

## Schizophrenia and Related Disorders Alliance of America Maryland Chapter <a href="www.sardaa.org">www.sardaa.org</a> | Shattering Stigma - Destroying Discrimination

Testimony for HB 851, Corrections - Restrictive Housing - Serious Mental Illness

Date: Feb 23, 2021

From: Schizophrenia and Related Disorders Alliance of America (SARDAA), Maryland Chapter by

Evelyn Burton, Advocacy Chair

**Position: SUPPORT with Amendment** 

The Maryland Chapter of the Schizophrenia and Related Disorders Alliance of America (SARDAA) supports HB 581 with an amendment. We strongly support the goal of reducing and eliminating the use of restrictive housing for inmates with mental illness. Research has shown that such isolation can "exacerbate symptoms of illness" and increase the risk of suicide and self-harm.\(^1\) Some states, such as California, Wisconsin and Ohio have categorically excluded persons with serious mental illness from solitary confinement\(^2\) and we urge Maryland to do the same.

Certain biologically based illnesses, such as schizophrenia and bipolar disorder sometimes cause a neurological deficit called anosognosia, a lack awareness of the illness and the need for treatment. Involuntary hospital admission is sometimes the only way they can receive needed effective treatment and be able to conform their behavior to correctional facility requirements. As is appropriate for the safety of the individual, under state law, medication over objection can only be given in a hospital, not in a correctional facility.

HB851 makes no provision for ensuring that those with serious mental illness be examined by mental health professions to determine if they meet the criteria for involuntary admission to a state hospital for psychiatric treatment under Health General \$10-617

## Therefore, we request the following AMENDMENT TO HB 851

Require that an incarcerated individual with serious mental illness and/or significant functional impairment be examined by two mental health professionals to determine whether the individual meets the criteria for involuntary admission to a hospital for psychiatric treatment within 24 hours of the onset of behaviors defined in paragraphs (A)(3) and (4).

We believe it is essential that an individual receives effective treatment for serious mental illness as soon as possible to avoid a worsening of the condition, increase the chance of recovery and reduce the use of restricted housing. Our amendment would address these risks.

Thank you for consideration of this amendment.

<sup>&</sup>lt;sup>1</sup> Metzner JL, Fellner J. Solitary confinement and mental illness in U.S. prisons: a challenge for medical ethics. J Am Acad Psychiatry Law. 2010;38(1):104-8. <a href="http://jaapl.org/content/38/1/104.long">http://jaapl.org/content/38/1/104.long</a>

<sup>&</sup>lt;sup>2</sup> Testimony of Professor Craig Haney Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights Hearing on Solitary Confinement. P. 17 <a href="https://www.judiciary.senate.gov/imo/media/doc/12-6-19HaneyTestimony.pdf">https://www.judiciary.senate.gov/imo/media/doc/12-6-19HaneyTestimony.pdf</a>