



Alliance for Addiction and Mental Health Services, Maine *The unified voice for Maine's community behavioral health providers*

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Testimony in support of LD 696

“An Act To Prohibit Solitary Confinement in Maine's Corrections System”

Sponsored by Representative Lookner

April 5, 2021

Good afternoon Sen. Deschambault, Rep. Warren and members of the Joint Standing Committee on Criminal Justice & Public Safety. My name is Malory Shaughnessy, I am a resident of Westbrook and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance, the state association for Maine's community based mental health and substance use treatment providers, advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

Thank you for the opportunity to speak on behalf of the Alliance in support of LD 696, **An Act To Prohibit Solitary Confinement in Maine's Corrections System.**

Solitary confinement is a common practice in prisons and jails across the United States and in some other countries worldwide. Solitary confinement involves physical isolation, meaning that a person has minimal interaction with other people and the **physical isolation of an individual from others for 22.5 hours or more a day.** For most of the 20th century, prisoners' stays in solitary confinement were relatively short. However, over the last two decades, the use of solitary confinement in U.S. correctional facilities has surged – and the lengths of stay in solitary have increased exponentially.

According to Craig Haney, a social psychologist at the University of California, Santa Cruz, whose research has explored the psychological effects of incarceration, "People would get thrown in 'the hole' for a couple days at a time, maybe a couple weeks at a time, but that's changed over the last two decades or so. **Now they're in the hole for years at a time.**"

In a report released in 2015¹, the **Bureau of Justice Statistics found that the use of restrictive housing was linked to inmates with mental health problems.** Between **23 percent and 31 percent** of prison and jail inmates with a past history of mental health problems had spent time in restrictive housing, including those who had been told they had a mental health disorder, those who were taking mental health prescription medication at the time of their current offense and those who had stayed overnight in a facility for mental health treatment prior to admission. Only **14 percent of prison inmates and 12 percent of jail inmates** with no past mental health problems had spent time in restrictive housing.

This practice is inequitable, it is harmful, and it is in violation of the Americans with Disabilities Act. The Alliance urges an Ought to Pass vote, and is in support of any amendment to better define the term “Solitary Confinement” and add stronger language to end this practice.

Thank you for considering these comments, and we would be happy to provide any additional information.

¹ Use of Restrictive Housing in U.S. Prisons and Jails, 2011–12 (NCJ 249209), written by BJS statistician Allen J. Beck can be found on the BJS website at <http://www.bjs.gov/>