

## The Damage of Solitary Confinement

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Many studies have been conducted on the emotional effects of solitary confinement. All of them indicate the severe emotional damage it has upon the segregated person. These effects may include sleep disturbances, depression and anxiety, psychotic reactions such as visual and auditory hallucinations, paranoid episodes, disorientation in time and space, states of acute confusion and thought disturbances. Solitary confinement may also aggravate psychotic states or arouse emotional problems that were previously dormant.

Prisoners in solitary confinement suffer twice as much from mental illness as those who are not in confinement. The common disturbances are adjustment disorders and depressive symptoms. Severe dissociation disorders and psychotic episodes may also occur among prisoners in confinement without prior illness. These findings are not contested even by the joint IPS-Ministry of Public Security team, following a petition to the High Court of Justice by PHR-Israel and others against the procedure of solitary confinement.

Lack of adequate care: The state of some prisoners with a history of mental illness prior to their arrest deteriorated during their segregation. Palestinian prisoners in segregation in Israeli prisons receive deficient psychiatric treatment. When psychiatric treatment is given, prisoners report that it is carried out in Hebrew, and in some cases, in the presence of a guard – which stands in violation of medical ethics.

All the Palestinian prisoners in segregation who were treated by a psychiatrist report dissatisfaction with their treatment, as it was limited to administering medication, and did not include therapy sessions, an essential and potentially significantly helpful component.

When PHR-I asked the IPS whether Palestinian Prisoners who require special supervision and treatment and who have difficulty functioning in regular prisons may be held in the IPS's Body-Mind Center (*Magen*), their response was evasive. They said that "the medical and emotional treatment of security prisoners is identical to those of all prisoners, with full equality." PHR therefore concluded that the supervision division does not contain cells especially designated for Palestinian prisoners. We believe this further compromises mental health treatment for Palestinian prisoners. Indeed we see that when they do have problems they are not sent to the Body-Mind Center but rather held separately in regular prisons, where their mental and physical health is at risk, or – when it deteriorates they are hospitalized at *Maban* (IPS Mental Health Center).

Ethical problems and recommendation for change:

PHR Israel believes that solitary confinement is overly used and exposes the medical teams in prisons to a situation of dual loyalty: to their patients vs. the system. This is why PHR deals both with individual cases and long term principal changes:

In order to succeed on the individual level, a combined action by lawyers and physicians is needed and a very close and intensive follow up on every case.

On the principal level PHR-Israel has already turned to Knesset members, Legal Council to the Government, Attorney General, State Comptroller, Ministry of Public Defense, Ministry of Health and the Israeli Medical Association and asked them to take strong action in order to find other ways of imprisonment for people who suffer from mental and social problems that make it difficult for them to be held in cells with other people, and for those who Israeli authorities consider to be a threat to security.

We think that the Ministry of Health, the Israeli Medical Association, and the Psychiatrists Association especially, must combat the mechanisms of segregation and solitary confinement, take action to stop their use in Israel, and prevent physicians' involvement in these practices.

The medical associations must instruct psychiatrists who examine prisoners in segregation or solitary confinement to demand their removal from segregation or solitary confinement and to take action to implement this demand.

IPS physicians must refuse to take part in segregation and solitary confinement procedures, as these practices harm prisoners' physical and mental health.

The Scandinavian model should be implemented, whereby segregated prisoners are placed in separate sections where they can spend time with each other for much of the day and participate in various activities. In sections where prisoners who suffer from mental illness are held, enhanced supervision should be provided by a special therapeutic staff. For this purpose, the state must provide designated funding to the IPS.

The state must ensure representation of prisoners during court hearings on segregation, similar to that provided to each prisoner during his or her criminal trial when he or she cannot fund his or her legal representation.