



## ABOUT THE PROJECT

With the project Open Research Behind Closed Doors (July 2020 - March 2021), the Ludwig Boltzmann Institute of Fundamental and Human Rights (LBI-GMR), in cooperation with partners from Austria (SIM), Italy (Associazione Antigone) and Germany (Strafvollzugsarchiv), gives an insight into the lived experiences of persons with psychosocial and intellectual disabilities detained during the COVID-19 pandemic (March 2020 - February 2021). The project aimed to develop recommendations on how to improve the situation of the persons with psychosocial and intellectual disabilities during the pandemic and identify paths for future research.



### COUNTRY BACKGROUND

#### GERMANY

##### Institutions:

Forensic psychiatric clinics;  
withdrawal centers

##### Law:

sec. 63, 64

German Criminal Code

##### Responsibility:

Ministries of Health

(Federal States/ Bundesländer)

### Data\*

2019

5.926  
(sec. 63)

4.300  
(sec. 64)

INCREASED

### Empirical process

22 surveys  
answered  
by persons  
concerned

7 surveys  
answered by  
relatives

5 Interviews  
conducted  
with experts

6 participants  
in the national  
workshop

\* These numbers were published in an evaluation report by the Federal Ministry of Justice and Consumer Protection. The statistics on forensic commitment according to sec. 63 and sec. 64 were only published until 2013/14. The data does not include all federal states.

## CHALLENGES ON THE RESEARCH PROCESS

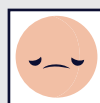


- 1 Data on placement in forensic psychiatric clinic or withdrawal centres are not published on a regular basis.
- 2 The enforcement of the forensic commitment according to sec. 63, 64 German Criminal Code is the responsibility of the federal states. As a result, the execution of the patients' placement in the individual clinics can differ greatly throughout Germany.
- 3 Access to forensic psychiatric hospitals and detention facilities is restricted for external researchers. Published official information on COVID-19-Measures is rare.

## FINDINGS: IMPACT OF COVID-19 ON...

### RELAXATIONS

Relaxations of detention were suspended during the first lockdown. They were taken up again with restrictions afterwards. Often already approved relaxations were discontinued, reduced or were under supervision of staff. Due to the fact that the "pause button" was pressed for several months, the next relaxation levels could not be reached. Thus, the period of detention may have been extended.



Relaxations are essential for the patients' treatment and the prospect of them can have a motivational function. Without them patients might lose their motivation or suffer from relapses. This can result in a withdrawal of relaxations and prolong detention.



Departing from the rigid relaxation system and permitting short-term leaves by supervision, by relatives or other trusted persons.

## VISITORS



In several clinics patients could appoint max. 2 visitors from the same household and receive visits weekly for 30 or 60 minutes or, in other cases, only once a month.



Restrictions on visits increase patients' loneliness and wearing masks complicates communication. Compensating visits with phone calls may have limitations (e.g. lack of phones, telephone fees).



Some facilities allowed visits on the clinic's premises, as well as opportunities for patients of open wards to meet relatives outdoors. Time for phone calls were prolonged, mobile phones were used, video calls were available in some clinics.

*'[...] It is also very stressful for us adults, because there is nothing we want more than to hug our partner. Unfortunately, visiting hours have also been reduced to one hour. There is a lack of closeness and interpersonal contact.'*



## ACCEPTANCE OF RESTRICTIONS

Due to discontent with the restrictions, the atmosphere became more aggressive and tense, fomenting mistrust towards the treatment team.



Missing or one-sided information sometimes worsened the situation (e.g. by triggering negative rumours).



Different means were chosen to inform patients: Consultations, discussion groups, information leaflets, group therapies.

## TESTING AND QUARANTINE

At some places lawyers and other visitors were tested. The staff was not tested regularly, only if there was a case of suspicion. Patients with symptoms were isolated in a quarantine ward, their rooms or in an observation room.



In some facilities all new arrivals were put under quarantine for two weeks with no therapy and reduced social service and medical examination.



Other facilities used testing to keep the time under quarantine to a minimum.

## RECOMMENDATIONS TO AUTHORITIES AND ADMINISTRATIONS OF FACILITIES

### Support for staff

Facilities should offer staff supervision in order to help them understand confrontational behaviour as part of exceptional circumstances. They should also monitor the rising workload and provide access to tests, especially for staff of the forensic psychiatric aftercare.



### Ensure proportionality

Milder forms of detention should be tested in combination with the relaxations, and a sound approach to the risk of infection should be found. Its point of reference should be the restrictions that also affect people in freedom (distance, mask, no group meetings).



### Prioritize vaccination of detainees

The vaccination of staff has already started. This offer was extended to patients in several federal states.



### Mitigate negative impact

Facilities should focus on ways to ease the pain and manage the frustration resulting from the COVID-19 restrictions. For example, offering alternatives to personal visits, enabling visits outside by various means, clear and transparent communication and feedback discussions with patients.



*'I would wish that before restricting everything for patients that they think carefully about how and whether it really has to be so extreme with compliance. And that contact with the family is very much missed because that is largely the only freedom you still have here.'*

