The Pennsylvania Department of Corrections (DOC) will take steps to improve the quality of care for mentally ill prisoners by hiring more mental health staff, training guards to decipher certain behaviors, and keeping inmates out of the cells for at least 20 hours a week as part of a settlement reached in a yearlong civil suit.

The terms of the settlement agreement reached by Pennsylvania DOC and the Disability Rights Network of Pennsylvania (DRNPA) requires the state prison system to pay the advocacy group $750,000 in legal fees and phase out assignments to Restricted Housing Units by mid-2016. Prison staff will also receive mental health first aid and 1,000 employees must enroll in a 32-hour crisis intervention class by 2017. As part of the settlement, some prisoners too will receive training to inmates with mental health problems, which can qualify them for jobs upon their release.

In 2013, DRNPA alleged that the state violated the constitutional rights of mentally ill inmates in 26 state correctional facilities by keeping them in solitary confinement without access to treatment. While prison officials didn’t admit wrongdoing, they agreed to revise their policies. If the state fails to follow through on the planned overhaul, DRNPA can sue again.

“We have 4,000 mentally ill inmates, and the number of mentally ill inmates is rising,” Susan McNaughton, a Pennsylvania DOC spokeswoman, told Reuters. “We are looking forward to partnership with the Disability Rights Network and to ensuring we are doing the right thing.”

The U.S. Justice Department investigation last year determined that the Pennsylvania DOC used solitary confinement in place of conventional mental health treatment, often isolating mentally ill inmates at a rate twice that of their counterparts. Investigators found that state prison officials confined more than 1,000 mentally ill prisoners for more than 90 days with only five hours a week outside of their cell.

In that group, nearly 250 inmates remained isolated from the general population for more than a year. Correctional officers harassed mentally ill inmates, used full-body restraints excessively and subjected them to periods of “forced idleness and loneliness [and] unsettling noise and stench,” conditions the Justice Department said violated the inmates’ 8th Amendment rights.

Such circumstances can take a toll on a person, especially one with unaddressed mental health issues. The Justice Department said that more than two dozen inmates profiled during the 2012-2013 investigation suffered from “severe mental deterioration, psychotic decompensation, and acts of self harm” because of their time in solitary confinement. Additionally, more than 70 percent of suicide attempts made during that period happened within solitary confinement units.

That’s why Peri Jude Radecic, DRNPA's CEO, said the changes couldn’t have come soon enough.

“We are extremely pleased with the settlement,” Radecic said in a statement earlier this week. “It guarantees that inmates with serious mental illness in our state will be free of the horrific conditions of the RHU and will receive appropriate mental health treatment and other services. Now they will be able to maintain their mental stability, take advantage of parole-eligibility programming, and serve their sentences in a way that does not punish them merely for having a serious mental illness,”

Pennsylvania DOC doesn’t stand alone in its subpar treatment of mentally ill inmates. People with mental health issues — many of whom have substance problems and come from disadvantaged backgrounds — account for nearly 70 percent of the nation’s prison population. In the years since the Reagan deinstitutionalized mental health services,
prisons have turned into de-facto treatment centers because those suffering from schizophrenia, bipolar disorder, autism and other ailments come into contact with police during the commission of petty crimes caused by their condition. Even as the mentally ill prisoner population more than tripled since the 1980s, prison systems across the country haven’t provided obligatory treatment, especially those that have privatized correctional health services. Prisoners’ rights advocates say that the profit-driven industry has compelled prison officials to keep key staff positions unfilled and encourage “cost-effective” treatment options and medications. Instead, they place the mentally ill in conditions that can increase one’s odds of having hallucinations, panic attacks, increased paranoia, and sensitivity to external stimuli that can induce suicidal thoughts.

In recent years, people have been paying attention. The events unfolding in Pennsylvania, which prisoners’ rights advocates say represent a shift in the way prisons think about mental illness and crime, follow similar reforms in New York, California, Illinois, and Arizona. Illinois, in particular, has taken steps similar to that of Pennsylvania’s, adding space for mentally ill prisoners and hiring more than 300 clinical staff members.