**System Redesign to Address Solitary Confinement: Toolkit for Healthcare Providers**

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**Background**

Solitary confinement (SC) is an umbrella term that encompasses isolation, segregation, seclusion, separation, or **cellular confinement** in which incarcerated persons are isolated for 22 hours or more per day without meaningful human contact.

SC has been associated with the exacerbation of mental health conditions; worsened chronic medical conditions; increased risk of suicide; and increased risk of death from non-natural causes after release from custody.*

*Note: Paucity of evidence to suggest causal relationships.

The United Nations rules, 2016 College of Family Physicians of Canada (CFPC) position statement, and Canadian legal decisions call for the decreased use of SC. Currently, there is **no comprehensive resource for healthcare providers (HCPs)** working in carceral environments to support them in participating in the system redesign to address SC.

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**Methods (continued)**

The educational resource is aimed to support HCPs working in carceral settings to participate in the ongoing system redesign addressing SC.

The toolkit materials were reviewed by various HCPs working in diverse carceral settings, external healthcare experts including an Indigenous physician, people with lived experience of incarceration, and an Indigenous elder. Feedback is being incorporated on an ongoing basis.

Educational materials are intended to be shared with interested HCPs.

Main outcome measures: Accessible, user-friendly educational materials, and qualitative feedback from HCPs utilizing the toolkit resource.

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**CanMEDS Framework**

<table>
<thead>
<tr>
<th>CanMEDS Roles</th>
<th>Individual-level (Micro level)</th>
<th>Systems-level (Meso &amp; Macro level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
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<td>Specific information will be included in the final toolkit table.</td>
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<tr>
<td>Communicator</td>
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<td>Collaborator</td>
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<td>Leader</td>
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<td>Health Advocate</td>
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<td>Scholar</td>
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<td>Medical Expert</td>
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The CanMEDS framework has been incorporated into the toolkit, with the above example table on how specific information will be presented.

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**Objectives**

This toolkit aims to provide an educational resource on solitary confinement for HCPs working in carceral settings.

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**Methods**

A working group was formed to create an educational toolkit, including members of the Prison Health Member Interest Group at the CFPC. Available literature and expert opinions were compiled, and feedback from diverse external reviewers was integrated.

Funding: CFPC Member Interest Group Section (MIGS) Project Support.

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**Results**

The current draft of the toolkit materials is undergoing continued revisions.

1. The toolkit provides an educational overview about SC, including consideration of special populations (Indigenous peoples, youth, women, immigration detainees, and people with mental illness); and healthcare delivery in the context of the interplay between SC and health conditions.

2. The toolkit offers information that support HCPs in their efforts to participate in the system redesign to address SC.

3. The toolkit includes sections on the CFPC position statement, Canadian and international legal contexts, cultural safety, and trauma-informed care.

A parallel educational toolkit for the medical learner is in development.

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**Conclusions**

Based on the CanMEDS framework, this unique toolkit provides:

1. An educational resource for HCPs about the interplay of health conditions in the SC setting.

2. A resource that can promote participation in the system redesign towards consistent use of clinically appropriate infrastructure for frequent monitoring.

The toolkit is in a continued process of revision and review. The format of the dissemination is being determined.

Questions? Email: austinl5@mail.ubc.ca

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**“For those sentenced to imprisonment, the punishment is the deprivation of liberty. It’s not an opportunity for further abuse and punishment.”**

Former Supreme Court Justice Louise Arbour