

February 9, 2026

Honorable Chair Kristin Noble
House Education Policy and Administration
One Granite Place, Room 232
Concord, NH 03301

RE: NAMI NH Opposition of HB 1688

Dear Chairman Noble and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am speaking today in opposition of HB 1688, expanding the circumstances where the restraint is permitted in schools and treatment facilities and modifying the definition of seclusion.

In schools, it is estimated that thousands of students are subject to restraints and seclusion every year with devastating results.¹ While some school administrators defend the use of these methods as safety measures for both students and staff, in contrast, it is widely accepted by mental health professionals that their use is a traumatizing practice. Studies in mental health inpatient settings show that the use of seclusion and restraints can result in psychological harm, physical injuries and even death to both the people subjected to and the staff applying these methods.²

In most cases, restraints and seclusion are used in schools, not as a tool of last resort but as punishment — disproportionately used against students with disabilities (including children with social emotional disturbance/mental illness) and children of color.³ They are also generally ineffective in reducing students negative or problematic behavior.⁴ The U.S. Department of Education (ED) has worked to collect data on the use of restraints and seclusions in schools, but a 2019 Government Accountability Office (GAO) report suggests that many schools are inaccurately reporting data, making it difficult to understand the full

¹ US Department of Education, 2017-18 Civil Rights Data Collection, The Use of Restraint and Seclusion on Children with Disabilities in K-12 Schools.

² Cusack P, Cusack FP, McAndrew S, McKeown M, Duxbury J. An integrative review exploring the physical and psychological harm inherent in using restraint in mental health inpatient settings. *Int J Ment Health Nurs*. 2018 Jun;27(3):1162-1176. doi: 10.1111/inm.12432. Epub 2018 Jan 19. PMID: 29352514.

³ US Department of Education, 2017-18 Civil Rights Data Collection, The Use of Restraint and Seclusion on Children with Disabilities in K-12 Schools.

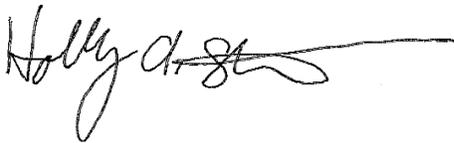
⁴ US Department of Education, Restraint and Seclusion Resource Document, 2012.

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scope of this problem.⁵ The Substance Abuse and Mental Health Services Administration (SAMHSA) has worked to reduce the use of these methods for children in clinical settings, and ED has developed resources to support schools in reducing their use.⁶

Nearly 1 in 6 of youth aged 6-17 experience a mental health disorder each year, and spend much of their productive time in educational settings. HB 1688 would only serve to increase the number of restraints used in schools and decrease the number of reported seclusions. Knowing how detrimental restraints are and the current issues with documentation of both restraint and seclusion HB 1688 would only make the situation worse. Therefore, NAMI NH urges the committee to vote inexpedient to legislate on HB 1688.

Sincerely,

A handwritten signature in black ink that reads "Holly A. Stevens". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Holly A. Stevens, Esq.

⁵ GAO-19-551R Published: Jun 18, 2019. Publicly Released: Jun 18, 2019.

⁶ US Department of Education, Restraint and Seclusion Resource Document, 2012.

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