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Changes to Affect Unit Known for Isolation, Neglect, Self-Harm

by [Sal Rodriguez](#) | January 19, 2016

Oregon corrections officials have agreed to reduce the isolation of people with serious mental illness in the Behavioral Health Unit (BHU) at Oregon State Penitentiary, settling over a year of discussions with Disability Rights Oregon (DRO), the states federally designated Protection and Advocacy System.

The [agreement](#), signed January 8, has the potential to significantly improve the quality of life for those in the BHU (pictured above), a unit designed to house 48 of the most severely mentally ill men in the state prison system. Ostensibly meant to manage and treat those whose behaviors are known to be driven by mental health problems, including self-harm and suicide attempts, the BHU has been under scrutiny by DRO since 2014.

In May 2015, DRO issued a damning [report](#) on the conditions of the unit, finding a persistent pattern of long-term solitary confinement in windowless 6 x 10-foot cells, a lack of mental health services and a culture that promotes unnecessary violence and retaliation by correctional staff. While the report was publicly met with derision by the Oregon Department of Corrections in a letter dated May 1, 2015, ODOC Director Colette Peters [said](#) it appears to be more sensational rather than fact-based subsequent discussions over reform were evidently productive.

I am proud of the long-standing relationship and collaboration between [ODOC] and DRO to develop this Memorandum of Understanding, said Peters in [announcing](#) the agreement. This is an important step in improving treatment options for those in [ODOC] custody with serious mental illness and improving their chances for success upon their release.

The MOU, among many things, provides for over 20 hours of guaranteed out of cell time a week for those held in the BHU. Ten hours of this time will include classes and treatment programs, and ten hours will be unstructured, allowing for out-of-cell meals, phone calls and physical exercise. Other key components of the agreement include making good-faith efforts to hire and retain sufficient mental health staff, ensuring reasonable access to a psychiatric provider, and improving training of security and clinical staff to deal with adults in custody with mental illness, including interviewing techniques, medication side effects, and crisis intervention.

When prisoners get an opportunity to spend time outside their cells engaged in constructive activities, they are more likely to be healthy, more likely to learn how to cope with their illness, and more likely to succeed when released, said DRO Executive Director Bob Joondeph. In light of the substantial and growing international [consensus](#) that solitary confinement is especially harmful to those with mental health problems, the set of reforms agreed to would go far in preventing the well-documented abuses in the BHU.

Theres a lot of miserable, unhappy people howling, banging their heads on the walls, said Joel Greenberg, coauthor of DRO report. Theyre locked up 23 hours a day, its dark, the TV is not even visible and for people who are hearing voices, TV or music are the only way to drown out those things. Then you have the constant cell extractions. Theres just no way out of it, a lot of serious self-harm, suicide attempts, almost everyone in the BHU would prefer to be elsewhere.

The report features the stories of several men in the BHU. One man, known to engage in self-harm as a desperate strategy to get out of his cell or compel medical or mental health attention, has often been subjected to abuse. As the DRO reported, the security-driven response to his self-harming behaviors is a mixture of physical force and the imposition of further isolation and deprivation. For as long as 18 days at a time, he would held on dry cell status in which water would be turned off in his cell and personal belongings taken away. ODOC policy only allows for dry cell status up to 72 hours.

Other stories include that of Caleb Freeman, a pseudonym, who had been in the BHU since 2011, with brief periods in the Mental Health Infirmary and Disciplinary Segregation Unit. Like many in the unit, he too was subjected to uses of force, including taser. The report also includes the accounts staff in the unit, many of whom who made it clear that balance of power in the unit was mostly in favor of the guards, rather than mental health staff. One clinician reportedly told DRO: Dont upset security. If you do, you cant do your job.

With the set of reforms ODOC has promised to work on, such imbalances in power can be corrected and improve the prospects for

mental health workers to actually help those in the unit. Critical will be ensuring the ODOC actually follows through on this, which in part depends on funding and support from the state. ODOCs commitment to these aims includes a commitment to take reasonable steps to obtain funding, when needed, from the Oregon Legislative Assembly to accomplish this plan, the agreement reads. If adequate funding is not authorized, ODOC will assess which of these goals, if any, it will pursue.

It appears further reforms in the Oregon prison system are also on the way. [ODOC] is continually evaluating its policies and procedures, including those specific to BHU, agency spokesperson Elizabeth Craig told Solitary Watch via email, noting that the department is participating in the Vera Institutes Safe Alternatives to Segregation Initiative. As part of this initiative, we are receiving two years of technical assistance with the goal of safely and effectively reducing our use of special housing.

Sal Rodriguez was Solitary Watchs first and most prolific intern. Based in Los Angeles, he served as an editorial writer and columnist for the Orange County Register and the Press-Enterprise, and is now the opinion editor for the Southern California News Group.

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