

Testimony by Sabah Muhammad, Legislative and Policy Counsel Treatment Advocacy Center Submitted to Judiciary Committee - Bill Hearing 1:00 PM February 25, 2020 Regarding HB742

**POSITION: SUPPORT WITH AMENDMENTS** 

I appreciate the opportunity to submit testimony today. My name is Sabah Muhammad, and I serve as Legislative and Policy Counsel with the Treatment Advocacy Center (TAC) based in Arlington, Virginia. The Treatment Advocacy Center is a national non-profit, dedicated to removing the legal and policy barriers to the timely and effective treatment of severe mental illness. We never accept funding from companies or entities involved in the sale, marketing or distribution of pharmaceutical products.

Consumers with serious mental illness enter the criminal justice system because they are at a higher risk of encountering law enforcement due to untreated symptoms, such as lack of control of aggressive impulses, greater manifestations of paranoia and impaired judgment and cognition. While incarcerated, it is not uncommon for inmates with severe mental illness to receive inadequate or no medical treatment.

It is common however for guards based on flawed prison policy and stigma of severe mental illness combined with little to no training, to respond to behaviors symptomatic of severe mental illness in an inappropriately punitive manner which usually includes restrictive housing.

Studies show that Isolation can be psychologically harmful to any prisoner, with the nature and severity of the impact depending on the individual, the duration, and particular conditions (e.g., access to natural light, books, or radio). In a healthy inmate psychological effects can include anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis. When an inmate already suffers from severe mental illness these psychological effects can result in deterioration, treatment resistance and worsening symptoms.

Restrictive housing of people with severe mental illness is not a reflection of a lean budget or some rehabilitative practice that shows improvement when correctly engaged, in fact studies show just the opposite. Restrictive housing is a and intentional penal consequence with dire results. Individuals with severe mental illness;

- Are eight times more likely than those in the general prison population to engage in self-harm and nine times more likely to commit suicide.
- Experience exacerbated psychiatric symptoms, like significant decompensation and have negative impacts on the long-term trajectory of the illness.

As a result we cannot support HB742 without amendments that take into consideration that:

- Violence, including harm to self or others, when there is an underlying condition of severe mental illness, should not act as an exemption for a psychiatric evaluation or hospitalization.
- Any amount of time in restrictive housing for someone with severe mental illness is detrimental, 15 days is excessive and should be subject to a higher standard than, "compelling circumstances".

- An underlying severe mental illness means hospitalization and psychiatric care not punitive measures that are void of rehabilitation and further harm the individual.
- Implementation of specific data collection of encounters that involve severe mental illness is vital to identifying and correcting our broken system so that those who are too sick to help themselves are no longer subject to the revolving door of incarceration, recidivism and criminalization.

We respect the efforts of the legislature and would be happy to support HB742 if all issues addressed in this testimony are resolved to ensure that people with severe mental illness are not further harmed by restrictive housing.

<sup>1</sup> Hogg Foundation for Mental Health. (2016). A guide to understanding mental health systems and services in Texas. Retrieved from http://hogg.utexas.edu/mh-guide/public-behavioral-health-services-in-texas/texas-department-of-criminal-justice-and-local-criminal-justice-agencies.