

(Interior of a solitary confinement cell)

Solitary Confinement

Is it torture or a necessity?

By: Kevin White, DRWV Advocate

There are more than 80,000 men, women, and children in solitary confinement in prisons across the United States, according to the Bureau of Justice Statistics. Solitary confinement of prisoners goes by a number of names - isolation, SHU (special housing units), administrative segregation, supermax prisons, the hole, MCU (management control units), CMU (communications management units), STGMU (security threat group management units), voluntary or involuntary protective custody, special needs units, or permanent lockdown.

In recent years, prison officials have increasingly turned to solitary confinement to manage difficult or dangerous prisoners. Many of the prisoners subjected to isolation, which can extend for years, have serious mental illness, and the conditions of solitary confinement can exacerbate their symptoms or provoke recurrence.

Because of their impaired thinking, many inmates with serious mental illnesses present behavioral management problems. This is a contributing factor to their heavy representation in the number of prisoners in solitary confinement.

Jails and prisons have all kinds of rules and regulations. Some of them are for security

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Solitary Confinement *(continued)*



and some of them are just basically for the sake of rules, like where you must stand when they do the count or where you must stand to receive your food tray, things like that. And when people can't follow the rules, either because they don't understand them or because their paranoia makes them think that following the rules is going to get them hurt, the punishment is solitary confinement, which basically means being shut in a windowless room by yourself 23 hours a day. And it can make people who are sane completely mentally ill, but for somebody with mental illness, it's absolutely devastating. If you're paranoid and you're afraid that your food is being poisoned or that people are out to get you, being locked in this room by yourself really makes it worse.

Numerous studies have documented the harmful psychological effects of long-term solitary confinement, which can produce debilitating symptoms, such as:

- Visual and auditory hallucinations
- Hypersensitivity to noise and touch
- Insomnia and paranoia
- Uncontrollable feelings of rage and fear
- Distortions of time and perception
- Increased risk of suicide
- Post-traumatic stress disorder (PTSD)

These effects are magnified for people with mental health issues, who are estimated to make up one-third of all prisoners in isolation.

The adverse effects of solitary confinement are especially significant for persons with serious mental illness, commonly defined as a major mental disorder (e.g., schizophrenia, bipolar disorder, major depressive disorder) that is usually characterized by psychotic symptoms and/or significant functional impairments.

The stress, lack of meaningful social contact, and unstructured days can exacerbate symptoms of illness or provoke recurrence. Suicides occur disproportionately more often in segregation units than elsewhere in prison. All too frequently, mentally ill prisoners decompensate in isolation, requiring crisis care or psychiatric hospitalization. Many simply will not get better as long as they are isolated.



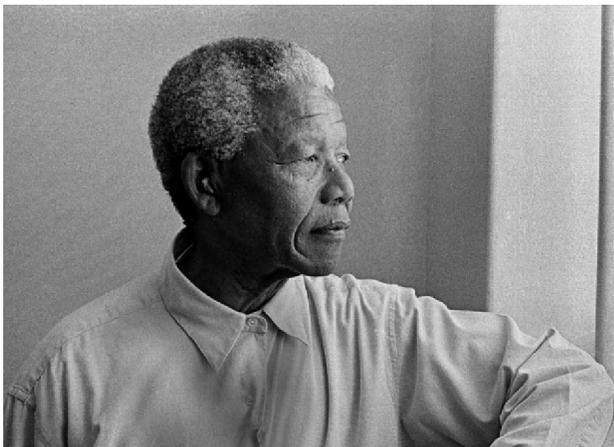
Mental health professionals are often unable to mitigate fully the harm associated with isolation. Mental health services in segregation units are typically limited to psychotropic medication, a health care clinician stopping at the cell front to ask how the prisoner is doing (i.e., mental health rounds), and occasional meetings in private with a clinician. Individual therapy; group therapy; structured educational, recreational, or life-skill-enhancing activities; and other therapeutic interventions are usually not available because of insufficient resources and rules requiring prisoners to remain in their cells.

If a person is not mentally ill when entering an isolation unit, by the time they are released, their mental health has been severely compromised. Many prisoners are released directly to the streets after spending years in isolation. Because of this, long-term solitary confinement goes beyond a problem of prison conditions, to pose a formidable public safety and community health problem.

Torture or necessity? The use of solitary confinement presents an ethical dilemma. Prison officials would argue that it is an important tool to maintain safety and security in prison settings. There have been positive developments in just the last five years. For example, the United

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Nations promulgated what have come to be called the Mandela rules, which provide for the humane treatment of prisoners around the world. They have banned the use of solitary confinement for longer than 15 days, indicating that longer than that constitutes cruel, degrading and inhumane treatment, or torture. Not every country and not every state in the US has endorsed them, but that is a standard to which human rights organizations have pointed.



I found solitary confinement the most forbidding aspect of prison life. There is no end and no beginning; there is only one's mind, which can begin to play tricks. Was that a dream or did it really happen? One begins to question everything.

— NELSON MANDELA —

The Mandela Rules

The "Mandela Rules" adopted by the UN Commission on Crime Prevention and Criminal Justice in May 2015 related to solitary confinement are as follows:

Rule 43

1. In no circumstances may restrictions or disciplinary sanctions amount to torture or other cruel, inhuman, or degrading treatment or punishment. The following

The Mandela Rules

practices, in particular, shall be prohibited:

- (a) Indefinite solitary confinement;
 - (b) Prolonged solitary confinement;
 - (c) Placement of a prisoner in a dark or constantly lit cell;
 - (d) Corporal punishment or the reduction of a prisoner's diet or drinking water;
 - (e) Collective punishment.
2. Instruments of restraint shall never be applied as a sanction for disciplinary offenses.
 3. Disciplinary sanctions or restrictive measures shall not include the prohibition of family contact. The means of family contact may only be restricted for a limited time period and as strictly required for the maintenance of security and order.

Rule 44

For the purpose of these rules, solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact. Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.

Rule 45

1. Solitary confinement shall be used only in exceptional cases as a last resort, for as short a time as possible and subject to independent review, and only pursuant to the authorization by a competent authority. It shall not be imposed by virtue of a prisoner's sentence.
2. The imposition of solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures. The prohibition of the use of solitary (continued)

The Mandela Rules *(continued)*

confinement and similar measures in cases involving women and children, as referred to in other United Nations standards and norms in crime prevention and criminal justice, 28 continues to apply.

Rule 46

1. Health-care personnel shall not have any role in the imposition of disciplinary sanctions or other restrictive measures. They shall, however, pay particular attention to the health of prisoners held under any form of involuntary separation, including by visiting such prisoners on a daily basis and providing prompt medical assistance and treatment at the request of such prisoners or prison staff.
2. Health-care personnel shall report to the director, without delay, any adverse effect of disciplinary sanctions or other restrictive measures on the physical or mental health of a prisoner subjected to such sanctions or measures and shall advise the director if they consider it necessary to terminate or alter them for physical or mental health reasons.
3. Health-care personnel shall have the authority to review and recommend changes to the involuntary separation of a prisoner in order to ensure that such separation does not exacerbate the medical condition or mental or physical disability of the prisoner.

Other organizations, like the American Psychiatric Association, hold that mentally ill prisoners should not be held in solitary confinement for longer than four weeks. The National Commission on Correctional Healthcare, an organization of

everybody in the prison health care profession, psychiatrists, medical people and so on, have endorsed the Mandela rules. Many organizations have reached a consensus that solitary confinement should be used only as a last resort, only for the shortest amount of time necessary and never for certain vulnerable populations. In 2019, we saw national momentum to reign in the abusive use of solitary confinement expand faster than ever before. This year was record-setting in terms of reforms introduced in state legislatures. Twenty-eight states introduced legislation to ban or restrict solitary confinement, and twelve states passed reform legislation: Arkansas, Connecticut, Georgia, Maryland, Minnesota, Montana, Nebraska, New Jersey, New Mexico, Texas, Washington, and Virginia. While some of these new laws, such as those in Connecticut and Washington, present tentative and piecemeal approaches to change, most represent significant reforms to existing practices that promise to facilitate more humane and effective prisons, jails, and juvenile detention centers.

Client *Why we do what we do* Comments

"I thank the advocate for his professional help and patience with dealing with certain federal personnel. He represented me as a human being and not just an inmate."



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