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Statement of

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ON BEHALF OF
THE AMERICAN PSYCHIATRIC ASSOCIATION

for the

United States Senate Committee on the Judiciary, Subcommittee on the Constitution, Civil Rights, and Human Rights

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The American Psychiatric Association (APA), the medical specialty society representing over 36,000 psychiatric physicians nationwide, appreciates the opportunity afforded Chairman Durbin and Ranking Member Graham to submit the following statement regarding today's hearing: *Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences*.

The practice of segregating prisoners for disciplinary or safety reasons has grown in the United States, and the prevalence of the practice remains unique among developed nations. The exact number of segregated prisoners nationwide is not known; however, Solitary Watch has recently estimated the number to be approximately 82,000. While the specific conditions of segregation vary between prison systems, a few generalizations can be made. Segregated prisoners spend 23 or more hours each day locked in isolation. There is limited allowance for solitary recreation, and virtually no opportunity for educational advancement, vocational pursuits, or social interaction. Furthermore, segregated prisoners receive healthcare services apart from the general prison population – often within segregated prison units.

The APA acknowledges the research that suggests prolonged solitary confinement may be detrimental to persons with serious mental illness. The number of prisoners with serious mental illness has risen since 1980. Current estimates place the number of prisoners with psychiatric disorders between 8% and 19%, with an additional 15% to 20% of prisoners requiring some form of psychiatric intervention during incarceration.[1] Furthermore, prisoners with serious mental illness often face greater challenges in adapting to prison life, and are consequently at higher risk for disciplinary action and segregation.[2]

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[1] Jeffrey L. Metzner, MD, and Jamie Fellner, Esq., "Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics," *American Academy of Psychiatry and the Law Vol. 38*, 2010, 105.

[2] See Donald W. Morgan, MD, et al, "The Adaptation to Prison by Individuals with Schizophrenia," *American Academy of Psychiatry and the Law Vol. 21*, 1993, 427-33; David Lovell and Ron Jemelka, "When Inmates Misbehave: The Costs of Discipline," *The Prison Journal Vol. 76*, 1996, 165-79.

Segregation over prolonged periods of time may produce harmful psychological effects. These effects may include anxiety, anger, cognitive disturbance, perceptual distortion, obsessive thoughts, paranoia, and psychosis.[3] For persons with serious mental illness, these effects may exacerbate underlying psychiatric conditions, such as schizophrenia, bipolar disorder, and major depressive disorder.[4] Segregated prisoners with serious mental illness often require costly psychiatric hospitalization or crisis intervention services, and generally face bleak prospects of any medical improvement.

Given that solitary confinement may exacerbate psychiatric conditions in prisoners with serious mental illness, it is not surprising that suicide rates have long been disproportionately higher among segregated prisoners than the general prison population.[5] A nationwide study of 401 prison suicides in 1986 concluded that two out of every three completed suicides occurred in some form of control unit. Another study conducted found that 70% of completed suicides in 2005 in California prison systems occurred in solitary confinement.[6] These sobering studies clearly illustrate the inherent danger solitary confinement holds for prisoners with serious mental illness.

The APA believes that the mental health effects associated with prolonged solitary confinement should be closely considered by the Chairman, Ranking Member, and other members of the Subcommittee, and should influence any future policy made on the practice of solitary confinement in the United States.

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[3] Metzner and Fellner, 104.

[4] Ibid.

[5] Ibid., 105.

[6] See Lindsay M. Hayes and Joseph R. Rowan, "National Study of Jail Suicides: Seven Years Later," National Center on Institutions and Alternatives, 1988; and Don Thompson, "Convict Suicides in State Prison Hit Record High," *Associated Press*, January 3, 2006, in Sal Rodriquez, "Fact Sheet: Psychological Effects of Solitary Confinement," Solitary Watch, http://solitarywatch.files.wordpress.com/2011/06/fact-sheet-psychological-effects-final.pdf (accessed 12 June 2012).

Psychiatric physicians are uniquely trained to provide medical and mental health care to their patients. Regrettably, a majority of prison segregation units in the United States lack an environment in which psychiatric physicians can thoroughly evaluate, consult, and treat their patients with appropriate confidentiality. Furthermore, psychiatric physicians who practice in prison systems are often challenged by limited budgetary resources to provide adequate care to segregated prisoners, many of whom experience exacerbated psychiatric symptoms under solitary confinement.

The APA believes that any initiative to address the practice of solitary confinement in the United States must also address the physician's ethical responsibility to provide the highest level of medical and mental health care to incarcerated patients. This entails greater investments in the psychiatric physician workforce, enhanced efforts to educate all physicians about correctly diagnosing and treating mental illness, and repurposed space in prison segregation units that ensures that patients receive appropriate confidential evaluation, consultation, and treatment services. Together, these investments promise to increase the overall well-being of the entire prison population while reducing overall healthcare costs.

Once again, the APA appreciates the opportunity afforded by Chairman Durbin and Ranking Member Graham to provide this statement on behalf of its members. Should you have any questions or need further information, please do not hesitate to contact my staff, Jeffrey P. Regan, at (703) 907-7800 or jregan@psych.org.