Solitary Watch

Criminal Justice Issues and Prisoners' Rights

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by Jean Casella | March 10, 2010

CHILDREN IN LOCKDOWN

Yesterday we wrote about a death row prisoner who was revived after an attempted suicide on the eve of his execution. Today, the grim absurdities continue, with the story of a young, mentally illinmate in Indiana who was placed in disciplinary segregation (solitary confinement) in response to assuicide attemptand once there, committed suicide.

According to a postthis morning on Sara Mayeuxs <u>Prison Law Blog</u>, the 18-year-oldinmate had been patient in a state mental hospital, but took off on his own while he was out attending a family funeral. The teenagerwas subsequently arrested for theft and put in the county jail, and then into isolation, wherehe used his bed sheet to hanghimself from his cell window.

Gregory Zick committed suicide in 2003 while incarcerated at the St. Joseph County Jail in Indiana. Zick had a history of suicidal tendencies, evidenced by laceration scars on his wrists and neck; indeed, when he arrived at the county jail he had most recently attempted suicide just a month before. Jail officials arranged for him to continue receiving his prescription psychiatric medications, and placed him on suicide watch. Over the next few weeks Zick was moved on and off suicide watch (in part, it seems, because he himself denied having suicidal tendencies when speaking to jail mental health professionals, although one of the issues in the lawsuit was whether these professionals were actually qualified one, for instance, did not have a degree in psychology or psychiatry. At the time of his suicide, he was being held in disciplinary segregation, because he had been *charged* with attempted suicide and other violations (my emphasis) Specifically, according to this news report, Zick was being held in lockdown for removing the blade from his razor.

Mayeuxhighlights the fact thatattemping suicide was apparentlytreated as aviolation of thejails rules, warranting placement in disciplinary segregationwhich is of course theworst possible place for a mentally ill, suicidal inmate.

Mostjails and prisonsuse less blatant terminologywhen they place their mentally ill inmates insolitary confinementcells: They tend to call it administrative segregation, special housing, or protective custody, rather than disciplinary segregation. But the result, of course, is the same. These isolation unitswhich have been shown tocause severe psychological trauma in prisoners *without* underlying psychiatric conditions have become todays asylums, home to thousands of mentally ill Americans. Many of them are incarcerated to begin with for actions related to their conditions, and once inside, they are placed in lockdown by a system that lacks the resources (and sometimes the will) toprovideappropriate treatment.

Gregory Zicks mother filed a federal lawsuit against the county and numerous jail officials, alleging that they were deliberately indifferent to her sons suicidal history, in violation of his Eighth and Fourteenth Amendment rights as well as various rights under Indiana state law, according to the Prison Law Blog. Buta federal district court and later the Seventh Circuit court of appeals dismissed the case against everyone but the county sheriff (who had settled with the boys mother for \$75,000). The courts found that none of the defendants actions constituted deliberate indifference, and therewas no proven pattern or policy of inadequate suicide prevention measures by the company hired to run the jails mental health services.

Jean Casella is the director of Solitary Watch. She has also published work in The Guardian, The Nation, and Mother Jones, and is coeditor of the book Hell Is a Very Small Place: Voices from Solitary Confinement. She has received a Soros Justice Media Fellowship and an Alicia Patterson Fellowship. She tweets @solitarywatch.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by Juan Moreno Haines

October 25, 2022

by Solitary Watch Guest Author

October 13, 2022

by Vaidya Gullapalli

September 29, 2022

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http://realcostofprisons.org/blog/archives/control_unitsshusupermax/index.html

I cant remember if I shared this article here before or not But you can click on the link above or read these excerpts below from this rather long article.

March 06, 2008

MA: Breakdown: The Prison Suicide Crisis (3 articles)

3 articles in the Boston Globe

BREAKDOWN | THE PRISON SUICIDE CRISIS

A system strains, and inmates die

December 9, 2007

Part 1

So common has it been to find a man with a makeshift noose around his neck that some correction officers have taken to carrying their own pocket tools to cut them down. The tally of suicide attempts and self-inflicted injuries 513 last year and more than 3,200 over the past decade tells a story of deepening mental illness and misery behind the walls of the states prisons, despite repeated calls for better training of officers and safer cells for mentally troubled inmates.

Youre taking people who are vulnerable and cant cope in society, said a psychiatrist who consults to prisons and is an assistant professor at University of Massachusetts Medical School, and putting them in the worst situation imaginable.

The Department of Correction guards the details of these events in secrecy, revealing little to the public, or even to the families of the suicide victims.

Part 3

On a damp Saturday last fall, he collected a stack of papers and notebooks that chronicled his decade as a state correction officer and set them ablaze in a cemetery near his home.

He had liked his first eight years at the prison, but his last two had turned hellish. He hoped the graveyard bonfire would exorcise memories of his work behind the walls of the states toughest prison.

Especially his memory of what happened there one night in late 2000.

Shortly before 10 that November night, a deeply disruptive inmate lay shackled to a concrete slab in a cramped cell. As he stood watch, a captain and three other officers swept in, the captain grabbing, as he went by, a foam cup that he had been using to catch tobacco juice and sunflower seeds.

He watched as the captain tilted the cup over the mouth of the prisoner. Sickened, he turned away. But he could hear the parting admonition to the 33-year-old inmate: If you dont behave, my officers will pour [excrement] down your throat. Because I can do anything I want to you.

The captain was just sadistic. He thought this was the way to rule. Sometimes you have to use force in the prison. Its just the dynamics. But the way I was schooled, once youre in restraints, its over.

Another officer assigned to the control room and said he could see him tilt a foam cup over the inmates head.

What happened that day was totally wrong. Youre in four-point restraints. You cant do anything. Thats torture.

Two months later, the inmate hanged himself with elastic from his underpants and bed sheets.

The larger point is hard to miss: Some correction officers, he said, are unfit to deal with the mentally ill or deeply troubled inmates who are increasingly their charge. The result is an incendiary dynamic between inmates and officers, a climate ripe for abuse.

The inmate was restrained. He had no way to defend himself, said one of two officers who reported the incident. It would be akin to a police officer raping somebody. Theres no gray area there.

The treatment of this inmate who was in four-point restraints for nearly 40 hours over four days is one of the most flagrant of the cases of abuse of inmates whom prison officials or prisoner advocates say had acute mental problems.

But it is hardly an isolated example. A Spotlight Team investigation into a recent surge in prison suicides and suicide attempts found other cases in which correction officers, with scant training in how to handle the burgeoning number of mentally ill in prison, brutalized, mistreated, or neglected inmates.

Indeed, as prisons increasingly become the asylum of last resort for the mentally ill with the closure of state hospitals and the deinstitutionalization of their residents desperation, frustration, and violence are rising on both sides of the cell door.

Thanks for alerting us to this vital series, Alanweve added it to our resources section.

P.O. Box 11374 Washington, DC 20008

info@solitarywatch.org

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