



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Sponsor Testimony in Support of HB0851
Corrections - Restrictive Housing - Serious Mental Illness

Delegate Sheila Ruth

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Imagine being trapped in a cell the size of a parking space for 22–24 hours a day, your only contact with the outside world a small Plexiglas window and a slot where your food is delivered. For any person, this would be extremely traumatic, but for a person with serious mental illness (SMI) it could be actively harmful. The American Psychiatric Association has stated, “Prolonged segregation of adult inmates with SMI, with rare exceptions, should be avoided due to the potential for harm” and the Society of Correctional Physicians has stated that, “prolonged segregation of inmates with serious mental illness, with rare exceptions, violates basic tenets of mental health treatment.” Research shows that the restrictive housing of individuals with serious mental illness can cause depression, trauma, paranoia, anxiety, hallucinations, and/or suicidal ideation.

Restrictive Housing is defined in Maryland law as “a form of physical separation that has not been requested by the inmate in which the inmate is placed in a locked room or cell for approximately 22 hours or more out of a 24–hour period.” Restrictive housing includes disciplinary segregation (for rule infractions) or administrative segregation (used for a variety of reasons including protection of the incarcerated person or others, or accusations of rule infractions that haven’t yet been investigated.) In disciplinary segregation, an incarcerated person may have restricted access to television, radio, phone, and personal property. Visitation may also be restricted. A person with SMI might be placed in disciplinary or administrative segregation for actions directly related to their mental illness.

It’s important to note that **mental health or suicide observation units can also be restrictive housing** if the incarcerated person is confined to a cell for 22 or more hours per day. So the very unit where one might expect a person with serious mental illness to be able to get help might actually be exacerbating their illness. Daily rounds are conducted from outside the door through a thick Plexiglas window, making any communication difficult, much less communication of a sensitive nature about mental health concerns.

A person placed in the mental health unit might be given a “suicide smock” to wear, with no underwear and no socks, and placed in a cell with a steel bed frame and a toilet, and nothing else.

No bedding, no mattress, no blankets, no personal property. No place to sleep other than a steel bed frame or cement floor. The light might be kept on 24 hours a day. This sounds like torture in any circumstances, but for a person with serious mental illness it adds trauma to a person who is already experiencing a crisis. While it might sound reasonable to restrict any item that could be used for suicide, there are options that could be used, such as suicide-resistant blankets and mattresses.

HB851 prohibits the use of restrictive housing for incarcerated persons with serious mental illness. There is an exception for individuals who are an immediate and ongoing threat of imminent harm to themselves or others, but even in those situations the individual may only be kept in restrictive housing for no more than 15 days, and daily wellness checks must be conducted to include determining whether the individual continues to present an immediate and ongoing threat. Currently, some individuals have been in restrictive housing for months, or even years.

Limiting restrictive housing does not cause an increase in infractions. In fact, states and jurisdictions that have limited or prohibited restrictive housing have either found no change or have seen a reduction in violent incidents. Ohio, Kansas, Maine, Mississippi, North Dakota and Virginia have implemented reforms and limitations on restrictive housing. Colorado and Delaware limit restrictive housing for all individuals to 15 days. Pennsylvania Department of Corrections bans placing individuals with SMI in restrictive housing.

HB851 also includes a definition of Serious Mental Illness. The definition currently used by DPSCS is inadequate, as the criteria include employment and financial independence, neither of which applies in a correctional setting. Eliminating two of the five criteria skews the results and causes DCPCS to miss individuals with serious mental illness. National averages for people with SMI in prison range between 15% and 20%, whereas DCPCS's figures range from 8% to 11%, with one year reporting 1.2%. It's not reasonable to assume that Maryland has fewer incarcerated people with SMI, so this undercount shows the weakness of DCPCS's definition. A more robust definition is needed to ensure that individuals with SMI are recognized and receive the treatment and conditions they need.

HB851 also requires reporting from DPSCS on steps it has taken to improve conditions of confinement in restrictive housing, as well as numbers of individuals with SMI placed in restrictive housing and the average length of placement.

Mental illness is not a crime, but we often treat it as such. Individuals with serious mental illness may find themselves in the criminal justice system as a direct result of their illness. There are many systemic issues with how we treat people with serious mental illness that we must address. This is just one step, but an urgent and important one. Treating people with SMI in an appropriate way that doesn't cause additional trauma is not only humane, it's better for public safety. I ask for a favorable report for HB851.