

# Solitary Watch

## Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2012/05/17/montana-inmates-with-mental-illness-suffer-in-solitary-confinement/>

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by [Jean Casella and James Ridgeway](#) | May 17, 2012

A reader alerted us to an excellent article that appeared in March in the *Missoula Independent* under the headline [For the Mentally Ill Behind Bars in Montana, Life Goes from Bad to Worse](#). This long article tracks the stories of several young men who landed in prison and ultimately, in the hole due to their erratic and sometimes violent behavior while living with mental illness. One of those stories begins this way:

Colton Wilson has a tombstone tattooed on his right forearm. On a recent late-winter day, the 21-year-old moves constantly inside the visitor center at Shelby's Crossroads Correctional Facility. He picks at his fingers, clenches his hands and shifts his feet. He runs his hands through his dark, wavy hair.

The worst part of prison, he says, is being put in administrative segregation. Wilson and the other inmates call it the hole.

There's no distraction, it's just you and the walls, everything goes through your mind, Wilson says. Some people it doesn't affect very badly. But it's hard for me.

Wilson's always had a hard time taking direction. That's why he lands in the hole.

In 2005, he was diagnosed with attention deficit hyperactivity and bipolar disorders. I flipped out, he recalls.

His parents hospitalized him after he threatened to kill himself. Psychiatrists put him on a series of medications that made him tired, incoherent and, sometimes, more angry.

He stopped taking the prescribed medications. In March 2007, Wilson, then 16, was caught with his girlfriend robbing vehicles in his hometown of Charlo. Witnesses tried to apprehend them. Wilson stabbed a man in the neck.

Prosecutors in Lake County charged Wilson with felony assault with a weapon. He pleaded guilty and was sentenced to a 90-day boot camp overseen by the Montana Department of Corrections and a six-year deferred sentence.

At this point, it would be easy to write off Wilson's story as typical: A messed-up kid screws up, hurts someone and gets put away, for his own good and others. Yet it's what happens next, not just to Wilson but to many others like him, that raises some eyebrows about the fate of people with severe psychiatric problems in Montana's jails and prisons.

During the past three decades, as state psychiatric hospitals have curbed services, prisons have become home to a record number of mentally ill people. Of the 2,490 people in custody with the Montana DOC, 703, or 28 percent, are taking psychotropic medications.

Experts say prisons and jails simply aren't equipped to handle people with severe mental illness. Many contend that Wilson and other such inmates actually get worse in prison, leaving communities to foot an even larger tab for jails and hospitals. It also leaves people like Wilson more likely to commit another crime.

In the months before Colton Wilson was slated to attend boot camp at the Treasure State Correctional Training Center, in 2009, he was prescribed three drugs: Lamictal, a mood stabilizer; Abilify, an antipsychotic; and Vyvanse, a stimulant.

The drugs worked. His mother, who had always gone out of her way to fend off her son's mood swings and paralyzing fear, was shocked. It took almost a year and a half to get all of the pieces of the puzzle put together, Donna Wilson says. Once we got to that point, night and day difference with this kid.

The judge who presided over Colton's case ordered that he take the medications while at Treasure State. Colton's nurse practitioner warned boot camp staff that Colton wouldn't make it through the Training Center if he didn't stay on the medications.

Colton's mother filled his backpack with family photos, a Bible and his prescriptions. The family drove Colton to Missoula. He was then transported to the camp, at Deer Lodge. Colton remembers that day. They grabbed my meds and my Bible and shackled me up and we

hit the road, he says.

In a lawsuit filed in February against the Treasure State Correctional Training Center, the DOC and the state, the family argues that Treasure State employees withheld Coltons medications for nearly a week.

The suit alleges that six days after Colton arrived at Treasure State, DOC psychiatrist Dr. David Schaefer prescribed Abilify but didnt approve the other drugs.

Schaefer did not respond to the Independents request for comment. The DOC, citing pending litigation, declined to comment on the specifics of Coltons case.

Colton again became combative. He called the guards names. His behavior got him kicked out of boot camp and a subsequent DOC program. The court rescinded his plea deal and he was re-sentenced to 20 years in DOC custody, with 15 suspended.

The Wilsons suit contends that the DOCs failure to provide prescribed medications for Colton violated his constitutional right to receive adequate medical care while incarcerated. Its just like if you have someone whos a diabeticand they need insulin, its a serious medical condition, says Coltons Missoula attorney, Terance P. Perry, of Datsopolous, MacDonald & Lind.

Colton would not be incarcerated today had he been given his medication, his family argues.

His case is similar to those in two other lawsuits filed since 2000, which allege that mentally ill inmates were punished with increasing severity because they didnt receive proper mental health treatment

The problem, says National Association on Mental Illness Montana Executive Director Matt Kuntz, is that prisons are designed to curb the bad behavior of rational people. The premise may seem simple: Behave, and you dont get in trouble. But people with serious mental illness dont always think rationally. Theres a tendency to act out, which, in a prison setting, can lead to progressively harsher punishments.

They commit crimes for different reasons than people who dont have serious mental illnesses, Kuntz says. Its a disruption of neural circuits. That affects how they think, feel and act.

Kuntz says stories like Wilsons and those of other Montana inmates reflect a system thats ill equipped to handle the complexities of mental illness. As long as the prisons are a place that we rely on to house our mentally ill, the Department of Corrections is going to fail, he observes. Its like asking someone to hold water with a strainerthey dont have the right toolsEventually somebody, and maybe its going to be the Wilsons, is going to make the state of Montana pay for it.

The article, by Jessica Mayrer,continues with a brief history of how society has dealt with psychiatric disabilities, culminating in the de-institutionalizationand widespread criminalizationof the mentally ill. In 1955, there was one psychiatric bed available for every 300 Americans, Mayrer points out. Today, that number is one per 3,000. Warm Springs State Hospital in Montana housed 1,890 people in 1954. Roughly 200 are treated there today. The states population during that same period grew by more than 400,000.

The piece goes on to tell the stories of two suicidal inmates whose treatment consisted ofbeing placed alone in a bare cell without a mattress or clothing. The courts intervened in both these cases, but the practicewhich the Montana State Prison classifies as a Behavior Management Plancontinues. Efforts to improve mental health care in Montanas prisons have been restrained by lack of funding and concerns for security.

You can read the full article [here](#).

James Ridgeway (1936-2021) was the founder and co-director of Solitary Watch. An investigative journalist for over 60 years, he served as Washington Correspondent for the Village Voice and Mother Jones, reporting domestically on subjects ranging from electoral politics to corporate malfeasance to the rise of the racist far-right, and abroad from Central America, Northern Ireland, Eastern Europe, Haiti, and the former Yugoslavia. Earlier, he wrote for The New Republic and Ramparts, and his work appeared in dozens of other publications. He was the co-director of two films and author of 20 books, including a forthcoming posthumous edition of his groundbreaking 1991 work on the far right, Blood in the Face. Jean Casella is the director of Solitary Watch. She has also published work in The Guardian, The Nation, and Mother Jones, and is co-editor 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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I Have Been A Mental Patient Myself Many Different Years Of My Life, And I Will Probably Be A Mental Patient Again For Many More Different Years Of My Life As Well. (I Have Been And I Probably Will Be) On A Seperate Note: Brian Cummings From That Washington State Group Care Home Called The Resource Center, From A Long Time Ago, Are You Out There Somewhere? Where Are You Brian Cummings That I Used To Know In That Group Care Home Out There In Washington State, That Was Called The Resource Center, From Many Years Ago? I Miss You Darling. Maybe I Should Have Kept In Contact With You, Im Sorry That I Did Not, I Am Really Sorry That I Didnt Keep In Contact With You, Darling! from Elise Gingerich age 40 living in Texas :) This Story Was Sad. Mental Hospital Stories Are Always Sad. The Rest Of The (Normal) World Dont Care About Us! (The Rest Of The World That Is Called (Normal) Doesnt Give A Crap About Any Of Us, Not Really!) :(

Reblogged this on [Faktensucher](#).

Alan Mills said: Yet all too often, mental illness is viewed first as a security issue (the prisoner is not following the rules!), and only secondarily if at all as a medical issue.

I agree. But you should also mention of such sort of wrongful conviction. So I'd add: Better education from Lawmakers, State Attorney and Judge. Prison admin only carry out lawyers deficit.

During WW2 our nations mental wards were exposed:

A by-product of the wars aggravation of the long-existing personnel shortage, this data represents the collated reports of more than 3,000 conscientious objectors who, under Selective Service, volunteered for assignment as mental hospital attendants. The majority are still in service and, with Selective Service approval, these serious young Methodists, Quakers, Mennonites and Brethren have been filling out questionnaires and writing narratives for use in the preparation of instructional material for mental-hospital workers.

The fact is that beatings are merely the extreme end product which thrusts upon overworked, poorly trained and shamefully underpaid employees the burden of controlling hundreds of patients whom they fear and despise. Far more frequent than beatings are the endless cruelties involved in the use of constraints. Although some hospitals have managed to dispense with physical restraints entirely and others permit their use only on written order from doctors, the all-too-widespread practice is to leave the decision to tie down a patient or throw him into solitary up to the harassed and fearful attendant.

All too often the end result can be described in the terms used in a report from an Indiana state hospital:

During my three months there I never saw the ward doctor give any but a cursory physical examination. He usually would stop but for a moment at the bedside of new patients. He was nicknamed The Butcher by the nurses, after his manner of lancing boils. He seldom came to the ward to declare and expired patient dead. He would be called on the phone by the nurse when a patient was thought to have expired. Usually he would say Oke and that would be the end of it. On outwards, patients are prepared for and set to the morgue without ever a doctor appearing on the ward.

From a Pennsylvania state hospital a report reads:

On one occasion a young patient with a fractured hip was sent to us (2-West, male infirmary) and we got him up into a wheelchair for several days, not knowing what was wrong with him. No doctor corrected our mistake until five weeks later.

From Utah comes the report:

A patient became ill and his rectal temperature was found to be 105.4. The doctor who was called replied He gets a high temperature every once in a while, so don't worry about it.'

Such instances of callousness and incompetence and the records are replete with hundreds more cannot, of course, be excused in men licensed as physicians and pledged to the Hippocratic oath.

It started in 1943 when a group of conscientious objectors stationed at Cleveland State. Before these men the conchies laid a stack of affidavits a foot high, affidavits covering conditions such as those I have described and other horrors even worse.

At first the stories were met by officials with shocked cries of it ain't so.

For what happens to the mentally-sick in our present hellhole hospitals is not the sad experience of some other fellow. Ever minister, every doctor and every leader of any community organization knows that mental illness can strike down members of his immediate circle. Given the facts the people will rally to put an end to concentration camps that masquerade as hospitals and to make cure rather than incarceration the goal of their mental institutions.

<http://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html>

The Imprisoned Mentally Ill and Deinstitutionalization

Between 1980 and 1995, the total number of individuals incarcerated in American jails and prisons increased from 501,886 to 1,587,791, an increase of 216 percent. During this time, the general population increased by only 16 percent.

Have the mentally ill contributed more than their expected share to the increasing population of jails and prisons?

Several lines of evidence suggest the answer is yes. First, in 1939, Lionel Penrose, study showed that prison and psychiatric hospital populations were inversely correlated, As one rose, the other fell. This has become known as the balloon theory push in one part of a

balloon and another part will bulge out. In 1991, George Palermo and his colleagues published an extensive analysis of the balloon theory utilizing data on U.S. mental hospitals, jails, and prisons for the 83 years between 1904 and 1987. They found the theory to be valid and concluded:

The number of the mentally ill in American jails and prisons supports the thesis of progressive transinstitutionalism. The authors believe that the statistical evidence derived from the national census data corroborates their clinical observation that jails have become a repository of pseudooffenders the mentally ill.

California was the first state to aggressively undertake deinstitutionalization, implementing the Lanterman-Petris-Short (LPS) Act in 1969, which made it much more difficult to involuntarily hospitalize, or keep in the hospital, persons who are mentally ill. In 1972, Marc Abramson, a psychiatrist in San Mateo County, published data showing that the number of mentally ill persons entering the criminal justice system doubled in the first year after the Lanterman-Petris-Short Act went into effect. Abramson said, As a result of LPS, mentally disordered persons are being increasingly subjected to arrest and criminal prosecution. Abramson also coined the term criminalization of mentally disordered behavior and in a remarkably prophetic statement said, If the mental health system is forced to release mentally disordered persons into the community prematurely, there will be an increase in pressure for use of the criminal justice system to reinstitutionalize them. Those who castigate institutional psychiatry for its present and past deficiencies may be quite ignorant of what occurs when mentally disordered patients are forced into the criminal justice system.

Similar observations were made throughout California in the years following implementation of the Lanterman-Petris-Short Act. A 1973 study in Santa Clara County indicated the jail population had risen 300 percent in the four years after the closing of Agnews State Psychiatric Hospital, located in the same county. In 1975, a study of five California jails by Arthur Bolton and Associates reported that the number of severely mentally ill prisoners had grown 300 percent over 10 years. In Californias prisons, the number of mentally ill inmates also rose sharply in the 1970s. One prison psychiatrist summarized the situation:

We are literally drowning in patients, running around trying to put our fingers in the bursting dikes, while hundreds of men continue to deteriorate psychiatrically before our eyes into serious psychoses. The crisis stems from recent changes in the mental health laws allowing more mentally sick patients to be shifted away from the mental health department into the department of corrections. Many more men are being sent to prison who have serious mental problems.

<http://www.pbs.org/wgbh/amex/nash/timeline/timeline2.html>

1955: In the United States, the number of people institutionalized for mental illness peaks at 560,000.

1961: Sociologist Erving Goffmans book, Asylums, comes out. Goffman claims that most people in mental hospitals exhibit their psychotic symptoms and behavior as a direct result of being hospitalized.

1962: Ken Kesey's best-selling novel, One Flew Over the Cuckoos Nest is based on his experiences working in the psychiatric ward of a Veterans Administration hospital. Kesey is motivated by the premise that the patients he sees don't really have mental illnesses; they simply behave in ways a rigid society is unwilling to accept. In 1975, Kesey's book will be made into an influential movie starring Jack Nicholson as anti-authoritarian anti-hero Randle McMurphy.

Mid-1960s: Many seriously mentally ill people are removed from institutions. In the United States they are directed toward local mental health homes and facilities. The number of institutionalized mentally ill people in the United States will drop from a peak of 560,000 to just over 130,000 in 1980. Some of this deinstitutionalization is possible because of anti-psychotic drugs, which allow many psychotic patients to live more successfully and independently. However, many people suffering from mental illness become homeless because of inadequate housing and follow-up care.

Advocates for deinstitutionalization believe that people with mental illness will voluntarily seek out treatment at these facilities if they need it, although in practice this will not always be the case.

1980s: An estimated one-third of all homeless people are considered seriously mentally ill, the vast majority of them suffering from schizophrenia.

1992: A survey of American jails reports that 7.2 percent of inmates are overtly and seriously mentally ill, meaning that 100,000 seriously mentally ill people have been incarcerated. Over a quarter of them are held without charges, often awaiting a bed in a psychiatric hospital.

Mental health care in prison can't be viewed as part of the security operation of the prison. We would not think that treatment of a broken arm should be based on security. We would never tolerate a rule saying all prisoners must maintain a body temperature of 98.6, and then throw anyone in seg who violates that rule.

Yet all too often, mental illness is viewed first as a security issue (the prisoner is not following the rules!), and only secondarily if at all as a medical issue.

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