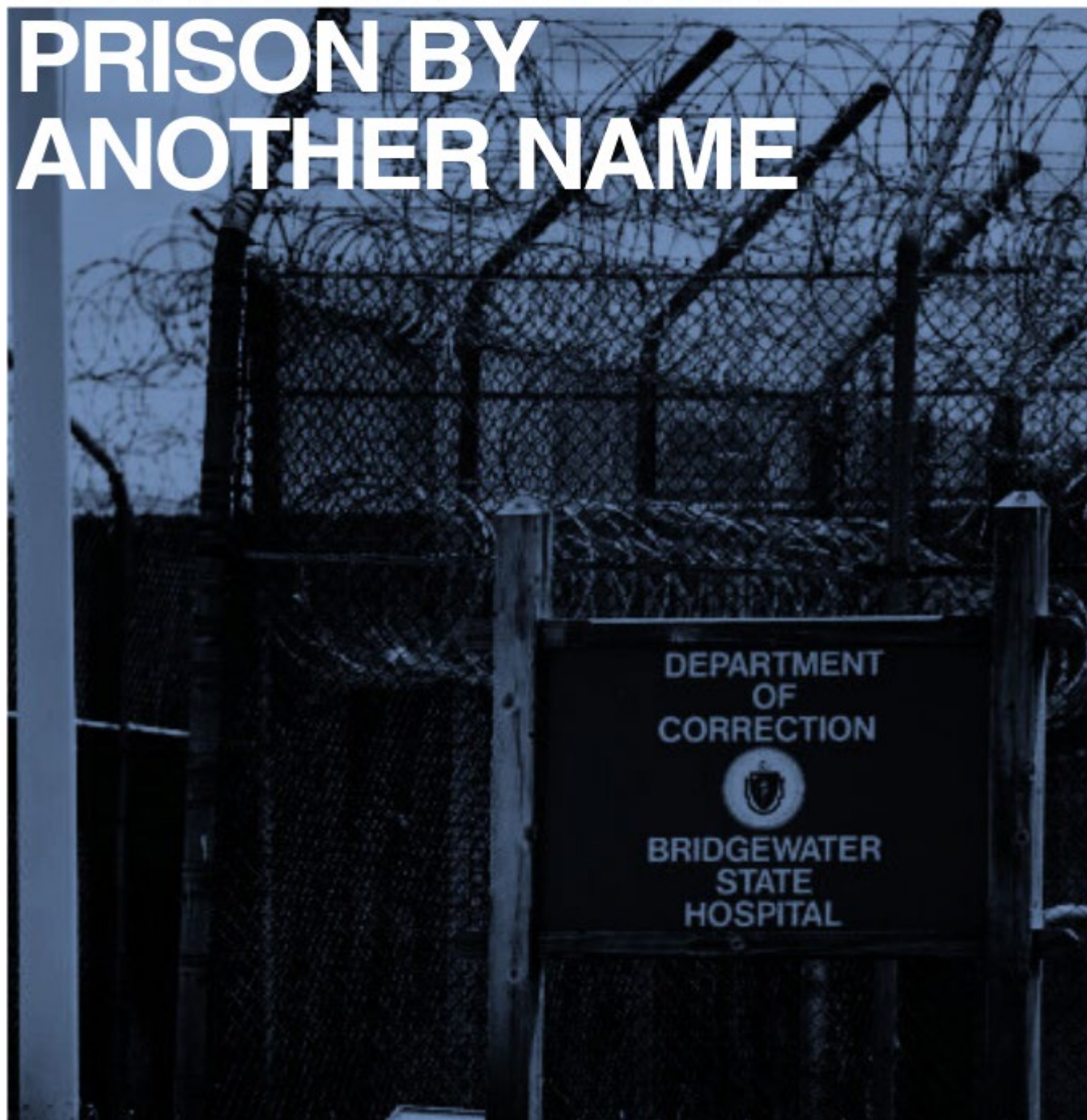




Disability Law Center
Massachusetts Protection and Advocacy

February 2026

BRIDGEWATER STATE HOSPITAL: PRISON BY ANOTHER NAME



BRIDGEWATER STATE HOSPITAL

Fact Sheet

The Author

The Disability Law Center (“DLC”) is a nonprofit legal services organization designated by the governor as the Protection and Advocacy agency for people with disabilities in Massachusetts. Since 2014, DLC has monitored and reported on care and conditions, abuse, and neglect at Bridgewater State Hospital (“BSH”). Pursuant to federal legal authority and additional authority granted by the state legislature, DLC regularly visits BSH, meets with patients, reviews medical and video records, and advocates for the human rights of those confined there.

The Problem

BSH is the only psychiatric hospital run by a state corrections agency in the country and it is housed in a decaying 50-year-old prison. Under the Department of Correction (“DOC”), patients sent to BSH for psychiatric evaluation and treatment are subject to inhumane prison practices, rather than the trauma-informed care provided in Department of Mental Health (“DMH”) hospitals.

Physical plant: BSH patients live in prison cells within aging housing units surrounded by a razor wire perimeter fence. DMH hospital patients have bedrooms in secure, licensed psychiatric hospitals.

Forced medication: BSH security staff in protective gear physically, and too often violently, confront patients already locked in prison cells and hold them face down on their beds while nurses inject them with intramuscular medication restraints – long after any emergency has passed. DMH hospitals administer timely medication restraints with the assistance of mental health workers.

Seclusion: BSH locks all patients in their cells for at least 9 ½ hours each day due to DOC procedures, in addition to hours of illegal and undocumented seclusion. DMH hospital rooms do not lock from the outside and staff only use patient rooms for supervised open-door seclusion.

The Solution

In order to protect the rights and health of individuals with mental health disabilities, the Commonwealth must urgently:

- Transfer oversight of BSH operations from DOC to DMH.
- Build a modern psychiatric hospital to serve the BSH population and finally close the prison facility.

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WHAT IS BRIDGEWATER STATE HOSPITAL?

BSH is a medium-security men's prison facility within the Massachusetts DOC system. BSH is neither licensed nor accredited as a hospital, yet it houses approximately 250 men at a given time and admits up to 1,000 annually for psychiatric evaluations and treatment.

BSH is the only psychiatric facility in the country overseen by a state correctional authority rather than a mental health authority.

Despite being incarcerated in a DOC prison, the majority of BSH patients are pretrial defendants committed for psychiatric evaluation and treatment, groups also served by DMH. Some have no open criminal matters or convictions at all. Evaluations typically last 20 to 40 days. Patients may then move on to a 6-month commitment, which can be extended for subsequent years. Members of one of the Commonwealth's most vulnerable populations, many languish in prison cells, often facing old age and physical infirmity. Patients who are discharged from BSH regularly transfer to DMH, where they are finally provided appropriate hospital level care.

"We're mentally ill but we're still human beings. And they treat us like animals."

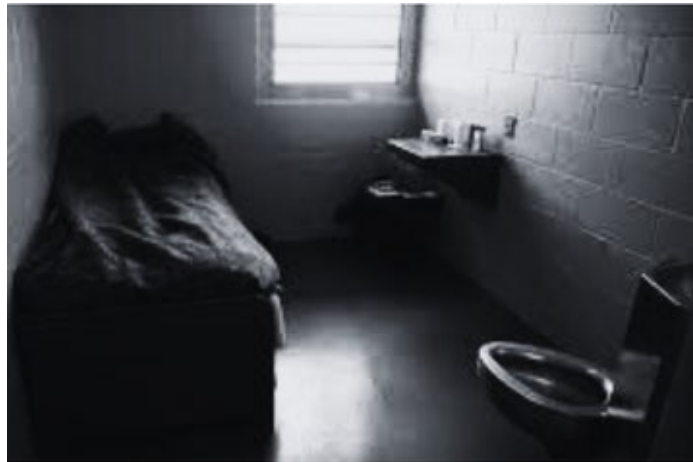
– former BSH patient

Massachusetts state law designates BSH to treat male psychiatric patients deemed to require "strict security." However, with no legal definition of "strict security," bias regarding the acuity, risk, or dangerousness associated with different groups may influence who courts commit to BSH. People of color and those from low-income backgrounds are persistently overrepresented at BSH. For example, in January 2025, Black and African-American individuals comprised 40% of BSH's census, compared to 30% of DOC's overall census – and just 10% of the state population. The reality is that marginalized communities in Massachusetts are more likely than other groups to be psychiatrically committed to this DOC prison instead of a hospital.



A “HOSPITAL” FILLED WITH PRISON CELLS

When approaching BSH, it is immediately clear that it is a prison. The facility is surrounded by a double layer of razor wire fencing. To enter, you pass through a DOC-operated secure gateway, a metal detector and an x-ray machine. On housing units, the correctional buzz of walkie-talkies, echo of slamming metal doors, and yelling of security staff confirm where you are. For those confined there, in their DOC-issued clothing, it's obvious they are not in a hospital. BSH patients call each other “inmates” and security staff “guards.”



“Uninhabitable,” “Claustrophobic,”
“I am in a cage.”

– BSH patients on cells

BSH patients live in cramped prison cells equipped with a hard plastic bed, a flimsy mattress, a small wall-mounted desk and seat and a metal wall fixture with a toilet bowl and sink. Staff shut off the water in their toilets from out in the unit. Patients cannot control their own lights. There is no privacy, whether in bed or using the toilet, due to the window on the cell door and the security camera in the corner. Wickets, small slots located on each cell door that are typical in prison facilities, are the only way for patients to obtain items from the unit while locked in their cells. They remain locked unless staff open them to pass through medications or meals.

INHUMANE PRACTICES: FORCED MEDICATION

Under DOC oversight, BSH subjects patients to unnecessary and illegal forced psychotropic medication. BSH staff administer intramuscular injections (“IMs”) of sedating drugs on patients locked in their cells, while holding them down on their beds. Per state law, these “medication restraints” are only to be administered in “cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide.” However, BSH staff frequently administer medication restraints with no emergency at all.

For example, in response to an incident in the unit like a “climate issue,” such as yelling, staff seclude patients in their cells where they pose no threat of – nor ability to effect – harm to others. Despite these non-emergency circumstances, providers still order IM medication restraints for patients.

“I just calmed down over this one hour ago and now you’re coming in with a riot suit on and roughly inject me?”

– BSH patient, describing a medication restraint

Before all medication restraints, BSH staff lock patients in a cell. Staff routinely return after the patient has calmed down and after any emergency has passed to administer medication restraints in violation of state law.

Delays between when a provider orders a medication restraint for an emergency and when it is administered are routinely well over 30 minutes and may be an hour or longer. Staff rarely reassess a patient’s behavior for whether there is a continued emergency requiring medication – and almost never discontinue the order, even when the patient’s behavior has changed significantly. Video footage has repeatedly shown BSH staff entering the cells of patients sleeping or resting in their beds to apply a medication restraint.

Intimidated and frightened patients often comply with IM medication restraints without issue, further calling into question the emergency designation. Other patients report that staff fail to offer them oral medication as a less intrusive alternative to an IM – and even deny them when they request oral medication.

INHUMANE PRACTICES: VIOLENCE

Dangerous and gratuitous physical encounters initiated by staff are common for BSH patients. BSH uses of forced medication regularly involve excessive force and prison tactics: a team of four security staff in protective gear – plastic helmets with visors, knee, chest, and elbow guards – lines up outside a patient’s cell, opens the door, and runs inside, sometimes using a shield to bash him back into his cell. Staff use shocking force – elbowing the patient, piling on top of him, or pushing his face into the wall – even when he doesn’t resist. They pin him to his bed, at times, in handcuffs and bent in an excruciating position causing him to scream in pain and call for help. Security staff lower his pants and hold him down while a nurse administers intramuscular injections to his buttocks. Staff then run out of the room, leaving the patient’s pants around his knees and sometimes his buttocks streaked with blood.

“To be honest, it's terrifying, especially if you're not from a world with all that violence, you feel me? To say it's horrifying is an understatement.”

– BSH patient, describing the restraints he experienced

Correctional Culture at BSH

Patients report that staff verbally abuse and intimidate them, then refuse to share their names to prevent patients from filing a complaint. Commonly-reported behaviors include:

- Unwarranted uses of force
- Threatening patients with physical violence
- Calling patients vulgar names or insulting their families
- Provoking physical conflict between patients

Patients describe such experiences as “traumatizing,” “unnecessary,” and “humiliating.” They relive the trauma by witnessing and overhearing other patients experiencing these ordeals on their units. The consequences of use of force practices at BSH range from physical injuries to feelings of paranoia, fear, and humiliation and a reticence to ask staff for help in the future. These encounters are similar to uses of force that occur in DOC prisons and are unheard of in DMH facilities.

INHUMANE PRACTICES: SECLUSION

Because of DOC regulations that apply to all state prison facilities, BSH patients are subject daily to 9 ½ hours of mandatory seclusion in their cells – from 10pm to 7am and during the morning facility count time. If BSH were under DMH control, these times would be documented as seclusion and would require clinical justification.

"It was stressful. It's a small, dark room, a depressing place to live."

– BSH patient on seclusion

Patients also report that staff leave them locked in their cells for extended periods of time – hours, days, even weeks – without documentation. During these illegal cell seclusions patients cannot shower, get fresh air, exercise, or interact with others. The only way to get staff's attention is by yelling or banging on their doors, actions which are frequently ignored and may result in being forcibly medicated for a "climate issue." These illegal seclusions occur most often on the unit for new admissions, where patients are likely to be frightened, disoriented, and most in need of care.

BSH locks patients in their cells for at least 9.5 hours every day.

DMH hospitals never lock patients in their rooms.

The sheer amount of isolation in seclusion that patients experience each day sets BSH apart from DMH facilities, where there is no locked-door seclusion. Instead, seclusion occurs with a patient's door open and a staff member monitoring. Notably, staff in DMH hospitals are unable to lock patients in their rooms at all – like an actual hospital.





DANGEROUS CONDITIONS

The Commonwealth has spent millions of dollars to repair, maintain, and update the BSH facility built in 1974. Still, no infusion of resources – not the \$1 million spent on annual maintenance nor the state’s \$42 million in planned capital investment – will change the fact that BSH is a hazardous, decaying, out-of-date prison that is inappropriate for housing one of the state’s most vulnerable populations. BSH is a money pit – a collection of sick buildings on state-sanctioned life support.

BSH’s physical plant is in disrepair, posing both physical and psychological danger to patients. Units are marked by flaking plaster, rusting metal, peeling paint, cracking tiles and concrete floors, water damage, and debris-filled vents.

"I've seen the conditions of the vents and black mold. I've seen the condition of the buildings and they're in shambles. It needs to be condemned."

– former BSH patient

Patients experience extreme heat and humidity in the summer while locked for prolonged periods in their cells. On a recent summer day, unit “feels like” temperatures ranged from 84° to 98°. Such heat is dangerous, particularly for BSH patients, nearly all of whom take psychotropic medications that make them more susceptible to heat-related illness.

Only 1 out of 11 BSH units has air conditioning.

All DMH hospital units have air conditioning.

BSH also has a persistent toxic mold problem in its buildings. Despite the state’s costly cleaning and remediation efforts, a mold expert has repeatedly found elevated levels of mold in BSH’s HVAC systems, concluding that “the facility should not be occupied until these problems have been fully resolved.” Patients, particularly those with asthma, have reported difficulty breathing and allergic reactions to the mold, made worse in hot weather. Long-time staff have reported chronic headaches and other symptoms.



As the country's only psychiatric facility run by a state corrections agency, BSH is a shameful aberration. The decaying prison facility is unsafe, anti-therapeutic, and a drain on taxpayer dollars. And, while BSH has improved some of its services over the past decade, continued illegal and inhumane practices under DOC authority make it a stain on the Commonwealth and a source of trauma and injury for too many Massachusetts citizens. Each year, up to 1,000 individuals walk in metal restraints through its doors expecting hospital level care and soon learn the undeniable truth – BSH is a hospital in name only.

The Commonwealth must act now to protect the rights, health and safety of individuals with mental health disabilities confined at Bridgewater State Hospital.

Disability Law Center demands:

- Immediately transfer BSH operations from DOC to DMH.
- Build a modern psychiatric hospital to serve the BSH population and finally close the prison facility.

What you can do:

- Share this document with friends, family, colleagues, and elected officials.
- There are currently two bills in the state legislature seeking passage of *An Act transferring Bridgewater State Hospital from the Department of Correction to the Department of Mental Health* (H.3291 and S.1386).



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