

WHAT IS SOLITARY CONFINEMENT?

According to the Mandela Rules, solitary confinement (SC) is the confinement of detainees for 22 hours or more a day, without meaningful human contact. Human contact in SC is often reduced to the minimum and is often monotonous (1). Other terms for SC include *segregation, isolation, lockdown, and the hole*.

INTERNATIONAL STANDARDS

According to the Mandela Rules, SC should be prohibited for juveniles, pregnant women, women with infants, and for individuals with mental and/or physical disabilities when their conditions will be exacerbated by SC.

The Rules further prohibit indefinite and long-term isolation defined as exceeding 15 consecutive days, and stipulate a daily visit by a health care personnel.

Both the Basic Principles for the Treatment of Prisoners and the Mandela Rules encourage efforts to limit or abolish SC.

IN PRACTICE

Solitary confinement is an established fixture in most prison systems, however approaches vary significantly when it comes to:

- What justifies SC and who can be subjected to it
- Time limitations on SC
- Conditions of SC

In most countries, the purpose of SC is disciplinary, but may also be for protection or security reasons.

HEALTH CONSEQUENCES

Mental health symptoms are significantly more prevalent among prisoners subjected to SC compared to the general prison population (2-6). Health consequences vary depending on the conditions of SC, including physical conditions such as exposure to light and sound stimuli, the pre-existing health status of the prisoner, and the duration of the SC.

Some of the most common psychological symptoms related to SC are: depression, anxiety, difficulty concentrating, substance abuse and dependence, cognitive disturbances, perceptual distortions, paranoia, psychosis and Post Traumatic Stress Disorder (PTSD) (2,3-8,13). Further, isolating inmates has been linked to an elevated risk of self-harm and suicide (9,10)

Several problems pertaining to physical health have been found to be more prevalent in prisoners exposed to SC than in others. This includes insomnia, lethargy, headaches and pain in the back and neck (2,3,6). SC can affect brain activity and cause hyper-reactivity of visual stimuli (11).

Pre-existing medical issues can be exacerbated when exposed to isolation, especially among prisoners suffering mental health illness (12).

Not enough is known about the long-term effects of SC, but studies have shown that some of the above symptoms last beyond the SC period and that fear of social interaction may hinder re-insertion in society (13).

CONCLUSIONS

- Alternative measures to SC should be resorted to whenever possible.
- Countries should ensure clear regulation of SC and supervision of its use in accordance with the Mandela Rules.
- Legal and health professionals should be aware of the potential risks of SC and the proper treatment of the health consequences.
- More research with data across time and geographical dimensions is needed to better understand the effects of SC.

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