

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2010/10/20/criminalizing-mental-illness/>

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by [Jean Casella and James Ridgeway](#) | October 20, 2010

Yesterday, the National Alliance on Mental Illness ([NAMI](#)) issued a compilation of staggering statistics on the criminalization of people with mental illness in the United States. As NAMI points out, Over the past 20 years, state spending on correctional systems has increased 350 percent from \$10 billion to \$45 billion, while the same states have cut funding to mental health treatment. The predictable outcome is that millions of people with mental illness now languish in the nations prisons and jails. Thousands of these people [end up in solitary confinement](#), as their untreated mental illnesses manifest in ways that lead to disciplinary segregation. Here are the stats from NAMI:

NAMI has an excellent [Fact Sheet](#) on the subject, including alternatives to criminalizing mental illness (which just happen to save a lot of money, as well as being more humane). NAMI also recommends the following books and reports:

[*Crazy: A Fathers Search through Americas Mental Health Madness*](#) by Pete Earley

[*Crazy in America: The Hidden Tragedy of our Criminalized Mentally Ill*](#) by Mary Beth Pfeiffer (author of the [article we reported on yesterday](#))

[*Ill-Equipped: U.S. Prisons and Offender with Mental Illness*](#), Human Rights Watch.

H/T to the outstanding [Prison Culture blog](#) for alerting us to this information.



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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name-calling, bullying, cursing, or personal attacks of any kind. Any embedded links should be to information relevant to the conversation. Comments that violate these guidelines will be removed, and repeat offenders will be blocked. Thank you for your cooperation.

My heart goes out to these children and families, I have suffered for over 10 years also, My son has already been in for 8 years and now my other son has 3 they were addicted to meth my son that has been in the same situation as this young boy solitary confinement, this is torture ,they have not killed anyone ,hurt anyone ,but themselves and this hurts everyday, there is no justice , seriously, do you know how many are locked up for drug offenses,parole violations, alcohol over 85 percent, thousands are locked up, united citizens, where is the medical help, treatments? If something dont change ,we will see more families victimized, they can put the money into prisons ,and they know they can get most of them back in there ,because they do not have programs, make this stop people, time for drug rehabilitations and no more prisons,our children are our future , do we want a failed system?

This quote says it all.

Dr. Haney :

The bedlam which ensued each time I walked out into one of those units, the number of people who were screaming, who were begging for help, for attention, the number of people who appeared to be disturbed, the existence, again, of people who were smeared with feces, the intensity of the noise as people began to shout and ask, Please come over here. Please talk to me. Please help me. It was shattering. And as I discussed this atmosphere with the people who worked here, I was told that this was an everyday occurrence, that there was nothing at all unusual about what I was seeing.

Dr. Haney reported one instance in which he happened to see a man removed from his cell after having cut the veins in his arms and ankles. Again, Dr. Haney was told by prison employees that such occurrences happened regularly. According to Dr. Haney, [t]he level of desperation and despair in that particular facility as I saw it on the day that I was there was unparalleled, in my experience.

Breed visited the ad-seg units of each of the units he toured. He found Texass ad-seg system unique among prison systems across the country, in that the large majority of inmates being moved into the ad-seg system begin in Level III, the level with the most severe restrictions. Breed found no correctional justification whatsoever for a system that immediately places a prisoner in a situation with nothing left to lose.

Emphasizing that he did not report on borderline mentally ill patients but only on inmates who would be found mentally ill by any reasonable psychiatrist, Dr. Jurczak testified that he had identified 15-20 floridly psychotic individuals in administrative segregation. The patients demonstrated unequivocal signs and symptoms of a serious mental disorder, predominately that of schizophrenia. Dr. Jurczak found that many of these individuals were not being followed by the mental health staff and many were not identified as mentally ill. Dr. Jurczak also encountered a number of mentally ill patients in administrative segregation had been identified by TDCJ. Some were receiving care, some not.

Dr. Jurczak led the court through descriptions of his encounters with a number of the inmates in ad-seg that he identified as mentally ill. A number of the prisoners had free world records of mental illness. The behaviors he reported included paranoid thoughts, looseness of association, and pressured speech. One inmate scrubbed to remove the bugs from his skin. Others incessantly talked to themselves. Others were frequent fliers those that frequently attempted suicide and made repeated trips to inpatient suicide watch. Another was a young man referred to him by other inmates. The inmate had been smearing his feces for several years. When Dr. Jurczak tried to interview him, the inmate was incoherently giggling, mumbling, and looking around. According to his records, this inmate was not identified as mentally ill and was not being treated. Dr. Jurczak recognized the possibility that such behaviors were for secondary gain, but stated, I think with 30 years of practicing psychiatry in many, many prisons, if these guys pull the wool over my eyes, theyre pretty darn good.

Select bits of a very good article written over a decade ago. The title reflects Texas Judge William W. Justices frustration with the lack of progress made over the two decades prior to this article being written (thus over 3 decades now).

<http://www.texasobserver.org/archives/item/13630-1014-cruel-and-unusual-still->

Cruel and Unusual Still

by William Wayne Justice

Published on: Thursday, April 01, 1999

This court regretfully acknowledged that it is impossible for a written opinion to convey the pernicious conditions and the pain and degradation which ordinary inmates suffer within TDC prison walls the sense of abject helplessness felt by inmates arbitrarily sent to solitary confinement or administrative segregation without proper opportunity to defend themselves or to argue their causes; the bitter frustration of inmates prevented from petitioning the courts and other government authorities for relief from perceived injustices (Ruiz v. Estelle, 1980).

The extreme deprivations and repressive conditions of confinement of Texas administrative segregation units, however, have been found to violate the Constitution of the United States prohibition against cruel and unusual punishment, both as to the plaintiff class generally and to the subclass of mentally ill inmates housed in such confinement.

Through the testimony of penological psychology expert Craig Haney, as well as experts Breed and Riveland, and a number of psychiatrists, plaintiffs further allege that prisoners in administrative segregation, especially those with psychiatric illnesses, are suffering cruel and unusual punishment by being deprived of a minimal measure of civilized lifes necessities. Plaintiffs further accuse TDCJ-ID of practicing a widespread pattern of warehousing mentally ill prisoners in administrative segregation.

Persons who, with psychiatric care, could fit well into society, are instead locked away, to become wards of the states penal system. Then, in a tragically ironic twist, they may be confined in conditions that nurture, rather than abate, their psychoses. The United States Constitution cannot abide such a perverse and unconscionable system of punishment.

Those inmates locked away in administrative segregation, especially those with mental illnesses, are subjected to extreme deprivations and daily psychological harm. Such practices and conditions cannot stand in our society, under our Constitution.

that is sick and they may well have declared war on me cos i have ADHD and assbergers ands left over of other stuff but still i mean hell will be seeingsnow befor i will ever be back under the care of a tribunal so yes this is sick and needs to end

My son is in a unique situation of having been transferred to a prison psychiatric unit after having been in the State Mental Hospital for 5 years. He was transferred under Welfare and Institutions Code Section

7301. He needs to be in a hospital. The prison chief psychiatrist cut him off of 3 important medications the moment my son arrived at the prison which made my son decompensate to the point of attempting suicide. My son, technically, is not an inmate but a patient but is treated as an inmate. He is in an isolation cell with exercise in a single-man cage 3 times a week, and showers 3 times a week. This does not constitute mental health care and he should not be in a prison setting. I have contacted several attorneys, as well as, non-profit Mental Health Advocate agencies, but they are not sure what they can do. The trouble is the prison AND the State Mental Health Hospitals are actually run by the Dept. of Corrections guidelines due to security reasons, therefore, our loved ones are always looked upon as criminal rather than patients. No one with a mental health illness should be in a prison.

Clearly the plight of those suffering from mental illness today end up in Prisons.

I was just reading where several counties from the state of Mississippi are meeting this week, because the state is going to cut back and release mentally ill patients from hospitals onto the streets, and families are protesting this because they KNOW their kinfolk will end up in the prison system.

Ive seen so many batshit crazy politicians in this election, and I know they dont go to prisons for psychiatric help. Hey, if you are poor and sick, they can determine what your options will be.

Obviously we need new organizations and tactics to stop this madness.

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