

Study: Prisoners with mental illness much more likely to be placed in solitary confinement

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Past studies on whether incarcerated people with mental illness are more likely to be placed in solitary confinement have yielded mixed results. A new study examined the issue in one state's prisons, taking into account factors related to incarcerated men and the facilities where they were imprisoned. It found that having a mental illness was associated with a significant increase in the likelihood of being placed in extended solitary confinement.

The study, by researchers at Florida State University (FSU), appears in *Justice Quarterly*.

"Our findings provide new information on how [mental illness](#) shapes experiences for incarcerated men, and more broadly, on how the criminal justice system responds to people with mental illness," explains Sonja Siennick, professor of criminology and criminal justice at FSU, who led the study. "The bottom line is that incarcerated people with mental illness appear to garner differential responses from the prison system."

Solitary confinement—placing incarcerated people in isolation cells for 22 to 24 hours a day—is controversial. While some argue that it helps with safety, others suggest it is unethical and poses psychological risks, especially for prisoners with mental illness. This study focused on extended periods of solitary confinement that last for months.

Researchers studied 155,018 men who entered prisons in a large state on or after July 1, 2007, and were released on or before December 31, 2015. The men were assessed within 60 days of their arrival to determine if they met criteria for psychiatric diagnosis. More than 15,000 of the men were diagnosed with a mental health condition. These men were matched with a [control group](#) of the same size—men who had equivalent personal characteristics and were housed in similar facilities but who were not diagnosed with a [mental health condition](#).

The study used propensity score matching, a technique that estimates the effect of an intervention, to assess whether the incarcerated men with mental illness were more likely to be placed in extended solitary confinement than the similar incarcerated men without mental illness. Researchers considered characteristics of both the individual prisoners and the facilities in which they were incarcerated. For the men, these included prior arrests and convictions, recidivism, victimization in prison, age, race/ethnicity, education, alcohol and drug use, family and romantic relationships, and other demographics. For the facilities, these included distance from the incarcerated man's home and information related to the inmate population (e.g., average age, race/ethnicity, percentage in solitary confinement, percentage receiving mental health care) as well as the correctional staff.

The study found that one percent of all of the men were placed in extended solitary confinement after 60 days. It also found that prisoners with mental illness were up to 170 percent more likely to be placed for extended periods of time in solitary, depending on their diagnosis. This increased risk is higher than identified by previous research. The higher risk was present for a variety of mental health disorders (including [bipolar disorder](#), major depression, schizophrenia, psychotic antisocial personality disorder, and other personality disorders, but not disorders related to anxiety, impulse control, and post-traumatic stress), and only partially explained by prison misconduct, the authors note.

Incarcerated men placed in solitary confinement were separated from the general population for months; placed alone in a cell for 23 hours a day; and restricted from using the telephone, having visitors, and receiving other privileges. Reasons for placements included safety concerns, problems with institutional adjustment, and possessing or trafficking contraband such as weapons and drugs.

Among the study's limitations, according to the authors, are that differences in how men and women are housed in the facilities studied prevented a complete examination of women; however, the researchers note that the main results for women were substantively similar to those for men. In addition, because most prisoners in the state serve sentences of less than three years, the study's findings may not generalize to people who are incarcerated for longer periods.

Also, the study examined state prisons and not jails, so the association of mental illness with solitary confinement could differ between these settings. Finally, because a new edition of the *Diagnostic and Statistical Manual of Mental Disorders* was published midway through the study and included changes to criteria for mental illness, men admitted later in the study could have been diagnosed differently than men admitted earlier.

"Our results suggest that the association between mental illness and solitary [confinement](#) is not simply a matter of more violent behavior by this population," says Mayra Picon, a doctoral student

in criminology and criminal justice at FSU, who coauthored the study. "Rather, incarcerated men with mental illness may have more difficulty adjusting to prison and its rules, resulting in more punitive responses by [prison](#) staff.

"Treatment, officer training, and related initiatives may help offset negative consequences for incarcerated people with mental illness, but first, we must develop a better understanding of the intersection of mental [illness](#) and corrections," she added.

More information: Sonja E. Siennick et al, Revisiting and Unpacking the Mental Illness and Solitary Confinement Relationship, *Justice Quarterly* (2021). [DOI: 10.1080/07418825.2020.1871501](#)

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