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RESEARCH

COVID-19 IN PRISON: MALE INMATE'S EXPERIENCES IN OVERISOLATION*

*COVID-19 NO CÁRCERE: VIVÊNCIAS DE HOMENS NO SUPERISOLAMENTO**

*COVID-19 EN LA CÁRCEL: VIVENCIAS DE HOMBRES EN EL AISLAMIENTO EXTREMO**

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ABSTRACT

Objective: to understand the experiences of men deprived of liberty subjected to social isolation after being diagnosed with COVID-19. **Method**: exploratory and descriptive research, with a qualitative approach, in a male prison complex in the Federal District. Thirty-one inmates who were in overisolation participated after testing positive for COVID-19. Between June and July 2021. Data were collected using two instruments: a socioeconomic questionnaire and a semi-structured interview guide. The content of the interviews was analyzed using the ALCESTE software. **Results**: the analysis revealed two relevant aspects. The first, entitled "Coping with Overisolation", consisted of three identified categories: reorganization of routines, meaning of life and death, and death of self. The second, called "Coping with the Disease", was composed of two categories: physical and emotional symptoms of COVID-19 and information for managing COVID-19. The analysis of the speeches revealed that physical activities and religious practice emerged as the main coping strategies during the period of overisolation. The emotional impacts and psychological symptoms manifested themselves through anxiety, distress, fear of death and concern about the family becoming ill. **Conclusion**: the study provided a more in-depth understanding of the coping strategies adopted by those re-educated during super-isolation. Furthermore, he highlighted the importance of implementing health actions aimed at providing comprehensive assistance to people deprived of their liberty during disease outbreaks, as evidenced in the COVID-19 pandemic.

Keywords: COVID-19; Pandemics; Prison; Social Isolation.

RESUMO

***Objetivo**: conhecer as experiências de homens privados de liberdade submetidos a isolamento social após diagnóstico de COVID-19. **Método**: pesquisa exploratória e descritiva, com abordagem qualitativa, em um complexo prisional masculino do Distrito Federal. Participaram 31 reeducandos que estavam em superisolamento, após resultado positivo para COVID-19. Entre junho e julho de 2021. Os dados foram coletados por meio de dois instrumentos: um questionário socioeconômico e um roteiro de entrevista semiestruturada. O conteúdo das entrevistas foi analisado com auxílio do software ALCESTE. **Resultados**: a análise revelou dois aspectos relevantes. O primeiro, intitulado "Enfrentamento do Superisolamento", consistiu em três categorias identificadas: reorganização das rotinas, sentido da vida e da morte, e a própria morte. O segundo, denominado "Enfrentamento da Doença", foi composto por duas categorias: sintomas físicos e emocionais da COVID-19 e informações para o manejo da COVID-19. A análise dos discursos revelou que atividades físicas e prática religiosa surgiram como principais estratégias de enfrentamento durante o período de superisolamento. Os impactos emocionais e sintomas psicológicos manifestaram-se por meio de ansiedade, angústia, medo da morte e preocupação com o adoecimento da família. **Conclusão**: o estudo proporcionou uma compreensão mais aprofundada das estratégias de enfrentamento adotadas pelos reeducandos durante o superisolamento. Além disso, ressaltou a importância da implementação de ações em saúde que visem à assistência integral das pessoas privadas de liberdade durante surtos de doenças, como evidenciado na pandemia de COVID-19.*

***Palavras-chave**: COVID-19; Pandemias; Prisões; Isolamento Social.*

RESUMEN

***Objetivo**: conocer las experiencias de hombres privados de libertad sometidos a aislamiento social después de ser diagnosticados con COVID-19. **Método**: investigación exploratoria y descriptiva, con enfoque cualitativo, en una prisión masculina del Distrito Federal de Brasil. Participaron 31 reclusos que estaban en aislamiento estricto después de dar positivo por COVID-19. Entre junio y julio de 2021. Los datos se recopilaron mediante dos instrumentos: un cuestionario socioeconómico y una guía de entrevista semiestructurada. El contenido de las entrevistas se analizó con la ayuda del software ALCESTE. **Resultados**: el análisis reveló dos aspectos relevantes. El primero, titulado "Afrontamiento del Aislamiento Estricto", consistió en tres categorías identificadas: reorganización de las rutinas, sentido de la vida y de la muerte, y la muerte en sí misma. El segundo, llamado "Afrontamiento de la Enfermedad", se compuso de dos categorías: síntomas físicos y emocionales de COVID-19 e información para el manejo de*

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COVID-19. El análisis de los discursos reveló que las actividades físicas y la práctica religiosa surgieron como las principales estrategias de afrontamiento durante el período de aislamiento estricto. Los impactos emocionales y los síntomas psicológicos se manifestaron a través de ansiedad, angustia, miedo a la muerte y preocupación por la enfermedad de la familia. ***Conclusión****: el estudio proporcionó una comprensión más profunda de las estrategias de afrontamiento adoptadas por los reclusos durante el aislamiento estricto. Además, resaltó la importancia de implementar acciones de salud que busquen la atención integral de las personas privadas de libertad durante brotes de enfermedades, como se evidenció en la pandemia de COVID-19.*

Palabras clave: *COVID-19; Pandemias; Prisiones; Aislamiento Social.*

INTRODUCTION

With the emergence of the Coronavirus Disease 2019 (COVID-19) pandemic and the rapid spread of SAR-CoV2 (Severe Acute Respiratory Syndrome Coronavirus 2), the World Health Organization has recommended several protective measures to reduce the spread and impact of the disease. in global public and psychosocial health[1].

In Brazil, Federal Law No. 13,979/2020 established measures to deal with this international emergency, such as isolation of suspected cases, closure of schools, social distancing and quarantine for the entire population[1]. Faced with the health crisis caused by the new coronavirus, concerns about the prison and socio-educational system resulted in Recommendation 62/2020 applied in the Brazilian prison context, suggesting: 1 - screening of new people deprived of liberty (PDL) received at the institution; 2 - suspension of visits from family and lawyers; 3 - adoption of a quarantine period for positive cases of COVID-19[2,3].

It is important to highlight that studies indicate that, due to the characteristics of the Brazilian prison system, such as overcrowding of cells, poor ventilation and limited access to water and basic sanitation, some prisons faced difficulties in implementing protection measures. It is recognized that these characteristics make the prison environment more susceptible to the rapid spread of infectious and respiratory diseases[2,3].

Therefore, it can be stated that the entry of a person into a prison unit, due to the precarious conditions of the environment, compromises their health, increasing susceptibility to infections and worsening infectious diseases, especially in the context of COVID-19[2,3]. Furthermore, prison routines, the breaking of emotional ties and social isolation are factors that can trigger symptoms and anxiety disorders among PDLs[4].

Recent studies indicate that the suspension of visits, distancing and social isolation can lead to the emergence of psychiatric disorders, such as depression, anxiety disorders, acute stress and suicidal behavior[5,6].

Although people deprived of liberty have already experienced confinement due to legal processes, the pandemic situation has intensified the conditions of isolation. This occurred due to the need to separate inmates who had flu-like symptoms or were diagnosed with coronavirus, resulting in double isolation.

In this context, considering that prison already represents social isolation, the new condition resulted in overisolation, that is, overlapping isolation[7]. Regarding the Brazilian penitentiary system, until March 2022, 108,358 confirmed cases of COVID-19 were registered, resulting in 661 deaths, including prison guards and people deprived of liberty. From the statistics, 75,337 confirmed cases were attributed to PDLs, representing 69.5% of the total, while the total number of deaths from COVID-19 in this population reached 320, corresponding to a rate of 48.4%[8].

Data from the Federal District (FD) penitentiary system show that by May 2022, 2,286 confirmed cases of COVID-19 and 4 deaths had been recorded. Of the confirmed cases, 2,215 were men (96.9%), and 71 cases were women (3.1%)[9]. It is important to highlight that the male prison population is larger than the female prison population in the FD.

In this context, due to the potential for transmissibility, lethality and the possibility of triggering mental disorders, as well as the difficulties in implementing the recommended protective measures, it is justifiable to investigate the experiences of people deprived of their liberty in the face of the COVID-19 pandemic. Therefore, the following research question was formulated: What were the impacts of social isolation on re-educating post-diagnosis of COVID-19 in a male penitentiary complex in the Federal District?

Based on the above, this study aimed to understand the experiences of men deprived of their liberty subjected to social isolation after being diagnosed with COVID-19.

METHOD

This is an exploratory and descriptive research, with a qualitative approach, based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) tool. Participants were male inmates deprived of their liberty who were serving their sentences in a men's prison complex, in the Federal District, and who tested positive for COVID-19 in the period between June 9th and July 9th, 2021. It is important to highlight that all selected subjects agreed to participate in the study. Therefore, the number

of participants was equal to the number of infected people during the collection period. Convenience sampling was used.

The inclusion criteria were as follows: inmates diagnosed with COVID-19 (after a positive test), following the end of the recommended period of social isolation (14 days) — considered as recovered cases of the disease — and who signed the Free and Informed Consent Form (ICF), agreeing to participate in the study.

For data collection, two instruments were used: A socioeconomic questionnaire, which aimed to outline the profile of the participants, and a semi-structured interview script. A pilot test was carried out with three inmates who met the study inclusion criteria, in order to evaluate the applicability and the need for adjustments to the instruments. The interviews carried out during the pilot test were not considered in this research. This pilot test made it possible to evaluate and reformulate some questions, including language adaptations to facilitate participants' understanding.

The socioeconomic questionnaire included questions about age, place of birth, education, marital status, religion, length of imprisonment, date of diagnosis of COVID-19, information on the family's social subsistence condition and the number of members of both the nuclear family and of the extended family. The semi-structured interview script was prepared in accordance with the objectives of the study and consisted of 11 questions that addressed topics related to feelings and routines during the period of overisolation, as well as questions about religious practices and perception of life and death. Data were collected in four distinct steps: 1st Step: Selection of possible participants, through consultation of the electronic records of infected inmates in the prison unit; 2nd Step: Holding the meeting on a date previously agreed with the security team, with the aim of providing information and clarifications about the research objectives, as well as presenting the ICF. After agreeing to participate in the study, they were asked to sign the ICF and the Term of Assignment of Voice Sound Use for Scientific and Academic Purposes. Next, we sought to establish greater rapport between the researcher and the participant; 3rd Step: Consisted of applying the socioeconomic questionnaire; 4th Step: The interview was carried out with a semi-structured script in one of the health team rooms, aiming to provide privacy during the interviews, despite the presence of a prison guard who, by law, escorts the inmate in situations outside the cell. Steps 2, 3 and 4 took place on the same date with an estimated time of 30 minutes.

Specifically, the interviews lasted, on average, 30 minutes and were audio recorded for later transcription and lexical analysis of their content using the ALCESTE software (Analyse Lexicale par Contexte d'um Ensemble de Segments de Texte).

The study respected the ethical precepts recommended by Resolutions No. 466/2012 and 510/2016 of the National Health Council, being approved by the Research Ethics Committee of the Faculdade de Ciências da Saúde - UnB (REC/FS/UnB) and by the Ethics and Research Committee of the Fundação de Ensino e Pesquisa em Ciências da Saúde - Federal District (REC/FEPECS-DF).

After approval by REC/FS-UnB and REC/FEPECS--DF, the study project was sent for consideration by the Criminal Executions Court of the Federal District (VEP/DF) to verify the applicability of the study within the prison context, with subsequent approval. The beginning of the research took place strictly after obtaining a favorable opinion from the Research Ethics Committee and subsequent authorization from the Criminal Executions Court of the Federal District (VEP/DF).

In order to preserve the identity of the participants, when discussing the study results, their names were replaced by the letter "S", for subject, followed by a number that varied between 1 and 31 (e.g.: S-1).

RESULTS

The study included 31 male inmates, housed in three units of a male prison complex in the Federal District. Among them, 22 were adults (71%), and 9 were elderly (29%). The prevalent age group was 28 to 37 years old (32.6%), followed by the age groups 18 to 27 years old and 60 to 70 years old, both with 22.6%. Regarding origin by region, 41.9% were from the Central-West, 32.3% were from the Northeast and 25.8% were from the Southeast region.

In relation to education, 58.1% of those interviewed had incomplete elementary education, followed by 16.1% who had incomplete high school, 9.7% complete high school, 6.5% higher education (complete and incomplete) and 3.2% complete elementary education.

Regarding marital status, 35.5% were single, 29% were in a stable union and 19.3% were married. Concerning family income, 51.6% received between 1 and 4 minimum wages, followed by 19.3% who received less than one minimum wage. About religion, it was observed that 41.9% declared themselves evangelicals, followed by 32.3% catholics, 19.4% without religion and 6.5% spiritualists.

With regard to contribution to family income, the vast majority of inmates, that is, 93.5%, reported that 1 to 3 people performed paid work activities. The minority, equivalent to 6.5%, denied the existence of other sources of income in the family composition. In relation to the number of residents in the same household, 58.1% indicated that they shared the space with 1 to 3 people, while 41.9% stated that more than three people lived in the same household.

When analyzing the length of incarceration and the number of crimes committed, a disparity was found in the period of imprisonment between adults and the elderly. Among adults, 90.9% had been imprisoned for less than a year, while 66.7% of the elderly had been in confinement for more than two years. It was noted that the adults were serving sentences provisionally, while the elderly had already been sentenced. With regard to crimes committed, it is noteworthy that the majority of elderly people were first-time offenders (66.7%), while 54.5% of adults were repeat offenders.

After analyzing all interviews using the ALCESTE software, 15,317 occurrences of words were identified. The program divided the corpus into 383 Elementary Context Units (ECUs). The minimum number of ECUs established by the program, to form a category, was 27 units; two significant axes emerged in this context.

The first axis, called Coping with Overisolation, was composed of classes 2, 3 and 1, called, respectively, Meaning of Life and Death, Death of Self and Reorganization of Routines. These represented 65% of the interviewees' speech. In this axis, strategies for reorganizing routines in the new environment, self-care actions in the face of COVID-19 and its psycho-emotional impacts were mentioned.

The second axis, entitled Coping with the Disease, was formed by classes 4 and 5, entitled, respectively, Physical and Emotional Symptoms of COVID-19 and Information for Managing COVID-19. The axis speeches corresponded to 35% of the interviewees' speeches and mentioned the main symptoms arising from the infection, as well as the sources of information that allowed self-care and protection measures.

Axis 1 – Coping with Overisolation

Class 1 – Reorganization of Routines

Class 1 corresponded to 23% of the speeches of those interviewed in this axis, consisting of 42 ECUs. In this class, the verbs that stood out: talk, help, sleep, read and lie down, followed by the words routine, sunbathing, faith, religion, bible, physical activity and reading. It can be understood that the need to experience overisolation represented a new challenge with carrying out actions that helped to cope with the disease, as shown in the speeches' extracts below:

> *My routine was just bathing, eating and lying down.Yes, I do physical activity when sunbathing. I read the Bible inside the cell. When sunbathing I was more into running and doing physical activity. Yes, I talked to the people in the cell.* [...] *there was me and nine others in isolation* (S - 8).

> *In the cell there was just talking to cellmates, picking up a weight* (dumbbell adaptation). *Oh yes, despite not having psychological care, we don't give in. We shield our minds. Faith and religion helped at this moment, because without God we are nothing. Faith, prayer and fasting helped me a lot* (S - 5).

> *Yes, I did physical activities. I have the Bible and read it. It helped me. Faith and religion helped me a lot, because you read the Bible a lot, talk a lot about God and it helps you, right* (S - 20).

Class 2 – Meaning of Life and Death

Class 2 represented 28% of the speeches of the total classes formed, consisting of 50 ECUs. It was perceived, in this class, that falling ill with COVID-19 and the threat of a possible fatal outcome seems to have provided the opportunity to reflect on the meaning of life and raised questions about the choices and attitudes that led to the condition of incarceration. In this class, the verbs stood out: change, live, end, die, followed by the words death, world, you, damn, hell and the expression after COVID-19.

When analyzing the participants' speeches about the meaning of life and death after becoming ill with COVID-19, it was observed that religious beliefs and dogmas were the foundations on which they were based to define the "true" meaning of life, which, in his perception, it meant living well to have a good death, as the following excerpts illustrate:

> *Life is a blessing from God, and a very important thing for human beings. Death, as I read in the Bible, is better than life. Because from the moment you die with Jesus, you will inherit the kingdom of God and all suffering will pass away* (S - 15).

> *The way for you to live is to work, live a healthy life with your family, those who are religious go to their church, do good. I*

think that living, for me, is doing good and receiving good. Death is a certainty that we have in life, that's all for me (S - 5).

(...) *For me, living is living with Christ Jesus, having my family, doing the right thing and working. Death is dead and over. I want to be with God. I think it's doomsday. After death, if he is not on the right paths of God, he will neither go to heaven nor to hell* (S - 6).

Class 3 – Death of Self

Class 3, composed of 25 ECUs, corresponded to 14% of the subjects' total speech. In this class, the most prominent verbs were "worry" and the inflection "died", followed by the words "son", "someone", "place", "grandson", "sick", "family" and "peaceful", in addition to the expression "fear of dying".

It was learned that the lack of news from family members and the fear of their death gave the inmates' children reflection and regret about the time lost due to incarceration. Reflection on lost time and concern for family members may have deepened self-perception about the exclusion that incarceration imposes.

*I have a daughter. For me, death, if I had to choose death or being incarcerated in this place here, I would prefer death, I believe that we will wait for God's final judgment. The person who has no salvation remains there wandering the earth. I improved a lot in the way I act (*S - 4).

I didn't have a relative who died from COVID. Life is a very precious thing. The time I'm wasting here, I could be with my family, my grandchildren. When I arrived, they were small, now they are grown ups. I'm missing their growth, and being by their side (S - 25).

I kept thinking about my family that is outside of the prison, with me here it was peaceful. I don't like having visitors in this place. I never liked my family coming to this place (...) *I wasn't afraid, we're guided by God's hand* (S – 25).

I consider myself a miracle, as I have a lot of comorbidities. To be honest, I wasn't afraid of dying but I was afraid that someone in my family would die (S – 29).

Axis 2 – Coping with the Disease

Class 4 – Physical and Emotional Symptoms of COVID-19

Class 4 corresponded to 21% of the subjects' speech, consisting of 39 ECUs. The most prominent verbs were "shortness of breath" and "shaken", followed by the words "symptom", "visit", "distress", "news", "sense", "anxious" and "fever", indicating physical symptoms and emotional experiences experienced by those inmates with the illness and diagnosis of the disease. The diagnosis of COVID-19 was considered a "possible death sentence", triggering stress and anxiety.

After I saw the death, it shooks my psyche, the shortness of breath increased. Yes, I became more anxious. Even when I came out of isolation, I looked for you again to take the test again, that's when the Lord sent me to the hospital (S - 13).

After the symptom appeared, they tested my nose for COVID and it was positive. I had COVID-19 in May of this year. I've been here for two months and five days. I was just a little worried, because we didn't have news from the family. Just the anxiety to know how the family is really doing (S - 16).

I had practically no symptoms, I had a fever, lack of appetite, lost my sense of smell and lost taste. In reality, people with visitors were already distant from the family, anxious and distressed (S - 29).

This was when the shortness of breath and headaches struck me. I felt that shortness of breath, I felt distressed, with anxiety, that desire to breathe and it seemed like I was really short of air (S - 11).

Class 5 – Information for Managing COVID-19

Class 5 represented 14% of the total classes, with 25 UCEs. The most prominent verbs were "dying", "learning", "caring", "washing", followed by the words "disease", "information", "COVID", "television", "serious", "mask", " health", "vaccine", "fear of dying". The verbs and words reflect the channels through which the inmates acquired knowledge about the coronavirus, including aspects such as ways of transmission, protective measures against the disease and information about vaccination against COVID-19. The following speech extracts address the source of information about COVID-19, as well as protective measures.

We received information about COVID from the health team. Here in the block we don't go out, except those who go out to work. There are many who do not follow the precautions. I

> *don't think there are any more problems with the disease for there is nothing happening here, so I'm not afraid* (S - 31).

> *Yes, it is transmitted when talking without a mask, through saliva, through sneezing, through contact and if you are not washing your hands. Maintains the same knowledge, after COVID. But the care is greater now as a neighbor. My wife was the one who gave me information about the disease, she is a helthcare proferssional* (S - 13).

> *I learned a lot after COVID. I learned that you always have to wash your hands, right, be more careful, wear a mask around others, it was the health staff who gave me these information. I knew it from television about what is happening outside the prison. The disease is serious, you know, because anything can make it worse, right, and you can die in here* (S - 17).

DISCUSSION

Falling ill with COVID-19 and experiencing overisolation led those inmates to adjust to a new reality. According to some authors, this new reality is established as the illness process leads to changes in the individual's routine, resulting in changes in the way they see life and the adoption of coping strategies[10]. Coping strategies must be adapted to the specific context in which the person finds themselves. Some of these approaches include reorganizing a new daily routine to preserve the rhythm of organic functions, such as household chores, eating and sleeping. Furthermore, the practice of physical activity, participation in religious activities and maintaining social interactions through conversations stand out, respecting the guidelines for restricting physical contact[11]. It was observed that the practice of physical and religious activities was one of the interventions used, confirming the findings of another research[12].

When analyzing the religious phenomenon, Max weber approaches it as a component of thes social context and an comprehensive part of the social action process. He conceives of religion as a social phenomenon due to the bond it establishes between its followers and the type of power it exercises over them, resulting in a specific way of acting in community[13].

Max Weber, when conceptualizing Social Action, takes into account the nature of the rationality of the action. In this context, a social action is considered rational when its result is based on the values and cultural context in which the person is inserted[14].

Max Weber's work explores the definitions of rationality and rationalism, highlighting the existence of different forms of rationalism, which vary according to the cultural context in which they are inserted. In this context, rationality is understood as a motivating process that drives the individual to carry out their actions. On the other hand, rationalism is directly related to the cultural matrix that permeates society and people, manifesting itself through the search for control over nature, social life and the subjective domain of each individual, including self-control[15].

When based on Weber's concepts of rationality and rationalism, and considering that the majority of participants (41.9%) declared themselves evangelical, it is possible to infer that the religious matrix of those involved in the study played a crucial role in encouraging and boosting the adoption of coping strategies during overisolation. These actions aimed to control not only social life, but also the subjective sphere of those inmates[15]. Faith in a deity, which has the power of life and death over humans, and attachment to religious beliefs were used as a means of bargaining with God to continue living, mitigating the fear of death. Faced with the fear of death, faith tends to contribute as consolation and hope of curing the disease[16]. It can be inferred that the connection with the Divine provided them with conditions to reflect and evaluate the moment they were experiencing, their attitudes in life and perceive the attitudes necessary for what they called "well-living".

From this perspective, the association of the fear of death, after the diagnosis of COVID-19, and the approach to the Divine favored the emergence of reflections on the meaning of life. Philosophy argues that the search for meaning is the central motivation of humans. The meaning in life is found in the relationships that each individual establishes with the world, with different nuances for each context. Thus, it can be said that the impact of illness due to COVID-19 raised perspectives of a new meaning of life among those inmates[17].

Another aspect that seems to have contributed to reflection on the meaning of life is the situation of incarceration. When arrested, human beings go through an initial period of not accepting the deprivation of freedom and the loss of their individuality, leading to a process of depersonalization or "mortification of the self", further deepening the feeling of detachment from family and society[18-20].

It was observed that the feeling of loss of freedom and distancing from society, especially from family relationships, accentuated the perception of not belonging to the context of overisolation. In this situation, a more intense feeling of exclusion and depersonalization is

evident, with a greater sense of jettisoning and depersonification triggered again with immersion in a space of double exclusion[21].

It was observed that the combination of the condition of overisolation with the confirmation of the diagnosis of COVID-19 had an impact on the mental health of those inmates, generating feelings of anxiety, depression, sadness and, in some cases, the fear of dying due to the disease. Studies show that the effects of a pandemic, such as COVID-19, on the population's mental health are more substantial than commonly thought. It is estimated that approximately one third of the population may suffer psychological and psychiatric consequences if they do not receive the necessary care[5,6].

It is noteworthy that the psychological damage, generated as a result of the impact experienced by prison conditions and overisolation due to COVID-19, also reinforces the view of prison as a punishment, and not as a place for the resocialization of the individual offender and, in this case, of COVID-19, as a space for health protection[21]. Psychological damage influences the individual's physical health, causing psychosomatic symptoms. In this scenario, neuroendocrine and immunological changes, resulting from negative emotional states, such as anxiety and depression, impact the physiology of the human body as a whole, indirectly contributing to the development of diseases[22]. It is possible to observe through reports the confirmation of physical and emotional symptoms present in the literature in people diagnosed with COVID-19, such as fever, shortness of breath, lack of appetite, anosmia, ageusia, anxiety and distress[23]. Thus, it was found that overisolation in prison units had a significant impact on mental health, raising the hypothesis that it may have been one of the factors that contributed to the worsening of COVID-19 cases.

In addition to the impact caused by overisolation, another factor that appears to have contributed to the impact on mental health was the suspension of family visits. The Criminal Executions Court of the Federal District (VEP/DF) implemented this measure when transmission, incidence and death rates were high. The objective was to prevent the increase in COVID-19 cases within the prison and prevent the spread of SARS-CoV-2 outside the prison environment.

The suspension of visits within the prison unit caused some discomfort, especially due to the lack of news from family members. Because of this, anxiety was a common feeling reported by the inmates. To alleviate this feeling, they were allowed to send letters to their families. Research highlights the importance of visits within prisons[24]. Based on these data, it was deduced that the suspension of visits to the prison had a significant impact on inmates, since the flow of significant contacts was interrupted, creating a certain interpersonal void.

Regarding information about COVID-19, the Prison Primary Care Health Teams (eAPP) were responsible for providing it. This strategy was implemented with the intention of establishing the healthcare team as the primary source for transmitting accurate and reliable information about COVID-19. Recent studies indicate that communication is a useful tool for managing a health emergency[6]. Therefore, providing accurate guidance and reducing ambiguities in information about a disease during a pandemic can contribute to reducing anxiety and stress in the population. These initiatives are based on studies that highlight the importance of health education actions in the prison environment, with the aim of informing about the promotion and prevention of diseases, including COVID-19. Thus, health education contributes to the adoption of healthy habits, promotes the self-responsibility of the inmate in relation to caring for his health, reducing possible illnesses and improving, albeit to a limited extent, the quality of life in prison[18].

An appropriate explanation about the illness facilitates understanding of the disease, favoring greater adherence to recommended treatment. It is important to highlight that transmitting accurate information about the disease is not enough to face the disease, as each individual needs to build individualized knowledge to deal with the illness process[11].

Another relevant aspect to be highlighted is the scope of health education initiatives for everyone involved in the penitentiary system, including criminal police officers, healthcare professionals and other service providers within the prison unit. This can promote a real understanding of the need for health care provided to inmates, since those inmates have difficulty understanding the entire real context of the illness that occurs within a prison unit[19].

In this sense, the individual management of clear and comprehensive information allows people in isolation or quarantine to reduce fear and uncertainty related to the disease, helping to deal with and reduce stress[7].

It was observed that, in addition to affecting mental health, the dissemination of fake news about COVID-19 influences adherence to preventive health measures, such as compliance with adequate isolation, the use of masks, hand hygiene and the importance of vaccination against SARS-CoV-2[25].

To oppose misinformation within prison units, eAPP carried out joint sessions of informative lectures for inmates about the situation of COVID-19 inside and outside the prison environment, as well as instructions on protection and prevention measures related to the spread of SARS-CoV-2.

FINAL CONSIDERATIONS

During the period of overisolation, there was a need to reorganize daily activities to face the challenges posed by the isolation measures adopted to control COVID-19. The practice of physical activities while sunbathing, taking care of food, conversations between those inmates in the cells, as well as religious and faith practices, such as reading the Bible, prayers and songs of praise to God, present in the speeches, helped the readaptation process to the new prison scenario.

It is noteworthy that 41.9% of the participants in this research stated that they were evangelicals. These doctrinal bases supported the practices that, together with the new prison environment, stimulated reflections on the behaviors that led to the condition of incarceration, perceived as an inadequate use of life time. In this way, there was a reframing of the meaning of life, starting to be understood as living fully to achieve a good death.

Within this approach, the feeling of exclusion became more prominent, intensifying the "mortification of the self". Incarceration was even with death while alive, with a preference for death being expressed if it was possible to choose between remaining in prison or dying. Therefore, it can be deduced that, in the view of those incarcerated, imprisonment is considered worse than death itself.

A parallel between the symptoms manifested in physical and mental health allows us to affirm that the greatest impact caused by COVID-19 in overisolation was psychosocial, due to anxiety, distress, fear of death, longing for family and concern about the possibility of family members becoming ill.

It was concluded that the joint efforts of informative lectures promoted by the Prison Primary Care Health Teams (eAPP) contributed to improving knowledge about the coronavirus, covering topics such as mode of transmission, protective measures and risks associated with illness. Furthermore, these joint efforts had an impact on reducing the number of COVID-19 cases within the prison.

However, a certain level of misinformation about the coronavirus was also observed in reports from some inmates, suggesting that incorrect information about the disease was transmitted by other professionals who were not part of the prison units' health team. This attitude may affect adherence to treatment and protective measures against COVID-19, or any other infectious disease.

Among the limitations of this study, it is worth highlighting that the research was carried out in only one prison institution, which makes it impossible to compare the assistance offered during overisolation with other institutions. Another limitation is related to the prison context, because, although the interview environment provides privacy for conducting the interviews, the presence of the criminal police officers who escorted the inmates at the time of the interview may have inhibited the expression of other situations when questioned by the researcher.

As a result of this research, it is expected that professionals from prison health teams will become aware of the importance of carrying out effective health education actions, through clear and objective information, especially in pandemic contexts. Furthermore, it is expected that the present study can contribute to health teaching and research, especially in the creation or improvement of mental health care protocols for inmates, so that they can be better implemented by prison health teams, providing psychological and psychiatric support in times of public health crises, such as that caused by COVID-19.

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