

In 1890, the United States Supreme Court first attempted to declare solitary confinement unconstitutional. Over a century later, the benefits of solitary confinement—whether used for “administrative,” “disciplinary” or “protective” purposes—remain unestablished. But our nation’s correctional facilities are using solitary confinement, which involves restricting inmates to small cells without windows and cutting them off from human contact for weeks, months or even years at a time, more than ever before. We know solitary confinement doesn’t help reduce violence or maintain order in state prisons—it hurts.

- For people with serious mental illnesses, solitary confinement is akin to torture and worsens symptoms, in particular, “anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, and psychosis.”¹
- Solitary confinement cells are typically disproportionately crowded with prisoners with serious mental illnesses who have acted out.
- Craig Haney, a leading expert on capital punishment, found that in every published study of solitary or supermax-like confinement, “nonvoluntary confinement lasting for longer than 10 days, where participants were unable to terminate their isolation at will,” led to negative psychological effects.”²

Then why does the U.S. prison system continue to build solitary confinement cells and supermax facilities?

- The decades between the 1970s and 1990s saw a dramatic increase in the U.S. prison population, and an increase in the proportion of prisoners suffering from serious mental illnesses within this population.³
- Departments of correction respond to increases in violence and “acting out”—behavior they do not understand—by isolating prisoners in lockdown and administrative segregation, which traumatizes and contributes in turn to worsened symptoms.
- “Supermax” prisons—designed for supermaximum security purposes—thus grew out of overcrowding and underfunding, NOT out of robust research into effective correctional strategies.

Reducing solitary confinement and improving mental health treatment improves safety and reduces spending.

- In 2002, the National Prison Project of the ACLU, the ACLU of Mississippi, and the law firm Holland & Knight sued on behalf of prisoners housed at Unit 32, the 1,000-cell supermax facility at Mississippi State Penitentiary, Parchman. After the Fifth Circuit demanded reform, standardization in prisoner classification criteria demonstrated that 80 percent of the population in administrative segregation did not need to be there. Once these prisoners were transferred back into the general population, “the number of incidents requiring use of force plummeted....Monthly statistics showed an almost 70 percent drop in serious incidents.”⁴

Solitary Confinement: By the Numbers

Solitary confinement means 23-24 hours a day in a cell six to eight feet wide and nine to 10 feet long.⁶

Over 80,000 inmates languish daily in some form of segregation in US prisons...

...and 25,000 of these inmates are held in supermax prisons—facilities made up solely or mostly of solitary cells.⁷

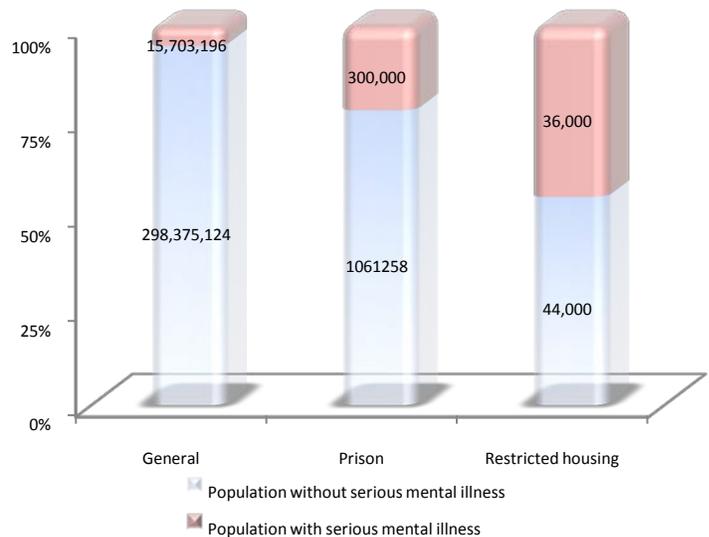
U.S. prisons hold more than three times as many men and women with mental illnesses as are held in mental health hospitals.⁸

8-19 percent of U.S. prisoners have psychiatric disorders “that result in significant functional disabilities”⁹...

...while 45 percent of supermax residents have “serious mental illness, marked by symptoms or psychological breakdowns.”¹⁰

What can YOU do?

- Write an op-ed to your local newspaper.
- Help your state introduce sample legislation.
- For more suggestions, contact:
 - Solitary Watch:
www.solitarywatch.com
 - American Civil Liberties Union (ACLU) Stop Solitary Project:
www.aclu.org/stop-solitary-resources



Percentage of the United States population living with mental illness¹³

Policy recommendations:

1. Support mental health alternatives to solitary confinement in jails and prisons, including individual and group therapy, regular access to psychiatrists, substance abuse counseling, specialized psychiatric service units, discharge planning, and community reentry assistance.¹¹
2. Implement training for correctional officers on how to respond to individuals experiencing psychiatric crises in ways that de-escalate rather than escalate these crises. Approaches such as Crisis Intervention Teams (CIT) have proven effective in improving safety and reducing injuries to first responders and those to whom they respond.¹²
3. Fully fund the Mentally Ill Offender Treatment and Crime Reduction Act, 42 U.S.C. 2397aa, to support alternatives to incarceration for juveniles and adults with mental illness and addiction disorders.

References

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- ³ Kupers et al., 7.
- ⁴ Terry A. Kupers, Theresa Dronet, Margaret Winter, James Austin, Lawrence Kelly, William Cartier, Timothy K. Morris, Stephen F. Hanlon, Emmitt L. Sparkman, Parveen Kumar, Leonard C. Vincent, Jim Norris, Kim Nagel, & Jennifer McBride (2009). "Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs." *Criminal Justice and Behavior*, July 21, 2009, 2.
- ⁵ Solitary Watch (2011). The High Cost of Solitary Confinement: <http://solitarywatch.files.wordpress.com/2011/06/fact-sheet-the-high-cost-of-solitary-confinement.pdf>.
- ⁶ Ibid.
- ⁷ Human Rights Watch (2003). "Ill-Equipped: US Prisons and Offenders with Mental Illness." Online: <http://www.hrw.org/en/reports/2003/10/21/ill-equipped-0>. July 16, 2012.
- ⁸ Human Rights Watch Subcommittee on Human Rights and the Law (2009). "Mental Illness, Human Rights, and US Prisons: Human Rights Watch Statement for the Record to the Senate Judiciary Committee." Online: <http://www.hrw.org/news/2009/09/22/mental-illness-human-rights-and-us-prisons>. July 9, 2012.
- ⁹ David Lovell (2008). "Patterns of Disturbed Behavior in a Supermax Population." *Criminal Justice and Behavior* 35:989-1004. Online: <http://cjb.sagepub.com/content/35/8/985.full.pdf+html>. July 9, 2012.
- ¹⁰ Correctional Association of New York, "States That Provide Mental Health Alternatives to Solitary Confinement," http://www.correctionalassociation.org/wp-content/uploads/2012/05/Out_of_State_Models.pdf, accessed 8/7/2012.
- ¹¹ National Institute of Corrections, "NIC Training Program: Crisis Intervention and Mental Illness," <http://community.nicic.gov/blogs/nic/archive/2010/09/10/nic-training-program-crisis-intervention-and-mental-illness.aspx>,
- ¹² Human Rights Watch (2003).