



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

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

First printing 2021

Publication number: 202

ISBN: 978-93-91300-00-5



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

How to cite?

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

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

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



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

INSTITUTE OF NATIONAL IMPORTANCE

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

Dr. Shekhar P. Seshadri

MBBS, MD, DPM

Director

Sr. Professor of Child & Adolescent Psychiatry

Off : 91-80-26564140, 26561811

26565822, 26995001 / 2

Res : 91-80-26638689

Fax : 91-80-26564830 / 26562121

Email : docshekharseshadri@gmail.com

shekhar@nimhans.ac.in



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

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

Dr. Shekhar P. Seshadri,
Director, NIMHANS.

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

Contents

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

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

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

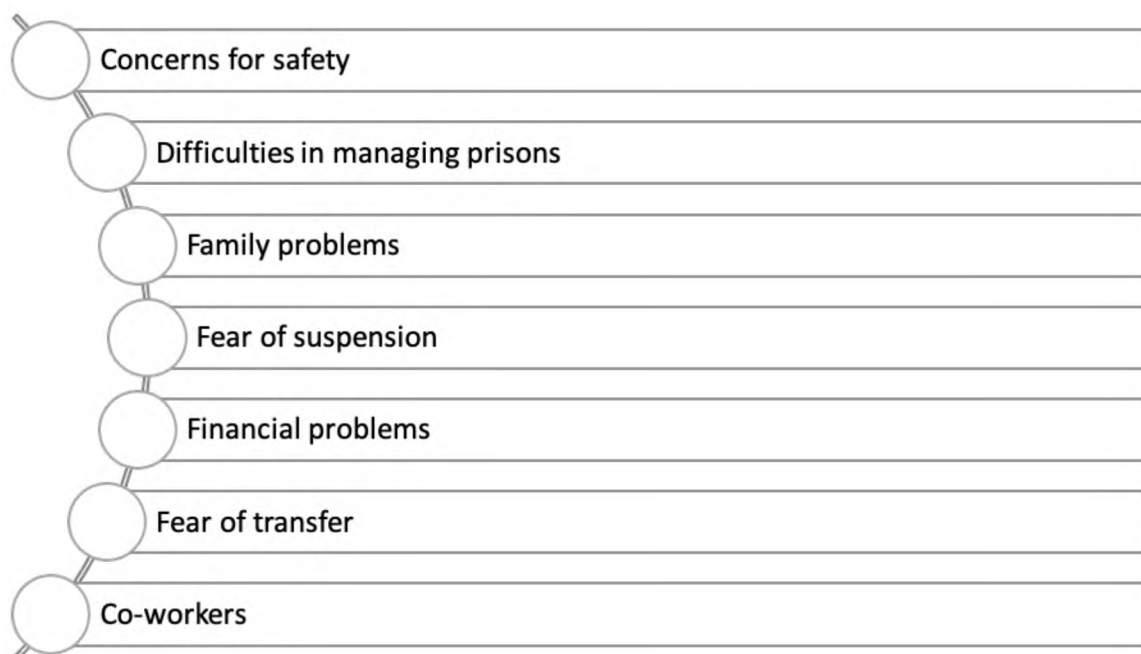
One of the key determinants of the performance of any organization is its staff. In the context of a prison, the challenges faced by the staff are unique. Prison staff have several roles, namely maintaining secure custody, providing care to prisoners, providing prisoners opportunities to correct their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

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

Chapter 2: MENTAL HEALTH ISSUES OF PRISON STAFF

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

Sources of stress among prison staff



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

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

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

Sources of worry related to COVID-19

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

Indicators of mental health difficulties at work

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

2.2 Identification and referral

Identifying common presentations of mental illness

Burnout	Distress & Anxiety related to COVID-19
PRESENTATIONS	
Substance use disorder	Sleep disturbances

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

How do mental health issues present?

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

Who would identify these mental health issues?

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

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

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

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

When to refer to a psychiatrist?

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

2.3 Management

2.3.1 Strategies for the mental health promotion

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

Workplace arrangements: The following changes can help
<ul style="list-style-type: none"> ✓ Staff rotation from jobs of higher stress to lower stress and vice-versa ✓ Mix and match, ensure that juniors with limited experience work with their senior colleagues ✓ Duty/shift breaks/holidays to be agreed upon within the team and ensured as far as possible ✓ Focus on the long-term, ensure adequate training of staff to prepare them for various roles
Support during the times of distress
<ul style="list-style-type: none"> ✓ In the event of death, allowing team members to have a 'debrief' and encourage them to share their feelings of anger, guilt etc. ✓ Flexible work schedule for staff wherever possible ✓ Creating 'Buddy System'. If anyone has mental health issues, tagging them to a colleague(buddy) will help in handling these issues. Maintenance of confidentiality will be explained to a buddy. ✓ For staff with pre-existing mental health issues, additional support needs to be provided in times of extreme stress.
<i>If any of the staff member has extreme distress, they should be referred for further evaluation by the mental health professional</i>
<i>Give credit to the staff for their work and taking measures to deal with the stigma</i>

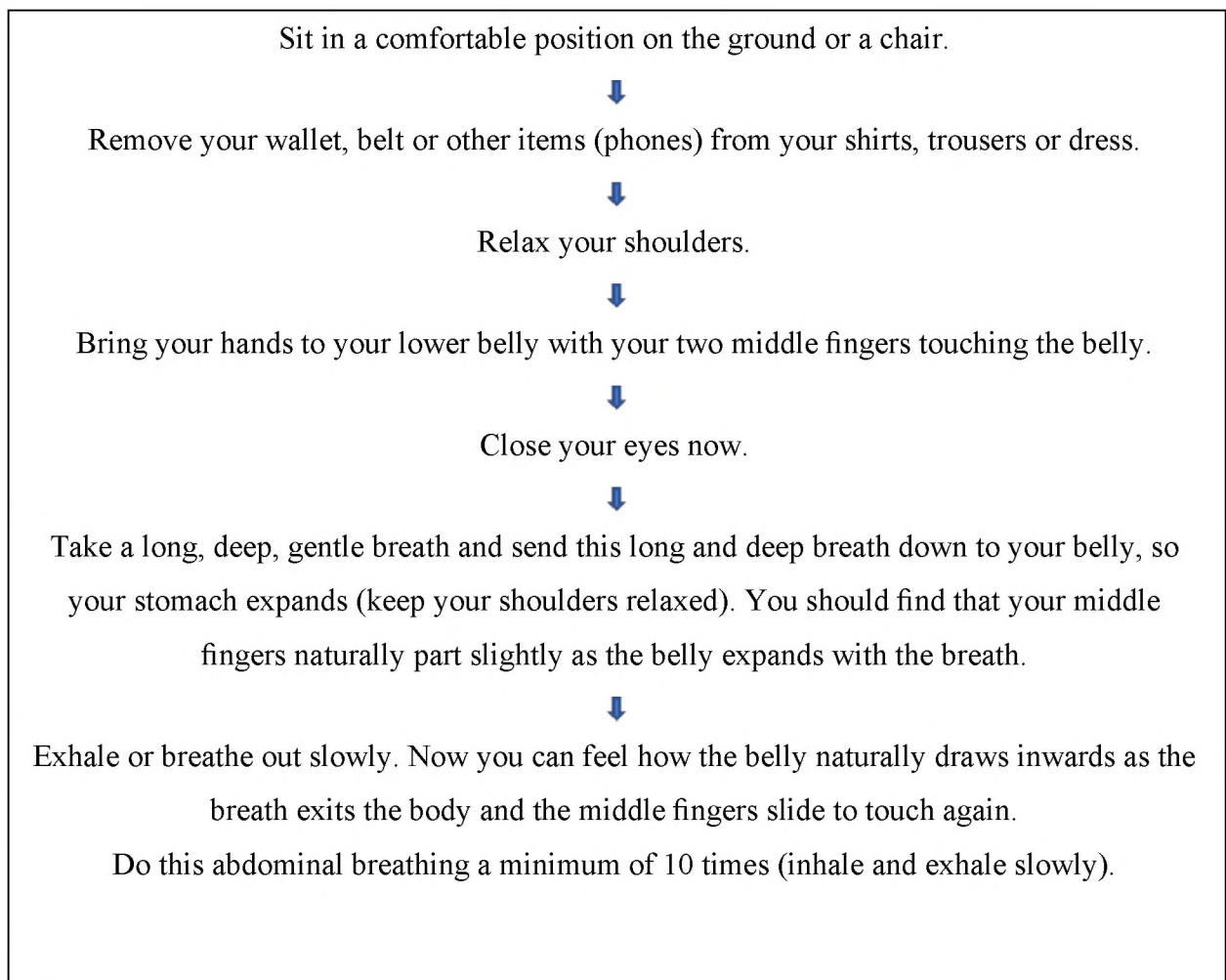
- 1. Self-care:** Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness.

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





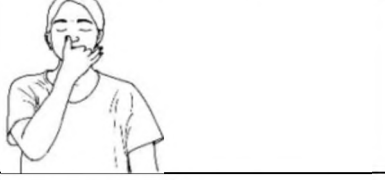

- 2. Buddy system at the workplace:** It is a system where two individuals are paired at the workplace. It is beneficial to mix people with differing competence, experience and levels of training. The following are its uses:

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

3. Relaxation (breathing exercise)



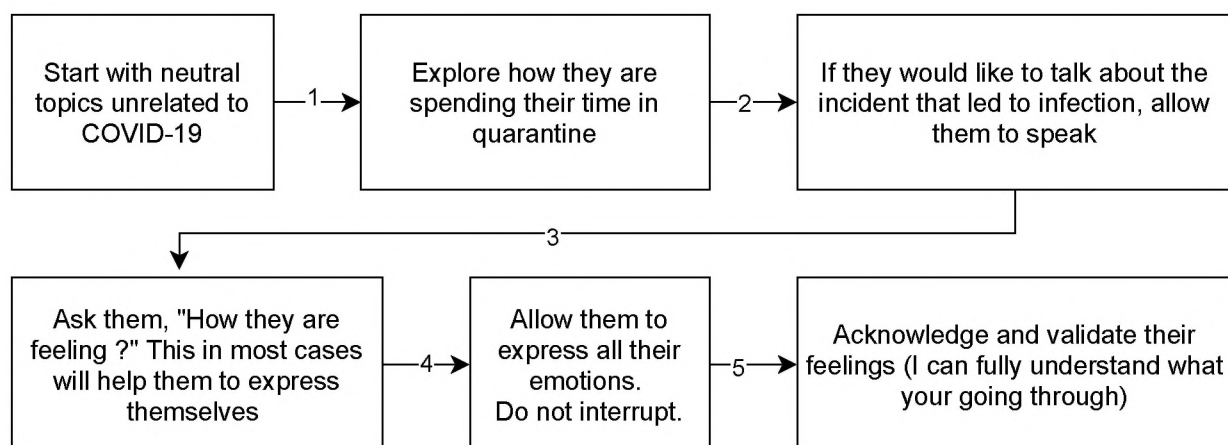
4. Fifteen-minute yoga module at workplace

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

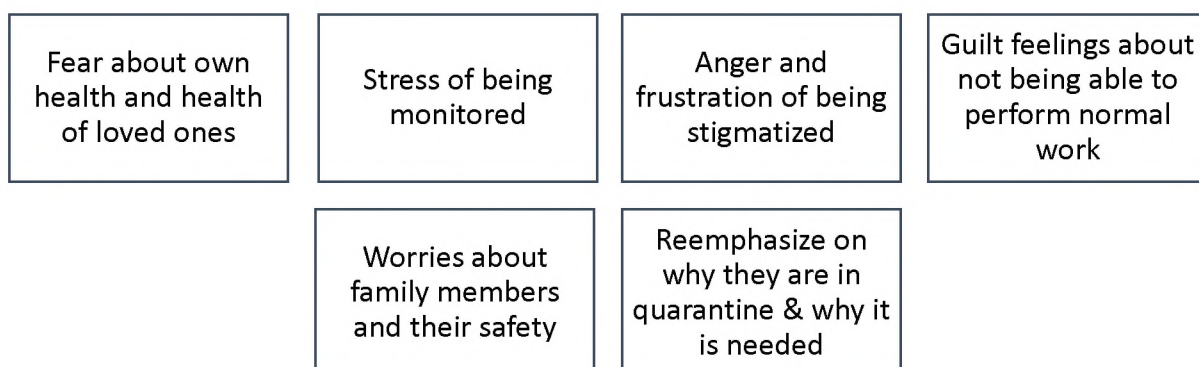
2.3.2 Strategies specific to COVID-19

❖ Supporting your colleagues and prisoners under your charge in isolation/quarantine- telephonic

● The following steps will help in guiding



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



× If they do not want to discuss, do not compel

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

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

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

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

Chapter 3: DEALING WITH STIGMA IN PRISONS AND CORRECTIONAL SETTINGS

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

What is stigma?

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

Why should stigma be a concern during the pandemic?

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

What can be done about stigma in correctional settings?

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

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

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

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

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

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

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

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

Chapter 5: RECOMMENDATIONS

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

REFERENCES

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

APPENDICES

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

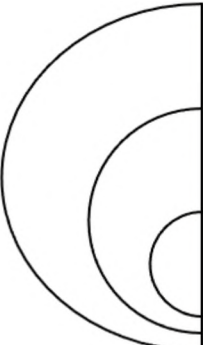
Psychological first aids are the immediate support offered to those in distress and involves both psychological and social support.

Who can provide PFA?

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

What are the basic Principles of PFA?

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



Look	<ul style="list-style-type: none">• look for the individuals coming for help
Listen	<ul style="list-style-type: none">• listen to their concerns
Link	<ul style="list-style-type: none">• facilitate/inform them about the options available• Build support systems

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

What are the components of PFA?

Every individual has a different reaction to a crisis

PFA involves

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

What is not PFA?

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

Techniques for providing psychosocial support

VENTILATION

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

Things to do

Listen carefully and attentively

Acknowledge the distress

Do not interrupt as much as possible

EMPATHY

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

ACTIVE LISTENING

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

SOCIAL SUPPORT

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

THE VALUE OF RELAXATION / RECREATION

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

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

Part I: SCREENER / CASE RECORD FORM

Hospital No:

Date:

Aadhaar No:

Name:

Age: years,

Gender:

Postal address with parent/Guardian name:

Presenting complaints with its duration:

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

Physical examination findings:

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

YES

NO

Please proceed with your diagnosis & your Rx

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

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

Please begin with these general enquiries!

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

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

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

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

⁵ Provide **Psychological First Aid** & refer to a psychiatrist

Behavioural observation/s:

Diagnosis: (Tick appropriately)

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

c. FURTHER RESOURCES

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

CONTRIBUTORS

Dr Bhavika Vajawat

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

Dr Prakyath R Hegde

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

Dr Patley Rahul

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

Dr Prateek Varshney

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

Dr Rakesh Chander K.

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

Dr Sharad Philip

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

Dr Naveen Kumar C.,

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

Dr Santhosh Jayashankar

Psychiatrist, Central Prison hospital, Bengaluru

Ms Mythily Hegde

Clinical Psychologist, Central Prison hospital, Bengaluru

Dr Suresh Bada Math,

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

Dr Pratima Murthy,

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

Acknowledgements:

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