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For the Jail Technical Assistance Team

#### DSHS Office of Forensic Mental Health Services April 28, 2020







## **Learning Objectives**

- Awareness of segregation statistics
- Gain an understanding of psychological impacts
- Gain an understanding of impacts on behavior
- Guidance regarding segregation in jail settings







## Introduction

Jail segregation is defined as any type of detention that involves three basic elements:

- Removal from general population, voluntary or involuntary
- Placement in a locked room/cell, alone or with another inmate
- Inability to leave room/cell for most of the day, typically 22+ hours

U.S. Dept. of Justice (2016). Report and recommendations concerning the use of restrictive housing. https://www.justice.gov/dag/file/815551/download







## **Statistics: Use of Segregation in U.S. Jails**

- (2011-12) Almost 18% of jail inmates spent time in restrictive housing over a 12-month span; about 5% had spent 30 days or longer.
- 25% of jail inmates diagnosed with a mental disorder spent time in segregation or solitary confinement.
- 22% of inmates diagnosed with serious psychological distress had spent time in restrictive housing units from 2011-12.

BJS Use of Restrictive Housing in U.S. Prisons and Jails, 2011-2012 (October 2015). <u>https://www.bjs.gov/content/pub/pdf/urhuspj1112\_sum.pdf</u>







#### **Characteristics of Segregation**

#### Three primary characteristics of segregation units:

- Social isolation
- Sensory deprivation
- Confinement

Each of these elements can vary significantly, as will each inmate's responses to the segregation experience.

Zubek, J. P., Bayer, L., & Shephard, J. M. (1969). Relative effects of prolonged social isolation and confinement: Behavioral and EEG changes. Journal of Abnormal Psychology, Pp. 74, 625-631.







### **Psychological Impact of Segregation**

- Mental health and segregation intertwined
- Many persons with serious mental illness (SMI) have difficulty complying with rules
- Placement of individuals with mental illness in segregation may lead to deterioration
- Many concerns about the psychological impact arise from the lack of human contact

Crime and Justice Institute, Kane, Pierce, Haynes Restrictive Housing FAQs Crime and Justice Institute (CJI), (Boston, MA (2014).







### **Psychological Effects of Segregation**

#### New York City jail

- Only 7.3% of admissions included solitary confinement
- 53.3% of acts of self-harm
- 45.0% of acts of potentially fatal self-harm

Kaba, F., Lewis, A., Glowa-Kollisch, S., Hadler, J., Lee, D., Alper, H., Selling, D., MacDonald, R., Solimo, A., Parsons, A., & Venters, H. (2014). Solitary confinement and risk of self-harm among jail individuals, 104(3), Pp. 442-447. doi/abs/10.2105/AJPH.2013.301742







### **Psychological Impacts of Segregation**

- About 35% of jail inmates who spent 30 days or more in segregation had serious psychological distress.
- Nearly identical rates of distress were reported among inmates who had spent only a day.

BJS Use of Restrictive Housing in U.S. Prisons and Jails, 2011-2012 (October 2015). https://www.bjs.gov/content/pub/pdf/urhuspj1112\_sum.pdf







## **Impact on Behavior**

Goal: improve system-wide order, address facility violence

Sample of 4,168 inmates from 185 state correctional facilities: Finding: Ultimately unrelated to levels of inmate-on-inmate or inmate-on-staff assaults.

#### Sample of inmates in Texas Dept. of Corrections:

**Finding:** Use of short-term disciplinary segregation (i.e., 15 days or fewer) had no statistically significant effect on the occurrence or timing of subsequent violent infractions.

#### Inmates in Ohio Dept. of Rehab and Correction:

**Finding:** Neither disciplinary segregation, nor number of days spent, had any significant effect on the prevalence or incidence of the finding of guilt for subsequent infractions.

National Institute of Justice, Restrictive Housing in the U.S., Issues, Challenges, and Future Directions (2016). Pg. 66.







## **Impact on Behavior**

Goal: Rehabilitation, post-release recidivism

CA Dept. of Corrections and Rehabilitation

**Finding:** The more methodologically rigorous studies reveal a null effect of segregation on recidivism.

Ohio supermax (57 inmates)

**Finding:** Results showed no statistically significant difference between the two groups in terms of re-arrest or return to prison during a seven-year follow-up period.

National Institute of Justice, Restrictive Housing in the U.S., Issues, Challenges, and Future Directions (2016). Pg. 68.







## Legal Environment

- Americans with Disabilities Act (ADA)
- U.S. Constitution's 8th Amendment
- U.S. Constitution's 14th Amendment









### **Position Statements**

**American Psychiatric Association:** 

Prolonged segregation of adult inmates with serious mental illness, with rare exceptions, should be avoided due to the potential for harm.

American Psychiatric Association (2017). Position statement on segregation of prisoners with mental illness https://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-2012-prisoners-segregation.pdf







## **Position Statements**

#### **Society of Correctional Physicians:**

- Prolonged segregation of inmates with SMI, with rare exceptions, violates basic tenets of mental health treatment
  - excluded from segregation greater than 4 weeks
  - or modified to allow out-of-cell activities
- Mental health input as part of the disciplinary process

American College of Correctional Physicians, July 9, 2013. http://accpmed.org/restricted\_housing\_of\_mentally.php







### **Position Statements**

#### **U. S. Department of Justice**

"Best practices include housing inmates in the least restrictive settings necessary to ensure their own safety, as well as the safety of staff, other inmates, and the public; and ensuring that restrictions on an inmate's housing serve a specific penological purpose and are imposed for no longer than necessary to achieve that purpose."

U.S. Department of Justice (2016) Pg. 1. Report and recommendations concerning the use of restrictive housing. https://www.justice.gov/dag/file/815551/download







## **Best Practices**

#### **Recommendations:**

Address use of segregation for individuals with SMI:

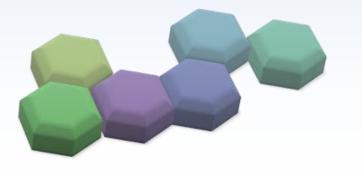
- Policies and procedures
- Assessments
- Sanction review system
- Post-segregation review protocol
- MH services in segregation
- Initial and annual training

Best Practices for Behavioral Health Services in Jail Settings, 2020.









## **Best Practices**

#### **Implement Written Policies and Procedures**

Some items to address:

- Assessments of clinical appropriateness of placement
- Systems to review potential sanctions and criteria for considering whether SMI played a role in an incident
- Guidance around sanction determination
- Post-segregation episode review protocol
- Guidance for providing MH services in segregation
- Initial and annual training

Best Practices for Behavioral Health Services in Jail Settings, 2020.









### **Best Practices**

#### **Perform Individualized Assessments**

Before placing an individual with SMI into segregation:

- Perform individualized assessment
- Can reasonable modifications mitigate or eliminate the risk?
- Assessment to screen for indicators
- Exhaust all other less restrictive alternatives

Placement of people with SMI into restrictive housing must not result in the denial of adequate mental health treatment.







### **Best Practices**

#### **Implement a Review System**

Review all potential sanctions/infractions to consider whether SMI played a role in the incident and whether sanction is appropriate or effective response.

- Intentional rule violating behavior or symptomatic of SMI
- Does discipline system punish symptoms of mental illness?
- Discipline people with SMI for incidents of self-harm?

Best Practices for Behavioral Health Services in Jail Settings, 2020.







### **Best Practices**

#### **Post-Segregation Episode Protocol**

- Focuses on both the individual and the care team
- Post-segregation episode review process within 24 hours
- Include interview with person









### **Best Practices**

#### **Mental Health Services in Segregation**

- Access to a provider to evaluate needs
- Clinical meetings in a private therapeutic setting
- Individuals with SMI should be seen and assessed regularly
- Use of multi-disciplinary teams







### **Best Practices**

#### **Recommended Training**

- Initial and annual training on policies and procedures
- CIT and crisis de-escalation training
- Training on the process of using a seclusion review team





### **Future**

# Continue to explore and evaluate changes to segregated settings

"As correctional systems continue to alter their segregation practices by modifying conditions and incorporating treatment options, it is imperative that these strategies are well documented and evaluated. Such information will be imperative for establishing 'what works' and 'what does not work' in segregation. This research will be essential for helping correctional agencies choose which practices to adopt and which to avoid."

National Institute of Justice, Restrictive Housing in the U.S., Issues, Challenges, and Future Directions (2016). Chapter 2. The Use of Administrative Segregation and Its Function in the Institutional Setting Ryan M. Labrecque, Pg. 74.







### Resources

#### **OFMHS Jail Technical Assistance Email**

Our team of expert consultants and trainers may be contacted through the following email: Jailassistance@dshs.wa.gov







### Resources

Information on negative effects of solitary confinement

- Haney, 2003, 130-136; Paul Gendreau, et al., "Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement," Journal of Abnormal Psychology 79 (1972), 57-58
- Stuart Grassian, "Psychiatric Effects of Solitary Confinement," Washington University *Journal of Law & Policy*, 22 (January 2006): 325-383
- Stuart Grassian, "Psychopathological Effects of Solitary Confinement," American Journal of Psychiatry 140, No. 11 (1983): 1450-1454







### Resources

- National Commission on Correctional Health Care (2015). Standards for mental health services in correctional facilities. Chicago, IL: National Commission on Correctional Health Care
- U.S. Department of Justice (2016). Report and recommendations concerning the use of restrictive housing. <u>https://www.justice.gov/dag/file/815551/download</u>
- BJS Use of Restrictive Housing in U.S. Prisons and Jails, 2011-2012 (October 2015). <u>https://www.bjs.gov/content/pub/pdf/urhuspj1112\_sum.pdf</u>
- U.S. Department of Justice, National Institute of Justice, Restrictive Housing in the U.S., Issues, Challenges, and Future Directions (2016). <u>https://www.ncjrs.gov/pdffiles1/nij/250315.pdf</u>





