



May 13, 2024

Dr. Kevin M. Scott
Acting Director
Bureau of Justice Statistics
Office of Justice Programs
U.S. Department of Justice
810 7th St. NW
Washington, D.C. 20531

Re: [Public comments request on the reinstatement, with change, of BJS data collection: Survey of Inmates in Local Jails \(SILJ\), OMB Number 1121-0098.](#)

Dear Dr. Scott:

NAMI appreciates the opportunity to submit comments in support of the “**Survey of Inmates in Local Jails (SILJ), 2024-2025**”. NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization, dedicated to building better lives for people affected by mental illness. We do this by providing education, support, public awareness and advocacy through our over 700 affiliate organizations in communities across the country.

Currently there are few sources of publicly available data that includes information about people with mental illness who are incarcerated in jails. The SILJ, in the past, has offered this important source of detailed information that is essential to identifying the needs of justice systems, monitoring national trends, and supporting policy changes.

Since the last time the SILJ was conducted in 2002, there have been a variety of changes in criminal justice and mental health policy. Updating this data will be extremely valuable to measuring progress and identifying still-needed reforms. Specifically, variables such as "mental health problems and treatment", "experiences in jail and use of jail programs", "veterans in jail", and "inmate misconduct" are critical to better understanding the experiences of people with mental illness both within and outside of the justice system. Having updated data from this survey will help inform the work of many system stakeholders and community organizations, including NAMI, as we work to improve the criminal justice outcomes for people with mental illness.

We appreciate that you are reinstating this widely cited data collection and believe that the proposed collection of information is necessary for the proper performance of the functions of the Bureau of Justice Statistics (BJS). Additionally, we hope our response to this request for public comment, informed by the stories of people who are impacted by the criminal justice

system, will help the agency with fulfilling its goal of collecting reliable, nationally representative information.

Enhancing Information to Be Collected

People with mental illness are overrepresented in our nation's jails and prisons. It is therefore important that data and information collected from the justice system explores the needs and unique experiences of people with mental illness. In response to your request for how the "quality, utility, and clarity of the information to be collected can be enhanced", we believe there are opportunities in Section 10 of the questionnaire, "Jail Programs and Activities", articulated below:

- *People Who Are Incarcerated*

Section 10 of the questionnaire includes questions on housing, employment, and social supports upon release, but it omits questions pertaining to plans for health or mental health care. NAMI recommends that BJS add questions pertaining to plans for securing necessary health care coverage and mental health services in Section 10.

NAMI has a unique understanding of the health care-related needs and challenges of people with mental illness who are justice-involved. We hear stories every day throughout the NAMI Alliance- stories from people with mental illness and family members about their experiences with the criminal justice system. A NAMI advocate, Marcel from California, shared details about his family's experience when his brother, who has a mental illness, was released from incarceration:

"Upon being released there was no linkage for services even though a documented serious mental illness was included in multiple reports. Now we are stuck trying to find care and services and having to jump through hoops just to get information on what's available. Access to care shouldn't be so difficult. Everyone deserves access to quality and culturally appropriate services regardless of the circumstances. We need to do a better job or wrap around services, so folks do not get stuck in a vicious cycle."

This personal story highlights the importance of reentry programs and policies that address health and mental health care. Medication, health care coverage, and knowing where to turn to for treatment and support are all fundamental to the continuity of care for recently released individuals and preventing reincarceration. As NAMI advocates for increased access to health care services as part of reentry programs, it is essential to understanding if and how many jails are currently supporting the health care re-entry needs of people with mental illness. We ask that you consider our request to incorporate questions related to these topics.

- *Solitary Confinement*

Section 10 of the questionnaire also includes questions pertaining to "inmate rule violations" and "disciplinary actions", including solitary confinement or segregation. We applaud BJS for continuing to include information regarding the use of solitary confinement in the SILJ. NAMI opposes the use of solitary confinement and equivalent forms of administrative segregation for high-risk populations, including people with

mental illness. It is routinely documented that solitary confinement is used extensively in correctional settings for people with severe psychiatric symptoms, which can cause extreme suffering and worsening of symptoms¹. Having data on the use of solitary confinement, and the experiences of people placed in these settings, is crucial to evaluating its use and identifying reforms.

However, NAMI recommends that Section 10 of the questionnaire be modified to include questions related to people's experiences with solitary confinement throughout their current period of incarceration. Currently the questionnaire asks about the "rule violation that occurred most recently". Many people, especially those who are most vulnerable within the jail system, may be placed in solitary confinement multiple times within one jail stay. Asking about their experience as a whole, including the most recent and any previous experiences, can help to provide a more holistic picture of solitary confinement and its use. It will also assist in efforts to provide mental health care alternatives to solitary confinement for people with mental health conditions.

Thank you for the opportunity to comment on this important data collection. Updated data through the SILJ will provide valuable insight that is needed for communities' work to improve resources and reforms for people impacted by the justice system. If you have any questions or would like to discuss our comments further, please contact Shannon Scully, Director of Justice Policy & Initiatives at sscully@nami.org.

Sincerely,



Hannah Wesolowski
Chief Advocacy Officer
National Alliance on Mental Illness (NAMI)

¹ Association of State Correctional Administrators & Liman Center for Public Interest Law at Yale Law School. *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell*. (October 2018). https://law.yale.edu/sites/default/files/documents/pdf/Liman/asca_liman_2018_restrictive_housing_revised_sept_25_2018_-_embargoed_unt.pdf