



Joint Standing Committee on  
Criminal Justice and Public Safety  
Cross Building, Room 486  
100 State House Station  
Augusta, ME 04333  
c/o Deborah Fahey, Legislative Information Office

Re: LD 696: *An Act to Prohibit Solitary Confinement in Maine's Corrections System*

Dear Senator Deschambeault, Representative Warren and members of the Joint Standing Committee on Criminal Justice and Public Safety,

We represent the National Association of Social Work, Maine Chapter in support of LD 696: An Act To Prohibit Solitary Confinement in Maine's Correctional System. We are deeply concerned about the harms caused by solitary confinement, particularly on and contributing to the functioning of the estimated 64 percent of jail inmates, 54 percent of state prisoners and 45 percent of federal prisoners reporting mental health concerns (Collier, 2014).

As a community member who has worked and volunteered with incarcerated folks in Maine for over half a decade, Michelle has witnessed the direct link between incarceration, isolation, and poor mental health outcomes. This includes both the harm to individuals—their mental and physical health—and the harm to the wider community as we absorb the high social and economic costs of this practice.

We want prisoners to return to our communities as healthy, contributing members. Solitary confinement practices increase the barriers people experience when reentering society. In particular, we know that:

- Symptoms or behaviors associated with mental illness are often perceived as “behavioral issues” to be met with disciplinary action, resulting in those in need of the most care being placed in solitary, which may contribute to their decompensation (James & Vanko, 2021)
- Solitary confinement worsens mental health and increases the risk of suicide for those who are subjected to it (Metzner & Fellner, 2010).
- Time spent in solitary may actually increase people's likelihood of post-release offending, especially violent re-offending (James & Vanko, 2021).

Michelle remembers assisting one young man as he began reentering my community after a lengthy period of incarceration. He was scared and fearful that his social anxiety would affect his ability to connect with others “on the outside.” His time in solitary confinement left a lasting impact on him, with Post-Traumatic Stress Disorder symptoms. He startled easily and described feeling ‘frozen’ and detached. These trauma and anxiety symptoms are not unique to him. Many lives of those who have endured solitary confinement end tragically. This is one of many reasons why the United Nations considers prolonged solitary confinement to be a form of torture (United Nations, 2015). Maine should not engage in these practices.

On a positive note, Michelle has observed the amazing outcomes from restorative justice and rehabilitative alternatives to incarceration. And, community reintegration programming is proving to reduce our state's recidivism rates. The 2015 Maine Coastal Regional Reentry study demonstrated a recidivism rate of 31%, compared with the national rate of 67.8% for state prisoners (Story & Gallant, 2015). Contrast this with the reports that show that solitary confinement, unsurprisingly, can increase recidivism rates and correlate to an increase in more violent crime (Southern Poverty Law Center, 2019). Let us move taxpayer dollars to more effective and humane practices and eliminate what does *not* work, so Maine can focus on what does.

We urge you to support LD 696. This bill proposes reasonable and achievable steps to restrict the use of isolation, to help those with mental health diagnoses get the care they need, and to increase the health and safety of our communities.

Thank you for your time,

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References:

Collier, L. (2014). *Incarceration nation*. American Psychological Association: The monitor.  
<https://www.apa.org/monitor/2014/10/incarceration>

James, K., & Vanko, E. (2021). *The impact of solitary confinement*. Vera Institute of Justice.  
<https://www.vera.org/downloads/publications/the-impacts-of-solitary-confinement.pdf>

Metzner, J.L., & Fellner, J. (2010). Solitary confinement and mental illness in U.S. prisons: A challenge for medical ethics. 38(1). *The Journal of the American Academy of Psychiatry and the Law*.  
<https://www.hrw.org/news/2010/03/01/solitary-confinement-and-mental-illness-us-prisons-challenge-medical-ethics#>

United Nations. (2015). *United Nations standard minimum rules for the treatment of prisoners (the Nelson Mandela rules)*. <https://undocs.org/A/RES/70/175>

Story, S. & Gallant, C. (2015). *Breaking the cycle: Reducing recidivism through risk reduction (a study of MCRRC's reentry program effectiveness)*.  
[http://lldc.mainelegislature.org/Open/Rpts/hv9279\\_s76\\_2015.pdf](http://lldc.mainelegislature.org/Open/Rpts/hv9279_s76_2015.pdf)

Southern Poverty Law Center. (2019). *Solitary confinement: Inhumane, ineffective, and wasteful*.  
[https://www.splcenter.org/sites/default/files/com\\_solitary\\_confinement\\_0.pdf](https://www.splcenter.org/sites/default/files/com_solitary_confinement_0.pdf)