

Assessing the relationship between mental illness and restrictive housing

Literature Review

Introduction

Restrictive housing is the most punitive response to a prison rule violation, and yet there is limited empirical knowledge about how restrictive housing decisions are made. In addition to numerous adverse consequences, placement into restrictive housing may cause or worsen psychological issues (Toch, 2001). Few studies exist that examine how mental health status influences, or not, prison systems' decisions about disciplinary segregation. This research gap is anomalous given three empirical findings in the literature. First, inmates with a severe psychological disorder may lack the coping skills necessary to adapt to a correctional setting and may exhibit unpredictable behavior (Delazizzo, 2020; Coyes, 2004). Second, mentally ill inmates have been shown to be more likely to be charged with breaking facility rules (Steiner & Meade, 2016; Metzner & Fellner, 2010; James & Glaze, 2006). Third, mentally ill inmates may have more adverse experiences, and do not cope as well, during restrictive housing stays (Glidden & Rovner, 2012; Toch, 2001).

It is unclear, though, whether prison facilities take mental health status into account when making decisions about disciplinary segregation. This analysis expands knowledge about how mental health status influences prison system actions by examining whether inmates with diagnosed mental health problems are treated differently than those without mental health problems in instances of rule infractions. This analysis is important in and of itself by advancing our understanding of how prison systems respond to inmates who commit institutional infractions—a subpopulation that is likely to be disproportionately mentally ill. It is also important for testing arguments in prior research that suggest that criminal justice system actors respond to mentally ill individuals in disproportionately punitive ways (e.g., Clark, 2018; O'Keefe, 2007; Rhodes, 2004). Our analysis will assess whether a similar phenomenon plays out in a prison setting.

Because many state laws do not have policies in place to consider an inmate's mental health in disciplinary hearings, state prisons are able to ignore any mitigating psychological conditions (Krelstein, 2002). In addition, because many correctional officers do not have the training that is often needed to deal with mentally ill inmates, it is easier for them to view symptoms of a mental illness as potentially threatening (Lovell et al., 2000). This is an issue particularly during the administrative decision to place an inmate in supermax confinement (O'Keefe, 2007). The stigmatization of mental illnesses may result in differential treatment from correctional officers who may not have appropriate knowledge of the inmate's disorder. Providing correctional officers with relevant training may better equip them to deal with behavioral symptoms of mental illness and reduce the use of disciplinary segregation as a result. Additionally, ensuring that psychologists are more involved in the disciplinary process may result in more constructive sanctioning that would not be as deleterious to mentally ill inmates.

Punitive Responses to Mental Illness

A number of studies have shown that individuals with mental health problems are much more likely to come into contact with the criminal justice system; psychotic symptoms are reliable predictors of arrest and many criminal justice actors do not know how to respond to such behavioral issues (Prins et al., 2015; Hafemeister & George, 2013). The rates of mental illnesses

in prisons are so high that they have been described by many as the largest mental health service providers (Clark, 2018; Warfield, 2013). The sometimes confusing and incomprehensible behaviors of mentally ill inmates may be interpreted as threatening or deliberate misconduct that violates prison safety and security (Cloyes et al., 2006). Furthermore, in states like New York and Texas, mental health professionals are not permitted to take part in the formal disciplinary process. In Ohio specifically, mental health professionals may only provide forensically relevant clinical data and not an opinion regarding the inmate's culpability. (Krelstein, 2002). In addition, state prisoners with a mental illness tend to have longer sentences than those without by an average of 4 months (James & Glaze, 2006). Inmates with a mental illness are more likely to be written up for misconduct (Clark, 2018; Steiner & Meade, 2016).

Mental Illness as a Predictor of RH Stays

Inmates with mental health illnesses are disproportionally represented in restrictive housing samples and have been shown to be more likely to receive a disciplinary sanction (Delazizzo et al., 2020; Beck, 2015). Around a quarter of both jail and prison inmates with a mental illness have spent time in restrictive housing (Beck, 2015). Labrecque, Mears, & Smith (2020) found that both men and women with a serious mental health diagnosis were 80% more likely to be placed in disciplinary segregation. Mental health classification appears to be a stronger predictor of AS classification than disciplinary infractions (O'Keefe, 2007; O'Keefe & Schnell, 2007). This is supported by the fact that the routine prison operating procedures and environment are shown to be difficult for those with a mental illness to adapt to, contributing to psychological deterioration and symptomatic manifestations of mental illness. This in turn may explain difficult or confusing behavior that leads to misconduct and punitive sanctions.

There are not many psychometric measures utilized in prison settings, and the reliability of the measures are relatively unknown (Andersen, 2004). It is conceivable that an inmate would be diagnosed with a mental illness if he or she is just having trouble adjusting. These measures are also controversial because placement into highly restrictive or segregated housing can bring on many mental health issues (Hagan et al., 2018).

Some inmates have found success challenging their confinement using the Eighth Amendment (Glidden & Rovner, 2012; Hafemeister & George, 2012). This suggests that inmates with mental illnesses are being treated differently than inmates without an illness, which makes it very likely that mental illness is a contributing factor to segregation.

Consequences for Inmates with a Mental Illness

Inmates with mental illnesses are often sent to restrictive housing because they have difficulty adjusting to the prison setting. However, restrictive housing often evokes or exacerbates symptoms of mental illness by design (Metzner & Fellner, 2010; Cloyes et al., 2006; Toch, 2001). Restrictive housing comes in many forms, but inmates are often confined to their cells for 22-23 hours a day with little stimulation. Inmates are met with force for any rule violations (Browne, Cambier, & Agha, 2011) and are kept in chains when in the presence of another person (Haney, 2003). Mentally ill inmates may not be capable of withstanding these conditions for prolonged periods, leading to psychological deterioration and self-injurious behaviors. A 2011 study finds inmates who exhibit three or more self-injurious behaviors were twice as likely to be housed in long-term administrative segregation (Lanes, 2011). The very restrictive nature of segregation also makes it difficult to provide proper treatment for inmates who need it most.

Previous literature shows that isolation tends to increase incidences of psychological distress (Beck, 2015; Haney, 2003) as well as future misconduct and recidivism (Labrecque, Mears, & Smith, 2020; Kupers et al., 2009; O’Keefe & Schnell, 2007). After an inmate is released from confinement, prison officials cannot account for their behavior or any decompensation that may have occurred while under restrictions (Lovell et al., 2000; Metzner & Fellner, 2010). In a cohort of recently released prisoners, over 40% of those with a chronic mental health reported spending time in solitary confinement and of those, 28% screened positive for PTSD symptoms (Hagan et al., 2018).

Incarcerated Women and Mental Illness

Any analysis of the impacts of mental illness on criminal justice system actions requires considering also the interplay between mental health status and gender. Prior research tells us that there are substantial gender differences in mental health problems of incarcerated people (Severson, 2019; O’Keefe, 2007; James & Glaze, 2006). Specifically, research has shown that the presence of mental illness in female facilities is 17% higher than male facilities (James & Glaze, 2006). Particularly relevant in this line of inquiry is the fact that gender status is a predictor of placement into restrictive housing (Severson, 2019; Houser & Belenko, 2015; O’Keefe, 2007) and the amount of time spent in restrictive housing (Tasca & Turanovic, 2018). This is a concern because many women’s facilities do not have an adequate budget or resources, making them particularly unfit to deal with high numbers of mentally ill inmates (Holsinger, 2014).

Women who violate traditional gender roles are treated more harshly by criminal justice actors (Rodriguez, Curry, & Lee, 2006), which suggests that women with a mental illness who exhibit behavioral symptoms of mental illness are more likely to be punished for misconduct. Because we see a positive relationship between mental illness and restrictive housing use and that mental illness is so much higher in female facilities (James & Glaze, 2006), it stands to reason that the rates of restrictive housing in female facilities would be higher as well. However, some studies have found that disciplinary segregation is less common among women than men (Butler & Steiner, 2017; Cochran et al., 2018). According to the chivalry thesis, women need to be protected from any pain and suffering they may experience by men. When this takes place in a criminal justice setting, it may result in differential treatment by predominantly male criminal justice actors (Rodriguez, Curry, & Lee, 2006).

The data looks different when looking strictly at female inmates with mental health issues. Women with recent mental health problems who have engaged in violent misconduct significantly predicted disciplinary segregation. This prediction was found to be more salient among women than men (Severson, 2019). However, a lifetime history of mental illness was not a significant predictor. This suggests that recent mental health problems among women may be a result of the prison environment. With a sample of female inmates, the odds of receiving a severe disciplinary sanction for minor misconduct was significantly higher for women with a mental illness than those without (Houser & Belenko, 2015).

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