Effects of Solitary Confinement on the Mental Health of Prisoners with a Previously Diagnosed Mental Illness

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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INTRODUCTION

Over one million people in the United States (U.S.) are incarcerated in the federal and state prison systems, with more than 50 percent of these prisoners having a history of mental illness (Carson, 2022; Wang, 2022). Shockingly, only 6 percent of these individuals receive professional treatment (Wang, 2022). Moreover, nearly fifty-thousand prisoners are placed in solitary confinement, with between 30 and 50 percent of these individuals having a mental illness (Bertsch *et al.*, 2022; Halvorsen, 2018). Recent studies have shown that solitary confinement, which is a standard practice in the U.S., is equivalent to a form of torture. In this research paper, I highlight the long-lasting physiological and psychological health repercussions of placing prisoners in solitary confinement and suggest reforms that need to be made to the practice.

I employ the Science, Technology, and Society (STS) framework of risk analysis to explore solitary confinement in regard to the prisoners, employees, policy makers, and the practice as a whole. The research examines the social and technical aspects that affect the mental health of U.S. prisoners in solitary confinement and I provide recommendations to the practice backed by research and analysis. The complex system of U.S. state and federal prisons affects millions of individuals each year, with the conditions of solitary confinement having detrimental impacts on both physiological and psychological well-being. This process is especially dangerous when applied to prisoners with preexisting mental illnesses, often resulting in deadly consequences. The argument considers two overarching categories: individual stakeholders and systematic negligence towards mental health in prisons. Through research into these individuals and the structure of the current system itself, I reveal the high-risk environment of solitary confinement and how it ultimately does not function to increase safety at prisons.

RESEARCH METHODS

STS Methods: History of Philosophy; Policy Analysis

This research paper investigates the social and systematic factors that impact the mental health of prisoners in solitary confinement. To gain a thorough understanding of state and federal prisons, the practice of solitary confinement, and mental illnesses, I use the methods of history and philosophy and policy analysis. The method of history and philosophy involves finding, reading, and synthesizing literature to examine previous studies about the practice of solitary confinement, its psychiatric effects, and prisoners with a previously diagnosed mental illness. This literature review also contained studies about the staff and institutions involved in the practice of solitary confinement. The method of policy analysis consists of studying policy documents, such as institutional guidelines, to understand current practices and regulations in regard to both solitary confinement as well as the treatment and care for prisoners with a mental illness.

STS Framework: Risk Analysis

In this research paper, I use the STS framework of risk analysis, which investigates and evaluates any issues that have a potential negative impact on an organization. The German sociologist Ulrich Beck is credited with the concept of a risk society and analysis, stating: “in the risk society the unknown and unintended consequences come to be a dominant force in history and society” (Beck & Ritter, 2013). Risks, according to Beck, can therefore be defined as consequences from modernization. The use of solitary confinement on prisoners with a mental illness poses risks for not only the prisoner themselves but also for the employees caring for them. A risk analysis framework can be used to understand the risks associated with placing prisoners with a mental illness into these conditions, measure and assess the impact of these risks, and understand the effects that it has on the mental health of inmates. I examine both

qualitative and quantitative data, as well as firsthand accounts from prisoners who have lived through these experiences. Overall, this research paper highlights the alarming effects that being placed in solitary confinement has on prisoners with a previously diagnosed mental illness and provides recommendations for reform.

RESULTS

Prison

In 2021, the estimated prison population in the U.S., including state and federal facilities, was just over 1.2 million people (Carson, 2022; Haney, 2017). Prior to the establishment of the federal prison system by the U.S. government in 1891, prisoners were held in state prisons that had been established in the late 1700s (*Historical information*, 2020). The Bureau of Prisons (BOP), a division of the Department of Justice, was later established to manage and regulate these institutions (*The history of corrections in America*, 2022).

It is important to note technical differences between prisons and jails, as these terms cannot be used interchangeably. The main difference lies in the length of stay and the type of individual being held. Jails are primarily used for short-term sentences of misdemeanor convictions (*Virginia's peculiar system*, 2010). Typically controlled by local law enforcement, such as a sheriff, police chief, or county administrator, jails may also be privately run. Jails are classified as "regional" when more than one jurisdiction is included. Generally, individuals are incarcerated in jails for a sentence of up to one year, although there may be exceptions (*Correctional institutions*, n.d.). Prisons, on the other hand, are institutions used for long-term sentences where individuals are typically convicted of a felony (Coyle, 2022). If an individual is convicted of a criminal offense by a state Department of Corrections or the Federal BOP, they will be sent to prison rather than jail, and their sentence will generally be over one year in length

(*Correctional institutions*, n.d.). Similar to jails, prisons may also be privately run. Federal prisons are smaller than state prisons, as they hold prisoners that have been convicted of breaking federal laws, as opposed to breaking state laws. Prison sentences in state prisons tend to be longer, although this can vary depending on the individual case.

Solitary Confinement

Solitary confinement was first observed in 1829 at the Eastern State Penitentiary in Philadelphia (Sullivan, 2006). It was created based on a Quaker belief in repentance and self-contemplation. Initially, Quakers hoped that it would serve as a rehabilitative structure to better the state of prisons (Taddonio, 2017). However, it quickly developed into a practice where inmates deteriorated rapidly, showing signs of mental illness and inability to function when back in society (Sullivan, 2006). Just over a hundred years later, the federal government opened Alcatraz to imprison some of the U.S.'s most heinous criminals, including an entire hallway known as "D Block," which consisted solely of solitary confinement cells. By the 1990's control-unit or Supermax prisons were being constructed across the country, with every cell being an isolation unit. Currently, ADX Florence is the only federal government Supermax facility still in operation (Sullivan, 2006). Despite this, the U.S. is recognized internationally as a country with some of the longest sentences in solitary confinement (Mendez *et al.*, 2016).

Solitary confinement, where an inmate is placed in a maximum security isolated cell, deprives the inmate from educational, vocational, or even rehabilitative programs, leaving the inmate in an extremely vulnerable condition (*Solitary confinement (isolation)*, 2016). The isolation from other people in solitary confinement includes no contact through bars, glass, screens, or any other barrier of the sort (Haney, 2017). Solitary confinement cells are typically eighty square feet in size, or roughly the size of a standard parking spot, containing only a bed, sink, and toilet (Childress, 2013). Prisoners receive food delivered to them through a slot in their

door (Childress, 2013). Prisoners can be placed in solitary confinement for a variety of reasons, including punishment for an infraction, as an administrative penalty, safety for others or themselves, and several other reasons (Haney, 2017).

According to a 2021 review on solitary confinement from the Correctional Leaders Association and Arthur Liman Center for Public Interest Law at Yale Law School, there are currently almost 50,000 people in the U.S. in solitary confinement, although the exact number is difficult to estimate due to the lack of official reporting (Bertsch *et al.*, 2022). On average, these 50,000 people are held for twenty-two hours each day, for an average of at least fifteen days. Twenty-five percent of these prisoners are isolated for at least one full year, and just over 4 percent are identified as having a severe mental illnesses (SMIs) (Bertsch *et al.*, 2022).

Mental Health / Severe Mental Illnesses (SMI)

Mental illness encompasses a broad range of health conditions, with Serious Mental Illnesses (SMI) being a specific subset. SMI can lead to functional impairment caused by emotional, behavioral, or mental disorders (*Health services research*, 2011). Instead of being viewed as binary, SMI is better understood as a spectrum with a range of diagnoses, including major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder (*Health services research*, 2011). However, there is no standard definition for SMI across the U.S.. Some institutions follow the definition provided by the American Correctional Institution, while others use diagnoses or professional assessments (Bertsch *et al.*, 2022).

According to a 2016 nationwide survey conducted by the Bureau of Justice (BOJ), 56 percent of prisoners in state prisons had a history of mental health problems, and only 6 percent received professional treatment at the time of the survey (Wang, 2022). The same survey also

found that incarcerated individuals experience serious psychological distress at a rate 10 percent higher than the adult population in the U.S. over a 30-day period (Wang, 2022).

ANALYSIS

Stakeholders

The conditions of solitary confinement sets prisoners up for serious psychiatric consequences. When prisoners are placed in solitary confinement, they may experience a variety of reactions such as increased stress, lack of sleep, high levels of anxiety, hallucinations, mood swings, depression, suicidal thoughts, and withdrawal (Haney, 2017). These symptoms are even more detrimental for prisoners with preexisting SMIs because they are already at a high risk for these symptoms. Solitary confinement is the kind of environment that healthcare professionals avoid when working with patients with SMIs. Deprivation of basic needs and an SMI only worsen their psychological state, leading to rapid deterioration (Haney, 2017). This not only poses risks to prisoners but also to jail safety. Moreover, the circumstances of solitary confinement create an extremely difficult environment to work in, but minimal research has been conducted on the effects it has on correctional staff (James & Vanko, 2021). Several studies have also found psychological and physiological repercussions on staff, including heart disease, hypertension, post-traumatic stress disorder (PTSD), and even suicide (James & Vanko, 2021).

John Thompson, who spent 14 of his 37-year sentence in solitary confinement, experienced severe psychological effects. His experience illustrates that placing prisoners in solitary confinement has significant psychiatric consequences, leading some to become speechless: "Even if I wanted to seek out human contact by whispering down the hallways, it was hard to find someone in a mentally stable state to talk to for a few minutes here and there" (Thompson, 2022). Thompson now works as an advocate for ending solitary confinement and its

inhumane practices with the Abolitionist Law Center and grassroots organizations. Five years after being released, Thompson's role as a social and political organizer has given him a platform to advocate for something he has first-hand experience with: "We should not incarcerate people in an environment that worsens mental illnesses, costs significantly more money, decreases public safety, and is extraordinarily cruel" (Thompson, 2022). As Thompson points out, inmates with preexisting mental illnesses can experience exacerbated mental health symptoms due to their placement in solitary confinement, which would only lengthen their stay (*Solitary confinement (isolation)*, 2016). These detrimental effects of isolation are well-documented and give insights into the risks associated with solitary confinement.

Moreover, long-term solitary confinement poses threats to public safety and health. Dr. Stuart Grassian's research into the psychiatric effects of solitary confinement showed that a significant psychiatric syndrome can develop in individuals who are placed in solitary confinement for long periods of time:

> "The paradigmatic psychiatric disturbance was an agitated confusional state in which, in more severe cases, had the characteristics of a florid delirium, characterized by severe confusional, paranoid, and hallucinatory features, and also by intense agitation and random, impulsive, often self-directed violence. Such disturbances were often observed in individuals who had no prior history of any mental illness" (Grassian, 2006).

The symptoms Dr. Grassian observed in individuals with no history of mental illness, or someone with no record of significant emotional or mental struggles, are similar to those that individuals with SMIs experience on a regular basis. This underscores the need for reform to the practice of solitary confinement. Additionally, social epidemiology research shows that being deprived of social interactions can lead to serious mental health consequences. When individuals

lack social interactions and relationships, their mental and physical well-being are put at a serious risk (Cacioppo & Cacioppo, 2014). Solitary confinement deprives incarcerated individuals of social interactions and relationships, furthering the psychological damage. For incarcerated individuals with preexisting SMIs, the social and physical separation from others can have even harsher harmful effects, including anxiety, depression, insomnia, impulse control issues, paranoia, psychosis, and PTSD (James & Vanko, 2021). These effects result in significant deterioration of any preexisting mental illness, which can continue to exist long-term (James & Vanko, 2021).

The physiological and psychological damage that solitary confinement leaves prisoners with has incredibly disturbing impacts post-release from prison. Post-release can include anything from being released on parole, probation, determinate release, or as part of The Community Corrections Program. Kalief Browder was arrested for robbery in 2010 at just 16 years old. Browder proceeded to spend 3 years on Rikers Island awaiting his conviction, 17 months of which he spent in solitary confinement (Gonnerman, 2015). Both during his time there and post-release, Browder made several attempts to end his life. Though his family provided structure and rehabilitative services for him, Browder ultimately died by suicide just 2 years after being released. Broder's story is not a singular experience. In North Carolina, a five-year study with over 200,000 previously incarcerated people found that upon release from custody, individuals who experienced solitary confinement for any period of time were 78 percent more likely to die from suicide and 127 percent more likely to die from opioid overdose within the first year than those who had not (Brinkley-Rubinstein *et al.*, 2019). This highlights the need for reform in the use of solitary confinement in the criminal justice system. Together, Kalief Browder's story and this study exemplify a larger issue around the U.S.: they underscore the

long-term risk that solitary confinement poses to prisoners as it leads to significantly more deaths upon release than those who spent no time in solitary confinement.

Current Policy

The effects of solitary confinement highlight systematic negligence towards mental health. Typically, inmates are held for 22 to 24 hours each day, have limited human contact, receive inadequate mental and medical health treatment, and are subjected to sensory deprivation. Nevertheless, there are no official standard conditions for solitary confinement across the U.S. (Madeodev, n.d.). Moreover, the BOP has not conducted a study on the impact of solitary confinement on inmate mental health, despite the U.S. Department of Justice (DOJ) releasing a manual about expanding and improving mental illness treatment. The DOJ even recognized that "solitary confinement or extended segregation may cause extreme stress for a mentally ill person and can promote decompensation and exacerbate the illness" (Hills *et al.*, 2004).

Historically, solitary confinement was implemented to rehabilitate prisoners, but it has since been used to punish inmates for serious rule violations or gang management. Currently, inmates previously diagnosed with a mental illness are often placed in solitary confinement as they can pose a threat to their own and the prison's safety, which deviates from the original intention of the practice (Halvorsen, 2018). In a recent three-year study on solitary confinement, The Vera Institute of Justice (Vera) found that nonviolent, low-level disciplinary infractions are actually the leading cause of inmates being sent to solitary confinement (Madeodev, n.d.; *Why are people sent*, 2021). These infractions can include profane language, smoking, disobedience of orders, disrespect for authority, or possessing minor contraband. This finding underscores the dramatic shift in the use of solitary confinement in its almost 200-hundred year history, and yet the structure of it has not changed.

American political activist Angela Davis noted that, aside from death, solitary confinement is considered the worst form of punishment imaginable (Davis, 2003). This comparison between the structure of solitary confinement and torture is not unique. Through research, American social psychologist Dr. Craig Haney found a similar phenomenon:

> "Many of the negative effects of solitary confinement are analogous to the acute reactions suffered by torture and trauma victims, including post-traumatic stress disorder (PTSD) and the kind of psychiatric sequelae that plague victims of what are called deprivation and constraint torture techniques" (Haney, 2017).

The similarity between Dr. Haney's research and the United Nations (UN) Convention Against Torture is shocking. The UN Convention Against Torture states that torture is an act where "severe pain or suffering, whether physical or mental, is intentionally inflicted on a person" (*Convention against torture,* 1997). This definition and its similarity to Dr. Haney's findings makes it evident that the practice of solitary confinement should be considered a form of torture.

Considering this comparison, it is especially important to understand the effectiveness of solitary confinement on prisoners since it was originally intended as a rehabilitative structure. However, inmates who have experienced solitary confinement are more likely to recidivate than those with no mental illness. Recidivism is a number that is calculated based on an individual's tendency to be re-convicted after a previous incarceration (*VADOC recidivism,* 2022). In a 2017 national survey on drug use and health, it was found that individuals with three or more arrests were 18 percent more likely to have a SMI than those with no arrests (Jones & Sawyer, 2019). Furthermore, inmates with mental health problems are 8 percent more likely to return to custody than those who have never experienced them (Bronson & Berzofsky, 2017). This indicates that inmates who have experienced solitary confinement and its mental health repercussions are more

likely to recidivate than those without mental illnesses, emphasizing the risks that placing inmates in solitary confinement has on these institutions.

Several U.S. states have already limited or, in some cases, prohibited the use of solitary confinement altogether. Nebraska and New Mexico are two states that have made significant strides in reform by banning the practice for prisoners with SMI (Fettig, 2019). However, these reforms are only the first steps towards improving the entire U.S. correctional system. The United Nations Standard Minimum Rules for the Treatment of Prisoners outlines the ideal model for correctional institutions. According to Rule 45 of this document, "solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures" (*The United Nations standard*, 2015). Although this policy aims to protect prisoners who suffer from mental illnesses, it is effectively not enforced. Solitary confinement inherently harms the mental state of any prisoner subjected to it, regardless of preexisting mental disability. Therefore, it is clear that solitary confinement is a dangerous system that requires reform.

CONCLUSION

Solitary confinement in U.S. prisons has a well-documented, preventable damaging impact on prisoners' physiological and psychological health. Reforms are urgently needed to account for the overall well-being of prisoners, particularly those with SMI. Although research on the use of solitary confinement's impact on safety in prisons is limited, the negative effects on prisoners' mental health and overall well-being are evidence enough to warrant reforms, and ultimately the practice's banning.

Three areas require significant reform regarding solitary confinement in U.S. prisons: (1) standardization of solitary confinement policies, (2) introduction of mental health resources for

those in solitary confinement, and (3) implementation of time out of solitary confinement each day. The lack of standardized policies across the U.S. has resulted in differing agency policies that have contributed to the prevalence of prisoners with mental illness in solitary confinement. Standardizing policies across the U.S. would decrease this population and improve post-release outcomes. Additionally, prisoners with a history of mental illness in solitary confinement receive little professional treatment (Wang, 2022). The DOJ has recognized this need for robust resources, yet no action has been taken. Providing these individuals with mental health resources such as psychologists, psychiatrists, social workers, and new mental health programs would improve their outcomes in solitary confinement and post-release. If appropriate mental health treatment was implemented in U.S. prisons to support recovery and reentry to the community, individuals would have the skillset to better manage their various illnesses, therefore putting them at a lower-risk for both recidivism and premature death post-release. Finally, providing prisoners with time out of their solitary confinement cell each day (TOOC) is essential to their mental health and well-being. When prisoners are confined to a small space for long periods of time, mental health issues can be triggered or exacerbated by the lack of physical activity and exposure to natural light. TOOC provides an opportunity for prisoners to engage with nature or receive mental health services, which can help to mitigate the negative effects of solitary confinement on mental health. Together, standardizing policies, providing mental health resources, and introducing TOOC to the practice of solitary confinement has the potential to drastically improve the outcomes of individuals in solitary confinement with a mental illness.

Limitations to these recommendations must be considered. The population of solitary confinement is relatively small compared to the prison population as a whole, resulting in limited information and research on prisoners in solitary confinement, especially those with preexisting mental illnesses. Funding for the resources necessary to implement these recommendations is

also limited. Future research should consider analyzing the impact of solitary confinement on prisoners with preexisting mental illness using other STS frameworks to understand aspects of the prison system that are not controlled through risk analysis. However, implementing these recommendations has the potential to significantly improvise prisoners’ physiological and psychological well-being, leading to much-needed reforms in the U.S. prison system.

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