Level 9, 299 Elizabeth St, Sydney NSW 2000 • DX 643 Sydney
Phone: 61 2 8898 6500 • Fax: 61 2 8898 6555
piac@piac.asn.au • www.piac.asn.au • ABN 77 002 773 524

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Seminar paper

Control at what cost? The psychological impact of incarceration in the Supermax.

Carol Berry, Solicitor – Health Policy and Advocacy

Paper presented to the Australian Institute of Criminology Seminar, Supermax – Past and Present, 24 October 2007

The final decades of 20th century saw the emergence of a new phenomenon in corrections - the supermax prison.

Increasing numbers of prisoners world wide are being incarcerated in this kind of facility, which as one of its features utilises solitary confinement as a tool to control inmates.

At the beginning of the 1990s, Human Rights Watch identified the increasing number of supermax prisons as "perhaps the most troubling" human rights trend in US corrections.

The supermax is a troubling phenomenon, in part due to the fact that this type of incarceration can cause a great deal of psychological trauma.

Supermax prisons house inmates in virtual isolation and subject them to almost complete idleness for extremely long periods of time.

Prisoners housed in a supermax rarely leave their cells. In most contexts, an hour a day out of cell time is the norm.

Inmates eat all of their meals alone in their cells, and typically no group, or social activity of any kind is allowed.

In assessing the mental health problems that may be caused by incarceration in a supermax facility, it is important to recognise the extensive research that establishes the potential of such a facility to inflict psychological damage.

A range of adverse symptoms have been observed to occur in prisoners held in supermax conditions, such as appetite and sleep disturbances, anxiety, panic, rage, loss of control, paranoia, hallucinations, suicidal ideation and behaviours, negative attitudes and affect, withdrawal, hypersensitivity, cognitive dysfunction, irritability, aggression, hopelessness, lethargy, depression, a sense of impending emotional breakdown, and self mutilation.

To quote Craig Haney, Professor of Psychology at the University of California:

> To summarize, there is not a single published study of solitary or supermax-like confinement … that failed to result in negative psychological effects… Prisoners often describe their experience in supermax environments as a form of psychological torture…

The impacts, of course, are far greater on those with pre-existing psychological disorders or mental health problems. Indeed, those at greatest risk are those who are emotionally unstable, who suffer from depression or some other form of mental illness, those who are developmentally disabled, or those whose contact with reality is already tenuous.

As Professor Haney observes:

> A number of supermax prisons fail to adequately screen out prisoners with pre-existing mental illness, and fail to remove those whose mental health problems worsen under the stress of extreme isolation and deprivation.
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> In addition, many of these units fail to appreciate the potential for these kinds of conditions of confinement to produce psychopathology in previously healthy prisoners.
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> These problems are exacerbated by the fact that even If mental health staff members manage to identify those prisoners with serious psychological and psychiatric needs, many supermaxes are uniquely ill-suited to address them.
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> Not only are they likely to be staffed with too few treatment personnel and plagued by high turnover, but the extraordinary and unyielding security procedures that characterize these kinds of prisons often preclude meaningful and appropriate therapeutic contact.

People suffering from mental illnesses, particularly acute mental illnesses need treatment, not punishment.[1]

This observation was made by the Deputy State Coroner, Dorrelle Pinch at the inquest into the suicide death in custody of Scott Simpson.

Scott Simpson committed suicide on 7 June 2004. PIAC represented his family at the inquest into his death.

Scott Simpson suffered from a severe case of paranoid schizophrenia.

He was held in solitary confinement for the final 26 months of his life.

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[1] Findings – Scott Simpson death in custody inquest

He died awaiting admission into the acute psychiatric ward of Long Bay Prison Hospital. The Coroner found that not enough had been done by the Corrections system to prevent the deterioration of Scott's mental health over a long period of time.

Scott Simpson spent time at the High Risk Management Unit (otherwise known as the 'Supermax'), which is located in Goulburn.

To avoid confusion, because I will be talking about supermaxes in general, when I am referring to the supermax at Goulburn, I will call it the High Risk Mangement Unit or the HRMU.

Deputy State Coroner Pinch made a number of important and far-reaching findings as a result of the inquest into Scott Simpson's death.

For example, she recommended that the Department of Corrective Services should adopt the policy in line with international law that inmates diagnosed with a mental illness should be placed in solitary confinement only in exceptional circumstances and for a limited period.

At PIAC we have worked to draw attention to the Coroner's findings in this case to ensure that there is transparency, accountability and an ongoing commitment by the Department of Corrective Services to constantly improve conditions and treatment available for people with mental illness who are incarcerated.

Of the roughly 15,000 people with major mental illnesses in Australian institutions, around one third of those people are incarcarerated in prison.[2]

The rate of psychosis in the NSW prison population is around 30 times higher than in the general community.[3]

A 2003 study found that almost 80% of males inmates upon reception had suffered some form of psychiatric problem in the 12 months prior to their incarceration.

The High Risk Management Unit at Goulburn Correctional Complex is a 75-bed purpose-built facility designed to accommodate male inmates who have been assessed as posing what is loosely termed 'a security risk'.

I was concerned to read that one of the four 'groups' of inmates that may be placed at the HRMU include, and this description comes directly from the HRMU Management Plan, dated July 2005.

> Severely paranoid inmates who are not able to participate in programs which require interactions with others and who can be unpredictably violent so they cannot be managed in mainstream correctional centres, or in a psychiatric/clinical setting.[4]

So basically, if you are severely paranoid, which in my mind sounds like you're severely mentally ill, and you're a bit too difficult to manage in a general corrections environment or in hospital, you're in one of the four categories for possible transfer into the HRMU.

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2 The identification of mental disorders in the criminal justice system – Ogloff et al.

3 Alnutt - mental illness in NSW prisons

4 Management 2005 - HRMU

As I have mentioned above, a core part of the supermax regime is that inmates are held in solitary confinement, and solitary confinement has been shown to exacerbate paranoia.

In response to a question on notice on 23 November 2004, the (then) Minister for Justice, the Hon John Hatzistergos, when asked whether 'high risk' prisoners suffering from mental illnesses (as defined by the *Mental Health Act*) were ever placed in the HRMU, he replied, simply: 'Yes'.[5]

To return briefly to Scott Simpson's circumstances leading up to him being placed in the HRMU, in the six months prior to the final period of Scott Simpson's incarceration, Scott was clearly suffering from mental health problems. Police were called to premises in Granville where Scott was seen to climb over garage roofs. He told police that he was being watched by ASIO and the NCA.

He was subsequently admitted for treatment to Cumberland Psychiatric Hospital. He was discharged after two weeks. A number of months later, after a series of violent and bizarre incidents, he also initiated an unprovoked attack to a person and his vehicle while having another psychotic episode.

The Custody Manager at Windsor Police Station, where Scott was taken after his arrest, considered that Scott could "snap" at any moment. The following day, he was taken to the MRRC at Silverwater.

Scott Simpson was psychotic at this time.

Despite the fact that he punched somebody when he was waiting for his reception assessment, he was placed in a two-out cell with another inmate. Within 15 minutes Scott Simpson had brutally attacked his cellmate, and had inflicted fatal injuries.

The following day Scott was placed in segregation, otherwise known as solitary confinement. Except for two short periods, he remained in solitary confinement at various prisons until he hanged himself in his cell on 7 June 2004.

Scott was found not guilty of the Murder of his cellmate on the grounds of mental illness. The Supreme Court ruled that at the time he killed his cell mate Scott was suffering a psychotic episode.

The Coroner, in her findings in to his death, also recognised the clear link between Scott's lengthy criminal history, and his paranoid delusions.

As the Coroner observed:

> The evidence before me indicates that Simpson's mental illness was not something incidental to his incarceration. His delusional beliefs and his actions in accordance with them were the very reason he was in custody.

She then went on to observe:

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5 Hansard 23 November 2004

> Although Simpson was reviewed by seven psychiatrists over the next two years, there was no opportunity for a therapeutic relationship with any of them. Hence, the only on-going treatment he received was antipsychotic medication, which he took irregularly. There was evidence before me to indicate that medication should only ever be part of an overall treatment regime.[6]

After Scott Simpson killed his cell-mate, instead of being hospitalised for his mental illness, which his doctors had recommended, he was transferred to the Goulburn Correctional Centre.

The Coroner found it difficult to understand why Scott did not receive treatment at that time.

As she stated in her own words:

> ... it seems that Simpson should have been very high on the priority list – he was demonstrably acutely mentally ill to the extent that he had killed another person. However, instead of receiving treatment in hospital he was sent to a segregation cell at Goulburn with minimal opportunities for adequate psychiatric care. That initial move to Goulburn typified how Simpson was dealt with during the rest of his time in custody, namely:
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> a) mental health professionals in regular contact with Simpson advocated strongly for his hospitalisation;
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> b) those making the decisions about priorities for admission to hospital did not accord him sufficient priority for the transfer to hospital to be effected; while
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> c) DCS focused on security aspects and kept Simpson segregated.
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> The result was that while Simpson's condition fluctuated depending on whether he was compliant with his medication, the time spent in segregation lead inevitably to a deterioration of his mental state until the crisis point was reached on 7 June 2004.'[7]

Just over a year before he died awaiting admission into Long Bay Prison Hospital, Scott Simpson was placed on the High Risk Management Unit Program. He remained on that program until he died. Initially he was actually located at the High Risk Management Unit at Goulburn.

However, the program continued when he moved to another location. Indeed, no movement could be undertaken without the authorisation of the HMRU. The evidence before the Coroner indicated that being on the HRMU program would not affect a person's admission to hospital.

However, the HRMU is solely the domain of DCS. All decisions about an HRMU inmate, including segregation, are made without any input from Justice Health, the body that is responsible for the health care of inmates.

All of the psychiatrists who gave evidence stated that prolonged periods in solitary confinement would most likely exacerbate an inmate's mental illness, particularly if they were suffering from paranoia. As Scott Simpson's treating psychiatrist at the time of his death, Dr Robert Lewin commented:

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6 Findings

7 Findings

> Solitary confinement is not a medical treatment. There is no circumstance in which it is appropriate in the care of a mentally ill person… I regard it as fundamentally inappropriate for someone as disturbed as this man (Simpson) to be in solitary confinement outside hospital.[8]

Yet Justice Health had no input into Scott Simpson's initial placement in segregation or any input into the review of the subsequent Segregation Orders. Moreover, Justice Health did not, in its own assessment of Scott's condition, consider the prospective impact of extended periods in solitary confinement.

So what exactly are the conditions for inmates in the HRMU?

The HRMU is a facility that allows no outside light, no fresh air, and works around a regime of social isolation and sensory deprivation. Inmates complain of claustrophobia, freezing temperatures and stale air. Inmates spend up to 23 hours a day in their cells.

As outlined by Neal Funnel, an outspoken critic of the HRMU:

> The HRMU classification system punishes non-conforming prisoners by removing their most basic provisions. The system exploits the 'sparse' design of the HRMU and works by very slowly expanding the scope of the privileges. At the HRMU, talking to family, eating a hot meal, exercising in an outdoor yard, or reading a book are all defined as privileges. In a cell smaller than the average bathroom, with no windows, natural light or air, where prisoners spend up to 23 hours a day, possessions and personal contact define a prisoner's entire existence. Their greatest challenge, as articulated by the prisoners inside, is "trying to avoid the inevitable madness we are all heading to under this current regime in the HRMU.[9]

In Scott Simpson's own words:

> They took all my property. I'm in a cell with nothing. They are trying to blackmail me by saying 'see the psych and take the medication he wants you to take and we give you a radio and TV etc… I will not take any medication as what I am experiencing is due to the fact certain agencies, mainly ASIO are torturing me and all other inmates with remote mind control. Everyone knows this is no secret…I'd rather be dead than get this torture every day non-stop.[10]

According to advocates assisting him at the time, Scott's refusal to cooperate meant he was left in his 2x3m grey cell, with no natural light or fresh air, suffering a severe mental illness, with no books, TV or radio and nothing to do.

In recent letters coming out of the HRMU, we see some concerning testimony. An overarching theme in the correspondence relates to the use of what inmates describe as 'mind games' or 'torture.'

According to letters coming out of the HRMU, upon arrival, inmates are threatened and intimidated by staff, given ill-fitting clothes, presumably to maximise discomfort, and the air-conditioning is constantly on a very cold temperature.

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8 Findings

9 Neal funnel paper

10 Neal Funnel paper

This must all be considered as punishment above and beyond the deprivation of liberty.

Other allegations include the strip-searching of visitors, including under age visitors, the restriction of contact phone calls and visits, for some inmates this has been in excess of six months.

Also, as outlined above, mental stimulation is removed, such as radio and television, according to recent reports, some inmates have gone for up to 12 months without them.

Solitary confinement is a form of torture. One definition of solitary confinement reads as follows:

> The separate confinement of a prisoner with only occasional, limited access by other persons, to an environment which is stripped of all but the basic necessities for maintaining life and which is generally restrictive of light, sound, diet, reading material, exercise and occasionally of temperature.[11]

The following passage is a frequently quoted police record from the 1950s; a description of what happens to a prisoner who is placed in solitary confinement. It reads as follows:

> The initial appearance of an arrested prisoner is one of bewilderment. For a few hours he may sit quietly in his cell looking confused and dejected. But within a short time most prisoners become alert and begin to take an interest in their environment. They react with expectancy when anyone approaches the door to the cell. They show interest and anxiety as they are exposed to each new feature of the prison routine.
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> The period of anxiety, hyperactivity, and apparent adjustment to the isolation routine usually continues from one to three weeks. As it continues, the prisoner becomes increasingly dejected and dependent. He gradually gives up all spontaneous activity within his cell and ceases to care about his personal appearance and actions.
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> Finally he sits and stares with a vacant expression, perhaps endlessly twisting a button on his coat. He allows himself to become dirty and dishevelled.
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> When food is presented to him, he eats it all, he no longer bothers with the niceties of eating. He may mix it into a mush and stuff it into his mouth like an animal.
>
> He goes through the motions of his prison routine automatically, as if he were in a daze. The slop jar is no longer offensive to him.
>
> Ultimately he may lose the restraints of ordinary behaviour. He may soil himself. He weeps; he mutters; and he prays aloud in his cell. He follows the orders of the guard with the docility of a trained animal. It usually takes four to six weeks to produce this phenomenon in a newly imprisoned man.[12]

As we all know, correctional philosophy changes over time. The law and order agenda—the importance of looking 'tough on criminals'—is the rhetoric of the hour. But a deeper analysis is required.

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11 Lucas

12 Lucas

How we choose to treat the 'the worst of the worst' that our society produces, is a reflection of the society that we live in.

The purpose of our correctional system should be simply that: to aim to 'correct'. At present, our correctional system is not bringing about these outcomes, particularly in regard to the High Risk Management Unit. The High Risk Management Unit is not about correction, it is about control.

Some people will argue that those who are incarcerated inside the HRMU deserve this treatment. Why should we extend our sympathy to these men when the crimes that they have committed are barbaric, and cruel in the extreme?

As the Attorney General John Hatzistergos recently commented: 'If criminals don't want to end up in the Supermax, then they shouldn't commit the crimes in the first place that put them there."'

To go down the path of arguing that mistreatment is 'deserved' is a slippery moral path. Where do we draw the line?

We live in a civilised society, therefore the mechanisms of our society, like our justice system, ought to treat every person within our society in a civilised fashion, regardless of who they are, or what they may have done.

Australian prisons must conform with international standards. Conditions of incarceration must not breach international human rights law. In relation to conditions at the HRMU, particularly for those suffering from mental illness, there are legitimate questions to be answered.

The NSW State Government ought to be open and transparent about conditions of incarceration and corrections regimes. The lesson of the past is that a lack of transparency results in corruption, cruelty and mistreatment. The lesson of the past is that we must not allow this to happen again.

PIAC has established a network of interested organizations and individuals in the issue of mental illness in prisons. Our network is made up of psychiatrists, lawyers, carers, consumers and consumer groups, advocates, psychologists, nurses and others engaged in the sector, and our network now has over 100 members.

The purpose of the network is to share information and to try and build the profile of this important human rights issue.

If, at the conclusion of this seminar, you would like to become a part of our network, please let me know.