


BMJ Open Coping strategies of the incarcerated during the COVID-19 pandemic: a scoping review protocol of quantitative and qualitative evidence

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ABSTRACT

Introduction To reduce the transmission of COVID-19, regulations included the use of cloth masks, sanitising regularly, maintaining social distance and having minimal personal contact. COVID-19 affected many different groups of people including service providers and users of correctional centres. In this protocol, we aim to establish evidence on the challenges and coping strategies adopted by the incarcerated and service providers of the incarcerated during the COVID-19 pandemic.

Methods and analysis In this scoping review, we will use the Arksey and O'Malley framework. We will consult PubMed, PsycInfo, SAGE, JSTOR, African Journals and Google Scholar as our databases to search for evidence, and run a continuous search of articles from June 2022 until we conduct an analysis to ensure that our search results are updated. Two reviewers will independently screen the titles, abstracts and full texts for inclusion. All results will be compiled, and duplicates will be removed. Discrepancies and conflicts will be discussed with the third reviewer. All articles that meet the full-text criteria will be included for data extraction. Results will be reported in line with the review objectives and the Donabedian conceptual framework.

Dissemination Ethical approval of the study will not be applicable in this scoping review. Our findings will be disseminated in different ways, such as publishing in peer-reviewed journals and to other key correctional system stakeholders, as well as submitting a policy brief for prison decision makers and policy makers.

BACKGROUND

In the latter part of 2019, the COVID-19, which is a SARS-CoV-2, was identified in Wuhan, China. The virus spread rapidly. As a result, WHO declared a Public Health Emergency of International Concern.¹ Consequently, authorities from different countries were led to enforce lockdown regulations to help curb the virus. The general population had to adjust to new strict lockdown regulations, such as wearing cloth masks, sanitising regularly, maintaining social distance and having minimal personal contact.^{2,3} Some lost their lives, or those of loved ones, and many

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ Using multiple databases helps locate global evidence about the field.
- ⇒ Title, abstract and full-text screening will allow to select relevant articles for the review.
- ⇒ Multiple authors conducting screening will help reduce the risk of selection bias.
- ⇒ During screening, articles not written in English will be excluded and grey literature, which may bias perspectives.
- ⇒ Lack of quality appraisal, some included articles may have low quality.

lost access to sustaining a living.^{4,5} There is a difference in experience of offenders and general population, for instance, offenders are mostly locked in a correctional facility with no access to forms of activities or interaction with people and fellow inmates, which may differ from the general population. For example, the general population was locked in their homes, not having access to normal life activities; however, they had access to family members and friends who were locked up in their home as well as access to the media, including social media, which connects them with their loved ones. While this virus affected everyone, its impact on offenders has received little attention. Despite that, offenders had to experience various challenges associated with COVID-19. In this review, we define challenges as a situation (COVID-19) faced by offenders, which brought mental and physical challenges. The COVID-19 pandemic affected offenders directly when diagnosed with COVID-19, through mandates to wear masks and sanitise frequently, and indirectly such as through the death of a close relative, prohibition of social visits and reduced support.^{2,3} With COVID-19 restrictions, visits to people who were incarcerated were not permitted.^{6,7} Some prison activities such as mental healthcare, primary



care, sports, education, vocational activities and religious gatherings were affected.^{8–12} Offenders had to deal with the pandemic on their own, without the social support of family members, health workers and daily functioning (vocational activities).

Correctional centres are overcrowded, with poor infrastructure and a lack of human resources for care.^{13–15} COVID-19 regulations perpetuated the situation, and contributed to offenders' experiencing somatic illnesses (physical pain and shortness of breath, which led to major distress).¹⁶ Offenders and service providers had to deal with stress-related factors such as getting vaccinated, losing a loved one or not seeing their loved ones and isolation.^{17–20} Researchers maintain that high levels of stress, anxiety, emotional breakdowns and depression are especially likely when a loved one is diagnosed with COVID-19.^{21–23} In the USA, a study conducted on family member incarceration and coping strategies described how incarcerated populations failed to cope during COVID-19,²⁴ which affected their well-being. The authors highlighted that COVID-19 contributed to inmates' lack of functioning socially, emotionally and psychologically.²⁴ The new regulations required offenders to cope functionally with situations that were out of their control neither within their personal powers.^{25–29} We will define coping strategies solely to the specific psychological coping strategies that individual offenders use, or what correctional officers adopted to help offenders cope during COVID-19. Conceptually, functional coping involves two options when an individual is faced with a stressful situation, namely one, confronting the situation, and two, controlling emotions which have been caused or triggered by the situation.²⁹ However, problem-focused coping is more effective in situations which the individual believes can be modified, whereas emotion-focused coping should be used in situations regarded as difficult or impossible to change.^{30 31}

In high-income countries (HICs), mental healthcare for the incarcerated population is important. Before the COVID-19 pandemic negatively impacted the world's population, offenders had various degrees of privileges of visits, education, sports, religious care, telepsychiatry care, and vocational, psychiatric and psychological care.^{32–36} These activities contributed to positive mental health of offenders.^{37 38}

Similarly, before COVID-19, offenders in low and middle-income countries (LMICs) were also involved to various degrees in religious activities, formation of surrogate families, engagement in educational and vocational training as well as emotion-focused strategies.^{39–42} Little has been done to understand the coping strategies adapted by the incarcerated during COVID-19.^{17 43} This information gap has caused policy makers, particularly in LMICs, to fail to implement strategies that will improve care in prisons during pandemics. Living a healthy life is a fundamental need for everyone. Coping strategies may minimise stressful situations and may further help in reducing the risk of some diseases.⁴⁴ No scoping reviews

have been found to identify coping strategies that can be used by offenders during pandemics such as COVID-19. Due to this lack of information, the focus of the present scoping review is to identify global evidence about the coping strategies for offenders during pandemics such as COVID-19. We will use the evidence of the review to identify coping strategies that are suitable for LMICs and other resource-constrained areas. We will also make recommendations that may assist LMICs to prepare for future pandemics which could have the same or similar effect as the COVID-19 pandemic.

Adaptive or functional coping strategies have been recommended during infectious diseases such as the Ebola virus disease, swine influenza, HIV and AIDS, cholera and tuberculosis.^{45 46} These coping strategies are more likely to enhance the capacity of offenders to cope during pandemics if they are well implemented. In this scoping review, we aim to review the literature on how offenders cope during COVID-19. We will answer the following questions: What are the challenges encountered by the incarcerated and service providers during the COVID-19 pandemic? What coping strategies are adapted by the incarcerated and service providers during the COVID-19 pandemic?

Overall aim and objectives

Aim

To establish evidence about the challenges and coping strategies adapted by the incarcerated population during the COVID-19 pandemic.

Objectives

- ▶ To map evidence about the challenges encountered by correctional centres and incarcerated persons and service providers during the COVID-19 pandemic.
- ▶ To map evidence about coping strategies adapted by correctional centres and incarcerated persons during COVID-19.
- ▶ To identify coping strategies that can be used by correctional centres and incarcerated populations in LMICs.

METHODS AND ANALYSIS

This scoping review will follow a framework developed by the Joanna Briggs Institute⁴⁷ which builds on the works by Arksey and O'Malley⁴⁸ and Levac *et al.*⁴⁹ According to this framework, we will proceed as follows: (1) develop review objectives and questions; (2) design the inclusion and exclusion criteria; (3) design a search strategy for identifying, screening and selecting studies; (4) conduct a search for evidence; (5) screen and select the evidence; (6) chart the data; and (7) collate, summarise and report the results.

Review team and consultation

The scoping review will be conducted by a team of three members from psychology (WFT and EF) and public health (SM) departments. All team members have experience in working with marginalised populations including

Table 1 Inclusion and exclusion criteria with rationale or justification

Inclusion	Rationale/justification
Qualitative, quantitative and mixed-methods designs	To cover all relevant information qualitatively and quantitatively. This will also include different designs applied in mixed methods.
Incarcerated aged 18+ (males and females)	We are interested in adult populations aged 18+ years, which is the uncontested legal age in most African countries.
Coping strategies and challenges	We chose to define coping strategies as follows: ‘coping’ refers to contextual, personal, social and psychological strategies people use to deal with stressing events or situations which bring psychological discomfort. ³¹ Challenges refer to any contextual, personal, social and psychological factors that contribute to dysfunctional conditions.
COVID-19 pandemic	The current pandemic which contributes to systematic problems in prisons.
International and local articles	We are interested in evidence across all countries with the hope to identify and adapt strategies suitable for LMICs.
English published reviews	The reviewers have experience only in reading and writing using the English language.
Year 2019 to present	The spread of COVID-19 began in late 2019.
Exclusion	Rationale/justification
Offenders that have been discharged	We are interested in currently incarcerated population.
Articles about service providers’ experiences	We are interested in articles about how or what did service providers do to help offenders cope during COVID-19 and overcome challenges.
Secondary analysis	The study solely focuses on primary studies.
Systematic reviews and reviews	Focus is on reviews rather than primary data.
LMIC, low and middle-income country.	

people who are incarcerated and have mental health problems. We will consult relevant stakeholders within the incarcerated field for more knowledge and insight during the review process.

Designing the eligibility criteria, review questions and objectives

This scoping review forms part of a postdoctoral project that aims to explore how the adjustment and well-being of incarcerated are affected by the COVID-19 pandemic. We decided to conduct a scoping review as our first objective to map evidence about the challenges and coping strategies adopted by the incarcerated population. First, we conducted a preliminary search strategy which helped us to identify gaps and develop review questions and objectives. The review team discussed the eligibility criteria via Microsoft Teams meetings. During the development of eligibility criteria, we faced some challenges due to: (1) selecting the reason behind incarceration or looking at the incarcerated population in general; (2) defining the term ‘coping strategies’, which is interpreted differently across professions; and (3) focusing on evidence from LMICs only or including HICs. Despite the challenges we faced, we managed to construct clear inclusion and exclusion criteria for our scoping review. The inclusion and exclusion criteria are included in [table 1](#).

Databases

The following electronic databases will be used to search for articles: PubMed, PsycInfo, SAGE, JSTOR, African Journals and Google Scholar. The search terms will be

adapted for each database and searches will be conducted from June 2022 to December 2022, and continuously updated until we complete the analysis.

Search terms, limits and exclusions

The review team identified preliminary search terms such as ‘Criminal*’, ‘Covid-19*’, ‘Prison*’ and ‘Coping Strateg*’ to help locate articles (online supplemental appendix 1). The search terms were developed and adapted according to different databases to conduct preliminary searches. This preliminary search helped us identify gaps and formulate review questions. We will improve the preliminary search terms by adding MeSH terms and synonyms to conduct a final search for the scoping review. Additionally, we will also manually search all reference lists of included studies to identify additional studies of relevance. All search terms will be refined by the review team during Microsoft Teams meetings, and we will consult with an experienced librarian if necessary. Terms will be searched as both keywords in the title and/or abstract and subject headings (eg, MeSH). Limits such as English language and date will be applied.

Study selection

All search results will be downloaded and imported into Covidence software^{48–50} specifically created for systematic and scoping literature reviews. After all the results have been compiled, duplicates will be removed. The remaining articles will be screened in duplicate by the review team (WFT, EF and SM). Screening will first be conducted based on title and abstract using the designed inclusion and exclusion

criteria. All articles that meet the criteria will be screened full text independently by the review team (WFT, EF and SM). Any disagreements during the screening process will be discussed during a Microsoft Teams meeting until consensus has been reached.

Data extraction

The review team (WFT, EF and SM) will develop a data extraction form for extracting study characteristics using Excel and Word documents. This form will be piloted and revised by the review team until consensus has been reached. Study characteristics to be extracted will include authors, year of publication, country of origin, aim or purpose of the study, study population and sample, methodology, strategies, challenges, duration and reason of incarceration, key findings and strengths and limitations. Data extraction will be conducted in duplicate with two reviewers independently, extracting data from all included studies. To ensure rigour and accuracy, the review team will extract data independently, and the results will be compared. Any discrepancies will be discussed to ensure consistency between the reviewers.

Data summary and synthesis of results

The Donabedian conceptual framework will serve as a guide for synthesising the literature and determining how coping strategies can be classified and implemented.⁵¹ The framework looks at three components for evaluating the quality of care.⁵¹ These include structure, process and outcome.⁵¹ In this review, we will map challenges and coping strategies according to structure, process and outcome. In structure, we will look at the environment in which the coping strategies are implemented, which includes the facility, equipment available and human resources.⁵¹ During the process, we will look at how the coping strategies are implemented by correlational services, such as through interaction between users and service providers, and how service providers help offenders adapt to the strategies.⁵¹ Finally, we will look at the improvements and experiences of offenders as the outcome.⁵¹ Although Donabedian's model does not consider specific prisoners or population factors, it is widely used for guiding quality improvement activities in healthcare. Specifically, this model has been used to outline the potential mechanisms of variation in quality and applied across a spectrum of healthcare settings and disease diagnoses. This model will also assist in synthesising the biopsychosocial of the offenders during COVID-19, which affected the daily lives of offenders in correctional centres. It will further provide assessment in understanding and improving the mental healthcare quality for those who are incarcerated during future pandemics such as COVID-19.

DISSEMINATION AND ETHICS

Since the scoping review methodology consists of reviewing and collecting data from publicly available

materials, this study does not require ethical approval. Our scoping review findings will be disseminated in different ways, such as publishing the protocol and scoping review in peer-reviewed journals, presenting at conferences and the Department of Correctional Services, and to the offenders and correctional officers at the correctional centre where the study will take place, as well as submitting a policy brief for prison decision makers and policy makers.

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Contributors WFT apprehended the idea and, together with SM and EF, formulated the review questions. WFT and SM drafted the methods. EF edited the drafts.

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