

## Background

Solitary confinement is a tool employed by corrections agencies to separate incarcerated people from the general population. It is typically used to discipline individuals for misconduct, protect their personal safety, or safeguard others who live and work in the facility.

Research has long documented an overrepresentation of persons with mental health conditions in jails and prisons, and studies on whether solitary confinement causes or exacerbates such conditions have yielded mixed findings. In addition, most research on the topic has not distinguished between short-term and longer periods of confinement.

Understanding whether people with mental health diagnoses are at greater risk of placement in solitary confinement, and identifying the reasons for such placements, is essential to informing correctional policies that support safety while preventing additional harms.

## Research Questions

Are incarcerated people diagnosed with a mental health condition more likely to be placed in solitary confinement for extended periods of time compared to a matched sample of incarcerated persons without mental health diagnoses?

Why do correctional agencies place incarcerated people with mental illness in solitary confinement and to what degree do factors such as prison misconduct and victimization experiences play a role in such placements?

## Study Strategy

Researchers studied 155,018 men admitted to prisons in one large state over an eight-year period (2007-2015). All of the men were assessed for mental health conditions within the first 60 days of admission, and clinicians diagnosed roughly 10% of them (over 15,000 men) as having a mental health condition. At some point after their initial assessment, 1% of all men experienced extended solitary confinement (i.e., stays lasting several months or more).

Researchers used propensity score matching to identify a comparison group of men who had similar demographic traits and were confined in similar types of facilities as the diagnosed group, but who were not diagnosed with a mental health condition. They then examined differences in the two groups' odds of being placed in extended solitary confinement, the total number of days they spent in extended solitary confinement, as well as the reasons they first received the placement (safety concerns, institutional adjustment, possessing or trafficking contraband, or other reasons such as inciting riots, attempting to escape, or damaging property).

To examine other factors that may have increased the risk of men being placed in extended solitary confinement, researchers also looked at whether men were victimized (i.e., self-reported violent or property offense that was committed by another prisoner), reported to prison staff that their lives were in danger or that they feared for their lives, or committed any disciplinary infractions (i.e., assault, battery, escape attempts, property offenses, disobedience) prior to any potential placement in solitary confinement. Researchers also controlled for characteristics of both the incarcerated men (prior arrests and convictions, recidivism, victimization in prison, age, race/ethnicity, education, alcohol and drug use, family and romantic relationships, and other demographics) and the facilities in which they were housed.

## Findings

The study found that men with mental health disorders were more likely to be placed in solitary confinement and spent more total days in such placements. Six of the nine mental illnesses studied—bipolar disorder, major depression, schizophrenia, psychotic disorder, antisocial personality disorder, and “other” personality disorders—were significant predictors of solitary confinement, ranging from a 67% (for major depression) to a 169% (for “other” personality disorders) increase in the odds of being sent to solitary.

Predictors of men with mental health diagnoses had long stays in solitary were related to safety, institutional adjustment, contraband such as weapons or drugs, fearing for one's life and disciplinary infractions.

The odds of being sent to solitary increased by 125% for those with serious mental illness and by 172% for those with any mental illness.

## Implications

This study found an increased risk of long stays in solitary for people with a variety of mental disorders. The reasons for solitary placement among those with mental health diagnoses ranged from serious institutional safety issues to disciplinary infractions. These findings underscore the importance of correctional staff distinguishing between incarcerated people with mental health disorders who have a compromised ability to follow prison rules or avoid disruptive behaviors and those who pose a serious risk of violence to themselves, other incarcerated people, and correctional staff. Given the high proportion of people with mental health diagnoses who were placed in extended solitary, corrections officials should also assess the duration of solitary stays, focusing on whether extended stays are warranted, or if shorter stays would achieve the same institutional safety goals while mitigating potential harm to those with compromised mental health.

More research is needed to explore whether extended stays in solitary worsen the mental health of those who were already diagnosed with a mental health disorder. While the authors took care to examine people placed in solitary confinement following a mental health diagnosis, it remains unknown what share of them had solitary confinements during previous incarcerations. This is important context that could be included in future studies. In addition, future research should aim to replicate this study in other states, incarcerated populations, and correctional environments.

"Treatment, officer training, and related initiatives may help to offset negative consequences for [incarcerated persons with mental illness], but to develop and target these, we must first develop a better understanding of the intersection of mental illness and corrections."

- Siennick et al. (2021)

## Article Citation

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