



October 14, 2025

Chair Nick Collins
Joint Committee on State Administration and
Regulatory Oversight
State House, Room 511-A
24 Beacon St
Boston, MA 02133

Chair Antonio Cabral
Joint Committee on State Administration and
Regulatory Oversight
State House, Room 466
24 Beacon St
Boston, MA 02133

**RE: Support for H.3313 – An Act Transferring Bridgewater State Hospital from the
Department of Correction to the Department of Mental Health**

Dear Chair Collins and Chair Cabral, and Honorable Members of the Committee,

On behalf of the National Alliance on Mental Illness of Massachusetts (NAMI Mass) I am writing to express our strong support for **H.3291/H.3313**, *An Act Transferring Bridgewater State Hospital from the Department of Correction to the Department of Mental Health*.

NAMI Mass is a grassroots nonprofit organization comprised of individuals with mental health conditions, their families, and their caregivers. Our mission is to ensure that all people impacted by a mental health condition receive the support they need when they need it. We strive to create societal conditions that promote health, advance justice, and prevent physical and psychological distress. This bill ensures patients at Bridgewater State Hospital (BSH) receive that level of support by transferring its oversight to the Department of Mental Health (DMH).

Bridgewater State Hospital is a medium security prison administered by the Massachusetts Department of Correction. Despite its name, Bridgewater State Hospital is not an accredited hospital. Most Bridgewater State Hospital patients have not been convicted of a crime, but instead are committed after being found incompetent to stand trial or not responsible for their actions. In many cases, they are charged with minor infractions.

BSH, as it currently operates under the Department of Correction (DOC), is not equipped to provide the trauma-informed, person-centered health care that individuals living with mental health conditions require. The use of chemical and physical restraints, prison-like conditions, and lack of access to adequate mental health care at BSH are unacceptable and would be better addressed were the oversight of the facility transferred to DMH.

I. Issues with BSH under DOC

As a result of advocacy efforts and the *Minich*¹ class action, certain reforms have been implemented at BSH, leading to a reduction in restraint and seclusion cases. Sadly, the leaders of BSH have a history of reactionary reform instead of preventive action. While we appreciate these incremental changes, we believe that sustainable improvements cannot be achieved while the hospital remains under the control of DOC.

The Disability Law Center, the Massachusetts' Protection and Advocacy Agency, regularly monitors Bridgewater State Hospital and submits bi-annual reports on BSH consistently find that patients are still being subjected to *illegal* chemical and physical restraint and seclusion practices.² These numbers far exceed the typical restraint and seclusion rates at Department of Mental Health (DMH) hospitals and similar forensic hospitals in other states. Furthermore, DLC concluded that Emergency Treatment Orders (ETOs) “were widely used to control behaviors that do not justify chemical restraint (...) and, possibly, to inflict punishment upon them for engaging in disruptive, unhygienic, and otherwise unwanted behaviors.”³ They posit that “maintaining DOC’s control over BSH will foreseeably permit variation in both quality of care and compliance with legal requirements.”⁴

These deeply concerning issues at BSH underscore the critical need for a transformative solution, making the transfer of this facility from DOC to DMH an imperative step forward.

II. Benefits of transferring BSH to DMH

This legislation allows our state to address the question: do we want to *help* people or *punish* them? As a leading mental health organization in Massachusetts, NAMI Mass believes that transferring BSH from DOC to DMH will ensure that patients living with mental health conditions receive the appropriate care they need and deserve. It is a critical piece of legislation championed by former and current patients and their loved ones.

DMH has a proven track record in creating safe environments that foster healing and provide comprehensive care, including for a forensic population. DMH-operated facilities prioritize therapeutic services, peer support, and “humane, person-centered care and treatment,”⁵ all essential for the well-being and successful recovery of individuals with mental health conditions.

¹ *Minich v. Spencer*, No. SUCV2015-00278 (Mass. Super. May. 12, 2016).

² Disability Law Center, *Public Report: The Commonwealth’s Treatment of Individuals with Mental Health Disabilities Committed to Bridgewater State Hospital and Barriers to Continuity of Care Upon Discharge*, Feb 2025, pp. 8-10. <https://www.dlc-ma.org/wp-content/uploads/2025/02/DLC-BSH-Public-Report-to-Legislature-2.6.2025-Final-w.-Apps-1.pdf>

³ ³ Disability Law Center, *Public Report: The Commonwealth’s Treatment of Individuals with Mental Health Disabilities Committed to Bridgewater State Hospital and Barriers to Continuity of Care Upon Discharge*, Jan 2023, pp. 16-29. <https://www.dlc-ma.org/wp-content/uploads/2023/02/DLC-BSH-Public-Report-1-31-2023.pdf>

⁴ See Note 3, p.52.

⁵ DMH Mental Health Licensing Division, “Hospital Based Human Rights Training,” Apr 2023, <https://www.mass.gov/doc/hospital-based-human-rights-training/download>

By transferring BSH to DMH, we can shift the focus from disciplinary practices to a therapeutic approach rooted in compassion.

Additionally, DMH is committed to eliminating the use of restraint or seclusion, recognizing their adverse effect on patients.⁶ DMH regularly reviews data and employs targeted strategies to reduce restraint usage, ensuring patients experience a humane, therapeutic environment. DMH offers stronger regulations, accountability measures, and standards of care than DOC, a stark contrast to the punitive culture and problematic reporting methods prevalent in correctional settings.

This transfer would also align with national best practices. Most individuals held at BSH have not been convicted of any crime but are civilly committed due to concerns about their mental health in relation to criminal justice involvement. Massachusetts is one of only two states that house individuals under these circumstances in a facility overseen by the DOC rather than the state's Department of Mental Health.⁷ DOC is simply *not equipped* to provide mental health care-- that is not the job of the DOC. Moving BSH under DMH oversight follows established models that treat people as patients, not prisoners.

The passage of H.3291/H.3313 will send a powerful message about Massachusetts' commitment to destigmatizing mental illness. This move would emphasize that mental health conditions are not synonymous with criminality and should not be treated as such. By separating mental health treatment from the criminal justice system, we foster an environment that encourages individuals to seek help without fear of punitive consequences. This shift in perspective will reduce the stigma associated with mental health conditions and promote a society that supports recovery and inclusion.

III. Conclusion

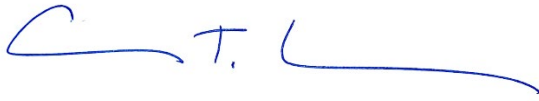
NAMI Massachusetts wholeheartedly supports H.3291/H.3313 and urges the members of the Committee to report favorably on it. We greatly appreciate the opportunity to provide input as we support and represent a broad community of individuals living with mental health conditions and their families across the Commonwealth. Transferring Bridgewater State Hospital from the Department of Correction to the Department of Mental Health will be a transformative step in aligning Massachusetts with evidence-based mental health practices, prioritizing compassion over punishment, and ensuring that individuals with mental health conditions receive the care they need and deserve.

Thank you for your attention to this crucial matter. Please do not hesitate to contact me if you have any questions or require further information.

⁶ DMH, "Department of Mental Health Seclusion and Restraint Philosophy Statement," Sep 2007, <https://www.mass.gov/lists/departments-of-mental-health-seclusion-and-restraint-philosophy-statement>.

⁷ WCVB Channel 5 Boston, "Families outraged over treatment of patients at Bridgewater State Hospital," Uploaded May 8, 2014, <https://www.youtube.com/watch?v=kp-lhJn4y6w>. At 01:03.

Sincerely,

A handwritten signature in blue ink, appearing to read 'E.T.L.', with a long horizontal flourish extending to the right.

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