

Comments of Ron Honberg, J.D., Director of Policy and Legal Affairs, and Ken Duckworth, M.D., Medical Director, National Alliance on Mental Illness (NAMI), to the April 2, 2012 hearing of the Illinois **Legislature’s Committee on Government Forecasting and Accountability**, regarding the proposal to close Tamms Correctional Center.

We are submitting these comments on behalf of NAMI (the National Alliance on Mental Illness) concerning the proposed closure of the Tamms Correctional Center. NAMI is the nation’s leading grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI’s members include many families and friends of individuals living with serious mental illnesses who are incarcerated or otherwise involved with the criminal justice system.

According to the U.S. Department of Justice, approximately 24 percent of state prisoners in the U.S. suffer from serious mental illnesses such as schizophrenia, bipolar disorder and major depression.¹ Thus, advocacy focused on improving correctional treatment and conditions of confinement for inmates living with serious mental illnesses is a significant priority for NAMI.

It is well documented that supermax facilities such as Tamms have highly negative long term psychological effects on prisoners who are confined in these facilities. For individuals with pre-existing serious mental illnesses, the effects of confinement in supermax facilities can be particularly cruel and disabling. For example, the symptoms of schizophrenia, *e.g.* delusions and hallucinations, will very likely worsen in settings characterized by extreme social deprivation and isolation, such as supermax. Indeed, one federal judge has characterized the placement of prisoners with mental illnesses in solitary confinement as equivalent to “putting an asthmatic in a place with little air...”²

The negative effects on inmates with mental illnesses of long-term placements at Tamms have been documented in detail in 2010 by Judge Murphy in *Westefer v. Snyder*. The inmates profiled in the decision described psychiatric symptoms that either first occurred or worsened significantly during long periods of solitary confinement at Tamms. Some experienced symptoms so severe that they engaged in self-mutilation or attempted suicide.³

¹ James, D. and Glaze, L., “Mental Health Problems of Prison and Jail Inmates,” U.S. Department of Justice, Bureau of Justice Statistics (2006).

² *Madrid v. Gomez*, 889 F. Supp. 1146; 1265 (N.D. Cal. 1995); see also Metzner, J. and Fellner, J., “Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge to Medical Ethics,” *Journal of the American Academy of Psychiatry and the Law*, 38:104-108, 2010.

³ 725 F. Supp. 2d 735 (2010).

Moreover, the symptoms experienced by these individuals were of long-term duration, lasting well beyond their incarceration at Tamms. This may impact negatively on their eventual reentry into society, since individuals with serious mental illness reentering communities who have not had access to appropriate treatment and supports are at very high risk of recidivism or ongoing cycles of crisis and criminal justice involvement.

In recent years, a number of states have begun moving away from supermax facilities and the regular use of solitary confinement in corrections. This trend reflects recognition both of the high costs of running supermax facilities such as Tamms and understanding that the long term use of extreme isolation does nothing but worsen psychiatric symptoms and decreases the chances of recovery and successful community reentry.

For example, in 2008, New York State enacted a law imposing significant limits on the use and duration of confinement of inmates with serious mental illness in segregated housing units (also called “special housing units”) and alternatively established residential mental health treatment units for these individuals.⁴

Recently, Colorado announced that it will eliminate 316 solitary confinement beds in its Centennial Correctional Facility. This cost-saving measure was followed a gradual decrease in the use of solitary confinement in Colorado’s prisons, coupled with efforts to establish mental health alternatives to solitary confinement in these prisons.⁵

Mississippi, a state that was notorious in the 1990’s for the large numbers of inmates in supermax units at Parchman State Penitentiary, has reduced the number of supermax prisoners by more than three-quarters in recent years. It did so by investing in a number of alternative programs, including enhanced mental health treatment programs, crisis response training for its correctional officers and mental health step down units as an alternative to solitary confinement.⁶ These steps have proven to be beneficial in multiple ways, including reductions in violence and savings of \$5.6 million a year, according to Emmitt Sparkman, Deputy Commissioner of the Mississippi Department of Corrections.⁷

In 2011, Maine cut its population of inmates in the state prison supermax unit by more than 50 percent and is implementing many other reforms designed to reduce the use of supermax even further. Many of these reforms focus on improving responses to inmates

⁴ Consolidated Laws of New York, Mental Hygiene Law, Article 45, Sect. 45.07

⁵ Maes, D., “Victory in Colorado: Closing Solitary Confinement Unit Good for Budget and Public Safety,” <https://www.aclu.org/blog/prisoners-rights/victory-colorado-closing-solitary-confinement-unit-good-budget-and-public>, accessed 3/31/2012.

⁶ A. Brown, A. Cambier, and S. Agha, “Prisons within Prisons: The Use of Segregation in the United States,” *Federal Sentencing Reporter*, Vol. 24, No. 1, pp 46-49, <http://www.jstor.org/stable/pdfplus/10.1525/fsr.2011.24.1.46.pdf?acceptTC=true>, accessed 3/31/2012.

⁷ Vera Institute of Justice, “Mississippi DOC’s Emmitt Sparkman on Reducing the Use of Segregation in Prisons,” <http://www.vera.org/blog/mississippi-docs-emmitt-sparkman-reducing-use-segregation-prisons>, accessed 3/31/2012.

with mental illnesses. For example, the state is looking at moving the mental health unit out of the supermax to another part of the prison system.⁸

Additional states, such as California, are implementing or considering measures to reduce the use of solitary confinement.⁹ States that have gone down this path have reduced costs significantly, freeing correctional resources for other purposes. Violent incidents among inmates formerly in supermax have decreased as well.

In recent years, the numbers of individuals with serious mental illnesses in prisons have reached epidemic proportions. Many of these individuals would not be incarcerated had they received appropriate mental health treatment prior to committing crimes. Most of these individuals will eventually be released back into their communities. It is critically important to provide appropriate mental health treatment during incarceration if inmates with serious mental illnesses are to succeed when they return home. There is ample evidence that solitary confinement and incarceration in supermax facilities such as Tamms not only causes great personal suffering but is contrary to the goals of mental health recovery and preventing recidivism. Eliminating these aversive practices would prove beneficial to all concerned.

We appreciate your concern and attention to this very important issue.

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⁸ Lance Tapley, "Reform Comes to the Supermax," *The Portland Phoenix*, May 25, 2011, <http://portland.thephoenix.com/news/121171-reform-comes-to-the-supermax/?page=5#TOPCONTENT>

⁹ Erica Goode, "Fighting a Drawn Out Battle Against Solitary Confinement," *New York Times*, March 30, 2012.