

**House Bill 742 Correctional Services – Restrictive Housing – Serious Mental Illness –  
Assessments (Restrictive Housing Reform Act)**

Judiciary Committee

February 25, 2020

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of House Bill 742.

HB 742 limits the use of solitary confinement, particularly as it relates to inmates with serious mental illness. Restrictive housing, often referred to as solitary confinement, is the practice of isolating a prisoner in a closed cell for 23 to 24 hours a day – often for weeks or months, and sometimes for years or decades at a time. According to the Department of Public Safety and Correctional Services, there were 17,646 restrictive housing placements during fiscal 2016, including 172 inmates diagnosed with serious mental illness.<sup>1</sup>

The psychological effects of solitary confinement have been well-documented. Dr. Stuart Grassian, a board-certified psychiatrist and former faculty member at Harvard Medical School has interviewed hundreds of prisoners in solitary confinement. In one study, he found that roughly a third of solitary inmates were “actively psychotic and/or acutely suicidal.”<sup>2</sup> Grassian has concluded that solitary confinement can *cause* a specific psychiatric syndrome, characterized by hallucinations; panic attacks; overt paranoia; diminished impulse control; hypersensitivity to external stimuli; and difficulties with thinking, concentration and memory. Some inmates lose the ability to maintain a state of alertness, while others develop crippling obsessions.<sup>3</sup>

For inmates that are *already* living with a mental health disorder, solitary confinement often results in an exacerbation their illness. According to the U.S. Bureau of Justice Statistics, more than half of all prison and jail inmates in 2005 had a mental health problem, including 705,600 inmates in state prisons, 78,800 in federal prisons, and 479,900 in local

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<sup>1</sup> <https://goccp.maryland.gov/wp-content/uploads/dpscs-restrictive-housing-report-2016.pdf>

<sup>2</sup> Grassian, Stuart. Psychiatric Effects of Solitary Confinement. 22 Wash. U. J. L. & Pol’y 325 (2006).

[http://openscholarship.wustl.edu/law\\_journal\\_law\\_policy/vol22/iss1/24](http://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24)

<sup>3</sup> Id.

jails.<sup>4</sup> The U.S. Department of Justice has recognized that these individuals may not be fit for solitary confinement, as extreme isolation may cause inmates' psychiatric conditions to dramatically deteriorate.<sup>5</sup>

Furthermore, suicide is a major concern for individuals in solitary confinement. Studies have found that suicides among prisoners in solitary confinement, who make up 3 to 8 percent of the nation's prison population, account for about 50 percent of prison suicides.<sup>6</sup>

For these reasons, MHAMD supports HB 742 and urges a favorable report.

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<sup>4</sup> <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>

<sup>5</sup> <https://s3.amazonaws.com/static.nicic.gov/Library/018604.pdf>

<sup>6</sup> Good, Erica. Solitary Confinement: Punished for Life. The New York Times. Aug. 3, 2015. [https://www.nytimes.com/2015/08/04/health/solitary-confinement-mental-illness.html?\\_r=0](https://www.nytimes.com/2015/08/04/health/solitary-confinement-mental-illness.html?_r=0)