

**Senate Bill 702 – Correctional Services – Restrictive Housing**  
Senate Judicial Proceedings Committee  
February 19, 2025  
**Position: SUPPORT**

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 SB 702.

SB 702 redefines “restrictive housing” placements (meaning solitary confinement) from those longer than 22 hours to those longer than 17 hours, clearly delineates the instances in which solitary confinement can be used, defines “vulnerable populations,” and severely restricts the use of solitary confinement for vulnerable populations.

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 Governor’s Office of Crime Prevention, Youth and Victim Services, there were 9,662 placements in restrictive housing during fiscal year 2022, including 1,051 inmates diagnosed with serious mental illness. Many of these 1,051 individuals were placed in solitary confinement numerous times, for they account for 5,456 placements.<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>

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<sup>1</sup> [https://gocpp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-614b\\_-GOCPYVS\\_-Restrictive-Housing-2022-Report-MSAR-12654.pdf](https://gocpp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-614b_-GOCPYVS_-Restrictive-Housing-2022-Report-MSAR-12654.pdf), pp. 5-6.

<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.

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 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>

By curtailing the use of solitary confinement in general and severely limiting its use for vulnerable populations, including those with mental health conditions, SB 702 will reduce these numerous negative consequences. Moreover, by establishing a standard definition for "vulnerable populations," SB 702 will lead to consistent practices across the state. Currently in Maryland, while each jurisdiction is required to report on their use of solitary confinement for individuals with serious mental illness, they define it differently, leading to varying practices and inconsistent data.<sup>7</sup>

For these reasons, MHAMD supports SB 702 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)

<sup>7</sup> [https://gocpp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-614b\\_-GOCPYVS\\_-Restrictive-Housing-2022-Report-MSAR-12654.pdf](https://gocpp.maryland.gov/wp-content/uploads/COR-%C2%A7-9-614b_-GOCPYVS_-Restrictive-Housing-2022-Report-MSAR-12654.pdf), p.6.