

FACT SHEET

House Bill 1313: “An Act Relative to Confinement Conditions and Treatment of Prisoners with Mental Illness”

Sponsors: Rep. Ruth Balser (D-Newton), House Chair, Joint Committee on Mental Health and Substance Abuse is lead sponsor. Co-sponsoring representatives at the time the bill was filed included Brownsberger, D’Amico, Fox, Jehlen, Kahn, L’Italien, Patrick, Petersen, Provost, Sciortino, Scibak, Smizik, Tucker.

Status: The bill was referred to the Judiciary Committee and a hearing on the bill was held on May 8, 2007. The bill has not yet been reported out.

Endorsing Organizations: The Criminal Justice Policy Coalition endorses H 1313, along with The Arc of Massachusetts, Center for Public Representation, Committee for Public Counsel Services, Disability Law Center, Health Care for All, Louis D. Brown Peace Institute, Massachusetts Correctional Legal Services, National Alliance on Mental Illness of Massachusetts, and National Association of Social Workers-Massachusetts.

Summary of Bill: H. 1313 would amend section 39 of chapter 127 of the General Laws, which currently sets the procedure that a superintendent of a correctional institution must follow after moving a prisoner to a segregated unit. *H. 1313 would establish residential treatment units (RTUs) at Department of Correction facilities for the purpose of providing both mental health treatment and rehabilitation services for prisoners. Under H. 1313, mental health professionals would be required to examine inmates for signs of major mental illness (including depression, schizophrenia, bipolar and cognitive disorders, as well as personality or anxiety disorders), mental retardation and brain trauma. The bill would ensure that prisoners with serious mental health disorders are not placed in segregation units, by requiring that professionals identify inmates who pose a serious risk to themselves or others and recommend their removal from the segregated units and transfer to the residential treatment units.*

Key Goals of the Bill:

- Within 24 hours of being confined to a segregated unit, a prisoner would be assessed by a mental health professional, who would also review the prisoner’s mental health record. Any person placed in confinement would receive a confidential mental health evaluation at least every three days.
- Any segregated prisoner found to be suffering from any of several specific psychiatric conditions, forms of cognitive impairment or signs of substantial mental or emotional deterioration would be removed from segregation and transferred to a Residential Treatment Unit.

- The bill establishes mental health treatment programs inside correctional facilities, including RTUs and other programs that allow inmates to receive psychiatric services according to their needs.
- Prisoners removed from segregation for mental health reasons either would be returned to the general inmate population to receive clinical treatment. or would be moved to a residential facility. These units would be specifically designed to treat mentally ill prisoners.
- The bill would mandate special screening and training for all correctional staff (including guards) that would include education on mental illness, medication and side effects, and safe management of inmates with mental illness. Those working in RTUs would receive the most intensive training.

Background: It is estimated that 25% of all prisoners in Massachusetts are mentally ill, with 12-15% suffering from a serious mental illness, such as schizophrenia or psychosis. While current law requires that prisoners placed in segregation receive periodic medical and psychiatric examinations and receive necessary treatment, these mental health evaluations can be delayed, infrequent and inconsistent, leaving mentally ill prisoners to suffer in isolation and without treatment. Segregation can have a traumatic effect on the mentally ill, and can lead to complete breakdown and violent behavior, increasing the chance that they will harm others or themselves. In Massachusetts, 11 of the 16 suicides in DOC facilities over the past three years occurred in segregation. Segregating mentally ill prisoners perpetuates the cycle of violence, and can make those prisoners more dangerous when they re-enter society. While the DOC has created several RTUs (approximately, 100 beds), none of them take non-docile, mentally ill prisoners, and no such units exist in maximum security facilities. H. 1313 would guarantee adequate facilities so that all prisoners with serious mental illness would be treated in an RTU and not be held in segregation units.

Additional Facts:

- It is estimated that 16% (one in six) prisoners in the U.S. are mentally ill.
- In Massachusetts, it is estimated that 25% of all prisoners are mentally ill (up from 15% in 1998), with 12-15% suffering from a serious mental illness, such as schizophrenia or psychosis.
- Over 1,000 inmates in Massachusetts are currently being treated with anti-psychotic medication.

- 80% of the Massachusetts prison population suffers from a substance abuse problem.
- A broad group of professionals, including police, sheriffs, prosecutors, defense attorneys, judges, prison officials, human rights and anti-violence advocates, have stated publicly that our nation's prisons are ill-equipped and ill-prepared to care for the mentally ill; particularly, in such large numbers.
- Inmates with mental illness are more likely to break the rules, and therefore, more likely to be sent to segregation more frequently.
- Solitary confinement worsens the condition of the mentally ill, increasing the chances that they will break more rules, harm themselves, other inmates or corrections staff, or need to be taken to a hospital for more intensive treatment.
- Many correctional officers in Massachusetts are not equipped to manage mentally ill prisoners, and receive limited mental health training.
- Massachusetts currently has only three residential treatment units (approximately 100 beds), none of which take non-docile, mentally ill prisoners. There are no RTUs in the state's maximum security prisons, where the need is greatest.
- The Department of Correction's highly successful RTU at Old Colony is rarely filled, due to unclear admittance criteria.
- Over the last three years, there have been 16 suicides in Massachusetts prisons. Eleven of those suicides occurred in segregation units.

- In the past decade, more than 3,200 Massachusetts inmates have attempted suicide while incarcerated—including 513 in 2006.
- Taxpayers spend \$55 million per year on medical/mental health care for inmates in state prisons in Massachusetts.
- RTUs can save the cost of psychiatric hospitalization for prisoners whose conditions worsen while in segregation, as well as the emergency response costs incurred when these inmates cause harm to themselves in these units.
- Most inmates, including those who have mental health problems, will eventually be released from prison.
- RTUs can improve the public safety by providing psychiatric services that prepare inmates for re-entry rather than containing them in conditions that make them more violent when they return to society.