

# Solitary Watch

## Criminal Justice Issues and Prisoners' Rights

**<https://solitarywatch.org/2013/01/15/indianas-treatment-of-mentally-ill-prisoners-in-solitary-confinement-violates-constitution/>**

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by [Jean Casella and James Ridgeway](#) | January 15, 2013

Just before the new year began a Federal District Court Judge in Indianapolis handed down a decision with important implications for prisoners with mental illness in Indiana and across the country. Stating that prison walls do not form a barrier separating prison inmates from the protections of the Constitution, Judge Tanya Walton Pratt ruled that the treatment for mentally ill individuals in Indiana's state prisons violated their Constitutional right to be free from cruel and unusual punishment.

As [reported by the Indianapolis Star](#):

Weeks after a suicidal inmate at New Castle Correctional Facility told a prison doctor his behavior was the result of being placed in a segregation unit, the Indiana Department of Correction put the inmate back in an isolation cell.

Days later, he was dead one of at least 11 mentally ill inmates who committed suicide while in IDOC segregation units from 2007 through July 2011.

Now, state officials and advocates are scrambling for solutions after a federal court found the treatment of mentally ill prisoners in segregation units at Indiana prisons violates the Eighth Amendment's prohibition of cruel and unusual punishment.

U.S. District Judge Tanya Walton Pratt issued the decision Monday in a lawsuit filed by the American Civil Liberties Union of Indiana on behalf of the Indiana Protection and Advocacy Services Commission and a group of inmates.

Pratt found mentally ill prisoners within the IDOC segregation units are not receiving adequate mental health care in terms of scope, intensity, and duration.

The judge also noted IDOC was aware of concerns about its treatment of mentally ill prisoners and has been deliberately indifferent.

Ken Falk, the ACLU of Indiana's legal director, hailed the ruling as a win not only for mentally ill inmates, but for all Hoosiers.

The majority of inmates with mental illness, Falk explained, eventually will be released, and it is better for everyone if their problems are addressed before they re-enter society. Treatment also can help reduce recidivism, saving tax dollars.

The ACLU of Indiana is happy the court has entered this decision that will force the Indiana Department of Correction to provide minimally adequate treatment to prisoners who will one day rejoin society, Falk said.

The judge's order does not prescribe specific changes needed at IDOC. Instead, Pratt said further court proceedings will be conducted as to the relief to which the plaintiffs are entitled. In general, the order says, that means at least basic mental health care.

The piece goes on to discuss the colliding trends that have turned supermax prisons and solitary confinement units into the new warehouses for people with untreated mental illness.

Indiana is not alone in facing the growing challenge of dealing with mentally ill inmates, said Dr. Robert L. Trestman, a professor of medicine, psychiatry and nursing at the University of Connecticut and executive director of Correctional Managed Health Care, which provides medical and mental health care to inmates in Connecticut prisons.

This is a national issue, Trestman explained, that has come about because of two different trends that have collided.

He cited a dramatic increase in the number of inmates with severe mental illness in the past 20 years and the growing use of prisoner segregation, a sort of prison within a prison to manage difficult prisoners.

Each one is a problem in its own right, he said, but when they overlap you have a profound problem.

Trestman said segregation initially was intended to punish inmates who committed violent crimes while in prison, and to protect other prisoners and staff. But in many instances, the bar has been lowered to include inmates who are uncooperative or violate rules, filling segregation units with mentally ill prisoners whose conditions often deteriorate with isolation

Click [here](#) to read the full article, which acknowledges both the challenges of providing adequate care to people with mental illness in prison, and the inhumane consequences of failing to do so. Click [here](#) to read Judge Pratt's decision.

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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My daughter has been in lock down starting her 5th yr. Her name is Sarah Pender IWPDOC for no reason. She did escape from Rockville, but she walked out, she never hurt any one. No one will tell us, even though she has always been a model prisoner from 2000, they give us no reason for holding her so long in a small cell, I have not hugged her for 7yrs, she has no human contact, gives them no trouble, so WHY, WHY would they do that to anyone. I don't understand how have we become so barbaric? I know from the beginning of time that's all that is done, killing one another for no reason. But it has to stop. we need better programs in the prisons. More working making a skill for themselves, something to look forward to something other than killing each other. Please we are not barbaric people. God help us all.

During the 1800s:

Mental patients were chained in basement cells where public viewing of patients was allowed for ENTERTAINMENT PURPOSES.

1812: Mental illness was thought to be caused to by abnormal blood circulation.

Treatments included bloodletting, spinning therapy, and the tranquilizer chair, a device used to control blood flow to the brain, reduce motor activity, and reduce the force and frequency of pulse.

In the Late 1800s: Spinning devices were banned and patients were given food and clothing. Patients were trained to act in a civil manner in exchange for certain privileges. (Sounds like the Step Down program huh?)

In the early 1900s: The Era of Institutionalization, patients were kept in massive, overcrowded asylums where their treatment deteriorated. The abusive treatment was so horrible that it fostered the deinstitutionalization laws.

The Eugenic movement led to viewing mental patients as contaminants of the gene pool. Laws were enacted concerning compulsory sterilization.

Of course this applied to the sane as well. After all we wouldn't want to discriminate.

In 2000, Peggy Shifflett reported the results of a study of contemporary adults who grew up between 1930 and 1960 as homeless children in a rural Virginia community.

Homeless and runaway children in this community were called field rabbits because they roamed the roads with no attachment to their parents, and particularly their fathers. The adults reported that when they were homeless as children they were often beaten and forced to work, at minimal or no wages, for community families. Other families provided for their needs, and they knew from experience which families would feed them and give them a bed for a night. From this community, six adolescents were institutionalized and sterilized.

The first state to pass sterilization laws was Indiana, in 1907. By 1944, thirty states had passed sterilization laws and forty thousand men, women, and children had been sterilized. Between 1945 and 1963, another twenty-two thousand people were sterilized. California sterilized the largest number at twenty thousand, followed by Virginia, with eight thousand. Virginias sterilization program did not officially end until 1979.

Homeless and runaway children and adolescents were the most likely to be sterilized.

In the 20th Century Asylum Medication treatments included Insulin-induced coma, electro-convulsive therapy, lobotomy, and anti-psychotic medications.

And in the 21st century we have the mentally ill sometimes physically restrained sometimes medicated into a stupor held in the SHU for years if not decades.

But sorry no public viewing is allowed!

Were progressive after all.

I am glad to see that the Indiana ACLU was successful in getting the courts to take action on this matter. Maybe this will set a precedent for other states to follow.

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