

## **Transcript: “Podcast: The Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness,” July 2017**

Stephanie Logan (SL): Welcome to the latest podcast from the Department of Justice Office of the Inspector General. My name is Stephanie Logan and I am a Public Affairs Specialist in our office.

I’m here with Alexandra Montero and James Ludwig, Inspectors in our Evaluation & Inspections Division, to discuss the findings of a new report evaluating the BOP’s use of restrictive housing and its impact on federal inmates, including inmates with mental illness. The report assesses the screening, treatment, and monitoring of these inmates and found some significant issues with the adequacy of BOP’s policies and procedures. Thanks to you both, Alexandra and James for joining me today.

James Ludwig (JL): Thank you for having us.

SL: So, this report focuses on two areas, restrictive housing and mental illness. Let’s start by talking about what restrictive housing is, and we’ll get into how it relates to mental illness a little later on. So first, Alexandra, what is restrictive housing?

Alexandra Montero (AM): So, the Department of Justice has a definition of restrictive housing and this includes three parts: first removal from the general inmate population, whether voluntary or involuntary; second, placement in a locked cell or room, whether alone or with another inmate; and third, the inability to leave the room or the cell for the vast majority of the day, typically 22 hours or more.

SL: And what types of restrictive housing were the focus of your review?

AM: Well, Stephanie, the BOP has several types of restrictive housing units. Our review focused primarily on the BOP’s 3 largest forms: the Special Housing Unit; the Special Management Unit; and the Administrative Maximum Facility in Florence, Colorado, also known as the ADX. As of June 2016, 9,749 inmates, so 7 percent of the BOP’s total sentenced inmate population, was housed in one of these types of restrictive housing units.

SL: Can you speak generally about the conditions of confinement for inmates in these units? What are they like?

AM: So there really isn’t a straightforward answer to your question because we found that BOP guidance and policies do not clearly define “restrictive housing,” so conditions can really vary. And although the BOP states that it does not practice solitary confinement, we found inmates, including those with mental illness, who were housed in single-cell confinement for long periods of time, isolated from other inmates and with limited human contact.

SL: Does the BOP place a limit on the amount of time inmates, including those with mental illness, can spend in restrictive housing?

AM: No it does not. The BOP does not limit the maximum amount of time that inmates can spend in restrictive housing, nor does it monitor inmates’ cumulative time in those units. The BOP also does not track single-cell confinement. Therefore, inmates, to include

## **Transcript: “Podcast: The Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness,” July 2017**

those with mental illness, may spend years and even decades in restrictive housing, which could negatively impact their mental health.

SL: How long do inmates typically spend in restrictive housing?

AM: Well, the length of time can actually really vary depending on the inmate. For example, we learned of an inmate with serious mental illness who spent about 19 years in the ADX before being transferred to a secure residential mental health treatment program. But that was one of the lengthier time frames that we saw. In our sample of inmates with mental illness at the ADX, the average stay was about 69 months. In the Special Management Unit, known as the SMU, we found that between fiscal years 2008 and 2015, the average stay was about 29 months. What was particularly concerning for us is we found that inmates with mental illness spent disproportionately longer periods of time in restrictive housing units than their peers.

SL: Alexandra, you’ve mentioned a couple times how mental illness relates to restrictive housing, so let’s talk about your findings related to that topic. James, how prevalent is mental illness throughout the BOP inmate population?

JL: Well, prior to the scope of our review, an internal BOP study suggested that approximately 19 percent of federal inmates had a history of mental illness. Separately, a 2006 study by the Bureau of Justice Statistics concluded that 45 percent of federal inmates had symptoms or a recent history of mental illness. Yet surprisingly, as of 2015, only 3 percent of the BOP’s sentenced inmate population was being regularly treated for mental illness.

Based on our analysis, we found that approximately 12 percent of inmates throughout the BOP had a history of mental illness, including 22 percent in the restrictive housing units we reviewed. However, we also found that BOP mental health staff do not always document inmates’ mental disorders, which means that the BOP is unable to accurately determine the number of inmates with mental illness and ensure that it is providing appropriate mental health care to them.

SL: That sounds like a concerning finding. And James, for those inmates with documented mental illness, does the BOP have a policy to address their mental health treatment needs?

JL: Yes, they do. As Alexandra mentioned, the mental health of an inmate could deteriorate while in restrictive housing. The BOP acknowledges this, and actually adopted a new mental health policy in May 2014, intended to increase the treatment of inmates with mental illness, to include those in restrictive housing units.

However, despite these intentions, we found that since the BOP adopted its new policy, BOP data shows a 30 percent reduction in the number of inmates who receive regular mental health treatment. Based on interviews with mental health staff and our review of BOP data, it appears that mental health staff may have reduced the number of inmates, including those in restrictive housing units, who receive regular mental health treatment

**Transcript: “Podcast: The Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness,” July 2017**

because they did not have the necessary staffing resources to meet the policy’s enhanced standards.

SL: And has the BOP taken any steps to mitigate its use of restrictive housing for inmates with mental illness?

AM: Yes, it has. SO the BOP has started diverting inmates with serious mental illness from placement in traditional restrictive housing units, like the SMU or the ADX. So inmates who meet the program criteria are sent to secure residential mental health treatment programs. However, areas for improvement do remain.

JL: And the BOP is also taking steps to address its mental health staffing shortage through the Special Housing Unit Pilot Program and the Psychology Internship Program, amongst others.

SL: And finally, can you briefly tell me about the recommendations the report makes?

JL: So the OIG makes 15 recommendations to ensure that inmates, including those with mental illness, are placed in restrictive housing units under conditions of confinement that adhere to specific standards and receive appropriate mental health care.

SL: James, Alexandra, thank you so much for speaking with me today.

AM: Thank you so much, Stephanie. It was a pleasure.

SL: That’s it for today. To read the report, please visit our website, [oig.justice.gov](http://oig.justice.gov). Thanks for joining us.

*(Stock media provided by composer William Pearson and publisher Prolific Two Publishing / Pond5.com, [www.pond5.com](http://www.pond5.com))*