

CHAPTER 29

SPECIAL ISSUES FOR PRISONERS WITH MENTAL ILLNESS*

A. Introduction

This Chapter will explain your rights as a prisoner with a mental illness. Part A discusses basic information you will need in order to understand how the law applies to prisoners with a mental illness (including the definitions of important terms such as “mental illness” and “treatment”). Part B explains your right to receive treatment for a mental illness. Part C explains how and when you can refuse unwanted treatment and transfer, as well as the consequences of transfer for hospitalization. Part D gives details about conditions of confinement, and explains how they overlap with mental health issues. Part E describes things to consider for pretrial detainees with mental illness. Part F explains the resources that are available to help you plan for your release. Part G describes resources available to you as a prisoner.

For more information on topics that might be important to prisoners with a mental illness, see Chapter 23 of the *JLM*, “Your Right to Adequate Medical Care,” and Chapter 28, “Rights of Prisoners with Disabilities.” You should also read Part E of Chapter 23 to learn more about your right to medical privacy.

In addition, if you decide to file a lawsuit based on your rights in federal court, you *must* read *JLM*, Chapter 14, “The Prison Litigation Reform Act.” Failure to follow the requirements of the Prison Litigation Reform Act can lead to negative consequences such as the loss of your good-time credits or the loss of your right to bring future claims in federal court without immediately paying the full filing fee. Also, if you plan to bring a lawsuit based on your federal constitutional rights, you should read *JLM*, Chapter 16, “Using 42 U.S.C. § 1983 and 28 U.S.C. § 1331 to Obtain Relief from Violations of Federal Law.” “Section 1983” (42 U.S.C. § 1983) is the law that allows you to sue when your constitutional rights are violated. Although this manual is intended to help you file your own lawsuit, keep in mind that it is always useful, if possible, to get assistance with your claims from a family member, friend, fellow prisoner, or lawyer. For advice on how to find a lawyer to help with your civil claims against the prison, please see Part C of Chapter 4 of the *JLM*, “How to Find a Lawyer.”

1. Defining “Mental Illness” and “Treatment”

(a) What Is Mental Illness?

This Chapter is written for prisoners with behavioral or psychological illnesses and diagnosable symptoms or risks. You might have heard people use the terms mental illness, serious mental illness, major mental illness, mental disorder, mental abnormality, mental sickness, serious and persistent mental illness, or mentally retarded. People (including courts and legislatures) use the terms as if they mean the same thing, but they do not. Many people say “mentally ill prisoners” or “prisoners with a mental illness” when they are referring to different groups of people, such as those who are not guilty by reason of insanity (“NGIs”), those incompetent to stand trial, or those with developmental disabilities (that is, low intellectual function that usually starts at childhood). When you read this Chapter, pay close attention to the way different terms are used to mean different things. The differences between different terms are important for you and any lawsuit you may decide to file.

There are many kinds of “mental illness,” but some common types include Bipolar Disorder, Borderline Personality Disorder, Major Depression, Obsessive-Compulsive Disorder (“OCD”), Panic Disorder, Post-Traumatic Stress Disorder (“PTSD”), and Schizophrenia. Others include Dissociative Disorders, Dual Diagnosis or MICA (Mentally Ill and Chemically Addicted—mental illness with substance abuse), Eating Disorders, Schizoaffective Disorder, Tourette’s Syndrome, and Attention-Deficit/Hyperactivity Disorder.¹ This Chapter will not discuss the separate issues of NGIs, sexual offenders, prisoners with developmental disabilities or prisoners with gender-identity issues. For a discussion of matters related to sex offenders, see Chapter 32 of the *JLM*, “Special Considerations for Sex Offenders.”

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1. See *Mental Health Conditions*, National Alliance on Mental Illness, <http://www.nami.org/Learn-More/Mental-Health-Conditions> (last visited Mar. 16, 2017).

Many state laws define “mental illness” to include only behavioral or psychological problems with noticeable symptoms. According to the American Psychiatric Association (“APA”), a person has a mental disorder if he suffers from a significant disturbance in “behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities.”² This definition of a mental disorder does not cover psychological responses to particular events (like the death of a loved one) or certain behaviors (like sexual offenses).³ Mental illnesses may last for varying periods of time. Some last for a short period and then disappear; others are ongoing. Although courts have recognized that immediate psychological trauma (a sudden event that causes a lot of stress) also deserves mental health treatment,⁴ generally “serious” mental illnesses last longer, affect behavior, and have noticeable symptoms or risks.

To fit within most state law definitions of mental disorder, prisoners must show (1) a behavioral or psychological problem; (2) an accompanying symptom; and (3) a diagnosis of mental illness by a professional.⁵ For instance, in New York, “mental illness” means having “a mental disease or mental condition which is [expressed as] ... a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care and treatment.”⁶ Like the APA approach, some state laws specifically exclude sexual offenses, substance abuse, and mental retardation from the definition of mental illness.⁷

(b) What the Law and This Chapter Mean by “Treatment”

The definition of “treatment” under the law generally includes three steps: (1) diagnosis (a finding by a doctor or mental health specialist that there is a mental illness), (2) intervention (a decision to treat the illness with therapy, drugs, or other care), and (3) planning (developing a method to relieve suffering or find a cure).⁸

Whether a particular medical action qualifies as “treatment” depends on whether it is medically necessary and whether it will substantially help or cure your medical condition. Medical necessity usually involves a serious medical need, which “could well result in the deprivation of life itself” if untreated.⁹ The test to determine whether treatment is “necessary” is not whether a prisoner suffers from mental illness but instead whether that mental illness “requires care and treatment.”¹⁰

2. AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 20 (5th ed. 2013).

3. *See, e.g.*, *Kansas v. Crane*, 534 U.S. 407, 412–13, 122 S. Ct. 867, 870, 151 L. Ed. 2d 856, 862 (2002) (requiring the state to distinguish dangerous sexual offenders with mental illnesses from ordinary criminals for civil commitment purposes); *Seling v. Young*, 531 U.S. 250, 253, 121 S. Ct. 727, 730, 148 L. Ed. 2d 734, 740 (2001) (distinguishing for civil commitment purposes between sexually dangerous individuals and sexually violent offenders with mental disorders).

4. *See Carnell v. Grimm*, 872 F. Supp. 746, 755–56 (D. Haw. 1994) (holding that “an officer who has reason to believe someone has been raped and then fails to seek medical *and psychological* treatment for the victim after taking her into custody manifests deliberate indifference to a serious medical need”) (emphasis added), *appeal dismissed in part, aff'd in part*, 74 F.3d 977, 979 (9th Cir. 1996) (finding that the 8th Amendment prohibition of cruel and unusual punishment, which includes denying medical and psychological care, applies to pretrial detainees).

5. *See, e.g.*, Tex. Health & Safety Code Ann. § 571.003(14) (Vernon 2012) (“[I]llness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that: (A) substantially impairs a person’s thought, perception of reality, emotional process, or judgment; or (B) grossly impairs behavior as demonstrated by recent disturbed behavior.”).

6. N.Y. Correct. Law § 400(6) (McKinney 2013). Additionally, the private settlement agreement in the case *Disability Advocates, Inc. v. N.Y. State Office of Mental Health*, No. 1:02-cv-04002 (S.D.N.Y. 2007) includes a definition of “serious mental illness” that provides a heightened level of care for prisoners in Special Housing Units and keeplock. The settlement requires that the heightened level of care take effect after several different programs and facilities, including a residential mental health unit, are established. After the settlement, New York passed a statute defining “serious mental illness” for prisoners who are in disciplinary segregated confinement in a way that closely resembles the settlement agreement’s definition. The statute went into effect on July 1, 2011. *See* N.Y. Correct. Law § 137 (McKinney 2013). The settlement agreement is available at <http://www.clearinghouse.net/chDocs/public/PC-NY-0048-0002.pdf> (last visited Mar. 16, 2017).

7. *See, e.g.*, Ala. Code § 22-52-1.1(1) (Supp. 2012) (stating that mental illness “excludes the primary diagnosis of epilepsy, mental retardation, substance abuse, including alcoholism, or a developmental disability”).

8. FRED COHEN, *THE MENTALLY DISORDERED INMATE AND THE LAW* 6-4 (1998).

9. *Fitzke v. Shappell*, 468 F.2d 1072, 1076 (6th Cir. 1972) (quoting *McCullum v. Mayfield*, 130 F. Supp. 112, 115 (N.D. Cal. 1955)).

10. *See, e.g.*, U.S. *ex rel. Schuster v. Herold*, 410 F.2d 1071, 1084 (2d Cir. 1969) (holding that, before a prisoner may

The law assumes that doctors are the best people to make medical choices to treat mental illness. Therefore, whether something is an appropriate treatment is a decision that judges and lawmakers leave to medical professionals. Just because a prisoner or a judge prefers a particular course of action to treat mental illness does not mean it is a *necessary* course of treatment under the law.¹¹ In New York, the Commissioner of the Department of Correctional Services, in cooperation with the Commissioner of the Office of Mental Health (the head of the department that handles mental illness issues), is responsible for establishing programs in correctional facilities for treatment other than hospitalization. Although programs need only satisfy what the Commissioner of the Department of Correctional Services “deem[s] appropriate” for the treatment of prisoners with mental illness, the law does require that “[i]nmates with serious mental illness shall receive therapy and programming in settings that are appropriate to their clinical needs while maintaining the safety and security of the facility.”¹² Although adequate medical and health services must always be provided,¹³ states require different levels of psychiatric care, as not all types of care are necessary for treatment.¹⁴

Although you do not have a right to decide your treatment plan,¹⁵ you do have access to the following rights. You have the right to mental health care that meets the standards of the medical profession.¹⁶ Next, you have the right to information about your treatment’s risks and alternatives. Finally, you have a limited right to refuse treatment (see Part C of this Chapter). Once a decision to treat your mental illness has been made, you cannot specify which treatment alternatives (such as medication, counseling, or therapy) you should receive.¹⁷ You may, however, be able to protect yourself against unfair medical treatment by arguing that a certain treatment is not necessary.

2. Understanding Treatment Facilities

There are three basic types of psychiatric care that are used to treat prisoners:¹⁸

- (1) Acute (or crisis) care, which is twenty-four hour care for prisoners whose symptoms of psychosis (losing contact with reality), suicide risk, or dangerousness justify intensive care and forced medication;
- (2) Sub-acute (or intermediate) care, usually outside of a hospital for prisoners suffering from severe and chronic conditions that require intensive care management, psychosocial interventions (treatment that is both social and psychological), crisis management, and psychopharmacology (drugs that affect the mind) in a safe and contained environment; and
- (3) Outpatient care, which is provided to the general population, is for prisoners who can function relatively normally. It can—but does not have to—include medication, psychotherapy (meeting with

be transferred to a mental health facility, it must be shown that he suffers from a mental disease that requires “care and treatment”).

11. See *Bowring v. Godwin*, 551 F.2d 44, 47–48 (4th Cir. 1977) (“We disavow any attempt to second-guess the propriety or adequacy of a particular course of treatment.”); see also *Russell v. Sheffer*, 528 F.2d 318, 318–19 (4th Cir. 1975) (stating that a prisoner must show that his medical mistreatment or the correctional facility’s denial of medical treatment can be characterized as “cruel and unusual punishment” to bring a § 1983 claim).

12. N.Y. Correct. Law § 401 (McKinney 2013).

13. *Estelle v. Gamble*, 429 U.S. 97, 103–04, 97 S. Ct. 285, 290–91, 50 L. Ed. 2d 251, 259–60 (1976) (citing *Spicer v. Williamson*, 191 N.C. 487, 490, 132 S.E. 291, 293 (1926)) (“It is but just that the public be required to care for the prisoner, who cannot by reason of the deprivation of his liberty, care for himself.”).

14. See, e.g., *Ariz. Rev. Stat. Ann. § 31-201.01(B)* (Supp. 2012) (“In addition to the medical and health services to be provided pursuant to [this statute], the director *may* . . . provide to prisoners psychiatric care and treatment.”) (emphasis added).

15. See *Barrett v. Coplan*, 292 F. Supp. 2d 281, 285–86 (2003) (noting that the right to adequate medical care “does not mean that an inmate is entitled to the care of his or her choice, simply that the care must meet minimal standards of adequacy”); see also *Estelle v. Gamble*, 429 U.S. 97, 107–08, 97 S. Ct. 285, 292–93, 50 L. Ed. 2d 251, 262 (1976) (rejecting a prisoner’s claim of mistreatment based on the number of care options that were not pursued).

16. *Barrett v. Coplan*, 292 F. Supp. 2d 281, 285 (2003) (noting that adequate medical treatment requires qualified medical personnel to provide services that meet “prudent professional standards in the community” and that meet the particular needs of prisoners).

17. See, e.g., *Barrett v. Coplan*, 292 F. Supp. 2d 281, 285–86 (2003) (noting the right to adequate medical care “does not mean that an inmate is entitled to the care of his or her choice, simply that the care must meet minimal standards of adequacy”); see also *Estelle v. Gamble*, 429 U.S. 97, 107, 97 S. Ct. 285, 292–293, 50 L. Ed. 2d 251, 262 (1976) (rejecting a prisoner’s claim of mistreatment based on the fact that a number of care options were not pursued).

18. HUMAN RIGHTS WATCH, *ILL EQUIPPED: U.S. PRISONS AND OFFENDERS WITH MENTAL ILLNESS* 4 (2003).

a psychiatrist or other trained mental health professional), supportive counseling, and other interventions.

The most common type of care prisoners receive is outpatient care. If you require more intensive care, you may be treated in a hospital within the prison system or at an off-site hospital set up specifically to treat people with mental illnesses. The severity of mental illness, the types and availability of facilities, and the doctor's medical diagnosis will all factor into your placement.

The Division of Forensic Services at the New York State Office of Mental Health ("OMH") runs the New York psychiatric facility system. There are four forensic psychiatric care centers. One of them, Central New York Psychiatric Center, is both a regional forensic unit and the inpatient psychiatric hospital that services all prisoners in the state prisons and operates the many "satellite mental health units" and "mental health units" located within New York State prisons.¹⁹ You should note that administrative segregation, such as solitary confinement or disciplinary segregated confinement in "special housing units" ("SHUs") or "keeplock," is not a treatment facility. Many mental health experts, advocates, and clinicians believe that these forms of isolated confinement make mental health conditions worse, and courts have recognized the harm they cause. For more information on isolation and mental health, see Part D(1) of this Chapter.

(a) Treatment Facility Admissions in New York

In New York, whenever the doctor of a prison, jail, or other correctional institution believes you need hospitalization because of mental illness, the doctor must tell the facility superintendent, who will then apply to a judge for a commitment order. The judge will require two other doctors to examine you.²⁰ In New York City, the two doctors may examine you in your prison or you may be transferred to a county hospital for examination.²¹ The doctors must agree that you have a mental illness and need care or treatment in order for you to be hospitalized,²² but first they must consider other treatment alternatives.²³ They must also consult your previous doctor if they know that you have been treated for mental illness in the past and if it is possible to do so.²⁴

If the two doctors agree that you need to be hospitalized to treat a mental illness, the prison superintendent will apply to a judge for permission to commit you.²⁵ You should receive notice of any court order and have a chance to challenge it.²⁶ In addition, your wife, husband, father, mother, or nearest relative must also receive notice of the decision to commit you. If you have no known relatives within the state, that notice must be given to any known friend of yours.²⁷ If you decide to challenge the decision, you have a right to know the hospital's placement procedure. You also have the right to a lawyer, a hearing, an independent medical opinion, and judicial review including a jury trial.²⁸ However, you do not have a right to a hearing in an emergency, during which two doctors agree that your mental illness is likely to result in serious harm to you or to other prisoners.²⁹ In that case, you are still entitled to notice, a lawyer, an independent medical opinion, a hearing, and a jury trial, but only *after* you arrive at a hospital.³⁰

19. The New York Office of Mental Health's forensic facilities include Mid-Hudson Forensic Psychiatric Center, Kirby Forensic Psychiatric Center, Rochester Regional Forensic Unit located within Rochester Psychiatric Center, and Central New York Psychiatric Center and Northeast Regional Forensic Unit located within Central New York Psychiatric Center. Within State correctional facilities, OMH operates 29 satellite and mental health units. *New York State Office of Mental Health Division of Forensic Services*, New York State Office of Mental Health, <http://www.omh.ny.gov/omhweb/forensic/BFS.htm> (last visited Mar. 16, 2017).

20. N.Y. Correct. Law § 402(1) (McKinney 2013).

21. N.Y. Correct. Law § 402(2) (McKinney 2013).

22. *See generally* N.Y. Mental Hyg. Law § 9.27 (McKinney 2013); *see U.S. ex rel. Schuster v. Herold*, 410 F.2d 1071, 1084 (2d Cir. 1969) (suggesting that to be found in need of care and treatment through inpatient hospitalization, you must be found, after proper procedures, to be so mentally ill that you pose a danger to yourself or others).

23. N.Y. Correct. Law § 402(1) (McKinney 2013).

24. N.Y. Correct. Law § 402(1) (McKinney 2013).

25. N.Y. Correct. Law § 402(3) (McKinney 2013).

26. N.Y. Correct. Law § 402(3) (McKinney 2013).

27. N.Y. Correct. Law § 402(3) (McKinney 2013).

28. N.Y. Correct. Law § 402(3) (McKinney 2013).

29. N.Y. Correct. Law § 402(9) (McKinney 2013).

30. N.Y. Correct. Law § 402(9) (McKinney 2013).

B. Your Right to Receive Treatment

This Part explains two doctrines (that is, rules) that relate to your right to psychiatric medical care. Section 1 of this Part discusses whether the prison must provide psychiatric care, and how much care the prison must provide. Section 1 also mentions special considerations for prisoners with substance-related disorders and what medical treatment they should receive. Section 2 addresses your rights if psychiatric medical care is delayed or denied.

1. What to Do if the Psychiatric Medical Care You Receive Is Inadequate

You have a right to adequate medical care and treatment. Under the Eighth Amendment of the Constitution,³¹ the government has an obligation to provide medical care to people it is punishing by incarceration.³² This right includes the regular medical care that is necessary to maintain your health and safety. Many states also have state laws requiring prisons to provide medical care to prisoners.³³ For more information about this general right, see Chapter 23 of the *JLM*, “Your Right to Adequate Medical Care.”

(a) Your Right to Adequate Psychiatric Care

The provision of mental health care to prisoners is governed in the same way as the provision of physical health care. Most federal circuits have held the right to adequate medical care includes any *psychiatric* care that is necessary to maintain prisoners’ health and safety.³⁴ In *Bowring v. Godwin*, an important early decision, the Fourth Circuit Court of Appeals included treatment of mental illnesses as part of the right to medical care. The court noted that there is “no underlying distinction between the right [of a prisoner] to medical care for physical ills and its psychological or psychiatric counterpart.”³⁵

The *Bowring* court developed a three-part test to determine whether a prisoner has a right to psychiatric care. Under the test, a prisoner who suffers from a mental illness is likely to have a right to mental health treatment if a health care provider decides that:

- (1) the prisoner has the symptoms of a serious disease or injury;
- (2) that disease or injury is curable, or can be substantially improved; and
- (3) the likelihood of harm to the prisoner (in terms of safety and health, including mental health) is substantial if treatment is delayed or denied.³⁶

31. U.S. Const. amend. VIII (“Excessive bail shall not be required, nor excessive fines imposed, *nor cruel and unusual punishments inflicted*”) (emphasis added).

32. *Estelle v. Gamble*, 429 U.S. 97, 103–04, 97 S. Ct. 285, 290–91, 50 L. Ed. 2d 251, 259–60 (1976) (holding that the 8th Amendment prohibits the denial of needed medical care).

33. *See, e.g.*, Ariz. Rev. Stat. Ann. § 31-201.01(D) (West 2002 & Supp. 2012); Ga. Code Ann. § 42-5-2 (Michie 1997 & LexisNexis Supp. 2012).

34. *See Bowring v. Godwin*, 551 F.2d 44, 47 (4th Cir. 1977) (finding that a prisoner is entitled to psychiatric treatment where a doctor has concluded that the prisoner has a serious disease that might be curable, and where a delay in treatment might cause potential harm); *Clark-Murphy v. Foreback*, 439 F.3d 280, 292 (6th Cir. 2006) (stating that a prisoner’s right to mental health care, not just physical medical care, is clearly established under the 8th Amendment); *Riddle v. Mondragon*, 83 F.3d 1197, 1202 (10th Cir. 1996) (“The states have a constitutional duty to provide necessary medical care to their inmates, including psychological or psychiatric care.”); *Woodall v. Foti*, 648 F.2d 268, 272 (5th Cir. 1981) (“In balancing the needs of the prisoner against the burden on the penal system, the district court should be mindful that the essential test is one of medical necessity and not one simply of desirability.”); *Doty v. Lassen*, 37 F.3d 540, 546 (9th Cir. 1994) (“[W]e now hold that the requirements for mental health care are the same as those for physical health care needs.”); *Torraco v. Maloney*, 923 F.2d 231, 234 (1st Cir. 1991) (“The extension of the Eighth Amendment’s protection from physical health needs, as presented in *Estelle [v. Gamble]*, to mental health needs is appropriate because, as courts have noted, there is no underlying distinction between the right to medical care for physical ills and its psychological or psychiatric counterpart.” (internal quotation marks omitted)); *Langley v. Coughlin*, 888 F.2d 252, 254 (2d Cir. 1989) (“We think it plain that from the legal standpoint psychiatric or mental health care is an integral part of medical care. It thus falls within the requirement of *Estelle v. Gamble* . . . that it must be provided to prisoners.”); *Gates v. Cook*, 376 F.3d 323, 332, 343 (5th Cir. 2004) (“[M]ental health needs are no less serious than physical needs.”); *Inmates of Allegheny Cnty. Jail v. Pierce*, 612 F.2d 754, 763 (3d Cir. 1979) (explaining that prisoners with serious mental illness have a right to adequate treatment, and that psychiatric or psychological treatment should be held to the same standard as medical treatment for physical ills).

35. *Bowring v. Godwin*, 551 F.2d 44, 47 (4th Cir. 1977).

36. *Bowring v. Godwin*, 551 F.2d 44, 47 (4th Cir. 1977).

However, the right to psychiatric treatment is still limited to reasonable medical costs and a reasonable length of time for treatment.³⁷ Therefore, psychiatric treatment will be given to the prisoner on the basis of what is necessary, not what is desirable.³⁸

You should note that the *Bowring* test is the law only in the Fourth Circuit, which includes Maryland, North Carolina, South Carolina, Virginia, and West Virginia. The only courts that *must* apply the test are federal courts in these states. However, other courts are likely to consider using the standard in similar cases,³⁹ especially because no court has issued a disagreeing opinion. You should still cite to *Bowring* even if you are not bringing a case in the Fourth Circuit, because the court in your circuit might find *Bowring* persuasive. For more information on what you may cite in your jurisdiction, see Chapter 2 of the *JLM*, “Introduction to Legal Research.”

(b) Your Right to Treatment for Substance Abuse

The American Psychiatric Association incorporates in its definition of mental illness “substance-related disorders,” which include illnesses like substance use, abuse, and withdrawal.⁴⁰ The law, however, does not always consider such diseases as serious enough⁴¹ to require prison authorities to provide medical care to treat the diseases.⁴² However, many courts have found that prisoners have the right to treatment for substance abuse in certain circumstances. The sections below describe these situations.

(i) You Have No Right to Drug and Alcohol Rehabilitation in Prison

As a general rule, you have no right to rehabilitation while in prison.⁴³ Individual states or corrections departments may decide that rehabilitation is an important goal and may implement programs to achieve that aim, but the Constitution does not require them to do so. One application of this rule is that there is no right to narcotics or alcohol treatment programs in prison.⁴⁴ However, courts have at times ordered prisons to implement drug and alcohol treatment programs where the denial of these programs would otherwise lead to conditions that were so bad that they violated prisoners’ rights to medical care. Prisoners often raise these

37. *Bowring v. Godwin*, 551 F.2d 44, 47–48 (4th Cir. 1977) (stating that the right to treatment is limited by reasonable cost and time, and that the test is what is medically necessary, not what is “merely desirable”); *but see* *Kosilek v. Maloney*, 221 F. Supp. 2d 156, 161 (D. Mass. 2002) (noting that it is not permissible to deny a prisoner adequate medical care just because the treatment is costly).

38. *Bowring v. Godwin*, 551 F.2d 44, 47–48 (4th Cir. 1977).

39. *See* *Riddle v. Mondragon*, 83 F.3d 1197, 1202 (10th Cir. 1996) (citing the *Bowring* test).

40. AM. PSYCHIATRIC ASS’N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 191 (4th ed. 2000).

41. A prisoner having a “serious medical need” triggers an analysis under *Estelle v. Gamble*, 429 U.S. 97, 104–05, 97 S. Ct. 285, 291, 50 L. Ed. 2d 251, 260 (1976), which provides that deliberate indifference to that serious medical need violates the 8th Amendment’s ban on cruel and unusual punishment. Cases like *Bowring v. Godwin*, 551 F.2d 44, 47 (4th Cir. 1977), have extended this rule requiring treatment to the psychiatric context, but only where the prisoner has an illness that might be curable and where delay might cause substantial harm. For more information on your rights when necessary treatment has been denied or delayed, please see Part B(2) of this Chapter, “Denied or Delayed Treatment.”

42. *See, e.g.,* *Pace v. Fauver*, 479 F. Supp. 456, 458–59 (D.N.J. 1979) (“The Court does not regard plaintiffs’ desire to establish and operate an alcoholic rehabilitation program within . . . [p]rison as a serious medical need for purposes of Eighth Amendment and § 1983 analysis.”), *aff’d*, 649 F.2d 860 (3d Cir. 1981). *But see* *Marshall v. United States*, 414 U.S. 417, 432 n.3, 94 S. Ct. 700, 709 n.3, 38 L. Ed. 2d 618, 629 n.3 (1974) (Marshall, J., dissenting) (citing Senate Report characterizing drug addiction as a disease); *State v. Sevelin*, 554 N.W.2d 521, 524, 204 Wis. 2d 127, 134 (Wis. Ct. App. 1996) (“The unambiguous meaning of ‘medical care’ includes treatment of all diseases. Alcoholism is a disease.”).

43. *Marshall v. United States*, 414 U.S. 417, 421–22, 94 S. Ct. 700, 704, 38 L. Ed. 2d 618, 623 (1974) (explaining that there is no “fundamental right” to rehabilitation from narcotics addiction after conviction of a crime and confinement in a penal institution rather than in a civil facility); *see also* *Hutto v. Finney*, 437 U.S. 678, 686 n.8, 98 S. Ct. 2565, 2571 n.8, 57 L. Ed. 2d 522, 531 n.8 (1978) (“[T]he Constitution does not require that every aspect of prison discipline serve a rehabilitative purpose.”); *Grubbs v. Bradley*, 552 F. Supp. 1052, 1124 (M.D. Tenn. 1982) (finding that a lack of rehabilitative programs does not violate the Constitution).

44. *See, e.g.,* *Gibson v. Federal Bureau of Prisons*, 121 F. App’x 549 (5th Cir. 2007) (holding that a prisoner does not have a protected liberty interest in participating in drug treatment); *Abraham v. Danberg*, 832 F. Supp. 2d 368, 375 (D. Del. 2011) (“Prisoners have no constitutional right to drug treatment or other rehabilitation.”); *Bullock v. McGinnis*, 5 F. App’x 340, 342 (6th Cir. 2001) (“[A] prisoner has no constitutional right to rehabilitation[.]”); *Pace v. Fauver*, 479 F. Supp. 456, 460 (D.N.J. 1979) (stating that prison authorities, not the court, should decide whether to provide alcoholism treatment to prisoners), *aff’d*, 649 F.2d 860 (3d Cir. 1981).

issues successfully in the context of broader claims about unconstitutional conditions of confinement.⁴⁵ Additionally, at least one court has found that prisoners should be “free to attempt rehabilitation or the cultivation of new socially acceptable and useful skills and habits.”⁴⁶ It might be possible to argue that failure to receive drug treatment violates that freedom.

There is also no right to methadone or to the establishment of methadone maintenance programs in prison.⁴⁷ On the other hand, a few courts have found that you *do* have the right to continue drug treatment with programs in which you already participate.⁴⁸ This right primarily protects you pretrial.⁴⁹ Pretrial detainees are people who have not been found guilty but still must remain in jail because they cannot afford to post bail or they have been determined to be a flight risk or danger to the community. These individuals cannot be punished beyond detention and the restraint of liberty that comes with it.⁵⁰ Courts view forced rehabilitation as a punishment. They also view the pain suffered when methadone is discontinued as a punishment. For more information on your right to treatment as a pretrial detainee, please see Part E(1) of this Chapter.

(ii) Your Right to Avoid Deterioration (Getting More Sick) While Incarcerated

Many courts have held that even if you do not have an absolute constitutional right to treatment for certain illnesses like substance abuse; you do have a right to avoid having your illness get worse while you are in prison.⁵¹ Though some courts have not found a right to avoid getting more sick while incarcerated, several have at least found that where conditions are “so bad that serious physical or psychological deterioration is inevitable,” you can state an Eighth Amendment claim of cruel and unusual punishment.⁵²

So, if your drug or alcohol addiction is likely to worsen your condition, you might be able to make a claim that failure to receive adequate treatment violates your right to avoid getting more sick while in prison. Even though different federal circuits have established differing rules as to the extent of that right, at a minimum, if your deterioration results from the State’s intent to cause harm,⁵³ you can claim the State violated your rights.

45. See, e.g., *Palmigiano v. Garrahy*, 443 F. Supp. 956, 989 (D.R.I. 1977) (ordering prison to establish drug and alcohol treatment program conforming to public health standards); *Alberti v. Sheriff of Harris Cnty.*, 406 F. Supp. 649, 677 (S.D. Tex. 1975) (requiring prison to establish treatment program for prisoners suffering from alcoholism and drug abuse in consultation with trained specialist); *Barnes v. Gov’t of Virgin Islands*, 415 F. Supp. 1218, 1235, 13 V.I. 122, 158 (D.V.I. 1976) (ordering prison to introduce drug and alcohol rehabilitation program); see also *Laaman v. Helgemoe*, 437 F. Supp. 269, 316–17 (D.N.H. 1977) (“The absence of an affirmative program of training and rehabilitation may have constitutional significance where in the absence of such a program conditions and practices exist which actually militate against reform and rehabilitation.”).

46. *Laaman v. Helgemoe*, 437 F. Supp. 269, 316–17 (D.N.H. 1977) (explaining that the absence of training and rehabilitative programs may have significance where their absence causes significant deterioration).

47. See, e.g., *Norris v. Frame*, 585 F.2d 1183, 1188 (3d Cir. 1978) (“There is no constitutional right to methadone . . .”); *Hines v. Anderson*, 439 F. Supp. 12, 17 (D. Minn. 1977) (stating that even though prisons cannot take away prescriptions without doctor’s approval, prisons are not required to administer methadone as part of a maintenance program).

48. See *Norris v. Frame*, 585 F.2d 1183, 1189 (3d Cir. 1978) (stating that interference with pretrial detainee’s status as recipient of methadone infringed his rights); *Cudnik v. Kreiger*, 392 F. Supp. 305, 312–13 (N.D. Ohio 1974) (stating that it violates fundamental due process rights to deny pretrial detainees methadone that they are already receiving as part of drug treatment).

49. *Cudnik v. Kreiger*, 392 F. Supp. 305, 312 (N.D. Ohio 1974) (stating that it violates due process to deny pretrial detainees methadone that they are already receiving as part of drug treatment).

50. See *Cudnik v. Kreiger*, 392 F. Supp. 305, 311 (N.D. Ohio 1974) (explaining that since pretrial detainees are considered innocent in the eyes of the law, they should be entitled to all liberties they would have were they not imprisoned, except that which is necessarily lost through detention).

51. *Battle v. Anderson*, 564 F.2d 388, 403 (10th Cir. 1977) (“We believe that while an inmate does not have a federal constitutional right to rehabilitation, he is entitled to be confined in an environment which does not result in his degeneration or which threatens his mental and physical well-being.”); *Ramos v. Lamm*, 639 F.2d 559, 566 (10th Cir. 1980) (extending the right to avoid deterioration established in *Battle* to medical care context); *Laaman v. Helgemoe*, 437 F. Supp. 269, 316 (D.N.H. 1977) (holding prisoners have an interest in avoiding physical and mental deterioration). *But see Reddin v. Israel*, 561 F.2d 715, 718 (7th Cir. 1977) (“[T]he state need not avoid conduct which may result in detrimental psychological effects unless the state acts in a torturous or barbarous manner or with a wanton intent to inflict pain.”).

52. *Grubbs v. Bradley*, 552 F. Supp. 1052, 1124 (M.D. Tenn. 1982).

53. See *Reddin v. Israel*, 561 F.2d 715, 718 (7th Cir. 1977) (“[T]he state need not avoid conduct which may result

(iii) Your Right to Care for Withdrawal from Drugs and Alcohol

Another exception to the general rule that prisons do not need to provide medical care for substance-related disorders is that prisons *do* need to provide care for withdrawal, which can be excessively painful and dangerous, and is therefore considered a serious medical condition.⁵⁴ Because of the seriousness of withdrawal symptoms, you are entitled to treatment.⁵⁵ Most of the cases have come up in the context of pretrial detainees going through withdrawal just after arrest, but the courts have not explicitly limited the right to treatment to pretrial detainees. If a convicted prisoner experiences a serious medical need due to withdrawal then he should receive treatment.

2. What to do if Treatment is Denied or Delayed

The above Subsection discussed situations in which a prisoner claims that the medical care he received is inadequate. This Subsection instead focuses on your rights when the treatment you need has been *deliberately* (purposely) denied or delayed.⁵⁶ Although courts do not like second-guessing doctors' decisions,⁵⁷ a prison official who denies or delays treatment knowing that you need that treatment might be violating your constitutional right to be free of "cruel and unusual punishment" under the Eighth Amendment.⁵⁸ A court that finds this deliberate denial or delay will step in to help you. Not every delay in medical care is a violation of the Constitution.

A prison official only violates the Eighth Amendment when two requirements are met.⁵⁹ The first requirement is that the deprivation of medical care is "sufficiently serious." The second requirement is that the prison official must have acted with a culpable (bad) state of mind and ignored your health needs on purpose.⁶⁰ To meet this standard you must show that you have actually been deprived of adequate medical care, and that the lack of treatment has caused you harm, or will cause you harm in the future.⁶¹ If care has been denied, the court will look at whether "a reasonable doctor or patient would find [it] important and worthy of comment," whether the condition has "significant affects" on your daily activities, and whether it causes "chronic and substantial pain."⁶² In cases where treatment has been delayed or interrupted, the question of how serious the situation is focuses on the impact of the delay and not on the main medical condition alone.⁶³ The second requirement for an Eighth

in detrimental psychological effects unless the state acts in a torturous or barbarous manner or with a wanton intent to inflict pain.").

54. See, e.g., *Kelley v. Cnty. of Wayne*, 325 F. Supp. 2d 788, 791 (E.D. Mich. 2004) ("Heroin withdrawal is a serious medical condition."); *Morrison v. Washington County*, 700 F.2d 678, 681 (11th Cir. 1983) (finding that *delirium tremens* is a severe form of alcohol withdrawal that should be monitored because of the risk of death).

55. See, e.g., *Pedraza v. Meyer*, 919 F.2d 317, 319–20 (5th Cir. 1990) (finding that pretrial detainee who had not received treatment for his heroin withdrawal symptoms could have stated a claim of deliberate indifference to serious medical needs); *Walker v. Fayette Cnty.*, 599 F.2d 573, 576 (3d Cir. 1979) (*per curiam*) (where pretrial detainee had informed jail that he was addicted to heroin, failure to treat him for withdrawal could show deliberate indifference).

56. See, e.g., *Pinon v. Wisconsin*, 368 F. Supp. 608, 610 (E.D. Wis. 1973) (explaining that courts usually refuse to second-guess whether a prisoner's treatment is adequate, but that the situation is different where the prisoner alleges that the facility has completely denied him treatment). See Part B(3) of Chapter 23 of the *JLM*, "Your Right to Adequate Medical Care," for more information on delayed or denied medical treatment.

57. See, e.g., *Varnado v. Lynaugh*, 920 F.2d 320, 321 (5th Cir. 1991) (finding prisoner's disagreement with medical treatment did not rise to the level of violating his rights); *Smith v. Marcantonio*, 910 F.2d 500, 502 (8th Cir. 1990) (granting doctor immunity where prisoner disagreed with the doctor-ordered treatment).

58. *Estelle v. Gamble*, 429 U.S. 97, 104, 97 S. Ct. 285, 291, 50 L. Ed. 2d 251, 260 (1976) (citing *Gregg v. Georgia*, 428 U.S. 153, 173, 96 S. Ct. 2909, 2925, 49 L. Ed. 2d 859, 875 (1976)) ("We therefore conclude that deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain . . . proscribed by the [8th] Amendment.'").

59. See *Farmer v. Brennan*, 511 U.S. 825, 834, 114 S. Ct. 1970, 1977, 128 L. Ed. 2d 811, 823 (1994) ("[A] prison official may be held liable under the [8th] Amendment . . . only if he knows that inmates face a substantial risk of serious harm and disregards that risk . . .").

60. *Wilson v. Seiter*, 501 U.S. 294, 298–99, 111 S. Ct. 2321, 2324–25, 115 L. Ed. 2d. 271, 278–80 (1991).

61. *Helling v. McKinney*, 509 U.S. 25, 32–33, 113 S.Ct. 2475, 2480–81, 125 L.Ed.2d 22, 30–31 (1993) (holding that prisoners may complain about both current harm and "very likely" future harm).

62. *Chance v. Armstrong*, 143 F.3d 698, 702 (2d Cir.1998).

63. *Smith v. Carpenter*, 316 F.3d 178, 185 (2d Cir.2003) ("[I]t's the particular risk of harm faced by a prisoner due to the challenged deprivation of care, rather than the severity of the prisoner's underlying medical condition . . . that is relevant for Eighth Amendment purposes.").

Amendment violation is that the prison official acted with “deliberate indifference” to your medical or mental health needs.⁶⁴ These requirements are discussed in more detail below.

(a) You Must Satisfy the Deliberate Indifference Standard

The Supreme Court has decided that a prison official shows deliberate indifference when he “knows of and disregards an excessive risk to inmate health or safety.”⁶⁵ For example, a prisoner might submit evidence that prison officials “refused to treat him, ignored his complaints, intentionally treated him incorrectly, or engaged in any similar conduct that would clearly evince a wanton disregard for any serious medical needs.”⁶⁶

A prison official can be deliberately indifferent by: (1) taking action (doing something), or (2) refusing to act (not doing something).⁶⁷ An example of an act showing deliberate indifference might be *knowingly* stopping hormone treatments for a prisoner with Gender Identity Disorder. An example of a deliberate omission might be refusing to provide essential medication⁶⁸ or refusing to treat a prisoner’s cavity.⁶⁹

Although the deliberate indifference standard has developed in the context of serious medical care, it also applies to medically necessary treatment for mental illnesses.⁷⁰ Deliberate indifference to the serious mental health needs of a prisoner violates the Eighth Amendment just as much as deliberate indifference to physical medical needs.⁷¹

Many deliberate indifference claims about inadequate prison mental health care argue that the facility’s mental health staff is too small to meet prisoners’ needs or that the staff members are unqualified.⁷² Several

64. *Estelle v. Gamble*, 429 U.S. 97, 106, 97 S. Ct. 285, 292, 50 L. Ed. 2d 251, 261 (1976) (“[A] prisoner must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs.”).

65. *Farmer v. Brennan*, 511 U.S. 825, 837, 114 S. Ct. 1970, 1979, 128 L. Ed. 2d 811, 825 (1994) (finding a violation only if an official knows of facts that demonstrate excessive risk to a prisoner’s health and actually draws an inference of risk based on those facts, but then disregards that risk).

66. *Johnson v. Treen*, 759 F.2d 1236, 1238 (5th Cir. 1985) (refusing to hold for plaintiff where he did not present evidence of deliberate indifference).

67. *Estelle v. Gamble*, 429 U.S. 97, 106, 97 S. Ct. 285, 292, 50 L. Ed. 2d 251, 261 (1976) (“In order to state a cognizable claim [of deliberate indifference], a prisoner must allege *acts or omissions* sufficiently harmful to evidence deliberate indifference to serious medical needs.”) (emphasis added).

68. *McElligott v. Foley*, 182 F.3d 1248, 1257 (11th Cir. 1999) (holding that a jury could find that the medication provided to a prisoner was so cursory as to amount to a deliberate indifference to the prisoners’ serious medical needs); *see also West v. Keve*, 571 F.2d 158, 162 (3rd Cir. 1978) (finding that a prisoner’s post-operative treatment, which consisted of aspirin but no prescription-strength medication, may constitute deliberate indifference to his serious medical needs).

69. *Harrison v. Barkley*, 219 F.3d 132, 137 (2d Cir. 2000) (holding that prison officials’ refusal to treat cavity in one of prisoner’s teeth unless he consented to extraction of another tooth constituted deliberate indifference).

70. *See Torraco v. Maloney*, 923 F.2d 231, 234 (1st Cir. 1991) (reiterating that there is no underlying distinction between medical care for physical and psychological ills); *Belcher v. City of Foley*, 30 F.3d 1390, 1396 (11th Cir. 1994) (holding that the care for treatment “encompasses a right to psychiatric and mental health care”).

71. *See, e.g., Gibson v. Cnty. of Washoe*, 290 F.3d 1175, 1187 (9th Cir. 2002) (“The[] duty to provide medical care encompasses detainees’ psychiatric needs.”); *Partridge v. Two Unknown Police Officers*, 791 F.2d 1182, 1187 (5th Cir. 1986) (“A serious medical need may exist for psychological or psychiatric treatment, just as it may exist for physical ills.”).

72. *Greason v. Kemp*, 891 F.2d 829, 837–40 (11th Cir. 1990) (stating that prison clinic director, prison system mental health director, and prison warden could be found deliberately indifferent based on their knowing toleration of a “clearly inadequate” mental health staff); *Waldrop v. Evans*, 871 F.2d 1030, 1036 (11th Cir. 1989) (finding that doctor’s failure to refer a suicidal prisoner to a psychiatrist could constitute deliberate indifference); *Cabrales v. Cnty. of L.A.*, 864 F.2d 1454, 1461 (9th Cir. 1988) (deliberate indifference was established where mental health staff could only spend “minutes per month” with disturbed prisoners), *vacated*, 490 U.S. 1087, 109 S. Ct. 2425, 104 L. Ed. 2d 982 (1989), *reinstated*, 886 F.2d 235, 236 (9th Cir. 1989); *Inmates of Occoquan v. Barry*, 717 F. Supp. 854, 868 (D.D.C. 1989) (“woefully short” mental health staffing supported a finding of unconstitutionality), *rev’d in part sub nom. Brogdsdale v. Barry*, 926 F.2d 1184, 1191 (D.C. Cir. 1991) (finding qualified immunity protected mayor and correctional officials from liability, since they could not reasonably have known their conduct in permitting overcrowding violated prisoners’ rights); *Tillery v. Owens*, 719 F. Supp. 1256, 1302–03 (W.D. Pa. 1989) (stating that “gross staffing deficiencies” and lack of mental health training of nurses supported finding of deliberate indifference), *aff’d*, 907 F.2d 418 (3d Cir. 1990); *Langley v. Coughlin*, 715 F. Supp. 522, 539–40 (S.D.N.Y. 1989), *appeal dismissed*, 888 F.2d 252 (2d Cir. 1989) (use of untrained or unqualified personnel with inadequate supervision by psychiatrist supported constitutional claims); *Inmates of Allegheny Cnty. Jail v. Peirce*, 487 F. Supp. 638, 643 (W.D. Pa. 1980) (holding that systemic deficiencies in

courts have concluded that the lack of an on-site psychiatrist in a large prison is unconstitutional.⁷³ The failure to train correctional staff to work with prisoners with mental illness can also constitute deliberate indifference.⁷⁴

Among the deficiencies in prison mental health care that courts have held actionable are the lack of or inadequate mental health screening on intake,⁷⁵ the failure to follow up with prisoners who have known or suspected mental disorders,⁷⁶ the failure to hospitalize prisoners whose conditions cannot adequately be treated in prison,⁷⁷ gross departures from professional standards in treatment,⁷⁸ and the failure to separate prisoners with severe mental illness from those without mental illness.⁷⁹ Mixing prisoners with mental

mental health staffing can be held to constitute deliberate indifference); *Ruiz v. Estelle*, 503 F. Supp. 1265, 1339 (S.D. Tex. 1980) (setting forth six components of a minimally adequate mental health treatment program), *aff'd in part and rev'd in part on other grounds*, 679 F.2d 1115 (5th Cir. 1982), *amended in part and vacated in part on other grounds*, 688 F.2d 266 (5th Cir. 1982).

73. *Balla v. Idaho State Bd. of Corr.*, 595 F. Supp. 1558, 1577 (D. Idaho 1984) (“There must be at least the equivalent of one full-time psychiatrist to provide treatment to those inmates capable of deriving benefit and to establish written procedures whereby inmates are analyzed and their progress monitored.”).

74. *Langley v. Coughlin*, 709 F. Supp. 482, 483–85 (S.D.N.Y. 1989) (finding deliberate indifference where, among other reasons, officers lacked the training necessary to address issues of abuse, stress, and unsanitary living conditions); *Kendrick v. Bland*, 541 F. Supp. 21, 25–26 (W.D. Ky. 1981) (holding that incidents arising from failure to adequately train staff constituted cruel and unusual punishment); *see also Sharpe v. City of Lewisburg*, 677 F. Supp. 1362, 1367–68 (M.D. Tenn. 1988) (upholding jury verdict based on city and county’s failure to train police to deal with mentally disturbed individuals).

75. *Ruiz v. Estelle*, 503 F. Supp. 1265, 1339 (S.D. Tex. 1980), *aff'd in part and rev'd in part on other grounds*, 679 F.2d 1115 (5th Cir. 1982), *amended in part and vacated in part on other grounds*, 688 F.2d 266 (5th Cir. 1982); *see also Inmates of Occoquan v. Barry*, 717 F. Supp. 854, 868 (D.D.C. 1989), *rev'd in part sub nom. Brogsdale v. Barry*, 926 F.2d 1184, 1191 (D.C. Cir. 1991) (finding qualified immunity protected mayor and correctional officials from liability, since they could not reasonably have known their conduct in permitting overcrowding violated prisoners’ rights); *Balla v. Idaho State Bd. of Corr.*, 595 F. Supp. 1558, 1577 (D. Idaho 1984) (adopting the *Ruiz v. Estelle* elements of minimally adequate care, which include screening on intake); *Inmates of Allegheny Cnty. Jail v. Peirce*, 487 F. Supp. 638, 642–44 (W.D. Pa. 1980); *Pugh v. Locke*, 406 F. Supp. 318, 324 (M.D. Ala. 1976), *aff'd in part and modified sub nom. Newman v. Alabama*, 559 F.2d 283 (5th Cir. 1977), *rev'd in part sub nom. Alabama v. Pugh*, 438 U.S. 781, 98 S. Ct. 3057, 57 L. Ed. 2d 1114 (1978).

76. *Clark-Murphy v. Foreback*, 439 F.3d 280, 289–92 (6th Cir. 2006) (holding certain staff members were not entitled to qualified immunity for failing to get psychiatric assistance for an obviously psychotic prisoner); *see also Terry ex rel. Terry v. Hill*, 232 F. Supp. 2d 934, 943–44 (E.D. Ark. 2002) (holding lengthy delays in transferring detainees with mental illness to mental hospital were unconstitutional); *Arnold ex rel. H.B. v. Lewis*, 803 F. Supp. 246, 257 (D. Ariz. 1992) (finding 8th Amendment violation in part because of the lack of an adequate system for referring prisoners with behavioral problems to psychiatric staff).

77. *Arnold v. Lewis*, 803 F. Supp. 246, 257–58 (D. Ariz. 1992) (holding that prison officials’ actions constituted deliberate indifference to serious medical needs which violated the 8th Amendment).

78. *Smith v. Jenkins*, 919 F.2d 90, 93 (8th Cir. 1990) (holding that care which “so deviated from professional standards that it amounted to deliberate indifference” would violate the Constitution); *see also Greason v. Kemp*, 891 F.2d 829, 835 (11th Cir. 1990) (“grossly inadequate psychiatric care” can be deliberate indifference); *Waldrop v. Evans*, 871 F.2d 1030, 1033–35 (11th Cir. 1989) (finding that “grossly incompetent or inadequate care”—here, that prisoner’s medication was discontinued abruptly and without reason—can constitute deliberate indifference); *Langley v. Coughlin*, 715 F. Supp. 522, 540–41 (S.D.N.Y. 1989) (stating that “consistent and repeated failures . . . over an extended period of time” could establish deliberate indifference).

79. *Cortes-Quinones v. Jimenez-Nettleship*, 842 F.2d 556, 560–61 (1st Cir. 1988) (holding that transferring a prisoner with mental illness to general population in a crowded jail with no psychiatric facilities constituted deliberate indifference); *see also Inmates of Occoquan v. Barry*, 717 F. Supp. 854, 868 (D.D.C. 1989) (stating that prisoners with mental health problems must be placed in a separate facility and not in the administrative/punitive segregation area), *rev'd in part sub nom. Brogsdale v. Barry*, 926 F.2d 1184, 1191 (D.C. Cir. 1991) (finding qualified immunity protected mayor and correctional officials from liability); *Langley v. Coughlin*, 709 F. Supp. 482, 484–85 (S.D.N.Y. 1989) (placement of prisoners with mental illness in punitive segregation resulted in conditions that might violate the 8th Amendment), *appeal dismissed*, 888 F.2d 252 (2d Cir. 1989); *Tillery v. Owens*, 719 F. Supp. 1256, 1303–04 (W.D. Pa. 1989) (holding that the Constitution requires separate unit for those with severe mental illness, i.e., those who will not take their medication regularly, maintain normal hygienic practices, accept dietary restrictions, or report symptoms of illness), *aff'd*, 907 F.2d 418 (3d Cir. 1990); *Finney v. Mabry*, 534 F. Supp. 1026, 1036–37 (E.D. Ark. 1982) (finding that the Constitution requires separate facility for the “most severely mentally disturbed” prisoners); *Inmates of Allegheny Cnty. Jail v. Peirce*, 487 F. Supp. 638, 644 (W.D. Pa. 1980) (requiring that jail must establish a separate area for prisoners who “are seriously disturbed and require observation, protection, or restricted confinement”); *see also Morales Feliciano v. Hernandez Colon*, 697 F. Supp. 37, 48 (D.P.R. 1988) (stating that prisoners with mental illness may not be housed in a jail for more than 24 hours), *aff'd on other grounds sub nom. Morales-Feliciano v. Parole Bd. of P.R.*, 887

illness with those who do not have mental illnesses might violate the rights of both groups.⁸⁰ Courts have also held that housing prisoners with mental illness under conditions of extreme isolation is unconstitutional.⁸¹ Another recurring situation is stopping psychiatric medications without reason, often with disastrous results.⁸²

In a landmark decision in 2011, *Brown v. Plata*, the Supreme Court held that the mental health care provided in California prisons was inadequate and violated the Eighth Amendment.⁸³ However, the Supreme Court did not consider whether any *particular* instance of delay or deficiency in medical treatment would itself violate the Constitution.⁸⁴ Instead, the Court looked at the system-wide problems that as a whole subjected prisoners to “substantial risk of serious harm.”⁸⁵ Regardless, the elements considered by the Court included similar factors such as not enough staff, not enough space for the staff to perform their jobs, delays in treatment, and “unsafe and unsanitary living conditions that hamper effective delivery of medical care and mental health care.”⁸⁶

It is important to remember that the deliberate indifference standard applies to a *significant denial or delay*⁸⁷ of adequate medical care. If you feel that you have been denied mental health treatment, or if you feel that it has been unnecessarily delayed, and you wish to claim deliberate indifference, you must:

F.2d 1 (1st Cir. 1989); *Delgado v. Cady*, 576 F. Supp. 1446, 1452, 1456 (E.D. Wis. 1983) (upholding the housing of psychotic prisoners in segregation unit and finding unconstitutional the coerced double celling of suicidal prisoners with other prisoners: “[I]t is cruel and unusual punishment to *force* an inmate to share a cell with a suicidal person solely to act as a prophylactic agent. It is the duty of the staff and not the inmates to provide surveillance over suicidal inmates.”).

80. *DeMallory v. Cullen*, 855 F.2d 442, 444–46 (7th Cir. 1988) (finding the allegation of a prisoner without mental illness that he was knowingly housed in a high-security unit with prisoners with mental illness, where those mentally ill prisoners caused filthy and dangerous conditions, stated an 8th Amendment claim against prison officials); *Nolley v. Cnty. of Erie*, 776 F. Supp. 715, 738 (W.D.N.Y. 1991) (finding that the automatic segregation of an HIV-positive prisoner with prisoners with mental illness violated the prisoner’s due process rights because “the stigma associated with being involuntarily placed in [the segregated ward, which was] known to house inmates who were . . . psychologically unstable [in addition to HIV-positive] . . . could have engendered serious adverse consequences for her” and, therefore, her confinement “was qualitatively different from the punishment normally suffered by a person convicted of a crime”), *rev’d in part on other grounds*, 798 F. Supp. 123 (W.D.N.Y. 1992); *Tillery v. Owens*, 719 F. Supp. 1256, 1303 (W.D. Pa. 1989) (citing increased tension for prisoners without mental illness and danger of retaliation against those with mental illness), *aff’d*, 907 F.2d 418 (3d Cir. 1990); *Langley v. Coughlin*, 709 F. Supp. 482, 484–85 (S.D.N.Y. 1989), *appeal dismissed*, 888 F.2d 252 (2d Cir. 1989); *Langley v. Coughlin*, 715 F. Supp. 522, 543–44 (S.D.N.Y. 1988); *see* *Hassine v. Jeffes*, 846 F.2d 169, 178 n.5 (3d Cir. 1988) (holding prisoners could seek relief from the consequences of other prisoners’ failure to receive adequate mental health services).

81. *Jones’El v. Berge*, 164 F. Supp. 2d 1096, 1125–26 (W.D. Wis. 2001) (granting preliminary injunction requiring removal of prisoners with serious mental illness from “supermax” prison, where inmates spend all but four hours per week in their cells); *Madrid v. Gomez*, 889 F. Supp. 1146, 1265–66 (N.D. Cal. 1995) (holding keeping prisoners with mental illness or those at a high risk of suffering injury to mental health in Pelican Bay isolation unit unconstitutional), *rev’d in part on other grounds*, 190 F.3d 990 (9th Cir. 1999). *But see* *Scarver v. Litscher*, 434 F.3d 972, 976–77 (7th Cir. 2006) (holding that prison officials who were not shown to have known that keeping a psychotic prisoner under conditions of extreme isolation and heat would aggravate his mental illness could not be found deliberately indifferent).

82. *See* *Greason v. Kemp*, 891 F.2d 829, 831–33 (11th Cir. 1990) (holding the law protects prisoners from deliberate indifference to their psychiatric needs in case in which prisoner killed himself); *see also* *Waldrop v. Evans*, 871 F.2d 1030, 1032 (11th Cir. 1989) (holding there was a factual issue as to whether prison psychiatrist acted with deliberate indifference by withholding depression medication where prisoner blinded and castrated himself); *Wakefield v. Thompson*, 177 F.3d 1160, 1164 (9th Cir. 1999) (holding 8th Amendment requires prison officials to provide prisoners with mental illness with a supply of medication upon release). *But see* *Campbell v. Sikes*, 169 F.3d 1353, 1367–68 (11th Cir. 1999) (holding discontinuation of medication by doctor who misdiagnosed a prisoner, having not obtained her medical records but having read a summary, was not deliberate indifference).

83. *Brown v. Plata*, 131 S. Ct. 1910, 1947, 179 L.Ed.2d 969, 1007–08 (2011) (holding California’s medical and mental health care fell below standard of decency required by 8th Amendment and that no remedy could be achieved without a reduction in overcrowding).

84. *Brown v. Plata*, 131 S. Ct. 1910, 1926, 179 L.Ed.2d 969, 984 (2011) (holding California had violated 8th Amendment with respect to entire class of mentally ill prisoners in California and entire class of California prisoners with serious medical conditions).

85. *Brown v. Plata*, 131 S. Ct. 1910, 1926, 179 L.Ed.2d 969, 984 (2011).

86. *Brown v. Plata*, 131 S. Ct. 1910 at 1932–34, 179 L.Ed.2d 969, 991–993 (2011).

87. *See, e.g.,* *Monmouth Cnty. Corr. Inst. Inmates v. Lanzaro*, 834 F.2d 326, 346–47 (3d Cir. 1987) (holding that prison officials are deliberately indifferent if they delay care “in order to make [you] suffer,” or if they “erect arbitrary and burdensome procedures that result in interminable delays” to care) (internal citations omitted).

- (1) state facts that are sufficient to allege a serious medical need for which medical care has not been provided; and
- (2) assert that a prison official must have been aware of the need for medical care, or at least of facts which might have led the official to believe there was a need for medical care.⁸⁸

(i) You Must Show Serious Medical Need

The first part of your deliberate indifference claim must include facts that show you had a serious medical need for which you did not receive treatment. A medical need is “serious” when there is a substantial risk that you will suffer serious harm if you do not receive adequate treatment.⁸⁹ Courts have also defined a “serious medical need” as one that a doctor has diagnosed as requiring treatment or one that is so obvious that a non-doctor could easily recognize the need.⁹⁰ For example, where a prisoner has attempted suicide, the court has found a serious medical need.⁹¹

(ii) You Must Show Actual Knowledge of Your Serious Medical Need

For the second part of your deliberate indifference claim, you must show that prison officials *actually knew* you needed mental health care but still failed to treat you.⁹² In *Farmer v. Brennan*, the Supreme Court explained a prison official “knows” of a risk when he is not only aware of facts that would lead to the conclusion that the prisoner faces a substantial risk of serious harm but also actually comes to that conclusion.⁹³ In other words, this part of the deliberate indifference test is subjective (from the point of view of that particular prison official); he must actually believe you will suffer some serious harm before a court will find he had knowledge of the risk.⁹⁴ But, if the risk is *so* obvious, a jury can assume the prison official knew of the risk. For example, the *Farmer* Court noted that if a plaintiff shows the risk of prisoner attacks was “longstanding, pervasive, well-documented, or expressly noted by prison officials in the past, and the circumstances suggest that the defendant-official being sued had been exposed to information concerning the risk and thus ‘must have known’ about it,” that could be enough to show actual knowledge of the risk.⁹⁵

(b) What *Does Not* Count as Deliberate Indifference?

Courts will refuse to find deliberate indifference in some situations. The deliberate indifference standard is meant to address “unnecessary and wanton infliction of pain.”⁹⁶ Acts or omissions that are not purposeful, or where the prison officials had no reason to know you might suffer serious harm, will not satisfy the standard.⁹⁷ A complaint alleging inadequate psychiatric care because officials did not pursue treatment you

88. *Farmer v. Brennan*, 511 U.S. 825, 845–46, 114 S. Ct. 1970, 1983–84, 128 L.Ed.2d 811, 830–31 (1994).

89. *Harrison v. Barkley*, 219 F.3d 132, 136–137 (2d Cir. 2000) (holding that prison officials are deliberately indifferent when they refuse to treat a cavity in a prisoner’s tooth unless the prisoner consents to the extraction of another tooth which he wishes to keep).

90. *See, e.g.*, *Gaudreault v. Municipality of Salem, Mass.*, 923 F.2d 203, 208 (1st Cir. 1990).

91. *See, e.g.*, *Perez v. Oakland Cnty.*, 466 F.3d 416, 423–25 (6th Cir. 2006) (finding that the prisoner’s suicide attempts raised a genuine issue as to whether the treating doctor had been deliberately indifferent to a serious medical need); *see also Sanville v. McCaughtry*, 266 F.3d 724, 733 (7th Cir. 2001) (holding that the “serious need” element was met where the prisoner suffered from a mental illness that led him to commit suicide, and finding that mental illness more generally poses a serious medical need).

92. *Farmer v. Brennan*, 511 U.S. 825, 837, 114 S. Ct. 1970, 1979, 128 L.Ed.2d 811, 825 (1994) (“[A] prison official cannot be found liable under the [8th] Amendment . . . unless the official knows of and disregards an excessive risk to inmate health or safety.”).

93. *Farmer v. Brennan*, 511 U.S. 825, 838, 114 S. Ct. 1970, 1979, 128 L. Ed. 2d 811, 825 (1994) (“[A]n official’s failure to alleviate a significant risk that he should have perceived but did not, while no cause for commendation, cannot under our cases be condemned as the infliction of punishment.”).

94. *Farmer v. Brennan*, 511 U.S. 825, 837, 114 S. Ct. 1970, 1979, 128 L. Ed. 2d 811, 825 (1994) (“[T]he official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference.”).

95. *Farmer v. Brennan*, 511 U.S. 825, 842, 114 S. Ct. 1970, 1981, 128 L. Ed. 2d 811, 829 (1994) (“[A] factfinder may conclude that a prison official knew of a substantial risk from the very fact that the risk was obvious.”).

96. *Estelle v. Gamble*, 429 U.S. 97, 104, 97 S. Ct. 285, 291, 50 L. Ed. 2d 251, 260 (1976) (quoting *Gregg v. Georgia*, 428 U.S. 153, 173, 96 S. Ct. 2909, 2925, 49 L. Ed. 2d 859, 875 (1976)).

97. *Estelle v. Gamble*, 429 U.S. 97, 105, 97 S. Ct. 285, 291, 50 L. Ed. 2d 251, 260 (1976) (“An accident, although it may produce added anguish, is not on that basis alone to be characterized as wanton infliction of unnecessary pain.”).

would have chosen will not meet the deliberate indifference standard.⁹⁸ This is because prison officials have the right to exercise discretion in deciding what treatment is adequate for a serious medical need. In view of this discretion, courts will not find deliberate indifference when prison officials were merely negligent,⁹⁹ made a mistake, or had a difference of opinion regarding adequate medical care.¹⁰⁰

Similarly, a complaint based on malpractice (improper or negligent treatment by a doctor) or misdiagnosis (a medical mistake) will not meet the high deliberate indifference standard.¹⁰¹ Thus, “a complaint that a [doctor] has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment.”¹⁰² You may instead be able to file a medical malpractice claim alleging negligence. See *JLM*, Chapter 17, “The State’s Duty to Protect You and Your Property: Tort Actions,” for more information about negligence and how to file a tort claim.

(c) How to Bring a Deliberate Indifference Claim Under Section 1983

If you think your case meets the legal standard, you may bring a claim of deliberate indifference to your personal health and wellbeing under 42 U.S.C. § 1983 (“Section 1983”). You can use Section 1983 to sue cities and local governments for constitutional violations, including, for instance, the government body controlling the institution where the violation took place.¹⁰³ For detailed information on bringing a claim under this law, please read Chapter 16 of the *JLM*, “Using 42 U.S.C. § 1983 and 28 U.S.C. § 1331 to Obtain Relief from Violations of Federal Law.” If you plan to file your suit in federal court, you should also read Chapter 14 of the *JLM*, “The Prison Litigation Reform Act.”

You can also use Section 1983 to challenge inadequate prison medical care as an Eighth Amendment violation.¹⁰⁴ To prove inadequacy, you must show: (1) you have a mental health need that is serious enough that denial of treatment violates the Constitution; and (2) the prison was “deliberately indifferent” to this serious mental health need.¹⁰⁵ You must show the policy or custom at the prison directly caused the constitutional violation.

In the context of a mental health complaint, you should keep a few things in mind. First, if you believe you suffer from a mental illness and want medical treatment, you should tell prison officials. If you are afraid you will hurt yourself or other people, you should tell prison officials that too. Prison officials can only be held accountable under the deliberate indifference standard if they have actual knowledge of, or some other reason to believe, that you have a mental illness that requires treatment.¹⁰⁶

C. What to Do if You Receive Unwanted Treatment

While the previous Parts of this Chapter focused on your right to receive medical treatment for your mental illness, this Part discusses treatment that you do not want. You should also look at Part C(5)(a) and (E)(1) of Chapter 23 of the *JLM*, “Your Right to Adequate Medical Care.”

98. See *United States v. DeCologero*, 821 F.2d 39, 42 (1st Cir. 1987) (“[T]hough it is plain that an inmate deserves adequate medical care, he cannot insist that his institutional host provide him with the most sophisticated care that money can buy.”).

99. *Farmer v. Brennan*, 511 U.S. 825, 835, 114 S. Ct. 1970, 1978, 128 L. Ed. 2d 811, 824 (1994) (“[D]eliberate indifference entails something more than mere negligence, [but] the cases are also clear that it is satisfied by something less than acts or omissions for the very purpose of causing harm or with knowledge that harm will result.”).

100. See *Banuelos v. McFarland*, 41 F.3d 232, 235 (5th Cir. 1995) (finding that, except in exceptional circumstances, a prisoner’s disagreement with his medical treatment is not enough for a deliberate indifference claim).

101. See, e.g., *Domino v. Tex. Dept. of Crim. Justice*, 239 F.3d 752, 756 (5th Cir. 2001) (“It is indisputable that an incorrect diagnosis by prison medical personnel does not suffice to state a claim for deliberate indifference.”); *U.S. ex rel. Hyde v. McGinnis*, 429 F.2d 864, 867 (2d Cir. 1970) (finding that the “faulty judgment on the part of the prison doctor in choosing to administer one form of the same medication instead of another” is not deliberate indifference).

102. *Estelle v. Gamble*, 429 U.S. 97, 106, 97 S. Ct. 285, 292, 50 L. Ed. 2d 251, 261 (1976).

103. See *Monell v. Dept. of Soc. Servs.*, 436 U.S. 658, 694–95, 98 S. Ct. 2018, 2037–38, 56 L. Ed. 2d 611, 638 (1978) (holding that “when execution of a government’s policy or custom . . . inflicts the injury . . . the government as an entity is responsible under § 1983”).

104. *Gil v. Vogilano*, 131 F. Supp. 2d 486, 492–93 (S.D.N.Y. 2001) (holding that a prisoner who was denied access to treatment despite repeated requests and obvious pain had stated a valid claim under § 1983).

105. *Farmer v. Brennan*, 511 U.S. 825, 834, 114 S. Ct. 1970, 1977, 128 L. Ed. 2d 811, 823 (1994).

106. *R.T. v. Gross*, 298 F. Supp. 2d 289, 297–99 (N.D.N.Y. 2003) (finding that prison officials who did not believe an inmate’s symptoms were serious could not be deliberately indifferent).

1. You Have the Right to Informed Consent

You have a right to receive enough information about a potential medical treatment to make a reasonable decision whether to try the treatment.¹⁰⁷ After you learn about the treatment, you can choose whether or not to give permission for the doctor to treat you.¹⁰⁸ This right is known as “informed consent,” and it means that you have the right to learn about all treatment options and the risks associated with each option *before* you allow mental health doctors or other caregivers to treat you. Informed consent is a way of making sure that you understand, before you start the treatment, what a treatment includes, and what effects it may have on you.¹⁰⁹ Informed consent is an important part of your right to refuse treatment.¹¹⁰ If you do not give your consent, you are refusing treatment; however, informed consent does have some limits. If you pose a danger to yourself or others, the doctor may be able to treat you in a manner that the doctor believes will immediately help and benefit you.¹¹¹

Doctors have a duty to obtain informed consent from patients, including prisoners,¹¹² before treating them. A doctor must almost always inform you of options and risks when there is penetration of the body (such as with a scalpel, needle, or pill).¹¹³ Also, when the direct side effects of treatment are painful or serious, your informed consent is usually required.¹¹⁴ Some states specifically require by law that doctors consider alternative forms of care,¹¹⁵ and inform you of the procedures and risks associated with each. You should research what the law is in your state.

You should carefully consider whether or not to give your consent to receive treatment. State law varies as to whether informed consent for one treatment will extend to all risks associated with a particular procedure or any additional procedures that a doctor believes will help you. In New York, if you have not consented to a previous treatment, doctors cannot imply consent to a separate course of treatment, even in

107. *Pabon v. Wright*, 459 F.3d 241, 246 (2d Cir. 2006) (holding that since prisoners have a right to refuse treatment, they have a right to get enough information about the treatment “to make an informed decision” whether to accept or refuse it). To prove that officials violated this right, you must show: (1) government officials did not tell you enough about the treatment for you to make an informed decision, (2) because you couldn’t make an informed decision, you were given treatment that you would have refused if you had been informed, and (3) the prison officials acted with deliberate indifference to your right to be informed.

108. *See In re Ingram*, 689 P.2d 1363, 1368, 102 Wash. 2d 827, 836 (1984) (en banc) (finding a person has a right to choose one medical treatment over another, or to refuse treatment, even if the treatment she refuses is more likely to cure her); *Schloendorff v. Society of N.Y. Hospital* 211 N.Y. 125, 130 105 N.E. 92, 93 (1914) (“Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient’s consent commits an assault.”), *superseded by statute on other grounds*; *Superintendent of Belchertown State Sch. v. Saikewicz*, 373 Mass. 728, 738–39, 370 N.E.2d 417, 424 (1977) (finding that both the Constitution and other laws protect a person from “nonconsensual invasion of his bodily integrity.”).

109. *Zebarth v. Swedish Hosp. Med. Ctr.*, 499 P.2d 1, 8, 81 Wash. 2d 12, 23 (1972) (en banc) (defining “informed consent” as enough information to let a patient decide his treatment “by reasonably balancing the probable risks against the probable benefits”); *see also Clarkson v. Coughlin*, 898 F. Supp. 1019, 1048 (S.D.N.Y. 1995) (referring to New York’s statutory definition of informed consent, which requires the medical professional to tell the patient about “such alternatives [to the treatment or medication in question] and the reasonably foreseeable risks and benefits involved as a reasonable [medical or dental] ... practitioner under similar circumstances would have disclosed in a manner permitting the patient to make a knowledgeable evaluation”) (citing N.Y. Pub. Health Law § 2805-d(1) (McKinney 2013)).

110. *Pabon v. Wright*, 459 F.3d 241, 246 (2d Cir. 2006) (holding prisoners’ constitutionally protected liberty interest in refusing medical care encompasses a right to receive information that would enable a reasonable person to decide).

111. *See Washington v. Harper*, 494 U.S. 210, 225–26, 110 S. Ct. 1028, 1039, 108 L. Ed. 2d 178, 201 (1990) (holding that in order to protect other prisoners, a prison can give anti-psychotic medication against a prisoner’s will).

112. *See U.S. ex rel. Schuster v. Herold*, 410 F.2d 1071, 1084 (2d Cir. 1969) (finding a constitutional violation of prisoner’s rights where he received different procedural treatment than civilians receive).

113. *See Cruzan v. Dir. of Health*, 497 U.S. 261, 269, 110 S. Ct. 2841, 2846, 111 L. Ed. 2d 224, 236 (1990) (“[T]his notion of bodily integrity has been embodied in the requirement that informed consent is generally required for medical treatment.”); *See also* N.Y. Pub. Health Law § 2805-d(1) (McKinney 2013); N.Y. Pub. Health Law § 2805-d (McKinney 2013).

114. *See, e.g., Clites v. State*, 322 N.W.2d 917, 922–23 (Iowa Ct. App. 1982) (en banc) (rejecting administration of “major tranquilizers” to patient with a mental illness without consent where the medical industry standard required written consent from patient or guardian).

115. N.Y. Correct. Law §§ 402(2) (McKinney 2013) (stating that before committing a prisoner, a doctor must “consider alternative forms of care and treatment available”); *see also Cobbs v. Grant*, 502 P.2d 1, 9–10, 8 Cal. 3d 229, 242–43 (1972) (finding doctors must reasonably disclose alternatives to a proposed treatment plan and the risks of any treatment).

an emergency.¹¹⁶ The rule in California is that consent to a previous treatment does not mean consent to another course of treatment; there, a court held that a prisoner who consented to shock treatment did not necessarily consent to administration of drugs that produced nightmares.¹¹⁷

2. Medication Over Prisoner's Objection

Medication is one form of treatment. Prisoners have a limited right to refuse antipsychotic or psychotropic drugs.¹¹⁸ Such medications help cure certain symptoms of mental illness but also alter a person's perception, emotions, or behavior. For example, psychotropic drugs can have serious side effects, such as nightmares and muscle tics (sudden movements). The law provides protection against the unwanted use of serious drugs by giving prisoners the right to refuse treatments that interfere to a great degree with the body. However, this right is not absolute—there are some circumstances when medication can be administered, even over your objection.¹¹⁹

(a) Your Right to Refuse Medication Under the Due Process Clause

Under the Due Process Clause of the U.S. Constitution, “no State shall ... deprive any person of life, liberty, or property, without due process of law.”¹²⁰ Some deprivations are so important that the Constitution requires states to establish processes to ensure that you are not deprived unfairly. For example, in *Vitek v. Jones*, the Supreme Court found that characterizing a prisoner as mentally ill and moving him to a psychiatric hospital were such serious (“grievous”) losses that the State was required to have procedural protections in place to make sure that the loss was fair.¹²¹ These losses included the harm to the prisoner's reputation and the change in conditions of confinement.¹²²

Similarly, before the State can force you to take medication, it must have procedural protections in place to make sure you are not receiving the medication randomly or unfairly. You must receive procedures, including notice and a hearing, before you can be involuntarily medicated.¹²³ A decision to treat you with drugs triggers procedural due process protections because drugs can produce serious and irreversible side effects¹²⁴ that represent a significant State intrusion into your body.¹²⁵

116. *In re Storar*, 52 N.Y.2d 363, 376, 420 N.E.2d 64, 70, 438 N.Y.S.2d 266, 272 (1981) (finding that “[t]he basic right of a patient to control the course of his medical treatment has been recognized”), *superseded by statute on other grounds*.

117. *Mackey v. Procunier*, 477 F.2d 877, 877–79 (9th Cir. 1973).

118. *Washington v. Harper*, 494 U.S. 210, 221–23, 110 S. Ct. 1028, 1036–38, 108 L. Ed. 2d 178, 197–99 (1990) (holding antipsychotic drugs can be administered only if “a mental disorder exists which is likely to cause harm if not treated” and if one psychiatrist has prescribed and another reviewed the treatment); *Cruzan v. Dir., Mo. Dept. of Health*, 497 U.S. 261, 278, 110 S. Ct. 2841, 2851, 111 L. Ed. 2d 224, 242 (1990) (stating that “prisoners possess ‘a significant liberty interest in avoiding the unwanted administration of antipsychotic drugs under the Due Process Clause of the Fourteenth Amendment.’”) (quoting *Washington v. Harper*, 494 U.S. 210, 221–22, 110 S. Ct. 1028, 1036, 108 L. Ed. 2d 178, 198 (1990)).

119. *Washington v. Harper*, 494 U.S. 210, 227, 110 S. Ct. 1028, 1039–40, 108 L. Ed. 2d 178, 201–02 (1990) (holding that “given the requirements of the prison environment, the Due Process Clause permits the State to treat a prison inmate who has a serious mental illness with antipsychotic drugs against his will, if the inmate is dangerous to himself or others and the treatment is in the inmate's medical interest.”). The government may also medicate criminal defendants to make them competent to stand trial for certain serious charges, as long as the treatment is medically appropriate, unlikely to have serious side effects, and necessary “significantly to further important governmental trial-related interests.” *Sell v. United States*, 539 U.S. 166, 179, 123 S. Ct. 2174, 2184–2185, 156 L. Ed. 2d 197, 211 (2003); *See United States v. Baldovinos*, 434 F.3d 233, 241–42 (4th Cir. 2006) (finding that involuntarily medicating a mentally ill defendant was not in his best interests but was solely done to make him competent to stand trial, but upholding the conviction after finding that a procedural mistake did not seriously affect the fairness, integrity, or public reputation of the judicial process), *cert. denied*, 546 U.S. 1203, 126 S. Ct. 1407, 164 L. Ed. 2d 107 (2006).

120. U.S. Const. amend. XIV, § 1.

121. *Vitek v. Jones*, 445 U.S. 480, 488, 100 S. Ct. 1254, 1261, 63 L. Ed. 2d 552, 561 (1980).

122. *Vitek v. Jones*, 445 U.S. 480, 488, 100 S. Ct. 1254, 1261, 63 L. Ed. 2d 552, 561 (1980).

123. *Washington v. Harper*, 494 U.S. 210, 221–22, 110 S. Ct. 1028, 1036–37, 108 L. Ed. 2d 178, 198 (1990); *see, e.g., Mills v. Rogers*, 457 U.S. 291, 299 n.16, 102 S. Ct. 2442, 2448 n.16, 73 L. Ed. 2d 16, 23 n.16 (1982) (noting that involuntary administration of psychotropic drugs bears on liberty interests), *cert. denied*, 484 U.S. 1010, 108 S. Ct. 709, 98 L. Ed. 2d 660 (1988).

124. *Washington v. Harper*, 494 U.S. 210, 229–31, 110 S. Ct. 1028, 1041, 108 L. Ed. 2d 178, 203–04 (1990) (describing the side effects of antipsychotic drugs, including severe spasms and neurological dysfunction); *see also Mental Health Medications*, National Alliance on Mental Health <http://www.nami.org/Learn-More/Treatment/Mental-Health-Medications> (last visited Mar. 16, 2017); Nat'l Inst. of Mental Health, U.S. Dept. of Health & Human Servs.,

(b) Your Right to Refuse Medication Based on State Law

Your right to refuse medication may come not only from the Constitution, but also from state laws that specifically require procedural protections (such as notice and a hearing) before you can be forcibly medicated.¹²⁶ If your state has such a law, it must follow the procedures set out by the law.¹²⁷ If your state wishes to avoid the process that is laid out by state law, it must have a rational reason for doing so, or the avoidance will be considered a due process violation. In other words, your state must show that it has legitimate reasons, reasonably related to its interests, before it may take away an expectation that was granted through its own law.

Unless your state can show both that you have a mental illness and are dangerous,¹²⁸ or that your state's rule has so many protections that it is unlikely that you will receive medication unfairly,¹²⁹ it cannot force you to take medication without some procedural protections.

(c) Your Right to Refuse Medication Under the Eighth Amendment

In some circumstances, you also have a right to refuse medication under the Eighth Amendment, which prohibits cruel and unusual punishment.¹³⁰ Administration of drugs as a means of punishment (rather than as treatment) is unconstitutional.¹³¹

Forcible treatment with psychotropic medication that causes pain or fright can constitute cruel and unusual punishment, violating the Eighth Amendment.¹³² The district court in *Souder v. McGuire* cited cases in the Eighth and Ninth Circuits¹³³ that held that treating prisoners with drugs without consent may

Medications, (2016), available at <https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml> (last visited Mar. 16, 2017). To order National Institute of Mental Health publications, call (301) 443-4513 or (866) 615-6464 (toll-free), or (301) 443-8431 (TTY), or write to the National Institute of Mental Health, Office of Communications, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892-9663.

125. *Youngberg v. Romeo*, 457 U.S. 307, 316, 102 S. Ct. 2452, 2458, 73 L. Ed. 2d 28, 37 (1982) (“[Liberty] from bodily restraint always has been recognized as the core of the liberty protected by the Due Process Clause from arbitrary governmental action.”) (quoting *Greenholtz v. Neb. Penal Inmates*, 442 U.S. 1, 18, 99 S. Ct. 2100, 2109, 60 L. Ed. 2d 668, 682–83 (1979)); *Washington v. Harper*, 494 U.S. 210, 229, 110 S. Ct. 1028, 1041, 108 L. Ed. 2d 178, 203 (1990) (stating that “The forcible injection of medication into a non-consenting person’s body represents a substantial interference with that person’s liberty.”).

126. *See, e.g.*, Wash. Rev. Code Ann. § 71.05.215(1) (West 2008 & Supp. 2009) (“Right to Refuse Antipsychotic Medication”).

127. *Washington v. Harper*, 494 U.S. 210, 221, 110 S. Ct. 1028, 1036, 108 L. Ed. 2d 178, 198 (1990) (finding that a Washington state policy requiring a finding of mental illness and dangerousness before a prisoner can be forcibly medicated with antipsychotic drugs “creates a justifiable expectation on the part of the inmate that the drugs will not be administered unless those conditions exist”); *Vitek v. Jones*, 445 U.S. 480, 488, 100 S. Ct. 1254, 1261, 63 L. Ed. 2d 552, 561–62 (1980) (“We have repeatedly held that state statutes may create liberty interests that are entitled to the procedural protections of the Due Process Clause of the Fourteenth Amendment.”).

128. *Washington v. Harper*, 494 U.S. 210, 232–33, 110 S. Ct. 1028, 1042–43, 108 L. Ed. 2d 178, 204–05 (1990) (finding that a state policy was consistent with Due Process because review of medical treatment required asking (1) whether the prisoner had a mental illness, and (2) whether the mental illness made the prisoner a danger to himself or to others, and it required constant monitoring of drug dosage).

129. *Washington v. Harper*, 494 U.S. 210, 222, 235, 110 S. Ct. 1028, 1037, 1044, 108 L. Ed. 2d 178, 198, 207 (1990) (upholding a state policy that required psychiatric evaluation, notice, and hearing for a prisoner before forcible medication); *see also Lappe v. Loeffelholz*, 815 F.2d 1173, 1176–78 (8th Cir. 1987) (finding that prisoner’s constitutional rights were not violated by a treatment transfer where he had access to written notice, an adversarial hearing with an independent decision maker, and legal counsel).

130. U.S. Const. amend. VIII.

131. *Washington v. Harper*, 494 U.S. 210, 241, 110 S. Ct. 1028, 1047, 108 L. Ed. 2d 178, 211 (1990) (“Forced administration of antipsychotic medication may not be used as a form of punishment.”).

132. *Souder v. McGuire*, 423 F. Supp. 830, 831–32 (M.D. Pa. 1976) (“[I]nvoluntary administration of drugs which have a painful or frightening effect can amount to cruel and unusual punishment, in violation of the [8th] Amendment.”).

133. *Knecht v. Gillman*, 488 F.2d 1136, 1139–40 (8th Cir. 1973) (holding that a drug that caused prisoners to vomit for 15 minutes to an hour “can only be regarded as cruel and unusual unless the treatment is being administered to a patient who knowingly and intelligently has consented to it”); *Mackey v. Procunier*, 477 F.2d 877, 878 (9th Cir. 1973) (finding that “serious constitutional questions respecting cruel and unusual punishment or impermissible tinkering with the mental processes” could be raised where a prisoner who had consented to shock treatment was given extra drugs, without his consent, that caused fright and nightmares).

raise Eighth Amendment claims. In those cases, the courts found that drugs causing pain or fright could invade the body and mental processes to an unconstitutional degree.

While some courts have emphasized that an allegation that you were given a particular kind of medicine is not enough to prove that giving you the drug was cruel and unusual (and thus a violation of the Eighth Amendment),¹³⁴ the Supreme Court has held that states may not avoid the obligations of the Eighth Amendment just by calling a medical act a “treatment.”¹³⁵

(d) Limitations on Your Right to Refuse Medication

The right to refuse medication does not mean that the State can never medicate you against your will. Instead, it means that the State must provide a process (such as a hearing) that reduces the chance that the decision to medicate you will be random or arbitrary.

One important limitation on a prisoner’s right to refuse medication is danger or emergency. Prisons may administer psychotropic drugs over a prisoner’s objection if the prisoner poses a danger to himself or others. Receiving medication against your will is called “medication over objection.” In *Washington v. Harper*,¹³⁶ the Supreme Court upheld a policy allowing the state to medicate a prisoner without consent if a licensed psychiatrist found that the prisoner suffered from a mental disorder, and the prisoner was “gravely disabled”¹³⁷ or posed a “likelihood of serious harm”¹³⁸ to himself or others. Therefore, situations in which a prisoner presents a danger to himself or the general prison population are an exception to the right to refuse treatment. A good example is a Kansas prisoner who objected to psychotropic medication but was not allowed to refuse treatment because he had previously destroyed his prison cell and started fights with other prisoners.¹³⁹

There are a few other limitations on a prisoner’s right to refuse treatment. A prisoner may receive medication despite objections or religious beliefs if the State can prove that its interests are legitimate.¹⁴⁰ Also, the State may give drugs to a prisoner over his objections if the court feels that enough procedural protections are in place to ensure that the decision to treat with drugs was reasonable.¹⁴¹ You should also note that, in some cases, if a doctor finds that medication is necessary and in the prisoner’s medical interest, then the State does not have to grant a prisoner’s request to stop taking the drugs so that he can prove he can do without them.¹⁴²

A determination of whether the right to refuse is limited in any given case “must be defined in the context of the inmate’s confinement.”¹⁴³ This means that the court will review your current prison conditions,

134. See, e.g., *Gittlemacker v. Prasse*, 428 F.2d 1, 6 (3d Cir. 1970) (“It is only where an inmate’s complaint of improper or inadequate medical treatment depicts conduct so cruel or unusual as to approach a violation of the [8th] Amendment’s prohibition of such punishment that a colorable constitutional claim is presented.”).

135. See *Trop v. Dulles*, 356 U.S. 86, 95, 78 S. Ct. 590, 595, 2 L. Ed. 2d 630, 639 (1958) (finding that substance—not a label—determines the meaning of a statute).

136. *Washington v. Harper*, 494 U.S. 210, 110 S. Ct. 1028, 108 L. Ed. 2d 178 (1990).

137. Wash. Rev. Code Ann. § 71.05.020(17) (Supp. 2009) (defining that term as a condition resulting from a mental disorder where there is a danger of serious physical harm from inability to provide for one’s “essential human needs” like health or safety, or where there is a severe decrease in function evidenced by repeated and increasing loss of control over actions).

138. Wash. Rev. Code Ann. § 71.05.020(25) (Supp. 2009) (defining the term as a substantial risk that a person will physically harm himself, others, or property of others evidenced by threats or suicide attempts or actual harm to himself, others, or property).

139. *Sconiers v. Jarvis*, 458 F. Supp. 37, 38–39 (D. Kan. 1978) (finding that the prison physician and psychiatrist possessed the authority to provide prisoner with involuntary medical treatment in order to protect him and other prisoners from a substantial possibility of harm and that the physician and psychiatrist did not act in an arbitrary or capricious manner by administering psychotropic medication against prisoner’s will).

140. *Smith v. Baker*, 326 F. Supp. 787, 787–88 (W.D. Mo. 1970) (denying relief to a prisoner who objected to administration of drugs “against [his] will and religious belief”), *aff’d*, 442 F.2d 928 (8th Cir. 1971).

141. See, e.g., *Lappe v. Loeffelholz*, 815 F.2d 1173, 1176 (8th Cir. 1987) (finding that prisoner’s constitutional rights were not violated by a treatment transfer where he had written notice, an adversarial hearing with an independent decision maker, and legal counsel).

142. See, e.g., *Sullivan v. Flannigan*, 8 F.3d 591, 592 (7th Cir. 1993) (finding the Illinois Department of Corrections, which had forced prisoner to take mind-altering drugs against his will for five years after he was determined to be a danger to others, was not constitutionally required to give him a chance to stop taking the drugs to prove he didn’t need them).

143. *Washington v. Harper*, 494 U.S. 210, 222, 110 S. Ct. 1028, 1037, 108 L. Ed. 2d 178, 198 (1990).

the threat of danger that you pose to yourself or others, and the procedures that the State has in place to protect you from an unfair decision to treat you with drugs.¹⁴⁴

(e) How Do Courts Decide Whether State Interests Are Legitimate?

To determine whether or not the State may rightfully force a prisoner to take medication due to a situation of danger or emergency, courts apply what is called the *Turner v. Safley* rational basis test. With this test, the court tries to see if the State's decision to treat a non-consenting prisoner with psychotropic drugs is "reasonably related to legitimate penological interests."¹⁴⁵ Legitimate State interests include the health and safety of the public, the prisoner, and the general prison population.¹⁴⁶ The rational basis test presumes that State interests are legitimate. This means that a court will consider the State's choice to medicate a prisoner reasonable unless it does not serve one or more of these legitimate State goals.

There are some common arguments that prisoners use to counter the presumption that the State's actions are the result of a legitimate interest. One challenge to medication over objection is that the decision to medicate is unfair or arbitrary (random or not supported by a reason).¹⁴⁷ In such cases, courts consider a competing risk that the determination of danger will be incorrect and may cause harm to the prisoner's reputation.¹⁴⁸ In order to avoid mistakes in determining if there is a danger, taking the drugs must be in the prisoner's medical interest and can only be for treatment purposes.¹⁴⁹

In addition, states must provide certain procedural safeguards to ensure that the decision to medicate is not arbitrary or erroneous. Common safeguards include (1) an administrative hearing before an independent decision maker (someone not involved in the prisoner's treatment but who may come from within the institution);¹⁵⁰ (2) written notice;¹⁵¹ (3) the right to be present at an adversary hearing;¹⁵² and (4) the right to present and cross-examine witnesses.¹⁵³ While the State may provide a lawyer to represent the prisoner in administrative hearings, providing a non-attorney adviser may satisfy due process.¹⁵⁴

3. Challenging Transfers for Treatment

(a) What Is a Treatment Transfer?

Many treatments are available for prisoners and sometimes these treatments must be administered at a site outside of the prison, requiring that the prisoner be transferred from his present location in order to be treated. A prisoner may submit to the transfer or voluntarily agree to various forms of treatment including medication, counseling, therapy, or commitment to a psychiatric center. Or, in some cases, the prisoner may be treated involuntarily. This Section explains when the prison can and cannot transfer you for treatment if you do not consent to the transfer.

Prisoners who suffer from a mental illness may be treated at one of several possible locations. For more details on these facilities, please see Part A(2) above. Please note that if you are transferred to a facility that has a significantly different quality than the normal and typical conditions of prison confinement, this might violate your constitutional rights.

144. *See* *Washington v. Harper*, 494 U.S. 210, 222, 110 S. Ct. 1028, 1037, 108 L. Ed. 2d 178, 198 (1990) (holding that certain procedures, such as having different psychiatrists prescribe and review medication, ensure "that the treatment in question will be ordered only if it is in the prisoner's medical interests, given the legitimate needs of his institutional confinement").

145. *Washington v. Harper*, 494 U.S. 210, 223, 110 S. Ct. 1028, 1037, 108 L. Ed. 2d 178, 199 (1990) (citing *Turner v. Safley*, 482 U.S. 78, 89, 107 S. Ct. 2254, 2261, 96 L. Ed. 2d 64, 79 (1987), *superseded by statute on other grounds*).

146. *Washington v. Harper*, 494 U.S. 210, 241, 110 S. Ct. 1028, 1047, 108 L. Ed. 2d 178, 228 (1990).

147. *See, e.g., Washington v. Harper*, 494 U.S. 210, 217, 110 S. Ct. 1028, 1034, 108 L. Ed. 2d 178, 195 (1990) (challenging as arbitrary a decision allowing treatment with antipsychotic drugs against the will of a prisoner with mental illness without a judicial hearing).

148. *Vitek v. Jones*, 445 U.S. 480, 494, 100 S. Ct. 1254, 1264, 63 L. Ed. 2d 552, 565-66 (1980) (finding that characterization of mental illness, transfer, and treatment had "stigmatizing consequences").

149. *Washington v. Harper*, 494 U.S. 210, 227, 110 S. Ct. 1028, 1040, 108 L. Ed. 2d 178, 202 (1990).

150. *Vitek v. Jones*, 445 U.S. 480, 494-96, 100 S. Ct. 1254, 1264-65, 63 L. Ed. 2d 552, 566-67 (1980).

151. *Vitek v. Jones*, 445 U.S. 480, 494-96, 100 S. Ct. 1254, 1264-65, 63 L. Ed. 2d 552, 566-67 (1980).

152. *Vitek v. Jones*, 445 U.S. 480, 494-96, 100 S. Ct. 1254, 1264-65, 63 L. Ed. 2d 552, 566-67 (1980).

153. *Vitek v. Jones*, 445 U.S. 480, 494-96, 100 S. Ct. 1254, 1264-65, 63 L. Ed. 2d 552, 566-67 (1980).

154. *Washington v. Harper*, 494 U.S. 210, 236, 110 S. Ct. 1028, 1044, 108 L. Ed. 2d 178, 207 (1990).

(b) Procedural Safeguards Under the Due Process Clause

Lawful imprisonment may take away some of your rights, but you still have a right to basic protections.¹⁵⁵ In certain circumstances, basic procedures must be in place to protect you from an unfair action of the State. For more information on procedural due process, see Chapter 18 of the *JLM*, “Your Rights at Prison Disciplinary Hearings,” and Chapter 23, “Your Right to Adequate Medical Care.” A hearing and written notice are two common examples of procedures that might be required, often before a prisoner can be involuntarily committed to a psychiatric hospital.¹⁵⁶

Prison to hospital transfers might mean a significant change in living conditions and type of confinement. A determination of mental illness by a doctor and subsequent transfer does not automatically mean that a prisoner has a mental illness for the purposes of other laws in the state.¹⁵⁷ Still, there is a chance that the prisoner might suffer harm to his reputation. When the risk of physical and/or reputational harm is high, your constitutional right to due process might be triggered.

In addition, if the State tries to avoid the requirements imposed by its own laws, then a law giving you the right to procedures before transfer will also trigger due process protections. Where state regulations require a finding of mental illness before transfer, the State creates an “objective expectation” in the prisoner that there will be a procedure to determine whether or not a mental illness exists.¹⁵⁸ Without such procedures, the prisoner could suffer a due process violation. In short, you may have a right to due process protections (such as the right to a hearing and the right to receive notice of the hearing) when the State’s action creates a high level of harm to you (physical or reputational), or when a state law gives you the expectation that some particular act or process must be followed, and then the State fails to follow this act or process.

The due process protection to which you are entitled is the same, no matter how your liberty interest is implicated.¹⁵⁹

In *Vitek v. Jones*, the Supreme Court found that a Nebraska statute requiring a finding of mental illness before transfer to an outside mental facility created an expectation among prisoners that transfer would occur *only* if they were found to have mental illness.¹⁶⁰

Under *Vitek*, the State must adequately protect your liberty interests (if it has created them through state law) in the transfer process by providing:

- (1) Written notice that the prison is considering your transfer;
- (2) A hearing;
- (3) An opportunity to present witness testimony and cross-examine state witnesses at the hearing;
- (4) An independent decision maker;
- (5) A written statement by the decision maker stating the reasons and evidence relied on for your transfer;
- (6) Legal assistance from the State if you cannot afford your own; and
- (7) Effective and timely notice of rights (1) through (6).¹⁶¹

155. *Wolff v. McDonnell*, 418 U.S. 539, 555, 94 S. Ct. 2963, 2974, 41 L. Ed. 2d 935, 950 (1974) (“[T]hough his rights may be diminished by the needs and exigencies of the institutional environment, a prisoner is not wholly stripped of constitutional protections when he is imprisoned for crime.”).

156. *Vitek v. Jones*, 445 U.S. 480, 495–96, 100 S. Ct. 1254, 1265, 63 L. Ed. 2d 552, 566–67 (1980); *see, e.g.*, *Washington v. Harper*, 494 U.S. 210, 235, 110 S. Ct. 1028, 1044, 108 L. Ed. 2d 178, 207 (1990) (upholding a Washington state policy which required a non-judicial hearing and notice of that hearing before the involuntary treatment of a prisoner).

157. *See In re Will of Stephani*, 250 A.D. 253, 254–57, 294 N.Y.S. 624, 624 (3d Dept. 1937) (finding that a prisoner who was determined to be insane by a physician and transferred to mental hospital was still mentally competent when he later wrote his will).

158. *Vitek v. Jones*, 445 U.S. 480, 489–90, 100 S. Ct. 1254, 1262, 63 L. Ed. 2d 552, 562–63 (1980) (holding that the prisoner had a state-created liberty interest because Nebraska law created an objective expectation that a prisoner would not be transferred unless he suffered from a mental disease or defect that could not be adequately treated in the prison).

159. *See Washington v. Harper*, 494 U.S. 210, 221–22, 110 S. Ct. 1028, 1036–37, 108 L. Ed. 2d 178, 198 (1990) (finding “that the Due Process Clause confers upon . . . [the prisoner] no greater right than that recognized under state law” where a Washington law created a liberty interest in being free from unwanted medical treatment for mental illness).

160. *Vitek v. Jones*, 445 U.S. 480, 489–90, 100 S. Ct. 1254, 1262, 63 L. Ed. 2d 552, 562–63 (1980).

161. *Vitek v. Jones*, 445 U.S. 480, 494–95, 100 S. Ct. 1254, 1264–65, 63 L. Ed. 2d 552, 566 (1980). However, you may not be entitled to all of these procedures. In *Shakur v. Selsky*, 391 F.3d 106, 119 (2d Cir. 2004), the Court held that “regardless of state procedural guarantees, the only process due an inmate is that minimal process guaranteed by the

All of these protections are triggered if your liberty interests are implicated *and* there is a chance that you will suffer a serious loss. Failure to provide them violates your rights.

(i) Are Your Liberty Interests Implicated?

Courts determine whether the State can deprive you of a liberty interest by balancing the interests of the State (for example, prison safety) with your liberty interest in freedom from random deprivations (for example, the right to agree or disagree to medication). If the interest of the prisoner is found to be stronger than the interest of the State, then the individual is entitled to due process protections.¹⁶² Whether or not a prisoner has a state-created liberty interest depends on whether the loss the prisoner faces is serious.

Liberty interests are limited; prisoners are entitled to freedom from restraint only to the extent that restraint cannot exceed the conviction sentence in an unexpected manner.¹⁶³ This is true unless there is an “atypical and significant hardship on the inmate in relation to the ordinary incidents of prison life.”¹⁶⁴ In other words, for due process to apply, you must have both a liberty interest *and* a deprivation of that liberty that imposes a significant and atypical (unusual) hardship. Only if both of these factors are present are you entitled to due process protections¹⁶⁵ like written notice and a hearing. Transfer from one prison to another within the State’s system does not necessarily infringe upon any liberty interest.¹⁶⁶

The Equal Protection Clause of the Fourteenth Amendment of the Constitution prohibits states from denying any person equal protection of the laws.¹⁶⁷ In other words, state laws must treat each person in the same manner as others in similar conditions and circumstances. In the context of mental health, the equal protection rights of prisoners who are being committed entitle them to substantially the same procedures as those available to free persons subjected to an involuntary commitment proceeding.¹⁶⁸ In *United States ex*

Constitution, as outlined in” *Wolff v. McDonnell*, 418 U.S. 539, 94 S. Ct. 2963, 41 L. Ed. 2d 935 (1974) (emphasis in original). As explained above in note 146, the minimal process may be limited to (1) advance written notice; (2) an opportunity for you to call witnesses and present documentary evidence in your defense; and (3) a written document from the fact-finder explaining the reasons for your transfer and the evidence relied on.

162. *Mathews v. Eldridge*, 424 U.S. 319, 334–35, 96 S. Ct. 893, 902–03, 47 L. Ed. 2d 18, 33 (1976) (developing a three-part balancing test to determine whether state-provided procedural protections are sufficient).

163. *Sandin v. Conner*, 515 U.S. 472, 483–84, 115 S. Ct. 2293, 2300, 132 L. Ed. 2d 418, 429–30 (1995) (recognizing that while states may create liberty interests, these interests are generally limited to freedom from restraint that is significant and atypical rather than expected), *overruled on other grounds by* *Cray v. Carey*, 2006 U.S. Dist. LEXIS 43286 (E.D. Cal. June 26, 2006) (*unpublished*).

164. *Sandin v. Conner*, 515 U.S. 472, 484–45, 115 S. Ct. 2293, 2300–01, 132 L. Ed. 2d 418, 430–31 (1995) (finding that holding a prisoner in a segregated housing unit for 30 days “though concededly punitive, does not present a dramatic departure from the basic conditions of [prisoner’s] indeterminate sentence”), *overruled on other grounds by* *Cray v. Carey*, 2006 U.S. Dist. LEXIS 43286 (E.D. Cal. June 26, 2006) (*unpublished*).

165. *Frazier v. Coughlin*, 81 F.3d 313, 317 (2d Cir. 1996) (“To prevail, [the prisoner] must establish both that the confinement or restraint creates an ‘atypical and significant hardship’ under *Sandin*, and that the state has granted its inmates, by regulation or by statute, a protected liberty interest in remaining free from that confinement or restraint.”). *See also* *Palmer v. Richards*, 364 F.3d 60, 64 (2d Cir. 2004) (“Factors relevant to determining whether the plaintiff endured an ‘atypical and significant hardship’ include ‘the extent to which the conditions of the disciplinary segregation differ from other routine prison conditions’ and ‘the duration of the disciplinary segregation imposed compared to discretionary confinement.’”) (quoting *Wright v. Coughlin*, 132 F.3d 133, 136 (2d Cir. 1998)).

166. *See* *Montanye v. Haymes*, 427 U.S. 236, 242, 96 S. Ct. 2543, 2547, 49 L. Ed. 2d 466, 471 (1976) (holding that “no Due Process Clause liberty interest of a duly convicted prison inmate is infringed when he is transferred from one prison to another within the State, whether with or without a hearing, absent some right or justifiable expectation rooted in state law that he will not be transferred except for misbehavior or upon the occurrence of other specified events”); *Meachum v. Fano*, 427 U.S. 215, 225, 96 S. Ct. 2532, 2538, 49 L. Ed. 2d 451, 459 (1976) (finding mere transfer of prisoner from one prison to another within the state’s system does not implicate prisoner’s liberty interests and does not violate due process). *But see* *Wilkinson v. Austin*, 545 U.S. 209, 223–24, 125 S. Ct. 2384, 2394–95, 162 L. Ed. 2d 174, 190–91 (2005) (noting that Ohio’s Supermax facility “imposes an atypical and significant hardship under any plausible baseline” and thus prisoners have a liberty interest in not being confined in the facility).

167. U.S. Const. amend. XIV, § 1.

168. *U.S. ex rel. Schuster v. Herold*, 410 F.2d 1071, 1073 (2d Cir. 1969) (“[W]e believe that before a prisoner may be transferred to a state institution for insane criminals, he must be afforded substantially the same procedural safeguards as are provided in civil commitment proceedings”); *see also* *Souder v. McGuire*, 516 F.2d 820, 821–22 (3d Cir. 1975) (finding that “serious equal protection and due process issues” were raised regarding the constitutionality of a Pennsylvania mental health statute that gave the warden a choice whether or not to adopt certain procedures for the commitment of people already in a correctional facility even though the same procedures were mandatory for the involuntary commitment of “non-confined” civilian adults); *Evans v. Paderick*, 443 F. Supp. 583, 585 (E.D. Va. 1977) (rejecting defendant’s argument

rel. *Schuster v. Herold*, the Second Circuit found that a New York prisoner who was transferred from prison to an institution for the criminally insane was deprived of equal protection because there was an unlawful difference between procedural protections given to civilians facing involuntary commitment and those given to prisoners.¹⁶⁹ Therefore, to determine the procedural protections that apply in your state, you should review civil commitment laws in addition to laws that govern corrections facilities. We discuss procedural protections and treatment transfers later in this Chapter.

(ii) What is a Serious Loss?

Courts might consider transfers to be a serious loss because of three factors: (1) there is a high risk of stigma associated with a declaration of mental illness; (2) there is an actual change in the type of confinement; and (3) there is actual behavior modification treatment.¹⁷⁰ As with challenges to medication over objection, these changes require that the State provide procedural protections.

The test courts apply to determine if a loss is serious examines whether the loss is “significant and atypical.”¹⁷¹ Significant and atypical state actions are those actions *not* similar to prison conditions or those that substantially alter the environment, duration, or degree of the prison condition. For example, a prisoner who was placed in segregated confinement did not suffer a serious loss that implicated a liberty interest because the segregation was of the same duration and degree as that of his normal prison conditions.¹⁷²

More specifically, under the *Vitek* standard, “significant and atypical” means that the loss suffered by the prisoner is different than the loss already suffered as a result of prison confinement.¹⁷³ The loss to the prisoner in *Vitek* was “serious” enough to require due process protections because he had reasonably developed an “objective expectation” based on the state law¹⁷⁴ and the risk that mistaken mental illness could damage the prisoner’s reputation was great.¹⁷⁵ In another case, a loss of good-time credits was significant because such a loss of credits meant that there was a change in the length of the prison term.¹⁷⁶ Finally, confinement in a psychiatric prison unit might be far more restrictive than prison, and therefore might be considered a serious loss, implicating a liberty interest.¹⁷⁷

that a Virginia civil commitment procedure was not required when the person to be committed is a state prisoner); *People v. Arendes*, 86 Misc. 2d 468, 470, 382 N.Y.S.2d 684, 686 (Sup. Ct. Queens County 1976) (“[W]here the issue in the first instance is mental illness itself or dangerousness, there is no valid ground to distinguish between a civilian and a prisoner since the issues have no connection to the circumstance of incarceration and the same psychiatric criteria will apply to all people to determine mental illness.”); *cf. Baxstrom v. Herold*, 383 U.S. 107, 110, 86 S. Ct. 760, 762, 15 L. Ed. 2d 620, 623 (1966) (holding that a New York state prisoner was denied equal protection of the laws by the statutory procedure that allowed him to be civilly committed at the expiration of his sentence without jury review available to all other civilly committed people in New York).

169. U.S. *ex rel. Schuster v. Herold*, 410 F.2d 1071, 1073 (2d Cir. 1969).

170. *Vitek v. Jones*, 445 U.S. 480, 488, 100 S. Ct. 1254, 1261, 63 L. Ed. 2d 552, 561 (1980).

171. *Sandin v. Conner*, 515 U.S. 472, 486, 115 S. Ct. 2293, 2301, 132 L. Ed. 2d 418, 431 (1995) (holding that disciplinary segregation of a prisoner “did not present the type of atypical, significant deprivation” of a state-created liberty interest after comparing conditions inside and outside of disciplinary segregation in the prison and finding that the placement “did not work a major disruption in his environment”) *See also Tellier v. Fields*, 280 F.3d 69, 80 (2d Cir. 2000) (finding that as a factual matter, “a confinement of 514 days under conditions that differ markedly from those in the general population” may be atypical and significant).

172. *Sandin v. Conner*, 515 U.S. 472, 486, 115 S. Ct. 2293, 2301, 132 L. Ed. 2d 418, 431 (1995) (finding segregated confinement that “mirrored” prison conditions was not significant and atypical), *overruled on other grounds by Cray v. Carey*, 2006 U.S. Dist. LEXIS 43286 (E.D. Cal. June 26, 2006) (*unpublished*); *see also Frazier v. Coughlin*, 81 F.3d 313, 317–18 (2d Cir. 1996) (finding no significant deprivation of a liberty interest to prisoner who failed to show that confinement conditions in a SHU were “dramatically different” from basic prison conditions). *But see Tellier v. Fields*, 280 F.3d 69, 80 (2d Cir. 2000) (holding that an extended confinement in the SHU may amount to a deprivation of a liberty interest).

173. *Vitek v. Jones*, 445 U.S. 480, 493, 100 S. Ct. 1254, 1264, 63 L. Ed. 2d 552, 565 (1980) (finding “transfer of a prisoner to a mental hospital is [not] within the range of confinement justified by imposition of a prison sentence”).

174. *Vitek v. Jones*, 445 U.S. 480, 489–90, 100 S. Ct. 1254, 1261–62, 63 L. Ed. 2d 552, 562–63 (1980).

175. *Vitek v. Jones*, 445 U.S. 480, 495, 100 S. Ct. 1254, 1265, 63 L. Ed. 2d 552, 566 (1980).

176. *Wolff v. McDonnell*, 418 U.S. 539, 557, 94 S. Ct. 2963, 2975, 41 L. Ed. 2d 935, 951 (1974) (holding that a state law allowing a reduction in sentence for good time, and providing that such credit would only be forfeited for serious misbehavior, created a recognizable liberty interest); *see also Eichwedel v. Chandler*, 696 F.3d 660 (7th Cir. 2012) (finding that Illinois prisoners have a liberty interest in their good-conduct credits that entitles them to due process procedures if revocation occurs).

177. U.S. *ex rel. Schuster v. Herold*, 410 F.2d 1071, 1078 (2d Cir. 1969) (“Not only did the transfer effectively

4. When Due Process Procedures Are Not Required For Transfer

The protections discussed in the previous Subsection might not be afforded to the prisoner if the transfer is voluntary or on an emergency basis. Additionally, the Due Process Clause does not protect against every change in the conditions of your imprisonment, even if that change has a negative impact on you.¹⁷⁸ This is true even if the prisoner has a reasonable expectation that state actions will produce a particular result. In some jurisdictions, the law says that the State may not need to have procedures in place for you to participate in clinical evaluations¹⁷⁹ (you are not considered to be under the same great hardship in this case as with commitment). In a few states, procedural protections do not have to occur before transfer, but may instead occur promptly after physical transfer.¹⁸⁰

As with challenges to medication over objection, there are limits to a transfer challenge. Transfer to a mental health facility without a hearing is generally not a due process violation when a prisoner poses an immediate threat to himself or the general population.¹⁸¹ These transfers are called emergency commitments. However, a hearing must be held as soon as possible after commitment.¹⁸² If it is determined you will be transferred to a psychiatric hospital or unit, you cannot challenge a transfer back to prison after treatment because no liberty interest existed.¹⁸³ For example, in Washington, D.C., prisoners may be moved, with the superintendent's certification, from psychiatric hospitals back to prisons after being restored to health.¹⁸⁴ In New York, administrative transfers from a state hospital to a prison do not violate due process because they are not considered to be punishment.¹⁸⁵ You should check the laws in your state to determine the necessary steps the state must take to transfer you back to prison.

5. If You Are Transferred to a Hospital or Other Treatment Facility

If you are transferred or committed to a psychiatric facility, you maintain many of the same rights you had in prison, including the right to treatment and the right to adequate medical care. Similarly, if you are confined in a hospital or treatment facility prior to serving your criminal sentence in prison, you may be entitled to have your time spent there count toward your sentence.

(a) How Long Will I Be Held?

Generally, the time spent in commitment is left to the judgment of clinical mental health staff and prison officials, but it *cannot* be longer than your criminal sentence unless you are first granted significant due process protections.¹⁸⁶ Under New York State law, for example, the psychiatric hospital director may

eliminate the possibility of [the prisoner's] parole, but it significantly increased the restraints upon him, exposed him to extraordinary hardships, and caused him to suffer indignities, frustrations and dangers, both physical and psychological, [that] he would not be required to endure in a typical prison setting.”)

178. *Meachum v. Fano*, 427 U.S. 215, 224, 96 S. Ct. 2532, 2538, 49 L. Ed. 2d 451, 459 (1976) (“[W]e cannot agree that *any* change in the conditions of confinement having a substantial adverse impact on the prisoner involved is sufficient to invoke the protections of the Due Process Clause.”).

179. *See* *Trapnell v. Ralston*, 819 F.2d 182, 184–85 (8th Cir. 1987) (finding there was no need for a pre-transfer hearing where the transfer was temporary and for evaluation purposes only); *United States v. Jones*, 811 F.2d 444, 448 (8th Cir. 1987) (finding “a temporary transfer for a psychological evaluation places no more of an imposition on a prisoner than does a transfer for administrative reasons,” and transfers for administrative reasons do not require pre-transfer hearings).

180. *See, e.g.,* *Baugh v. Woodward*, 808 F.2d 333, 336 (4th Cir. 1987) (finding that the North Carolina Department of Correction does not have to provide a hearing on a prisoner's involuntary mental health transfer prior to physical transfer and that a prompt hearing after transfer satisfies due process).

181. *See, e.g.,* *Vermont Nat. Bank v. Taylor*, 445 A.2d 1122, 1125, 122 N.H. 442, 446 (N.H. 1982) (noting that a hearing can be delayed after transfer to a hospital if the transfer is done to prevent harm to self or others); *Luna v. Van Zandt*, 554 F. Supp. 68, 72 (S.D. Tx. 1982) (holding that a hearing can take place after the deprivation of a right if there is a compelling interest, such as an immediate potential harm to others); *Mignone v. Vincent*, 411 F. Supp. 1386, 1389 (S.D.N.Y. 1976) (noting that a hearing can be delayed after transfer to a hospital if the transfer is made to prevent harm to self or others).

182. *See, e.g.,* *Mignone v. Vincent*, 411 F. Supp. 1386, 1389 (S.D.N.Y. 1976).

183. *Jackson v. Fair*, 846 F.2d 811, 815 (1st Cir. 1988) (holding that as the prisoner did not have a liberty interest in remaining at a psychiatric hospital, no hearing was required before returning the prisoner to prison).

184. D.C. Code § 24-503(b) (Lexis 2012).

185. *Cruz v. Ward*, 558 F.2d 658, 660–61 (2d Cir. 1977).

186. *Baxstrom v. Herold*, 383 U.S. 107, 110, 86 S. Ct. 760, 762, 15 L. Ed. 2d 620, 623 (1966) (holding that a New York prisoner “was further denied equal protection of the laws by his civil commitment to an institution maintained by the Department of Correction beyond the expiration of his prison term without a judicial determination that he is dangerously

apply for a new commitment after your sentence expires.¹⁸⁷ If this happens in a state where there are requirements set up for a civil commitment proceeding, your criminal sentence is not relevant to any post-sentence confinement, and the State must provide the same procedural safeguards before committing or holding you for psychiatric care that it would if you were a non-prisoner.¹⁸⁸ This means that if the State determines you need further commitment and treatment after your prison sentence has ended, you will be treated as a non-prisoner. If the psychiatric hospital director successfully extends commitment past your term sentence, you have the right to another hearing before a jury to determine whether commitment to a civilian mental health facility is appropriate.¹⁸⁹

(b) What Happens to My Good-Time Credits?

In some states, a prisoner may lose the opportunity to earn good-time credits after a mental illness determination and hospitalization.¹⁹⁰ The reasoning that many courts give for this policy is that the goals of hospitalization differ from the goals of imprisonment. Hospitalization is meant to treat prisoners with mental illness,¹⁹¹ while incarceration is intended to punish and also rehabilitate.¹⁹² However, the Eighth Circuit found that there is a difference between meritorious credits (credits that are given at the State's discretion) and statutory good-time credits (credits that a state statute specifically grants for particular behavior). Unlike discretionary credits, statutory credits come from state laws. Therefore, a loss of statutory credits based on a mental health assessment could violate your constitutional right to equal protection under the Fourteenth Amendment, which prohibits states from applying the law differently to different citizens in the same condition and circumstances.¹⁹³

Even if the law in your jurisdiction does not permit you to continue to earn credits while you are hospitalized, your existing credits may be held in abeyance (paused) during treatment, meaning that all good-time credits that would have been credited will be restored when you are transferred back to prison.¹⁹⁴ However, if you have existing credits, in many jurisdictions they will not apply until you are restored to health; in other words, you are not entitled to early release if you are still hospitalized on your early release date.¹⁹⁵ Other states, in contrast, do permit you to receive good-time credits even while in the hospital. For example, the Connecticut Supreme Court has found that the language of Connecticut's statute orders the corrections commissioner to apply earned good-time credit to *any* prisoner's sentence,¹⁹⁶ in keeping with the idea that the law should treat equally prisoners with mental illness confined in hospitals and those

mentally ill such as that afforded to all so committed except those, like [the prisoner], nearing the expiration of a penal sentence.”).

187. N.Y. Correct. Law § 402(10) (McKinney 2013).

188. *Baxstrom v. Herold*, 383 U.S. 107, 110, 86 S. Ct. 760, 762, 15 L. Ed. 2d 620, 623 (1966).

189. N.Y. Correct. Law § 402(11) (McKinney 2013).

190. *See, e.g., Urban v. Settle*, 298 F.2d 592, 593 (8th Cir. 1962) (finding that a prisoner who has “been removed to a hospital for defective delinquents” under federal law to determine mental competency is not entitled to receive further good time for conditional release purposes until, in the judgment of the superintendent of the hospital, he has become “restored to sanity or health”); *Bush v. Ciccone*, 325 F. Supp. 699, 701 (W.D. Mo. 1971) (holding under the express provisions of 18 U.S.C. § 4241, credit for good time is suspended as to a prisoner who has been found by a Board of Examiners to be insane or of unsound mind). *But see Sawyer v. Sigler*, 320 F. Supp. 690, 699 (D. Neb. 1970) (distinguishing between meritorious good time, which is permissive and may be withheld, and statutory good time, which cannot be denied without violating the Equal Protection Clause of the 14th Amendment if the withholding does not result from the prisoner's misconduct), *aff'd*, 445 F.2d 818–19 (8th Cir. 1971). The federal law that these cases mention has changed several times, so you should proceed with care, researching the current case and statutory law. If you are in state custody, you should check your state's statutes.

191. *See, e.g., People v. Callahan*, 50 Cal. Rptr. 3d 677, 683, 144 Cal. App. 4th 678, 687 (Cal. Ct. App. 2006) (finding that where a prisoner was confined pretrial to treat him to restore his competency to stand trial, he could not later recover credit for that time).

192. *People v. Smith*, 175 Cal. Rptr. 54, 56, 120 Cal. App. 3d 817, 822–23 (Cal. Ct. App. 1981) (“The purposes of the provision for ‘good time’ credits . . . are [to encourage prisoners] to conform to prison regulations . . . and to make an effort to participate in what may be termed ‘rehabilitative activities’”) (quoting *People v. Saffell*, 599 P.2d 92, 97, 25 Cal. 3d 223, 233, 157 Cal. Rptr. 897, 903 (1979)).

193. *Cochran v. Kansas*, 316 U.S. 255, 257, 62 S. Ct. 1068, 1070, 86 L. Ed. 1453, 1455 (1942).

194. *Dobbs v. Neverson*, 393 A.2d 147, 150 n.9 (D.C. Cir. 1978).

195. *See, e.g., Dobbs v. Neverson*, 393 A.2d 147, 154 (D.C. Cir. 1978) (holding that a prisoner transferred from a prison to a hospital under the D.C. transfer statute is not entitled to statutory early release unless restored to mental health).

196. *Murray v. Lopes*, 529 A.2d 1302, 1305–06, 205 Conn. 27, 33–35 (Conn. 1987).

incarcerated in prisons.¹⁹⁷ Since the law varies according to the statutes of each jurisdiction, you should check the law in your state, or the United States Code if you are in federal prison, to determine what happens to your credits during transfer to a hospital.

(c) Can I Receive Credit for Pre-Sentence Confinement in a Hospital or Treatment Program?

Though the law varies significantly by state regarding whether you can receive custody or conduct credits for time spent and good behavior in institutions other than prisons, there are a few general rules you can use to determine if you are entitled to custody credit.¹⁹⁸ First, if the facility you are in before you receive your sentence is the “functional equivalent of a jail,” you might be entitled to credit.¹⁹⁹ Second, some courts make distinctions based on whether the program you are in is voluntary or involuntary.²⁰⁰ These are general rules, though, so you should make sure to find out how courts have interpreted the law in your state.

6. Credit for Time in a Mental Hospital

If you were housed in a hospital before being sentenced to prison, you might be entitled to custody credit for your time there. State statutes and courts’ interpretations of those laws determine whether you can receive custody credits. Several states have found that, because time in these institutions is similar to being in jail, you should receive credit.²⁰¹ As one court stated:

The physical place of confinement is not important as the [prisoner] technically continued to be in jail while held in custody at the hospitals. [The prisoner] was not free on bail, had no control over his place of custody and was never free to leave the hospitals. For all practical intents and purposes, he was still in jail.”²⁰²

But other courts have found prisoners housed in psychiatric hospitals pre-sentence underwent treatment rather than incarceration and therefore could not receive custody credits for that time.²⁰³ These courts

197. *Murray v. Lopes*, 529 A.2d 1302, 1306–08, 205 Conn. 27, 36–38 (Conn. 1987).

198. Custody credit is statutory credit that prisoners may be awarded for their time spent in confinement prior to trial and sentencing. The reason that many states allow prisoners to count these days as part of their sentence is that it would be unfair to treat defendants who can post bail differently than those who cannot and who therefore have to stay in jail. *See, e.g.*, *People v. Callahan*, 50 Cal. Rptr. 3d 677, 680–81, 144 Cal. App. 4th 678, 684 (2006) (stating that the purpose of actual custody credit statute is to eliminate unequal treatment of indigent and non-indigent defendants). However, courts have taken differing approaches as to whether to grant that time to prisoners detained for reasons other than inability to post bail or bond, like psychiatric evaluation or drug treatment. This section will discuss some of these approaches so that you can figure out whether you are entitled to credit for any time you spent pre-sentence in an institution other than a jail.

199. *Maniccia v. State*, 931 So. 2d 1027, 1030, 31 Fla. L. Weekly D1622 (Fla. Dist. Ct. App. 2006).

200. *Maniccia v. State*, 931 So. 2d 1027, 1030, 31 Fla. L. Weekly D1622 (Fla. Dist. Ct. App. 2006) (holding that where confinement is coercive, a prisoner is entitled to credit for pre-sentence time in a “lockdown facility”, even if the prisoner requested treatment there); *State v. Mackley*, 552 P.2d 628, 629, 220 Kan. 518, 519 (1976) (*per curiam*) (finding a prisoner in pretrial custody at a hospital where he was not free to leave was effectively in jail and therefore entitled to custody credit for his time there).

201. *See, e.g.*, *State v. Mackley*, 552 P.2d 628, 629, 220 Kan. 518, 519 (1976) (*per curiam*) (holding that the word “jail” meant a place of enforced confinement, and included a hospital that the prisoner was not free to leave); *Maniccia v. State*, 931 So. 2d 1027, 1028, 31 Fla. L. Weekly D1622 (Fla. Dist. Ct. App. 2006) (holding that pretrial confinement in a “lockdown psychiatric hospital” entitles prisoner to credit for time served); *Murray v. Lopes*, 529 A.2d 1302, 1305, 205 Conn. 27, 33–34 (1987) (holding that statute entitles prisoners confined pre-sentence to credit for time served); *People v. Smith*, 175 Cal. Rptr. 54, 56, 120 Cal. App. 3d 817, 822 (1981) (finding prisoner entitled to credits for time spent in hospital when proceedings were suspended because he was incompetent to stand trial).

202. *State v. Mackley*, 552 P.2d 628, 629, 220 Kan. 518, 519 (1976) (*per curiam*).

203. *Harkins v. Wyrick*, 589 F.2d 387, 391–92 (8th Cir. 1979) (finding prisoner’s due process and equal protection rights were not violated when he was not credited for time undergoing evaluation and treatment at a hospital prior to serving his sentence); *Makal v. Arizona*, 544 F.2d 1030, 1035 (9th Cir. 1976) (holding it did not violate prisoner’s rights to deny him credit for time in a psychiatric hospital, where the purpose was treatment rather than punishment, unless state law provides otherwise, which it did not); *People v. Callahan*, 50 Cal. Rptr. 3d 677, 683, 144 Cal. App. 4th 678, 687 (2006) (finding that where a prisoner was confined pretrial for treatment to restore his competency to stand trial, he could not later recover credit for that time); *Closs v. S.D. Bd. of Pardons & Paroles*, 656 N.W.2d 314, 317–19, 2003 S.D. 1, ¶15–26 (2003) (holding that because the time that prisoner spent in civil commitment was not related to his criminal punishment and because no South Dakota statute provided a right to credit for time served while awaiting trial, court refused to award credits); *State v. Sorenson*, 617 N.W.2d 146, 147, 150, 2000 S.D. 127, ¶1, ¶17 (2000) (*per curiam*) (holding that prisoner was not entitled to credit for pre-sentence confinement to undergo psychiatric evaluation unless

reason the two types of confinement are different in kind: imprisonment punishes, while hospitalization or civil commitment provides treatment.²⁰⁴ So, some courts have found awarding credits for time in non-penal institutions toward prison sentences does not make sense.

7. Credit for Time in Drug Treatment

The law varies as to whether you may receive credit for time you spent in narcotics or alcohol treatment prior to serving your sentence. Some states permit credit,²⁰⁵ and some states do not.²⁰⁶ Additionally, like in the hospitalization context, whether you may count the days in treatment toward your sentence often depends on the nature of the institution and the terms of your confinement there, such as whether or not you will be returned to prison if you fail to complete the program.²⁰⁷ Typically, the court that sentences you is free to determine whether to award you credit.²⁰⁸

(a) How Does Commitment Affect Parole?

Although there is no constitutional right to parole,²⁰⁹ the State may not use a mental illness as a reason to deny a parole hearing to a prisoner.²¹⁰ Even if you have been determined to have a mental illness, you have the right to a parole hearing and the same procedures that prisoners without mental illness have at their hearings.²¹¹ You also should not be denied parole because you have a qualifying mental illness²¹² but

he remained in state custody only because he could not afford to post bail).

204. *See* *Kansas v. Hendricks*, 521 U.S. 346, 361–62, 117 S. Ct. 2072, 2082, 138 L. Ed. 2d 501, 515 (1997); *see also* *Harkins v. Wyrick*, 589 F.2d 387, 392 (8th Cir. 1979) (holding that time in hospital was rehabilitative, not punitive); *Makal v. Arizona*, 544 F.2d 1030, 1035 (9th Cir. 1976) (“The state hospital was established for the confinement, treatment, and rehabilitation of the mentally ill . . . [not] for purposes of punishment”); *People v. Callahan*, 50 Cal. Rptr. 3d 677, 683, 144 Cal. App. 4th 678, 687 (2006) (finding that prisoner’s confinement was “nonpenal and treatment oriented”).

205. *See, e.g.*, *State v. Sevelin*, 554 N.W.2d 521, 523, 204 Wis. 2d 127, 132–33 (Wis. Ct. App. 1996) (finding that state statute’s definition of “custody” for the purpose of determining whether the prisoner should get pre-sentence credit includes those temporarily outside of a correctional institution in order to receive medical care, which included treatment for alcoholism); *Lock v. State*, 609 P.2d 539, 543–46, 24 A.L.R.4th 778 (Alaska 1980) (interpreting statute granting credit for time “in custody” to include time in non-penal rehabilitation centers, since these institutions also involve restraints on liberty); *People v. Rodgers*, 144 Cal. Rptr. 602, 606, 79 Cal. App. 3d 26, 33 (1978) (holding “custody” includes participation in live-in drug treatment programs, and so defendant was entitled to credit for time spent in such a program).

206. *See, e.g.*, *Pennington v. State*, 398 So. 2d 815, 816–17 (Fla. 1981) (holding that because the purpose of “[h]alfway houses, rehabilitative centers, and state hospitals . . . is structured rehabilitation and treatment, not incarceration,” prisoner who attended live-in drug treatment as a condition of probation was not entitled to statutory credit for time spent there prior to sentencing); *Commonwealth v. Fowler*, 930 A.2d 586, 597–98, 2007 Pa. Super. 219, ¶27–29 (2007) (holding that prisoner was not “in custody,” within the meaning of the statute granting credit for time in custody prior to sentence, where he participated in drug treatment program that did not involve lock-down but did require reinstatement of court case if the defendant breached the terms of his program); *State v. Vasquez*, 736 P.2d 803, 804–05, 153 Ariz. 320, 321–02 (Ct. App. 1987) (holding that only time spent “in the actual or constructive control of jail or prison officials” qualifies as “in custody” for the purposes of the credit statutes, and so defendant’s time in a residential treatment program under the supervision of his probation officer did not qualify for credit); *People v. Scott*, 548 N.W.2d 678, 680, 216 Mich. App. 196, 200–01 (1996) (holding that “the sentencing credit statute does not entitle that defendant to sentencing credit for his time in the [rehabilitative] treatment facility”).

207. *See, e.g.*, *Lock v. State*, 609 P.2d 539, 546 (Alaska 1980) (holding that because defendant would be returned to prison if he violated the terms of the drug treatment program, he is entitled to credit for time spent in that program).

208. *See, e.g.*, *Commonwealth v. Fowler*, 930 A.2d 586, 596, 2007 Pa. Super. 219, 25 (2007) (noting that “it is within the trial court’s discretion whether to credit time spent in an institutionalized rehabilitation and treatment program as time served ‘in custody’”).

209. *Greenholtz v. Inmates of the Neb. Penal & Corr. Complex*, 442 U.S. 1, 7, 99 S. Ct. 2100, 2104, 60 L. Ed. 2d 668, 675 (1979) (establishing that there is no constitutional right to parole); *see also* *Cobb v. Ghee* 149 F.3d 1182–1183 (6th Cir. 1998) (holding that there is no constitutional right to parole).

210. *See, e.g.*, *Sites v. McKenzie*, 423 F. Supp. 1190, 1195 (N.D. W. Va. 1976) (finding a prisoner cannot be denied a parole hearing afforded to other prisoners solely because he is in a mental hospital); *People ex rel. Newcomb v. Metz*, 64 A.D.2d 219, 223, 409 N.Y.S.2d 554, 557 (3d Dept. 1978) (finding that mental competency is a factor to be considered during a parole revocation hearing, not an issue to be determined prior to the hearing).

211. *See, e.g.*, *Sites v. McKenzie*, 423 F. Supp. 1190, 1195 (N.D. W. Va. 1976) (holding that liberty interest for the prisoner with mental illness included the right to a parole hearing and also the right to several procedural protections).

212. *Bowring v. Godwin*, 551 F.2d 44, 47 (4th Cir. 1977) (finding there is a right to psychological treatment provided “(1) that the prisoner’s symptoms evidence a serious disease or injury; (2) that such disease or injury is curable or may be

have not been provided with mental health care by the prison.²¹³ If state regulations provide for parole and specific conditions of parole, then you may have a constitutionally protected liberty interest in the procedures afforded by the statute.²¹⁴ For more information, please see Chapter 35: “Getting Out Early: Conditional & Early Release,” and Chapter 32: “Parole” of the *JLM*. You should also check the laws of your state to determine whether procedural protections apply to parole denial.

D. Conditions of Confinement for Prisoners With Mental Illness

This Part explains how your mental health may be a factor in determining conditions of confinement and in disciplinary proceedings. Section 1 details the rights of prisoners who are subjected to isolation and solitary confinement. This includes an explanation of the steps taken by many states to exclude prisoners with serious mental illness from isolated confinement and to increase mental health services for prisoners held in restrictive settings. Section 2 explains your right to have mental health considered in disciplinary proceedings. Some states require that prison administrators consider a prisoner’s mental health when deciding whether and how to sanction prisoners for disciplinary misconduct.

1. Isolation and Solitary Confinement

Courts have recognized that isolating prisoners with mental illness in Special Housing Units (SHUs) or “keep-lock” for various reasons—among them protection or discipline—is a harmful practice.²¹⁵ Although isolation of prisoners with mental illness is not unconstitutional as a rule,²¹⁶ it is subject to Eighth Amendment limitations.²¹⁷ There are certain conditions under which isolating prisoners with mental illness is unconstitutional. When those conditions exist, courts will be more likely to intervene to help prisoners.

substantially alleviated; and (3) that the potential for harm to the prisoner by reason of delay or the denial of care would be substantial”).

213. *Bowring v. Godwin*, 551 F.2d 44, 46 (4th Cir. 1977) (reversing dismissal of prisoner’s complaint that he had been denied parole in part because of his mental illness, for which he had not received treatment).

214. *See Greenholtz v. Inmates of the Neb. Penal & Corr. Complex*, 442 U.S. 1, 7–8, 99 S. Ct. 2100, 2103–04, 60 L. Ed. 2d 668, 675–764 (1979) (finding Nebraska parole statute created a protected liberty interest a prisoner may enforce).

215. It has been known for many years that isolated confinement—the deprivation of human contact and other sensory and intellectual stimulation—can have disastrous consequences. *See In re Medley*, 134 U.S. 160, 168, 10 S. Ct. 384, 386, 33 L. Ed. 835, 839 (1890) (finding that “[a] considerable number of the prisoners fell, after even a short confinement, into a [state of foolishness], from which it was next to impossible to arouse them, and others became violently insane; others, still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community”); *see also Davenport v. DeRobertis*, 844 F.2d 1310, 1316 (7th Cir. 1988) (“[T]here is plenty of medical and psychological literature concerning the ill effects of solitary confinement (of which segregation is a variant.”). Modern courts have reiterated these consequences in addressing present-day forms of isolated confinement. *See, e.g., Langley v. Coughlin*, 715 F. Supp. 522, 540 (S.D.N.Y. 1989) (citing expert’s affidavit regarding effects of SHU placement on individuals with mental disorders); *Baraldini v. Meese*, 691 F. Supp. 432, 446–47 (D.D.C. 1988) (citing expert testimony on sensory disturbance, perceptual distortions, and other psychological effects of segregation), *rev’d on other grounds sub nom. Baraldini v. Thornburgh*, 884 F.2d 615, 280 U.S. App. D.C. 176 (D.C. Cir. 1989); *Bono v. Saxbe*, 450 F. Supp. 934, 946 (E.D. Ill. 1978) (“Plaintiffs’ uncontroverted evidence showed the debilitating mental effect on those inmates confined to the control unit.”), *aff’d in part and remanded in part on other grounds*, 620 F.2d 609 (7th Cir. 1980); *Madrid v. Gomez*, 889 F. Supp. 1146, 1235 (N.D. Cal. 1995) (concluding, after hearing testimony from experts in corrections and mental health, that “many, if not most, inmates in the SHU experience some degree of psychological trauma in reaction to their extreme social isolation and the severely restricted environmental stimulation in the SHU”), *rev’d in part on other grounds*, 190 F.3d 990 (9th Cir. 1999).

216. *See, e.g., Jackson v. Meachum*, 699 F.2d 578, 583 (1st Cir. 1983) (finding that a prisoner with mental illness had no constitutional right to contact with other prisoners, even if it would have therapeutic value); *Madrid v. Gomez*, 889 F. Supp. 1146, 1261 (N.D. Cal. 1995) (“[W]e are not persuaded that the SHU, as currently operated, violates [8th] Amendment standards vis-a-vis all inmates.”), *rev’d in part on other grounds*, 190 F.3d 990 (9th Cir. 1999).

217. *See, e.g., Helling v. McKinney*, 509 U.S. 25, 34–35, 113 S. Ct. 2475, 2481, 125 L. Ed. 2d 22, 32–33 (1993) (holding that prison conditions that “pose an unreasonable risk of serious damage to [a prisoner’s] future health” may violate the 8th Amendment); *Casey v. Lewis*, 834 F. Supp. 1477, 1548–49 (D. Ariz. 1993) (condemning placement and retention of prisoners with mental illness on lockdown); *Langley v. Coughlin*, 715 F. Supp. 522, 540 (S.D.N.Y. 1989) (holding that psychiatric evidence that prison officials fail to screen out from SHU “those individuals who, by virtue of their mental condition, are likely to be severely and adversely affected by placement there” raises a triable 8th Amendment issue); *Inmates of Occoquan v. Barry*, 717 F. Supp. 854, 868 (D.D.C. 1989) (holding that inmates with mental health problems must be placed in a separate area or a hospital and not in administrative/punitive segregation area), *rev’d in part sub nom. Brogsdale v. Barry*, 926 F.2d 1184, 1191 (D.C. Cir. 1991).

For instance, courts will grow more suspicious if prisoners are segregated indefinitely without review²¹⁸ or if there is a possibility that a prisoner will experience psychological harm.²¹⁹

Several federal courts have found that, even though segregation does not by itself violate the Constitution, isolation can pose particular risks for those with mental illness or on the verge of developing mental illness.²²⁰ For these groups, isolation can provide extreme stress and worsen their conditions,²²¹ and therefore violates their rights.²²² However, to succeed on a claim that isolation violated your rights, you will need to show more than mild or generalized psychological pain.²²³

A growing number of states have taken steps to exclude prisoners with serious mental illness from some isolated confinement housing areas and to increase mental health services for prisoners with serious mental illness who are held in restrictive settings. Courts have approved remedies, many in the form of settlement agreements, for prisoners with mental illness in isolation. In New Jersey, prisoners *must* be released from administrative segregation if they have a mental illness history and it appears that ongoing confinement there would harm them.²²⁴ The Mississippi Department of Correction was ordered to provide yearly assessments and better mental health care for death row prisoners, who were subject to conditions of isolation.²²⁵ In California, *Madrid v. Gomez* resulted in prisoners with serious mental illness being excluded from the Pelican Bay prison's SHU.²²⁶ In Connecticut, the settlement of *Connecticut Office of Protection & Advocacy for Persons with Disabilities v. Choinski* called for exclusion of prisoners with serious mental illness from the Northern Correctional Institution.²²⁷ And, in Wisconsin, the settlement in *Jones'El v. Berge* excluded prisoners with serious mental illness from super-maximum security housing.²²⁸

In New York, advocates with the goal of improving mental health treatment in state prisons brought the case *Disability Advocates, Inc. v. New York State Office of Mental Health*.²²⁹ The suit was brought state-

218. See *Hutto v. Finney*, 437 U.S. 678, 685–87, 98 S. Ct. 2565, 2570–71, 57 L. Ed. 2d 522, 531–32 (1978) (length of time in isolation should be considered when determining whether confinement there violates the 8th Amendment ban on cruel and unusual punishment); see also *Jackson v. Meachum*, 699 F.2d 578, 584–85 (1st Cir. 1983) (suggesting courts should be more willing to inquire where a prisoner has been held for a long period without a time limit).

219. *Jackson v. Meachum*, 699 F.2d 578, 584–85 (1st Cir. 1983) (urging that officials continue to monitor prisoners in segregation and that courts intervene in cases where there is evidence of psychological harm).

220. *Madrid v. Gomez*, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995) (finding the risk of isolating prisoners with mental illness or those likely to develop mental illness is unreasonable and violates the 8th Amendment), *rev'd in part on other grounds*, 190 F.3d 990 (9th Cir. 1999); *Jones'El v. Berge*, 164 F. Supp. 2d 1096, 1125–26 (W.D. Wis. 2001) (granting preliminary injunction requiring removal of those with serious mental illness from “supermax” prison, which isolates prisoners); *Gates v. Cook*, 376 F.3d 323, 343 (5th Cir. 2004) (“[T]he isolation and idleness of Death Row combined with the squalor, poor hygiene, temperature, and noise of extremely psychotic prisoners create an environment ‘toxic’ to the prisoners’ mental health.”); *Inmates of Occoquan v. Barry*, 650 F. Supp. 619, 630 (D.D.C. 1986) (holding that housing prisoners with mental illness in segregation unit is inappropriate), *on remand to Inmates of Occoquan v. Barry*, 717 F. Supp. 854, 868 (D.D.C. 1989).

221. Fred Cohen, *The Mentally Disordered Inmate and the Law* 11–8 (1998) (“Social science and clinical literature have consistently reported that when human beings are subjected to social isolation and reduced environmental stimulation, they may deteriorate mentally.”).

222. *Madrid v. Gomez*, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995) (holding that confining those with marginal or full mental illness causes undue suffering for these groups), *rev'd in part on other grounds*, 190 F.3d 990 (9th Cir. 1999).

223. *Madrid v. Gomez*, 889 F. Supp. 1146, 1263–64 (N.D. Cal. 1995) (holding prisoners must show more than loneliness, boredom, or mild depression to state a claim of cruel and unusual punishment), *rev'd in part on other grounds*, 190 F.3d 990 (9th Cir. 1999).

224. *D.M. v. Terhune*, 67 F. Supp. 2d 401, 403 (D.N.J. 1999) (“The Special Administrative Segregation Review Committee shall release the prisoner from Administrative Segregation if the prisoner has a history of mental illness and the Committee decides that continued confinement in the unit would be harmful to the prisoner's mental health.”).

225. *Gates v. Cook*, 376 F.3d 323, 342 (5th Cir. 2004) (ordering mental health examinations and care for death row prisoners).

226. *Madrid v. Gomez*, 889 F. Supp. 1146, 1265–66 (N.D. Cal. 1995) (finding that placing prisoners with mental illness within SHU would result in an unreasonable risk of exacerbating their illnesses).

227. *Connecticut Office of Protection & Advocacy for Persons with Disabilities v. Choinski*, No. 3:03-cv-1352 (RNC) (D. Conn. 2004) (private settlement agreement), available at <http://www.aclu.org/FilesPDFs/f07s2zl.pdf> (last visited Mar. 16, 2017).

228. *Jones'El v. Berge*, 164 F. Supp. 2d 1096, 1125–26 (W.D. Wis. 2001) (granting preliminary injunction requiring removal of those with serious mental illness from “supermax” prison, which isolates prisoners).

229. *Disability Advocates, Inc. v. New York State Office of Mental Health*, No. 1:02-cv-04002 (S.D.N.Y. 2007) (private settlement agreement). The implementation of a settlement agreement in a similar case, *Disability Law Center, Inc. v. Mass. Dept. of Corr., et al.*, No. 07-10463 (D. Mass.), is currently ongoing. See <http://dlc-ma.org/ourwork.htm> (last

wide and alleged that because of inadequate mental health treatment, prisoners with mental illness were trapped in the disciplinary process and ended up in isolated confinement settings, which caused them to deteriorate psychiatrically. The case resulted in a private settlement agreement that included among its provisions: a minimum of two hours per day of out-of-cell treatment or programming for prisoners with serious mental illness confined in SHU, universal and improved mental health screening of all prisoners upon admission to prison, creation and expansion of residential mental health programs, required and improved suicide prevention assessments upon admission to SHU, and improved treatment and conditions for prisoners in psychiatric crisis in observation cells. A stated goal of this agreement was to treat rather than isolate and punish prisoners with serious mental health needs. This settlement applies *only* to New York State prisoners. Also, note that because this is a private settlement agreement, it does not create an individual cause of action, and a court did not order its terms. If you intend to bring a lawsuit based on the failure of New York to provide necessary mental health treatment to you in isolation, you must exhaust your administrative remedies and file a separate lawsuit. If you are a prisoner incarcerated in New York State and are concerned you are not receiving services required by the settlement, you may write to the lawyers who are enforcing this agreement. Appendix B contains a list of organizations to contact for help.

In early 2008, the New York Legislature passed and the Governor signed bill S.333/A.4870 into law. This statute amends various sections of the New York Correction Law, expanding on some of the provisions of the settlement agreement and adopting others. Notably, it defines “serious mental illness,” provides for prisoners with serious mental illness to be diverted or removed from segregated confinement to residential mental health units, and provides them with improved mental health care.²³⁰

2. Your Right to Have Mental Health Considered in Disciplinary Proceedings

Mental health may be relevant in a prison disciplinary proceeding in three separate but related ways: whether the prisoner is mentally competent to proceed with the hearing; whether the prisoner was responsible for conduct at the time of the incident (or should not be held responsible because of his mental state at the time); and whether the prisoner’s mental status should be considered to lessen the penalty or in determining what the penalty should be. When there is a connection between mental illness and disciplinary misconduct, a prisoner with serious mental illness might commit a disciplinary infraction that jeopardizes chances for parole, results in lost good time credits,²³¹ or results in isolated confinement.²³² Some states recognize the relevance of mental health and require that prison administrators consider a prisoner’s mental health during disciplinary proceedings when deciding whether to sanction prisoners and, if so, how to sanction them. In New Jersey, the Department of Correction implemented disciplinary regulations following a lawsuit stating that hearing officers must submit the names of any prisoners facing disciplinary hearings to mental health staff to find out whether mental illness might have played a role in the prisoners’ behavior.²³³ The hearing officer must take all information available to him into account in deciding whether

visited Mar. 10, 2012) for more information.

230. N.Y. Correct. Law § 402 (McKinney 2013).

231. The effect of such discipline is a longer period of incarceration for these prisoners because of psychiatric disabilities. Suits challenging these practices have included claims based on the Americans with Disabilities Act and Rehabilitation Act. For more information on bringing suit under these acts, see *JLM*, Chapter 28, “Rights of Prisoners With Disabilities.”

232. Some courts clearly recognize the psychological effects of prolonged isolation as relevant to determining whether the discipline imposed constitutes an atypical and significant hardship under *Sandin v. Conner*, 515 U.S. 472, 483–84, 115 S. Ct. 2293, 2300, 132 L. Ed. 2d 418, 429–30 (1995), *overruled on other grounds by* *Cray v. Carey*, 2006 U.S. Dist. LEXIS 43286 (E.D. Cal. June 26, 2006) (*unpublished*). See, e.g., *Colon v. Howard*, 215 F.3d 227, 232 (2d Cir. 2000) (advising district courts in the Second Circuit that, in cases challenging SHU confinement, evidence of psychological effects of prolonged confinement in isolation is relevant); *Lee v. Coughlin*, 26 F. Supp. 2d 615, 637 (S.D.N.Y. 1998) (finding that 376 days in SHU was atypical and significant and also observing that “[t]he effect of prolonged isolation on inmates has been repeatedly confirmed in medical and scientific studies”); *McClary v. Kelly*, 4 F. Supp. 2d 195, 205–08 (W.D.N.Y. 1998) (holding that evidence of psychological harm (both expert and the plaintiff’s own testimony) created a triable issue under the *Sandin* “atypical and significant” standard).

233. *D.M. v. Terhune*, 67 F. Supp. 2d 401, 403 (D.N.J. 1999) (stating that mental health staff will be given a list of all prisoners with pending disciplinary charges and then will inform the disciplinary hearing officer before the hearing that the prisoner is undergoing mental health treatment).

to request a psychiatric evaluation and in deciding whether to impose punishment or refer the prisoner to a mental health unit instead of disciplining him.²³⁴

The New York State courts also recognize that evidence of a prisoner's poor mental health at the time of the incident which led to disciplinary charges should be considered at prison disciplinary hearings.²³⁵ The seriousness of the offense or the number of incidents should not interfere with a determination that alleged misconduct was caused by deteriorating mental health.²³⁶ Litigation in New York²³⁷ led to amendment of existing state-wide regulations that govern procedures at prison disciplinary hearings. The amendments contain criteria that establish when a prisoner's mental state must be considered at the hearing.²³⁸ These amendments also establish that the hearing officer must ask the prisoner and other witnesses about the prisoner's condition and interview an Office of Mental Health doctor concerning the prisoner's condition at the time of the incident and the time of the hearing.²³⁹ The amendments also created committees with full-time mental health staff at the maximum security prisons.²⁴⁰ The committees review SHU prisoners every two weeks and may recommend restoration of privileges, reduction of SHU term, housing reassignment, medication adjustment, or commitment to a psychiatric hospital.²⁴¹ Mental illness is taken into consideration in determining whether to dismiss, make a finding of guilt, or lessen any penalty imposed.²⁴² Recent litigation, *Disability Advocates, Inc. v. New York State Office of Mental Health*,²⁴³ resulted in a private settlement agreement that provides for additional changes to the disciplinary process including expansion of case management committees to additional prisons, multiple reviews of SHU sentences for prisoners receiving mental health services, restrictions on charging prisoners with serious mental illness for acts of self-harm, and restrictions on punishing prisoners with serious mental illness with the "loaf" (a restricted diet). These changes are contained in a private settlement agreement. They apply *only* to New York State prisoners. Also, note that the private settlement agreement does not create an individual cause of action and its terms were not ordered by the court. If you intend to bring a lawsuit based on the failure of New York to follow these procedures, you must exhaust your administrative remedies and file a separate

234. *D.M. v. Terhune*, 67 F. Supp. 2d 401, 403 (D.N.J. 1999).

235. *Huggins v. Coughlin*, 155 A.D.2d 844, 845, 548 N.Y.S.2d 105, 106-107 (3d Dept. 1989) (determining that the hearing officer is required to consider the prisoner's mental condition in making the disciplinary disposition when the inmate's mental state is at issue because "that principle is in conformity with the well-established proposition that evidence in mitigation of the penalty to be imposed or that which raises a possible excuse defense to the charged violation is relevant and material in a disciplinary proceeding"), *aff'd* 76 N.Y.2d 904, 905, 563 N.E.2d 281, 282, 561 N.Y.S.2d 910, 911 (1990); *People ex rel. Reed v. Scully*, 140 Misc. 2d 379, 382, 531 N.Y.S.2d 196, 199 (Sup. Ct. Oneida County 1988) ("[T]he mental competence and mental illness of a prisoner must be considered during the prison disciplinary process where a Penal Law § 40.15 adjudication has been made or a well-documented history of serious psychiatric problems calls the prisoner's mental health into question."); *see also Powell v. Coughlin*, 953 F.2d 744, 749 (2d Cir. 1991) (upholding Office of Mental Health policy that testimony at prison disciplinary hearings provided by clinical staff concerning a prisoner's mental health status must be done outside the presence of the prisoner, as reasonably related to legitimate penological interests) (citing *Turner v. Safley*, 482 U.S. 78, 89, 107 S. Ct. 2254, 2261, 96 L. Ed. 2d 64, 79 (1987), *superseded by statute on other grounds*). The requirement is now part of New York State regulations. *See* N.Y. Comp. Codes R. & Regs. tit. 7, § 254.6(c).

236. *Gittens v. Coughlin*, 143 Misc. 2d 748, 750, 541 N.Y.S.2d 718, 719 (Sup. Ct. Sullivan County 1989) (expunging prisoner's disciplinary record where at each hearing the prisoner was charged with aggressive behavior similar to behavior for which he was receiving psychiatric treatment; mental illness was not taken into account; there was no consideration of whether he was competent to participate in the hearing; his psychiatric history was well-documented; he had been committed to the forensic psychiatric hospital seventeen times; and the hearing officer did not inquire, based on his nonattendance at hearings, into whether or not he was competent); *Trujillo v. LeFevre*, 130 Misc. 2d 1016, 1017, 498 N.Y.S.2d 696, 698 (Sup. Ct. Clinton County 1986) ("[A]ny determination by the mental health unit that the petitioner's lack of mental health was a causal factor in his misbehavior should apply equally to all charges.").

237. *See, e.g., Anderson v. Goord*, 87-cv-141 (N.D.N.Y. 2003) (challenging the adequacy of mental health treatment for prisoners in disciplinary housing units at Attica and Auburn Correctional Facilities).

238. N.Y. Comp. Codes R. & Regs. tit. 7, § 254.6(b)(1).

239. N.Y. Comp. Codes R. & Regs. tit. 7, § 254.6(c)(3).

240. N.Y. Comp. Codes R. & Regs. tit. 7, § 310.1.

241. N.Y. Comp. Codes R. & Regs. tit. 7, § 310.3.

242. N.Y. Comp. Codes R. & Regs. tit. 7, § 254.6(f).

243. *Disability Advocates, Inc. v. N.Y. Office of Mental Health*, No. 1:02-cv-04002 (S.D.N.Y. 2007) (providing changes under private settlement agreement to the disciplinary process for prisoners in New York). For a brief summary of settlement provisions, visit the case profile on The Civil Rights Litigation Clearinghouse, University of Michigan School of Law website, *available at* <http://www.clearinghouse.net/detail.php?id=5560> (last visited Mar. 16, 2017).

lawsuit. If you are a prisoner incarcerated in New York State and are concerned that you are not receiving considerations required by the settlement, you may write to the lawyers who are enforcing this agreement. Appendix B contains a list of organizations to contact for help.

For more information on your rights at disciplinary hearings, please see Chapter 18 of the *JLM*, “Your Rights at Prison Disciplinary Proceedings.” In addition, because much of the information in this section is specific to New York and New Jersey, you should research the law in your own state if you live elsewhere.

E. Special Considerations for Pretrial Detainees

Pretrial detainees are individuals in custody who have not yet been convicted. Because they are considered “innocent until proven guilty,”²⁴⁴ pretrial detainees enjoy many of the rights they would have were they not in jail. Put another way, pretrial detainees, unlike convicted prisoners, may not be punished, and can claim that jail practices subjecting them to punishment violate their due process rights to be found guilty before punishment is inflicted.²⁴⁵ In *Bell v. Wolfish*, the Supreme Court declared that the Due Process Clause of the Fourteenth Amendment governs whether conditions of confinement violate prisoners’ rights.²⁴⁶ The Court established in *Bell* that jail conditions should not be assessed under the Eighth Amendment, which bans cruel and unusual punishment,²⁴⁷ because pretrial detainees cannot be punished *at all*.²⁴⁸ Instead, claims are assessed under the Due Process Clause of the Fourteenth Amendment. For more information about filing a constitutional claim under the Due Process Clause of the Fourteenth Amendment, see Chapter 16 of the *JLM*, “Using 42 U.S.C. § 1983 and 28 U.S.C. § 1331 to Obtain Relief From Violations of Federal Law.”

Note that the Supreme Court has also made it clear that losing your liberty by confinement before trial does *not* violate the Constitution; it is only when your loss of liberty goes beyond what necessarily comes with detention that prisoners may raise claims that their rights have been violated.²⁴⁹ The *Bell* rule shapes most of the law surrounding your rights as a pretrial detainee to adequate mental health care and to avoid unwanted treatment.

1. Your Right as a Pretrial Detainee to Psychiatric Medical Care

In *City of Revere v. Massachusetts General Hospital*, the Supreme Court applied the *Bell v. Wolfish* rule, that pretrial detainees are entitled to be free of punishment under the Due Process Clause, to the medical care context. In that case, the Court found the Due Process Clause requires the government to provide medical care to pretrial detainees in its custody, and those detainees must receive protections “*at least as great as* the Eighth Amendment protections available to a convicted prisoner.”²⁵⁰ Pretrial detainees’ claims that they have been denied adequate medical care are assessed under the Due Process Clause of the Constitution, rather than under the Eighth Amendment.²⁵¹ However, many circuit courts have imported *Estelle v. Gamble*’s²⁵² “deliberate indifference” test, which is based on the Eighth Amendment, to evaluate

244. See, e.g., *Campbell v. McGruder*, 580 F.2d 521, 527 (D.C. Cir. 1978) (pretrial detainees are presumed innocent and therefore may not be punished).

245. See *Bell v. Wolfish*, 441 U.S. 520, 535, 99 S. Ct. 1861, 1872, 60 L. Ed. 2d 447, 466 (1979) (holding that conditions of confinement should be evaluated for whether they inflict punishment on prisoners without due process).

246. *Bell v. Wolfish*, 441 U.S. 520, 535, 99 S. Ct. 1861, 1872, 60 L. Ed. 2d 447, 466 (1979) (“[U]nder the Due Process Clause, a detainee may not be punished prior to an adjudication of guilt.”).

247. U.S. Const. amend. VIII (“Excessive bail shall not be required, nor excessive fines imposed, *nor cruel and unusual punishments inflicted*.”) (emphasis added).

248. *Bell v. Wolfish*, 441 U.S. 520, 535 n.16, 99 S. Ct. 1861, 1872 n.16, 60 L. Ed. 2d 447, 466 n.16 (1979) (“Due process requires that a pretrial detainee not be punished.”).

249. *Bell v. Wolfish*, 441 U.S. 520, 538, 99 S. Ct. 1861, 1873, 60 L. Ed. 2d 447, 468 (1979) (“A court must decide whether the disability is imposed for the purpose of punishment or whether it is but an incident of some other legitimate governmental purpose.”).

250. *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244, 103 S. Ct. 2979, 2983, 77 L. Ed. 2d 605, 611 (1983) (emphasis added).

251. See *Bell v. Wolfish*, 441 U.S. 520, 535 n.16, 99 S. Ct. 1861, 1872 n.16, 60 L. Ed. 2d 447, 466 n.16 (1979) (“[The] State does not acquire the power to punish with which the [8th] Amendment is concerned until after it has secured a formal adjudication of guilt in accordance with due process of law. Where the State seeks to impose punishment without such an adjudication, the pertinent constitutional guarantee is the Due Process Clause of the [14th] Amendment.”) (quoting *Ingraham v. Wright*, 430 U.S. 651, 671–72 n.40 (1977)).

252. *Estelle v. Gamble*, 429 U.S. 97, 107, 97 S. Ct. 285, 293, 50 L. Ed. 2d 251, 262 (1976) (finding that “[a] medical

pretrial detainees' claims.²⁵³ Some courts have found delaying treatment for pretrial detainees violates due process because delay punishes detainees and shows deliberate indifference to the serious medical needs of the detainees.²⁵⁴

The deliberate indifference test is subjective, not objective.²⁵⁵ This means for an official to be found "deliberately indifferent," the official must have been aware there was a substantial risk of serious harm but failed to respond reasonably to the risk.²⁵⁶ The official's conduct must go beyond mere negligence.²⁵⁷

The bottom line is that you, as a pretrial detainee, have at least the same rights that a convicted prisoner has to adequate and timely medical and psychiatric care. Your right comes from the Fourteenth Amendment, and may come from state statutes.²⁵⁸ So, before filing your complaint, you should find out what the law is in your state.

(a) Your Right to Protection From Self-Harm and to Screening for Mental Illness

One application of the right to mental health care is the right to protection from self-harm and suicide. As a general rule, courts have found that jail staff and administrators have a duty to protect pretrial detainees²⁵⁹ and/or provide them with adequate psychiatric care.²⁶⁰ Jail officials are liable for failing to

decision not to order an X-ray, or like measures, does not represent cruel and unusual punishment. At most it is medical malpractice . . ."). For more information on the deliberate indifference standard, which requires showing more than negligence, please see Part B(2) of this Chapter.

253. *See, e.g.*, *Elliott v. Cheshire Cnty.*, 940 F.2d 7, 10–12 (1st Cir. 1991) (holding that jail officials violated detainees' rights when they exhibited deliberate indifference to medical needs); *Hill v. Nicodemus*, 979 F.2d 987, 990–92 (4th Cir. 1992) (finding deliberate indifference is the proper standard under which to assess detainees' rights to medical and mental health care); *Partridge v. Two Unknown Police Officers*, 791 F.2d 1182, 1186–87 (5th Cir. 1986) (finding pretrial detainees are entitled to at least the level of medical care required under the deliberate indifference test); *Heflin v. Stewart County*, 958 F.2d 709, 714 (6th Cir. 1992) (holding that pretrial detainees must show jail acted with deliberate indifference to serious medical needs), *overruled on other grounds by Monzon v. Parmer County*, 2007 U.S. Dist. LEXIS 43798 (N.D. Tex. June 15, 2007) (*unpublished*); *Hall v. Ryan*, 957 F.2d 402, 404–05 (7th Cir. 1992) (finding that pretrial detainees are at least entitled to protection from jailers' deliberate indifference); *Bell v. Stigers*, 937 F.2d 1340, 1342–43 (8th Cir. 1991) (holding that under either the 8th or 14th Amendments, deliberate indifference is the appropriate standard for assessing pretrial detainees' claims); *Redman v. County of San Diego*, 942 F.2d 1435, 1441 (9th Cir. 1991) (en banc) (finding deliberate indifference is the appropriate test for pretrial detainees' claims, but distinguishing other levels of culpability in the prison context); *Howard v. Dickerson*, 34 F.3d 978, 980 (10th Cir. 1994) (holding deliberate indifference test applies to pretrial detainees); *Cottrell v. Caldwell*, 85 F.3d 1480, 1490–91 (11th Cir. 1996) (rejecting a pretrial detainee's mistreatment claim because of a failure to show subjective deliberate indifference).

254. *Redman v. County of San Diego*, 942 F.2d 1435, 1443 (9th Cir. 1991) (en banc) ("We therefore hold that deliberate indifference is the level of culpability that pretrial detainees must establish for a violation of their personal security interests under the fourteenth amendment. We also hold that conduct that is so wanton or reckless with respect to the unjustified infliction of harm as is tantamount to a knowing willingness that it occur . . . will also suffice to establish liability. . .") (internal quotation marks and citation omitted); *Terry v. Hill*, 232 F. Supp. 2d 934, 943–44 (E.D. Ark. 2002) (holding it violates due process and the 8th Amendment to subject pretrial detainees to an average wait of over eight months for admission to a hospital for mental health care); *Swan v. Daniels*, 923 F. Supp. 626, 631 (D. Del. 1995) (finding the court could apply either the 8th or 14th Amendment to assess prisoner's claims, since both amendments provide equivalent protection).

255. *See, e.g.*, *Elliott v. Cheshire County*, 940 F.2d 7, 10 (1st Cir. 1991) ("[A] finding of deliberate indifference requires . . . that defendant's knowledge of a large risk can be inferred.") (citation omitted); *Hare v. City of Corinth*, 74 F.3d 633, 636 (5th Cir. 1996) (*en banc*) ("We hold that the episodic act or omission of a state jail official does not violate a pretrial detainee's due process right to medical care or protection from suicide unless the official acted or failed to act with subjective deliberate indifference to the detainee's rights."); *Sanderfer v. Nichols*, 62 F.3d 151, 154–55 (6th Cir. 1995); *Conn v. City of Reno*, No. 07-15572, 2010 U.S. App. LEXIS 729, at *3 (9th Cir. 2010) (*unpublished*) (overturning district court's grant of summary judgment in case where police officers detained plaintiff, witnessed her attempt at suicide, and failed to report her suicide, and where plaintiff successfully attempted suicide after a second arrest the following day).

256. *Sanderfer v. Nichols*, 62 F.3d 151, 154–55 (6th Cir. 1995) (adopting and applying the *Farmer v. Brennan* subjective deliberate indifference test to a pretrial detainee's claim).

257. *Sanderfer v. Nichols*, 62 F.3d 151, 154–55 (6th Cir. 1995) (adopting and applying the *Farmer v. Brennan* subjective deliberate indifference test to a pretrial detainee's claim).

258. *See, e.g.*, Ark. Code Ann. § 5-2-305 (2006) (establishing a state hospital's duty to provide care for detainees with mental illness committed for evaluation or treatment).

259. *Hare v. City of Corinth*, 74 F.3d 633, 650 (5th Cir. 1996) (en banc) (holding that the state has a duty to provide mental health care to suicidal pretrial detainees where to deny it would suggest deliberate indifference); *Elliott v. Cheshire County*, 940 F.2d 7, 10 (1st Cir. 1991) ("It is clearly established . . . that jail officials violate the due process

prevent a suicide or a suicide attempt only if they knew or should have known that a prisoner was suicidal.²⁶¹ The standard that courts typically apply to determine if the State failed to protect prisoners from themselves or failed to provide mental health care is “deliberate indifference,”²⁶² which is outlined in Parts E(1)(a) and B(2) of this Chapter. In a case of self-harm, “deliberate indifference” requires a strong likelihood that self-infliction of harm will occur.”²⁶³

Similarly, courts have not established a clear rule requiring screening for mental health problems or suicidal tendencies upon arrival at a jail. Some courts have held incoming prisoners must be screened so that they can be provided with mental health care.²⁶⁴ Other courts have found there is no duty to screen.²⁶⁵

(b) Your Right to Continuation of Drug Treatment

Although prisons are not usually required to offer specific types of treatment like methadone maintenance,²⁶⁶ you do have a protected liberty interest in treatments that you are already receiving at the time you begin your incarceration. Since pretrial detainees retain many of their rights, any unnecessary deprivation of liberty—like withdrawing methadone—violates their due process rights.²⁶⁷ Additionally, withdrawal pain can be considered punishment, which is not allowed prior to trial or plea.²⁶⁸ The only limit on this right is if the government can claim that *its* interest in ensuring, for example, jail security or your presence at trial²⁶⁹ overrides *your* interest in liberty. In addition to due process, if you are detained rather

rights of their detainees if they exhibit a deliberate indifference to the medical needs of the detainees that is tantamount to an intent to punish.”); *Hill v. Nicodemus*, 979 F.2d 987, 991 (4th Cir. 1992) (holding that a pretrial detainee who had committed suicide was entitled to medical care, and its denial could be assessed under the deliberate indifference standard); *Partridge v. Two Unknown Police Officers*, 791 F.2d 1182, 1187 (5th Cir. 1986) (holding that jail officials had a duty not to be deliberately indifferent to an inmate’s psychiatric needs).

260. *Hare v. City of Corinth*, 74 F.3d 633, 650 (5th Cir. 1996) (en banc) (holding that the state has a duty to provide mental health care to suicidal pretrial detainees where to deny it would suggest deliberate indifference); *Elliott v. Cheshire County*, 940 F.2d 7, 10 (1st Cir. 1991) (“It is clearly established . . . that jail officials violate the due process rights of their detainees if they exhibit a deliberate indifference to the medical needs of the detainees that is tantamount to an intent to punish.”); *Hill v. Nicodemus*, 979 F.2d 987 (4th Cir. 1992) (holding that a pretrial detainee who had committed suicide was entitled to medical care, and its denial could be assessed under the deliberate indifference standard); *Partridge v. Two Unknown Police Officers*, 791 F.2d 1182, 1187 (5th Cir.) (holding that jail officials had a duty not to be deliberately indifferent to an inmate’s psychiatric needs).

261. *Elliott v. Cheshire County*, 940 F.2d 7, 10–11 (1st Cir. 1991).

262. *Hare v. City of Corinth*, 74 F.3d 633, 643 (5th Cir. 1996) (en banc) (adopting a test of deliberate indifference for episodic acts of inadequate medical care or failure to protect).

263. *Elliott v. Cheshire County*, 940 F.2d 7, 10 (1st Cir. 1991) (quoting *Torraco v. Maloney*, 923 F.2d 231, 236 (1st Cir. 1991)).

264. *Campbell v. McGruder*, 580 F.2d 521, 548–50 (D.C. Cir. 1978) (creating an affirmative duty to screen pretrial detainees displaying unusual behavior for mental illness, and requiring treatment for their medical needs); *Alberti v. Sheriff of Harris County*, 406 F. Supp. 649, 677 (S.D. Tex. 1975) (ordering that jail establish an intake screening process to detect alcohol and drug abuse, and mental illness).

265. *Belcher v. Oliver*, 898 F.2d 32, 34–35 (4th Cir. 1990) (holding detainee’s right to be free from punishment did not include right to be screened for mental illness or suicide risk); *Gagne v. City of Galveston*, 805 F.2d 558, 560 (5th Cir. 1986) (holding arresting officer had no duty to screen for suicidal tendencies); *Danese v. Asman*, 875 F.2d 1239, 1244 (6th Cir. 1989) (“It is one thing to ignore someone who has a serious injury and is asking for medical help; it is another to be required to screen prisoners correctly to find out if they need help.”); *Estate of Cartwright v. City of Concord*, 856 F.2d 1437, 1439 (9th Cir. 1988) (upholding a finding that did not impose liability for failure to screen for mental illness).

266. *See Norris v. Frame*, 585 F.2d 1183, 1188 (3d Cir. 1978) (“There is no constitutional right to methadone.”); *Hines v. Anderson*, 439 F. Supp. 12, 17 (D. Minn. 1977) (finding no requirement that prison administer methadone as part of a drug maintenance program).

267. *Norris v. Frame*, 585 F.2d 1183, 1185 (3d Cir. 1978) (finding that under the circumstances, the pretrial detainee’s methadone treatment should have continued); *Cudnik v. Kreiger*, 392 F. Supp. 305, 311–12 (N.D. Ohio 1974) (holding that it violates due process to deny prisoner the right to continue methadone treatment); *see generally* *Bell v. Wolfish*, 441 U.S. 520, 535, 99 S. Ct. 1861, 1872, 60 L. Ed. 2d 447, 466 (1979) (applying the Due Process Clause to assess pretrial detainees’ conditions of confinement claims).

268. *See Norris v. Frame*, 585 F.2d 1183, 1187 (3d Cir. 1978) (“A detainee . . . may not be ‘punished’ at all.”); *Cudnik v. Kreiger*, 392 F. Supp. 305, 311 (N.D. Ohio 1974) (“[A] pretrial detainee should not be subjected to . . . punishment or loss.”).

269. *Norris v. Frame*, 585 F.2d 1183, 1189 (3d Cir. 1978) (providing that the state can only override a prisoner’s liberty interest in limited circumstances: those inherent to confinement, necessary to guarantee jail security, or needed to ensure defendant’s presence at trial); *Cudnik v. Kreiger*, 392 F. Supp. 305, 311 (N.D. Ohio 1974) (finding pretrial detainees should lose only those liberties incident to confinement).

than released and are being denied methadone, you may be able to claim that you are not being treated the same as pretrial defendants who *are* out on pretrial release.²⁷⁰

2. Unwanted Treatment as a Pretrial Detainee

Just as you have the right to refuse medication while you are in prison,²⁷¹ you have the right to refuse treatment if you are a detainee awaiting trial.²⁷² However, your right to refuse medication is not absolute. Even though you have more rights as a detainee than as a convicted prisoner, the nature of the government interest in giving you medication is unique in this context. Specifically, the government may give you medication before trial in order to make you competent to stand trial.²⁷³ However, the government may do this *only* if several conditions are met.²⁷⁴ Similarly, there are several procedural checks in place to make sure that medicating you is absolutely necessary.²⁷⁵ If you are a detainee in federal custody, for example, you are entitled to an administrative hearing for which you had prior notice and are provided representation, and at which you may appear, present evidence, cross-examine witnesses, and hear the testimony of your treating mental health professional.²⁷⁶ You also may appeal a decision that you do not like.²⁷⁷ The reason that there are so many checks is that you have a strong interest in defining your own treatment as well as in conducting your defense.²⁷⁸ Thus, courts will be very careful to make sure that your interests are appropriately balanced against the government's interests.²⁷⁹

(a) The *Sell* Test: Conditions the Government Must Meet Before Medicating You

In *Sell v. United States*,²⁸⁰ the Supreme Court established the test for when it may be appropriate for the government to forcibly medicate you prior to trial for serious but non-violent crimes, and when it violates your rights to do so. There, the Court required the government to comply with *all* of the following conditions before medicating the pretrial detainee:

3. Important Government Interests Are at Stake.²⁸¹

The Court has held that determining a defendant's guilt or innocence for a "serious crime" is an important government interest.²⁸² However, there is no clear rule defining what "serious" means, though courts may measure it based on the sentence to which the charged crime exposes you.²⁸³ One court, for

270. *Cudnik v. Kreiger*, 392 F. Supp. 305, 312 (N.D. Ohio 1974) (holding that those detained pretrial should not suffer greater deprivations—other than confinement—than those released pending trial).

271. *Washington v. Harper*, 494 U.S. 210, 221–22, 110 S. Ct. 1028, 1036, 108 L. Ed. 2d 178, 198 (1990) (finding prisoner had a protected liberty interest under the Due Process Clause in avoiding unwanted medication).

272. *Riggins v. Nevada*, 504 U.S. 127, 137, 112 S. Ct. 1810, 1816, 118 L. Ed. 2d 479, 490 (1992) (holding lower court erred by not acknowledging criminal defendant's liberty interest in avoiding unwanted antipsychotic drugs); *generally* *Bell v. Wolfish*, 441 U.S. 520, 545, 99 S. Ct. 1861, 1877, 60 L. Ed. 2d 447, 472 (1979) (holding that pretrial detainees enjoy at least as much protection as convicted prisoners).

273. *Sell v. United States*, 539 U.S. 166, 169, 123 S. Ct. 2174, 2178, 156 L. Ed. 2d 197, 205 (2003) (concluding that the government may administer antipsychotic drugs to pretrial detainees in limited circumstances). In prison, in contrast, the government interest is often defined in terms of avoiding harm to self or others. *See* *Washington v. Harper*, 494 U.S. 210, 227, 110 S. Ct. 1028, 1039–40, 108 L. Ed. 2d 178, 198 (1990).

274. *Sell v. United States*, 539 U.S. 166, 180–81, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 211–12 (2003) (establishing a multi-part test for when a detainee may be medicated to restore competence to stand trial).

275. *United States v. Brandon*, 158 F.3d 947, 955 (6th Cir. 1998) (ordering a hearing before a judge to decide whether to medicate defendant before trial).

276. 28 C.F.R. § 549.46(a) (2016).

277. 28 C.F.R. § 549.46(a)(8) (2016).

278. *See, e.g., Riggins v. Nevada*, 504 U.S. 127, 137, 112 S. Ct. 1810, 1816, 118 L. Ed. 2d 479, 491 (1992) (concluding that side effects from antipsychotic medication likely unfairly impaired prisoner's defense at trial); *United States v. Brandon*, 158 F.3d 947, 955 (6th Cir. 1998) (holding that courts should consider whether medication will affect the defendant's physical appearance at trial or as the defendant's ability to aid in the preparation of his own defense).

279. *See* *United States v. Rivera-Guerrero*, 377 F.3d 1064, 1069 (9th Cir. 2004) (finding that only federal district courts, not federal magistrates, may authorize the involuntary administration of medication because protection from unwanted medication is such an important right).

280. *Sell v. United States*, 539 U.S. 166, 123 S. Ct. 2174, 156 L. Ed. 2d 197 (2003).

281. *Sell v. United States*, 539 U.S. 166, 180, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 211 (2003).

282. *Sell v. United States*, 539 U.S. 166, 180, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 211 (2003).

283. *See* *United States v. Evans*, 404 F.3d 227, 237 (4th Cir. 2005) (looking to the maximum statutory sentence to

instance, declined to fix a clear line defining what crimes are serious, but found that one exposing a defendant to a maximum of 10 years of imprisonment was serious.²⁸⁴ Therefore, the government had an interest in trying the detainee in that case.²⁸⁵

4. No Special Circumstances Exist that Lessen the Government's Interest in Prosecution.²⁸⁶

If special circumstances exist, the government's interest in trying you will be less important. But, the *Sell* Court noted that, if the detainee is deemed dangerous to himself or others, the State may medicate him on those grounds instead, and need not reach the question of whether medication is necessary to enable him to stand trial.²⁸⁷ In such a case, special circumstances might not lessen the government's interest, which would involve safety rather than ensuring a detainee could stand trial. You should note that the burden on the government is lower if it desires to medicate you for dangerousness reasons rather than to stand trial.²⁸⁸

5. Involuntary Medication "Significantly Further[s]" Government Interests, Making Defendant's Competence to Stand Trial Substantially Likely.²⁸⁹

Several courts have tried to define what "substantially likely" means. One court found that a 50% likelihood that the pretrial detainee would regain competency was not enough to justify giving him medication over his objection.²⁹⁰ Another court held that a 70% success rate among other detainees was enough.²⁹¹ Yet another court has stated that an 80% chance was enough.²⁹² Though it is not clear exactly what counts as "substantially likely," the greater the percentage chance you will be restored to health—a matter about which a psychiatrist will testify at your involuntary medication hearing—the smaller the chance you have of successfully claiming that the government should fail the *Sell* test. However, because the government must meet all of *Sell*'s conditions, you still might be able to claim that you should not be medicated for other reasons. Furthermore, some courts have been skeptical of the practice of using statistical evidence of how likely a defendant is to regain competence,²⁹³ and so you might be able to argue that the statistics themselves are flawed.

Courts are also concerned that side effects, even if not medically harmful, may alter the detainee in ways that are likely to affect his ability to assist in his defense.²⁹⁴ Whether this will happen is another factor that courts should consider when deciding whether to allow you to be medicated before trial.

determine whether a crime is "serious"); *United States v. Dallas*, 461 F. Supp. 2d 1093, 1097 (D. Neb. 2006) ("The seriousness of the crime is measured by its maximum statutory penalty.")

284. *United States v. Evans*, 404 F.3d 227, 232 (4th Cir. 2005) (finding that a defendant facing federal charges of assaulting a U.S. agricultural employee and threatening to murder a U.S. judge had committed a "serious" crime).

285. *United States v. Evans*, 404 F.3d 227, 238 (4th Cir. 2005).

286. *Sell v. United States*, 539 U.S. 166, 180, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003) (finding that special circumstances, like the fact that the detainee is likely to be civilly confined for a length of time, might lessen the need to prosecute criminally and therefore also lessen the need to medicate a detainee for the sake of standing trial).

287. *Sell v. United States*, 539 U.S. 166, 182–83, 123 S. Ct. 2174, 2185–86, 156 L. Ed. 2d 197, 213–14 (2003) (finding that if the government can instead seek civil commitment, where the detainee may be medicated because of risk to self or others, it should do that prior to seeking to medicate to stand trial); *United States v. Cruz-Martinez*, 436 F. Supp. 2d 1157, 1159 n.2 (S.D. Cal. 2006) (noting that courts often conduct a *Washington v. Harper* dangerousness assessment prior to a trial competence one because of the difficulty of the *Sell* inquiry to determine whether a person can be forcibly medicated); *United States v. White*, 431 F.3d 431, 434–35 (5th Cir. 2005) (holding that government should have sought a dangerousness assessment before assessing whether to forcibly medicate to restore competency).

288. *See United States v. Rodman*, 446 F. Supp. 2d 487, 496 (D.S.C. 2006) ("[T]he standard for determining whether to forcibly medicate a detainee for the sole purpose of rendering him competent for trial is greater than the standard for medicating a detainee who poses a significant danger to himself or others.")

289. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003) (noting that the use of drugs must be "in the patient's best medical interest in light of his medical condition" and must take into account the chance of side effects).

290. *United States v. Rivera-Morales*, 365 F. Supp. 2d 1139, 1141 (S.D. Cal. 2005).

291. *United States v. Gomes*, 387 F.3d 157, 161–62 (2d Cir. 2004).

292. *United States v. Bradley*, 417 F.3d 1107, 1115 (10th Cir. 2005).

293. *United States v. Cruz-Martinez*, 436 F. Supp. 2d 1157, 1162 (S.D. Cal. 2006) (doubting the "predictive value and applicability of the government's statistic regarding the likelihood of success").

294. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003).

6. Involuntary Medication is Necessary to Further Government Interests, and Less Intrusive Means Are Unlikely to Achieve the Same Result.²⁹⁵

The Supreme Court requires the government to explore alternatives before resorting to the very invasive practice of giving you medication over your objection.²⁹⁶ These means might include non-drug therapies, or a court order to the detainee backed by the court's power to punish him for contempt if he does not comply.²⁹⁷

7. Medication is Medically Appropriate (in the Detainee's Best Interest).²⁹⁸

If the State is trying to medicate you, the drugs must be in your best interest. If the side effects are too dangerous, for example, a court may deny the government's request to medicate you.²⁹⁹ Courts have even held that the government must provide evidence as to how the drugs are likely to affect *you* specifically, rather than people generally.³⁰⁰

(a) Other Procedural Requirements

The *Sell* case involves what is called your “substantive due process” right to avoid unwanted intrusions into your personal liberty. The *Sell* test weighs your interests against the government's interests. You also have the right to certain *procedures* before your rights are taken away. For example, you are entitled to a hearing before you are forcibly medicated. If the government seeks to medicate you for dangerousness, it must at least give you an administrative hearing.³⁰¹ If, however, it is trying to restore your competence to stand trial, you are entitled to a full judicial hearing in a court.³⁰² In both cases, you have the right to protections like notice (you must be told when and where your hearing will occur), representation by a lawyer, and the ability to present evidence. The precise procedural requirements vary by state.

Another safeguard that courts have established is the burden of proof that the government must meet when trying to forcibly administer medication to pretrial detainees. Though not all federal circuits have decided this question, the general rule is that the government must show medication is necessary by “clear and convincing evidence.”³⁰³ Although clear and convincing is not as difficult a standard to meet as “beyond a reasonable doubt,” which is the standard in criminal cases, it is still very hard to meet. Furthermore, the government may not use conclusory evidence—or evidence that presumes the point it is trying to make—to prove its case.³⁰⁴ Though these protections do not offer you an absolute right to avoid treatment, they make it more difficult for the State to take away your rights.

F. Planning for Your Release

If you are a New York prisoner and are receiving mental health care while in custody, your institution should provide you with some assistance in planning for treatment upon your release. A staff member

295. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003).

296. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003).

297. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003).

298. *Sell v. United States*, 539 U.S. 166, 181, 123 S. Ct. 2174, 2185, 156 L. Ed. 2d 197, 212 (2003).

299. *See United States v. Evans*, 404 F.3d 227, 242 (4th Cir. 2005) (requiring government to state what the likely side effects will be, and whether the benefits of treatment will outweigh them); *United States v. Cruz-Martinez*, 436 F. Supp. 2d 1157, 1162–63 (S.D. Cal. 2006) (finding antipsychotic drugs can have severe side effects, and the government had not met its burden of showing that the benefits of giving them to the detainee outweighed the risks).

300. *See United States v. Evans*, 404 F.3d 227, 241 (4th Cir. 2005) (finding fault with government's failure to provide evidence about this particular detainee).

301. *See United States v. White*, 431 F.3d 431, 435 (5th Cir. 2005) (finding the federal government regulatory scheme entitled pretrial detainee to an administrative hearing on the issue of forcible medication).

302. *United State v. Brandon*, 158 F.3d 947, 956 (6th Cir. 1998) (finding that judicial, rather than administrative, hearing is necessary because there is “great risk” in allowing the decision to be made by individuals without legal training).

303. *United States v. Gomes*, 387 F.3d 157, 160 (2d Cir. 2004) (requiring the government to make its case for involuntary medication with clear and convincing proof); *United States v. Bradley*, 417 F.3d 1107, 1114 (10th Cir. 2005) (finding that because important interests are involved, the government must prove its case by clear and convincing evidence); *United States v. Cruz-Martinez*, 436 F. Supp. 2d 1157, 1160 n.3 (S.D. Cal. 2006) (adopting the “clear and convincing” burden of proof standard).

304. *See United States v. Evans*, 404 F.3d 227, 240 (4th Cir. 2005) (criticizing the government for its failure to explain how it reached its conclusions about alleged necessity to medicate pretrial detainee).

304. N.Y. Mental Hygiene Law § 29.15(g) (McKinney 2013).

familiar with your case should complete a written service plan. The plan should at least include a statement of your need for supervision, medication, aftercare services, or assistance in finding employment, as well as a list of organizations and facilities that are available to provide treatment.

G. Where to Go for Help

In most states, there are organizations called Protection and Advocacy (“P&A”) agencies that protect and advocate for the rights of people with mental illnesses. P&A agencies also investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illnesses. These facilities—which may be public or private—include hospitals, nursing homes, homeless shelters, jails, and prisons. P&As may advocate for prisoners and investigate issues that come up during transportation or admission to such treatment facilities, during residency in them, or within ninety days after discharge from them.³⁰⁵

H. Conclusion

This Chapter explains your rights as a prisoner with mental illness. It covers the basic information you will need to understand how the law applies to prisoners with mental illness, your right to receive treatment, and your limited right to refuse unwanted treatment and transfers. For a list of organizations that might be able to help you with legal issues related to your mental illness, see Appendix A or write to the JLM for further assistance.

305. This general definition of Protection and Advocacy Agencies was taken from various publications by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, such as *Transforming Housing for People with Psychiatric Disabilities Report 17* (2006), available at <http://store.samhsa.gov/shin/content/SMA06-4173/SMA06-4173.pdf> (last visited Mar. 16, 2017).

APPENDIX A

RESOURCES FOR PRISONERS WITH MENTAL ILLNESS

The following is a list of organizations, including Protection and Advocacy organizations (P&As) that you might wish to contact for help with legal issues related to your mental illness. This list is not complete, and every state should have at least one P&A that assists people with mental illness. To find out the name and contact information for the P&A in your area, contact the National Disability Rights Network, 900 Second Street NE, Suite 211, Washington, D.C. 20002; Phone: (202) 408-9514, TTY: (202) 408-9521, Fax: (202) 408-9520.

National Organization

The Bazelon Center for Mental Health Law

1101 15th Street NW, Suite 1212
Washington, DC 20005
Phone: (202) 467-5730
Fax: (202) 223-0409
TDD: (202) 467-4232
<http://www.bazelon.org>

California

Disability Rights California

1831 K Street
Sacramento, CA 95811
Phone: (916) 504-5800
Fax: (916) 504-5802
<http://www.disabilityrightscalifornia.org/>

Florida

Advocacy Center for Persons with Disabilities, Inc.

2728 Centerview Drive, Suite 102
Tallahassee, FL 32301
Phone: (850) 488-9071
Toll Free: (800) 342-0823 (in-state)
Fax: (850) 488-8640
TDD: (800) 346-4127
<http://www.disabilityrightsflorida.org/>

Massachusetts

Disability Law Center, Inc.

11 Beacon Street, Suite 925
Boston, MA 02108
Phone: (617) 723-8455
Toll Free: (800) 872-9992
TTY: (800) 381-0577
Fax: (617) 723-9125
<http://www.dlc-ma.org/index.htm>

New York

The Urban Justice Center

123 William Street, 16th Floor
New York, NY, 10038
Phone: (646) 602-5600
Fax: (212) 533-4598
<http://www.urbanjustice.org/>
Counties served: Bronx, Brooklyn, Manhattan, Queens

Disability Advocates, Inc.

5 Clinton Square, 3rd Floor
Albany, NY 12207
Phone: (518) 432-7861 (voice and TTY)
Toll Free: (800) 993-8982
Fax: (518) 427-6561 (voice and TTY)
<http://www.disabilityadvocates.info/>
Counties served: Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Westchester

New York State Commission on Quality of Care and Advocacy for Persons with Disabilities ("CQCAPD")

401 State Street
Schenectady, NY 12305
Toll Free: (800) 624-4143 (Voice/TTY/Spanish)
<http://www.cqcapd.state.ny.us>

Legal Aid Society of Northeastern New York, Inc.

100 Court Street, P.O. Box 989
Plattsburgh, NY 12901
Phone: (518) 563-4022
Toll Free: (800) 722-7380
Fax: (518) 563-4058
<http://www.lasnny.org/>
Counties served: Franklin, Clinton, Essex, Hamilton

Legal Aid Society of Northeastern New York, Inc.

17 Hodskin Street
 Canton, NY 13617
 Phone: (315) 386-4586
 Toll Free: (800) 822-8283
 Fax: (315) 386-2868
<http://www.lasnny.org/>

Counties served: St. Lawrence, St. Regis Indian Reservation

Legal Aid Society of Northeastern New York, Inc.

112 Spring Street
 Saratoga Springs, NY 12866
 Phone: (518) 587-5188
 Toll free: (800) 870-8343
 Fax: (518) 587-0959
<http://www.lasnny.org/>

Counties served: Saratoga, Warren, Washington

Legal Aid Society of Northeastern New York, Inc.

1 Kimball Street
 Amsterdam, NY 12010
 Phone: (518) 842-9466
 Toll free: (800) 821-8347
 Fax: (518) 843-1792
<http://www.lasnny.org/>

Counties served: Fulton, Montgomery, Schoharie

Legal Aid Society of Northeastern New York, Inc.

55 Colvin Avenue
 Albany, NY 12206
 Phone: (518) 462-6765
 Toll free: (800) 462-2922
 Fax: (518) 427-8352
<http://www.lasnny.org/>

Counties Served: Albany, Columbia, Greene, Rensselaer, Schenectady

New York Lawyers for the Public Interest

151 West 30th Street, 11th Floor
 New York, NY 10001-4017
 Phone: (212) 244-4664
 Fax: (212) 244-4570
<http://nylpi.org>

Counties served: Bronx, Brooklyn, Manhattan, Queens, Richmond

Neighborhood Legal Services, Inc.

237 Main Street, 4th Floor
 Buffalo, NY 14203
 Phone: (716) 847-0650
 TTY: (716) 847-1322
 Fax: (716) 847-0227
<http://www.nls.org/>

Counties served: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates

Legal Services of Central New York, Inc.

472 South Salina Street, Suite 300
 Syracuse, NY 13202
 Phone: (315) 703-6500
 Toll Free: (866) 475-9967 (in-state)
 TTY: (866) 475-3120
 Fax: (315) 475-2706
<http://www.lscny.org/>

Counties served: Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Otsego, Oswego, Schuyler, Tompkins, Tioga

Touro College Clinic Program

Jacob D. Fuchsberg Law Center
 225 Eastview Drive
 Central Islip, NY 11722
 Phone: (631) 761-7080
 Fax: (631) 421-2675

Counties served: Nassau, Suffolk

TexasAdvocacy, Inc.

7800 Shoal Creek Blvd., Suite 171-E
 Austin, TX 78757-1024
 Phone: (512) 454-4816
 Toll Free: (866) 362-2851 (Voice/TDD)
 Fax: (512) 323-0902

(only in county and city jails)

<http://www.disabilityrightstx.org>

APPENDIX B

CONTACT INFORMATION FOR DISABILITY ADVOCATES, INC. V. NEW YORK STATE OFFICE OF MENTAL HEALTH

Disability Advocates, Inc.

5 Clinton Square, 3rd Floor
Albany, NY 12207
Phone: (518) 432-7861
Toll Free: (800) 993-8982
Fax: (518) 427-6561
www.disability-advocates.org

Prisoners' Legal Services of New York

102 Prospect Street
Ithaca, NY 14850
<http://www.plsny.org>
Prisons Served: Auburn, Butler, Camp Georgetown, Monterey Shock, Camp Pharsalia, Cape Vincent, Cayuga, Elmira, Five Points, Southport, Watertown, Willard

Prisoners' Legal Services of New York

41 State Street, Suite M112
Albany, NY 12207
<http://www.plsny.org>
Prisons Served: Arthurkill, Bayview, Beacon, Bedford Hills, Mt. McGregor, Summit Shock, CNYPC, Cocksackie, Downstate, Eastern, Edgecombe, Fishkill, Fulton, Great Meadow, Greene, Greenhaven, Hale Creek, Hudson, Lincoln, Marcy, Midstate, Mid-Orange, Mohawk, Oneida, Otisville, Queensboro, Shawangunk, Sing Sing, Sullivan, Taconic, Ulster, Wallkill, Walsh, Washington, Woodbourne

Prisoners' Legal Services of New York

237 Maine Street, Suite 1535
Buffalo, NY 14203
<http://www.plsny.org>
Prisons Served: Albion, Attica, Buffalo, Collins, Gowanda, Groveland, Lakeview, Livingston, Orleans, Rochester, Wende, Wyoming