**The isolation of inmates with mental disorders in Norwegian prisons**

During its visits to prisons in 2017, the National Preventive Mechanism (NPM) has had a particular focus on inmates with mental disorders in isolation in restricted sections. These inmates are particularly vulnerable to inhuman or degrading treatment, and many of them are serving under clearly undignified conditions.

Research shows that a large percentage of inmates in Norwegian prisons have mental disorders. Victoria Cramer of the Regional Centre for Research and Education in Forensic Psychiatry and Psychology in the South-Eastern Norway Regional Health Authority (SIFER-Øst) published a comprehensive study in 2014 entitled ‘Forekomst av psykiske lidelser hos domfelte i norske fengsler’ (The prevalence of mental disorders among convicted persons in Norwegian prisons).[[1]](#footnote-1) It showed, among other things, that 42 per cent of the participants had some form of anxiety disorder, 12 per cent had one of more risk factors for suicidal thoughts and behaviours, and 4.1 per cent had a current psychotic disorder.

The use of isolation is an invasive coercive measure, and people with mental disorders will be particularly vulnerable to inhuman or degrading treatment when they are completely excluded from company. A number of international guidelines and conventions therefore deal explicitly with the isolation of mentally ill inmates in prison. The UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) state, among other things, that:

*‘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 [[2]](#footnote-2)*

During its visits, the NPM often comes into contact with inmates who show signs of mental disorders in the prisons’ restricted sections. This includes people who the prisons themselves deem to have serious mental disorders, inmates who have been placed in isolation because of acute suicide risk and people with mental disorders who have asked to be excluded from company.

**Inmates with serious mental disorders**

There are inmates in Norwegian prisons today who have such serious mental disorders that they are unable to function together with other inmates. Some of them are excluded from company for short periods of time, while the NPM has also found during its visits that some inmates have, in practice, been in isolation for months and, in some cases, even years. A common factor for many of them is that the security risk means that a lot of staff resources are required to provide activities for them. They therefore rarely leave their cells and have limited contact with other people. For a number of them, questions can be asked about whether the real reason behind their extended exclusion from company is the deterioration of their mental state resulting from the isolation.

A number of these inmates refuse to have contact with the prison health service and health personnel report finding it difficult to offer health care, despite repeated attempts.

A review of administrative decisions, logs and reports shows that many of the inmates in this category are transferred back and forth between prison and the specialist health service. After a short stay in a mental health care institution, these people often return to isolation in prison without treatment.

Prisons themselves often report that this group of inmates live under what can be described as inhuman conditions, and the Parliamentary Ombudsman has stated that the responsible authorities must implement measures for these inmates to ensure that they receive treatment and are not confined to isolation.

**The use of restricted sections or security cells in the event of acute suicide risk**

Recent research shows that Norway is high up in the statistics on the number of suicides in prison relative to the population.[[3]](#footnote-3) It also shows that the most effective means of preventing suicide is good assessment procedures and human contact through talking to staff and the health service.[[4]](#footnote-4) Despite this, findings from the NPM’s visits indicate that placing people in restricted sections or security cells is common practice when a suicide risk is identified. The reason given by the prisons for this is that they do not have enough staff to be able to monitor the inmates over time in the ordinary prison sections. The staffing level is further reduced at night time and at weekends. In some prisons, this means that health personnel are not available to talk to suicidal inmates. If the risk of suicide is acute, security cells are therefore often the answer.

The NPM has had a particular focus on analysing logs from security cells in instances where inmates have been placed there due to suicide risk. Among other things, the log contains information about monitoring and conversations to break up the isolation. The Directorate of Norwegian Correctional Service’s guidelines show that inmates are to be checked every hour, and that continuous monitoring should be considered for security cells.[[5]](#footnote-5) In addition to monitoring by the prison staff, health personnel are obliged to check on the inmates at least once a day. The log entries show that, in most cases, the monitoring consists of a prison officer observing the inmate through a hatch or window to check that the inmate is breathing or showing other signs of life. Even in cases where an inmate is deemed to be at acute risk of committing suicide, the logs show that monitoring entails limited human contact and that conversations of any length are rare.

In most cases, the use of a security cell will mean that it is not possible for the inmate to commit suicide during the acute phase, as the cell contains no objects that can be used for this purpose. However, the NPM’s reports have pointed out that the use of security cells can traumatise the inmate. Based on what is known about the effects of isolation, it cannot be ruled out that the use of a security cell as a suicide prevention measure may have the opposite effect, in that the risk of suicide actually increases in both the short and long term. This highlights the importance of exercising particularcaution as regards placement in a security cell where there is a risk of suicide or self-harm. If security cells are to be used, however, it is important that there must be more human contact than is the case under the current practice.

**Exclusion at own request**

A common reason given for exclusion is that the inmate is excluded at his or her own request. A review of administrative decisions and interviews with inmates show that there can be a number of reasons for this. Not feeling safe is often stated as a reason, however. The Cramer study shows that a total of 65 per cent of those included in the study had a primary disorder that could be classified as an anxiety or mood disorder. This includes panic disorders, social anxiety, depressions and post-traumatic stress disorder. Many of the people interviewed by the NPM say that they have chosen to isolate themselves, because of such mental disorders, in their own section or in restricted sections. It would appear that many of those who choose to isolate themselves have an unmet need for treatment, and that inadequate follow-up of this vulnerable group can add to the burden for the inmates concerned.

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1. Cramer, V. (2014). Forekomst av psykiske lidelser hos domfelte i norske fengsler. The Regional Centre for Research and Education in Forensic Psychiatry and Psychology, South-Eastern Norway Regional Health Authority, Oslo University Hospital. The findings in the study led, among other things, to a joint report from the Directorate of Norwegian Correctional Service and the Norwegian Directorate of Health entitled ‘Oppfølging av innsatte med psykiske lidelser og/eller rusmiddelproblemer’ (Follow-up of inmates with mental disorders and/or substance abuse problems) (2016). [↑](#footnote-ref-1)
2. The Mandela Rules, Rule 45. [↑](#footnote-ref-2)
3. Suicide in prisons: an international study of prevalence and contributory factors Fazel S., Ramesh T., Hawton K. (2017) The Lancet Psychiatry, 4 (12), pp. 946–952. In the article, Norway tops the list for the number of suicides among the countries studied. The source data include the year 2013, when there was an unusually high number of suicides in Norwegian prisons. Norway would still feature high up the list, even if this was adjusted for. [↑](#footnote-ref-3)
4. Marzano L, Hawton K, Rivlin A, et al. Prevention of suicidal behavior in prisons. Crisis 2016; 37: pp. 323–34. [↑](#footnote-ref-4)
5. Guidelines to the Execution of Sentences Act, revised 27 October 2008, statutory and regulatory provisions updated 10 October 2017, section 38.4. [↑](#footnote-ref-5)