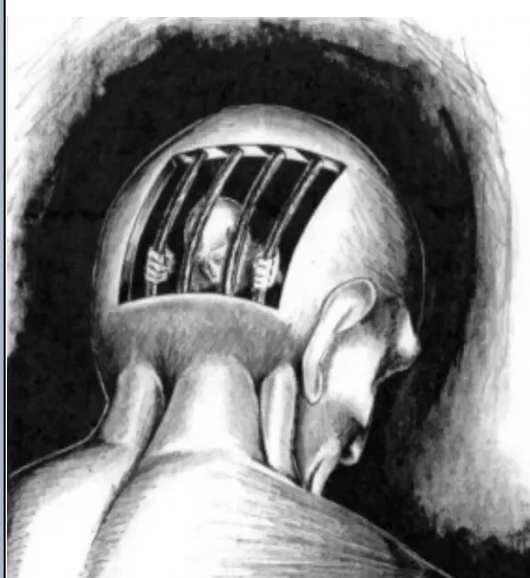


Introduction and Background

- Solitary confinement increases the risk for adverse psychological effects, self-harm, and mortality, especially by suicide for incarcerated people (Luigi et al., 2020).
- Significant harm can be caused to the incarcerated person by being in solitary confinement, but is still currently used as a form of punishment (Luigi et al., 2020).
- Solitary confinement can be defined as a punishment for an incarcerated person who is put into restricted housing without any social contact 23 hours a day for days, weeks, or years.
- Studies show that the use of solitary confinement does not reduce misconduct in inmates and could possibly increase misconduct (Luigi et al., 2020).
- This subject is important to the nursing practice because as nurses we need to make sure that every patient is provided with the best care possible, is treated equally and fairly, and their physical and mental well-being is being accounted for.

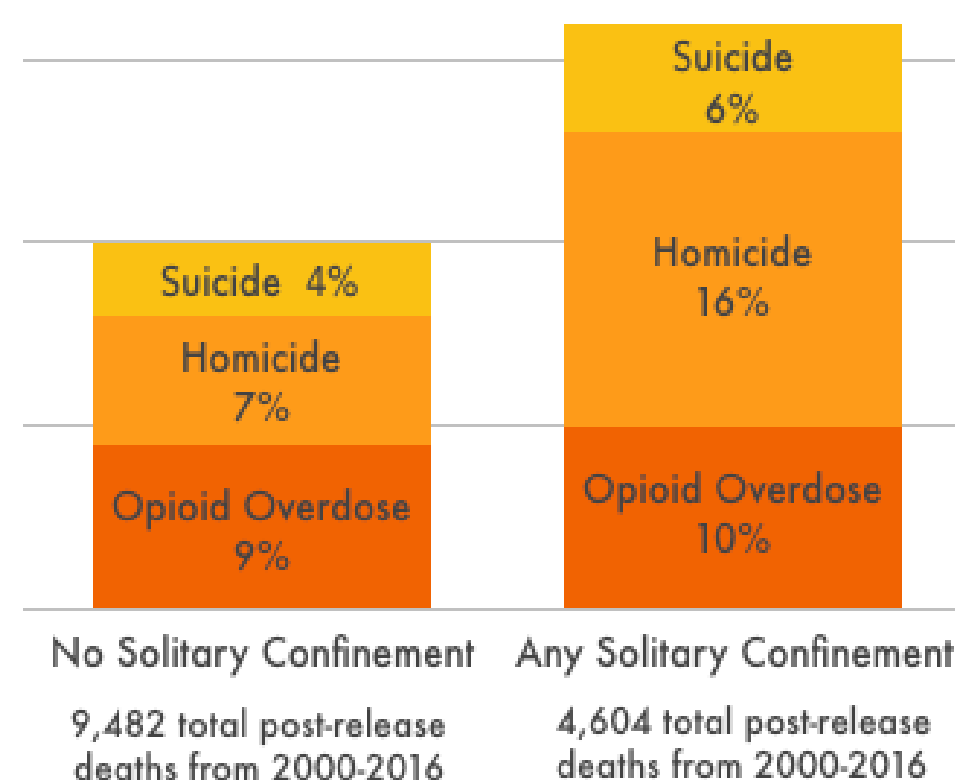
Purpose Statement & Research Questions

- In response to the unethical treatment of inmates who are put in solitary confinement, the purpose of this qualitative research is to discover a more ethical practice to improve behavior from violent or disruptive inmates.
- Research Question #1: How can we find a better solution to help both of the inmates and the facility within the correctional facilitation?
 - Research Question #2: How can we help reduce the negative mental and physical side effects for those inmates who have spent time in solitary confinement?
 - Research Question #3: As nurses, how can we improve the quality of life for the inmates who have been subjected to solitary confinement?

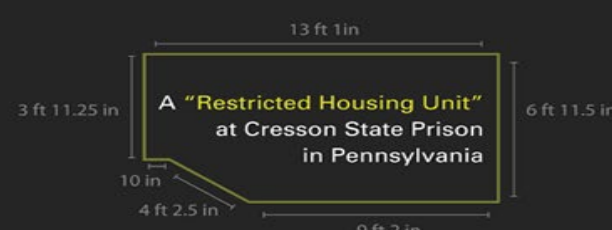


Solitary confinement increases the risk of premature death after release

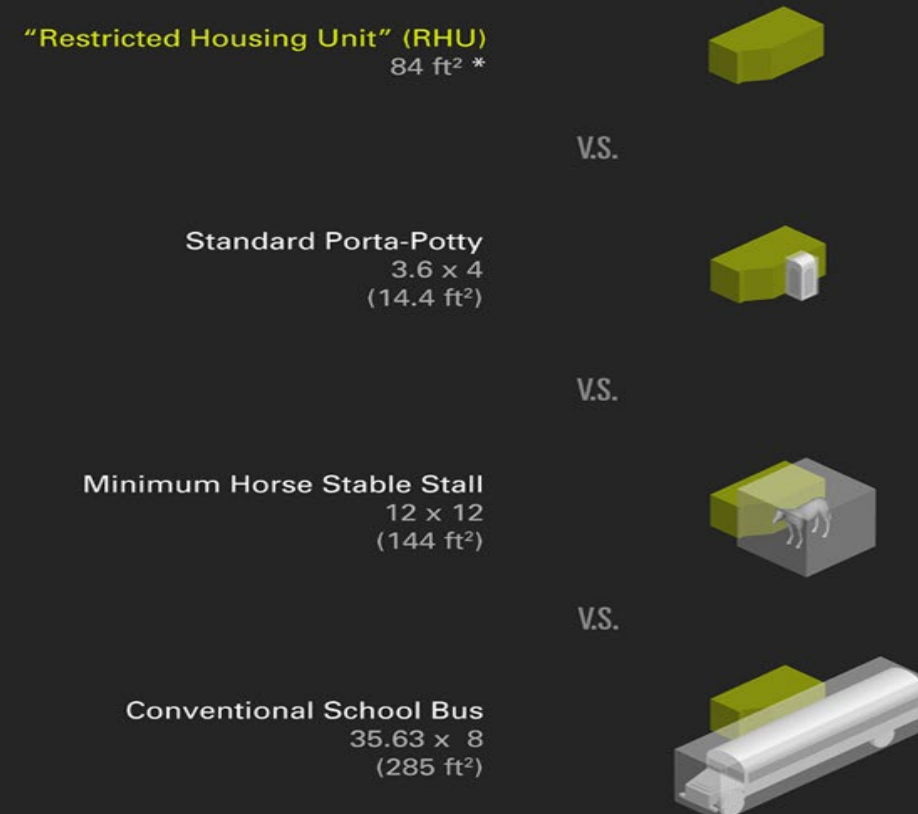
Among people who died after release from prison, those exposed to solitary confinement were more likely to die from suicide, homicide, or opioid overdose.



HOW BIG IS A SOLITARY CONFINEMENT CELL?



HOW DOES THAT COMPARE?



*Cell sizes for isolation vary by facility. The American Correctional Association recommends a minimum of 80 square feet of total floor space when confinement exceeds 10 hours per day. But not all facilities follow those guidelines. There is no guideline for cell height.
Cell dimensions: The Pennsylvania Department of Corrections for Restricted Housing Units at the State Correctional Institution at Cresson.
Portable toilet dimensions: All American Waste Services.
Horse Stall dimensions: The British Horse Society.
Bus dimensions: Mack Blackwell National Rural Transportation Study Center.

Findings

- Of all the incarcerations, there was a 0.03% for a potentially fatal act of self-harm to take place. The RR increased as the length of stay increased for the inmates. The RR was the highest among prisoners with SMI (9.5%) and inmates 18 or younger (12.9%). Inmates who experience solitary confinement were 3.2 times likely to commit self-harm compared to a prisoner who spent no time in solitary confinement (Kaba et al., 2013).
- A more recent longitudinal study randomized imprisonment in solitary vs. non-solitary confinement conditions, after obtaining consent from the prisoners for this study. The results confirmed that solitary confinement caused more psychiatric morbidity than non-solitary confinement (29% vs. 15%), with mainly anxiety and depression. (Mengina et al., 2020)
- Administrative data support the finding of long-term psychological distress. Among our respondents, 19% had SMI designations, 22% had a documented suicide attempt, and 18% had documentation of other self-harm, all at some point during their incarceration, either before or during their time in the IMU. Moreover, respondents with SMI designations were much more likely to report positive symptoms and slightly more likely to report all other factored symptoms than non-serious mental illness respondents. These findings support the validity of the BPRS assessments. (Reiter et al., 2020).

Literature Review

Key terms used:

- Nursing
- solitary confinement effects
- Isolation

15 studies were used in the research.

Databases search involved:

- Google Scholar
- CINHALL



Conclusion & Nursing Implications

- The harmful effects of solitary confinement continue long after the inmates have been released.
- Anxiety, depression, and loss of identity were commonly reported long-term symptoms experienced by the inmates (Reiter et al., 2018).
- Assessments such as the Brief Psychiatric Rating Scale (BPRS) need to be done regularly on solitary confinement patients to help evaluate for these signs and symptoms.
- Promoting daily reading and exercise to solitary confinement patients can help combat the depression and anxiety that can come with solitary confinement stay (Tayer, et al 2018).
- There are better ways to care for disobedient patients than to lock them up in isolation for 23 hours a day.

References & QR Code

