

Addressing the  
**COVID-19**  
Pandemic Among  
Justice Involved  
Persons with  
Mental Illness



BC MENTAL HEALTH  
& SUBSTANCE USE SERVICES

## Context

As the COVID-19 outbreak spreads around the world, countries have been implementing “social/physical distancing” directives and policies. These vary from strong encouragement from governing bodies to stay home, to requirements to self-isolate/quarantine to various degrees, to police-enforced national quarantines. These directives are implemented to flatten the infection curve to maintain healthcare systems’ capacity to respond to hospitalisations. Many countries have also diverted medical and psychosocial human resources away from non-essential services to prevent further spread of the virus and plan for worst-case scenarios. These measures have a direct impact on justice-involved persons with mental illness, either by redirecting resources from mental health and/or through additional measures to ensure physical distancing, such as changes in visitor policies, reduced access to “non-essential services” and care providers. They may also have unintended impacts on the provision of care (e.g., reduced care planning meetings; patient movement/opportunities for therapeutic activities, such as group therapy, outdoor/gym access, and family visits, face-to-face legal consultations being restricted). These measures

We aim to **compile** policies, practices, procedures, testimonials, research and legislation around the globe related to the COVID-19 in order to:

**Document** the global reaction to the pandemic and its particular impact on issues surrounding forensic mental health services

**Support** decision makers, clinicians and share information internationally

are essential to protect these vulnerable individuals as they help fight the current pandemic and are meant to be temporary but vital solutions in this unprecedented crisis.

To do so, we have been soliciting the collaboration of the international community working in the field of mental health and the law. Documentation gathered pertains to forensic services when applicable, but also includes, more general mental health services, compulsory treatment, changes pertaining to court procedures as well as mental health and correctional services. Note that we are aware that this list is in no way exhaustive.

Please contact us by [clicking HERE](#) if you have any information regarding practice, policy, or legislative changes around the world that can be shared publicly.

Please note that this document is not meant to offer specific recommendations or best practices and that its content does not reflect a particular position of the IAFMHS nor any of the other participating agencies. It is a collection of policies and papers which may aid clinicians and decision makers in their reflections surrounding COVID-19.

This is a living document and is subject to change. If you have suggestions for corrections and updates, please contact us. All suggestions and additional supports are welcome.

## Coordination

**Anne Crocker** – President, IAFMHS, Director of research and academics, Institut national de psychiatrie légale Philippe-Pinel & Professor, Department of psychiatry & addictions, Université de Montréal

**Ashley Lemieux** – Planning, programming and research officer, Institut national de psychiatrie légale Philippe-Pinel

**Tonia Nicholls** – Distinguished Scientist, BC Mental Health & Substance Use Services and Professor, Psychiatry, University of British Columbia

**Tamara De Beuf** – Doctoral Student, Forensic Psychology, Maastricht University & OG Heldringstichting (NL) & Senior Communications Officer, IAFMHS

**Jean-Philippe Gagnon** – Observatoire en Justice et santé mentale, Canada

**Evelyne Gratton** – Université du Québec à Montréal, Canada

## Collaboration

**Ben Heylen** – Université de Montréal, Canada

**Arianne Imbeault** – Université de Montréal, Canada

**Yan Lim** – coordinator, IAFMHS

**Quazi Haque** – Executive Medical Director and board member of Elysium Healthcare.

**Jean Damasse** – Unité d'évaluation des technologies et modes d'interventions - Santé Mentale, Institut universitaire en santé mentale de Montréal, Canada

**Julie-Katia Morin-Major** – Unité d'évaluation des technologies et modes d'interventions - Santé Mentale, Institut universitaire en santé mentale de Montréal, Canada

## Contributions

**Andy Haag** – University of Alberta, Canada

**Brad Booth** – ROHCG-IFP, Ontario, Canada

**Giovanni de Girolamo** – IRCCS St John of God Clinical Research Centre, Italy

**Harry Gerard Kennedy** – NFMHS, Central Mental Hospital, Dundrum, Ireland

**Helene Walker** – The State Hospital, Scotland, United Kingdom

**Hongyue Pan** - Institut national de psychiatrie légale Philippe-Pinel, Québec, Canada

**Hygiea Casiano** – Adult Forensic Mental Health Services, Alberta, Canada

**Karima Khaloui** – Institut national de psychiatrie légale Philippe-Pinel, Québec, Canada

**Karin Arbach** – Consejo Nacional de Investigaciones Cientificas y Tecnologicas, Argentina

**Lavinia Pontigia** – University of Bergamo, Italy

**Lorraine Plante** – Institut national de psychiatrie légale Philippe-Pinel, Québec, Canada

**Marylou Bossé** – Institut national de psychiatrie légale Philippe-Pinel, Québec, Canada

**Mathieu Morel - Bouchard** – Ministère de la santé et des services sociaux, Québec, Canada

**Michael Martin** – Correctional Service Canada, Canada

**Sandy Jung** – MacEwan University, Alberta, Canada

**Stephan Bourne** – WayAhead - Mental Health Association of New South Wales, Australia

**James Ogloff** – Forensicare, Australia

**Inga Markiewicz** – Institute of Psychiatry and Neurology, Department of Forensic Psychiatry, Warsaw, Poland


**Janusz Heitzman** – Institute of Psychiatry and Neurology, Department of Forensic Psychiatry, Warsaw, Poland

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# 1. Legislative or justice procedure changes


## 1.1. Legislative changes


	<b>United Kingdom</b> Countrywide
<b>Date of last verification:</b> 14/July/2020  <b>Date of implementation:</b> 25/March/2020  <b>Date of publication:</b> 25/March/2020	<b>The Coronavirus Act</b> On March 25 <sup>th</sup> 2020, the Coronavirus Act was passed in order to grant the government emergency powers to deal with the COVID-19 outbreak. This act, which is time-limited for two years, made changes to health care and social service priorities and powers. Specifically, it allows temporary changes to the mental health act which include: <ol style="list-style-type: none"><li>1) Reduction in the number of doctors (from 2 to 1) required for imposition of detention, assessment and treatment, court-ordered detention of accused for assessment, transfer of prisoners to hospitals;</li><li>2) Changes in length of hospital-remand period (no more 12-week upper limit);</li><li>3) Changes to emergency detention of voluntary patients (from 72 hours to 120 hours and from 6 to 12 hours);</li><li>4) Changes to consent to treatment period; Changes to police holding powers; Changes to mental health tribunal (One 1 single legal member necessary and hearings held by telephone).</li></ol>
<b>Date of last update:</b> 14/July/2020	<b>Mental Health Acts</b> As of July 14 2020, no changes to the Mental Health Acts of England & Wales, and Scotland are currently in force. However, changes have been made to the Mental Health Order of Northern Ireland as a result of the Coronavirus Act.
<b>Sources</b>	<ul style="list-style-type: none"><li>▪ <a href="http://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf">http://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf</a></li><li>▪ <a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/legal-covid-19-guidance-for-clinicians">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/legal-covid-19-guidance-for-clinicians</a></li><li>▪ <a href="https://www.judiciary.uk/announcements/review-of-court-arrangements-due-to-covid-19-message-from-the-lord-chief-justice/?utm_source=TAE+Training+News&amp;utm_campaign=f2194b89e">https://www.judiciary.uk/announcements/review-of-court-arrangements-due-to-covid-19-message-from-the-lord-chief-justice/?utm_source=TAE+Training+News&amp;utm_campaign=f2194b89e</a></li></ul>

	<a href="mailto:0-EMAIL_CAMPAIGN_2017_08_04_COPY_01&amp;utm_medium=email&amp;utm_term=0_1abde6adb1-f2194b89e0-222075830&amp;mc_cid=f2194b89e0&amp;mc_eid=c75f208139&amp;fbclid=IwAR0jMlJxyGo1FpaDiZGVq0JLR2t-sjbszYcLYgApFAuedBBctbpQyRZU">0-EMAIL CAMPAIGN 2017 08 04 COPY 01&amp;utm_medium=email&amp;utm_term=0_1abde6adb1-f2194b89e0-222075830&amp;mc_cid=f2194b89e0&amp;mc_eid=c75f208139&amp;fbclid=IwAR0jMlJxyGo1FpaDiZGVq0JLR2t-sjbszYcLYgApFAuedBBctbpQyRZU</a>
<b>Date added to compendium:</b> 11/August/2020  <b>Date of publication:</b> 19/May/2020	<b>National Health Service (NHS)</b> Legal guidance for anyone (commissioners, police, prisons, social workers, etc.) working in mental health, learning disabilities or autism services during the pandemic. The rights of people receiving these services are to be respected in accordance with the Mental Health Act and the Equality Act 2010. It covers a number of considerations such as use of the Code of Practice during COVID-19, specific considerations for learning disabilities and autism services, application of technology for Mental Health Act assessments, etc.
<b>Source</b>	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf</a>

	<b>United Kingdom</b> Scotland
<b>Date of last verification:</b> 14/July/2020  <b>Date of implementation:</b> 25/March/2020  <b>Last update:</b> 7/May/2020	<b>Mental Health Act</b> The Scottish Government has proposed legislative changes for the treatment and care of restricted patients in light of the Coronavirus Act. These proposed legislative changes, if they were to be adopted and enacted, would bring temporary changes to Scotland's Mental Health Act, such as: <ol style="list-style-type: none"> <li>1) No changes to annual reviews but two-year reviews are suspended;</li> <li>2) Assessment order period increased from 14 days to 12 weeks;</li> <li>3) One medical practitioner report (instead of two) is sufficient for: treatment orders, interim compulsion orders, temporary compulsion orders, compulsion orders, hospital direction;</li> <li>4) Transfer period can be longer than 7 days.</li> </ol>
<b>Sources</b>	<ul style="list-style-type: none"> <li>▪ <a href="https://www.forensicnetwork.scot.nhs.uk/wp-content/uploads/Restricted-Patients-and-Covid-19-guidance-legislative-25-March-2020.pdf?x82981">https://www.forensicnetwork.scot.nhs.uk/wp-content/uploads/Restricted-Patients-and-Covid-19-guidance-legislative-25-March-2020.pdf?x82981</a></li> <li>▪ <a href="https://www.mwscot.org.uk/sites/default/files/2020-07/Covid-19%20advice%20note%20v11%202%20July%202020_0.pdf">https://www.mwscot.org.uk/sites/default/files/2020-07/Covid-19%20advice%20note%20v11%202%20July%202020_0.pdf</a></li> </ul>


	<p><b>United Kingdom</b> Northern Ireland</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of implementation:</b> 30/March/2020</p>	<p><b>Mental Health Order</b> There have been temporary modifications to the Mental Health Order (Northern Ireland) on March 30th 2020. Specifically:</p> <ol style="list-style-type: none"> <li>1) The period of continued administration of medication to a detained patient has been increased from 3 to 6 months before the approval a second doctor is required;</li> <li>2) Changes in criteria for appointment of a second doctor.</li> </ol>
<p><b>Source</b></p>	<p><a href="https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-northern-ireland/covid-19-for-psychiatrists-in-northern-ireland">https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-northern-ireland/covid-19-for-psychiatrists-in-northern-ireland</a></p>

	<p><b>United Kingdom</b> Wales</p>
<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 30/March/2020</p>	<p><b>Royal College of Psychiatrists</b> Legal guidance on the operation of Mental Health Tribunals in Wales, emergency legislation and the Mental Health Act (not yet in force, as of August 7th 2020), changes to Second Opinion Appointed Doctor procedures, delivering Mental Health (Wales) Measure, and discharge powers during COVID-19 under the Mental Health Act 1983.</p>
<p><b>Source</b></p>	<p><a href="https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-wales/guidance-for-clinicians/legal-covid-19-guidance-for-clinicians-in-wales">https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-wales/guidance-for-clinicians/legal-covid-19-guidance-for-clinicians-in-wales</a></p>




	<p><b>Republic of Ireland</b> Countrywide</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of implementation:</b> 30/March/2020</p>	<p><b>Mental Health Commission</b> The republic of Ireland put into effect an emergency legislation on March 30<sup>th</sup> (that will last for the duration of the emergency and no longer than November 9<sup>th</sup>, 2020) to provide a simplified format for mental health tribunals:</p> <ol style="list-style-type: none"> <li>1) Possibility of a 1-person tribunal (appointed lawyer) as opposed to the usual 3-person tribunal;</li> <li>2) Consultant psychiatrist can examine the patient remotely;</li> </ol>



	<ul style="list-style-type: none"> <li>3) Psychiatrist can hand in report instead of presence at the tribunal;</li> <li>4) Cases of patient's whose order is revoked will not be given priority;</li> <li>5) Tribunal hearings carry remotely;</li> <li>6) There have been no changes to the process leading to involuntary admission or to the duration of detention orders.</li> </ul>
<b>Source</b>	<a href="https://www.mhcirl.ie/About_Us/Covid-19/Covid-19.html">https://www.mhcirl.ie/About_Us/Covid-19/Covid-19.html</a>
<b>Date added to compendium:</b> 02/June/2020	<b>Brendan, K., D. (2020). Emergency mental health legislation in response to the COVID-19 (coronavirus) pandemic in Ireland: Urgency, necessity and proportionality. <i>International Journal of Law and Psychiatry</i>. 70.</b> <a href="https://doi.org/10.1016/j.ijlp.2020.101564">https://doi.org/10.1016/j.ijlp.2020.101564</a>
<b>Date of publication:</b> 22/April/2020	"This paper (1) provides an outline of relevant sections of Ireland's Mental Health Act, 2001; (2) sets out the mental health measures introduced in the emergency legislation of March 2020 as part of the Emergency Measures in the Public Interest (Covid-19) Act, 2020; (3) discusses the new provisions and key issues that arise from them; and (4) presents some conclusions and suggestions for future work."
<b>Source</b>	<a href="https://www.sciencedirect.com/science/article/pii/S016025272030023">https://www.sciencedirect.com/science/article/pii/S016025272030023</a>

	<b>Belgium</b> Countrywide
<b>Date added to compendium:</b> 11/August/2020	<b>Federale OverheidsDienst Justitie</b> An overview of measures taken by the Federal Ministry of Justice of Belgium. Links to official communication about changes in procedures are provided for the Belgian prisons, court of cassation, Constitutional court, and other courts and tribunals, as well as public prosecution service, and other players in the Belgian judicial system.
<b>Source</b>	<a href="https://justitie.belgium.be/nl/corona">https://justitie.belgium.be/nl/corona</a> [Dutch]

## 1.2 Procedural changes to court process

	<p><b>CANADA</b></p>
	<p><b>Canada</b> Manitoba</p>
<p><b>Date added to compendium:</b> 16/April/2020</p> <p><b>Date of communication:</b> 16/April/2020</p>	<p><b>Review Board</b> is holding all of the hearings by teleconference. MAIN CHALLENGE = Very few beds in forensic services for people newly found Not criminally responsible on account of mental disorder or Unfit to stand trial.</p>
<p><b>Source</b></p>	<p>Information exchange through personal email correspondence</p>
	<p><b>Canada</b> British Columbia</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 13/March/2020</p> <p><b>Date of implementation:</b> 16/March/2020</p>	<p>With regards to changes to <b>court proceedings</b> in British Columbia:</p> <ol style="list-style-type: none"> <li>1) Regular court operations have been suspended;</li> <li>2) Restriction of urgent hearings to specific court houses (bail hearings urgent criminal trials);</li> <li>3) In custody non-urgent criminal trials are adjourned;</li> <li>4) Parties must appear by video conference or telephone for in custody sentencing and bail hearings;</li> </ol> <p>BC's <b>Mental Health Review Board</b> has unscheduled all hearings for April and May. They are now holding weekly meetings via Zoom to see which matters can proceed via consent. Those hearings that must go ahead, proceed via video.</p>
<p><b>Source</b></p>	<p><a href="https://www.bcmhrb.ca/2020/03/13/covid-19-business-continuity-plan/">https://www.bcmhrb.ca/2020/03/13/covid-19-business-continuity-plan/</a></p>


<p><b>Date added to compendium:</b> 14/July/2020</p> <p><b>Date of publication:</b> 20/May/2020</p>	<p>The <b>Mental Health Review Board</b> of British Columbia announced its transition to the second phase of their business continuity plan. The transition follows the Province’s Restarting BC Plan. Services to the public are still only available through online and telephone services.</p>
<p><b>Source</b></p>	<p><a href="https://www.bcmhrb.ca/2020/05/20/covid-19-business-continuity-plan-phase-2/">https://www.bcmhrb.ca/2020/05/20/covid-19-business-continuity-plan-phase-2/</a></p>


	<p><b>Canada</b> Ontario</p>
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<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of last update:</b> 25/May/2020</p> <p><b>Date of implementation:</b> 07/April/2020</p>	<p>All <b>Review Board</b> hearings are proceeding as scheduled but through video conferencing. For people unable to attend their virtual hearing through video conferencing (<i>Zoom</i>), three options are available to them:</p> <ol style="list-style-type: none"> <li>1) Request to be absent for all or part of the hearing (with counsel in attendance);</li> <li>2) Phone-in to the hearing;</li> <li>3) Or seek an adjournment to a later date when on-site hearings will likely have resumed.</li> </ol>
<p><b>Source</b></p>	<p><a href="http://www.orb.on.ca/scripts/en/">http://www.orb.on.ca/scripts/en/</a></p>


<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> Continuous</p>	<p>The <b>Ontario Court of Justice</b> has issued notices and directives regarding criminal matters, family matters, and provincial offences act matters, as well as general notices. All pertinent documents are accessible through this page. Proceedings are to be held by audioconference or videoconference unless otherwise directed.</p>
<p><b>Date of last update:</b> 06/July/2020</p>	<p>“In-person criminal trials and preliminary inquiries and in-person family trials, summary judgment motions, and other in-person family matters will be resuming at Guelph on July 7, 2020. The resumption of in -person hearings at the College Park (Toronto) courthouse has been delayed; in-person criminal</p>


	trials and preliminary inquiries will not resume at College Park on July 6, 2020.”
<b>Source</b>	<a href="https://www.ontariocourts.ca/oci/covid-19/">https://www.ontariocourts.ca/oci/covid-19/</a>
<b>Date added to compendium:</b> 18/August/2020	<b>Government of Ontario</b> <b>*Deconfinement measures</b>
<b>Date of last update:</b> 20/July/2020	As courtrooms reopened on July 6 2020, infection control measures were put in place according to provincial recommendations. All preventive measures are detailed, including procedures to enter the court, going to the counter, being in a courtroom, using elevators, escalators and washrooms, and media and public access. Additional resources are also listed.
<b>Source</b>	<a href="https://www.ontario.ca/page/covid-19-reopening-courtrooms">https://www.ontario.ca/page/covid-19-reopening-courtrooms</a>


	<b>Canada</b> Saskatchewan
<b>Date added to compendium:</b> 16/April/2020	<b>Review Board</b> are proceeding through CCTV in the hospital’s video court or via teleconference.
<b>Date of communication:</b> 15/April/2020	
<b>Source</b>	Information exchange through personal correspondence



	<b>Canada</b> Alberta
<b>Date added to compendium:</b> 16/April/2020	As of April 9 <sup>th</sup> , Alberta is still conducting <b>Review Board</b> hearings via electronic means. Started last month with a handful of cases, but next week will be a completely full schedule of cases. COURTS moved to a WebEx format for our patients as opposed to the Telehealth system that we used to have.
<b>Date of communication:</b> 09/April/2020	
<b>Source</b>	Information exchange through personal correspondence


	<p><b>Canada</b> Québec</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 15/April/2020</p>	<p><b>Review Board</b> hearings continue as scheduled through videoconferencing. However, there have been a few cancellations and fewer hearings per day as videoconferencing takes a little longer. Hearings where an absolute discharge is recommended by the clinical team or where a hearing is necessary for a discharge from the hospital are prioritized.</p> <p>For <b>Mental Health Courts</b>, hearings are suspended but case managers continue their follow-ups.</p>
<p><b>Date of last update:</b> 10/July/2020</p>	<p><b>Review Board</b> hearings and other in-person activities are gradually resuming starting June 1st, 2020. However, videoconferencing is still privileged. The RB's offices are only accessible to those called for specific hearings. The team is still available through phone and email (<a href="mailto:tribunal.administratif@taq.gouv.qc.ca">tribunal.administratif@taq.gouv.qc.ca</a>).</p>
<p><b>Source</b></p>	<p><a href="https://www.taq.gouv.qc.ca/en/mental-health">https://www.taq.gouv.qc.ca/en/mental-health</a></p>

	<p><b>Canada</b> Nova Scotia</p>
<p><b>Date added to compendium:</b> 16/April/2020</p> <p><b>Date of communication:</b> 15/April/2020</p>	<p>Number of <b>hearings</b> expected to increase as the number of restrictions increases.</p>
<p><b>Source</b></p>	<p>Information exchange through personal correspondence</p>

	<p><b>Australia</b> New South Wales</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 26/May/2020</p>	<p>Current restrictions and new measures for <b>courts, tribunals, and jury trials</b>. \$9 million is being invested in regional courthouses and corrections facilities.</p>
<p><b>Date of last update:</b> 16/June/2020</p>	<p>All new measures taken by different <b>tribunals</b> in dealing with the COVID-19 crisis were added and listed to the website.</p>
<p><b>Source</b></p>	<p><a href="https://coronavirus.dcj.nsw.gov.au/services/courts-tribunals-and-legal-services">https://coronavirus.dcj.nsw.gov.au/services/courts-tribunals-and-legal-services</a></p>


	<p><b>Romania</b> Countrywide</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 16/April/2020</p>	<p><b>Court, prisons and criminal proceedings</b> Extension of state of emergency from April 15, 2020 to May 14, 2020 with the following measures: (1) Criminal court activity: only very urgent cases will be tried; (2) Video court hearings must be prioritized wherever possible; (3) Criminal proceeding deadlines are suspended; (4) Investigations (extended and amended measure) will be conducted only in very urgent cases where the evidence gathering is pressing, where the apprehension and prosecution of the accused might be endangered, for crimes against life and pandemic/state of emergency related offences; (5) Prisons conditions (extended and amended measure): continued restrictions on rights to visits; but extension of duration for telephone calls; (6) Moreover, the Presidential Decree suspends transfers of inmates between prisons.</p>
<p><b>Source</b></p>	<p><a href="https://www.fairtrials.org/news/short-update-romania-extends-state-emergency-april-15-2020-may-14-2020">https://www.fairtrials.org/news/short-update-romania-extends-state-emergency-april-15-2020-may-14-2020</a></p>

	<p><b>UNITED STATES</b></p>
	<p><b>United States</b> Louisiana</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 17/April/2020</p>	<p><b>Courts</b></p> <p>As states and cities face budget shortfalls amid the COVID-19 crisis, many courts seek payments largely owed by the poor. Across the country, trials and hearings have been delayed or cancelled to help stop the spread of COVID-19. But that has not stopped many courts from continuing to collect fines and fees, even as millions of Americans find themselves out of a job and less able to pay up.</p>
<p><b>Source</b></p>	<p><a href="https://www.themarshallproject.org/2020/04/17/court-is-closed-due-to-coronavirus-but-you-still-owe-those-fines-and-fees?utm_medium=social&amp;utm_campaign=share-tools&amp;utm_source=twitter&amp;utm_content=post-top">https://www.themarshallproject.org/2020/04/17/court-is-closed-due-to-coronavirus-but-you-still-owe-those-fines-and-fees?utm_medium=social&amp;utm_campaign=share-tools&amp;utm_source=twitter&amp;utm_content=post-top</a></p>

	<p><b>United Kingdom</b> Countrywide</p>
<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 19/March/2020</p>	<p>The Senior President of the <b>Mental Health Tribunal</b> has issued an emergency practice direction to cover the next six months (during which time the changes will be reviewed and revoked should they become inappropriate or unnecessary). This practice direction covers the disposal of proceedings without a hearing, pre-hearing assessments, and the involvement of non-legal members who are not on a panel.</p>
<p><b>Source</b></p>	<p><a href="https://www.judiciary.uk/wp-content/uploads/2020/03/Mental-Health-Pilot-Practice-Direction-for-publication.pdf">https://www.judiciary.uk/wp-content/uploads/2020/03/Mental-Health-Pilot-Practice-Direction-for-publication.pdf</a></p>

## 2. Changes in institutional practices

### 2.1. Forensic settings

	<b>United Kingdom</b> Countrywide
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 26/March/2020</p>	<p><b>National association of psychiatric intensive care &amp; low secure units (NAPICU)</b> have recommended:</p> <ol style="list-style-type: none"><li>1. Setting up local ethics committees to consider restrictive interventions employed for managing risk of COVID-19 infection (for example, restriction of leave);</li><li>2. Prioritizing interventions for acutely disturbed patients who are at risk for COVID-19 infections into primary, secondary and tertiary interventions;</li><li>3. Primary care: Patients should be screened prior to admission (symptoms and exposure to COVID-19) and engaged in discussion about possible risk (suggestion, information leaflets); isolation procedures should be achieved as much as possible through collaboration; additional hygiene measures include use of personal utensils.</li><li>4. Implementation of additional hygiene measures for escorted and unescorted leave. Coffee shop and canteen facilities should be avoided;</li><li>5. Decreased access to facilities should be compensated by increased ward-based activities;</li><li>6. Secondary interventions: Identification of at-risk patients on wards (daily monitoring of temperature observation for symptoms);</li><li>7. For patients subject to isolation due to high risk of COVID-19 infection: make a list of items available to improve cooperation and isolation. These items should be only for isolated patient's use and not reintroduced to the ward;</li><li>8. Least restrictive options should be employed;</li><li>9. Restrictive measures should be planned. These measures should be evidence based, lawful in the patient's interest, proportionate and dignified;</li><li>10. Mental Capacity Act is used, in the case of COVID-19, if the patient does not understand necessary care (such as use of oxygen therapy) not for the protection of others. The Coronavirus Act should be used for those who do not understand the necessity of quarantine to protect others;</li><li>11. Tertiary intervention: For reckless and persistent dangerous behavior of positive COVID-19 cases with acute behavioral and mental disturbances,</li></ol>



	<p>here may be a need for extended segregation (should be avoided when possible);</p> <p>12. Creation of specific care plans (food, fluid, activities of daily living) focussed on diminished opportunities for infection;</p> <p>13. For acutely disturbed patients, when there are no signs of respiratory compromise, medication can be used but with caution and with monitoring (benzodiazepines can cause respiratory depression and as such lorazepam should be preferred; see guidelines for more detail on medications);</p> <p>14. Physical intervention teams: Identify the team who is most familiar with personal protective equipment (PPE – eye guard, facemask, aprons, scrubs, gloves, disposable overalls). Use the minimal number of people required for physical interventions.</p>
<p><b>Date of last update:</b> 11/May/2020</p>	<p>Section 2.5 was updated. Screening for all new patients is now mandatory.</p>
<p><b>Source</b></p>	<p><a href="https://napicu.org.uk/wp-content/uploads/2020/06/NAPICU-Guidance_rev4_11_May.pdf">https://napicu.org.uk/wp-content/uploads/2020/06/NAPICU-Guidance_rev4_11_May.pdf</a></p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> Ongoing</p>	<p>Additional guidelines have been recommended by the <b>Royal College of Psychiatrists</b> regarding the use of personal protective equipment, specifically for workers of secondary care clinical settings including mental health liaison services, secure inpatient wards and prison healthcare.</p>
<p><b>Source</b></p>	<p><a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe</a></p>
<p><b>Date added to compendium:</b> 11/August/2020</p>	<p>From the website: "<b>RCPsych, RCN, NHS England and Unite's Mental Health Nurses Association</b> work to develop this guidance for healthcare professionals working in low, medium and high secure hospital services, as well as those providing mental health in-reach services for prisoners and services to the courts or other agencies within the Criminal Justice System." Recommendations pertaining to patient isolation, screening, protection, management of behavioural crises, management responsibilities, legal responsibilities, services in prisons, and court Liaison and Diversion services.</p>
<p><b>Source</b></p>	<p><a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/personal-protective-equipment-ppe</a></p>

[covid-19-guidance-for-clinicians/community-and-inpatient-services/secure-hospital-and-criminal-justice-settings](https://www.nhs.uk/covid-19-guidance-for-clinicians/community-and-inpatient-services/secure-hospital-and-criminal-justice-settings)



## United Kingdom

Scotland

**Date of last verification:**  
14/July/2020

**Date of publication:**  
25/March/2020

**Date of implementation:**  
25/March/2020

### Scottish Government

Scotland has also recommended changes in practice:

- 1) Possible suspension of clinical teams' meetings to review patients (care programme approach) if no change in patient needs or risk level;
- 2) For conditional discharge, monitoring should continue but no obligation to produce written report;
- 3) Possibility of revoking suspension of detention (detention with conditions) if patients do not comply with safety measures.

**Source**

<https://www.forensicnetwork.scot.nhs.uk/wp-content/uploads/Restricted-Patients-and-Covid-19-guidance-legislative-25-March-2020.pdf?x82981>

**Date added to compendium:**  
16/april/2020


**Date of communication:**  
9/April/2020


### The State Hospital


Scotland's only high secure hospital has developed a procedure to support and enable the delivery of care in the context of the pandemic which took effect on march 30<sup>th</sup>. Specifically, it addresses:

- Guidelines for dealing with reduced nursing staff (non-ward nursing or non-nursing staff will be directed to work on wards);
- Guidelines for enabling activity in response to increased time in bedrooms (2 30-minute slots a day and wiping down ward equipment between uses);
- Suspension of daily interdisciplinary meeting, which is replaced by an electronic system for staff;
- Medication administered from treatment room one at a time;
- Limited number of patients on grounds (limited to 30 minutes each);
- Strong encouragement of social distancing and "wander paths" closed for escorted and unescorted walks to ensure social distancing; reduced number of patients on patio, etc.;
- Escorting ratio 1-to-1 (normally) with a maximum of five people for those who require high level of support;
- All outings suspended with the exception of urgent clinical outings;


	<ul style="list-style-type: none"> <li>- Telephone access during “activity slots”; for positive or symptomatic COVID-19 patients, a specific procedure is developed to permit the use of a mobile phone in the bedroom area;</li> <li>- Visits with family suspended; legal visits by telephone;</li> <li>- All meals served in bedrooms with individual portions and takeaway containers;</li> <li>- Rooms are cleaned during “activity slots”;</li> <li>- No changes in rubdown searches (PPE for symptomatic or positive individuals);</li> <li>- Weekly meetings between medical and nursing directors with clinical leads of each hub, and senior representatives of staff to monitor levels of aggression and self-harm and oversee the impact of new model of care on patients.</li> </ul>
<b>Source</b>	Personal communication (April 9 <sup>th</sup> 2020) : Helen Walker - <a href="mailto:helen.walker6@nhs.net">helen.walker6@nhs.net</a>


	<b>Canada</b> Countrywide
<b>Date added to compendium:</b> 16/April/2020	In Canada, changes focus on respecting public health alignments of reduced physical contact and increased hygiene measures. No legal changes have been made targeting forensic psychiatric patients.
<b>Source</b>	Personal communication

	<p><b>Canada</b> Manitoba</p>
<p><b>Date added to compendium:</b> 16/April/2020</p> <p><b>Date of communication:</b> 16/April/2020</p>	<p>Some <b>forensic mental health programs</b> in Manitoba have moved to virtual assessments for those in custody, and the provincial court in Manitoba has suspended out-of-custody cases.</p> <p>While virtual assessments using Telehealth conferencing for Fitness to Stand Trial assessments were already common, there is now a shift towards Criminal Responsibility assessments also being done via teleconference, though some cases will require in-patient evaluation. The goal of this measure is to cut down on the number of days required in hospital by doing a lot of work beforehand through virtual means.</p> <p>For those under the <b>Criminal Code Review Board</b>, they are still being brought into the hospital and full protective equipment is being utilized when patient contact occurs. Those who are living in the community are being followed mainly through virtual channels, though those that need intramuscular medication are still coming in. Any patient contact occurs with full protective gear being worn by staff.</p>
<p><b>Source</b></p>	<p>Information exchange through personal correspondence</p>

	<p><b>Canada</b> Ontario</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of update :</b> 13/May/2020</p>	<p><b>Center for Addiction and Mental Health</b></p> <p>In Ontario, there have been restrictions placed on visitors and changes in hygiene measures.</p>
<p><b>Date of last update :</b> 08/July/2020</p>	<p>Updated guidelines for health professionals and institutions, and status of surveillance and infection control.</p>
<p><b>Source</b></p>	<p><a href="https://www.camh.ca/en/camh-news-and-stories/novel-coronavirus-update">https://www.camh.ca/en/camh-news-and-stories/novel-coronavirus-update</a></p>

<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication :</b> 20/March/2020</p>	<p>In the forensic program at <b>The Royal</b>: mandatory screening of staff, no visitors, suspension of outpatient contacts to phone only, reduction of inpatient activities, no off-ground privileges, moving all meetings to teleconference or videoconference, moving some staff to work-from-home using VPN, preparations for redeployment and COVID units if/when the infection gets in.</p>
<p><b>Source</b></p>	<p><a href="https://www.theroyal.ca/news/royals-response-covid-19">https://www.theroyal.ca/news/royals-response-covid-19</a></p>

	<p><b>Canada</b> British Columbia</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 20/March/2020</p>	<p>At the <b>Forensic psychiatry services of British Columbia Mental health</b>, there have been additional hygiene and cleaning measures, as well as restricted visitor policy and limitations in gathering size.</p>
<p><b>Source</b></p>	<p><a href="http://www.bcmhsus.ca/about/news-stories/stories/patient-and-family-member-information-about-covid-19">http://www.bcmhsus.ca/about/news-stories/stories/patient-and-family-member-information-about-covid-19</a></p>

	<p><b>Canada</b> Québec</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of implementation:</b> 12/March/2020</p>	<p><b>Institut national de psychiatrie Philippe-Pinel [french]</b></p> <ul style="list-style-type: none"> <li>- The only medium-high security forensic hospital in the province of Québec has suspended visits and increased hygiene measures.</li> <li>- Daily COVID-19 Crisis management team meetings, decide on policies, procedures and practices.</li> <li>- Set up a multi-disciplinary committee which makes recommendations to managers on how to facilitate treatment and mental health recovery of patients while respecting social distancing measures.</li> <li>- Additional <i>e-tablets</i> were purchased to facilitate communication with family.</li> <li>- Staff are screened at the entrance for symptoms and have a separate door for exit to reduce circulation.</li> <li>- Set up a dedicated ward for symptomatic individuals as well as new</li> </ul>

	<p>admission to decrease the risk of contagion.</p> <ul style="list-style-type: none"> <li>- Created infographics COVID-19 contagion, social distancing, and stress management for patients, staff, and families, as well as the general public.</li> <li>- Managers send daily updates of the situation in the institution.</li> </ul>
<b>Sources</b>	<ul style="list-style-type: none"> <li>▪ <a href="https://pinel.qc.ca/news/avis-aux-familles-et-visiteurs/">https://pinel.qc.ca/news/avis-aux-familles-et-visiteurs/</a></li> <li>▪ <a href="https://pinel.qc.ca/news/informations-utiles-coronavirus/">https://pinel.qc.ca/news/informations-utiles-coronavirus/</a></li> <li>▪ <a href="https://pinel.qc.ca/covid-19/">https://pinel.qc.ca/covid-19/</a></li> </ul>
<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 25/May/2020</p>	<p><b>Gouvernement du Québec</b> <b>*Deconfinement measures</b></p> <p>[French] A practical guide for planning essential mental health and forensic psychiatry services across the province, during the COVID-19 pandemic. Actions to take during and after the pandemic are listed in tables across four different mental health and forensic psychiatry settings (access services, outpatient services, inpatient services, and ACT/ICM services). Includes management of both essential and non-essential services; identifies populations that must be prioritized; identifies essential services as well as services which can be divested; prioritizes certain clinical conditions; outlines communication procedures; lists specific strategies, along with their potential risks and impacts. These strategies are listed across 4 levels of alert according to the evolution of the pandemic, as well as for an eventual "recovery" phase.</p>
<b>Source</b>	<a href="https://publications.msss.gouv.qc.ca/msss/fichiers/2020/20-210-79W.pdf">https://publications.msss.gouv.qc.ca/msss/fichiers/2020/20-210-79W.pdf</a>

	<p><b>The Netherlands</b> Countrywide</p>
<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 06/April/2020</p>	<p><b>Ministry of Justice and Safety</b> Q&amp;As related to measures and procedures for patients residing within forensic psychiatric care and admitting new patients to forensic psychiatric care. [in Dutch]</p>
<b>Sources</b>	<ul style="list-style-type: none"> <li>▪ <a href="https://forensischezorg.nl/kennis-delen/nieuws/qa-corona-maatregelen">https://forensischezorg.nl/kennis-delen/nieuws/qa-corona-maatregelen</a></li> <li>▪ <a href="https://forensischezorg.nl/kennis-delen/nieuws/qa-nav-de-corona-maatregelen">https://forensischezorg.nl/kennis-delen/nieuws/qa-nav-de-corona-maatregelen</a></li> </ul>



## Australia

Victorian Institute of Forensic Mental Health

**Date added to compendium:**  
11/August/2020



**Date of last update**  
24/May/2020

Measures put in place for families and carers visiting the Thomas Embling Hospital (visitor limits, physical distancing, pre-screening, visiting hours, booking visits, and signing in and out of units).


**Source**



- <https://www.forensicare.vic.gov.au/covid-19-important-changes-for-visitors-to-forensicare/>
- Personal communication

## 2.2. Psychiatric settings


	<b>World Health Organization</b>
<p><b>Date added to compendium:</b> 22/June/2020</p> <p><b>Date of publication:</b> 18/March/2020</p>	<p><b>WHO guidelines</b> for the management of urgent mental health and neurological complaints (e.g. delirium, psychosis, severe anxiety or depression) within emergency or general healthcare facilities. Trained and qualified staff may need to be deployed to these locations when time permits it, and the capacity of general healthcare staff to provide mental health and psychosocial support should be increased (see the mhGAP Humanitarian Intervention Guide). Ensure availability of essential, generic psychotropic medications at all levels of health care. People living with long-term mental health conditions or epileptic seizures will need uninterrupted access to their medication, and sudden discontinuation should be avoided.</p>
<p><b>Source</b></p>	<p><a href="https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf">https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf</a></p>
	<b>United States</b> States
<p><b>Date of last verification:</b> 14/July/2020</p>	<p><b>Michigan Hospital</b> We have identified institutional changes in practice. Michigan Hospital has notably added isolation units, set additional cleaning measures and suspended visits.</p>
<p><b>Source</b></p>	<p><a href="https://www.michigan.gov/coronavirus/0,9753,7-406-98158-522882--,00.html">https://www.michigan.gov/coronavirus/0,9753,7-406-98158-522882--,00.html</a></p>
<p><b>Date of last verification:</b> 14/July/2020</p>	<p><b>University Hospitals</b> In Ohio, visitors at University Hospitals must go through COVID-19 screening.</p>
<p><b>Source</b></p>	<p><a href="https://www.uhhospitals.org/services/psychiatry/conditions-treatments/forensic-psychiatry">https://www.uhhospitals.org/services/psychiatry/conditions-treatments/forensic-psychiatry</a></p>



	<p><b>United States</b> National associations</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date last updated:</b> 27/May/2020</p>	<p><b>American Psychiatric Association</b> This document's aim is to help psychiatrists deliver their services properly in the context of the pandemic. It covers practice guidance for telehealth, substance use disorders, inpatient psychiatric settings, commercial payers and a state-by-state guide. It gathers a number of links and documents related to the changes and measures taken related to psychiatrists' practice. It offers a great summary of everything psychiatrists should know and is updated regularly.</p>
<p><b>Source</b></p>	<p><a href="https://www.psychiatry.org/psychiatrists/covid-19-coronavirus/practice-guidance-for-covid-19">https://www.psychiatry.org/psychiatrists/covid-19-coronavirus/practice-guidance-for-covid-19</a></p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 16/April/2020</p>	<p><b>National Association of State Mental Health Program Directors</b> Series of peer-led recommendations for individuals receiving care in state psychiatric facilities during the COVID-19 pandemic. Recommendations are divided in 6 categories: (1) safety, (2) empowerment, voice &amp; choice, (3) trustworthiness &amp; transparency, (4) collaboration &amp; mutuality, (5) peer support, and (6) cultural, historical &amp; gender issues. The proposed recommendations seek to decrease fear and anxiety patients may have because of the uncertainty of the situation.</p>
<p><b>Source</b></p>	<p><a href="https://www.nasmhpd.org/content/peer-led-recommendations-supporting-individuals-receiving-care-state-psychiatric-facilities">https://www.nasmhpd.org/content/peer-led-recommendations-supporting-individuals-receiving-care-state-psychiatric-facilities</a></p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 28/April/2020</p>	<p><b>National Council for Behavioral Health</b> General guidance for behavioral health residential facilities (BHRF) across the USA, specifically intended for leaders and administrators. It is recommended that such facilities refer to the Centers for Disease Control and Prevention and other federal guidance as a general rule of thumb. BHRFs are also encouraged to contact and engage with local and state health departments, as well as emergency operations centers or any similar facilities. Guidance specific to BHRFs is divided in nine categories: (1) communication &amp; engagement, (2) program modifications, (3) personal protective equipment &amp; cleaning, (4) facility access, (5) screening, (6) how to respond if the patient develops COVID-19 symptoms, (7) accepting new patients, (8) patients returning from the hospital, and (9) other resources available for infection control and prevention.</p>
<p><b>Source</b></p>	<p><a href="https://www.thenationalcouncil.org/covid-19-guidance-for-behavioral-health-residential-facilities/">https://www.thenationalcouncil.org/covid-19-guidance-for-behavioral-health-residential-facilities/</a></p>


	<p><b>United States</b> Federal governing bodies</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Last update:</b> 08/May/2020</p>	<p>The <b>Substance Abuse and Mental Health Services Administration (SAMHSA)</b> has outlined considerations which should be taken into account in state psychiatric hospitals.</p>
<p><b>Source</b></p>	<p><a href="https://www.samhsa.gov/sites/default/files/covid19-interim-considerations-for-state-psychiatric-hospitals.pdf">https://www.samhsa.gov/sites/default/files/covid19-interim-considerations-for-state-psychiatric-hospitals.pdf</a></p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication :</b> 29/February/2020</p>	<p><b>Center for Disease Control</b></p> <p>Because service organization and legislation vary from one state to another, there have been few changes with regards to forensic psychiatry and involuntary confinement which have impacted the country as a whole.</p> <p>The Center for Disease Control (CDC) put out guidelines for health-care facilities – these are not legally binding nor are they specific to forensic or psychiatry institutions but should influence the daily lives of individuals in them.</p> <p>Specifically:</p> <ol style="list-style-type: none"> <li>1) Limit visitors;</li> <li>2) Ensure supplies such as hand sanitizers are available;</li> <li>3) Limit the movement of COVID-19 patients by isolating them in their room and identify dedicated COVID-19 staff to care for them;</li> </ol>
<p><b>Date of last update :</b> 28/June/2020</p>	<p>“Updated guidance to reflect the current understanding and ongoing response needs of healthcare systems and facilities. Previous guidance was preventative and meant to help healthcare facilities prepare for community transmission, while current guidance is for managing operations during the pandemic.”</p>
<p><b>Source</b></p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html</a></p>
	<p><b>China</b> Countrywide</p>
<p><b>Date added to compendium:</b></p>	<p><b>Wuhan Mental Health Center</b> <b>Zhu, Y., Chen, L., Ji, H. et al. The Risk and Prevention of Novel Coronavirus</b></p>

<p>14/April/2020</p> <p><b>Date of publication:</b> 25/February/2020</p>	<p><b>Pneumonia Infections Among Inpatients in Psychiatric Hospitals. <i>Neurosci. Bull.</i> 36, 299–302 (2020). <a href="https://doi.org/10.1007/s12264-020-00476-9">https://doi.org/10.1007/s12264-020-00476-9</a></b></p> <p>In China, where the outbreak began, the Wuhan Mental Health Center prohibited visitations, as did other psychiatric hospitals nationwide shortly thereafter. Though this was not done before the infection could spread, as such, they recommend:</p> <ol style="list-style-type: none"> <li>1) Closure measures are strictly enforced (no visitations and no dropping off of items from family members), replace with video chat;</li> <li>2) As a preventive measure, proper assessment of the patient’s health and travel history in order to identify vulnerable and high-risk patients;</li> <li>3) 14-day observation/isolation period prior to hospitalization outside routine wards;</li> <li>4) Temperature taken from staff before entering and leaving ward;</li> <li>5) Psychological services provided by community workers for family members to eliminate doubt and worry;</li> <li>6) Skilled medical staff to identify and treat physical illness;</li> </ol> <p>Lengthening prescriptions for stable outpatients and ensuring remote monitoring of unstable outpatients.</p>
<p><b>Source</b></p>	<p><a href="https://link.springer.com/article/10.1007/s12264-020-00476-9">https://link.springer.com/article/10.1007/s12264-020-00476-9</a></p>


	<p><b>Italy</b> Countrywide</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 31/March/2020</p>	<p>The <b>Italian Society of Epidemiological Psychiatry</b> issued new operational instructions for mental health departments because psychiatry settings are particularly vulnerable to COVID-19. A number of new measures and instructions (34 in total) are put in place for outpatient activities (8), outpatient services (13), day hospitals and day centers (to be suspended as much as possible), short- and long-term residential care (6), and inpatient units (6).</p>
<p><b>Source</b></p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163186/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163186/</a></p>

	<p><b>Canada</b> Countrywide</p>
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<p><b>Date added to compendium:</b> 22/June/2020</p> <p><b>Date of publication:</b> 01/April/2020</p>	<p>The <b>Mental Health Commission of Canada</b> is highlighting the challenges and difficulties caretakers of persons living with mental illness are facing the coronavirus pandemic. Fortunately, some support programs are now available virtually, which can be found through the Canadian Mental Health Association. Also linked in this publication, is a list of considerations for caretakers during COVID-19, also published by the Mental Health Commission of Canada.</p>
<p><b>Source</b></p>	<p><a href="https://www.mentalhealthcommission.ca/English/catalyst-april-2020-caring-crisis">https://www.mentalhealthcommission.ca/English/catalyst-april-2020-caring-crisis</a></p>
<p><b>Date added to compendium:</b> 15/July/2020</p> <p><b>Date of publication:</b> 23/June/2020</p>	<p><b>Simpson, A. I. F., Chatterjee, S., Darby, P., et al. (2020). Management of COVID-19 Response in a Secure Forensic Mental Health Setting. <i>The Canadian Journal of Psychiatry</i>. <a href="https://doi.org/10.1177/0706743720935648">https://doi.org/10.1177/0706743720935648</a></b></p> <p>Secure forensic mental health hospitals face unique challenges: decarceration and early release are not viable options but isolation of forensic populations shows to be arduous for staff and patients while social distancing within the institution is difficult to maintain. The application of principles for the management of pandemic events has not been empirically studied within secure hospital settings. This paper presents "[...] the approach taken by a 182-bed forensic program within a large psychiatric facility to plan for and manage the early phase of the COVID-19 outbreak."</p>
<p><b>Source</b></p>	<p><a href="https://journals.sagepub.com/doi/full/10.1177/0706743720935648">https://journals.sagepub.com/doi/full/10.1177/0706743720935648</a></p>


	<p><b>Canada</b> Ontario</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 05/April/2020</p>	<p><b>The Center for Addiction and Mental Health</b></p> <p>Description of current status regarding COVID-19 in the institution. Overview of measures taken by the institution and measures that are being implemented: closure of affected units to transfers and admissions; personal protective equipment when interacting with patients in affected units; enhanced cleaning and disinfecting protocols in the entire Institution; support for social distancing among patients (stay in room); creation of isolation units for patients who test positive for COVID-19; full restriction of visits; only essential staff is permitted entrance (after passing a screening protocol); cessation of community passes; increased monitoring for symptoms among staff.</p>

<b>Source</b>	<a href="https://www.camh.ca/en/camh-news-and-stories/camh-statement-april-5-2020">https://www.camh.ca/en/camh-news-and-stories/camh-statement-april-5-2020</a>
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	<b>Canada</b> Québec
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<b>Date added to compendium:</b> 23/June/2020	<b>Institut National de Santé Publique du Québec</b> [French] Guidelines for the prevention and control of COVID-19, and other infections, in psychiatric settings. Recommendations include testing patients at their arrival and isolating those suspected of being infected, space out the chairs in the waiting room according to the 2 meters recommendation, cancel group activities, transfer infected patients to designated centers and following the MSSS guidelines, etc.
<b>Date of publication:</b> 05/May/2020	


<b>Source</b>	<a href="https://www.inspq.qc.ca/publications/2991-soins-psychiatriques-covid19">https://www.inspq.qc.ca/publications/2991-soins-psychiatriques-covid19</a>
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	<b>France</b> Countrywide
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<b>Date of last verification:</b> 14/July/2020	<b>Ministère des solidarités et de la santé</b> [French] In France, guidelines came out as of March 22 <sup>nd</sup> with regards to the organization of services in general psychiatry, notably: <ol style="list-style-type: none"> <li>1) Reorganizing outpatient care so as to ensure sufficient services to prevent hospitalization;</li> <li>2) Favouring the use of teleconsultation when possible;</li> <li>3) Group activities/consultations are cancelled. In-person meetings are held only if necessary, with precautions to reduce patient contact, for example in waiting rooms;</li> <li>4) Each establishment can choose to close certain outpatient services to ensure smaller staff in anticipation for increase in sick leave due to COVID-19 infections;</li> <li>5) For in-patients, allow for discharge when possible while informing of safety precautions;</li> <li>6) Use individual rooms;</li> <li>7) Suspension of visitations as well as short-term outings;</li> <li>8) Dedicated isolation unit for COVID-19 cases, with dedicated staff;</li> <li>9) Consultation of ethical board. Creation of a crisis team. Support of staff mental health needs.</li> </ol>
<b>Date of implementation:</b> 22/March/2020	
<b>Date of deconfinement measures:</b> 11/May/2020	

<p><b>Source</b></p>	<p><a href="https://solidarites-sante.gouv.fr/IMG/pdf/covid-19_consignes_services_psychiatrie.pdf">https://solidarites-sante.gouv.fr/IMG/pdf/covid-19_consignes_services_psychiatrie.pdf</a></p>
<p><b>Date added to compendium:</b> 14/April/2020</p> <p><b>Date of publication:</b> 25/March/2020</p>	<p><b>Hôpital psychiatrique du Vinatier</b> [French] In one hospital hit with COVID-19 cases (staff and patients), staff has been reduced to a minimum to lower the risk of infection and also ensure that “healthy” personnel can take over at any moment. Visitors and leave have been suspended and additional hygiene and screening measures have been put into place.</p>
<p><b>Source</b></p>	<p><a href="https://france3-regions.francetvinfo.fr/auvergne-rhone-alpes/rhone/lyon/coronavirus-covid-19-hopital-psychiatrique-du-vinatier-lyon-face-epidemie-1806448.html">https://france3-regions.francetvinfo.fr/auvergne-rhone-alpes/rhone/lyon/coronavirus-covid-19-hopital-psychiatrique-du-vinatier-lyon-face-epidemie-1806448.html</a></p>
<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 29/April/2020</p>	<p><b>General psychiatry</b> <b>*Deconfinement measures</b> [French] On April 28th 2020, the Prime Minister of France announced the country's national strategy for gradual deconfinement, starting on May 11th 2020. Highlighted in this publication are deconfinement measures specific to psychiatric settings. In general, in-person activities are to gradually resume while still maintaining infection control measures, such as the obligation to wear a mask, testing and isolation for new patients and patients showing symptoms, calling patients prior to their visit to evaluate their health status, etc.</p>
<p><b>Source</b></p>	<p><a href="https://www.santementale.fr/actualites/deconfiner-la-psychiatrie-comment-faire.html">https://www.santementale.fr/actualites/deconfiner-la-psychiatrie-comment-faire.html</a></p>
<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 29/May/2020</p>	<p><b>*Deconfinement measures</b> [French] Staff and patients report on the deconfinement measures in an <b>adult psychiatric hospital</b>. Although many activities are still suspended or limited, patients are generally happy some activities are resuming and restrictions are somewhat loosened. Staff report that the transition from confinement to gradual deconfinement is generally progressing well. No new infections have been reported.</p>
<p><b>Source</b></p>	<p><a href="https://www.ghu-paris.fr/fr/actualites/immersion-post-deconfinement-en-psychiatrie-adulte">https://www.ghu-paris.fr/fr/actualites/immersion-post-deconfinement-en-psychiatrie-adulte</a></p>

<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 12/May/2020</p>	<p><b>Ministère des solidarités et de la santé</b></p> <p><b>*Deconfinement measures</b></p> <p>[French] Actors in psychiatry should focus their efforts on three main fronts: (1) maintaining infection control measures and ensuring a rapid response should a second wave happen; (2) organizing gradual recovery of activities, beginning with key activities; and (3) anticipating the possible consequences of the pandemic and confinement, as well as increased psychosocial risk factors, for the mental health of the population.</p> <p>Recommendations for detained psychiatric patients : (1) keep prisoners and staff up to date on COVID-19 infection control measures, (2) gradually resume follow-up appointments; (3) gradually resume group activities; (4) offer support and alternative treatment for people with substance abuse problems; (5) reinforce communication between judges, correctional administrators et health care workers; and (6) monitor the evolution of COVID-19 policies within the institution. Infection control measures, such as wearing masks and physical distancing, should still be respected.</p>
<p><b>Source</b></p>	<p><a href="https://fedepsychiatrie.fr/wp-content/uploads/2020/05/Covid-19-fiche-d%C3%A9confinement-psychiatrie-12052020-v1.pdf">https://fedepsychiatrie.fr/wp-content/uploads/2020/05/Covid-19-fiche-d%C3%A9confinement-psychiatrie-12052020-v1.pdf</a></p>
<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 09/June/2020</p>	<p><b>*Deconfinement measures</b></p> <p>[French] Description of measures put in place for the gradual deconfinement of a <b>psychiatric unit in a general hospital</b> in France. Measures include: (1) physical distancing; (2) planned movements in the unit; (3) rearrangement of waiting rooms; (4) mandatory hand washing and masks upon arrival; (5) mandatory temperature check and evaluation by a nurse; (6) maintenance of tele-care, and (7) enhancement of bio-cleaning and aeration. Specific measures for different settings (ambulatory services, outpatient care, inpatient units) are also presented.</p>
<p><b>Source</b></p>	<p><a href="http://www.ch-pinel.fr/Psychiatrie%20adulte.html">http://www.ch-pinel.fr/Psychiatrie%20adulte.html</a></p>

	<p><b>United Kingdom</b> England and Wales</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 09/April/2020</p>	<p>The <b>Mental Capacity Act (2005) (MCA)</b> and <b>Deprivation of Liberty Safeguards (DoLS)</b> during the Coronavirus (COVID-19) Pandemic. This emergency guidance is for health and social care staff in England and Wales who are caring for, or treating, a person who lacks the relevant mental capacity during the Coronavirus outbreak. The guidance ensures that decision makers are clear about the steps they need to take during this period. It focuses on new scenarios and potential 'deprivations of liberty' created by the outbreak. During the outbreak, the principles of the Mental Capacity Act 2005 and the safeguards provided by the Deprivation of Liberty Safeguards still apply. The Mental Capacity Act 2005 provides protections for people who lack or may lack the relevant mental capacity to make decisions about different aspects of their life. The Deprivation of Liberty Safeguards are an important part of this act and provide further safeguards for those who need to be deprived of their liberty in order to receive care or treatment in a care home or hospital, but do not have the capacity to consent to those arrangements.</p>
<p><b>Source</b></p>	<p><a href="https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic">https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic</a></p>
<p><b>Date added to compendium:</b> 15/July/2020</p> <p><b>Date of publication:</b> 12/April/2020</p>	<p><b>Farhoudian, A., Baldacchino, A., Clark, N., et al. (2020). COVID-19 and Substance Use Disorders: Recommendations to a Comprehensive Healthcare Response. An International Society of Addiction Medicine (ISAM) Practice and Policy Interest Group Position Paper. <i>Autonomic Neuroscience: Basic &amp; Clinical</i>, 11(2), 129-146. <a href="https://doi.org/10.32598/bcn.11.covid19.1">https://doi.org/10.32598/bcn.11.covid19.1</a></b></p> <p>People Who Use Drugs (PWUD) are highly vulnerable to infectious diseases, including COVID-19. Therefore, this study's aim is to " [...] explore the comorbidity of COVID-19 infection with substance use disorder and identify the necessary recommendations for health service providers and policymakers in this situation." This article's considerations include putting in place a protocol for opioid pharmacotherapy provision, early and late stabilization of therapy, detoxification, enhancement of social supports, etc.</p>
<p><b>Source</b></p>	<p><a href="https://discovery.dundee.ac.uk/en/publications/covid-19-and-substance-use-disorders-recommendations-to-a-compreh">https://discovery.dundee.ac.uk/en/publications/covid-19-and-substance-use-disorders-recommendations-to-a-compreh</a></p>





## United Nations

Inter-Agency Standing Committee

**Date added to  
compendium:**  
11/August/2020


**Date of  
publication:**  
17/March/2020

The **IASC** published guidelines for mental health and psychosocial support (MHPSS) during COVID-19. Included in the document is a list of recommended activities to implement as part of the response to COVID-19 as well as interventions to help older adults, people with disabilities, children, adults, and frontline workers cope with the difficulties and anxieties of the situation.

**Source**

[https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS\\_0.pdf](https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf)

## 2.3. Correctional settings

	<b>World Health Organization</b>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 15/March/2020</p>	<p>Given that incarceration in itself increases the risk of transmission of COVID-19 in a population with a high proportion of physically vulnerable individuals, the World Health Organization (WHO) has put out some guidelines. Among other things, WHO recommends:</p> <ol style="list-style-type: none"><li>1. COVID-19 risk assessment at entry or exit of prison (history of symptoms and travel history), including for inmates, staff and visitors;</li><li>2. 14-day quarantine of individuals (inmates and staff) exposed to COVID-19 positive cases;</li><li>3. Identification of hospitals where positive cases can be received from prisons;</li><li>4. Adequate space between individuals and hygiene measures to allow disinfection of shared surfaces (avoid concentration of prisoners by distributing food in rooms or allowing time outside of room divided by units/wings, etc.);</li><li>5. Training of staff on basic hygiene, knowledge of the pathogen, and use of personal protective equipment (PPE);</li><li>6. Case reporting;</li><li>7. Possible measures that can be taken in line with local COVID-19 risk assessments (temporary suspension of on-site prison visits, restriction of transfers within the detention system – introduction of videoconferencing for family members and legal advisors);</li><li>8. Guidelines for recognition and management of severe and acute respiratory infection.</li></ol>
<b>Source</b>	<a href="http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1">http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1</a>



## United Nations

Likewise, the United Nations' **subcommittee on Prevention of Torture and Other Cruel Inhuman or Degrading Treatment or Punishment** issued advice on March 25<sup>th</sup> regarding the COVID-19 pandemic individuals who are already deprived of their freedom. Among other things, they recommend:

- 1) Urgent assessment to identify at-risk individuals;
- 2) Reduce prison population through early release, provisional or temporary release when feasible;
- 3) Review all cases of pre-trial detention and extend use of bail for all but serious cases;
- 4) Review the use of immigration detention;
- 5) COVID-19 screening prior to release from detention;
- 6) Ensure that complaints are addressed as usual;
- 7) Ensure minimum daily outdoor exercise period, while taking extra measures to control the pandemic;
- 8) Provide free alternative methods to contacting individuals outside of the prison setting when visitation must be restricted, for example telephone, internet, video-conferencing, etc.;
- 9) Allow family members to provide food and supplies in accordance with local practices with additional protective measures;
- 10) Accommodate those who are most vulnerable;
- 11) Medical isolation should not be used of disciplinary solitary confinement;
- 12) Provision of medical care outside of detention when possible;
- 13) Ensure that fundamental rights and their safeguards are respected;
- 14) Ensure that information circulates and is up to date for both detainees and staff;
- 15) Ensure the availability of psychological support for both detainees and staff;
- 16) "Ensure that, if applicable, all the above considerations are taken into account as regards to patients who are involuntarily admitted to psychiatric hospitals." (p.4).



**Date of last verification:**  
14/July/2020

**Date of advanced publication:**  
25/March/2020



**Date of official publication:**  
07/April/2020

### Source


- <https://www.ohchr.org/Documents/HRBodies/OPCAT/AdviceStatePartiesCoronavirusPandemic2020.pdf>
- Official publication: <https://undocs.org/CAT/OP/10>

	<p><b>United Kingdom</b> Countrywide</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 26/March/2020</p>	<p>In <b>prisons and other places of detention</b>, guidelines are:</p> <ol style="list-style-type: none"> <li>1) Protective isolation of detainees with symptoms (cough, high temperature)</li> <li>2) Staff with symptoms should go home;</li> <li>3) Increased hygiene measures;</li> <li>4) Transfer to healthcare facilities only when necessary with usual protocols;</li> <li>5) Possibility of gathering probable cases into one designated area together when space is an issue.</li> </ol>
<p><b>Source</b></p>	<p><a href="https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance">https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance</a></p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 04/April/2020</p>	<p><b>Ministry of Justice</b></p> <p>Announcement that Britain will release prisoners (under certain conditions: no high-risk offenders, electronic monitoring in place, must have completed 50% of the sentence) due to COVID-19. In addition, the Ministry of Justice is working to identify publicly owned sites that could be used to house temporary prison accommodation. Additional measures announced: shielding vulnerable prisoners, redeploying staff to operational roles, expedited sentencing hearings, single-cell accommodation, expansion of the use of electronic monitoring, and social distancing.</p>
<p><b>Source</b></p>	<p><a href="https://www.gov.uk/government/news/measures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons">https://www.gov.uk/government/news/measures-announced-to-protect-nhs-from-coronavirus-risk-in-prisons.</a></p>
	<p><b>United States</b> Countrywide</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 26/March/2020</p>	<p>The <b>Department of Justice</b>, specifically the Federal bureau of prisons (not forensic specific but may include mentally ill offenders) have enacted certain changes, notably:</p> <ol style="list-style-type: none"> <li>1) Transfer of inmates to home confinement when possible with a mandatory 14-day quarantine before home confinement and COVID-19 screening;</li> <li>2) Social visits suspended but increase in allowed phone minutes (500/month).</li> </ol>



Sources	<ul style="list-style-type: none"> <li>▪ <a href="https://www.justice.gov/file/1262731/download">https://www.justice.gov/file/1262731/download</a></li> <li>▪ <a href="https://www.bop.gov/coronavirus/covid19_status.jsp">https://www.bop.gov/coronavirus/covid19_status.jsp</a></li> </ul>
Date added to compendium: 23/June/2020	<p><b>Petition:</b> "Dear lawmaker: as the COVID-19 crisis continues, I urge you to promote policies in support of people who are incarcerated in two separate areas: preventing a prison pandemic and ensuring dignity for people incarcerated. (...)"</p>
Source	<p><a href="https://act.thedreamcorps.org/sign/prevent-spread-coronavirus-prisons/">https://act.thedreamcorps.org/sign/prevent-spread-coronavirus-prisons/</a></p>
Date added to compendium: 11/August/2020  Date of publication: Continuous	<p>In March 2020, in the face of the increasing danger posed by COVID-19 to people held in jails and prisons, the <b>UCLA Prison Law and Policy Program</b> launched the UCLA COVID-19 Behind Bars Data Project. The project, spearheaded by Professor Sharon Dolovich, tracks COVID-19 conditions in jails and prisons and the efforts — both in and out of court — to decrease jail and prison populations and improve conditions to ensure the safety of residents and staff.</p>
Source	<p><a href="https://law.ucla.edu/centers/criminal-justice/criminal-justice-program/related-programs/covid-19-behind-bars-data-project/">https://law.ucla.edu/centers/criminal-justice/criminal-justice-program/related-programs/covid-19-behind-bars-data-project/</a></p>
Date added to compendium: 11/August/2020  Date of publication: Continuous	<p><b>Center for Disease Control and Prevention (CDC)</b> From the website : "This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available."</p>
Source	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html">https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html</a></p>



	<p><b>United States</b> North Carolina</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 13/April/2020</p>	<p><b>District Attorney Ben David</b> said he applauds the N.C. Department of Public Safety’s decision to release approximately 500 prisoners from the state’s total prison population of 37,000 inmates.</p>
<p><b>Source</b></p>	<p><a href="https://portcitydaily.com/local-news/2020/04/13/releasing-the-pressure-valve-da-ben-david-supports-states-release-of-500-prisoners-free-read/">https://portcitydaily.com/local-news/2020/04/13/releasing-the-pressure-valve-da-ben-david-supports-states-release-of-500-prisoners-free-read/</a></p>
	<p><b>Canada</b> Countrywide</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of implementation:</b> 03/March/2020</p>	<p><b>Correctional services Canada (CSC)</b> have suspended:</p> <ul style="list-style-type: none"> <li>- Visits from the public and volunteers</li> <li>- All temporary absences from institutions, unless medically necessary</li> <li>- Work releases for offenders</li> </ul> <p>Other options are available to inmates and their family and friends to stay in contact such as video visitation or telephone. To help with this, they have waived deductions from inmate pay for use of the telephone system.</p> <p>CSC has strengthened infection prevention procedures to protect staff, offenders, volunteers and the public.</p> <p>They have also enacted changes in governance, health service, infection prevention and control, supplies and facilities, workforce, community operations, services to offenders.</p> <p>Latest news and updates given to staff via the Hub and email are now available on their website.</p>
<p><b>Sources</b></p>	<ul style="list-style-type: none"> <li>▪ <a href="https://www.csc-scc.gc.ca/001/006/001006-1003-en.shtml">https://www.csc-scc.gc.ca/001/006/001006-1003-en.shtml</a></li> <li>▪ <a href="https://www.csc-scc.gc.ca/001/006/001006-1017-en.shtml">https://www.csc-scc.gc.ca/001/006/001006-1017-en.shtml</a></li> <li>▪ <a href="https://www.csc-scc.gc.ca/001/006/001006-1004-en.shtml">https://www.csc-scc.gc.ca/001/006/001006-1004-en.shtml</a></li> </ul>
<p><b>Date of last</b></p>	<p><b>Office of the Correctional Investigator</b></p>

<b>verification:</b> 14/July/2020  <b>Date of publication:</b> 23/April/2020	<p>Offers an update on the current situation in federal penitentiaries (on April 22, 2020: 193 positive cases and 588 tests). Correctional investigator, Dr. Ivan Zinger, recommends public health authorities to ensure measures and procedures are properly in place in federal penitentiaries, and that the correctional service of Canada allows Wardens and Deputies to communicate directly to the media to ensure better public communications.</p>
<b>Date of last update:</b> 19/June/2020	<p>“This report assesses the situation, trends and developments for COVID-19 in federal corrections. It serves as an update of my initial status report of April 23, 2020.1 This update has three sections: 1. A statistical overview of COVID-19 in federal corrections, as of June 19, 2020. 2. Demographic profile of federal inmates who have tested positive for COVID-19 over the course of the pandemic. 3. Assessment of CSC business resumption plans and priorities for shaping the ‘new normal’ in federal corrections, including easing of restrictions.”</p>
<b>Sources</b>	<ul style="list-style-type: none"> <li>▪ <a href="https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200423-eng.pdf">https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200423-eng.pdf</a></li> <li>▪ <a href="https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200619-eng.pdf">https://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20200619-eng.pdf</a></li> </ul>
<b>Date added to compendium:</b> 22/June/2020  <b>Date of publication:</b> 04/April/2020	<p><b>Parliament of Canada library</b> [French] Overview of measures taken at the federal level: suspension of visits, suspension of leave (apart from medical reasons), food, lodging and telephone use will not be deducted from inmates' salary for a period of at least three months, early release of certain inmates, and brief overview of largely similar measures taken by the provinces.</p>
<b>Source</b>	<p><a href="https://notesdelacolline.ca/2020/04/07/la-covid-19-et-le-systeme-correctionnel-federal/">https://notesdelacolline.ca/2020/04/07/la-covid-19-et-le-systeme-correctionnel-federal/</a></p>
<b>Date added to compendium:</b> 11/August/2020  <b>Date of publication:</b> 20/April/2020	<p>The <b>Canadian Centre for Occupational Health and Safety (CCOHS)</b> published a series of pandemic tip sheets for various essential occupations and industries, including correctional facilities. The CCOHS gathered suggestions to put in place in correctional facilities regarding facility controls, medical controls, facility hygiene, and team meetings.</p>
<b>Source</b>	<p><a href="https://www.ccohs.ca/images/products/pandemiccovid19/pdf/correctional_facilities.pdf">https://www.ccohs.ca/images/products/pandemiccovid19/pdf/correctional_facilities.pdf</a></p>

	<p><b>Canada</b> Nova Scotia</p>
<p><b>Date of last verification:</b> 14/July/2020</p> <p><b>Date of publication:</b> 18/March/2020</p>	<p>Measures taken in Nova Scotia's four <b>Correctional Facilities</b> in response to COVID-19:</p> <ol style="list-style-type: none"> <li>1) individuals serving intermittent sentences are released on temporary absence as of March 18<sup>th</sup>;</li> <li>2) facilities closed to all visitors starting March 15<sup>th</sup>.</li> </ol>
<p><b>Source</b></p>	<p><a href="https://novascotia.ca/news/release/?id=20200318003">https://novascotia.ca/news/release/?id=20200318003</a></p>
	<p><b>Canada</b> Québec</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 21/April/2020</p>	<p>[French] A <b>class action lawsuit</b> accusing Correctional Service of Canada (CSC) of neglect in the face of the COVID-19 epidemic was filed in the Quebec Superior Court on behalf of all inmates in the province's federal penitentiaries.</p>
<p><b>Source</b></p>	<p><a href="https://ici.radio-canada.ca/nouvelle/1695834/coronavirus-negligen-penitencier-joliette-joelle-beaulieu">https://ici.radio-canada.ca/nouvelle/1695834/coronavirus-negligen-penitencier-joliette-joelle-beaulieu</a></p>



	<p><b>Italy</b> Countrywide</p>
<p><b>Date added to compendium:</b> 14/April/2020</p> <p><b>Date of implementation:</b> 17/March/2020 – 30/June/2020</p> <p><b>Date of publication:</b> 18/March/2020</p>	<p><b>National Health Service</b> [Italian] On March 17th, a decree was issued stating that “from the date of approval of the decree until 30 June 2020, a sentence of imprisonment shall be carried out, on request, at the convicted person's home or in another public or private place of care, assistance and reception. It will be possible only if it does not exceed eighteen months, even if it constitutes a residual part of the greater sentence.</p>
<p><b>Sources</b></p>	<ul style="list-style-type: none"> <li>▪ <a href="http://www.governo.it/it/articolo/decreto-legge-17-marzo-2020/14333">http://www.governo.it/it/articolo/decreto-legge-17-marzo-2020/14333</a></li> <li>▪ Information exchange through personal correspondence with Lavinia Pontigia, PhD candidate of the University of Bergamo for English translation: <a href="mailto:l.pontigia@gmail.com">l.pontigia@gmail.com</a></li> </ul>
	<p><b>United Kingdom</b> Scotland</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 27/March/2020</p>	<p>Various recommendations for <b>Scottish prisons</b>: information for families about testing, isolation protocols for the unwell (including how families can receive updates on those isolated); details of modes and frequency of maintaining family contact; appropriate and specific policies applying to different prisons given distinct populations (such as much older age groups in Glenochil, mixed genders and ages in other prisons); accessible and accurate information about crowding and issues in establishments, such as the availability of phones, soap, hand sanitizer and other toiletries for all prisoners regardless of income.</p>
<p><b>Source</b></p>	<p><a href="https://scottishprisoneradvocacy.com/2020/03/27/sparc-statement-on-covid-19-friday-27-march-2020/">https://scottishprisoneradvocacy.com/2020/03/27/sparc-statement-on-covid-19-friday-27-march-2020/</a></p>

	<p><b>Turkey</b> Countrywide</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 14/April/2020</p>	<p>Short update: The <b>Turkish parliament</b> passed a law on April 14, 2020 that could result in the temporary release of more than 40,000 prisoners to prevent the spread of the coronavirus. A similar number is also set to be released permanently.</p>
<p><b>Source</b></p>	<p><a href="https://www.fairtrials.org/news/short-update-tens-thousands-prisoners-turkey-be-released-curb-spread-coronavirus-prisons">https://www.fairtrials.org/news/short-update-tens-thousands-prisoners-turkey-be-released-curb-spread-coronavirus-prisons</a></p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 13/April/2020</p>	<p><b>Amnesty International</b> Response to the passing of a new law in Turkey which is expected to allow for the early release of up to 100,000 prisoners in the face of the COVID-19 pandemic, but fails to cover many others who should be considered for release.</p>
<p><b>Source</b></p>	<p><a href="https://www.amnesty.org/en/latest/news/2020/04/prison-release-law-leaves-prisoners-at-risk-of-covid/">https://www.amnesty.org/en/latest/news/2020/04/prison-release-law-leaves-prisoners-at-risk-of-covid/</a></p>
	<p><b>Myanmar</b> Countrywide</p>
<p><b>Date added to compendium:</b> 23/June/2020</p> <p><b>Date of publication:</b> 18/April/2020</p>	<p><b>Amnesty International</b> Prisoners of conscience and peaceful activists were largely excluded from Myanmar's presidential amnesty of nearly 25,000 prisoners.</p>
<p><b>Source</b></p>	<p><a href="https://www.amnesty.org/en/latest/news/2020/04/myanmar-rights-activists-excluded-largest-prisoner-release-years/">https://www.amnesty.org/en/latest/news/2020/04/myanmar-rights-activists-excluded-largest-prisoner-release-years/</a></p>

### 3. Empirical studies, reviews and opinion pieces

#### 3.1. Studies & case reports

Tomlin, J. (2020). What does social distancing mean for patients in forensic mental health settings? *Forensic Science International: Mind and Law*. 10. <https://doi.org/10.1016/j.fsimpl.2020.100018>

<b>Date added to compendium:</b> 01/June/2020	The author suggests that past research on patients' experiences of restrictive measures can help in predicting how COVID-19 restrictive measures will affect their mental health. Studies show patients felt that restrictive measures were punitive and anxiety inducing. However, if measures were considered to be legitimate by patients, they perceived them as to be less negative and punitive.
<b>Date of publication:</b> 28/April/2020	
<b>Link</b>	<a href="https://www.sciencedirect.com/science/article/pii/S2666353820300114">https://www.sciencedirect.com/science/article/pii/S2666353820300114</a>

Kreuzer, P. M., Baghai, T. C., Wittmann, M., et al. (2020). SARS-CoV-2 Risk Management in Clinical Psychiatry: A Few Considerations on How to Deal With an Unrivaled Threat. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2020.00550>

<b>Date added to compendium:</b> 11/August/2020	In this paper, measures taken by the Psychiatric District Hospital of Regensburg in Germany are presented. The authors also comment on the feasibility of the measures and the related experiences in the hospital. Fourteen items were identified as important in the management of SARS-CoV-2: (1) leading structure; (2) early shutdown of out-patient treatment facilities and reduction of the number of inpatients; (3) early shutdown of cross-sectoral facilities and activities; (4) early and consistent hygiene instructions for both staff and patients; (5) internal communication and conferencing; (6) identification of staff members at risk; (7) early outgoing and visit restrictions; (8) screening procedures and admittance strategies; (9) establishment of isolation facilities and a "traffic light zone concept"; (10) frequent testing; (11) effects on teaching; (12) effects on research; (13) communication with regional healthcare authorities; and (14) transparent communication strategies with both patients and staff.
<b>Date of publication:</b> 11/June/2020	
<b>Link</b>	<a href="https://www.frontiersin.org/articles/10.3389/fpsy.2020.00550/full?utm_source=F-AAE&amp;utm_medium=EMLF&amp;utm_campaign=MRK_1354213_68_Psychi_20200616_arts_A">https://www.frontiersin.org/articles/10.3389/fpsy.2020.00550/full?utm_source=F-AAE&amp;utm_medium=EMLF&amp;utm_campaign=MRK_1354213_68_Psychi_20200616_arts_A</a>

Fovet, T., Lancelevée, C., Eck, M., et al. (2020). Mental health care in French correctional facilities during the COVID-19 pandemic. *L'Encéphale*, 43(6), S60-S65.

<https://doi.org/10.1016/j.encep.2020.05.002>

<b>Date added to compendium:</b> 11/August/2020	[French] As lockdown measures were put in place in prisons across France, psychiatric care for inmates was reorganized to adapt to the pandemic context. Described in this article is the reorganization of the three levels of psychiatric care in prison. The impact of lockdown measures and early releases (over 10,000 prisoners were released to reduce prison population) are briefly explored.
<b>Date of publication:</b> 08/May/2020	
<b>Link</b>	<a href="https://www.sciencedirect.com/science/article/pii/S0013700620300877">https://www.sciencedirect.com/science/article/pii/S0013700620300877</a>

Boland, X., Dratcu, L. (2020). COVID-19 and acute inpatient psychiatry: the shape of things to come. *International Journal of Psychiatry in Clinical Practice*. 10.1080/13651501.2020.1801755

<b>Date added to compendium:</b> 11/August/2020	The experience of an inner London acute psychiatric unit has shown the value of combining proactive leadership, multidisciplinary decision making and good communication in adapting services to an ever changing environment. Practical solutions have emerged that have improved service delivery and patient care, and which will likely outlast the COVID-19 pandemic. These include changes to team work and routine, streamlining patient care with a focus on goal directed admissions, developing a healthier work environment and adopting novel technology in patient care and multidisciplinary collaboration.
<b>Date of publication:</b> 08/May/2020	
<b>Link</b>	<a href="https://www.tandfonline.com/doi/abs/10.1080/13651501.2020.1801755">https://www.tandfonline.com/doi/abs/10.1080/13651501.2020.1801755</a>

**de Girolamo G., Cerveri G., Clerici M., et al. (2020). Mental Health in the Coronavirus Disease 2019 Emergency—The Italian Response. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2020.1276**

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 30/April/2020</p>	<p>In a special communication soon to be published in <i>JAMA Psychiatry</i>, Girolamo and colleagues describe their experience dealing with the pandemic in Italy: <i>“Many challenges have occurred in the management of health services. In many hospitals, entire wards, including some psychiatric wards, have been reorganized to admit patients with coronavirus disease 2019, and many physicians and nurses have been diverted towards managing patients with coronavirus disease 2019. Most day facilities for patients with psychiatric needs have been temporarily closed, whereas in residential facilities, patients who usually are free to come and go during the day have had to be confined in the facilities with very limited or no leave. These changes have produced considerable stresses on people with severe mental disorders. Many outpatient clinics have limited appointments to those with the most urgent cases, and home visits, a common practice in most DMHAs, have been drastically reduced with potentially detrimental consequences for patients’ well-being. Another potential detrimental consequence of being forced to stay at home has been an increase in the hours spent face to face with families with high amounts of conflict.”</i></p> <p>Moreover, they have a number of recommendations in response following their experience, notably:</p> <ol style="list-style-type: none"> <li>1. Departments of Mental Health need to be equipped with appropriate e-health technologies and procedures to cope with situations such as this.</li> <li>2. There must be a rollout of interventions to mitigate the potentially harmful consequences of quarantine.</li> <li>3. Departments of Mental Health should be able to assume a leadership position in psychosocial management of disaster-like situations through: <ul style="list-style-type: none"> <li>– correctly informing the population about risk,</li> <li>– training and disseminating effective preventive and management procedures for disasters,</li> <li>– supporting health personnel and rescuers,</li> <li>– supporting those experiencing bereavement.</li> </ul> </li> <li>4. Departments of Mental Health should prepare plans for rapid reorganizing of inpatient stays and daily schedules in residential facilities.</li> </ol>
<p><b>Source</b></p>	<p><a href="https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2765557">https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2765557</a></p>

### 3.2. Reviews

**Brooks, S. L., Webster, R. K., Smith, L. E., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 395 (10227).**

[https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 26/Feb./2020</p>	<p>Brooks, Webster, Smith, Woodland, Greenberg, and Rubin (2020) conducted a rapid review of the impact of a quarantine on mental health. The results show: Being quarantined was predictive of acute stress disorder, along with exhaustion distress, depression, and anxiety. This study reviews 24 papers of various populations and countries. These symptoms were exacerbated by longer duration of quarantine. The loss of activities, routines and social contacts attributable to confinement was also associated with frustration and boredom. Insufficient information regarding the guidelines and the purpose of quarantine lead to greater distress and fear. Of the 24 studies included in the review, none were conducted in psychiatric or correctional settings.</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext">https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext</a></p>

**Chevance, A., Gourion, D., Hoertel, N., et al. (2020). Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review [Assurer les soins aux patients souffrant de troubles psychiques en France pendant l'épidémie à SARS-CoV-2]. *L'Encéphale*.**

<https://doi.org/10.1016/j.encep.2020.03.001>

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 02/April/2020</p>	<p>[French] Chevance, Gourion, Hoertel, Llorca, Thomas, Bocher, et al. (2020) conducted a review of the vulnerability factors which may influence care and effects of measures surrounding the response to the COVID-19 pandemic. They also identified local initiatives in France. Their review stems from a preoccupation of forgetting an already vulnerable population in a time of crisis, as was the case during the Second World War, where over 76 000 people died of famine. They found that, in the current pandemic, Chinese researchers have already warned of the risk of forgetting this vulnerable population. Several vulnerability factors were identified. First, psychiatric patients are at increased risk for pulmonary infections, due in large part to comorbid addictions as well as health issues relating to the side effects of medication. There are also additional risks related to aging, which adds risk factors to a sub-population in psychiatric settings. The authors also noted additional behavioral barriers: while not documented in the literature, clinical experiences show that respecting confinement measures is more difficult with those with active</p>
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mental health issues and cognitive deficits. Moreover, difficulty respecting confinement measures on the outside may make the person more easily targeted for psychiatric hospitalization and confinement. The psychosocial vulnerability of this population (housing instability, social isolation) also makes it more difficult to respect confinement measures and increase the risk of contracting the illness. Moreover, the stigma associated with these conditions makes accessing care more difficult as well. This is even more true of individuals who are mentally ill in the correctional system, who are doubly stigmatized. Because of their specific health conditions and symptoms, it is possible that infection may present differently in patients with mental illness – for some caregivers in France, an episode of confusion and psychiatric symptoms is what alerted them to the presence of a COVID-19 infection. In addition, certain medications, such as clozapine and lithium, may interact with COVID-19 symptoms. The experience in France has shown that psychiatric hospitals may be forgotten when planning responses to pandemics, in terms of distribution of equipment, for example. Moreover, the conditions of psychiatric hospitals (crowded and shared spaces) and their patients (may not understand confinement measures), as well as their distance to “physical hospitals” makes it more difficult for them to apply safety measures and assure care in case of infection. As such, they make several recommendations:

- 1) 14-day quarantine of new patients in a dedicated ward;
- 2) History of contacts and symptoms;
- 3) Reduction of staff and daily monitoring of their temperature;
- 4) Suspension of visits and replacement with tele-conference;
- 5) Telephone psychological support for care providers/staff.

In France, many hospitals have created dedicated wards for COVID-19 patients, with certain particularities. For example, staff must undergo COVID-testing before accessing units and self-monitor for symptoms, use of PPE, designated circulation areas for staff and patients, additional hygiene measures, etc. Moreover, some patients receive early discharge to free beds. In response measures have been put into place to ensure a safe transition into the community: intensive telephone follow-ups, additional home-visits by a designated team for severe cases, telephone crisis lines, use of teleconsultation.

In France pharmacies have the authorization to accept expired prescriptions such as opioid replacement treatment and sedatives, which may remove a barrier to pharmacotherapy.

These changes in the health care and psychiatric system have put an important strain on health-care workers. It is essential to put in place measures to help them cope in the face of such a pandemic.

**Link**

<https://www.sciencedirect.com/science/article/pii/S0013700620300646>

Series of rapid reviews conducted by the Institut national d'excellence en santé et en services sociaux (INESSS), Québec, Canada.

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 08/April/2020</p>	<p><b>Institut national d'excellence en santé et en services sociaux - INESSS. (2020).</b> <i>COVID-19 et la détresse psychologique et la santé mentale du personnel du réseau de la santé et des services sociaux dans le contexte de l'actuelle pandémie.</i> Québec, Qc: INESSS.</p> <p>[French] Rapid review (n=55) of the negative impacts of COVID-19 on the mental health of health care providers and measures to put into place to avoid them. Measures include:</p> <ol style="list-style-type: none"> <li>1. public communications by governments;</li> <li>2. encouraging, proactive, constant, and clear communications from managers;</li> <li>3. schedules allowing for rest and recovery;</li> <li>4. offering food, water, charging electronics, activities promoting well-being, webinars on stress management, telephone hotline;</li> <li>5. encouraging staff to communicate with managers, to ask for help if caring for loved ones is affected, caring for one's health (eating, exercising, self-compassion).</li> </ol>
<p><b>Link</b></p>	<p><a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_SM_personnel_reseau.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19 SM personnel reseau.pdf</a></p>
<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 31/March/2020</p>	<p><b>Institut national d'excellence en santé et en services sociaux - INESSS. (2020).</b> <i>COVID-19 et les effets du contexte de la pandémie sur la santé mentale et mesures à mettre en place pour contrer ces effets.</i> Québec, Qc: INESSS.</p> <p>[French] Rapid review (n=29) of the effects of pandemic on mental health resources put into place to counter these effects. Measures include:</p> <ol style="list-style-type: none"> <li>1. measures taken by governments –             <ol style="list-style-type: none"> <li>a) clear, coherent, rapid communication of the situation, adapted to the different public and levels of population and anxiety and specific towards individuals with health anxiety;</li> <li>b) campaigns underlying population altruism and cooperation, with precise information, and person-centered language;</li> <li>c) adapting services to psychosocial needs (psychosocial services, financial help, volunteer recruitment, identifying vulnerable populations;</li> <li>d) offering a wide range of mental health services;</li> </ol> </li> <li>2. in health care settings:             <ol style="list-style-type: none"> <li>a) use of technologies for effective communication;</li> </ol> </li> </ol>



	<ul style="list-style-type: none"> <li>b) adapting services to population's needs;</li> </ul> <p>3. measures taken by the population:</p> <ul style="list-style-type: none"> <li>a) management of stress and anxiety (take care of self, others, life habits, sense of hope, positive narrative, routine, reliable sources of information);</li> <li>b) measures for the elderly (relying on support system);</li> <li>c) measures for parents (creative activities, limited media time, regular routine).</li> </ul>
<b>Link</b>	<a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Sante_mentale-population.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Sante_mentale-population.pdf</a>
<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 31/March/2020</p>	<p><b>Institut national d'excellence en santé et en services sociaux - INESSS. (2020). <i>COVID-19 et la socialisation à distance entre les personnes hébergées et les proches aidants en contexte d'interdiction de visite</i>. Québec, Qc: INESSS.</b></p> <p>[French] Rapid review (n=16) on measures that can be taken in response to the suspension of visits to facilitate contact between individuals and their caregivers. None of the studies reviewed pertained to individuals in corrections or psychiatric institutions and mostly pertain to the elderly. The measures include:</p> <ol style="list-style-type: none"> <li>1. stressing the importance of contact even though visits are suspended;</li> <li>2. promote remote socialization in the face of social distancing;</li> <li>3. plan frequent communication with caregivers, friends and volunteers;</li> <li>4. promote use of technologies and assistance for use;</li> <li>5. alternative measures can include: e-mails, voice recordings, social networking;</li> <li>6. keeping family and caregivers abreast of the evolution of the situation in their institution;</li> <li>7. offering additional psychosocial support for individuals and their caregivers to promote mental well-being.</li> </ol>
<b>Link</b>	<a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Socialisation_distance.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Socialisation_distance.pdf</a>
<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b></p>	<p><b>Institut national d'excellence en santé et en services sociaux - INESSS. (2020). <i>COVID-19 et les délestage des lits en milieu psychiatrique et mesures alternatives à l'hospitalisation</i>. Québec, Qc: INESSS.</b></p> <p>[French] Review of literature (n=14) concerning support and prevention measures to be taken when reducing the number of beds in psychiatric institutions in the face of COVID-19. Measures include:</p> <ol style="list-style-type: none"> <li>1. Hospitalization should be considered for individuals who cannot receive</li> </ol>

31/March/2020	<p>outpatient follow-ups.</p> <ol style="list-style-type: none"> <li>2. Outpatient follow-ups should be privileged for patients who are able to leave the hospital. A follow-up program should be quickly put in place for patients leaving the hospital. More specifically: <ol style="list-style-type: none"> <li>a) Make sure patients and their families receive adequate information on sanitary measures and confinement decisions taken by public authorities;</li> <li>b) Organize the care the patients would require after leaving the hospital;</li> <li>c) Make sure patients who were exposed or in contact with someone with COVID-19 know the measures to follow for their confinement and to prevent further contamination.</li> </ol> </li> <li>3. Alternative care sites can be open to provide additional beds for patients showing psychiatric symptoms or mild flu symptoms.</li> <li>4. A short-term (more or less 3 days) unit should be put in place for patients showing acute psychiatric symptoms.</li> </ol>
<b>Link</b>	<a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_delestage_lit_psychiatrie.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_delestage_lit_psychiatrie.pdf</a>
<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 03/April/2020</p>	<p><b>Institut national d'excellence en santé et en services sociaux - INESSS. (2020). <i>Approches et interventions de soutien pour les personnes qui nécessitent des soins psychiatriques et qui ont ou qui sont à risque d'avoir la COVID-19.</i> Québec, Qc: INESSS.</b></p> <p>[French] Review of literature (n=11) regarding support and prevention measures to be taken for people who need psychiatric care or who are in a psychiatric institution and at risk of COVID-19. Measures include:</p> <ol style="list-style-type: none"> <li>1. Services should be reorganized to ensure the needs of psychiatric patients are still met;</li> <li>2. Dedicated spaces should be arranged for infected patients.</li> <li>3. Patients should be taught prevention measures for risk infections throughout their stay.</li> <li>4. Communication between hospitalized patients and their closed ones should be facilitated</li> <li>5. More psychological support should be offered.</li> <li>6. High risk patients should be identified to prevent suicide attempts or impulsive behavior.</li> </ol>
<b>Link</b>	<a href="https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Soutien_soins_psychiatriques.pdf">https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Soutien_soins_psychiatriques.pdf</a>

Javelot, H., Llorca, P. M., Drapier, D., et al. (2020). Informations relatives aux psychotropes et à leurs adaptations éventuelles pour les patients souffrant de troubles psychiques en France pendant l'épidémie à SARS-CoV-2 [Information on psychotropics and their adaptations for patients suffering from mental disorders in France during the SARS-CoV-2 epidemic]. *L'Encéphale*. <https://doi.org/10.1016/j.encep.2020.04.006>

<p><b>Date added to compendium:</b> 01/June/2020</p> <p><b>Date of publication:</b> 04/May/2020</p>	<p>[French] Review of literature of psychotropic treatments for patients sick with COVID-19. Psychotropics can cause side effects similar to the symptoms of COVID-19, thus increasing the chance of false positives and false negatives. Since medication for COVID-19 and psychotropics are not to be mixed, it is important for psychiatrists to evaluate the risks and benefits of both treatments, namely reducing psychotropic intake in a way that will not put the patient at risk.</p>
<p><b>Link</b></p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7196532/pdf/main.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7196532/pdf/main.pdf</a></p>

Hafizi, D., Loshak, H., Argáez, C., McCormack, S. (2020). *Infection Prevention and Control Measures in Mental Health Facilities: Guidelines*. Ottawa: CADTH.

<p><b>Date added to compendium:</b> 01/June/2020</p> <p><b>Date of publication:</b> 17/April/2020</p>	<p>Short literature review of evidence-based guidelines for infection prevention and control measures in mental health facilities. No evidence-based guidelines were identified. Seventeen articles of potential interest are provided in the appendix.</p>
<p><b>Link</b></p>	<p><a href="https://cadth.ca/sites/default/files/covid-19/RB1482%20COVID%20IPC%20Mental%20Health%20Final.pdf">https://cadth.ca/sites/default/files/covid-19/RB1482%20COVID%20IPC%20Mental%20Health%20Final.pdf</a></p>

Lemieux, A.J., Damasse, J., Morin-Major, J.-K. (2020). *Gestion de la COVID-19 avec les personnes ayant un trouble mental dans les milieux fermés: Une réponse rapide*. Montréal, Québec (Canada): Institut national de psychiatrie légale Philippe-Pinel.

<p><b>Date added to compendium:</b> 16/July/2020</p> <p><b>Date of</b></p>	<p>[French] This rapid response (n=49) aimed to identify professional and institutional changes in forensic psychiatric settings as a result of the measures and strategies put in place in response to COVID-19. According to the literature, eight main themes and observations stand out: (1) patients' vulnerability is heightened; (2) the composition and management of mental health care</p>
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<b>publication:</b> 08/July/2020	workers; (3) conditional discharge and community integration; (4) management of the virus' spread and of areas in closed settings; (5) hygiene, salubrity and protection; (6) services: continuity, cessation or diminution; (7) technologies: staying in touch from a distance; (8) patients' rights: from losing power to empowerment.  All reviewed articles are presented in a table.
<b>Link</b>	<a href="https://pinel.qc.ca/wp-content/uploads/2020/07/GestionCOVID_reponse-rapide-VF.pdf">https://pinel.qc.ca/wp-content/uploads/2020/07/GestionCOVID_reponse-rapide-VF.pdf</a>

**Flood, C. M., MacDonnell, V., Philpott, J., Thériault, S., Venkatapuram, S. (Ed.). (2020). Vulnerable: The Law, Policy and Ethics of COVID-19. Retrieved from <https://press.uottawa.ca/vulnerable.html.html>**

<b>Date added to compendium:</b> 21/July/2020	[French & English] From the website: "Vast changes to our home lives, social interactions, government functioning and relations between countries have swept the world in a few months and are difficult to hold in one's mind at one time. That is why a collaborative effort such as this edited, multidisciplinary collection is needed. This book confronts the vulnerabilities and interconnectedness made visible by the pandemic and its consequences, along with the legal, ethical and policy responses. These include vulnerabilities for people who have been harmed or will be harmed by the virus directly and those harmed by measures taken to slow its relentless march; vulnerabilities exposed in our institutions, governance and legal structures; and vulnerabilities in other countries and at the global level where persistent injustices harm us all. "
<b>Date of publication:</b> 14/July/2020	
<b>Link</b>	<a href="https://press.uottawa.ca/vulnerable.html.html">https://press.uottawa.ca/vulnerable.html.html</a>

**Vieta E., Pérez, V., Arango, C. (2020). Psychiatry in the aftermath of COVID-19. *Revista de Psiquiatría y Salud Mental*. <https://doi.org/10.1016/j.rpsm.2020.04.004>**

<b>Date added to compendium:</b> 18/August/2020	<b>*deconfinement measures</b>  The objective of this article is to anticipate possible changes in the mental health system as a result of COVID-19. Current new measures and changes are presented as authors reflect on what these changes could mean for the future of psychiatry.
<b>Date of publication:</b> article in press	

<b>Link</b>	<a href="https://ereprints.elsevier.es/sites/es.ereprints.elsevier.cc/files/filefield_paths/entero_psiquiatria_y_salud_mental_vieta_0.pdf">https://ereprints.elsevier.es/sites/es.ereprints.elsevier.cc/files/filefield_paths/entero_psiquiatria_y_salud_mental_vieta_0.pdf</a>
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**Thombs, B. D., Bonardi, O., Rice, D., et al. (2020). Curating evidence on mental health during COVID-19: A living systematic review. *Journal of psychosomatic research*, 110113. Advanced online publication. <https://doi.org/10.1016/j.jpsychores.2020.110113>**

<b>Date added to compendium:</b> 11/August/2020	Launch of a living systematic literature review. This review will measure levels of mental health symptoms across different populations, identify factors associated with levels or changes in symptoms during COVID-19, and evaluate the effect of various interventions on mental health symptoms.
<b>Date of publication:</b> 27/April/2020	
<b>Link</b>	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7185913/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7185913/</a>

**Türközer, H.B., Öngür, D. (2020). A projection for psychiatry in the post-COVID-19 era: potential trends, challenges, and directions. *Molecular Psychiatry*. <https://doi.org/10.1038/s41380-020-0841-2>**

<b>Date added to compendium:</b> 18/August/2020	*deconfinement measures From paper: "This paper discusses potential trends and challenges that psychiatric practice and research may encounter in this period from the viewpoint of workers in the field. We outline some measures that clinicians and researchers can implement to adapt to the emerging changes in psychiatry and to mitigate the forthcoming effects of the crisis."
<b>Date of publication:</b> 17/July/2020	
<b>Link</b>	<a href="https://www.nature.com/articles/s41380-020-0841-2">https://www.nature.com/articles/s41380-020-0841-2</a>

### 3.3. Opinion pieces & editorials

#### 3.3.1 Mental health

**Bao, Y., Sun, Y., Meng, S., et al. (2020). 2019-nCoV epidemic : address mental health care to empower society. *The Lancet*, 395(10224). [https://doi.org/10.1016/S0140-6736\(20\)30309-3](https://doi.org/10.1016/S0140-6736(20)30309-3)**

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 07/Feb/2020</p>	<p>Boa et al., 2020 – recommendations for the mental health of practitioners – the importance of making teleconsultation available to compensate for adverse effects of quarantine/pandemic on mental health of population (and practitioners).</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30309-3/fulltext">https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30309-3/fulltext</a></p>

**Kang, L., Li, Y., Hu, S., et al. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *The Lancet*, 7(3). [https://doi.org/10.1016/S2215-0366\(20\)30047-X](https://doi.org/10.1016/S2215-0366(20)30047-X)**

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 05/Feb/2020</p>	<p>Kang 2020 – organization of mental health services for medical staff:</p> <ul style="list-style-type: none"> <li>– A psychosocial response team composed of managers to coordinate services;</li> <li>– Psychological intervention technical support team for supervision;</li> <li>– Psychological intervention medical team comprised of psychiatrists who participate in clinical interventions;</li> <li>– Psychological assistance phone line consisted of volunteers with basic training to provide general guidance.</li> </ul>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30047-X/fulltext">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30047-X/fulltext</a></p>

**The Lancet Psychiatry. (2020). Mental Health and COVID-19: change the conversation. *The Lancet Psychiatry*, 7(6). [https://doi.org/10.1016/S2215-0366\(20\)30194-2](https://doi.org/10.1016/S2215-0366(20)30194-2)**

<p><b>Date added to compendium:</b></p>	<p>This editorial discusses pre-existing inequalities among people with severe mental illness and how these are further accentuated by the pandemic. The</p>
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<p>01/June/2020</p> <p><b>Date of publication:</b> 04/May/2020</p>	<p>article concludes with a few promising signs that change in this societal discourse might still be possible, that is, prioritizing the needs of vulnerable groups.</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30194-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=87422591&amp;hsenc=p2ANqtz-8kSyZaiKKfCG-bhD356MCxY7NMB3gIRLwE ueQFDuXLFGMRRnYJm9EFIL67hBO9XbaOuSAPMOHjC8M ksPSY3-Rmgz64P6637nV5aptbnTyZCoTY 8&amp;hsmi=87422591">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30194-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=87422591&amp;hsenc=p2ANqtz-8kSyZaiKKfCG-bhD356MCxY7NMB3gIRLwE ueQFDuXLFGMRRnYJm9EFIL67hBO9XbaOuSAPMOHjC8M ksPSY3-Rmgz64P6637nV5aptbnTyZCoTY 8&amp;hsmi=87422591</a></p>

**Heitzman, J. (2020). Impact of COVID-19 pandemic on mental health. *Psychiatria Polska*, 54(2), 187-198. <https://doi.org/10.12740/PP/120373>**

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 30/April/2020</p>	<p>From summary: "This paper presents the extent of the impact of the pandemic on the development of mental instability and current diagnostic possibilities. Subpopulations necessary for planning short-term intervention in the organizational, informative and medical areas were identified. A psychiatric guide for immediate support and assistance was proposed."</p>
<p><b>Link</b></p>	<p><a href="http://www.psychiatriapolska.pl/uploads/images/PP_2_2020/ENGver187Heitzman_PsychiatrPol2020v54i2.pdf">http://www.psychiatriapolska.pl/uploads/images/PP_2_2020/ENGver187Heitzman_PsychiatrPol2020v54i2.pdf</a></p>

**Goldman, M., L., Druss, B., G. Horvitz-Lennon, M., et al. (2020). Mental Health Policy in the Era of COVID-19. *Psychiatric Services*. <https://doi.org/10.1176/appi.ps.202000219>**

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 10/June/2020</p>	<p>Special article on significant changes in mental health policy prompted by the COVID-19 crisis across five major areas: legislation, regulation, financing, accountability, and workforce development. From the paper: " Special considerations for mental health policy are discussed, including social determinants of health, innovative technologies, and research and evaluation. These extraordinary advances provide an unprecedented opportunity to evaluate the effects of mental health policies that may be adopted in the post-COVID-19 era in the United States."</p>
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<b>Link</b>	<a href="https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000219">https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000219</a>
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**Eckardt, J., P. (2020). Caregivers of people with severe mental illness in the COVID-19 pandemic. *The Lancet Psychiatry*, 7(8). [https://doi.org/10.1016/S2215-0366\(20\)30252-2](https://doi.org/10.1016/S2215-0366(20)30252-2)**

<b>Date added to compendium:</b> 11/August/2020	Author urges the health-care community to take in consideration caregivers as an important resource in the treatment of people with mental illness and to provide them with the support and resources needed to ensure their well-being, especially during COVID-19.
<b>Date of publication:</b> 01/August/2020	
<b>Link</b>	<a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30252-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=91982435&amp;_hsenc=p2ANqtz--WXw87tphben4BV18vuBMcYR93RHIAiX1BFTE3S5sUfnsB8a8yPxxcrzpsbOXJgioa-abDD4ZJxIVGKKbTMpBx1BqbskeFu_0d4XnoKZ7G9n5e1yo&amp;utm_content=91964139&amp;utm_source=hs_email">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30252-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=91982435&amp;_hsenc=p2ANqtz--WXw87tphben4BV18vuBMcYR93RHIAiX1BFTE3S5sUfnsB8a8yPxxcrzpsbOXJgioa-abDD4ZJxIVGKKbTMpBx1BqbskeFu_0d4XnoKZ7G9n5e1yo&amp;utm_content=91964139&amp;utm_source=hs_email</a>

**Moreno, C., Wykes, T., Gladerisi, S., et al. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*. [https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)**

<b>Date added to compendium:</b> 11/August/2020	This position paper highlights possible consequences of COVID-19 on the mental health of various groups (general population, people who are or were infected with COVID-19, people with pre-existing mental disorders, and health-care workers) as well as the mental health service responses to the pandemic (public mental health responses and community outreach, mental health-care settings, and mental health needs of special populations). Additionally, the authors reflect on sustainable and long-term adaptations of mental health delivery and considerations (ethics-driven and rights-driven considerations, service user knowledge and involvement, longer-term mental health needs, remote therapy, and ways of working). Lastly, assessment of mental health outcomes and clinical practice are discussed.
<b>Date of publication:</b> 16/July/2020	
<b>Link</b>	<a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=91589148&amp;_hsenc=p2ANqtz--">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=91589148&amp;_hsenc=p2ANqtz--</a>



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### 3.3.2 Correctional and forensic settings

**Kinner, S. A., Young, J. T., Snow, K., et al. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet*, 5(4). [https://doi.org/10.1016/S2468-2667\(20\)30058-X](https://doi.org/10.1016/S2468-2667(20)30058-X)**

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 17/March/2020</p>	<p>In line with the WHO’s prison specific guidance in response to the COVID-19 pandemic, Kinner, Young, Snow, Southalan &amp; Lopez-Acuna (2020), in a Lancet opinion piece, underlined the importance of including prison and custodial settings in response to COVID-19 in the United States. Individuals in prison are by nature more vulnerable because of the setting (highly populated and poorly ventilated spaces with usually poor access to health-care services, as well as incarceration usually targeting more vulnerable populations).</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30058-X/fulltext">https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30058-X/fulltext</a></p>

**Bernheim, E., Pariseau-Legault, P. (2020). Tele-justice: progress or slippery slope? [La justice par téléphone en santé mentale: progrès ou pente glissante?]. *Le Devoir*.**

<p><b>Date added to compendium:</b> 14/May/2020</p> <p><b>Date of publication:</b> 01/April/2020</p>	<p>[French] While there have been many changes to procedures, in an opinion piece of the <i>Le Devoir</i> newspaper, Bernheim and Pariseau-Legault warn of the risk of the widespread use of tele-justice in response to the current pandemic for issues surrounding involuntary confinement. They highlight that the battle for the right to have in-person hearings has been difficult and that tele-justice may exacerbate and dehumanize procedures for individuals who already feel like they are not heard. While these procedures are required in the wake of a health crisis, the persons who are targeted by these procedures may not benefit from this change in the long-run.</p>
<p><b>Link</b></p>	<p><a href="https://www.ledevoir.com/opinion/idees/576140/la-justice-par-telephone-en-sante-mentale-progres-ou-pente-glissante">https://www.ledevoir.com/opinion/idees/576140/la-justice-par-telephone-en-sante-mentale-progres-ou-pente-glissante</a></p>

**Burki, Talha. (2020). Prisons are “in no way equipped” to deal with COVID-19. *The Lancet*, 395 (1024). [https://doi.org/10.1016/S0140-6736\(20\)30984-3](https://doi.org/10.1016/S0140-6736(20)30984-3)**

<p><b>Date added to compendium:</b> 01/June/2020</p> <p><b>Date of publication:</b> 02/May/2020</p>	<p>Describes the critical situation of prisons around the world in regards to health care for prisoners, specifically in the context of the COVID-19 pandemic. Prisons are ill-equipped, over populated, rarely a priority and prisoners are at a high risk of being exposed and contaminated while having very limited access to health-care services. Many prisons are so overpopulated it is virtually impossible for them to put in place infection control measures such as social distancing. Prisons are encouraged to release inmates that are particularly vulnerable to COVID-19 as well as inmates that are in pretrial detention and low-risk offenders.</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30984-3/fulltext?dgcid=hubspot_email_newsletter_tloronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=87284824&amp;hsenc=p2ANqtz--ie585wrip7_lgdXdXS65p8Z68NZ5-U0cPCSJhHheFQ9dAVAZxq_vPw5iY48zBoKN3oM_3g4f-ZTyAMFEDq_8lcJQxFa5oFFTD bqV-pIDKy_dZ24&amp;hsmi=87289447">https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30984-3/fulltext?dgcid=hubspot_email_newsletter_tloronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=87284824&amp;hsenc=p2ANqtz--ie585wrip7_lgdXdXS65p8Z68NZ5-U0cPCSJhHheFQ9dAVAZxq_vPw5iY48zBoKN3oM_3g4f-ZTyAMFEDq_8lcJQxFa5oFFTD bqV-pIDKy_dZ24&amp;hsmi=87289447</a></p>

**Liebreuz, M., Bhugra, D., Buadze, A., Schleifer, R. (2020). Caring for persons in detention suffering with mental illness during the COVID-19 outbreak. *Forensic Science International: Mind and Law*, 1(100013). <https://doi.org/10.1016/j.fsimpl.2020.100013>**

<p><b>Date added to compendium:</b> 02/June/2020</p> <p><b>Date of publication:</b> 26/Feb/2020</p>	<p>Recommendations of measures that should be put in place for people in detention with mental illness and staff working in prisons or similar facilities.</p>
<p><b>Link</b></p>	<p><a href="https://www.sciencedirect.com/science/article/pii/S2666353820300060?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S2666353820300060?via%3Dihub</a></p>

**Akiyama, J., M., Spaulding, A., C., Rich, J., D. (2020). Flattening the Curve for Incarcerated Populations — COVID-19 in Jails and Prisons. *The New England Journal of Medicine*, 382(22). 10.1056/NEJMp2005687**

<b>Date added to compendium:</b> 22/June/2020	Authors believe decarceration is necessary to flatten the curve and reduce the spread of COVID-19 in jails and prisons. It is suggested that people with low risks of recidivism as well as elderly and sick prisoners are released. In addition, police and courts should suspend arresting and sentencing people for low-level crimes and misdemeanors, as much as possible.
<b>Date of publication:</b> 28/May/2020	
<b>Link</b>	<a href="https://www.nejm.org/doi/full/10.1056/NEJMp2005687?query=RP">https://www.nejm.org/doi/full/10.1056/NEJMp2005687?query=RP</a>

**Livingston, J. (2020). Freedom on hold: COVID-19 shines a light on ongoing institutional injustices. *The Nova Scotia Advocate*.**

<b>Date added to compendium:</b> 11/August/2020	An editorial by Jamie Livingston, associate professor of criminology at Ste Mary's University: "People in Nova Scotia are being detained, confined, institutionalized, and incarcerated unnecessarily. We've always known this, but a pandemic and the inevitable spread of sickness and death makes it more obvious. As of March 2020, twenty people who have been deemed ready for discharge are detained at the East Coast Forensic Hospital. They are needlessly placed at an elevated risk for acquiring COVID-19 in addition to being exposed to numerous other ethical, legal, social, and health issues. "
<b>Date of publication:</b> 19/April/2020	
<b>Link</b>	<a href="https://nsadvocate.org/2020/04/19/jamie-livingston-freedom-on-hold-covid-19-shines-a-light-on-ongoing-institutional-injustices/">https://nsadvocate.org/2020/04/19/jamie-livingston-freedom-on-hold-covid-19-shines-a-light-on-ongoing-institutional-injustices/</a>

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

<b>Date added to compendium:</b> 11/August/2020	From paper: "In summary, COVID-19 presents substantial challenges to offender populations. Measures have been, and should continue to be, implemented to reduce disease transmission within prisons; however, these measures are not cost free and their consequences to mental health should be decreased wherever possible. The effects of the pandemic are considerable but they also
<b>Date of publication:</b>	

01/July/2020	create opportunities for new, innovative methods of supporting prisoners and for strengthening links between health care, criminal justice, and government agencies, with potential long-lasting benefits."
<b>Link</b>	<a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30241-8/fulltext?dgcid=hubspot_email_newsletter_tloronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=89870905&amp;_hsenc=p2ANqtz-9nbn78xWayB4DbIvnLfLTkc1dsVcGDUnVRavBb2xiWFsUFx0BlyMoU3U6GXreWgk_oTKr4Fbkx9AE5DWIWaNLiY_Vqwwi64P6acqkbD5d0ZBR2f_lk&amp;utm_content=89871209&amp;utm_source=hs_email">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30241-8/fulltext?dgcid=hubspot_email_newsletter_tloronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmi=89870905&amp;_hsenc=p2ANqtz-9nbn78xWayB4DbIvnLfLTkc1dsVcGDUnVRavBb2xiWFsUFx0BlyMoU3U6GXreWgk_oTKr4Fbkx9AE5DWIWaNLiY_Vqwwi64P6acqkbD5d0ZBR2f_lk&amp;utm_content=89871209&amp;utm_source=hs_email</a>

**Simpson, P. L., Butler, T. G. (2020). COVID-19, prison crowding, and release policies. *BMJ*. <https://doi.org/10.1136/bmj.m1551>**

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 20/April/2020</p>	<p>From editorial: "We identified nine mediating factors for transmission of infectious disease related to cell spatial density: age, education level, pre-existing medical conditions (particularly chronic disorders), risk behaviours such as intravenous drug use, environmental ventilation, duration of incarceration, cell allocation, access to prison health service, and prison release to increase spatial separation among remaining prisoners. Alongside measures to improve prison hygiene and screening, testing, and isolation of cases, release strategies should be a public health priority given increasing evidence that covid-19 clusters starting in confined spaces are associated with wider community transmission."</p>
<b>Link</b>	<a href="https://www.bmj.com/content/369/bmj.m1551">https://www.bmj.com/content/369/bmj.m1551</a>

### 3.3.3 Psychiatry settings

**Druss, B. G. (2020). Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2020.0894**

**Date added to compendium:**  
14/May/2020

**Date of publication:**  
03/April/2020

In an opinion piece published in JAMA, Druss (2020) underlined the particular vulnerabilities of individuals with mental illness in the face of the COVID-19 pandemic, notably high rates of smoking, residential instability, financial difficulties for testing and treatment (in the United-States), and limited social networks. They stress the importance of whole community preparedness including the needs and structures caring for vulnerable populations in response to such health crises. They recommend:

1. Providing up-to date, accurate information on risk and medical treatment;
2. Tailoring information materials to individuals with challenges with literacy;
3. Being mindful of the challenges of adapting physical distancing in the face of poverty and residential instability;
4. Messages which provide assurance that patients will receive care without financial penalties and regardless of immigration status;
5. Offering support in maintaining healthy habits and self-management of mental and physical health conditions;
6. Addressing psychological and social consequences of pandemic and social distancing policies (e.g., exacerbated loneliness, anxiety, depression);
7. Empowering mental health clinicians by training them to recognize symptoms of COVID-19;
8. Supporting clinicians in maintaining their own safety through telehealth and individual rather than group sessions, and offering child and elder care to clinician's families;
9. Mental health-care system must develop continuity-of-operation plans to ensure operations are maintained when short-staffed;
10. Protocols for identifying and referring patients at risk for infections and self-quarantine strategies for staff with symptoms;
11. Access to well ventilated spaces, easy access to hand-washing, and PPE;
12. Contingency plans to detect and contain outbreaks for institutional settings such as psychiatric hospitals;
13. Implementing state policies and regulations to mitigate health and economic impact of the pandemic, such as supplemental nutrition assistance program, housing support, and paid sick leave.

**Link**

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764227?resultClick=1>

Gunnel, D., Appleby, L., Arensman, E., et al. (2020). Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*, 6(7), 468-471. [https://doi.org/10.1016/S2215-0366\(20\)30171](https://doi.org/10.1016/S2215-0366(20)30171)

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 04/April/2020</p>	<p>This comment pertains to the link between COVID-19 and suicide risk. While it does not specifically discuss psychiatric populations, it does indicate that they are at increased risk.</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lancet/article/PIIS2215-0366(20)30171-1/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=86857163&amp;hsenc=p2ANqtz-9f5bVBmOauejm3IjXUWOV11KGKQJqyfW5SGfWWjPmeQ7P05Vkl5NW3_FbBmoAGLiMBNbawf6PtJPNF99IXaVklXdEjEh6PygcW0xNAk04RdNS3Uc&amp;hsmi=86857163">https://www.thelancet.com/journals/lancet/article/PIIS2215-0366(20)30171-1/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_source=hs_email&amp;utm_medium=email&amp;utm_content=86857163&amp;hsenc=p2ANqtz-9f5bVBmOauejm3IjXUWOV11KGKQJqyfW5SGfWWjPmeQ7P05Vkl5NW3_FbBmoAGLiMBNbawf6PtJPNF99IXaVklXdEjEh6PygcW0xNAk04RdNS3Uc&amp;hsmi=86857163</a></p>

Cranshaw, T., Harikumar, T. (2020) COVID-19 Infection May Cause Clozapine Intoxication: Case Report and Discussion. *Schizophrenia Bulletin*, 46,(4), 751. <https://doi.org/10.1093/schbul/sbaa070>

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 21/May/2020</p>	<p>Description of a case of clozapine intoxication due to COVID-19 of a mental health rehabilitation ward patient. The interaction of clozapine and COVID-19 seems to have serious complications for physical and mental health.</p>
<p><b>Link</b></p>	<p><a href="https://academic.oup.com/schizophreniabulletin/advance-article/doi/10.1093/schbul/sbaa070/5841430">https://academic.oup.com/schizophreniabulletin/advance-article/doi/10.1093/schbul/sbaa070/5841430</a></p>

Gold, A., Strous, R. D., Applebaum, P. S. (2020). COVID-19 and involuntary hospitalisation: navigating the challenge. *The Lancet Psychiatry*, 7(7), 572-573. [https://doi.org/10.1016/S2215-0366\(20\)30246-7](https://doi.org/10.1016/S2215-0366(20)30246-7)

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 01/July/2020</p>	<p>The authors reflect on the new challenges the psychiatric community face regarding involuntary hospitalisation of patients with psychiatric disorders transgressing COVID-19 rules. Two questions are addressed: "under what conditions does non-compliance with COVID-19-related rules justify psychiatric involuntary hospitalisation, and when might this extraordinary legal option be exploited in the service of public health?"</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30246-7/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmt=89870905&amp;_hsenc=p2ANqtz-940YVbrE7KPAPrTXmag0iYVuDGP4uGDJMGwFKo57eMFHz3WqFHQW7q_J9deQdp7Yr_DVTZp_7xvq1R0Na00_L2Ng8qagLSYInXzjWMxoZx95yfflw&amp;utm_content=89871209&amp;utm_source=hs_email">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30246-7/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmt=89870905&amp;_hsenc=p2ANqtz-940YVbrE7KPAPrTXmag0iYVuDGP4uGDJMGwFKo57eMFHz3WqFHQW7q_J9deQdp7Yr_DVTZp_7xvq1R0Na00_L2Ng8qagLSYInXzjWMxoZx95yfflw&amp;utm_content=89871209&amp;utm_source=hs_email</a></p>

Soron, T. R., Islam, S. M. S., Ahmed, H. U., Ahmed, S. I. (2020). The hope and hype of telepsychiatry during the COVID-19 pandemic. *The Lancet Psychiatry*, 7(8). [https://doi.org/10.1016/S2215-0366\(20\)30260-1](https://doi.org/10.1016/S2215-0366(20)30260-1)

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 01/August/2020</p>	<p>Authors highlight possible negative consequences of telepsychiatry in Bangladesh, such as risking the privacy and safety of health professionals, adding a new burden to health-care services that will have to monitor and control new telepsychiatry services, and circulating misleading information.</p>
<p><b>Link</b></p>	<p><a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30260-1/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmt=91982435&amp;_hsenc=p2ANqtz--55s2azAj_0Cwox6SE0VG3H1IHloYTzwhqhwF7BSU335hiODI_pzn6uwAHtx7WpBMHoml7gEtGSSdblrt-9RdgUWd06xx7Mit5bcBBxJOg47mjqc4&amp;utm_content=91964139&amp;utm_source=hs_email">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30260-1/fulltext?dgcid=hubspot_email_newsletter_tlcoronavirus20&amp;utm_campaign=tlcoronavirus20&amp;utm_medium=email&amp;_hsmt=91982435&amp;_hsenc=p2ANqtz--55s2azAj_0Cwox6SE0VG3H1IHloYTzwhqhwF7BSU335hiODI_pzn6uwAHtx7WpBMHoml7gEtGSSdblrt-9RdgUWd06xx7Mit5bcBBxJOg47mjqc4&amp;utm_content=91964139&amp;utm_source=hs_email</a></p>

**Stoll, J., Sadler, J. Z., Trachsel, M. (2020). The Ethical Use of Telepsychiatry in the COVID-19 Pandemic. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsyt.2020.00665>**

<p><b>Date added to compendium:</b> 11/August/2020</p> <p><b>Date of publication:</b> 14/July/2020</p>	<p>From article: "We have identified six areas of ethical challenges in delivering telepsychiatry/psychotherapy: (1) data security, privacy, and confidentiality; (2) clinical safety of telepsychiatry recipients; (3) competency and preparedness for telepsychiatric clinicians; (4) legal, regulatory, and financial concerns; (5) informed consent for services; and (6) social justice concerns." Each ethical challenge and how to approach them are discussed.</p>
<p><b>Link</b></p>	<p><a href="https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00665/full?utm_source=F-AAE&amp;utm_medium=EMLF&amp;utm_campaign=MRK_1383094_68_Psychi_20200721_arts_A">https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00665/full?utm_source=F-AAE&amp;utm_medium=EMLF&amp;utm_campaign=MRK_1383094_68_Psychi_20200721_arts_A</a></p>

**Nileswar, D. (2020). Psychiatrists in post-COVID-19 era – are we prepared? *Asian Journal of Psychiatry*. 102082. 10.1016/j.ajp.2020.102082.**

<p><b>Date added to compendium:</b> 18/August/2020</p> <p><b>Date of publication:</b> 07/April/2020</p>	<p><b>*deconfinement measures</b></p> <p>The author argues psychiatrists should address three issues to prepare for post-COVID-19 (from the article): " (1) generating evidence by well conducted studies, (2) generating awareness and psychological preparedness among common men and essential service providers, (3) delivering active psychological and psychiatric intervention to those in need."</p>
<p><b>Link</b></p>	<p><a href="https://www.researchgate.net/publication/340495820_Psychiatrist_in_post-COVID-19_era_-_are_we_prepared">https://www.researchgate.net/publication/340495820_Psychiatrist_in_post-COVID-19_era_-_are_we_prepared</a></p>



## 4. Information watch

### 4.1. COVID-19

PLOS	
<b>Description</b>	PLOS updates and resources to access the latest Open Access research about COVID-19 are available here as information develops.
<b>Link</b>	<a href="https://plos.org/covid-19/">https://plos.org/covid-19/</a>

The Lancet	
<b>Description</b>	Collection of all articles that appeared in The Lancet and address issues related to COVID-19.
<b>Link</b>	<a href="https://www.thelancet.com/coronavirus">https://www.thelancet.com/coronavirus</a>

Frontiers	
<b>Description</b>	The Frontiers Coronavirus Knowledge Hub provides an up-to-date source of trusted information and analysis on COVID-19 and coronaviruses, including the latest research articles, information, and commentary from our world-class scientific community.
<b>Link</b>	<a href="https://coronavirus.frontiersin.org">https://coronavirus.frontiersin.org</a>

Lanzhou University's Evidence Based Medicine Centre in China	
<b>Description</b>	A Google spreadsheet which keeps track of all ongoing or published studies pertaining to COVID-19 published in both English and Chinese journals. Professor Kehu Yang, Director of Lanzhou University's Evidence Based Medicine Centre in China has kindly provided a team of seven researchers pro bono publico.
<b>Link</b>	<a href="https://docs.google.com/spreadsheets/d/1Ue7XpM_aY5y2OWbk8Bj2gu9s9zea7rglKjh0egoXp0g/edit#gid=0">https://docs.google.com/spreadsheets/d/1Ue7XpM_aY5y2OWbk8Bj2gu9s9zea7rglKjh0egoXp0g/edit#gid=0</a>

<b>NEJM Journal Watch</b>	
<b>Description</b>	Informational watch of COVID-19 in the medical literature. Updated daily with new articles as they are published.
<b>Link</b>	<a href="https://www.jwatch.org/covid-19">https://www.jwatch.org/covid-19</a>
<b>Eppi Center</b>	
<b>Description</b>	Spreadsheet of resources relating to COVID-19.
<b>Link</b>	<a href="http://eppi.ioe.ac.uk/cms/Projects/DepartmentofHealthandSocialCare/Publishedreviews/COVID-19Livingssystematicmapofthevidence/COVID-19Resources/tabid/3767/Default.aspx">http://eppi.ioe.ac.uk/cms/Projects/DepartmentofHealthandSocialCare/Publishedreviews/COVID-19Livingssystematicmapofthevidence/COVID-19Resources/tabid/3767/Default.aspx</a>
<b>Publons</b>	
<b>Description</b>	Database of any papers (including preprints) published on the COVID-19 pandemic.
<b>Link</b>	<a href="https://publons.com/publon/covid-19/?sort_by=date">https://publons.com/publon/covid-19/?sort_by=date</a>
<b>McCarthy Tetrault</b>	
<b>Description</b>	From the website: " In light of the outbreak of COVID-19, our team is closely monitoring updates from governments across Canada as they respond to the pandemic. The following summarizes the emergency measures that have been imposed in each jurisdiction. We will continue to update this summary as further measures are introduced across the country."
<b>Link</b>	<a href="https://www.mccarthy.ca/en/insights/articles/covid-19-emergency-measures-tracker">https://www.mccarthy.ca/en/insights/articles/covid-19-emergency-measures-tracker</a>
<b>University of Oxford</b>	
<b>Description</b>	From the website: "Governments are taking a wide range of measures in response to the COVID-19 outbreak. This tool aims to track and compare policy responses around the world, rigorously and consistently."
<b>Link</b>	<a href="https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker">https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker</a>

## 4.2. Psychiatric setting and treatment

<b>Centre de Réhabilitation psychosociale et remédiation cognitive (French)</b>	
<b>Description</b>	For a few points of reference on how to manage the health crisis in the world and its effects, the Centre de Réhabilitation psychosociale et remédiation cognitive (France; in French) propose a non-exhaustive watch of articles from the international scientific literature. This watch will be updated regularly.
<b>Link</b>	<a href="https://centre-ressource-rehabilitation.org/covid-19-vu-d-ailleurs-actualite-de-la-recherche-scientifique-internationale?debut_articles_rubrique=%40285">https://centre-ressource-rehabilitation.org/covid-19-vu-d-ailleurs-actualite-de-la-recherche-scientifique-internationale?debut_articles_rubrique=%40285</a>

<b>Ascodocpsy (French)</b>	
<b>Description</b>	Documentation centres, libraries, documentary networks, and learned societies in France and abroad have put online reference pages on the Coronavirus / COVID-19 since the beginning of the epidemic. You will find on this page links to these documentary resources and a focus on those concerning psychiatry.
<b>Link</b>	<a href="https://www.ascodocpsy.org/covid-19-ressources-documentaires-pour-la-psychiatrie/">https://www.ascodocpsy.org/covid-19-ressources-documentaires-pour-la-psychiatrie/</a>

### 4.3. Correctional setting and criminal justice

The Marshall Project	
<b>Description</b>	Compilation of their own reporting and that of others on their website (“a curated collection of links”).
<b>Link</b>	<a href="https://www.themarshallproject.org/records/8718-coronavirus">https://www.themarshallproject.org/records/8718-coronavirus</a>
Facebook – COVID-19 Prison Watch	
<b>Description</b>	This page was created to share information on the spread of COVID-19 in prisons, prison policies, political and legal advocacy for prisoners, and the experiences of prisoners and families. Posts are moderated to reflect the objectives: to support prisoners during the coronavirus global pandemic.
<b>Link</b>	<a href="https://www.facebook.com/groups/258392441852935/">https://www.facebook.com/groups/258392441852935/</a>
Fines & Fees Justice Center	
<b>Description</b>	COVID-19 Fines and Fees Policy Tracker as well as policy recommendations for communities and people involved with the CJS.
<b>Link</b>	<a href="https://finesandfeesjusticecenter.org/articles/ffjc-policy-recommendations-for-the-covid-19-crisis/">https://finesandfeesjusticecenter.org/articles/ffjc-policy-recommendations-for-the-covid-19-crisis/</a>
Fair Trials	
<b>Description</b>	The COVID-19 Justice Project of Fair Trails (the global criminal justice watchdog) provides court and prison related updates of a variety of countries worldwide. Updates by the country can be accessed by clicking on the map.
<b>Link</b>	<a href="https://www.fairtrials.org/newsmap?field_country_tid=58">https://www.fairtrials.org/newsmap?field_country_tid=58</a>
The COVID Prison Project	
<b>Description</b>	Tracks data (cases among prisoners and staff, and deaths of prisons and staff) and changes in policy regarding COVID-19 in correctional facilities across the United States.
<b>Link</b>	<a href="https://covidprisonproject.com/">https://covidprisonproject.com/</a>

### Prison Policy Initiative

<b>Description</b>	The Prison Policy Initiative tracks the most significant responses to the COVID-19 pandemic by US state and local governments. They regularly provide updates on policy changes related to release from detention, reducing jail admissions, reducing incarceration, limiting contact for people on parole/probation, eliminating medical co-pays, and reducing costs of communication (phone/video calls).
<b>Link</b>	<a href="https://www.prisonpolicy.org/virus/virusresponse.html">https://www.prisonpolicy.org/virus/virusresponse.html</a>

### Prison Legal News

<b>Description</b>	The Prison Legal News added a page to their website in which they provide updates on news/information surrounding COVID -19 outbreaks in prisons and jails across the US. They provide professional resources with links to COVID-19 data tracking projects, as well as news articles on COVID cases in jails and prisons. They also provide COVID-related litigation from across the country.
<b>Link</b>	<a href="https://www.prisonlegalnews.org/covid-19/">https://www.prisonlegalnews.org/covid-19/</a>

### Policing the Pandemic Mapping Project

<b>Description</b>	The project tracks police interventions across Canada in relation to the new rules prescribed by the government. It seeks to help understand who is being targeted by police interventions, what justifications are being used, and how marginalized people are being impacted.
<b>Link</b>	<a href="https://www.policingthepandemic.ca/">https://www.policingthepandemic.ca/</a>

### Vera Institute of Justice

<b>Description</b>	From the website: "People in jails, prisons, and detention centers are at extreme risk of infection from COVID-19. Now is the time for government leaders to be bold: release people from custody and divert others from entering detention. Vera has created guidance with best practices justice systems can follow to swiftly protect people, as well as tools to track government progress. Explore below to learn how policymakers can act now."
<b>Link</b>	<a href="https://www.vera.org/spotlights/covid-19">https://www.vera.org/spotlights/covid-19</a>

## 5. Programs and resources

<b>Centre support de réhabilitation psychosociale CRISALID</b>	
<b>Description</b>	Description of an educational therapeutic program for patients with chronic pathologies (physical or psychiatric). The aim of the program is to promote health and primary prevention by integrating better life hygiene habits for the patients. The program takes place over 12 sessions of an hour each.
<b>Link</b>	<a href="https://centre-ressource-rehabilitation.org/outil-hygiene-de-vie-et-covid-19-un-programme-d-etp-propose-par-le-centre-de?debut_articles_rubrique=%40304">https://centre-ressource-rehabilitation.org/outil-hygiene-de-vie-et-covid-19-un-programme-d-etp-propose-par-le-centre-de?debut_articles_rubrique=%40304</a>
<b>Beck Institute for Cognitive Behavior Therapy</b>	
<b>Description</b>	“Beck Institute is committed to supporting our global community as it responds to the urgent mental health needs posed by the COVID-19 pandemic. We have compiled the following resources to assist professionals in the health, mental health, and adjacent fields in helping their clients during this time.”
<b>Link</b>	<a href="https://beckinstitute.org/covid-19-resources/">https://beckinstitute.org/covid-19-resources/</a>
<b>Center of Addiction and Mental Health (CAMH)</b>	
<b>Description</b>	The Center of Addiction and Mental Health (CAMH), in collaboration with the Forensic Division of the University of Toronto (Canada), and the National Forensic Mental Health Service in Dublin (Ireland), is hosting a series of webinars on regional perspectives and best practices on managing the pandemic in secure hospital settings. In total, six sessions are planned, between June 5, 2020 and August 14, 2020. All webinars are recorded and made available on the CAMH website.
<b>Link</b>	<a href="https://www.camh.ca/en/science-and-research/clinical-divisions/forensic-psychiatry-division/covid-19-in-forensic-psychiatry-series">https://www.camh.ca/en/science-and-research/clinical-divisions/forensic-psychiatry-division/covid-19-in-forensic-psychiatry-series</a>

### Royal College of Psychiatrists

<b>Description</b>	Guidance for psychiatrists and other mental health professionals regarding a number of situations, such as patient engagement, ethical considerations, and legal matters. Lists of international resources and resources from other organisations are also provided.
<b>Link</b>	<a href="https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians?dm_i=43OD,T3IT,3LTW6J,3I7X5,1">https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians?dm_i=43OD,T3IT,3LTW6J,3I7X5,1</a>

### Royal College of Psychiatrists

<b>Description</b>	Guidance and information for psychiatrists working specifically in Scotland (complementary to the general UK guidance). Psychiatrists can find guidance for pregnancy care, supported living and residential care, educational supervisors, etc. Online learning resources and webinars are also available on the website.
<b>Link</b>	<a href="https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/covid-19-for-psychiatrists-in-scotland">https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland/covid-19-for-psychiatrists-in-scotland</a>

### American Psychiatric Association

<b>Description</b>	“To provide support in the response to the novel coronavirus (COVID-19), APA is collecting authoritative and timely resources in this information hub.” Resources for psychiatrists, families, hospitalists and primary care, and health care and community leaders are gathered on the website.
<b>Link</b>	<a href="https://www.psychiatry.org/psychiatrists/covid-19-coronavirus">https://www.psychiatry.org/psychiatrists/covid-19-coronavirus</a>

### Canadian Psychiatric Association

<b>Description</b>	List of COVID-19 resources. It includes practice, mental health, provincial mental health, public health, member, and other miscellaneous resources.
<b>Link</b>	<a href="https://www.cpa-apc.org/covid-19/">https://www.cpa-apc.org/covid-19/</a>

<b>SMI Adviser</b>	
<b>Description</b>	Presentation of a panel of experts in serious mental illness to help Assertive Community Treatment teams and staff in supportive housing and group homes put in place the best practices during the pandemic. The presentation is 1 hour long and is free.
<b>Link</b>	<a href="https://education.smiadviser.org/Users/ProductDetails.aspx?ActivityID=7315">https://education.smiadviser.org/Users/ProductDetails.aspx?ActivityID=7315</a>

<b>APA &amp; NABH</b>	
<b>Description</b>	Presentation on how to address COVID-19 for inpatient, residential and other non-ambulatory settings. Available to all.
<b>Link</b>	<a href="https://education.psychiatry.org/Users/ProductDetails.aspx?ActivityID=7272&amp;_ga=2.68222866.2079162336.1590076266-168928087.1590076266">https://education.psychiatry.org/Users/ProductDetails.aspx?ActivityID=7272&amp;_ga=2.68222866.2079162336.1590076266-168928087.1590076266</a>

<b>SAMHSA</b>	
<b>Description</b>	List of resources and guidance to help individuals, providers, communities and states during the pandemic.
<b>Link</b>	<a href="https://www.samhsa.gov/coronavirus">https://www.samhsa.gov/coronavirus</a>

<b>The Committee on Law and Justice</b>	
<b>Description</b>	A webinar was held on May 12th 2020 and was made available countrywide. Speakers discussed what administrators and governments can do to help manage secure institutions during the pandemic.
<b>Link</b>	<a href="https://www.nationalacademies.org/event/05-12-2020/committee-on-law-and-justice-webinar-the-covid-19-and-secure-institutions">https://www.nationalacademies.org/event/05-12-2020/committee-on-law-and-justice-webinar-the-covid-19-and-secure-institutions</a>

<b>Institut national de psychiatrie légale Philippe-Pinel</b>	
<b>Description</b>	[French] Conference on the challenges and recommendations of the management of COVID-19 with mentally ill people in closed settings.
<b>Links</b>	<a href="https://www.youtube.com/watch?v=lmzyDIG15s4&amp;ab_channel=PhilippePinel">https://www.youtube.com/watch?v=lmzyDIG15s4&amp;ab_channel=PhilippePinel</a>



## Centre support aux soins de Réhabilitation Psychosociale

<b>Description</b>	<p><b>*deconfinement measures</b></p> <p>[French] Creation of a tool, inspired by the Occupational Self-Assessment questionnaire (Baron et al., 2006), to explore how patients feel about deconfinement and evaluate their well-being. Eventually, this tool would help in the elaboration of a new care project that would support patients' recovery in a post COVID-19 era.</p>
<b>Links</b>	<ul style="list-style-type: none"><li>▪ <a href="https://www.santementale.fr/actualites/un-outil-d-evaluation-pour-soutenir-le-retablissement-en-periode-de-deconfinement.html?fbclid=IwAR2l10tumnBokXI0w-UaM1X2pu2n6bQ7lwTdqOTse2JY9Qwsq78o-oLs88">https://www.santementale.fr/actualites/un-outil-d-evaluation-pour-soutenir-le-retablissement-en-periode-de-deconfinement.html?fbclid=IwAR2l10tumnBokXI0w-UaM1X2pu2n6bQ7lwTdqOTse2JY9Qwsq78o-oLs88</a></li><li>▪ Tool: <a href="https://www.santementale.fr/medias/userfiles/files/accord.pdf">https://www.santementale.fr/medias/userfiles/files/accord.pdf</a></li></ul>