

# Lockdowns During COVID-19

## Negative effects of being in lockdown

**Almost all people subjected to prolonged isolation experience negative effects.** This is true even for people who do not have pre-existing mental health diagnoses. Negative effects may persist even after isolation ends. Common reactions include:

- Physiological reactions, such as low appetite, trembling hands, heart palpitations, sweaty hands, lethargy, and sleep disturbances.
- Confusion and impaired concentration.
- Hallucinations, paranoid ideas, and aggressive fantasies.
- Emotional reactions, such as mood swings, panic, anxiety, rage, depression, and irritability.

**Certain people are at especially high risk when isolated.** This includes:

- People with pre-existing mental illness. Risks include the worsening of existing symptoms and/or the onset of new symptoms including psychotic episodes. They are also at elevated risk for suicide attempts and self-harm behavior during isolation.
  - People with serious mental illnesses such as Schizophrenia, Bipolar Disorder, or Borderline Personality Disorder are particularly at risk for negative outcomes.
- Pregnant and postpartum women. The perinatal period is already a time of higher risk for worsening or onset of mental illness. Isolation may increase this risk further.
- Older adults. Risks include onset or worsening of confusion and memory loss.

## Best practices to mitigate risks of putting people in lockdown

There are things you can do to mitigate the risks of solitary confinement—especially when focusing on the potentially harmful effects of social isolation, sensory deprivation, and confinement. You can also do things to reduce harm in high risk groups.

### Social isolation

Meaningful social interaction is critical for psychological wellbeing. Thus, one of the most devastating parts of isolation is the lack of interaction with other people. To minimize harm, facilities should:

- Have officers, a chaplain, residents who have movement privileges, and/or medical staff converse with people who are isolated several times a day. Ensure appropriate distancing is maintained during these routine conversations to reduce risk to the isolated person.
- Provide daily phone or televideo access at least daily
- Provide no-cost daily check-ins with a mental health provider
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- When possible, arrange isolated persons in a way that allows for nearby conversation or at least the sight of other people
- Allow for pictures and other personal items that may help the isolated person feel connected to be brought to isolation area



## Sensory deprivation

Sensory deprivation produces a range of harmful effects. To minimize harm, facilities should:

- Ensure lighting is consistent with the human sleep-wake cycle (dark at night and reasonably light during the day).
- Provide continuous access to amenities, like radio and television, that provide varying noise levels during the day—ideally that the person in isolation can control to match their needs.
- Provide continuous access to materials that will allow the person in isolation to stay occupied. They need things to do and focus on. Books, educational materials, workbooks, paper, pencils, and puzzles/games can be helpful.
  - Ask the person what they need and, unless it poses serious safety concern, provide it. Keeping people from developing serious negative effects of isolation benefits all!
- Provide access to spiritual & religious materials and texts.
- Provide access to written materials normally provided in facility programs
- Provide access to personal items, including photographs and letters
- Provide snacks between meals to break up the day and allow for more sensory variation.

## Confinement

The reduction in movement that results from being in a small cell can also produce negative psychological and physical reactions. In order to minimize the negative impacts of confinement, it is recommended that, when possible, facilities implement the following:

- Daily time outside of the cell
- Daily access to outdoor exercise
- When possible, provide prisoners with a sense of control over their environment even if it's small. Ask what could be changed to make the experience more bearable.
- Give daily updates that include a reminder of the date and transparent information about how long isolation is likely to be in place

## High risk individuals

Given the elevated risk for bad outcomes within high risk groups, these groups likely need additional accommodations.

- Individuals with pre-existing mental illness: daily assessment to check for exacerbation of symptoms (e.g. onset of psychotic episode), increase in suicidal ideation, and self-harm urges
- Older adults: daily assessment of orientation
- Perinatal women: daily assessment of psychological distress and physical discomfort

## A closing note – Remember your partners!

Many jails and prisons have volunteer programs. Even though volunteers are not allowed to enter most facilities right now, they can still help you. Ask them to provide materials they would be covering in their normal programs in writing/workbook form. Ask for donations of comfort items. Ask them to write letters. If you have the ability, consider offering programs via televideo. You are not in this alone.

## References

[https://amend.us/wp-content/uploads/2020/04/Medical-Isolation-vs-Solitary\\_Amend.pdf](https://amend.us/wp-content/uploads/2020/04/Medical-Isolation-vs-Solitary_Amend.pdf)

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