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Rates of solitary confinement of incarcerated people with mental illness three times higher

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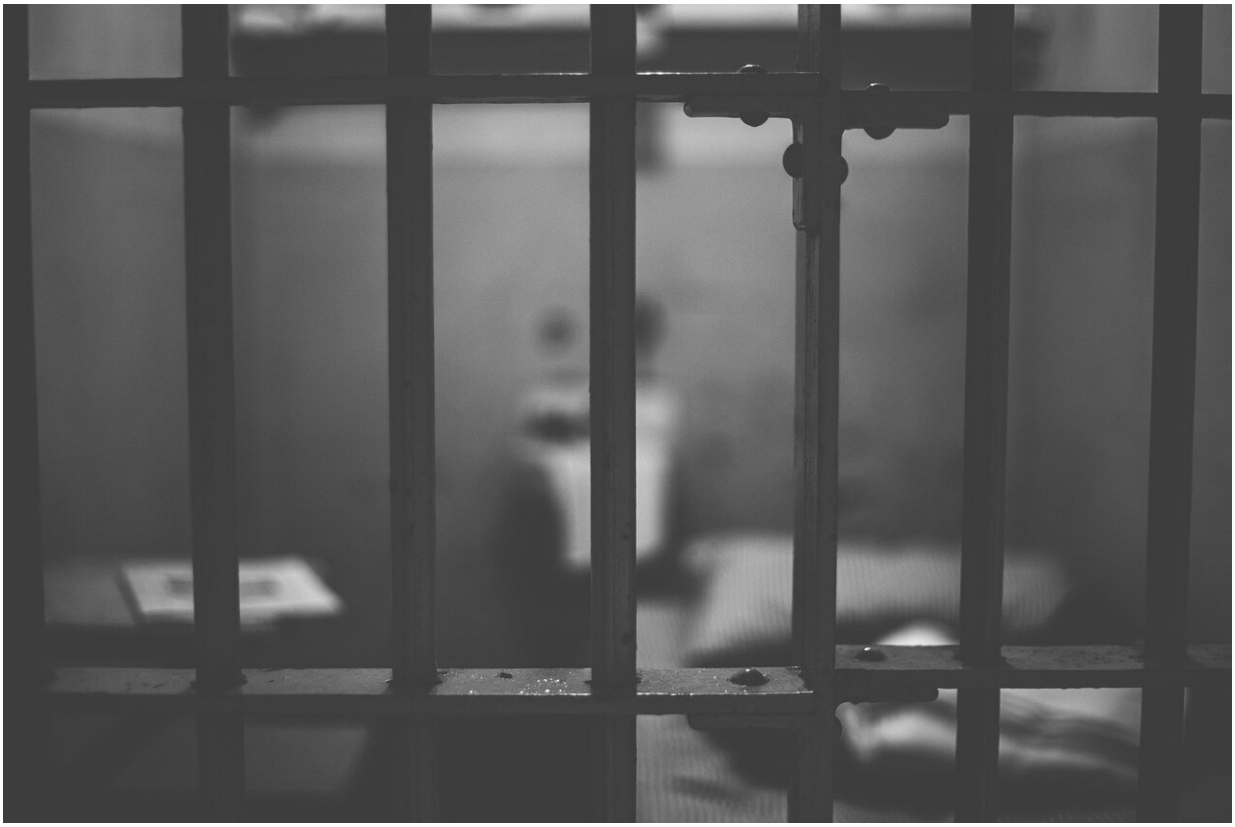

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Harsh prison conditions, including solitary confinement, affect the mental health of incarcerated people. But few studies have considered how the criminalization of mental health status contributes to harsh

treatment in the criminal justice system. A new study examined inequities in the incidence and duration of solitary confinement by mental health status. The study found high rates of punitive isolation among those with serious mental illness, with a three times higher rate of solitary confinement for them than for similar incarcerated people without mental health problems.

The study, by researchers at Boston University, Columbia University, and Harvard University, appears in *Criminology*, a publication of the American Society of Criminology.

"With people in prison confined to their cells for up to 23 hours a day, often denied visitors and phone calls, solitary confinement is an important test case for studying harsh treatment in prisons," says Jessica T. Simes, assistant professor of sociology at Boston University, who led the study. "Routinely used as punishment for prison infractions, this type of confinement may be subject to the same forces that criminalize people with mental health problems in community settings."

Researchers analyzed a large administrative dataset that showed all prison admissions and discharges from 2007 to 2016 in Pennsylvania, whose prison population is demographically similar to the national prison population. The study analyzed data for more than 90,000 individuals.

All those entering Pennsylvania prisons for the first time receive a four-day mental health screening at intake. More than half of the men and 18 percent of the women in the study had no prior history of mental illness. More than half of the women and 21 percent of the men had active diagnoses requiring treatment for mental illness. About 11 percent of the women were diagnosed with serious mental illness or intellectual disability; 2 percent of the men were diagnosed with serious mental illness. Similar to the national average, on an average day, 4 percent of the total Pennsylvania prison population was in solitary confinement.

Researchers looked at a classification that indicates the mental health history and treatment needs of people in prison at their first admission. With data on prison misconduct charges and admissions to solitary confinement that result from a charge, they then modeled solitary confinement through the three stages of receiving a ticket written for a charge of misconduct, being sent to solitary confinement, and being sentenced for a given duration, estimating disparities by mental health status at each stage of the disciplinary process, to determine which stage of prison discipline contributes most to overall disparity.

The study found that people with serious mental illness experienced frequent and lengthy periods of solitary confinement, controlling for crime and misconduct histories. The average person in prison with serious mental illness spent three times longer in solitary confinement than a similar person in prison with no history of mental illness.

In addition, disproportionate solitary confinement resulted mostly from the large number of misconduct tickets written by prison staff to mentally ill people in prison, with most tickets for nonviolent misconduct categories of threats and defiance. This highlights the importance of correctional officers at the first stage of the prison disciplinary process, and it suggests that disparities could be reduced by changing the use of discretion through officer training, policy change, or greater oversight.

The study also found that 64 percent of female prisoners had an ongoing mental health diagnosis, putting them at high risk of punitive isolation in prison.

"Our results are consistent with a process of cumulative disadvantage operating in prisons in which the stigma of mental illness affects decisions at each stage of the prison discipline process," explains Bruce Western, professor of sociology and director of the Justice Lab at

Columbia University, who coauthored the study. "The mental health disparities we found, combined with evidence that isolation in incarceration exacerbates mental illness, underline the extreme potential for institutional harm associated with solitary confinement, and show how U.S. prisons heap the harshest forms of punishment on the most vulnerable."

Among the study's limitations, the authors note that administrative records provide limited portraits of prison conditions and may underestimate incidences of solitary confinement. In addition, the study observed only the mental health category assigned at intake and did not account for changes in mental health status over time. And it assessed incidents of disciplinary confinement, not administrative segregation (the former is used for punishment while the latter is used to separate the vulnerable and control conflicts among people in prison).

"Although we focused on prisons and the disciplinary process leading to solitary confinement, our findings are relevant to the institutional production of social inequality more generally," suggests Angela Lee, researcher at Harvard University, who coauthored the study. "Institutionalized power relations—whether in prisons, large corporations, classrooms, the military, or border control facilities—facilitate the effects of stigma and accumulated disparity."

More information: Jessica T. Simes et al, Mental health disparities in solitary confinement, *Criminology* (2022). DOI: 10.1111/1745-9125.12315

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