**Prison Segregation of Inmates with Mental Illnesses**

Abstract

Mentally ill prisoners continue to suffer from segregation, worsened by the egregiously deficient treatment interventions. The condition of the facilities are poor, with little to no priority being given to mental health. The conditions exacerbate mental illnesses, while impeding treatment and rehabilitation. Depending on the intensity of the illness, the inmates can either be placed under solitary confined or administrative segregation. The unconducive environment has been reported to worsen the state of the inmates, to the extent of those without mental disorders, developing complications. Thus, it is crucial to enact policies, which will prioritize the inmates’ wellbeing. Such programs are essential in ensuring that the inmates undertake treatment and therapy, allowing them to focus on the restorative role of prisons, through punishment.

**Introduction**

The United States has the highest population of incarcerated people over the previous three decades, especially prisoners with serious mental illnesses. Studies have reported that 8 to 19% of prison inmates have been diagnosed with mental disorders, which ultimately result in significant functional disabilities in the long term. Despite court provisions instituting access to adequate healthcare in prisons, the inmates’ access to mental health care has been sporadic. For an inmate to access treatment, crucial factors that are considered include the limited resources available, public support of correctional treatment and decision making (Frost & Monteiro, 2016). The inmates with mental illnesses are at a greater risk for future recidivism, attributed to the correctional rehabilitation treatment failure. Upon diagnosis with mental illnesses, the inmates are usually transferred to solitary confinement as a means to exercise control over them. The prevailing conditions of solitary confinement worsen the symptoms of mental illness, including heightened hallucinations, suicidal attempts and self-harm.

**Description and Background of the Problem**

Inmates with serious mental illnesses often experience an exacerbation of their underlying ailment when segregated. Primarily, segregation of inmates’ entails being locked up in small cells for an average of twenty three hours daily. Segregated prisoners are denied access to several services and programs, ranging from educational classes, job training, drug treatment and other forms of rehabilitation. Depending on the gravity of the disorder, there are several degrees of isolation. In extreme isolation, the inmates are placed where they can only be seen by the staff, or fellow inmates less than three times a day. The middle level allows the inmates to have limited contact with the staff and fellow inmates. According to the Association of State Correctional Administrators (ASCA), there are approximately 66,000 inmates in segregated housing units across the United States (Haney, 2017). Solitary confinement refers to placing the inmates in a cell, distant from other prisoners, primarily as a form of internal discipline. However, it may occasionally be utilized to hinder mentally ill inmates from disturbing other inmates. Confinement in segregation has proven to aggravate mental health issues in those suffering, and has the probability to create mental illness among those who previously had none.

**Literature Review**

Placement of inmates in administrative segregation is unconstitutional, as highlighted by the Eighth Amendment. The inability of the inmates to adhere to the prison regulations, which seem difficult for them to comprehend makes them become incarcerated for relatively longer periods than other inmates. A study highlighted how jail inmates were twice as much to be charged with facility rule violations, regardless of their mental health situation. Notably, a Washington study reported mentally ill inmates accounted for 43% of infractions, despite the fact that they only constituted 19% of the incarcerated population. Based on the imminent growth of mental illness in the criminal justice system, it is justifiable to approximate 20% of jail inmates today suffer from serious mental illnesses (Steiner et al., 2014). The conditions within the jails are often inadequate to provide treatment for the illnesses. The inmates are subjected to two levels of stigma; stigma of mental illness and being a criminal, thus minimizing the likelihood for access to employment, housing and developing healthy relationships.

Administrative segregation is used for isolation of suspected or known members of criminal gangs, or security threat groups. The mentally ill inmates spend their waking and sleeping hours confined in the small cells, with several prohibitions imposed on the privileges offered. Prolonged confinement under the conditions of social isolation, reduced mental stimulation and idleness has proven to be psychologically destructive. The overall degree of destruction is dependent on the inmate’s prior psychological strengths and weaknesses, absence of engaging activities and span of confinement. Notably, the environment is tense generally, inducing physical, emotional and psychological damage to the inmates (Prins, 2014). Solitary confinement is to an extent inhumane and degrading. In case it becomes mandatory for the inmate to be in solitary confinement, it should be limited for a short period of time as possible to avoiding inflicting more damage. Uncontrolled isolation is quite stressful, considering it overburdens the resilience of the inmates. According to a report by a federal judge, extensive supermax confinement imposes pressure on the inmate’s outer bounds beyond the human limit of what is tolerable. The judge emphasizes while the inmate may have no prior history of mental illness, the atmosphere brings about depression, rage, hallucinations, claustrophobia, impulse control issues and impaired ability to think and remember.

According to Haney (2017), inmates with mental illnesses are highly prone to psychopathologic reactions due to confinement. Suicidal inmates can be pushed beyond their limits, while the pathologically fearful have higher chances of regressing into an irreversible panic reaction. The equivalent comparison for such treatment is placing an asthmatic person in a room with limited air. Inmates suffering from psychopathic personality disorders are naturally unable to tolerate the restrictive environment. Any slight provocation ushers them to psychotic breakdown and extreme impulsivity. The segregation units are designed such that there are various levels based on the inmates’ behavior, scaling up to good behavior. Across the various levels, the inmates are offered incentives for good behavior, and disincentives for misbehavior. However, inmates with mental disorders hardly leave the restrictive levels, courtesy of their condition. While the correctional facilities utilize segregation as a means of control, denying inmates’ therapy only aggravates their status. The dirty conditions of the units are generally unwelcoming for therapists, who may assist the inmates in recovery.

**Discussion of Practice and Intervention**

Drawing from the thorough review of the literature, segregation and solitary confinement is incredibly damaging. This is manifested through the exacerbation of mental health issues of the inmates who were previously suffering, and potentially creating illnesses in those who previously had none. Notably, there are relatively fewer well-designed quantitative studies that have been conducted, attributed to the restrictive conditions in the housing facilities. It is crucial to establish a movement towards a general consensus agreeing on the unsuitable environment in which the inmates are segregated. Inmates diagnosed with mental illnesses should be referred to psychiatric facilities for treatment, instead of jail (Prins, 2014). Prisons and jail emphasize on deterrence and punishment, while the mentally ill require utmost care and treatment. To facilitate this, legislation can be introduced such that the mentally ill inmates undertake treatment while balancing all phases of the criminal proceedings. Inmates charged with minor offenses require programs that divert them towards mental health services before going to prison. Such programs will allow them to undertake the rightful treatment, which also decreases the prison population. Thus, imprison of mentally ill inmates ought to be entirely prohibited by law.

Majority of the mentally ill inmates have a substance abuse issue. The treatment programs should integrate substance abuse rehabilitation for maximum efficiency. All prisoners have the utmost right to human treatment, whether or not they have a mental disorder. Thus, the confinement settings should ensure they are in alignment with the international human rights standards. Institution of legal provisions to sufficiently address the needs of the inmates will go a long way towards their recovery (Frost & Monteiro, 2016). The crucial aspects that need to be closely monitored are the living condition-ns, access to fresh and open air, and contact with others. Independent inspection mechanisms are targeted at closely monitoring the progress of the mentally ill inmates. This is essential in noting the changes that may occur in the course of treatment (Steiner et al., 2014). At a national level, the mental health courts should operate in a manner that provides creative alternatives for the defendants and the community at large. It is advisable that the mental health courts become strapped so that they can follow through on their service linkages with minimal interference. Consequently, it will ascertain that the required services are readily available. The prison staff should undergo frequent training to sensitize them on mental health issues, and the importance of a serene environment in treating the illnesses. Notably, the staff ought to be aware of is on the recognition and prevention of suicide.

**Conclusion**

Mentally ill inmates are disproportionately represented among the incarcerated population in the United States. The inmates are usually subjected to extreme segregation, either administrative segregation or solitary confinement. This arises following the inmates’ inability to comply with the stringent regulations, especially in instances where there is hardly anyone to assist in managing their conditions. The prevailing conditions in the segregation units are hostile, hence worsen the inmates’ health. Even for inmates who had no mental disorders, they end up developing them due to stress and other aspects. Due to their stubborn nature, the inmates are expected to spend a considerable measure of time in the units, which takes a toll on their health situation, worsening the long-term prognosis (Metzner & Fellner, 2013). This situation demands immediate intervention, considering it cuts across all prisons nationally. Thus, measures should be enacted to divert mentally ill inmates to mental health facilities so that they can be treated and undertake therapeutic sessions. It is important to prioritize their lives, so as to deal with the high rates of recidivism and minimize probability of suicide, amongst other acts.

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