NAMI
New York City Metro

The National Alliance on Mental Illness
505 Eighth Avenue • Suite 1103 • New York, NY 10018
212.684.3365 • 212.684.3264 (Helpline) • 212.684.3364 (Fax)
www.naminycmetro.org

New York City Board of Correction December 19, 2014 Hearing

Testimony of Wendy Brennan, Executive Director
National Alliance on Mental Illness of New York City, Inc. (NAMI-NYC Metro)

I am the executive director of NAMI-NYC Metro, the largest affiliate of the National Alliance on Mental Illness, a grassroots support, education and advocacy organization for individuals with mental illness and their families. Since it was established in 1982, NAMI-NYC Metro's mission has remained virtually unchanged. We still work to expand access to quality mental health services, advocate for people with mental illness and their family members to have a voice in treatment decisions, and to eradicate the stigma of mental illness.

I am here today to state the organization's unequivocal opposition to the use of solitary confinement for people with mental illness and to oppose the proposed rule change that would authorize the establishment of enhanced supervision housing (ESH) units, which is *de facto* solitary confinement for inmates in the custody of the New York City Department of Corrections.

It is well documented that solitary confinement can have highly negative and long-lasting psychological effects on individuals with serious mental illness. Solitary confinement may cause people with mental illness to experience worsening symptoms, which decrease prospects for recovery and successful community re-entry and re-integration.[1] Not only can solitary confinement cause and/or exacerbate symptoms of mental illness for those living with behavioral health concerns but it can create long-term psychological damage to individuals who do not live with a mental illness. The United Nations and European Court of Human Rights determined that prolonged solitary confinement constitutes torture for all people. [2]

Conditions in New York City

The de Blasio Administration is committed to improving outcomes for justice involved individuals with behavioral health issues. The action plan outlined in the 12/2/14 report from the Mayor's Task Force on Behavioral Health and the Criminal Justice System contains many effective initiatives, including one that will provide Crisis Intervention Team (CIT) training for Department of Corrections' Officers. We commend the Department of Corrections for requesting CIT training, which is designed to educate personnel about mental illness, reduce related stigma, and provide them with de-escalation tools. CIT at Rikers will enhance the safety of incarcerated individuals with mental illness as well as jail personnel.

---

[1] 4/2/12 Testimony submitted by Ron Honberg, J.D. Director of Policy and Legal Affairs, and Ken Duckworth, M.D., Medical Director of the National Alliance on Mental Illness to Illinois Legislature Committee on Government Forecasting and Accountability.
[2] 9/15/13 Report to the Department of Corrections, James Gilligan, M.D., and Bandy Lee, M.D., M.Div.

In light of the Task Force report, we were disheartened to learn that the Administration has no plans to reduce the number of solitary units and we have no reason to believe that the percentage of people with mental illness confined to those units will decrease in the near future. The New York City Department of Correction's own data shows that in less than a decade the proportion of inmates at Rikers with a diagnosed mental illness has grown from 20% percent to 40%[3]. More troubling is the fact that the number of solitary confinement beds has grown as well. Between 2007 and 2013, beds dedicated to solitary confinement have increased by 60%. Most troubling, is that 41% of individuals in solitary have a mental health diagnosis.[4]

In addition to continued use of solitary confinement, the Board of Corrections is also seeking to institute a new form of punitive segregation, ESH units. Section 1-16 of the proposed ESH rule outlines the criteria for ESH unit placement. Criteria #5 states that someone can be placed in ESH if "he or she otherwise presents a significant threat to safety and security of the facility if housed in the general population." DOC personnel, like the public at large, have discriminatory beliefs about people with mental illness. These beliefs lead people to assume, without cause, that individuals with mental illness are violent and dangerous. Given the "catch-all" element of this rule coupled with the well documented discrimination and violence against people with mental illness at Rikers, we believe that people with mental illness will be overly represented in ESH units, just as they currently are in solitary confinement.

Moreover, the rules governing the new units, include stipulations that limit the access of individuals in ESH to the larger community and require that they be strip searched and manacled each time they leave their cell. These actions will cause considerable distress, and in all likelihood, exacerbate existing symptoms.

With rates of violence escalating at Rikers Island during a time of increased use of solitary confinement, it is counterintuitive to believe that adding a new form of punitive segregation will make Rikers Island a safer place for jail personnel and those currently incarcerated. We are all working to identify effective means to ensure the safety of all people involved with Rikers Island. And yet, the proposed solution sounds like more of the same, a potential means to perpetuate a culture of violence and further reduce safety. We commend the Correction's Officers in their ability to do the work that they do in light of incredibly limited options to establish safety and security. We ask that the Department of Corrections and the Board of Corrections consider alternative options outside of additional punitive segregation units to achieve our common goal of reducing violence.

While the CIT training initiative and other strategies outlined in the 12/2/14 Task Force report are expected to either reduce the number of people with mental illness from entering the criminal justice system and/or improve outcomes and promote recovery for those that do, the implementation process will take time and a high percentage of people with mental health issues will be at Rikers in the near future. Even when the census is reduced, people with mental illness will continue to be incarcerated and, according to a

---

[3] Ibid
[4] Ibid

2012 NYC Department of Health and Mental Hygiene report, will be more likely to end up in punitive segregation[5], which would include ESH units.

There are interventions besides placing someone in solitary confinement or in the ESH that work. For example, enhanced mental health treatment programs and mental health steps down units are effective alternatives to solitary confinement.[6] Therefore, we recommend that the Board of Corrections delay the12/19/14 implementation deadline for ESH, eliminate solitary confinement for people with mental illness, and explore alternatives placements for individuals with mental illness. It is the right and just thing to do.

Thank you for allowing me to testify today.

---

[5] Andrea Lewis to Homer Venters, Memorandum, March 14, 2012, "Medical Informatics, New York City Department of Health and Mental Hygiene and Correctional Health Services."

[6] 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.