Disciplinary segregation, which can include cell confinement for up to 22-23 hours a day, lights on around the clock, and constant surveillance, is the most punitive response to a prison rule violation. However, 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). Inmates with mental 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). This analysis seeks to expand knowledge on this topic by examining whether inmates with diagnosed mental health problems are treated differently than those without mental health problems in instances of rule infractions.

**Research Questions**

Among incarcerated people with infractions,

- Are those with a mental illness (MI) diagnosis more likely to be placed in disciplinary segregation (DS)?
- Are men with MI more likely to be placed in DS?
- Are women with MI more likely to be placed in DS?
- Does MI vary in its effect when confounds are controlled (prior incarceration, age, felony level, etc.)?

**Method**

**Data**

Data collected from the Ohio Department of Rehabilitation and Corrections (ODRC) includes cases of all men and women admitted to any one of Ohio’s prisons between January 2, 2007 and December 31, 2016. \(N = 224,308\). Individual level data included inmate demographics, types of rule violations during confinement, dates of DS placements, and mental health status.

**Measures**

- MI status is a dichotomous variable where 1 is any mental illness diagnosis \(N = 29,354\).
- Infractions were measured as a dichotomous variable where 1 is at least one rule violation \(N = 82,054\).
- DS is a dichotomous variable where 1 is at least one placement in segregation \(N = 80,552\).
- For the multivariate regression, we controlled DS, MI, age, felony level, and prior incarcerations.

**Analysis**

We conducted a series of bivariate and multivariate analyses to assess robustness of the comparisons.

**Results**

**Overview**

- 42% of those with MI placed at least once in DS vs. 35% without MI.
- Of those with infractions, 81% of inmates with MI will experience DS vs. 83% without MI.
- Women with MI experience DS approximately 9% more than men with MI.

**Women**

- 23% of women placed at least once in DS.
- 12% of women in our sample had MI.
- Of women with MI, 89% will be placed in DS vs. 86% without.

**Men**

- 38% of men placed at least once in DS.
- 13% of men in our sample had MI.
- Of men with MI, 80% will be placed in DS vs. 83% without.

**Multivariate Regression**

Of those with infractions,

- Probability of a woman with MI to experience DS is .8922
- Probability of a man with MI to experience DS is .8075

**Discussion**

Among all inmates, we found that individuals with a MI diagnosis were slightly less likely to be transferred to DS, even when accounting for infraction seriousness. This trend held when restricting the sample to men but was the opposite for women. Women with MI were about 3% more likely to be placed in DS compared to women without. The gap widens to approximately 9% when comparing men and women with MI. Our multivariate analysis confirmed our results.

**Limitations**

- Our sample only included Ohio prison inmates, thus capturing only one possibility of a range of DS policies.
- There was no information on how ODRC classified MI.

**Future Directions**

- Look at specific infractions.
- Future studies should determine if the MI gap between men and women is due to bias or other factor(s), like facility space, resources, and staff.
- Include samples from more states with varying policies on treatment and sanctioning of inmates with a mental illness.