

**Written Testimony  
Submitted by  
Melvin H. Wilson, MSW  
Manager  
Department and Social Justice and Human Rights  
National Association of Social Workers (NASW)  
For the  
Hearing Before the Senate Judiciary Subcommittee on the  
Constitution, Civil Rights, and Human Rights**

***Reassessing Solitary Confinement:  
The Human Rights, Fiscal, and Public Safety Consequences***

Chairman Durbin, Ranking Member Graham, and members of the Committee, on behalf of the National Association of Social Workers (NASW) and its 145,000 members, I commend you for holding this hearing on the vastly important and often overlooked issue of excessive use of solitary confinement in the nation's prisons and jails. As the Committee has pointed out, the United States has witnessed an explosion in the use of solitary confinement for federal, state, and local prisoners and detainees. Also, as you have so aptly stated, there is a significant and long-lasting psychological and psychiatric impact on inmates that experience extended periods of solitary confinement. For example, according to Solitary Watch, "An estimated 20 percent of all inmates in the nation's prison and jails are seriously mentally ill. To compound the problem, psychiatric resources are scarce in the overcrowded prison system. . . . The inadequacy of prison system to deal with mental illness, results in a cycle wherein emotionally troubled inmates enter solitary confinement, anger builds as a result of isolation, and eventually the inmate may lash out, resulting in an extended term in solitary."

(Solitary Watch. (<http://solitarywatch.files.wordpress.com/2011/06/fact-sheet-psychological-effects-of-solitary-confinement3.pdf>).

The social work profession has a long history of both responding to issues that impact social justice and human rights, as well as being providers of mental health services to vulnerable and low-income members of our society. Therefore, our concern that excessive use of solitary confinement as a disciplinary tool contributes to severe acute and long-term mental illness is based on NASW's values, and the clinical experience of its members in treating persons with mental illness.

The Bureau of Justice Statistics reports that, in 2005, more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in state prisons, 78,800 in federal prisons and 479,900 in local jails. These estimates represented 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates. More than two-fifths of state prisoners (43 percent) and more than half of jail inmates (54 percent) reported symptoms that met the criteria for mania. About 23 percent of state prisoners and 30 percent of jail inmates



reported symptoms of major depression. An estimated 15 percent of state prisoners and 24 percent of jail inmates reported symptoms that met the criteria for a psychotic disorder (Bureau of Justice Statistics (<http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf>)).

NASW is a strong advocate for the expansion of mental health assessments and treatment for individuals incarcerated in the nation's prisons and jails. For example, NASW has actively supported continued funding of Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA). We feel that the Federal Bureau of Prisons, state Departments of Corrections, and County/City jail officials should be proactive in ensuring that all individuals in their custody receive in-depth mental health assessment using evidenced based clinical assessment tools and administered by qualified mental health professionals. NASW additionally feels that any inmate that is documented to have had a recent history of, and/or is actively exhibiting symptoms of, bi-polar disorders, clinical depression and severe psychosis should never be placed in isolation for disciplinary purposes. NASW recognizes there are situations when a given inmate's behaviors may pose a danger to himself or others, thereby requiring segregation from the general prison population. However, clinically monitored segregation is much different than the unmonitored isolation to which far too many mentally ill or at-risk for mental illness inmates are subjected.

Finally, we would be remiss if we did not mention the problem of the use of disciplinary isolation/solitary confinement in facilities in the Juvenile Justice system. It should be obvious to everyone that subjecting young people who are still developing cognitively and emotionally to extended periods of isolation is unacceptable.

Again, on behalf of NASW, I want to thank the Chairman, the Ranking Member, and the rest of the Committee for holding these important hearing on reassessing the use of solitary confinements in prisons, jails, and juvenile facilities.