

## **Solitary Confinement Press Statement, August 6, 2015**

**Daniel Atkins, Esq., Executive Director of Community Legal Aid Society, Inc.**

For more than a year, CLASI has been investigating the conditions of confinement and mental health care of Delaware inmates with serious mental illness enduring solitary confinement. We have interviewed dozens of inmates with serious mental illness who are being warehoused for years at a time. The conditions they endure are simply brutal. Most are being confined to 8 x 11 cells, 24 hours per day, four days a week. Three days a week they are taken out of their cell for one hour for individual recreation time (which is essentially just a larger cell without anything to do) and a shower. Their meals are passed through a slot in their cell door. They are deprived of almost all contact with other human beings.

In addition, these inmates are receiving virtually no meaningful mental health treatment. Mental health workers stop by the cells several times per week to “check-in,” but this is not treatment. The only “treatment” many prisoners with serious mental illness receive are packets of worksheets to complete in their cell. The cruel irony is that inmates are provided with the worksheets even if they are not fully literate.

Prisoners with serious mental illness are left to waste away in their cells while their delusions, anxiety and depression persist and even worsen. The cruelest irony is that prisoners who enter solitary confinement without a serious mental illness will be more likely to leave isolation with one, and those who enter with a preexisting serious mental illness will certainly leave far worse off.

Exemplar #4 in the complaint that has been filed in federal court this morning is diagnosed with bipolar disorder, schizophrenia, and depression. He comes from a family with a history of mental illness, including both of his parents, who also suffer from schizophrenia and depression. Prisoner #4 was first given these diagnoses at age thirteen, and completed ten psychiatric hospitalizations prior to his current incarceration. He completed school just through 6<sup>th</sup> grade. At age nine, he was sexually abused. Around age twenty-four, he suffered a gunshot wound to his head and continues to experience flashbacks of being shot. He struggled with suicidal thoughts beginning early on in his life, and attempted suicide twice, though not since 1996.

However, he now reports that his confinement in SHU prompted the return of suicidal ideations. When he has chosen to report suicidal thoughts to DOC staff, he has ended up in an even more isolated setting, an observation room, stripped of clothing, and all possessions, known to the prisoners as the “naked room.” This further isolation has exacerbated the very problem that got him there, so he feels trapped and reluctant to ever report the presence of suicidal thoughts or worsening of his symptoms again. Prisoner #4 wants mental health treatment. He knows that it would help him. However, he receives virtually none. He is left to suffer alone in his cell, 24 hours per day, four days per week. In the meantime his mental health continues to deteriorate.

There is a plethora of scientific evidence that extended periods of isolation cause significant mental health problems, and that extended isolation of already mentally ill individuals exacerbates their symptoms. Most of the individuals currently in solitary confinement will one day be released from prison. Isolating and failing to treat them for long periods of time is cruel and unusual punishment.

The rest of the country is recognizing the wisdom of limiting the use of solitary confinement, especially for inmates with serious mental illness. It is our hope that this lawsuit will be an impetus for positive change. Specifically, CLASI is advocating, among other things, that:

- solitary confinement for inmates with serious mental illness be significantly restricted in terms of the numbers of inmates being subjected to it and the duration of time they are forced to endure it. Inmates with serious mental illness must have regular and consistent time out of their cells and interactions with other human beings; and
- meaningful mental health treatment be provided to individuals with serious mental illness, no matter where they are housed within correctional facilities, including on the SHU in solitary confinement. Meaningful treatment means more than just check-ins and packets of worksheets. It means regular, consistent and frequent group and individual therapy.

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Daniel Atkins is executive director of Community Legal Aid Society, Inc. (CLASI) and until July 13, 2015, was the legal advocacy director of CLASI's Disabilities Law Program. It was in that capacity that he led CLASI's investigation into the conditions of confinement of prisoners with serious mental illness in solitary confinement. CLASI is Delaware's federally designated Protection and Advocacy Program for people with disabilities. It is CLASI's statutory responsibility to protect and advocate for the rights of people with disabilities throughout the state, whether they are living in the community, institutions or prisons.