

**Evaluating Administered Differences of Brief Jail Mental Health Screener and Impacts of  
Diagnoses & Treatment of Linked Inmates with Severe Mental Illness**  
(Technical Paper)

**The Effects of Solitary Confinement on the Mental Health of Prisoners**  
(STS Paper)

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On my honor as a University student, I have neither given nor received unauthorized aid  
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## Prospectus

### Introduction

Despite the large number of individuals struggling with mental health disorders in America's prisons and jails, approximately 63% of inmates with a diagnosed history of mental illness do not receive any mental health related care while incarcerated (NAMI, 2021). The impact of mental health care can also be seen after release, as individuals with health coverage have a higher likelihood of participating in services that lower recidivism rates (NAMI, 2021). In order to address this, the technical project will investigate what individuals are receiving treatment, as well as what the specific treatment entails, in order to identify the effects these factors have on the recidivism rates of individuals with mental illness. This project is a continuation of previous work done with the Jefferson Area Community Criminal Justice board aiming to research the link between mental health and incarceration, including the demographics of individuals diagnosed with mental illness and the effects of treatment.

Solitary confinement, an extremely isolating and impactful form of incarceration, has been shown to have a higher placement of individuals suffering from diagnosed mental health problems (Dellazizzo et al, 2020). The effects of long-term solitary confinement on all prisoners have been shown to include "psychosis, suicidal behavior, and self-mutilation" (Arrigo, 2008). These effects are bound to have an even more severe impact on those already suffering from mental illness. This presents the opportunity to investigate what socio-technical factors ultimately impact individuals with diagnosed mental health issues who are placed in solitary confinement, and how current implementation of solitary confinement can be altered or even abolished to improve mental health outcomes of inmates.

## **Impacts of Services for those Suffering from Mental Illness when Exiting Criminal System**

*What factors of mental health services offered after release from custody to those suffering from severe mental illness are most effective for social readjustment?*

### *Project Overview*

The United States leads the world in incarceration. American citizens constitute 5 percent of the global population, but 20 percent of the world's inmates (Wagner & Bertram, 2020). Those suffering from mental illnesses are disproportionately affected. According to a 2017 study by the Department of Justice, 64 percent of inmates in local jails have a history of mental health problems, and 60 percent are actively experiencing symptoms (Bronson & Berzofsky, 2017). Individuals with an untreated mental illness or substance abuse disorder are also 8 percent more likely to return to jail within four years of their initial release compared to those without such diagnoses (Bronson & Berzofsky, 2017). To lower the number of Americans behind bars, former inmates need to be provided with effective mental health treatment.

This project sponsored by the Jefferson Area Community Criminal Justice board is the continuation of a decade of research into the link between mental illness and incarceration in the Albemarle-Charlottesville Regional Jail (ARCJ). In June 2008, the National Institute of Corrections selected Charlottesville/Albemarle to be one of seven pilot sites for their Evidence Based Decision Making Initiative. The county formed an Evidence Based Decision Making Team (EBDM) to reduce criminal justice costs and rearrest rates, and increase community trust in the justice system (The Center for Effective Public Policy. 2015). EBDM has since partnered with UVA and Region Ten Community Services to understand the composition of the inmate

population suffering from serious mental illness in jail, and whether linkage to mental health services at Region Ten has been successful.

Recently EBDM's work led to the addition of a Therapeutic Docket program in the district court. The program requires individualized treatment plans for criminal offenders with qualifying mental illness diagnoses, provides practical and moral support to help participants complete their treatment, and incentives and sanctions to reward or punish behavior. This is one of the programs implemented in the past 3 years to help offenders build a healthy and law abiding life (Participant Handbook - Virginia, n.d.).

All new entrants into the ACRJ take a Brief Jail Mental Health Screener, which is used to 'screen in' those whose mental health requires further evaluation. The EBDM and UVA team have extensively studied the composition of the screened-in population. Black inmates, for example, are 10 percent more likely to screen in than white inmates (E. Boland *et al.*, 2019). For some questions, black inmates responded "yes" more infrequently than white inmates; it is currently unclear the cause, and could be attributed to truth, interpretation of question, or even professional giving screener. For example, "Are you *currently* taking any medication prescribed for you by a physician for any emotional or mental health problems?", and "Have you ever been in a hospital for emotional or mental health problems?", (Policy Research Associates, 2021). For both, the percentage yes for black inmates was 4-10 points less than white inmates (E. Boland *et al.*, 2019). Currently the team is researching which questions most frequently trigger the 'screened in' result, and whether the characteristics of the person asking the questions impacts the result. Offenders who screen-in meet with a jail nurse once a week to monitor their mental health. If they need further services, a treatment team meets with the individual to devise a treatment plan, usually a referral to Region Ten's services or another program, like Healthy

Transitions (N. Goodloe, personal communication, September 21, 2021). Healthy Transitions is a psychiatric re-entry program run through ACRJ and Region 10 that provides mental health services to a patient while they are still an inmate to strengthen their likelihood of utilizing services after their release. It has effectively reduced recidivism and homelessness, and saved thousands of dollars for the community, by reducing the time it takes to receive services from 10-months to 22 days (IMPACT. n.d.).

In 2021, the team discovered that among inmates with a mental illness, those who received treatment following their release were 8 percent more likely to return to custody within a year than those who did not. This project attempts to explain this result by analyzing the efficacy of the treatment provided.

Using data from ACRJ and the Region Ten Community Services Board (R10), the organization primarily responsible for providing treatment, this year's team will investigate the characteristics of those receiving treatment and its type and dosage to identify factors impacting recidivism. It should be understood that the analysis being done is on people who did receive services, though many people do not receive them. The project is primarily limited by gaps in the data and the complexity of the problem. Since data is drawn from two different sources, research is constrained by the ability to positively match individuals in the ACRJ database with those in the R10 database. Moreover, a lack of metrics for treatment success, like attendance or progress reports, impedes the establishment of causal relationships with recidivism. The effects of mental illness on incarceration are also correlated with the effects of substance abuse, homelessness, physical or sexual abuse, poverty, et cetera, making it difficult to even provide effective treatment. Goals are to establish which service factors are most cost-effective, and which

treatment populations are most likely to return to custody. Hopefully, these insights will inform policy recommendations to improve the mental health treatment provided to former inmates.

This year's team will use data analysis to recommend policy to improve the efficacy of treatment. One focus is to understand why offenders who are linked to treatment often deny it - perhaps due to cost, distance from facility, dislike of services, virtual vs. in-person, etc. The generalizability of results is an important consideration when making conclusions and recommendations about ideal treatment characteristics. In the past decade, this project has had large impacts on policy implementations for the local criminal justice system. This year's team will contribute by generating results to help ex-offenders' transition back into a productive lifestyle, and save the community the expensive cost of failed rehabilitation.

### **The Effects of Solitary Confinement on Individuals with Diagnosed Mental Illness**

The American corrections system has the highest rate of incarceration in the world, with roughly 2.1 million inmates reported as of the end of 2019 (Gramlich, 2021). Mental health struggles are prominent among the prison population, as around 20% of inmates suffer from diagnosed severe mental illness, and 30 – 60% of inmates suffer from substance abuse problems (Aufderheide, 2014). These percentages increase substantially when looking specifically at those placed in solitary confinement, with prisons reporting percentages of those with mental illness as high as 64% (Corbett, 2018). Solitary confinement, a form of imprisonment where prisoners live completely isolated in a single cell for 22 to 24 hours a day, is used in a variety of circumstances but most commonly as punishment (Shalev, 2008). The extreme isolation caused by solitary confinement has been linked to a myriad of health problems, specifically in regards to prisoners' mental health including "severe, and often irreversible, psychological damage" (Coffey, 2012).

While these physiological and psychological effects can be seen in the majority of those subjected to solitary confinement, these effects can be significantly worsened by preexisting mental illness, the socio-technical factors of which will be investigated.

The primary stakeholders involved in this system can be separated into four groups – inmates, facility administration, American taxpayers, and the United States government. Each of these groups have their own perspectives on the corrections system and the use of solitary confinement. Regardless of their individual goals, mass incarceration is a growing concern as America has the largest number of incarcerated individuals, many of whom will be subjected to solitary confinement despite its documented effects (Gramlich, 2021). The societal perspective of the use of solitary confinement is actively evolving, with the UN’s expert on torture recently comparing the use of long-term solitary confinement to psychological torture (OHCHR, 2020). To add to these effects, studies haven’t found significant impact from the use of solitary confinement on the likelihood of future criminal activity or misconduct, further emphasizing the question of its use (Labrecque, 2015). I plan to explore how the societal viewpoints will factor into any subsequent alterations made to the current system of solitary confinement.

Ulrich Beck, a German sociologist, coined a variety of terms having to do with risk analysis. Most prominently, he discussed a “risk society” which can be defined as “a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself” (Beck & Ritter, 2013). Beck felt that social development relied on methods of scientific inquiry (Mythen, 2004). As scientific breakthroughs emerged and the scientific community gained momentum, discourse based in science and technology dominated conversations regarding risk and risk analysis (Mythen, 2004). However, his theories regarding risk and risk analysis have been criticized, primarily on the basis that he “misunderstands and distorts the use of

probability” (Aven, 2012). A common counter to his criticisms of the theory is the idea that risk does exist and is a function of probability and harm, and that an individual can be incorrect in regards to risk (Aven, 2012). Wicked problems are those which are convoluted – they typically have no clear definition or solution and involve a large variety of opinions via stakeholders. While wicked problems cannot be solved in a clear set of steps, there have been three primary strategies outlined: authoritative, competitive, and collaborative.

## **Methodologies**

*Research Question: What are the socio-technical factors that impact prisoners with diagnosed mental health issues in solitary confinement?*

In order to address this question, I plan to focus on the STS frameworks of Risk Analysis and Wicked Problems. The concept of a risk society is relevant to the corrections systems within the United States, as the stakeholders and decision makers of the system have accepted certain levels of risk associated with solitary confinement. I plan to use the risk analysis framework to investigate the true risks, ramifications, and solutions in relation to the effects of solitary confinement on the mental health of prisoners. The method of wicked problem framing is helpful in that it allows for further analysis of the systems in place and the key contributors. The corrections system is convoluted and any alterations made to the preexisting system will have ripple effects, making this framework ideal to address the concerns surrounding solitary confinement.

I initially will gather an understanding of the background through a variety of sources, mostly information about solitary confinement and its documented effects. When looking for this data, I am focusing on studies or papers that specifically discuss the mental health of prisoners in

relation to solitary confinement. To gain a better understanding of the stakeholders and how current policy regarding solitary confinement may be affecting mental health outcomes, policy oriented documents and reports from sources like the UN will be analyzed. My primary method of research is policy analysis, as policy is the foundation of solitary confinement practices and any substantial changes would occur at that level. Discourse analysis will also be useful in understanding the social context of the issue. Finally, documentary analysis will be utilized in identifying background statistical data. The negative effects of solitary confinement are well-documented, but few efforts to address the growing concern have been made. I will use the numerous case studies and reports on the mental health outcomes of solitary confinement, as well as those regarding mental illness in prison populations as a whole, to support my analysis of the issue. From there, I plan to connect this analysis to the alternatives to solitary confinement and how these factors affect recidivism rates and mental health outcomes of prisoners, in order to form a nuanced understanding of the surrounding risk society.

## **Conclusion**

This paper covers an investigation of the effectiveness of different mental health services offered after release of custody to incarcerated individuals with mental illness, as well as the socio-technical factors impacting incarcerated individuals with mental illness who are placed in solitary confinement. The technical project will research the output of the Brief Jail Mental Health Screener in relation to question answers and inmate demographics. In turn, we hope to identify what leads to individuals rejecting mental health treatment following release from custody. These findings will inform our data analysis based policy recommendations to improve the efficacy of treatment for incarcerated individuals with mental illness.

On a related topic, this paper explores the psychological and physiological impacts solitary confinement has on incarcerated individuals who have a diagnosed mental health disorder. Solitary confinement is a widely debated form of incarceration due to its severe nature and subsequent impacts on mental health. These impacts are only increased when affecting those already struggling, a population which is highly represented amongst those placed in solitary confinement. Gaining a better understanding of the socio-technical factors which impact these individuals will allow for informed recommendations as to potential alterations to the systems in place surrounding solitary confinement, and in turn create better mental health outcomes. This research will identify the effects of solitary confinement and how those suffering from mental illness can be best served by the systems in place.

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