

Insane: America's Criminal Treatment of Mental Illness

*Longtime journalist Alisa Roth dedicates her newly published book, *Insane*, to exposing the warehousing of people with mental illness behind the bars of U.S. prisons and jails, often in solitary confinement units. She relays the firsthand stories of people with psychiatric disabilities buried within the depths of the criminal justice system, calling on reformers to address this destructive trend alongside the prominent criminal justice issues of race and poverty. The following excerpts from the book are published here by permission of the author and the publisher.*

By Alisa Roth

There is still little consensus about the rationale for incarceration: is it deterrence, rehabilitation, or retribution? Given the dramatic overrepresentation in our jails and prisons of people of color and low-income people, it could be argued that the reality has as much to do with oppression and social control as it does with any coherent theory of punishment. Regardless, we have created a system that has left the United States with by far the highest per capita incarceration rate of any large nation in the world. It's important to acknowledge how often race, poverty, and mental illness overlap in the criminal justice system, creating a mutually reinforcing downward spiral.

But of all the gross imbalances of our current approach to criminal justice, perhaps no group has been hurt as much as people with mental illness. Once they are caught in the criminal justice system, they are far less able to cope with its demands and are at much higher risk for exploitation and abuse. This book seeks to understand why we are shunting some of the most vulnerable people in America into jails and prisons – and why have they been so mistreated when they get there...

The pharmaceuticals we have today, while imperfect, are much more effective

at treating symptoms of the diseases than earlier ones, and they are a far cry from early, often cruel treatments such as lobotomies or water immersion – a therapy that involved suspending patients in tubs of water for days on end.

Yet in so many other ways, we continue to treat people with mental illness almost exactly as we did before electricity was invented, before women had the right to vote, and before the abolition of slavery. We still lock sick people away from the rest of society. We still keep many of them in solitary confinement. We still fail to provide adequate treatment for them. And we have known almost since the beginning that all of this is wrong. It's wrong because it doesn't cure mental illness or prevent people with mental illness from committing crimes when they get out. And it's wrong because locking up vulnerable people in inhumane conditions is fundamentally immoral.

That we know all this but continue to relegate sick people to our courts, our jails, and our prisons shows how irrational – how insane – our approach to both mental health care and criminal justice remains...

In the twenty-first century, [the] devastating consequences of [solitary confinement] have been documented with clinical precision. For example, extreme isolation may exacerbate or cause symptoms of psychosis such as hallucinations, paranoia, sleeplessness, and self-harm. More than half of all prison suicides occur in solitary confinement. A study of self-harm incidents at Rikers Island showed that people who had spent time in solitary were almost seven times more likely to try to hurt themselves than prisoners who had not. At the same time, in many solitary units mental health treatment is almost nonexistent. In some places, prisoners stay in their cells or in cages for group therapy, with the therapist

sitting in the hallway between or among the cells.

Individual therapy, when it exists, may be conducted cell-side. That means either shouting through the steel door while the rest of the tier listens in or bending down to talk through the tray slot, which is typically waist-high. I have spoken to prisoners through those doors; it's hard to hear them, and it's hard to be heard. Even a casual conversation is difficult, let alone something as personal and nuanced as a therapy session.

One of the terrible ironies about solitary is that because of the disciplinary structure of most prisons and jails, people who already have a severe mental illness are often those most likely to be put there. For sick prisoners, this means a two-part trap in which they are punished for their "abnormal" behavior with disciplinary measures that, in turn, make their condition worse...

Such cases, and there are a great many of them, show just how poorly suited current incarceration practices are to dealing with a large population of people with mental illness: not only are we, in a great many of our penal institutions, failing to give these prisoner-patients anything like appropriate treatment; we are also putting them in environments we know will make their symptoms much worse. Indeed, it would be hard to come up with a system more perfectly designed to inflict maximum damage to the psyche than solitary. Worse, we are actually making our sick population grow. One of the most tragic effects of solitary is the extent to which it renders ostensibly sane people mentally ill – sometimes profoundly so.

*Adapted from *Insane: America's Criminal Treatment of Mental Illness*. Copyright © 2018 by Alisa Roth. Available from Basic Books, an imprint of Perseus Books, a division of PBG Publishing, LLC, a subsidiary of Hachette Book Group, Inc.*

About Solitary Watch

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Founded in 2009, Solitary Watch (www.solitarywatch.org) is a national watchdog group that investigates, reports on, and disseminates information on the use of solitary confinement in U.S. prisons and jails. Over the past nine years, we have helped to expand public awareness and understanding of this once-invisible domestic human rights crisis. We have also stimulated mainstream media coverage, supported advocacy campaigns, and informed government policymaking.

The print edition of Solitary Watch is available free of charge to currently and formerly incarcerated people. To receive future copies, please send a request to the address or email above. We also welcome stories, essays, poems, and drawings about life in solitary confinement, for publication in the **Voices from Solitary** series on our website. **SPECIAL CALL FOR WRITING AND ARTWORK:** We are currently seeking submissions from people currently or formerly held in solitary confinement on the theme of "Pets in Solitary." This can include creatures (spiders, mice, birds, etc.) you "adopted" in your cells or watched from your windows; imaginary pets; memories or dreams of free world pets; thoughts about captive animals; or anything else about how relationships with animals affected you during your time in isolation. Please send to the address above, and tell us whether you want us to use your name or prefer to remain anonymous.

Note: We regret that we cannot offer legal assistance or advice and cannot respond to requests for this type of help. Legal materials sent to us cannot be returned to the sender. We also cannot forward mail to others. Thank you for your cooperation.

Please Take Our Survey on Alternatives to Solitary Confinement

Solitary Watch sent out a survey last summer, but received a limited number of responses. We are concerned that it did not reach everyone, so we are trying again.

Later this year, Solitary Watch will be completing a report on alternatives to solitary confinement. Our intent is to show how long-term solitary can be replaced with more humane and effective alternatives, in order to reduce and eventually eliminate this practice in U.S. prisons and jails. For this project, we have researched and visited some prisons that have implemented alternatives to solitary confinement. We have also spoken to dozens of officials and experts. Now we want to hear from you—the incarcerated individuals who have experienced solitary firsthand.

If you would like to participate in our survey, please write the answers to the following questions on paper and mail them to the address below. Your answers can be as long or as short as you like. Feel free to skip some questions, and please add any additional thoughts you want to share with us. **No names will be used in the report;** if we quote you we will use only your first initial and the state where you are being held. All individuals who respond to the survey will receive a copy of the full report if permitted by prison rules; if not, they will receive a summary.

1. How much time have you spent in solitary confinement? What is the reason you were sent to solitary?
2. Many prison officials say that solitary is needed to punish individuals who break prison rules. Are there other ways to make sure the most important rules are followed? What ways do you think would be most effective?
3. Sometimes solitary is used for "protective custody." How else could prisons safeguard vulnerable people such as gay/lesbian/transgender individuals, juveniles, people with disabilities, or people convicted of sex offenses?
4. Some people are placed in solitary because of behavior that results from mental illness. What other approaches would you suggest for dealing with mentally ill people who end up in prison?
5. Some people are placed in indefinite solitary (often called Administrative Segregation) because they are considered a threat to the "safety and security" of the prison. Do you think anyone belongs in long-term solitary confinement? If so, who and why? If not, what do you think should be done instead to keep prisons safe and secure?
6. Is solitary needed to prevent gang violence in prison? If not, what are some possible alternatives for dealing with rival gangs and making sure no one gets hurt?
7. What are some things that can be done to make conditions better for the people who need to be separated from the general population, even for a short time?
8. Have any reforms of solitary confinement (such as step-down programs or mental health units) been made in your prison system? Have you participated in them? Please describe these changes and tell us what you think of them.

Please send your survey responses to: Solitary Watch Alternatives, 123 7th Avenue #166, Brooklyn, NY 11215.

The Grim Reality of Solitary Confinement in U.S. Immigration Detention

By Abram Wolfe

Late last year, a 24-year-old asylum-seeker from Bangladesh named Shoaib Ahmed was placed in solitary confinement at the Stewart Detention Center in Georgia. His punishment, he said, came after he was overheard expressing frustration at not receiving a weekly paycheck for the kitchen work that he and other detained immigrants were forced to do for \$4 a day. Ahmed described being locked in a cell 23 hours a day: “If you talk, the sound does not go outside. And nobody comes to talk with us,” he said. “Sometimes I think I will be mentally sick...I feel pain in my head.”

Ahmed became one of the plaintiffs in a class action lawsuit against CoreCivic, the private company that runs Stewart under a contract with U.S. Immigration and Customs Enforcement (ICE). The suit claims immigrants are forced to work in slave-like conditions for little or no pay, and that refusing or resisting brings retaliation in the form of brutality, deprivation, and solitary confinement. Lawsuits with similar allegations have been filed against detention centers in California and Colorado, and Washington State.

The experiences described in these lawsuits expose a grim, dehumanized reality inherent in all forms of incarceration: Wherever there is resistance to dominant policies and practices, there is solitary confinement—the primary tool for coercing or forcing individuals into submission. Other stories illustrate the additional ways in which solitary confinement in immigrant detention functions much as it has in U.S. prisons and jails: as a way to maintain control in overcrowded, understaffed facilities; as an expression of ingrained racism; and as a warehouse for people with mental health problems.

For most detained immigrants, the well-documented psychological damage caused by isolation compounds the

stress of living with traumatic pasts and uncertain futures. Yet by all accounts, the use of solitary in the immigration detention system is only increasing, with little to no oversight—and with devastating and sometimes deadly consequences.

Many undocumented immigrants have broken civil, but not criminal law, while others have committed misdemeanors by crossing a border illegally. The penalty for their actions is generally deportation, not incarceration, and as recently as 20 years ago, they were seldom jailed. But the number of people incarcerated in the U.S. immigration system has risen from an average of less than 7,500 in 1995, to 30,374 people in 2015. This 400% increase outpaced the growth of non-immigrant incarceration, which about doubled in the same period. And while the U.S. prison population has declined slightly in the past few years, immigrant incarceration only continues to grow, to nearly 40,000 by the end of 2017.

ICE does not report or even track its use of solitary confinement, and many immigration detention facilities are run by private contractors, which are subject to even less accountability. But clearly there are hundreds, if not thousands, of detained immigrants in solitary in ICE facilities, held in both Administrative Segregation and Disciplinary Segregation. ICE is supposed to limit most terms in solitary confinement to 14 days. But reports by advocacy groups and even by ICE’s own internal monitor found many facilities in violation of their own policies. Individuals have been placed in isolation for not being able to speak English, watching the Spanish TV channel, complaining about the quality of the drinking water, having an extra blanket, fasting during Ramadan, and sharing a cup of coffee with another detainee. Even immigrant children have told stories of being punished for misbehavior by being held in isolation in small cells, as well as beat-

en and strapped to restraint chairs.

Individuals have died in solitary confinement in ICE facilities from both medical neglect and suicide. At Stewart Detention Center last year, for example, one immigrant from Panama, who had been diagnosed with mental illness, hanged himself after being placed in solitary confinement, reportedly as punishment for an earlier suicide attempt. In May, an immigrant from Honduras was placed in a padded isolation cell when he became distraught after his three-year-old son was taken from his arms under the new policy that called for separating families at the border. He committed suicide that night.

Those who survive solitary confinement also speak of the confusion, horror, and sense of helplessness they feel when placed in isolation. “It was like somebody was choking me,” a 50-year old immigrant from Nigeria said of this 45-day stay in solitary. When he expressed his distress to staff, they reportedly told him: “Take your medicine, go back to sleep.”

Yet as non-citizens, and often non-English-speakers, living under constant threat of deportation to countries where their lives may be at risk, most detained immigrants are unable to legally challenge their conditions, including their placement in solitary. As the National Immigrant Justice Center reports, “guards have unfettered power over immigrants, who have no legal recourse for unfair custody decisions,” and little ability to make their cases known to the outside world. While advocates have tried to provide legal and emotional support to incarcerated immigrants, the anti-immigrant rhetoric and policies of the Trump era have left tens of thousands of vulnerable men, women, and children in increasingly dire positions. For some, this includes the anguish of being locked up alone in a cell in a strange country, without information, help, or hope.

News Briefs

VIRGINIA—The American Civil Liberties Union of Virginia released a report in May that found that the state continues to overuse the practice of solitary confinement, despite the Virginia Department of Corrections' continued claim to be a model for solitary confinement reform. The report includes several first-hand accounts of inhumane conditions in solitary confinement and calls for further reduction in the use of solitary confinement, transparency and accountability in documenting its use, and alternatives to solitary confinement. The report provides a list of recommendations for the state of Virginia to implement meaningful reforms in accordance with international laws, the US Constitution, and psychological and penological research. The ACLU of Virginia has called on Gov. Ralph Northam to ban the use of solitary confinement in state prisons for longer than 15 days and prohibit the use of solitary confinement on vulnerable populations, especially individuals with mental illness.

NEW JERSEY—The New Jersey Parents' Caucus and the New Jersey Youth Justice Initiative released a report last spring documenting the experiences of youth in adult correctional facilities in the state of New Jersey. While the 2015 Comprehensive Juvenile Justice Reform Bill banned the use of disciplinary solitary confinement in juvenile detention facilities, former Governor Chris Christie vetoed legislation in 2016 that would have prohibited the use of solitary on children held in adult facilities. The report concluded that solitary confinement psychologically damages youth as well as adults and exacerbates prior mental illnesses. The report also found drastic racial disparity in the number of Black youth held in solitary and the length of solitary confinement stays for Black and Hispanic youth. The report calls for a ban on the use of solitary confinement on children in adult prisons.

SOUTH CAROLINA—Men on South Carolina's death row await trial for their 2017 lawsuit, claiming they have been subjected to "cruel and baseless solitary confinement," "confined for up

to 24 hours a day to small, windowless cells that measure approximately ten feet by ten feet" for periods ranging between nine and twenty years "without legitimate or valid penological reason." According to the South Carolina Department of Corrections, the state currently holds 36 individuals on death row. Individuals held on death row in at least two other states—Louisiana and Florida—have also filed lawsuits challenging their automatic placement in solitary confinement.

LOUISIANA—The Louisiana State Penitentiary at Angola has closed the solitary confinement unit Camp J, which resulted in the release of about 400 individuals into general population, according to the Louisiana Department of Corrections (DOC). The director of the advocacy organization Promise of Justice Initiative, Mercedes Montagnes, described Camp J as "more akin to a dungeon," and explained that it "was used to house individuals who were more in need of mental health treatment than disciplinary action." The closure of Camp J comes after the DOC partnered with the Vera Institute of Justice on the Safe Alternatives to Segregation Initiative aimed at reducing the use of solitary confinement. Despite closing the notorious unit, Louisiana continues to hold thousands of individuals in solitary confinement throughout the state.

OREGON—Disability Rights Oregon (DRO) followed up last year on a report they had released in May 2015, which revealed the Oregon State Penitentiary has been holding about 40 severely mentally ill individuals in solitary confinement at the Behavioral Health Unit. After DRO threatened to file a lawsuit, the Oregon Department of Corrections (DOC) began to increase the individuals' time out of their cells but eventually reverted to keeping the individuals in their cells for 23 hours a day. The DOC and DRO have come to an agreement that in two years, individuals will be allowed out

of their cells for at least 20 hours a week, which means they will still be kept in their cells for 21 hours a day. In the published report, DRO stated new recommendations for the DOC, including an end to solitary confinement for individuals with mental illnesses by December 31, 2019, as well as a significant reduction of the use of solitary confinement in general.

MISSISSIPPI—The American Civil Liberties Union and the Southern Poverty Law Center filed a class action lawsuit in 2013 against the Mississippi Department of Corrections for "barbaric and horrific conditions," failing to provide adequate health care, and imposing solitary confinement at the East Mississippi Correctional Facility, a privately run prison. Plaintiffs claim that the prison staff, while aware of health hazards and medical emergencies, continues to allow the conditions to persist. In the case's trial last April, the attorneys' closing argument expressed the danger of placing these responsibilities in the hands of private prison corporations. The judge's ruling has yet to be presented.

ALABAMA—Last February, Federal District Judge Myron Thompson ordered the Alabama Department of Corrections to either remove individuals with serious mental illness from solitary confinement or provide a reason for their placement in solitary. Thompson ruled last summer that mental health care in the Alabama prison system was "horrendously," constitutionally "inadequate" and found that individuals with mental illness were held in solitary confinement for long periods of time without treatment. The Southern Poverty Law Center and the Alabama Disabilities Advocacy Program filed a lawsuit in 2017 that found 152 individuals with mental illness being held in solitary in the state prison system, and the judge's order found 131 still there. Lawyers recently called for an "emergency request" to halt the placement of mentally ill people in solitary, since two suicides have already occurred this year.

News Briefs by Valerie Kiebala