on the mental health and substance use of incarcerated populations

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

We have the acute awareness that anything we say to correctional staff or mental health professionals in the system will be put in our file and used against us forever. And we're very much, much more likely to internalize our suffering and try to keep it to ourselves, which of course compounds the problem.

In our societal culture right now, we are allowed to be struggling. But if I was struggling because of the pandemic, it would be perceived as just my personal dysfunction.

Population health research indicates that the mental health impacts of COVID-19 are compounded for people with real or perceived exposure to the virus, including those who cannot practise physical distancing because of their living conditions, homelessness, or income and economic status.[92-100] Within prisons, as with other congregate living settings, exposure risks may include the physical layout, which could limit people's ability to maintain physical distance without extreme social isolation.[101-106]

COVID-19 affects the mental health of incarcerated populations in a variety of ways. Their concerns include the fear of becoming infected (or the reality of infection), worries of death and dying, and financial worries. While these stressors also affect the population as a whole, they are intensified for people in prison.[107-110,*]Not only does compromised immunity (and the chronic health conditions associated with it) increase the risk of death from COVID-19 across populations,[111-113] research on front-line health-care workers suggests that much COVID-19-related psychological distress stems from real and perceived proximity to infection and mortality risks, as well as the potential inability to control or reduce these risks.[114] Proximity to others is also a key health concern for people who are incarcerated, and controlling this proximity has been a core part of correctional institutions' strategy to reduce the risk of COVID-19 transmission.[115,116]

Incarcerated persons with pre-existing mental health issues and problematic substance use may experience a worsening of symptoms in the face of COVID-19 infection risks.[117,118] With 65-70 per cent of correctional populations living with problematic substance use, the risks are compounded by the higher prevalence of co-morbidities (e.g., cardiovascular disease), as well as the associated increases in

[*] The impacts for the general population include psychological distress, somatic issues, delirium, substance use, depression, and anxiety. See "Mental Health Strategies to Combat the Psychological Impact of COVID-19 Beyond Paranoia and Panic," a commentary by C. S. H. Ho, C. Y., Chee, & R. C. Ho, 2020, *Annals of the Academy of Medicine of Singapore, 49*(3), pp. 155-160 (https://doi.org/10.47102/annals-acadmedsg.202043).

susceptibility to infection and complications.[119-124] Once an incarcerated person is infected, their pre-existing medical conditions and (in some cases) compromised immune status may combine with challenges in accessing health services (discussed below), which in turn, may increase the risk of COVID-19 mortality.[125-127] This combination of risk factors may also create secondary mental health issues.[128] For example, studies on previous infectious disease outbreaks found that those who became infected, had pre-existing depression or anxiety, and received treatment for infection were at a significantly elevated risk for post-traumatic stress disorder (PTSD) following intensive care.[129,130]

The combination of real risks for COVID-19 infection, severity, and mortality and the perceived risks from the inherent conditions of incarceration can significantly affect substance use behaviours, mental health, and the well-being of incarcerated populations. These concerns warrant further policy consideration. Additional impacts caused or accelerated by a loss of support systems due to infection control and prevention measures are discussed under Issue 3.

RECOMMENDATIONS

- Pandemic planning should pay attention to strategies to mitigate the mental health and substance use impact of infection prevention and control measures, including the risk of opioid overdose.
- To counter the stigma associated with problematic substance use, mental illness, and COVID-19 (infection, risk, complications), ramp up campaigns specific to correctional facilities and training for health, mental health, and substance use service providers, as well as the general public.

Issue 3. Health-service delivery challenges in meeting mental health and substance use needs in correctional settings during a pandemic

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

Institutions come first, health care comes second. You're not going to tell a correctional officer that you have mental health issues, because it really affects your security level, where you get put into the unit.

Until we start looking at all the traumas – the childhood trauma, the mental health and addiction concerns – all we do is prolong the disease, the affliction, and the harm that's caused to everybody and everyone around.

And then there's judgment and stigma that's being put on you by corrections staff too. So I do believe mental health services should be taken out of corrections' hands and put into somewhere where people can get help because I think we're missing a huge opportunity to help people when they do go in.

COVID-19 has exacerbated three long-standing challenges in the delivery of health services for mental health and substance use needs in correctional settings: (1) system issues, (2) access to mental health and substance use services, and (3) the adequacy (or lack of) discharge planning, continuity of care, and transition to the community.

System issues

While efforts are underway to improve health care in correctional facilities, health-care quality and access remain significant issues.[131-134] A substantial proportion of the incarcerated population has major needs, including multimorbidity and severe disease, but continues to experience inadequate health care — both in terms of what is available and what is offered.[135,136]

The need for a specialized mental health service is greatest among people with concurrent mental health and substance use concerns, but comprehensive screening, prevention, and treatment, along with comprehensive care, remain patchy and incomplete.[137-139] These issues persist despite past recommendations to improve health care and commitments to streamline health screening and assessment at intake to ensure adequate referrals are made to mental health service providers.[140] Several experts have urged a further integration of substance use services within the continuum of correctional health and medical services to reduce harm and improve patient experiences and population health.[141,142]

Despite previous commitments by CSC to improve timely access to health education programs and harm reduction resources,[143] programs and services such as opioid-agonist therapies (OATs), naloxone, clean needle exchanges, and safe consumption sites remain under-resourced and underutilized.[144-146] Further, some have been suspended during the coronavirus pandemic. Inadequacies and disruptions in these services, especially in harm reduction services, represent missed opportunities to facilitate access to mental health care and prevent harms associated with substance use.[147-154] There are reports that buprenorphine, an evidence-based treatment needed to treat opiate addiction and prevent overdose, is not often prescribed. This medication also reduces the risk of contracting infectious disease.[155-157] While access to OAT has significantly increased over the last three years due to the opioid crisis, as of March 2020, 494 incarcerated persons were on OAT wait-lists, with 13 federal institutions having wait-lists of 10 persons or more.[158]

Addressing these shortcomings will require action in the following areas:

- making policy changes in services, such as ensuring continued access to medication across the continuum of criminal justice involvement (from admission to release/discharge)
- developing workforce development and training (e.g., management of comorbid mental illness, substance use disorders, and infectious diseases) and adopting best practices for staff recruitment and retention (e.g., tackling disparities in salaries between hospital and corrections positions)[159]
- strengthening stigma reduction strategies
- decoupling health administration within corrections from the criminal justice system[160-163]

Recent legislative changes to reduce the uptake of the illegal, toxic drug supply and improve the availability of diacetylmorphine and hydromorphone during the pandemic may be viewed as

encouraging.[164] Similarly, CSC's recent commitment to increase access to telemedicine and medication, hire more health-care personnel, and increase its capacity to meet complex health needs and provide health services indicates action on prior commitments and should be monitored.[165,166]

Correctional health services in all but three provincial jurisdictions are governed by ministries responsible for justice, public safety, or corrections. The conflict between institutional and public safety concerns on the one hand and rehabilitation goals in this governance model on the other is believed to contribute to poor health, mental health, and substance use outcomes among incarcerated populations.[167,168] The tension also contributes to conflicting staff loyalties that can impact provider decision making and stand in the way of establishing therapeutic alliances and achieving critical mental health and substance use care outcomes.[169] Research indicates that correctional health systems governed by corrections administrations tend to isolate correctional health services and rely too much on administrative segregation (i.e., isolation in a separate cell with limited furnishings), with significant psychological impact. The use of administrative segregation during pandemic quarantine measures is discussed under Issue 4, but the propensity for its use within health systems governed by corrections administrations emphasizes the importance of monitoring and assessing federal and provincial commitments to ensuring that their carceral populations have access to evidence-based medical and mental health services during and following the pandemic.[170-175]

Pre-pandemic challenges in health-service quality and accessibility include barriers to care, such as secure space, transportation logistics, and confidentiality issues, that contribute to an increased risk of morbidity and mortality from preventable and treatable causes (e.g., HIV, overdose, suicide, and chronic health conditions). Incarcerated populations also have a shorter life expectancy compared to the general population — as much as 10.6 years less for women and 4.2 years less for men.[176] Prior to COVID-19, there were numerous calls for health-service parity, better forensic and health standards, and the independence of health services from corrections administration.[177-180] Substandard health access, poor outcomes, and tensions stemming from governance issues prior to COVID-19 may impact CSC's ability to address gaps in access to health and mental health services.

International studies of service patterns during the COVID-19 pandemic point to far-reaching consequences for the full range of services and supports, arising from the under-resourcing of correctional health services.[181,182] Pre-existing issues with staff retention, turnover, PTSD, and burnout may have worsened from fears, realities, and COVID-19 infections. These issues have had cascading effects on routine assessment, treatment, and referral capacities and have spurred an even greater reliance on administrative segregation.[183,184] In addition, the interim report of the Senate Standing Committee on Social Affairs, Science and Technology concluded that these impacts have especially disadvantaged racialized and Indigenous people who are incarcerated and seeking or requiring mental health or substance use services.[185]

RECOMMENDATIONS

- Prioritize the integration of substance use services, including harm reduction, into the broader continuum of correctional health and medical services to improve patient experiences and population health.
- Address ongoing systemic health-service shortcomings through
    - policy changes that focus on achieving health access parity and providing continued access to services across the continuum of criminal justice involvement (including release/discharge)
    - workforce development and training (e.g., management of comorbid mental illness, substance use disorders, and infectious diseases and the adoption of best practices for staff recruitment and retention)
    - strengthening and reviewing stigma reduction strategies
    - decoupling health administration from the criminal justice system.
- Incentivize health and correctional staff workforce development and training, as well as recruitment and retention (e.g., through ongoing professional development, adequate and consistent compensation packages, emergency pay, sick leave benefits, and guaranteed resourcing of PPE).
- Train correctional health-service providers in mental health, substance use, and infectious-disease knowledge, skills, and competencies.
- Ensure adequate mental health supports for service providers and corrections staff, including trauma therapy, counselling, and continued access to family and social supports (particularly for those self-isolating).

Access to mental health and substance use assessment and treatment

The mental health and substance use consequences of COVID-19 can disproportionately affect people with pre-existing mental health and substance use concerns (including problematic substance use) and trauma histories. For this reason, the inadequate capacity for assessment in correctional facilities is of particular concern.[186-188] Substance use and negative mental health consequences tend to increase following community and societal traumas; however, this risk is especially salient for correctional populations, due to their elevated rates of mental health and substance use concerns,[189,190] as well as the lack of access to social and community supports.[191,192] In the United Kingdom, with needs exceeding resources, clinical services shifted during the pandemic to focus on the highest-need populations with the most acute needs. In the United Kingdom and Canada, service eligibility thresholds were tightened, and broader, less-specialized mental health services and supports were suspended during the pandemic's first wave, resulting in secondary impacts on the mental health of incarcerated persons.[193,194]

Individuals experiencing the double stigma of substance use and criminal justice involvement, who have historically faced many challenges in accessing comprehensive care on their release to the community, may face even greater barriers now.[195-198] In particular, exclusionary admission criteria and extended wait-lists (due to the reduced capacity of community programs) may further increase the risk of recurrence, increased substance use, and drug-related overdose.[199,200] Based on limited data, persons living with serious mental illness, who remained without access to specialist care providers during the pandemic's first and second waves, may be at an increased risk of problematic substance use and

suicide.[201-203] Carceral populations may not find it easy to switch to remote access, which has been implemented more successfully with other populations.[204] Further consideration and planning on health-promotion services and supports are needed, such as meaningful activity, exercise, and social connection in correctional settings, as well as novel peer-support programs in the community.[205-207]

Challenges in providing treatment services have also been reported in forensic settings (i.e., for those deemed not criminally fit to stand trial), where common chronic health conditions are associated with elevated risks for COVID-19 complications. Health, safety, and infection risks in these settings are amplified by close living quarters, high staff-to-patient ratios, and long hospital stays. Risks are also elevated by an inability to discharge patients, due to public safety concerns, and patients' difficulties adhering to infectious control measures (e.g., in cases of more severe mental illness).[208-210] While measures such as strict isolation and restrictions in visits may be effective from an infectious-disease perspective, their impacts on mental health remain unknown.[211] The increased availability of online services has been useful in out-patient settings, yet they are contingent on access to high-speed internet, which may be a challenge for low-income people who have been recently released from prison.[212,213]

RECOMMENDATIONS

- Thoroughly screen and accommodate the physical health needs of those with pre-existing mental health and/or substance use concerns.
- Increase health-promotion services and supports in correctional settings, including meaningful activity, exercise, and social connection.
- Improve the availability of and access to peer-support programs.
- Provide adequate resourcing/funding to health and mental health service providers for chronic disease prevention and management, access to recreational facilities and exercise equipment, telemedicine and telepsychology (when appropriate), PPE, and facilities that permit safe physical distancing measures.
- Ramp up substance use services with known public health advantages related to COVID-19, overdoses, and blood-borne infection risks, including harm reduction policies, safe consumption sites, access to clean needles and OAT. These activities are critical to supporting decarceration efforts (discussed under Issue 6).

Adequacy of discharge planning, continuity of care, and transition to the community

The mental health, substance use, and broader health and social impacts of planning for discharge from correctional settings remain a concern. Some reports indicate that pre-existing challenges may have worsened through the first and second waves of the pandemic, hampering the primary aim of continuity of care.

Experts urge that planning for discharge begin at intake.[214] Conditions for a successful discharge include (1) infectious-disease screening, (2) precautions against intake stress, (3) continuity of access to medication and other ongoing treatment, (4) better streamlining of incarcerated persons to lower-intensity services (e.g., peer support, recreational access), (5) ongoing training and education

opportunities in custody (e.g., access to general education and skills development programs), and (6) the availability of and communication with quality programs and services in the community.[215-218] Arranging for health cards prior to release and establishing links with community health services following release are also critical.[219]

These recommendations correspond to Livingston's 2009 standards of correctional mental health services, which include matching individual needs to services and ensuring transitional service access before and after release from custody.[220] While correctional facilities in Canadian jurisdictions lack a unified model of care to bridge these gaps,[221] various policy mechanisms revitalized during COVID-19 may help. Consider temporary absences for employment and training, which prior to COVID-19 had a 97 per cent success rate in Ontario. These provincial policy changes have enabled incarcerated persons to secure paid and voluntary work outside of institutions, obtain needed treatment, and strengthen community ties, while reducing the chances of reoffending.[222] Given the success of select provincial experiences, and increasing international acceptance of their expanded use, it may be worthwhile for CSC to reconsider its decision to suspend temporary absences during the pandemic.[223]

Once a person is released, their successful reintegration into the community is contingent on access to housing, employment, and mental health and substance use services.[224-227] Successful discharge planning and transition into the community require strong linkages to substance use-disorder treatment, such as OAT, peer support, social services (including family services) and primary care.[228-232] For people with pre-existing mental health concerns or problematic substance use, timely access to wraparound mental health and substance use services and follow-up care are also needed, particularly access to harm reduction, treatment, physical health care, and social and peer supports. These areas are increasingly being piloted by the Justice Centre model for low-risk, high-needs clients in Ontario, upon their release from prison.[233]

Well before COVID-19, however, data indicated that visits to emergency departments and psychiatric hospitals increased immediately following discharge.[234] Compared to the general population, carceral populations are at a significantly higher risk of early mortality from all causes.[235] Among carceral populations in Ontario, 20 per cent of individuals who died post-release from drug toxicity, died within seven days of release. Between 2006-13, researchers found increased mortality from overdose in the weeks following discharge.[236] The heightened risk of overdose and infectious disease following release is partially attributed to disruptions in access to medication, such as buprenorphine,[237] and to reduced tolerance due to forced opioid abstinence while in custody.

Effective continuity of care depends on the availability of appropriate health and social service providers in the community.[238-241] A greater emphasis on access to substance use services, including harm reduction, can lower the risk of overdose, as well as reduce or prevent COVID-19 transmission and its complications.[242-245]

Provincial ministerial reports have made similar recommendations with regard to the syndemic opioid crisis. These recommendations include providing overdose prevention services 24 hours a day, further

drug-check programs to measure toxicity in the illegal drug supply, adequate compensation for community workers, and trauma counselling for harm reduction workers (those who use drugs and those impacted by the opioid overdose crisis).[246] While CSC committed to providing and tracking health-education and harm reduction products, the degree to which they are accessible in the current context remains unclear.[247]

As of 2019, just 5 per cent of federal correctional budgets were allocated to community supervision programs, and long-term planning for community accommodations was sparse. Spending on such programs was $166.1 million in 2018-19, with $164.8 million forecasted for 2019-20.[248,249] Inadequate resourcing of community programs needed to support successful discharge has likely resulted in additional challenges during the pandemic. While efforts to release people who are at a heightened risk from COVID-19 are encouraging (see Issue 6), they may inadvertently place further strain on discharge-planning capacity.[250,251] Similarly, while various provincial systems rapidly scaled up bail and other diversion programs at the outset of the pandemic to reduce movement in and out of institutions, there are concerns that not enough was invested in the community supports needed to set people up for success, including temporary and shelter housing.

People released during the pandemic have expressed nervousness or anxiety about access to housing and economic and social supports, all key determinants of mental and physical health, as well as substance use (both in general and following release from prison).[252-255] Landlords have long been reluctant to house people who were recently incarcerated, and the closure of shelters during the pandemic has heightened housing stressors.[256-259] At the same time, those who are homeless or underhoused are at an increased risk for COVID-19-related infection and mortality.[260,261]

COVID-19 has also amplified the need for post-discharge community supports for employment, particularly given potential limitations in incarcerated persons' eligibility for the Canada Emergency Response Benefit (CERB).[262-267] In Ontario, many incarcerated persons who received benefits under the Ontario Disability Support Program or Ontario Works allegedly received less financial support each month than they would have under CERB; if they did receive CERB, the amount was deducted from their regular benefits.[268] Social assistance clawbacks were most prominent in certain jurisdictions, such as the Yukon, and slightly less prominent in jurisdictions with partial or temporary exemptions (e.g., Ontario). Other jurisdictions, such as British Columbia, do not claw back social assistance and CERB benefits.[269,270] In Ontario, appeal hearing delays of nine to 16 months have been reported.[271] These economic factors, especially in jurisdictions with partial or no social assistance exemptions, may be salient for the mental health of recently discharged persons given their generally limited opportunities for employment, as links between household income and economic downturns increase the risk for suicide.[272-277] At a population level, financial concerns related to COVID-19 have already been identified as a leading cause of psychological stress.[278]

RECOMMENDATIONS

- Conduct thorough risk assessments and use diversion, as well as discharge practices and principles, across the continuum of criminal justice involvement, particularly for persons at low risk (e.g., for

recidivism, those charged with non-violent crimes), older persons, pregnant women, parents, those with pre-existing chronic health conditions, and those previously granted parole and/or nearing the end of their sentence.

- Introduce legislation that decriminalizes possession of illegal substances for personal use and supports accommodation/adherence to bail, parole, and community supervision needs, with sensitivity to socio-economic needs and COVID-19 infection risks.
- Integrate medical records into all provincial, territorial, and federal corrections discharge planning (to provide relevant medical information at release), while respecting health information, privacy concerns, and consent. Supplement these records with a system that collects data on gender and racialization, mental health and substance use needs, and housing, employment, and social support needs and risks.
- Increase funding for collaboration with community service providers.
- Ensure continued access to medications (e.g., buprenorphine, methadone), treatment, and supports for those being discharged from prisons, including alternative housing arrangements for those at risk of homelessness, already homeless, or precariously housed.
- Fund and evaluate innovative mental health services and supports, including e-mental health, peer support, and psychoeducation programs, with an emphasis on providing equitable access to rural, remote, and Indigenous populations, among others.

Issue 4. Mental health and substance use impacts of infection-control and prevention measures

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

COVID taking people's access to family is just devastating. People's paroles getting pushed back. No family, no supports. Nothing helpful. And nobody wants to be honest cause then you'd just get into more trouble.

For me, the biggest thing that's lost is the community support, the peer support and how vital they are for inside. Same for programming, same for support, same for family. For me, that's been the saddest part about losing that connection that would otherwise give them a better chance of walking out those gates.

When I was incarcerated, it was impossible for my family to come visit me and that was the reality for a lot of the women I was incarcerated with. Not affording those phone calls. Visits from your child, your spouse, your aging parents are so important. I'd like to see that [telephone and video conferencing calls] continue as an option other than just face-to-face visits.

There are conflicting accounts of the federal correctional response to COVID-19. CSC reports that it has significantly bolstered its infectious-disease prevention and control measures, including active screening of all persons entering federal institutions, comprehensive sanitation and cleaning, and isolation of symptomatic or positive employees and incarcerated persons.[279,280] Nevertheless, some advocates continue to express concern regarding the inadequacy of the response. Correctional facilities were already characterized as overcrowded, unhygienic, and unsafe; for example, the federal double-bunking rate sits at 5.5 per cent. Moreover, they are known to have been epicentres of previous infectious-disease outbreaks.[281-285] Since the onset of the pandemic, various reports have indicated that correctional institutions inconsistently adhere to public health guidelines (e.g., in the use of PPE) and infrequently implement COVID-19-specific screening, treatment and medical isolation measures.[286-294]

During the first wave of the pandemic, meetings and expert oversight between PHAC and CSC were understandably focused on infection control and prevention rather than mental health.[295,296] However, COVID-19 infection-control and prevention measures can impact the mental health of incarcerated persons in many ways, such as disruptions in daily routines, deprivation of civil liberties, or the real and perceived loss of control and social support.[297-300]

Loss of control and social support are not the only factors that may worsen the mental health of the correctional population. Other possible factors include loss or disruptions in critically needed services, supports, and medication access, and challenges accessing virtual care.[301-303] Global losses of life, sick family members, and limited or non-existent access to mourning rituals may also impact correctional mental health. Since social support and opportunities to mourn are critical for post-traumatic growth and healing, this is an issue that may also deserve further consideration and monitoring.[304]

Public health infection-control and prevention measures have evolved to facilitate social connection at a distance, reinstate (modified) visitations, and improve the use and availability of phone/calling cards. However, disruptions and the temporary loss of family and peer supports may have inadvertently spurred negative psychiatric consequences and drug use.[305-308]

Specific measures in federal correctional facilities

According to the Office of the Correctional Investigator (OCI), CSC instructed federal institutions in March 2020 to suspend all visits, discontinue all-but emergency transfers, close communal spaces such as libraries and gyms, and impose limits on cellphone time. Institutions with outbreaks put even more restrictive measures in place, reducing meaningful social contact and purposeful activities, and keeping incarcerated persons in their cells 23 hours a day.[309] Visitations were eventually reinstated, calling cards were supplied, and daily visits from mental health professionals made available for incarcerated persons who were in medical isolation or otherwise locked down during outbreaks. Nevertheless, the confluence of risk factors in correctional populations means that infection-control and prevention measures resemble the physical idleness and sensory deprivation of administrative segregation. Linked with the psychological impacts of quarantine, these measures may have strained mental health and increased the suicidality and self-injurious behaviours already prevalent among incarcerated persons.[310-314] For

example, the OCI has reported clusters of self-injurious behaviours, even at settings without COVID-19 outbreaks.[315]

Measures taken by provincial correctional facilities

During the first wave, provincial and territorial correctional authorities implemented restrictions in visitations, communications, and lockdowns similar to federal facilities — with some provincial institutions keeping incarcerated persons in their cells for 24 hours a day. Although some provinces are not routinely testing or reporting COVID-19 infection rates in correctional facilities, the available data indicates that, between May and July 2020, the overall infection rate of provincial/territorial institutions was 13.94 per 1,000 people. In comparison, the rate for federal institutions (excluding Nunavut) was 26.41 per 1,000. Based on the limited data available, 45 per cent of provincially incarcerated persons have been tested for COVID-19, compared to 11 per cent of federally incarcerated persons.[316]

Provincial authorities appear to be more proactive in adopting post-charge diversion (e.g., greatly reduced remand populations), decarceration, and infection-control and prevention strategies, which have likely mitigated mental health and substance use impacts. For instance, between mid-March and early April 2020, the total correctional population in Ontario fell from 8,344 to 6,025.[317] This proactive approach may have been facilitated by reduced court access, a focus on bail/diversion programs in place of custody, and lower risk profiles in provincial/territorial corrections. Additionally, some jurisdictions reported closer connections with provincial health and social services in the community, including improved relationships between corrections staff and community service providers (e.g., discharge planning involving peer support workers and case managers).[318]

Climate inside correctional settings

There have been reports of increased tension and conflict between correctional populations and correctional staff due to COVID-19, resulting in further disruptions to health-care services and highly concerning disciplinary measures.[319-323] For instance, there are various reports of human rights violations in Canada and internationally — some anecdotal, others from third-party watchdogs and international criminal reform organizations. These reports have highlighted incidents by corrections staff that include assaulting incarcerated persons, mocking those worried about COVID-19 infection, and denying those with open wounds and infections access to doctors.[324-328] By April 23, 2020, the OCI had reported over 500 complaints, many regarding disciplinary measures that included assault on incarcerated individuals.[329] Consequently, concerns are growing that people who are newly admitted to correctional facilities, or those showing signs of illness, may be stigmatized and subject to intimidation and ostracization by corrections staff and other incarcerated persons.[330]

Access to information

Information about infection-prevention and control strategies used in correctional settings, or their impact on the incarcerated population's mental health and substance use, was difficult to find during the course of this review. A number of experts have recommended greater transparency on the part of correctional institutions.[331-333]

RECOMMENDATIONS

- Increase transparency and information sharing on infection-control and prevention measures and their impacts on mental health and substance use outcomes in correctional settings.
- Strengthen the routine collection and reporting of data on prevention measures, testing, and cases.

Issue 5. Conflation of solitary confinement and medical isolation

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

They use COVID to set a dangerous precedent that it's okay to leave people in these horrible conditions for so long without services.

Contrary to interim World Health Organization guidelines for prison health, federal correctional facilities in Canada are reported to have relied in part on structured intervention units (SIUs) to contain the spread of the virus during the first wave of COVID-19. While SIUs were introduced as a reform under Bill C-83,[*] advocates have criticized the ways in which they mirror solitary confinement, with its physical idleness, sensory deprivation, and social isolation.[334-338] Those placed in SIUs were supposed to be given four hours outside their cells each day, with two or more of those hours involving meaningful human contact. However, these requirements have been met only half the time and for just 21 per cent of incarcerated persons.[339]

Earlier reports have identified solitary confinement as a human rights issue and a risk factor for suicide, noting that it is over-used among people with mental health issues and racialized populations.[340] Despite the fact that solitary confinement and conditions resembling it were sought to be eliminated, especially for those with mental health concerns, under Bill C-83, individuals placed in SIUs throughout the pandemic disproportionately had mental health needs.[341,342] Further, investigations of female incarcerated persons have found few differences in the experiences of solitary confinement and clinical isolation.[343] While medical isolation is needed to reduce the risk of COVID-19 transmission (e.g., for those infected), the use of this method requires careful consideration of its impact on mental health and a sensitivity to the history of solitary confinement as a punitive measure. Medical isolation may pose significant risks for human rights and the (re)traumatization of incarcerated persons.[344-346] Even when enacted for short periods, it may produce adverse mental health effects, including PTSD symptoms and self-injurious behaviours.[347-350]

Concerns are growing internationally that in many institutions, due to limitations in physical space, people subject to medical isolation are being placed in chambers once used for solitary confinement or

[*]Bill C-83 is an act to amend the federal *Correctional and Conditional Release Act,* meant to reduce harms caused by segregating people with mental health issues.

administrative segregation. Moreover, the average length of stay of 14 days is just under the 15 days considered to be torture under the UN's Mandela Rules.[351] Despite the risks posed by this practice, no international tribunal enforces the rules, and provincial and federal jurisdictions in Canada agree to uphold them in principle without oversight or accountability.[352] Consequently, a number of actions are recommended to mitigate the negative impacts of medical isolation, including using it as a measure of last resort; providing a clear explanation/justification for its use; granting access to reading materials, entertainment, and media; and offering frequent opportunities for communication with loved ones and families.[353,354] While medical isolation in federal correctional settings involves daily checkups by mental health and medical professionals, and access to calling cards, this practice warrants close examination and monitoring.[355,356]

RECOMMENDATIONS

- Set up alternatives to medical isolation and limit its use whenever possible. In cases where it is needed, provide clear explanations and justification for its use — with oversight governed by health professionals and third-party watchdog organizations.
- Develop clear polices on the use of measures to counter the mental health effects of medical isolation, including continued mental health monitoring, guaranteed access to reading materials and media, and frequent communication with loved ones and families.

Issue 6. Decarceration and mitigating COVID-19 mental health and substance use impacts

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

Corrections still has that mentality of going through slow gradual release. But if you can't get out in time through escorted passes and unescorted passes, and you can only apply for day parole, it really limits your opportunity to be successful on parole. What it's done is it's created a longer sentence for prisoners. When they go into parole board, the parole board would say, have you completed your correctional plan? Well for the past year, they haven't done any programming. Very little programming was being done. And when the programming started back up, they were only letting 3 people into the program. Well, the lifers were always put on the back burner because they don't have a guaranteed release date. So it's created a lot of stress and anxieties for the families, and for the prisoners, they're really feeling isolated.

With much evidence emerging from the U.S., decarceration is considered the most effective measure for reducing the spread and associated risks of COVID-19 in prisons. It is especially effective when supported by community supervision and home confinement alternatives. Moreover, decarceration is deemed essential for populations that are low-risk, in remand, or near the end of their sentence, and

those with pre-existing medical conditions.[357-362] International evidence on past mass decarcerations involving similar populations reports no added public safety risks with well-executed decarceration policies.[363-365] Additionally, various oversight bodies and advocacy organizations have called for decarceration and early release as the safest means to curb COVID-19 infection and its broader impacts (including mental health and substance use) on correctional populations, staff, and surrounding communities.[366-370]

Consistent with the literature reviewed, many call for the release of people who are older, immunocompromised, or living with chronic disease.[371] The John Howard Society of Canada has suggested that those at an elevated risk of contracting COVID-19, who also pose a risk to public safety, could be placed under house arrest. The Canadian Association of Elizabeth Fry Societies has called for the depopulation of women's institutions, given their generally poor health-services coverage.[372] For instance, self-reported estimates (corroborated with structured health interviews) among federally incarcerated women (over a 13-month period in 2012-13) indicated that six per cent had cancer, five per cent had diabetes, and 20 per cent had cardiovascular or respiratory conditions.[373]

Federal authorities more recently expedited parole submission reviews and decarceration efforts, but only after outbreaks in federal correctional facilities spurred a class action lawsuit.[374,375] The OCI and the John Howard Society of Canada claimed that CSC withheld information and did not routinely monitor and report on the number of federally incarcerated people released during COVID-19.[376-379] Unions for Canada's correctional officers denounced decarceration early in the pandemic on the grounds of public safety, calling instead for better testing of staff and better use of physical distancing and hygiene measures.[380,381]

Many provinces have decarcerated those deemed low-risk or who are serving intermittent jail sentences (e.g., weekend sentences) or are in remand.[382,383] Their decarceration aligns with evidence from multi-jurisdictional studies demonstrating that short sentences are not effective deterrents to crime, nor sufficient points of access to health and social care, especially given the high prevalence of mental health and substance use concerns in remand populations.[384,385] Recent changes in decarceration policies, such as those made during the first wave of the pandemic, are significant, as the number of adults in remand was higher than the number serving custodial sentences in provincial and territorial systems in 2019.[386] Ontario expedited temporary absence reviews for all those with less than a month remaining on their sentences, Manitoba implemented unescorted temporary absences, and Newfoundland and Labrador increased its number of bail hearings.[387,388] In the early weeks of the pandemic, the custodial population was reduced by 29 per cent in Ontario and six per cent in British Columbia.[389] Across all provincial and territorial custodial institutions, these populations were reduced by 25 per cent between February and April 2020 (down by 18,181), compared to a four per cent reduction between February and March (i.e., pre-pandemic).[390] Various provinces improved (or sought to improve) staff access to PPE, implemented screening for all people entering facilities, and increased telephone and video contact for incarcerated persons to mitigate the impact of cancelling in-person visits.[391,392]

Since the start of the pandemic, poorly executed decarceration policies in U.S. jurisdictions have negatively affected communities and hospitals in low-income areas. This has especially been the case for communities with high rates of homelessness and precarious housing, which have contributed to greater community transmission rates and worsened hospital surge capacity.[393] Experts have cautioned that decarceration should be introduced alongside reforms in parole, bail, housing supports, and drug policy, including (but not limited to) the decriminalization of illegal substances for personal use.[394-396] In Canada, legislative options specific to decriminalization include the removal of criminal penalties under the *Controlled Drugs and Substances Act*, targeted exemptions under Section 56 of the act, and the further enactment of Good Samaritan legislation.[397,398] In general, lower eligibility thresholds (e.g., lower limits on the amount of drugs one is allowed to legally carry) may have a limited effect, and more rigorous evaluations are needed regarding the social, health, criminal justice, and economic impacts associated with decriminalization.[399] A recent Supreme Court of Canada decision noted that boilerplate bail conditions, such as abstinence from drugs and alcohol, are inappropriate for individuals with problematic alcohol or drug use.[400]

While debate is primarily framed from an infectious-disease control and prevention perspective, decarceration has significant implications for mental health and substance use. Decarceration is likely to curb ambient stress and anxieties for those at heightened risk of COVID-19 complications due to pre-existing conditions and congregate living conditions. Though limited decarceration is underway, the 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

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

So many Indigenous prisoners in the federal system, they're double-impacted by COVID, and how corrections has limited access for people coming into the institutions.

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

VOICES OF PEOPLE WITH LIVED AND LIVING EXPERIENCE:

I've been doing this for 15 years. People ask me what we can do to make "things better", but then it just stays in a report. Everyone in this room knows where the barriers are and what needs to be changed. I just want to see actions be taken.

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]

The nature of the correctional environment heightens the risks associated with COVID-19. It is challenging to adhere to public health guidance around infection control and prevention, and maintain continuity of health care and social programming, which are both critical to the health and well-being of

incarcerated persons.[421-426] Recently released or discharged populations have similar risks and experiences, especially if they live in socially or economically vulnerable communities, where crowded housing and/or the challenges of employment, probation, or parole can make physical distancing measures difficult to follow.[427-429] Although the evidence has yet to catch up with the fluid nature of the pandemic, it is likely that the confluence of risk and situational factors is contributing to significant impacts on the mental health and substance use of people experiencing incarceration, at a scale that remains unknown.[430-432]

Stronger planning during and beyond COVID-19 is needed to support the mental health and substance use needs of this population, including those with pre-existing challenges and those experiencing adverse effects from the pandemic. To support the mental health and well-being of criminally justice-involved persons, decision makers can take stock of lessons learned to date, improve data and transparency, and consider decarceration and infection-control and prevention strategies in correctional settings (including reinstating services and activities in a safe and sanitary way).

Given the heightened risks, the mental health and substance use impacts of COVID-19 should be front and centre in planning appropriate community supports. In the current decarceration context, reductions in pre-trial admissions into custody and accelerated temporary absence motions (or programs) present opportunities to foster COVID-19 “dividends.” Such policy measures can improve access to mental health, physical health, and social services for once-incarcerated persons and avoid unnecessary legal and correctional system costs. They can also advance public health, health equity, and social justice goals for incarcerated populations for the remainder of the COVID-19 pandemic and any future scenarios that resemble it.[433-439]

References

[1] Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing. The need for prevention and early intervention. *JAMA Internal Medicine, 180*(6), 817-818. https://doi.org/10.1001/jamainternmed.2020.1562

[2] Hewson, T., Shepherd, A., Hard, J., & Shaw, J. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. *Lancet Psychiatry, 7*(7)*,* 568-570. https://doi.org/10.1016/S2215-0366(20)30241-8

[3] Mental Health Commission of Canada. (2020a). *COVID-19 and mental health: Policy responses and emerging issues* [Environmental scan]. https://www.mentalhealthcommission.ca/English/media/4345

[4] Sunderland, A., & Findlay, L. C. (2013). Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey – Mental Health [Cat. No. 82-003-x]. Statistics Canada. *Health Reports, 24*(9), 3-9. https://www150.statcan.gc.ca/n1/pub/82-003-x/2013009/article/11863-eng.htm

[5] Canadian Centre on Substance Use and Addiction, & Canadian Community Epidemiology Network on Drug Use. (2020). *Changes related to COVID-19 in the illegal drug supply and access to services, and resulting health harms*. https://www.ccsa.ca/sites/default/files/2020-05/CCSA-COVID-19-CCENDU-Illegal-Drug-Supply-Alert-2020-en.pdf

[6] Vigo, D., Patten, S., Pajer, K., Krausz, M., Taylor, S., Rush, B., Raviola, G., Saxena, S., Thornicroft, G., & Yatham, L. N. (2020). Mental health of communities during the COVID-19 pandemic. *Canadian Journal of Psychiatry, 65*(10). https://doi.org/10.1177/0706743720926676

[7] Canadian Mental Health Association. (2020, June 25). *COVID-19 effects on the mental health of vulnerable populations* [Press release]. https://cmhastarttalking.ca/news/covid-19-effects-on-the-mental-health-of-vulnerable-populations/#.X3HiQ0BFx9B

[8] Murphy, Y., Ali, F., & Fischer, B. (2018). *Health and service access challenges for correctional offenders with mental health and substance use problems in transition from incarceration to community: A literature review* (Research Report R-398)*.* Correctional Service Canada. https://www.csc-scc.gc.ca/research/r-398-en.shtml

[9] Brown, G. P., Barker, J., McMillian, K., Norman, R., Derkzen, D., Stewart, L. A., & Wardrop, K. (2018). *National prevalence of mental disorders among federally sentenced women offenders: In custody sample* (Research Report R-420). Correctional Service Canada. https://www.csc-scc.gc.ca/research/092/R-406-en.pdf

[10] Grob, G. N. (2011). Mental health policy in modern America. In G. Thornicroft, G. Szmukler, K. T. Mueser, & R. E. Drake (Eds.), *Oxford textbook of community mental health* (pp. 19-25). Oxford University Press. https://doi.org/10.1093/med/9780199565498.003.0014

[11] Hewson, et al. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners.

[12] Mullins, P, & Farrell MacDonald, S. (2012). *Offender substance use patterns — Aboriginal and non-Aboriginal offenders* [Research Snippet No. 12-10]. Correctional Service Canada. https://www.csc-scc.gc.ca/005/008/092/rs12-10-eng.pdf

[13] Farrell MacDonald, S. (2014). *Comparing substance use patterns of Aboriginal and non-Aboriginal women offenders* [No. RS 14-26]. Correctional Service Canada. https://www.csc-scc.gc.ca/research/005008-rs14-26-eng.shtml

[14] Murphy, et al. (2018). *Health and service access challenges for correctional offenders with mental health and substance use problems in transition from incarceration to community: A literature review.*

[15] Brown, et al. (2018). *National prevalence of mental disorders among federally sentenced women offenders: In custody sample* (Research Report R-420).

[16] Fazel, S., & Baillargeon, J. (2011). The health of prisoners. *Lancet, 377*(9769)*,* 956-965. https://doi.org/10.1016/S0140-6736(10)61053-7

[17] Hawks, L., Woolhandler, S., & McCormick, D. (2020). COVID-19 in prisons and jails in the United States. *JAMA Internal Medicine, 180*(8), 1041-1042. https://doi.org/10.1001/jamainternmed.2020.1856

[18] Nolan, A. M., & Stewart, L. A. (2017). Chronic health conditions among incoming Canadian federally sentenced women. *Journal of Correctional Health Care, 23*(1), 93-103. https://doi.org/10.1177/1078345816685707

[19] Office of the Correctional Investigator (Canada). (2014). *A case study of diversity in corrections: The Black inmate experience in federal penitentiaries* [Final report]. https://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20131126-eng.aspx

[20] Office of the Correctional Investigator (Canada). (2019). *2018-2019 Annual report*. https://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20182019-eng.pdf

[21] Kouyoumdjian, F., Schuler, A., Matheson, F. I., & Hwang, S. W. (2016). Health status of prisoners in Canada: Narrative review. *Canadian Family Physician, 62*(3)*,* 215-222. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4984599/

[22] Kouyoumdjian, F. G., Cheng, S. Y., Fung, K., Orkin, A. M., McIsaac, K. E., Kendall, C., Kiefer, L., Matheson, F. I., Green, S. E., & Hwang, S. W. (2018). The health care utilization of people in prison and after prison release: A population-based cohort study in Ontario, Canada. *PloS One, 13*(8), Article e0201592. https://doi.org/10.1371/journal.pone.0201592

[23] Costa, M., Pavlo, A., Reis, G., Ponte, K., & Davidson, L. (2020). COVID-19 concerns among persons with mental illness. *Psychiatric Services* (Brief Reports). https://doi.org/10.1176/appi.ps.202000245

[24] Henry, B. F. (2020). Social distancing and incarceration: Policy and management strategies to reduce COVID-19 transmission and promote health equity through decarceration. *Health Education and Behavior, 47*(4), 536-539. https://doi.org/10.1177/1090198120927318

[25] Yancy, C. W. (2020). COVID-19 and African Americans. *JAMA, 323*(19), 1891-1892. https://doi.org/10.1001/jama.2020.6548

[26] Kirby, T. (2020). Efforts escalate to protect homeless people from COVID-19 in UK. *Lancet Respiratory Medicine, 8*(5), 447-449. https://doi.org/10.1016/S2213-2600(20)30160-0

[27] Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine, 383,* 510-512. https://doi.org/10.1056/NEJMp2008017

[28] Vieira, C. M., Franco, O. H., Restrepo, C. G., & Abel, T. (2020). COVID-19: The forgotten priorities of the pandemic. *Maturitas, 136,* 38-41. https://doi.org/10.1016/j.maturitas.2020.04.004

[29] Henry. (2020). Social distancing and incarceration: Policy and management strategies to reduce COVID-19 transmission and promote health equity through decarceration.

[30] Kirby. (2020). Efforts escalate to protect homeless people from COVID-19 in UK.

[31] Vieira, et al. (2020). COVID-19: The forgotten priorities of the pandemic.

[32] Yancy. (2020). COVID-19 and African Americans.

[33] Fazel, et al. (2011). The health of prisoners.

[34] Gidron, Y., Deschepper, R., De Couck, M., Thayer, J. F., & Velkeniers, B. (2018). The vagus nerve can predict and possibly modulate non-communicable chronic diseases: Introducing a neuroimmunological paradigm to public health. *Journal of Clinical Medicine, 7*(10), 371. https://doi.org/10.3390/jcm7100371

[35] Henry. (2020).

[36] Kouyoumdjian, Schuler, et al. (2016). Health status of prisoners in Canada: Narrative review.

[37] Office of the Correctional Investigator (Canada). (2015). *Annual report, 2014-2015*. https://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20142015-eng.aspx#s7

[38] Roberts, K. C., Rao, D. P., Bennet, T. L., Loukine, L., & Jayaraman, G. C. (2015). Prevalence and patterns of chronic disease multimorbidity and associated determinants in Canada. *Health Promotion and Chronic Disease Prevention in Canada, 35*(6), 87-94. https://doi.org/10.24095/hpcdp.35.6.01

[39] Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., Ji, R., Wang, H., Wang., Y., & Zhou, Y. (2020). Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: A systematic review and meta-analysis. *International Journal of Infectious Diseases, 94,* 91-95. https://doi.org/10.1016/j.ijid.2020.03.017

[40] World Health Organization. (2020). *Preparedness, prevention and control of COVID-19 in correctional facilities and other places of detention: Interim guidance, 15 March 2020* [Document No. WHO/EURO:2020-1405-41155-55954]. https://apps.who.int/iris/bitstream/handle/10665/336525/WHO-EURO-2020-1405-41155-55954-eng.pdf?sequence=1&isAllowed=y

[41] Fazel, et al. (2011).

[42] Kouyoumdjian, Schuler, et al. (2016).

[43] Lurie, D. I. (2018). An integrative approach to neuroinflammation in psychiatric disorders and neuropathic pain. *Journal of Experimental Neuroscience, 12, 1-11*. https://doi.org/10.1177/1179069518793639

[44] Nolan, et al. (2017). Chronic health conditions among incoming Canadian federally sentenced women.

[45] Roberts, et al. (2015). Prevalence and patterns of chronic disease multimorbidity and associated determinants in Canada.

[46] Du, R.-H., Liang, L.-R., Yang, C.-Q., Wang, W., Cao, T.-Z., Li, M., Guo, G.-Y., Du, J., Sheng, C.-L., Zhu, Q., Hu, M., Li, X.-Y., Peng, P., & Shi, H.-Z. (2020). Predictors of mortality for patients with COVID-19 pneumonia caused by SARS-CoV-2: A prospective cohort study. *European Respiratory Journal, 55*(5). https://doi.org/10.1183/13993003.00524-2020

[47] Hawks, et al. (2020). COVID-19 in prisons and jails in the United States.

[48] Jordan, R. E., & Adab, P. (2020). COVID-19: Risk factors for severe disease and death [Editorial]. *BMJ, 2020;368:m1198.* https://doi.org/10.1136/bmj.m1198

[49] Vieira, et al. (2020).

[50] Hawks. (2020).

[51] Nolan, et al. (2017).

[52] Murphy, Y., & Sapers, H. (2020). Prison health as public health in Ontario corrections. *Journal of Community Safety and Well-Being, 5*(1), 19-25. https://doi.org/10.35502/jcswb.122

[53] Office of the Correctional Investigator (Canada), & Canadian Human Rights Commission. (2019). *Aging and dying in prison: An investigation into the experiences of older individuals in federal custody.* https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20190228-eng.pdf

[54] Beaudette, J. N., Power, J., & Stewart, L. A. (2015). *National prevalence of mental disorders among incoming federally-sentenced men* (Research Report R-357). Correctional Service Canada. https://www.csc-scc.gc.ca/005/008/092/005008-0357-eng.pdf

[55] Brown, et al. (2018).

[56] Lemieux, A. J., Damasse, J., & Morin-Major, J. (2020). *Management of COVID-19 for persons with mental illness in secure units: A rapid-response guide.* Institut national de psychiatrie légale Philppe-Pinel. https://pinel.qc.ca/wp-content/uploads/2020/11/Gestion-COVID-English.pdf

[57] Lemieux, A. J., Dumais Michaud, A. A., Damasse, J., Morin-Major, J. K., Nguyen, T. N., Lesage, A., & Crocker, A. (2020). Management of COVID-19 for persons with mental illness in secure units: A rapid international review to inform practice in Québec. *Victims and Offenders, 15*(7-8), 1337-1360. https://doi.org/10.1080/15564886.2020.1827111

[58] Office of the Correctional Investigator (Canada). (2015). *Annual report, 2014-2015*.

[59] Mukherjee, T. I., & El-Bassel, N. (2020). The perfect storm: COVID-19, mass incarceration and the opioid epidemic. *International Journal of Drug Policy, 83,* Article 102819. https://doi.org/10.1016/j.drugpo.2020.102819

[60] Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. *Annals of Internal Medicine, 173*(1), 61-62. https://doi.org/10.7326/M20-1212

[61] Canadian Centre on Substance Use and Addiction. (2020a). *Methamphetamine, the respiratory system and COVID-19.* https://www.ccsa.ca/sites/default/files/2020-05/CCSA-COVID-19-Methamphetamine-Respiratory-System-Report-2020-en_0.pdf

[62] Okano, J. T., & Blower, S. (2020). Preventing major outbreaks of COVID-19 in jails. *Lancet, 395*(10296), 1542-1543. https://doi.org/ 10.1016/S0140-6736(20)31015-1

[63] Hawks, et al. (2020).

[64] Henry. (2020).

[65] Simpson, P. L., & Butler, T. G. (2020). Covid-19, prison crowding, and release policies. *British Medical Journal, 369,* Article m1551. https://doi.org/10.1136/bmj.m1551

[66] Hawks, et al. (2020).

[67] Henry. (2020).

[68] Montoya-Barthelemy, A. G., Lee, C. D., Cundiff, D. R., & Smith, E. B. (2020). COVID-19 and the correctional environment: The American prison as a focal point for public health. *American Journal of Preventive Medicine, 58*(6), 888-891. https://doi.org/10.1016/j.amepre.2020.04.001

[69] Binswanger, I. A., Stern, M. F., Yamashita, T. E., Mueller, S. R., Baggett, T. P., & Blatchford, P. J. (2016). Clinical risk factors for death after release from prison in Washington state: A nested case-control study. *Addiction*, *111*(3), 499-510. https://doi.org/10.1111/add.13200

[70] Ouellet, V., & Loiero, J. (2020, July 17). *COVID-19 taking a toll in prisons, with high infection rates, CBC News analysis shows.* CBC News. https://www.cbc.ca/news/4mpere/prisons-jails-inmates-covid-19-1.5652470

[71] Correctional Service Canada. (2020a). *Update on COVID-19: June 25, 2020. Snapshot: Federal correctional institutions.* https://www.csc-scc.gc.ca/001/006/001006-1054-en.shtml

[72] Correctional Service Canada. (2020b). *COVID-19 preparedness and plans: June 25, 2020.* https://www.csc-scc.gc.ca/001/006/001006-1017-en.shtml

[73] Hawks, et al. (2020).

[74] Henry. (2020).

[75] Montoya-Barthelemy, et al. (2020). COVID-19 and the correctional environment: The American prison as a focal point for public health.

[76] Harris, M. (2020, April 16). In Canada's prisons, virus spread is a human rights issue. *The Tyee.* https://thetyee.ca/Analysis/2020/04/16/Canada-Prisons-Virus-Human-Rights/

[77] World Health Organization. (2020). Preparedness, prevention and control of COVID-19 in correctional facilities and other places of detention: Interim guidance, 15 March 2020.

[78] Zinger, I. (2020, April 23). *COVID-19 status update*. Office of the Correctional Investigator. https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200423-eng.pdf

[79] Okano, et al. (2020). Preventing major outbreaks of COVID-19 in jails.

[80] Greenaway, C., Hargreaves, S., Barkati, S., Coyle, C. M., Gobbi, F., Veizis, A., & Douglas, P. (2020). COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants. *Journal Travel Medicine, 27*(7). https://doi.org/10.1093/jtm/taaa113

[81] Henry. (2020).

[82] Sivashanker, K., Rossman, J., Resnick, A., & Berwick, D. M. (2020). Covid-19 and decarceration [Commentary]. *British Medical Journal, 369,* Article m1865. https://www.bmj.com/content/369/bmj.m1865

[83] World Health Organization. (2020).

[84] Lemieux, Dumais Michaud, et al. (2020). Management of COVID-19 for persons with mental illness in secure units: A rapid international review to inform practice in Québec.

[85] Montoya-Barthelemy, et al. (2020).

[86] Ouellet & Loiero. (2020, July 17). *COVID-19 taking a toll in prisons, with high infection rates, CBC News analysis shows.*

[87] Office of the Correctional Investigator (Canada). (2020). *COVID-19 Update for federal corrections — June 19, 2020*. https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200619-eng.pdf

[88] Government of Ontario. (2020). *Status of COVID-19 cases in Ontario's provincial correctional institutes*. https://data.ontario.ca/en/dataset/status-of-covid-19-cases-in-ontario-s-correctional-institutions

[89] Zakreski, D. (2020, November 27). *COVID-19 now detected in staff at all Saskatchewan jails, says union.* CBC News. https://www.cbc.ca/news/canada/saskatchewan/covid-19-detected-staff-saskatchewan-jails-union-1.5819423

[90] Barnert, E., Ahalt, C., & Williams, B. (2020). Prisons: Amplifiers of the COVID-19 pandemic hiding in plain sight. *American Journal of Public Health, 110*(7), 964-966. https://doi.org/10.2105/AJPH.2020.305713

[91] Henry. (2020).

[92] Durcan, G., O'Shea, N., & Allwood, L. (2020). *COVID-19 and the nation's mental health: May 2020*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-may-2020

[93] Jung, S. J., & Jun, J. Y. (2020). Mental health and psychological intervention amid COVID-19 outbreak: Perspectives from South Korea. *Yonsei Medical Journal, 61*(4), 271-272. https://doi.org/10.3349/ymj.2020.61.4.271

[94] Kong, X., Zheng, K., Tang, M., Kong, F., Zhou, J., Diao, L., Su, T., Jiao, P., Wu, S., & Dong, Y. (2020). *Prevalence and factors associated with depression and anxiety of hospitalized patients with COVID-19* [Preprint]. https://doi.org/10.1101/2020.03.24.20043075

[95] Kirby. (2020).

[96] Senate Standing Committee on Social Affairs, Science and Technology. (2020). *The federal response to COVID-19: Interim observations.* Senate of Canada. https://sencanada.ca/content/sen/committee/431/SOCI/Reports/SOCI-CovidInterimReport_e.pdf

[97] Tsai, J., & Wilson, M. (2020). COVID-19: A potential public health problem for homeless populations. *Lancet Public Health, 5*(4), E186-E187. https://doi.org/10.1016/S2468-2667(20)30053-0

[98] Vigo, et al. (2020). Mental health of communities during the COVID-19 pandemic.

[99] Yang, et al. (2020). Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: A systematic review and meta-analysis.

[100] Yancy. (2020).

[101] Akiyama, M. J., Spaulding, A. C., & Rich, J. D. (2020). Flattening the curve for incarcerated populations — COVID-19 in jails and prisons [Commentary]. *New England Journal of Medicine, 382,* 2075-2077. https://doi.org/10.1056/NEJMp2005687

[102] Henry. (2020).

[103] Montoya-Barthelemy, et al. (2020).

[104] Nolan, et al. (2017).

[105] Pfefferbaum, et al. (2020). Mental health and the COVID-19 pandemic.

[106] Shultz, J. M., Baingana, F., & Neria, Y. (2015). The 2014 Ebola outbreak and mental health: Current status and recommended response. *JAMA, 313*(6), 567-568. https://doi.org/10.1001/jama.2014.17934

[107] Durcan, et al. (2020). *COVID-19 and the nation's mental health: May 2020*.

[108] North, C. S., & Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. *JAMA, 310*(5), 507-518. https://doi.org/10.1001/jama.2013.107799

[109] Canadian Mental Health Association (National), Mental Health Foundation, University of British Columbia, Maru-Matchbox, & the Agenda Collaborative. (2020). *COVID-19 effects on the mental health of vulnerable populations* [Survey results summary]. http://news.ubc.ca/wp-content/uploads/2020/06/EN_ubc-mini-report_Final.2.pdf

[110] Vigo, et al. (2020).

[111] Du, Liang, et al. (2020). Predictors of mortality for patients with COVID-19 pneumonia caused by SARS-CoV-2: A prospective cohort study.

[112] Jordan, et al. (2020). COVID-19: Risk factors for severe disease and death [Editorial].

[113] Yang, et al. (2020).

[114] Ng, Q. X., Qing De Deyn, M. L. Z., Lim, D. Y., Chan, H. W., & Yeo, W. S. (2020). The wounded healer: A narrative review of the mental health effects of the COVID-19 pandemic on healthcare workers. *Asian Journal of Psychiatry, 54,* Article 102258. https://doi.org/10.1016/j.ajp.2020.102258

[115] Correctional Service Canada. (2020a). *Update on COVID-19: June 25, 2020. Snapshot: Federal correctional institutions.*

[116] Correctional Service Canada. (2020b). *COVID-19 preparedness and plans: June 25, 2020.*

[117] Durcan, et al. (2020).

[118] Levin, J. (2019). Mental health assistance to families and communities in the aftermath of an outbreak. In D. Huremović (Ed.), *Psychiatry of pandemics: A mental health response to infection outbreak* (pp. 143-152). Springer. https://doi.org/10.1007/978-3-030-15346-5

[119] Canadian Centre on Substance Use and Addiction. (2020b). *COVID-19 and cannabis smoking and vaping: Four things you should know.* https://www.ccsa.ca/sites/default/files/2020-04/CCSA-COVID-19-Cannabis-Smoking-and-Vaping-Report-2020-en_1.pdf

[120] Canadian Centre on Substance Use and Addiction. (2020a). *Methamphetamine, the respiratory system and COVID-19.*

[121] Kirby. (2020).

[122] Mukherjee, et al. (2020). The perfect storm: COVID-19, mass incarceration and the opioid epidemic.

[123] Pfefferbaum, et al. (2020).

[124] Vieira, et al. (2020).

[125] Henry. (2020).

[126] Pfefferbaum, et al. (2020).

[127] Yang, et al. (2020).

[128] Vigo, et al. (2020).

[129] Nikayin, S., Rabiee, A., Hashem, M. D., Huang, M., Bienvenu, O. J., Turnbull, A. E., & Needham, D. M. (2016). Anxiety symptoms in survivors of critical illness: A systematic review and meta-analysis. *General Hospital Psychiatry, 43*, 23-29. https://doi.org/10.1016/j.genhosppsych.2016.08.005

[130] Tingey, J. L., Bentley, J. A., & Hosey, M. M. (2020). COVID-19: Understanding and mitigating trauma in ICU survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S100-S104. http://dx.doi.org/10.1037/tra0000884

[131] Besney, J. D., Angel, C., Pyne, D., Martell, R., Keenan, L., & Ahmed, R. (2018). Addressing women's unmet health care needs in a Canadian remand centre: Catalyst for improved health? *Journal of Correctional Health Care, 24*(3), 276-294. https://doi.org/10.1177/1078345818780731

[132] Murphy, et al. (2018).

[133] Ministry of the Solicitor General (Ontario). (2017). *Corrections in Ontario: Directions for reform. Independent review of Ontario corrections*. https://www.mcscs.jus.gov.on.ca/english/Corrections/IndependentReviewOntarioCorrections/IndependentReviewOntarioCorrectionsDirectionsReform.html

[134] Tamburello, A. C., & Ferguson, E. (2016). Better prescribing in correctional facilities. *Journal of Health Care for the Poor and Underserved, 27*(2A), 29-33. https://doi.org/10.1353/hpu.2016.0055

[135] Ministry of the Solicitor General (Ontario). (2017). *Corrections in Ontario: Directions for reform. Independent review of Ontario corrections*.

[136] Mental Health Commission of Canada. (2021). *The mental health needs of justice-involved persons: A rapid scoping review of the literature.* https://www.mentalhealthcommission.ca/English/media/4415

[137] National Academy of Sciences, Engineering and Medicine. (2020). *Decarcerating correctional facilities during COVID-19: Advancing health, equity, and safety*. National Academies Press. https://doi.org/10.17226/25945

[138] Office of the Correctional Investigator (Canada). (2019). *2018-2019 Annual report*.

[139] Fazel, et al. (2011).

[140] Correctional Service Canada. (2017). *Evaluation of CSC's health services* (File #394-2-96). https://www.csc-scc.gc.ca/publications/005007-2017-eng.shtml

[141] Mental Health Commission of Canada. (2021). *The mental health needs of justice-involved persons: A rapid scoping review of the literature.*

[142] National Academy of Sciences, Engineering and Medicine. (2020). *Decarcerating correctional facilities during COVID-19: Advancing health, equity, and safety*.

[143] Correctional Service Canada. (2017). *Evaluation of CSC's health services.*

[144] Dunlop, A., Lokuge, B., Masters, D., Sequeira, M., Saul, P., Dunlop, G., Ryan, H., Hall, M., Ezard, N., Haber, P., Lintzeris, N., & Maher, L. (2020). Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic. *Harm Reduction Journal, 17.* Article 26. https://doi.org/10.1186/s12954-020-00370-7

[145] Mukherjee, et al. (2020).

[146] Zinger. (2020, April 23). *COVID-19 status update*.

[147] Canadian Centre on Substance Use and Addiction, & Canadian Community Epidemiology Network on Drug Use. (2020). *Changes related to COVID-19 in the illegal drug supply and access to services, and resulting health harms*.

[148] Canadian Centre on Substance Use and Addiction. (2020c). *Exploring expanded response options to opioid harms: Case studies from four Canadian clinics.* https://www.ccsa.ca/sites/default/files/2020-06/CCSA-Expanded-Response-Options-Opioid-Harms-Case-Studies-2020-en.pdf

[149] Hawks, et al. (2020).

[150] Henry. (2020).

[151] Montoya-Barthelemy, et al. (2020).

[152] National Academy of Sciences, Engineering and Medicine. (2020).

[153] Vieira, et al. (2020).

[154] Vigo, et al. (2020).

[155] Correctional Service Canada. (2020c). *Opioid agonist treatment: March 2020*. https://www.csc-scc.gc.ca/health/002006-3003-en.shtml

[156] National Academy of Sciences, Engineering and Medicine. (2020).

[157] Vancouver Coastal Health Authority. (2018). *Response to the opioid overdose crisis in Vancouver Coastal Health*. http://www.vch.ca/Documents/CMHO-report.pdf

[158] Correctional Service Canada. (2020c). *Opioid agonist treatment: March 2020*.

[159] Expert Advisory Committee on Health Care Transformation in Corrections. (2019). *Transforming health care in our provincial prisons.* Final report of Ontario's expert advisory committee on health care transformation in corrections. https://johnhoward.on.ca/wp-content/uploads/2019/05/Transforming-Health-Care-in-Our-Provincial-Prisons-External-Advisory-Report-2.pdf

[160] Expert Advisory Committee on Health Care Transformation in Corrections. (2019). *Transforming health care in our provincial prisons*.

[161] Mental Health Commission of Canada. (2021).

[162] National Academy of Sciences, Engineering and Medicine. (2020).

[163] Volkow. (2020). Collision of the COVID-19 and addiction epidemics.

[164] Canadian Centre on Substance Use and Addiction. (2020c). *Exploring expanded response options to opioid harms: Case studies from four Canadian clinics.*

[165] Correctional Service Canada. (2020d). *Inmate COVID-19 testing in federal correctional institutions.* [Retrieved May 31 and July 8, 2020]. https://www.csc-scc.gc.ca/001/006/001006-1014-en.shtml

[166] Correctional Service Canada. (2020a).

[167] Hean, S., Willumsen, E., Ødegård, A., & Bjørkly, S. (2015). Using social innovation as a theoretical framework to guide future thinking on facilitating collaboration between mental health and criminal justice services. *International Journal of Forensic Mental Health, 14*(4), 280-289. https://doi.org/10.1080/14999013.2015.1115445

[168] Ministry of the Solicitor General (Ontario). (2017).

[169] Mental Health Commission of Canada. (2021).

[170] Correctional Service Canada. (2020d). *Inmate COVID-19 testing in federal correctional institutions.*

[171] Correctional Service Canada. (2020d).

[172] Iftene, A. (2016.) Unlocking the doors to Canadian older inmate mental health data: Rates and potential legal responses. *International Journal of Law and Psychiatry, 47*, 36-44. https://doi.org/10.1016/j.ijlp.2016.02.032

[173] Kerr, L. (2017). Sentencing Ashley Smith: How prison conditions relate to the aims of punishment. *Canadian Journal of Law and Society*, *32*(2), 187-207. https://doi.org/10.1017/cls.2017.14

[174] Mental Health Commission of Canada. (2021).

[175] Ministry of the Solicitor General (Ontario). (2017).

[176] Kouyoumdjian, Schuler, et al. (2016).

[177] Ministry of the Solicitor General (Ontario). (2017).

[178] Mental Health Commission of Canada. (2020b). *A national forum to advance mental health in the criminal justice system. Post-meeting report*. Available on request at https://www.mentalhealthcommission.ca

[179] Office of the Correctional Investigator (Canada). (2019).

[180] Correctional Service Canada. (2020a).

[181] Henry. (2020).

[182] Perry, J., Bennett, C., & Lapworth, T. (2010). Management of long-term conditions in a prison setting. *Art and Science, Nursing Standard, 24*(42), 35-40. https//doi.org/10.7748/ns2010.06.24.42.35.c7849

[183] Hewson, et al. (2020).

[184] 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. https://doi.org/10.1177/0025802420929799

[185] Senate Standing Committee on Social Affairs, Science and Technology. (2020). *The federal response to COVID-19: Interim observations.*

[186] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet, 395,* 912-920. https://doi:10.1016/S0140-6736(20)30460-8

[187] Durcan, et al. (2020, May 15).

[188] Pfefferbaum, et al. (2020).

[189] Du, J., Fan, N., Zhao, M., Hao, W., Liu, T., Lu, L., Shi, J., Jiang, H., Zhong, N., Lan, X., Xu, S., Chen, H., Xiang, X., Wang, X., Sun, H., Li, B., Ning, Y.-P., Li, J., Guo, W., . . . Yuan, W. (2020). Expert consensus on the prevention and treatment of substance use and addictive behaviour-related disorders during the COVID-19 pandemic. *BMJ General Psychiatry, 33*(4), Article e100252. https://doi.org/10.1136/gpsych-2020-100252

[190] Volkow. (2020).

[191] Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science and Clinical Practice, 7*(1), Article 3. https://doi.org/10.1186/1940-0640-7-3

[192] Binswanger, et al. (2016). Clinical risk factors for death after release from prison in Washington state: A nested case-control study.

[193] Kothari, et al. (2020). COVID-19 and prisons: Providing mental health care for people in prison, minimising moral injury and psychological distress in mental health staff.

[194] Lemieux, Dumais Michaud, et al. (2020).

[195] Hartwell, S. (2004). Triple stigma: Persons with mental illness and substance abuse problems in the criminal justice system. *Criminal Justice Policy Review, 15*(1), 84-99. https://doi.org/10.1177/0887403403255064

[196] Hyrmak, H. (2020). The opioid crisis as health crisis, not criminal crisis: Implications for the criminal justice system. *Dalhousie Law Journal, 43*(1), 281-314. https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=2131&context=dlj

[197] Kennedy, H. G., Mohan, D. J., & Davoren, M. (2020, May). Forensic psychiatry and Covid-19: Accelerating transformation in forensic psychiatry. *Irish Journal of Psychological Medicine,* 1-9. https://doi.org/10.1017/ipm.2020.58

[198] Grob. (2011). Mental health policy in modern America.

[199] Kennedy, et al. (2020). Forensic psychiatry and Covid-19: Accelerating transformation in forensic psychiatry.

[200] Vigo, et al. (2020).

[201] Kennedy, et al. (2020).

[202] Lemieux, Dumais Michaud, et al. (2020).

[203] Vigo, et al. (2020).

[204] Vigo, et al. (2020).

[205] Henry. (2020).

[206] Lemieux, Damasse, et al. (2020). *Management of COVID-19 for persons with mental illness in secure units: A rapid-response guide.*

[207] Vigo, et al. (2020).

[208] Lemieux, Damasse, et al. (2020).

[209] Lemieux, Dumais Michaud, et al. (2020).

[210] Simpson, et al. (2020). Covid-19, prison crowding, and release policies.

[211] Simpson, et al. (2020).

[212] Henry. (2020).

[213] Kennedy, et al. (2020).

[214] Mental Health Commission of Canada. (2021).

[215] Bradshaw, R. (2017). The health of prisoners: Summary of NICE guidance. *BMJ, 356,* Article brar130317. https://discovery.ucl.ac.uk/id/eprint/10042701/1/Pilling_brar130317%20final%20BMJ%20article%202017.03.23%201.1.pdf

[216] Martin, M. S., Hynes, K., Hatcher, S., & Colman, I. (2016). Diagnostic error in correctional mental health: Prevalence, causes, and consequences. *Journal of Correctional Health Care*, *22*(2), 109-117. https://doi.org/0.1177/1078345816634327

[217] National Academy of Sciences, Engineering and Medicine. (2020).

[218] Volkow. (2020).

[219] Correctional Service Canada. (2017). *Evaluation of CSC's health services*.

[220] Livingston, J. D. (2009). *Mental health and substance use services in correctional settings: A review of minimum standards and best practices*. International Centre for Criminal Law Reform and Criminal Justice Policy. https://icclr.org/wp-content/uploads/2019/06/Mental_Health.pdf?x68316

[221] Mental Health Commission of Canada. (2020c). *Mental health and the criminal justice system: 'What we heard'* [Evidence summary report]. https://www.mentalhealthcommission.ca/English/media/4372

[222] Ministry of the Solicitor General (Ontario). (2017).

[223] Correctional Service Canada. (2020a).

[224] Lemieux, Damasse, et al. (2020).

[225] McKiernan, A. (2017). *Supporting reintegration in corrections by addressing problematic substance use: An environmental scan*. Canadian Centre on Substance Use and Addiction. https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Reintegration-Corrections-Problematic-Substance-Use-Environmental-Scan-2017-en.pdf

[226] Murphy, et al. (2018).

[227] Grob. (2011).

[228] Binswanger, et al. (2016).

[229] Kouyoumdjian, Schuler, et al. (2016).

[230] Kouyoumdjian, et al. (2018). The health care utilization of people in prison and after prison release: A population-based cohort study in Ontario, Canada.

[231] Piel, J. (2020). Behavioral health implications of inmate release during COVID-19 [Letter to the editor]. *Journal of Forensic Sciences, 65*(4), 1379-1381. https://doi.org/10.1111/1556-4029.14456

[232] Volkow. (2020).

[233] Ministry of the Attorney General (Ontario). (2020). Justice centres: Spring 2020 and COVID-19 update. West Toronto and North York Human Services and Justice Coordinating Committee. https://hsjcc.on.ca/wp-content/uploads/WT-NY-HSJCC-Virtual-Lunch-and-Learn-Building-a-Collaborative-Justice-Centre-in-Toronto%E2%80%99s-Northwest-Presentation-2020-05-28.pdf

[234] Kouyoumdjian, et al. (2018).

[235] Kouyoumdjian, F. G., Kiefer, L., Wobeser, W., Gonzalez, A., Hwang, S. W. (2016). Mortality over 12 years of follow-up in people admitted to provincial custody in Ontario: A retrospective cohort study. *CMAJ Open, 4*(2), E153-E161. https://doi.org/10.9778/cmajo.20150098

[236] Groot, E., Kouyoumdjian, F. G., Kiefer, L., Madadi, P., Gross, J., Prevost, B., Jhirad, R., Huyer, D., Snowdon, V., & Persaud, N. (2016). Drug toxicity deaths after release from incarceration in Ontario, 2006-2013: Review of coroner's cases. *PLoS ONE, 11*(7), Article e0157512. https://doi.org/10.1371/journal.pone.0157512

[237] National Academy of Sciences, Engineering and Medicine. (2020).

[238] Correctional Service Canada. (2017).

[239] McKiernan. (2017). *Supporting reintegration in corrections by addressing problematic substance use: An environmental scan*.

[240] Mental Health Commission of Canada. (2021).

[241] National Academy of Sciences, Engineering and Medicine. (2020).

[242] Binswanger, et al. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors.

[243] Binswanger, et al. (2016).

[244] Mukherjee, et al. (2020).

[245] Volkow. (2020).

[246] Ministry of the Solicitor General (Ontario). Office of the Chief Coroner. (2018). *Verdict of coroner's jury.* https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/Inquests/Verdictsandrecommendations/OCCInquestChapman2018.html

[247] Correctional Service Canada. (2017).

[248] Office of the Correctional Investigator (Canada). (2019).

[249] Correctional Service Canada. (2020b).

[250] Piel. (2020). Behavioral health implications of inmate release during COVID-19.

[251] Sivashanker, et al. (2020). Covid-19 and decarceration.

[252] Binswanger, et al. (2012).

[253] Binswanger, et al. (2016).

[254] Piel. (2020).

[255] Sivashanker, et al. (2020).

[256] Binswanger, et al. (2016).

[257] Mental Health Commission of Canada. (2020b).

[258] Montoya-Barthelemy, et al. (2020).

[259] Kouyoumdjian, et al. (2018).

[260] Kirby. (2020).

[261] Mukherjee, et al. (2020).

[262] Binswanger, et al. (2012).

[263] Cullen, C., & Everson, K. (2020, May 1). *Canadians who don't qualify for CERB are getting it anyway — and could face consequences*. CBC News. https://www.cbc.ca/news/politics/cerb-covid-pandemic-coronavirus-1.5552436

[264] Fazel, et al. (2011).

[265] Kouyoumdjian, Schuler, et al. (2016).

[266] Montoya-Barthelemy, et al. (2020).

[267] Piel. (2020).

[268] Durrani, T. (2020, March 21). COVID-19 disproportionately affects those living in poverty. And this impacts us all. *Healthy Debate.* https://healthydebate.ca/2020/03/topic/covid-19-low-income-poverty

[269] Durrani. (2020, March 21). COVID-19 disproportionately affects those living in poverty. And this impacts us all.

[270] Government of British Columbia. (2020). *COVID-19 support for income and disability assistance.* https://www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/on-assistance/covid

[271] Steps to Justice. (2020). *Can I get emergency income help during COVID-19?* https://stepstojustice.ca/questions/covid-19/ontario-works-or-odsp-giving-extra-help-during-covid-19?gclid=EAIaIQobChMIv_bXrZTB7QIVEeWzCh3rVQIAEAMYASAAEgLmy_D_BwE

[272] Kawohl, W., & Nordt, C. (2020). COVID-19, unemployment, and suicide. *Lancet Psychiatry, 7*(5), 389-390. https://doi.org/10.1016/S2215-0366(20)30141-3

[273] Kerr, W. C., Kaplan, M. S., Huguet, N., Caetano, R., Giesbrecht, N., & McFarland, B. H. (2017b). Economic recession, alcohol and suicide rates: Comparative effects of poverty, foreclosure and job loss. *American Journal of Preventive Medicine, 52*(4), 469-475. https://doi.org/10.1016/j.amepre.2016.09.021

[274] McIntyre, R. S. & Lee, Y. (2020). Projected increases in suicide in Canada as consequence of COVID-19. *Psychiatry Research, 290*, Article 113104. https://doi.org/10.1016/j.psychres.2020.113104

[275] Mental Health Commission of Canada. (2020d). *COVID-19 and suicide: Potential implications and opportunities to influence trends in Canada*. [Policy brief]. https://www.mentalhealthcommission.ca/English/media/4403

[276] Moore, T. H. M., Kapur, N., Hawton, K., Richards, A., Metcalfe, C., & Gunnell, D. (2017). Interventions to reduce the impact of unemployment and economic hardship on mental health in the general population: A systematic review. *Psychological Medicine, 47*(6), 1062-1084. https://doi.org/10.1017/S0033291716002944

[277] Piel. (2020).

[278] Canadian Mental Health Association (National), et al. (2020). COVID-19 effects on the mental health of vulnerable populations.

[279] Correctional Service Canada. (2020b).

[280] Correctional Service Canada. (2020a).

[281] Binswanger, et al. (2016).

[282] Lemieux, Damasse, et al. (2020).

[283] Lemieux, Dumais Michaud, et al. (2020).

[284] Montoya-Barthelemy, et al. (2020).

[285] Simpson, et al. (2020).

[286] Richardson, L. (2020, April 24). *Canada's prison watchdog calls out prison officials over handling of COVID-19*. APTN National News. https://www.aptnnews.ca/national-news/canadas-prison-watchdog-calls-out-prison-officials-over-handling-of-covid-19/

[287] Johnston, J. (2020, April 16). *Edmonton Institution inmate alleges abuse behind bars during pandemic.* CBC News. https://www.cbc.ca/news/canada/edmonton/institution-prisoner-alleges-abuse-pandemic-1.5533841

[288] Ouellet, et al. (2020, July 17).

[289] Hawks, et al. (2020).

[290] Henry. (2020).

[291] Ministry of the Solicitor General (Ontario). (2020, March 20). *Ontario stepping up measures to limit the spread of COVID-19 in correctional system* [Press release]. https://news.ontario.ca/mcscs/en/2020/03/ontario-stepping-up-measures-to-limit-the-spread-of-covid-19-in-correctional-system.html

[292] Office of the Correctional Investigator (Canada). (2020). *COVID-19 Update for federal corrections — June 19, 2020*.

[293] Penal Reform International. (2020). *Coronavirus: Preventing harm and human rights violations in the criminal justice system*. https://cdn.penalreform.org/wp-content/uploads/2020/07/Coronavirus-briefing-July-2020.pdf

[294] Harris. (2020, April 16). In Canada's prisons, virus spread is a human rights issue.

[295] Correctional Service Canada. (2020a).

[296] Correctional Service Canada. (2020b).

[297] Galea, et al. (2020). The mental health consequences of COVID-19 and physical distancing. The need for prevention and early intervention.

[298] Lemieux, Damasse, et al. (2020).

[299] Lemieux, Dumais Michaud, et al. (2020).

[300] Venkatesh, A., & Edirappuli, S. (2020). Social distancing in covid-19: What are the mental health implications? *British Medical Journal, 369,* Article m1379. https://doi.org/10.1136/bmj.m1379

[301] Costa, et al. (2020). COVID-19 concerns among persons with mental illness.

[302] Galea, et al. (2020).

[303] Vigo, et al. (2020).

[304] Vigo, et al. (2020).

[305] Correctional Service Canada. (2020a).

[306] Vigo, et al. (2020).

[307] Volkow. (2020).

[308] Zinger. (2020, April 23).

[309] Zinger. (2020, April 23).

[310] Brooks, et al. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence.

[311] Henry. (2020).

[312] Lemieux, Dumais Michaud, et al. (2020).

[313] Montoya-Barthelemy, et al. (2020).

[314] Stewart, C., Tomossy, G. F., Lamont, S., & Brunero, S. (2020). COVID-19 and Australian prisons: Human rights, risks, and responses. *Journal of Bioethical Inquiry, 17*, 663-637. https://doi.org/10.1007/s11673-020-10054-3

[315] Zinger. (2020, April 23).

[316] Ouellet, et al. (2020, July 17).

[317] *More than 2,000 inmates released, 6 COVID-19 cases confirmed inside Ontario jails*. (2020, April 9). CBC News. https://www.cbc.ca/news/16mpere/16mpere16/16mpere16-jails-coronavirus-1.5527677

[318] R. E. Martin, personal communication, June 2020.

[319] Harris, K. (2020, April 22). *Prisons watchdog in the dark on inmate early release plan to limit spread of COVID-19.* CBC News. https://www.cbc.ca/news/politics/prison-COVID-1919-blair-zinger-1.5540304

[320] Hawks, et al. (2020).

[321] Pfefferbaum, et al. (2020).

[322] Vieira, et al. (2020).

[323] Zinger. (2020, April 23).

[324] Richardson. (2020, April 24). *Canada's prison watchdog calls out prison officials over handling of COVID-19*.

[325] Johnston. (2020, April 16). *Edmonton Institution inmate alleges abuse behind bars during pandemic.*

[326] Penal Reform International. (2020). *Coronavirus: Preventing harm and human rights violations in the criminal justice system*.

[327] Harris, M. (2020, April 16).

[328] Zinger. (2020, April 23).

[329] Zinger. (2020, April 23).

[330] Logie, C. H., & Turan, J. M. (2020). How do we balance tensions between COVID-19 public health responses and stigma mitigation? Learning from HIV research. *Aids and Behavior, 24*(7)*,* 2003-2006. https://doi.org/10.1007/s10461-020-02856-8

[331] Lemieux, Damasse, et al. (2020).

[332] Sapers, H. (2020). The case for prison depopulation: Prison health, public safety and the pandemic. *Journal of Community Safety and Well-being, 5*(2), 79-81. https://doi.org/10.35502/jcswb.136

[333] Senate Standing Committee on Social Affairs, Science and Technology. (2020).

[334] Cloud, D. H., Ahalt, C., Augustine, D., Sears, D., & Williams, B. A. (2020). Medical isolation and solitary confinement: Balancing health and humanity in US jails and prisons during COVID-19. *Journal of General Internal Medicine, 35*(1)*,* 2738-2742. https://doi.org/10.1007/s11606-020-05968-y

[335] Dobson, L. (2020). Out of sight, out of mind: Bill C-83, solitary confinement, and mental health. *Journal of Law and Social Policy, 33*, 93-110. https://digitalcommons.osgoode.yorku.ca/jlsp/vol33/iss1/5

[336] Office of the Correctional Investigator (Canada). (2020).

[337] Harris, M. (2020, April 16).

[338] World Health Organization. (2020).

[339] Doob, A. N., & Sprott, J. B. (2020, Oct. 26). Understanding the operation of Correctional Service Canada's structured intervention units: Some preliminary findings. John Howard Society of Canada. https://johnhoward.ca/wp-content/uploads/2020/10/UnderstandingCSC_SIUDoobSprott26-10-2020-1.pdf

[340] Office of the Correctional Investigator (Canada). (2015).

[341] Dobson. (2020). Out of sight, out of mind: Bill C-83, solitary confinement, and mental health.

[342] Doob & Sprott. (2020, Oct. 26). Understanding the operation of Correctional Service Canada's structured intervention units: Some preliminary findings.

[343] Doob & Sprott. (2020, Oct. 26).

[344] Dobson. (2020).

[345] Lemieux, Damasse, et al. (2020).

[346] Lemieux, Dumais Michaud, et al. (2020).

[347] Brooks, et al. (2020).

[348] Cloud, et al. (2020). Medical isolation and solitary confinement: Balancing health and humanity in US jails and prisons during COVID-19.

[349] Office of the Correctional Investigator (Canada). (2019).

[350] Stewart, A., Cossar, R., & Stoové, M. (2020). The response to COVID-19 in prisons must consider the broader mental health impacts for people in prison. *Australian and New Zealand Journal of Psychiatry, 54*(12), 1227-1228. https://doi.org/10.1177/0004867420937806

[351] Cloud, et al. (2020).

[352] Dobson. (2020).

[353] Cloud, et al. (2020).

[354] Lemieux, Damasse, et al. (2020).

[355] Cloud, et al. (2020).

[356] Correctional Service Canada. (2020b).

[357] Akiyama, et al. (2020). Flattening the curve for incarcerated populations — COVID-19 in jails and prisons.

[358] Lally, C. (2020, April 2). Call for jails to release more prisoners due to coronavirus crisis. *Irish Times.* https://www.irishtimes.com/news/crime-and-law/call-for-jails-to-release-more-prisoners-due-to-coronavirus-crisis-1.4219087

[359] Hawks, et al. (2020).

[360] Henry. (2020).

[361] Prison Policy Initiative. (2020). *Responses to the COVID-19 pandemic*. www.prisonpolicy.org/virusresponse.html#resources

[362] World Health Organization. (2020).

[363] Sundt, J., Salisbury, E. J., & Harmon, M. G. (2016). Is downsizing prisons dangerous? The effect of California's realignment act on public safety. *Criminology and Public Policy, 15*(2), 315-341. https://doi.org/10.1111/1745-9133.12199

[364] Wagner, P. (2020, April 9). Large scale releases and public safety [Briefing]. *Prison Policy Initiative.* https://www.prisonpolicy.org/blog/2020/04/09/large-scale-releases/

[365] Webster, C. M., & Doob, A. N. (2014). Penal reform "Canadian style": Fiscal responsibility and decarceration in Alberta, Canada. *Punishment and Society, 16*(1), 3-31. https://doi.org/10.1177/1462474513506272

[366] Palmater, P. (2020, March 23). *COVID-19 pandemic plan needed for Canada's jails and prisons*. APTN National News. https://www.aptnnews.ca/national-news/covid-19-pandemic-plan-needed-for-canadas-jails-and-prisons/

[367] Burki, T. (2020, May 2). Prisons are "in no way equipped" to deal with COVID-19. *Lancet World Report*, *395*(10234), 1411-1412. https://doi.org/10.1016/S0140-6736(20)30984-3

[368] Lally. (2020, April 2). Call for jails to release more prisoners due to coronavirus crisis.

[369] Sapers. (2020). The case for prison depopulation: Prison health, public safety and the pandemic.

[370] Harris, M. (2020, April 16).

[371] Piel. (2020).

[372] Harris, K. (2020, March 31). *Bill Blair asks prison, parole heads to consider releasing some inmates to stop spread of COVID-19*. CBC News. https://www.cbc.ca/news/politics/prison-COVID-1919-csc-release-1.5516065

[373] Nolan, et al. (2017).

[374] Ross, S. (2020, May 31). *Prison with Canada's worst COVID-19 outbreak houses Inuit inmates*. CTV News. https://montreal.ctvnews.ca/prison-with-canada-s-worst-covid-19-outbreak-houses-inuit-inmates-1.4962407

[375] Henry. (2020).

[376] Harris, K. (2020, April 22). *Prisons watchdog in the dark on inmate early release plan to limit spread of COVID-19.*

[377] Ross. (2020, May 31). *Prison with Canada's worst COVID-19 outbreak houses Inuit inmates*.

[378] Murphy, Y., & Sapers, H. (2020). Prison health as public health in Ontario corrections.

[379] Zinger. (2020, April 23).

[380] Harris, K. (2020, March 31). *Bill Blair asks prison, parole heads to consider releasing some inmates to stop spread of COVID-19*.

[381] Harris, K. (2020, April 22).

[382] Sapers. (2020).

[383] Harris, M. (2020, April 16).

[384] Mental Health Commission of Canada. (2021).

[385] Sapers. (2020).

[386] Malakieh, J. (2019). Adult and youth correctional statistics in Canada, 2017/2018. *Juristat* (Catalogue No. 86-002-X). Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00010-eng.htm

[387] Ministry of the Solicitor General (Ontario). (2020, March 20). *Ontario stepping up measures to limit the spread of COVID-19 in correctional system*.

[388] Sapers. (2020).

[389] Sapers. (2020).

[390] Statistics Canada. (2020). *Changes in federal, provincial and territorial custodial populations during the COVID-19 pandemic, April 2019 to April 2020*. https://www150.statcan.gc.ca/n1/daily-quotidien/200812/dq200812a-eng.htm

[391] Lemieux, Damasse, et al. (2020).

[392] Sapers. (2020).

[393] Barnert, et al. (2020). Prisons: Amplifiers of the COVID-19 pandemic hiding in plain sight.

[394] Canadian Association of Chiefs of Police. (2020). *Decriminalization for simple possession of illicit drugs: Exploring impacts on public safety and policing: Findings and recommendations report.* https://www.cacp.ca/index.html?asst_id=2189

[395] Mukherjee, et al. (2020).

[396] Public Safety Canada Portfolio, Corrections Statistics Committee. (2018). *2018 Corrections and conditional release statistical overview* (Cat. No. PS1-3E-PDF). https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/ccrso-2018/index-en.aspx

[397] Canadian Centre on Substance Use and Addiction. (2020d). *Decriminalization: Options and Evidence.* [Policy Brief]. https://www.ccsa.ca/decriminalization-options-and-evidence-policy-brief

[398] Ministry of the Solicitor General (Ontario). Office of the Chief Coroner. (2018). *Verdict of coroner's jury.*

[399] Canadian Centre on Substance Use and Addiction. (2020d). *Decriminalization: Options and Evidence.* [Policy Brief].

[400] Supreme Court of Canada. (2020) *Case in Brief: R. v. Zora*. https://www.scc-csc.ca/case-dossier/cb/2020/38540-eng.aspx

[401] Kouyoumdjian, Schuler, et al. (2016).

[402] Piel. (2020).

[403] Canadian Centre on Substance Use and Addiction. (2020d).
[404] Lemieux, Dumais Michaud, et al. (2020).
[405] Mental Health Commission of Canada. (2021).
[406] Mukherjee, et al. (2020).
[407] Senate Standing Committee on Social Affairs, Science and Technology. (2020).
[408] Senate Standing Committee on Social Affairs, Science and Technology. (2020).
[409] Murphy & Sapers. (2020).
[410] Simpson, et al. (2020).
[411] Correctional Service Canada. (2020a).
[412] Greenaway, et al. (2020). COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants.
[413] Senate Standing Committee on Social Affairs, Science and Technology. (2020).
[414] Henry. (2020).
[415] Kirby. (2020).
[416] Kouyoumdjian, Schuler, et al. (2016).
[417] Lemieux, Damasse, et al. (2020).
[418] Pfefferbaum, et al. (2020).
[419] Vieira, et al. (2020).
[420] Yang, et al. (2020).
[421] Akiyama, et al. (2020).
[422] Okano, et al. (2020).
[423] Hawks, et al. (2020).
[424] Henry. (2020).
[425] Montoya-Barthelemy, et al. (2020).
[426] World Health Organization. (2020).
[427] Henry. (2020).
[428] Piel. (2020).
[429] Yancy. (2020).
[430] Simpson, et al. (2020).
[431] Sapers. (2020).
[432] Senate Standing Committee on Social Affairs, Science and Technology. (2020).
[433] Akiyama, et al. (2020).
[434] Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for trauma-informed social justice response. *Psychological Trauma: Theory, Research, Practice and Policy, 12*(5), 443-445. https://doi.org/10.1037/tra0000889
[435] Henry. (2020).
[436] McKiernan. (2017).
[437] Mental Health Commission of Canada. (2021).
[438] Murphy & Sapers. (2020).
[439] World Health Organization. (2020).

Mental Health Commission of Canada
Commission de la santé mentale du Canada

Mental Health Commission of Canada

Suite 1210, 350 Albert Street
Ottawa, ON K1R 1A4

Tel: 613.683.3755
Fax: 613.798.2989

mhccinfo@mentalhealthcommission.ca
www.mentalhealthcommission.ca

@MHCC_ /theMHCC /1MHCC @theMHCC
/Mental Health Commission of Canada