MENTAL HEALTH ASSOCIATION OF MARYLAND

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HB 1154 – Correctional Services – Restrictive Housing
Government, Labor, and Elections Committee
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Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) 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 and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 1154.

HB 1154 places strict restrictions on the use of solitary confinement, establishes requirements when solitary confinement is used, and prohibits the solitary confinement of a person who belongs to a vulnerable population. The bill defines several distinct groups as vulnerable populations, including a person who has a disability based on a mental illness, a person who has a history of psychiatric hospitalization, and a person who exhibits signs that indicate a serious mental illness might be present.

The detrimental effects of solitary confinement on mental health have been conclusively demonstrated through numerous studies over many decades. Even a short amount of time in solitary can result in anxiety, obsessiveness, depression, post-traumatic stress disorder, paranoia and psychosis. Solitary confinement can permanently rewire the brain and negatively impact neurological functioning. Moreover, the negative effects of solitary can be long-lasting and remain with a person for many years.[1]

Suicide is a major concern for individuals in solitary confinement. There are high rates of self-harm and suicide attempts among people in solitary, and about 50% of all completed prison suicides occur among prisoners in solitary confinement.[2]

Solitary confinement has been found to be especially harmful to people with preexisting mental health conditions and can cause a mental health crisis. Accordingly, several states have prohibited placing prisoners with mental illness in solitary. States with such bans include New York, Connecticut, New Jersey, Massachusetts, Louisiana and Nebraska.[3]

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[1] Kayla James. The Impacts of Solitary Confinement. Vera Institute of Justice (2021). https://vera-institute.files.svdcdn.com/production/downloads/publications/the-impacts-of-solitary-confinement.pdf
[2] 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
[3] Hernandez Stroud. Reforming Solitary Confinement without the High Court. Brennan Center for Justice (2024). https://www.brennancenter.org/our-work/analysis-opinion/reforming-solitary-confinement-without-high-court#:~:text=Since%202009%2C%2042%20states%20have,LGBTQ+%20community%2C%20and%20pregnant%20people.

Despite the extensive evidence detailing the negative effects of solitary confinement, especially on those with a mental health disorder, Maryland continues to place prisoners with serious mental illness in solitary confinement. In Maryland in FY24, of the 34,499 placements of prisoners in solitary confinement, 5,174 were of people diagnosed with serious mental illness.[4]

By curtailing the use of solitary confinement in general and prohibiting its use for vulnerable populations, HB 1154 will improve the lives of many people in Maryland's correctional facilities, both when they are incarcerated, and after they are released to the community.

For these reasons, MHAMD supports HB 1154 and urges a favorable report.

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[4] Restrictive Housing 2023-24 Report. Governor's Office of Crime Prevention and Policy. https://gocpp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-614b_-GOCPP_-Restrictive-Housing-2023-2024-Report.pdf. The report notes that the data is incomplete, since several facilities did not report their numbers. In addition, inconsistent use across facilities of the definition of "serious mental illness" results in an imperfect picture.