Statement from the National Preventive Mechanism of the Norwegian Parliamentary Ombud to the UN Committee Against Torture, 17 November 2026

By Helga Fastrup Ervik, head of the Norwegian NPM

Distinguished Chair and members of the Committee,

On behalf of the Norwegian Parliamentary Ombud I thank you for this opportunity to present and discuss key concerns regarding the Norwegian government's implementation of the Convention.

In our written report to the Committee dated 18th of October, we have taken the opportunity to suggest questions as well as recommendations to the State. We thank you for taking these into consideration.

My presentation today will address the areas and challenges we consider most urgent in terms of risks of ill-treatment.

Firstly, I will briefly update the Committee regarding the **mandate and organisation** of the Norwegian NPM.

Secondly, I will use the main part of this intervention to address **the deteriorating situation in Norwegian prisons;** de facto isolation, inhumane security cells, serious findings regarding children in prison, and, lastly, insufficient health services to inmates.

Thirdly, at the end of my presentation, I will comment on key concerns regarding risks of ill-treatment in **mental health care hospitals** as well as **immigration detention**.

Chair,

In 2021 the law governing the Norwegian Parliamentary Ombud was revised. The revised law includes a separate chapter setting out the NPM's tasks and privileges, giving the OPCAT mandate a more solid and visible expression in law.

Since the NPM establishment in 2014, the NPM unit has grown from the initial 4 to 12 staff members, with competence in the fields of law, social science and psychology.

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Even if the government has implemented positive measures since 2018, our findings reveal that several challenges remain, and some have become more acute since Norway last stood before the Committee.

In 2018 the Norwegian NPM pointed to various forms of isolation in prisons as a serious risk of ill-treatment. Regrettably, the situation is even more severe today.

In 2019 the Parliamentary Ombud presented a special report to Parliament, Stortinget, on extensive isolation and lack of meaningful human contact in Norwegian prisons.

The Storting emphasized that the overall findings of the Ombud painted a serious picture, and that there was a significant risk that isolated inmates were subjected to inhuman or degrading treatment. The Storting requested the Government to implement

measures and put forward proposals for necessary legislative amendments to follow up on the recommendations.

Following visits to 13 prisons across the country in 2023-2024 the concerns of the Ombud grew and in 2025 the Ombud once again found it necessary to voice our strong concerns in a special report to Parliament.

Then, in 2026, a legislative amendment was finally made in the Execution of Sentences Act, with the aim of reducing the use of isolation in prisons. However, due to the lack of financing and staffing, the bill is not yet in force, and it remains unclear when it will be implemented.

Our findings show that, due to lack of work, school or other activity, a *growing* proportion of prisoners are locked up alone in their cells for the main parts of the day. Many prisoners are in fact locked in their cells for up to 19–22 hours a day, without an isolation order and through no fault of their own behaviour.

Let me also underline, that the precarious situation results in persons in pre-trial detention being subjected to isolation without a court decision.

A year after our last special report the development seems to be spiralling downward; increased isolation, reduced activity, and inadequate rehabilitation. Some prisons systematically violate the existing legal provisions on isolation. In several prisons, managers say they can no longer provide acceptable prison conditions, due to lack of funds and persistent staffing shortages.

Even in prisons for children, findings indicated a significant risk that children remain isolated for far too long, and under conditions that do not adequately protect them against the risk of harm from isolation.

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Our strong concern for the situation of inmates is reinforced by recent research concluding that the health of inmates in Norwegian prisons is deteriorating. A growing number of inmates suffer from debilitating mental health issues. De facto isolation increases the risk of harm to both pre-trial and convicted prisoner.

Our own investigations, summarized in a thematic report earlier this year, reveal serious deficiencies in the healthcare provided to prisoners by public health services. These include failures to assess prisoners' healthcare needs on admission, delays and interruptions in treatment, inadequate access to healthcare, and a lack of opportunities to communicate confidentially with healthcare services. Many prisons do not systematically assess and monitor suicide risk and lack adequate systems for implementing evidence-based suicide prevention measures.

In addition, findings indicate that healthcare services are often unaware when prisoners are subjected to de facto isolation and thus may fail to address the factors affecting prisoners' health. This reflects a broader lack of coordination between the correctional service and the healthcare services.

In 2024 the European Court of Human Rights in the case of Haugen v. Norway, decided that Norway had violated the right to life of an inmate who committed suicide in prison. Addressing Norway's action plan in response to the verdict, the Ombud underlined that the failure of addressing the needs of prisoners with severe mental health problems and suicidal ideation is a systemic problem, not an isolated failure in an individual case.

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Solitary confinement in a security cell is among the most intrusive measures that can be used against prisoners in Norway.

A security cell is a barren concrete cell containing only a plastic mattress and a hole in the floor that serves as a toilet. The design of the cell provides extremely limited sensory stimulation, significantly restricts the prisoner's ability to meet basic personal needs and dignity and puts them in humiliating situations. Prisoners must use the toilet without any form of privacy, they cannot maintain basic hygiene, and in many cases food and drink are passed to them through a hatch at floor level. The acoustics and lighting make conversation and sleep difficult.

In a recent thematic report, the NPM concluded that the way the cells are designed constitutes a risk of violating the prohibition against inhuman or degrading treatment.

The use of security cells in cases of suicide risk and for people with severe mental health challenges and cognitive disabilities is particularly alarming. We have repeatedly emphasized that the use of security cells for mentally ill or suicidal prisoners increases both the risk of suicide and the risk that prisoners will refrain from communicating their needs to healthcare or prison staff. Furthermore, we are deeply alarmed that this intrusive form of isolation is also used against children, including in cases of risk of self-harm or suicide.

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While conducting investigations into the use of security cells we found that children have been subject to illegal placement in security cells the last 10 years. The majority of placements of children in security cells, in juvenile prisons as well as in adult prisons, were illegally based on the lower threshold for adults. Furthermore, the best interests of the child had not been considered in more than half of the written decisions authorizing the placements. And one in three were partly or completely justified with the child self-harming or expressing suicidal ideation.

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Let me now draw your attention to mental health care institutions.

The use of mechanical restraints is a very intrusive and potentially harmful coercive measure that carries a significant risk of ill-treatment. Even so, Norwegian authorities have not published statistics regarding its use, or on any form of coercive measure, since 2022. Furthermore, there have never been published figures showing how long patients are strapped to mechanical or other restraints.

Recently, we published a thematic report based on in-depth examination of the use of mechanical restraints at six hospitals across Norway. The report is addressed to the Ministry of Health.

In all six hospitals, we found cases where the available documentation indicated that the use of mechanical restraints had lasted long after the acute situation had subsided. This is illegal and carries a high risk of ill-treatment.

The NPM also identified several cases of exceptionally prolonged restraint, in many cases lasting for days and even weeks on end. In one case, a patient spent more than 44 days continuously strapped to a restraint bed, at times with only weekly reassessments of whether to lift the measure. In all 6 hospitals visited in the period from 2025–2026 we found there had been patients who had been restrained for more than four days.

We also found that the Control Commissions' ex-officio reviews of the *duration* of mechanical restraints in many cases were absent.

Based on the findings, the NPM recommends that the Government strengthen legal safeguards and oversight to prevent prolonged mechanical restraints, including clear requirements for ongoing review of restraints and measures to curb the use of mechanical restraints for days on end.

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Immigration detention has been a recurring issue before the Committee. Following years of follow up of both the NPM, the NHRI and the Inspectorate for Trandum, we are now able to say that the conditions to some extents have improved.

However, there are still conditions at the centre that may create a risk of inhuman or degrading treatment. We are particularly concerned about the inadequate follow-up of those who remain at the centre for extended periods and particularly vulnerable detainees, as well as with the use of security cells. Trandum is still a prison-like environment. The expected transition from the police to the correctional service will therefore remain a source of concern.

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We are ready to answer all questions you may have, to the best of our abilities.

Thank you.