
Mental Health Issues in Long-Term Solitary and “Supermax” Confinement

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This article discusses the recent increase in the use of solitary-like confinement, especially the rise of so-called supermax prisons and the special mental health issues and challenges they pose. After briefly discussing the nature of these specialized and increasingly widespread units and the forces that have given rise to them, the article reviews some of the unique mental-health-related issues they present, including the large literature that exists on the negative psychological effects of isolation and the unusually high percentage of mentally ill prisoners who are confined there. It ends with a brief discussion of recent caselaw that addresses some of these mental health issues and suggests that the courts, though in some ways appropriately solicitous of the plight of mentally ill supermax prisoners, have overlooked some of the broader psychological problems these units create.

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The field of corrections is arguably impervious to much truly significant change. Of all of the institutions in our society, prisons retain the greatest similarity to their early 19th century form. Indeed, until relatively recently, more than a few prisoners were housed in facilities that had been constructed a half century or more ago. Although there have been advances in the methods by which correctional regimes approach the task of changing or rehabilitating prisoners, and a number of improvements made in overall conditions of confinement compared to the 19th century (often brought about by litigation compelling prison systems to modernize and improve), many of the basic facts of prison life have remained relatively constant. Notwithstanding increased sophistication in the technology of incarcerative social control, and the waxing and waning in popularity of one or another kind of prison treatment program, the argument that there has been nothing fundamentally new on the correctional landscape for many years would be difficult to refute.

However, in this article, I suggest that the last decade of the 20th century did see the rise of a new penal form—the so-called supermax prison. Increasing numbers of prisoners now are being housed in a new form of

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solitary or isolated confinement that, although it resembles the kind of punitive segregation that has been in use since the inception of the prison, has a number of unique features.¹ At the start of the 1990s, Human Rights Watch (1991) identified the rise of supermax prisons as “perhaps the most troubling” human rights trend in U.S. corrections and estimated that some 36 states either had completed or were in the process of creating some kind of “super maximum” prison facility. By the end of the decade, the same organization estimated that there were approximately 20,000 prisoners confined to supermax-type units in the United States (Human Rights Watch, 2000) and expressed even more pointed concerns about their human rights implications. Because most experts agree that the use of such units has increased significantly since then, it is likely that the number of persons currently housed in supermax prisons is considerably higher.

There are few if any forms of imprisonment that appear to produce so much psychological trauma and in which so many symptoms of psychopathology are manifested. Thus, the mental health implications of these units are potentially very significant. Despite the slight (and sometimes not so slight) variations in the ways different state prison systems approach this most restrictive form of confinement, supermax prisons have enough in common to permit some generalizations about what they are, why they have come about, what special mental health issues they raise, and how they might be regulated and reformed to minimize some of the special risks they pose. I will try to address each of these issues in turn in the pages that follow.

SUPERMAX CONDITIONS OF CONFINEMENT

Supermax confinement represents a significant variation in the longstanding practice of placing prisoners in what is known as solitary confinement or punitive segregation. For practical as well as humanitarian reasons, prisoners have rarely been confined in literal or complete solitary confinement.² But prisoners in solitary or isolation have always been physically segregated from the rest of the prison population and typically excluded from much of the normal programming, routines, opportunities, and collective activities available in the mainline institution. By the late 19th century, most jurisdictions in the United States had, for the most part, restricted solitary confinement to relatively brief periods of punishment that were imposed in response to specified infractions of prison rules.³

In contrast to this traditional form of isolation, supermax differs in several important ways—primarily the totality of the isolation, the intended duration of the confinement, the reasons for which it is imposed, and the technological

