

To the Criminal Justice and Public Safety Committee,

Maine is one of the worst states in the union for mental health advocacy and awareness. Though the recommendations sent to you in LD 178 focus primarily on reinstating parole, I write to implore you not only to reinstate, but to do so with mental health provisions.

National studies over the last twenty years have shown that an average of 56-61% of state prisoners suffer from mental health problems (U.S. Department of Justice, Office of Justice Programs). These numbers do not even include federal penitentiaries or local jails. Patients with severe mental disorders like schizophrenia comprise between 5% and 20% of all homicide offenders. *38%-61% of homicides that take place at the hands of individuals with mental or psychotic illnesses occur before treatment and diagnosis* (National Center for Biotechnology Information). This means that individuals mentally and physically unable to regulate their thoughts and actions are paying the same price as those who actually chose to commit a crime. And in turn, were tried and sentenced without the biggest piece of evidence. Traumatic brain injuries and diseases like schizophrenia and bi-polar disorder are often treatable to the point of remission and in many cases, have been proven to pose no future threat of violence. Yet, our prisons are overflowing with men and women who will forever pay the price for their own brains betraying them.

We call our current system a department of corrections despite many never being given a real chance to correct their lives. The proposal of serving half a sentence or twenty years before becoming eligible for parole is a long time to wait for someone who made a mistake, but it's an absolute travesty for someone who didn't. Those with mental illness did not follow the same process of passion or rationale as those who made a conscious decision to offend and therefore, should not have to wait in the same lines. Their rehabilitation and potential does not come from a shift in perspective or morality, but from treatment and medicine.

Mental health and disability experts widely agree that a clinical system should instead determine timelines and criteria for release from incarceration for those who suffer from mental illness, such as the forensic system used at facilities like Riverview and the Maine State Prison Intensive Mental Health Unit. At the very least, the proposed timeline of release eligibility should be cut in half for those who are committed to mental health units and hospitals, but who are still somehow forced to serve out full criminal sentences. Creating this avenue would only allow the release of those deemed medically and individually fit by professionals. Doctors should be in charge of ailments of the body and mind, not judges and lawyers. And as with parole, the inmates chosen to reenter society would be the ones who prove that they are ready and willing to contribute.

I strongly urge you to review the testimonies of Dr. James Fine, former head of psychiatry at Maine State Prison and the Intensive Mental Health Unit, and internationally recognized expert on mental disability law, Michael L. Perlin, who both spoke before the Commission to Examine Reestablishing Parole. If my voice is not enough, then please instead accept the opinions of those who have dedicated their professions, their studies and their lives to this cause. Maine

has a chance to be an example to the country and to carve a path for those who were wrongfully branded as vicious criminals when they should have been treated as patients. The people our justice system was built to protect but blatantly failed, and who should have never been incarcerated in the first place.

Should you have any questions, I would be more than happy to discuss these ideas further and/or connect you with a variety of experts in the field of mental health, criminal justice and disability law. Please do not hesitate to reach out.

Thank you most sincerely,  
Sarah Elie