Suicide Within United States Jails: A Qualitative Interpretive Meta-synthesis

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Suicide was the leading cause of unnatural deaths in local jails, accounting for 29% of all jail deaths between 2000 and 2007. Though much literature exists on suicide in jails, very little is qualitative. Additionally, little attention has been focused on how the Interpersonal Theory of Suicide applies to the jail environment. To gain a better understanding of suicide in jails, an interpretive meta-synthesis of three qualitative articles was conducted. The combined sample included thirty-four individuals from three jails. These three articles were analyzed to identify common themes that led inmates to suicide. Three broad categories were identified through constant comparison of the data. These categories are: mental health factors, environmental conditions, and relationship issues. These three broad categories are discussed in relation to the Interpersonal Theory of Suicide, demonstrating its application in the jail setting. This information is essential for correctional facilities and staff for use in their day-to-day interactions with inmates. Future research is needed to identify and examine current suicide prevention programs in the United States penal system.

Key words: *suicide, jail, incarceration, interpersonal theory of suicide, meta-synthesis*

Death by suicide within the corrections system in the United States has been a concern for decades. In 1972, David Ruiz sued the Texas Department of Corrections (TDC) over degrading and dangerous living conditions (Perkinson, 2010). In his class action suit, he alleged that the TDC's

management of prisons constituted "cruel and unusual punishment." In the landmark decision of 1980, the Fifth Circuit Courts of Appeals ordered that correctional facilities ensure safety for inmates, as well as screen for and treat inmate suicidal ideation, even though Ruiz himself was not suicidal (Hanson, 2010). Although this order was handed down in Texas, the ruling influenced correctional facilities across the country due to Texas' reign as the leading penal system. In order for correctional facilities to receive accreditation from the National Commission for Correctional Health Care, facilities must have a suicide prevention program. The above measures appear to have decreased the rate of inmate suicide with suicide reduced by fifty percent since the Ruiz decision (Hanson, 2010). However, when examining the rate of prison and jail suicides, this problem is still in evidence.

Prevalence of Suicide During Jail Incarceration

Inmates incarcerated in jails are either awaiting trial or able to serve their entire sentence in jail (Konrad et al., 2007). The rate of jail suicides has been held fairly constant since 2000 at the rate of 47 per 100,000 (Hanson, 2010; U.S. Department of Justice, 2005), higher than the suicide rate in the general population of 11.5 (McIntosh, 2010). Suicide was the single leading cause of unnatural deaths in local jails, accounting for 29% of all jail deaths between 2000 and 2007 (U.S. Department of Justice, 2010). Though many theories of suicide exist, a leading one is the Interpersonal Theory of Suicide (Van Orden et al., 2010). To the knowledge of these authors, though there is not yet an application of this theory to jail suicide. The purpose of this qualitative interpretive meta-synthesis is to gain a better understanding of suicide in jails through synthesizing prisoners' experiences across three qualitative studies using the Interpersonal Theory of Suicide as the theoretical framework.

Background
Suicide among state and federal inmates continues to be a serious public health problem across the United States. Although statistics of deaths by suicide have decreased in recent history, the literature still remains firm that suicide within the correctional system is problematic. In fact, in the

United States, suicide is two times more common among prison inmates than in the general population, accounting for over 200 deaths each year (Suto & Arnaut, 2010; U.S. Department of Justice, 2005). Inside U.S. jails, more than 300 inmates commit suicide on a yearly basis, which is over 3 times the rate in State prisons (U.S. Department of Justice, 2005).

The literature differentiates between inmates serving short-term sentences, who are awaiting trial or transfer (referred to as pre-trial inmates) and those that are serving long-term sentences (referred to as sentenced prisoners) (Blaauw, Kerkhof, & Hayes, 2005; Konrad et al., 2007). This grouping is used to identify typical characteristics of individuals that are at-risk for suicidal behavior. Pre-trial inmates who commit suicide are typically male, between the ages of 20 and 25, unmarried, and first-time offenders being held for minor offenses (Blaauw et al., 2005; Konrad et al., 2007). These individuals are often intoxicated at arrest and commit suicide at an early stage of their confinement (Blaauw et al., 2005; Daniel & Fleming, 2005; Konrad et al., 2007). In contrast, sentenced prisoners who commit suicide are older violent offenders who kill themselves after spending an extended period of time incarcerated (Blaauw et al., 2005; Konrad et al., 2007).

There are common factors identified in the literature that both pre-trial inmates and sentenced prisoners encounter that may contribute to the act of suicide. Hayes (1995) suggests there are two major causes of suicide death: (a) jail environments are conducive to suicidal behavior; and (b) these individuals are facing crisis situations. Specifically, there are a large number of inmates who suffer from mental illness or substance-related disorders and have attempted suicide in the past (Cox & Morchauser, 1997; Goss, Peterson, Smith, Kalb, & Brodey, 2002; Hayes, 1999; Konrad et al., 2007). Further, the very isolating environment of incarceration that leads to the loss of social supports and employment are factors cited that contribute to the number of suicide deaths within this population (Cox & Morchauser, 1997; Goss et al., 2002; Hayes, 1999; Konrad et al., 2007). Other common factors prior to inmate suicide may include: experiences with bullying, recent inmate-to-inmate conflicts, disciplinary infractions, or verdict or sentencing information (Konrad et al., 2007). Suicides typically occur by hanging, especially when

individuals are held in isolation, and when staffing is at its lowest, typically at night (Konrad et al., 2007). Ultimately, the feeling of hopelessness, a loss of future options, and narrowing of choices for coping are factors that may lead to suicide (Konrad et al., 2007). Cox and Morchauser (1997) succinctly summarize risk factors to suicide within this environment, stating the cause is:

> ...the overwhelming stressful impact of the jail environment. This stress is often observed as the initial shock of incarceration, anger or sadness over the ending of a supportive relationship, strong feelings of hopelessness regarding an individual's criminal justice status, anxiety connected with a court hearing or even emotional trauma following a physical assault. (p. 178)

Theoretical Framework: Why Do People Kill Themselves?

Due to the prevalence of suicide while incarcerated, examining suicide theory for understanding the phenomenon is essential. Though many theories exist, we chose the Interpersonal Theory of Suicide to explain and better understand suicide and its etiology. According to the theory, there are two interpersonal constructs that lead to suicidal desire: thwarted belongingness and perceived burdensomeness, and one intrapersonal construct: capability to take one's life. Thwarted belongingness denotes social isolation, which is one of the most significant risk factors associated with lethal suicidal behavior across a lifespan. The individual may report loneliness and the absence of reciprocally caring relationships. Perceived burdensomeness comprises the belief that one is a liability on others, which involves self-hatred, i.e., "my loved ones would be better off if I weren't here" (Van Orden et al., 2010). The capability to engage in suicidal behavior is different from the desire to engage in suicidal behavior:

> According to the theory, it is possible to acquire the capability for suicide, which is composed of both increased physical pain tolerance and reduced fear of death through habituation and activation of opponent processes in response to repeated exposure to physically painful and/or fear-inducing experiences. (p. 585)

Therefore, according to the theory, the presence of thwarted belongingness, perceived burdensomeness, and the capability to engage in lethal suicidal behavior are present in cases of suicide.

Van Orden et al. (2010) list incarceration as an environment that may contribute to the feeling of thwarted belongingness, specifically that of a single jail cell. This facet is consistent with findings examining circumstances surrounding suicide while incarcerated (Hayes, 1997). Under the construct of perceived burdensomeness, family conflict and unemployment are two risk factors that have been identified to contribute to this feeling (Van Orden et al., 2010). Many incarcerated individuals are or have experienced family conflict due to incarceration and unemployment. This facet of the theory is also supported by the literature when examining circumstances around inmate suicide (Suto & Arnaut, 2010). Van Orden et al. (2010) mention that the theory is consistent with the distress of incarceration and may explain the elevated rates of suicide within this setting. Therefore, according to the interpersonal theory of suicide, if these two constructs are present, the only factor remaining is the capability to carry out the suicidal act, which according to statistics, many in this setting possess.

Method

Design
Though there are many approaches to qualitative cross study analysis, we used Aguirre and Whitehill Bolton's (2013) approach, qualitative interpretive meta-synthesis (QIMS) which is tailored to social work research to synthesize the findings of previous qualitative studies concerning factors that may lead to suicide while incarcerated. QIMS is:

> a means to synthesize a group of studies on a related topic into an enhanced understanding of the topic of study wherein the position of each individual study is changed from an individual pocket of knowledge of a phenomenon into part of a web of knowledge about the topic where a synergy among the studies creates a new, deeper and broader understanding. ([name deleted to maintain the integrity of the blind review process], p. 8)

QIMS begins with identifying the sample of studies to be synthesized, extracting original themes from the individual studies, and then synthesizing these themes across studies using a constant comparative method where extracted themes are compared with one another continuously, thus evolving into an inductive theory.

Instrumentation

As is the norm in qualitative research, the authors are the main instruments in this study, being the mechanism for synthesis across the three studies. Thus, a brief description follows of our credibility to conduct this QIMS.

First author. The topic of suicide prevention is one that has intrigued me for years. Although I do not have personal experience with losing someone to suicide, I have spent three years working in emergency and inpatient psychiatric units where I received training on suicide prevention. I have seen first hand the devastation to family, friends, and the individual after an attempt or death by suicide. The choice of examining suicide within a corrections system came about for two reasons. First, it has always been a career goal of mine to work, learn, and try to improve the practices within this setting. Second, there is a lack of literature examining the issue of suicide in the penal system and yet it is a serious issue.
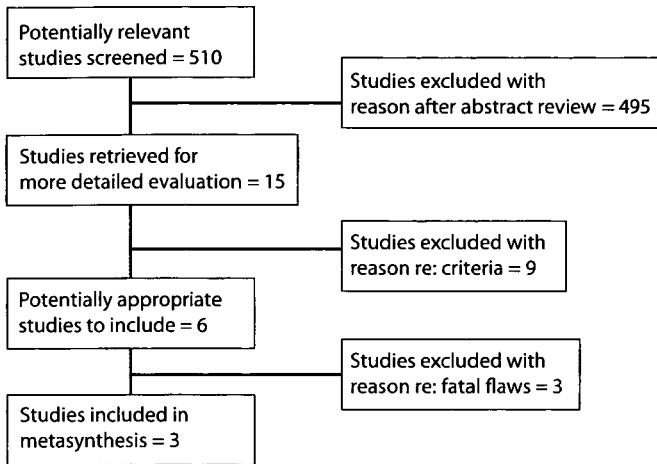
Second author. I have served as both a social worker and social work researcher in the area of suicide for over 10 years. My experience ranges from intervening with people poised to take their lives to working with families in the aftermath of such tragic deaths. I also co-developed QIMS, which is employed in this study.

Sampling Criteria and Process

Qualitative studies were found using computer databases and reference lists in the English-language literature of social work, medicine, psychology, and criminal justice. Databases searched included: Academic Search Complete, PsycINFO, PsycARTICLES, MEDLINE, Social Work Abstracts, and Dissertation Abstracts. Keywords used included: suicide, prison, jail, inmates, corrections, incarceration, qualitative, phenomenology, ethnography, and observation. Qualitative studies pertaining to factors that contribute to suicide in jails

were sought. Studies that examined the state of jail health services or mental health factors found while incarcerated were excluded.

Figure I. Quorum Chart

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┌─────────────────────────┐
│ Potentially relevant    │
│ studies screened = 510  │
└─────────────────────────┘
             │        ┌──────────────────────────────────┐
             ├────────│ Studies excluded with            │
             │        │ reason after abstract review = 495│
             │        └──────────────────────────────────┘
┌─────────────────────────┐
│ Studies retrieved for   │
│ more detailed evaluation = 15 │
└─────────────────────────┘
             │        ┌──────────────────────────────┐
             ├────────│ Studies excluded with        │
             │        │ reason re: criteria = 9      │
             │        └──────────────────────────────┘
┌─────────────────────────┐
│ Potentially appropriate │
│ studies to include = 6  │
└─────────────────────────┘
             │        ┌──────────────────────────────┐
             ├────────│ Studies excluded with        │
             │        │ reason re: fatal flaws = 3   │
             │        └──────────────────────────────┘
┌─────────────────────────┐
│ Studies included in     │
│ metasynthesis = 3       │
└─────────────────────────┘
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A total of three studies presented in three articles published between 1997 and 2010 were utilized for the QIMS. Two publications (Suto, 2007; Suto & Arnaut, 2010) were found utilizing the same sample population and including identical findings. For the purposes of this meta-synthesis the book by Suto (2007) was only utilized in order to extract quotations. The article by Suto and Arnaut (2010) did not contain quotations and the researchers felt it important to incorporate these quotations. It was not necessary to incorporate the book in the data extraction and analysis process because it provided identical findings.

The total number of men in these samples was 34. All three articles represent individuals incarcerated in jail. These 34 participants were between the ages of 21 and 53, all male, and predominately Caucasian. Hayes (1997) reported on nine suicides that occurred during a twenty-four month period in a large metropolitan jail. For an overview of the demographic make-up of the three articles see Table 1. The three studies included a case study, a study utilizing phenomenology, and a study utilizing an unknown method. These participants' experiences were utilized to extract themes concerning factors leading to suicidal ideation while incarcerated.

Table 1. Demographics From Articles on Jail Incarceration

Authors, Date	Tradition and Data Collection Method	n	Sample Ages, Race/Ethnicity, Gender	Recruitment Site Location
Hayes, 1997	Unknown	9	Unknown; Unknown; Male	Unknown
Hayes, 1999	Case Study	1	Unknown; Unknown; Male	Unknown
Suto & Arnaut, 2010	Phenomenology	24	21-53; Caucasian (22), Hispanic (2); Male	Oregon

Data Analysis: Theme Extraction and Theme Synthesis

After each article was read for theme extraction, themes found within that qualitative study as identified by the original researchers were extracted from the article (Table 2). The three included studies were read to determine themes identified by the authors. After the initial identification of the themes, we used the book authored by Suto (2007) in order to identify key quotations associated with each of the themes since the Suto and Arnaut (2010) piece did not include quotations. We felt it was important to use quotations from Suto (2007) to give the theme labels depth and individuality and to maintain the integrity of the original authors' work. Without these quotations, the labels seemed general and susceptible to different interpretations. We were able to synthesize themes across the three studies in order to identify factors in common that led to suicide attempts or death. These themes seen across studies were synthesized into each other, resulting in several categories that combine to reveal a synergistic understanding (Author & Whitehill, under review) of the phenomenon of jail suicide. Throughout this process, the first author triangulated with the second to verify accuracy in evaluation and choice of labels for the common themes.

Synergistic Understanding of Jail Suicide

The results are organized into three overarching themes: mental health issues, environmental factors, and relationship issues. In each overarching theme, subthemes are reviewed in detail. All themes are represented in Table 3.

Table 2. Theme Extraction

Authors and Year	Extracted Themes
Hayes (1997)	Jail Factors 　　Isolation 　　Staff Supervision Issues 　　Issues Related to Cell Structure 　　Issues Related to Medical Staff Substance Abuse Issues Mental Health Issues, specifically prior suicide attempts Issues Related to Court Appearances Social Support Issues
Hayes (1999)	Mental Health Issues 　　Prior Suicide Attempts Relationship Issues Issues Related to Court Appearances Jail Factors 　　Issues Related to Medical Staff 　　　　Staff Supervision Issues
Suto & Arnaut (2010)	Mental Health Issue 　　Depressive Symptoms 　　　　Symptoms of Anxiety 　　　　Hallucination/Paranoid Ideation 　　Medication-Related Problems 　　　　Impulsivity 　　　　Religious Beliefs Relationship Issues 　　Problems with Family of Procreation 　　Problems with Family of Origin 　　Problems with Inmates Jail Factors 　　Moves within the Jail 　　Employment/Activity-Related Difficulties 　　Placement in DSU

Mental Health Issues

Seven sub-themes within the overarching theme of mental health issues were identified across the three studies as contributing factors of suicide attempts or deaths. These included: depressive symptoms, symptoms of anxiety, hallucination and/or paranoid ideation, medication-related problems, impulsivity, religious beliefs and prior suicide attempts.

Table 3. Theme Synthesis

Synthesized Themes	
Mental Health Issues	Depressive Symptoms (Suto & Arnaut, 2010) Symptoms of Anxiety (Suto & Arnaut, 2010) Hallucination/Paranoid Ideation (Suto & Arnaut, 2010) Medication-Related Problems (Suto & Arnaut, 2010) Impulsivity (Suto & Arnaut, 2010) Religious Beliefs (Suto & Arnaut, 2010) Prior Suicide Attempts (Hayes 1997; Hayes, 1999)
Environmental Factors	Jail Factors (Hayes, 1997; Hayes, 1999; Suto & Arnaut, 2010 Issues Related to Court Appearances (Hayes, 1997; Hayes, 1999) Supervision Issues (Hayes, 1997; Hayes, 1999)
Relationship Issues	Social Support (Hayes, 1997; Hayes, 1999; Suto & Arnaut, 2010)

Note: Extracted themes included in synthesized theme with authors and publication year.

Depressive symptoms. Depressive symptoms were identi-fied in the synthesized studies as being a contributing factor to suicide (Hayes, 1997; Suto & Arnaut, 2010) as is observed in the general population (Van Orden et al., 2010). Suto and Arnaut (2010) identified five subthemes within the category of depressive symptoms. These subthemes were: depressed mood, depressive thoughts, feelings of hopelessness, feelings of loneliness, and feelings of guilt or shame related to crime. Given that depression has been identified as a contributing factor to suicide in the general population (Van Orden et al., 2010), it is not surprising that depressive symptoms have such depth. One of the participants described his experience with depression saying:

> I got to a point where I just got so low, depressed, and it was just that point where… it's like there's a pit and you fall into it. And it's just darkness. And you are trying to get out but you can't. Hands are pulling you back down. (Suto, 2007, p. 62)

Another participant explained his struggle with depres-sive symptoms, saying:

> Sometimes I get to the point when it doesn't matter to me if I'm alive or not. And I hate getting in that spot

because it's really hard that I know; I don't know what to do ... my son just told me that he is mad at me because I'm back here again. It seems that I just can't do anything right (*sobs*) ... It wasn't getting better, you know. It kept getting bigger and bigger and bigger, like the snowball effect, you know ... I was hopeless about the whole situation. And my life was hopeless and useless. (Suto, 2007, p. 64)

Symptoms of anxiety. In the Suto and Arnaut (2010) study, inmates reported different reasons for experiencing feelings of anxiety. Circumstances around feelings of anxiety were a result of upcoming release, fear about failing parole, or humiliation around beatings or threats by another inmate. One participant explained:

Every time I got close to paroling, I ended up doing something to get me more time. And I'd get really, really close to ... I'll be doing good, and doing what I got to do, and they start talking about we are going to send you home, I'd mess up. And I continued to do that ... I've never cashed a check, I've never collected a paycheck, I've never held a real job, I've never had my driver's license, I've never even balanced a paycheck. (Suto, 2007, p. 69)

Another inmate shared some of the same concerns, saying:

If I came out today, if I left today with what I have up here, if I stayed in Oregon, if I stayed with what I have up here, I'd be on drugs within a week. Because I would do good for a week, I'd try to find a job, and I'd get told by everybody that you're a felon, we don't want you, like I did the last time, and then ... I would have to take the transit bus since I don't have a license anymore, I'd end up downtown taking transit bus from interview to interview for jobs. I'd see some guys that I know, they'd tell me: "M, why you're even looking for a job? I got $200 worth of dope here, I know you could get this off in less than a couple days, why don't you come back to work?" Then I'd be right back in the game, within a week. (Suto, 2007, p. 69)

Hallucination and/or paranoid ideation. Several participants from both the Hayes (1997) and the Suto and Arnaut studies (2010) reported experiencing hallucinations and paranoid ideations. One participant portrayed this experience saying:

> Plus the voices in my head, they trick me sometimes ... They act like my sister's voice and then they act like God. I believe that they are God because they give miracles like sunshine: they can make it in low and dark, light. And there will be all kinds of stuff. And I can hear God sometimes. He tells me to sacrifice. (Suto, 2007, p. 72-73)

Medication-related problems. Participants sometimes connected their depressive symptoms to the lack of psychotropic medications available while incarcerated (Suto & Arnaut, 2010). Other related issues included not complying with medication regimens or fearing that being identified as an inmate who was prescribed psychotropic medication would make them vulnerable (Suto & Arnaut, 2010). One participant commented:

> I was thinking that they were giving me medications ... at the time I was thinking like, these guys, they are gonna put me on these medications and I'm gonna get out of it. They are gonna take advantage of me and they'd come and beat me up if I'd take these medications. (Suto, 2007, p. 74)

Impulsivity. Within the subtheme of impulsivity, Suto and Arnaut (2010) found that inmates themselves realized a series of events and circumstances which contributed to their suicidal ideation. Further, they also reported that the suicide act was an impulsive one. This phenomenon was not found across all participants. Some reported that the suicide act was planned for a period of time. One participant reflected on the impulsivity saying:

> It was kind of spontaneous. It was like here's this situation, what can I do about it? Nothing can happen. I can't get out of the situation. Yes, I can get out of the situation. Alright, that's about my only way out, so it's kind of where I go with it. (Suto, 2007, p. 75)

Religious beliefs. Religious beliefs served as both a protective factor and a suicide risk role for the inmates represented in the study by Suto and Arnaut (2010). One participant believed that religion had helped save his life, saying: "If I kill myself I'm not going to go to heaven. That's what stopped me in the last minute" (Suto, 2007, pp. 76-77). Another inmate believed quite differently, and spoke of his religious beliefs contributing to suicide saying:

> At that point in time, I felt like, you know, if I die, and if I go to hell, then you know if that's what there is, then obviously I'm not forgiven. But you know, once you're willing to take that step, you know, it's like you just got to give up pretty much on everything, you know. (Suto, 2007, p. 77)

Prior suicide attempts. Prior suicide attempts were found to be a contributing factor in both of the studies by Hayes (1997; 1999). Hayes (1997) identified prior suicide attempts as a risk factor for a prisoner who committed suicide while incarcerated. Hayes (1997) wrote:

> He was processed and housed in the forensic unit due to a psychiatric history that included at least three prior suicide attempts by hanging several years earlier and a threat of self-injury during his most recent prior incarceration. (p. 403)

Environmental Factors

Environmental factors were identified in all three of the studies as triggers and factors that led to inmate suicide. In the synthesis of these three articles, there were three categories identified by the author.

Jail factors. Jail factors such as moves within the jail, employment/activity-related difficulties, and disciplinary reports all contributed to inmate suicide (Suto & Arnaut, 2010). The jail environment and a feeling of isolation also led to some inmate's suicidal ideation (Hayes, 1997; Suto & Arnaut, 2010). One participant reported:

> Here in prison it's kind of hard, some people think that you're somebody that you're not, they want you to

be someone you're not. So they pressurize you to do things you don't want to. They pound on your wall, they make you really irritated ... There's really nothing you can do about it, you can try to ignore them, but it's mostly the people that are in prison are the gang-affiliated people. That's it. They give suicide attempts. I've tried to kill myself a few times over the fact that people would never leave me alone. (Suto, 2007, p. 83)

Another participant spoke of jail factors saying:

It's not that I wanted to be saved: I wanted to scare them ... I guess I almost felt like maybe it's been rooted in me from the stuff that happened in county that I feel like I wanted them [officers] to see that they're responsible for what, you know. It's almost like a get back I guess. It was out of anger like, just a deep anger like, you know. I say that's why I did that. They asked me before why I did that. I guess I did it for the whole shock. It's just 'cause I knew they'd be shocked if they saw a big puddle of blood coming out the door, you know. (Suto, 2007, p. 88)

Issues related to court appearances. Hayes (1997) found that inmate suicide was sometimes correlated with court appearances. Hayes (1997) described the circumstances surrounding one inmate's suicide:

... one day prior to his release, G.H. was informed that a parole board warrant had been issued that would continue his incarceration pending a revocation hearing. Shortly thereafter, a mental health worker passed G.H.'s cell and noticed that a blanket hanging on his door was obstructing visibility into the cell. She called out to G.H. who responded that he was using the toilet. She departed without further inquiry. Less than 30 minutes later an inmate walking down the corridor found G.H. hanging by a sheet from the cell door. (p. 402)

Supervision issues. Staff supervision issues were called into question in the circumstances surrounding a number of these

deaths. Hayes (1997) wrote of one inmate's suicide saying: "Although the last recorded security check was an hour earlier, it is not known when C.D. was last physically observed by staff because a towel was covering his door" (p. 401). Another participant's suicide was after an attempt to connect with a mental health worker (Hayes, 1997). Hayes wrote about this inmate's circumstances:

> ...a correctional officer observed O.P. crying, complaining that he was depressed and tired of being locked down. Approximately 30 minutes later, O.P. asked to speak with a mental health worker regarding his protective custody status, but the worker refused to talk with him. A few minutes later O.P. asked to speak to a physician's assistant who was on the unit conducting a sick call, but was informed that he would have to wait until sick call was completed. O.P. returned to his cell and several inmates observed him hanging by a sheet from the cell door 20 minutes later. (p. 404)

Relationship Issues

Social support. Lack of social support and isolation were also found to be contributing factors that led to inmate suicide (Hayes, 1999; Suto & Arnaut, 2010). In the case study reported by Hayes (1999), G.M. had little contact with his family and threatened to kill himself if his wife filed for divorce. Hayes (1999) wrote about the incident saying: "During one telephone call, he told his wife that he was tearing his bed sheet into strips" (p. 9). G.M. was referred to the mental health staff and his cell was checked on an hourly basis, but G.M. was still able to kill himself.

Suto and Arnaut (2010) identified four categories within relationship issues. These categories were: relationship problems with family of origin, with family of procreation, with inmates, and with staff (Suto & Arnaut, 2010). One inmate spoke of his relationship problems with his children saying: "My kids mean so much to me. You wouldn't know because I put myself in here, it seems such an oxymoron but I hadn't seen them" (Suto, 2007, p. 80). Another inmate spoke of a conversation he had with a family member with whom he was having problems. He reported:

I told her, "This isn't working out, I'm done, you know, I'm out." And she said, "You've said this a hundred times, you either need to do it or you need to stop saying it." So I said, "Well, if that's how you feel." I hung up on her. And I went back to my bunk, and I let the emotions that I had been dealing with her get to me, and I said, "You know what, forget this. I'm not going to even go to the hole [solitary confinement]. I'm just going to do it from here [attempt/complete suicide at current cell]. (Suto, 2007, p. 81)

Discussion

Through constant comparison of the three identified articles, three major categories of factors were illustrated that may contribute to suicide attempts or suicide deaths while incarcerated. These included mental health and environmental factors and relationship issues that, not surprisingly, are well documented as having various associations with risk for suicide.

It is not surprising that these same factors may assist in identifying inmates at risk for death by suicide. However, in this discussion, we further conceptualize how these three major categories demonstrate the interpersonal theory of suicide's three constructs: thwarted belongingness, perceived burdensomeness and the acquired capability for suicide (Van Orden et al., 2010).

Thwarted Belongingness

Thwarted belongingness, as conceptualized by Van Orden et al. (2010), has two dimensions: loneliness and absence of reciprocal care. The three studies we synthesized demonstrate this aspect clearly yet indicate some uniqueness. At the most basic consideration of thwarted belongingness, it is natural to conceptualize that going to jail would thwart one's belongingness in the general population and one's social networks of family, friends, and work relationships due to the separation from these groups and the isolation of the single jail cell (Van Orden et al., 2010). The words of the participants in these studies demonstrate a complexity of the two dimensions as related to the jail setting. Specifically, this is demonstrated as

one participant indicates, "I've tried to kill myself a few times over the fact that people would never leave me alone" (Suto, 2007, p. 83). This is somewhat counterintuitive to the loneliness dimension of the construct. However, the longer quotation (see Jail factors) from this person indicates that though there was social interaction for him, the nature of it was not helpful in relation to meeting the need for belongingness. Rather, it amplified the absence of reciprocal relationships which include mutual care and support.

Likewise, for another who indicated he tried to kill himself to shock the officers (see quotation in Jail factors), his words demonstrate that he was responding to the lack of a reciprocal, caring relationship. These examples support Van Orden et al's assumption that belongingness is not categorical; the nature of the social interactions in one's life are what determine the level of belongingness felt by a person.

A separate complexity in this construct of its manifestation in jail relates to increasing one's belongingness through being reunited with the general population, family, friends, and work relationships. Again, on the surface, jail release, it seems, would logically instill hope for the reinstitution of reciprocal relationships and alleviation of loneliness. For one jail prisoner, this was certainly the case. When he learned one day before his scheduled release that his incarceration might be extended, he killed himself (see Issues related to court appearances). However, for two others, rather than release being a solution, they indicated that leaving the jail confines would result in further thwarting the feeling of belongingness; both of them expressed beliefs that release would actually be worse than remaining incarcerated (see quotations in Symptoms of anxiety). While this fear of release is easily understood for the long-term prison inmate, it is somewhat unexpected from a jail situation where sentences are shorter.

Perceived Burdensomeness

Perceived burdensomeness has two dimensions: liability, e.g., "others are better off if I'm dead," and self-hatred (Van Orden et al., 2010). According to Van Orden et al. (2010), incarceration is situated in the liability dimension of the perceived burdensomeness construct. Perhaps the most poignant

depiction of this dimension is in the quote given earlier, the last sentence of which demonstrates the self-hatred dimension as well:

> Sometimes I get to the point when it doesn't matter to me if I'm alive or not ... my son just told me that he is mad at me because I'm back here again. It seems that I just can't do anything right *(sobs)* ... my life was hopeless and useless. (Suto, 2007, p. 64)

Acquired Capability for Suicide

Our survival instinct, especially related to avoiding death, is a well-understood characteristic of human nature, making suicide difficult to comprehend. Van Orden et al. (2010), in the interpersonal theory of suicide, indicate that the three constructs of the theory—thwarted belongingness, perceived burdensomeness, and the acquired capability for suicide—must be present for a person to be able to take his or her own life. A desire to die by suicide due to the difficulties of thwarted belongingness and perceived burdensomeness are not sufficient without the acquired capability to commit suicide. The two dimensions of this construct are lowered fear of death and an elevated tolerance for physical pain (Van Orden et al., 2010). Situated here are previous suicide attempts and serotonergic dysfunction. In their testing of the interpersonal theory of suicide, Van Orden et al. (2010) identified that the number of suicide attempts was positively correlated with acquired capability to suicide. One of the studies in our QIMS included the experience of a man with at least three attempts who eventually died by suicide (see *Prior suicide attempts*; (Hayes, 1997).

Serotonergic dysfunction has been indicated as a component of many mental health problems, including but not limited to alcoholism, aggression, eating disorders, depression and schizophrenia. Many examples of mental health issues have been provided in this meta-synthesis, but to highlight how this may contribute to the acquired capability for suicide, one participant's description of his depression illustrates the depth of this feeling:

> I got to a point where I just got so low, depressed, and it was just that point where ... it's like there's a pit and

you fall into it. And it's just darkness. And you are trying to get out but you can't. Hands are pulling you back down. (Suto, 2007, p. 62)

Practice and Policy Implications

Through the identification of each of the categories of results in this QIMS and the illustration of how these demonstrate the interpersonal theory of suicide, the implications for practice and policy seem evident. The identification of common themes that may contribute to death by suicide and the understanding of the interpersonal theory of suicide can be used to educate those working in corrections. Staff can be taught about signs to look for, such as depression, social isolation, anxiety, hallucinations, and others addressed in this review. Staff can also be made aware of factors such as court appearances, relationship problems with family, inmates, or other staff to look for in order to assist in the prevention of death by suicide.

Though the results of this QIMS demonstrate the interpersonal theory of suicide as it relates to incarceration in a jail, the results also have implications for informing policies and practices in the jail setting. Specifically, environmental factors identified in the QIMS did not only relate to the experience of the incarcerated individual, but also to systemic issues that should be addressed as part of a strategy to prevent suicides in jails. Of particular interest are the staff supervision issues and the connection made between court appearances and suicide.

The staff supervision issues found in the synthesized literature indicates the need for training and education within the corrections system. Two examples are particularly poignant—one indicating a need for understanding the importance of responding to an inmate clearly seeking help in saving his own life, and another related to understanding the impact of prior suicide attempts on the likelihood of the person dying by suicide. In the first example, the inmate had asked for help on three occasions within about an hour and was denied all three times; inmates noticed him hanging in his cell 20 minutes later (Hayes, 1997). Had his cry for help been heeded any of those three times, he might still be alive. In a similar instance where staff had a clear and documented reason to be on watch for a potential suicide, an inmate with a history of suicide attempts

was "processed and housed in the forensic unit" (Hayes, 1997, p. 403), yet still was able to kill himself. This brings up many questions as to the nature of safety measures in place to save lives.

Perhaps the central issue related to these opportunities for improving practice and policy in relation to suicide prevention in jails is that the inmate population is often a forgotten one, and is sometimes referred to as the population that society would like to forget. As social workers, we are called, as expressed in our codes of ethics, to remember, honor and protect the inherent dignity and worth of each person. Therefore, it is a duty to ensure that inmates receive quality care and protection while incarcerated. Research about factors that lead to inmate suicide is an important area in order to ensure their safety. It is also an area of research that needs more attention.

In fact, if one considers the three constructs presented by the interpersonal theory of suicide in the jail setting, two questions emerge: (1) Why are there not more suicides in prison? and (2) What protective factors are in place that prevent more inmates from dying by suicide? Feelings of thwarted belongingness and perceived burdensomeness are easy to comprehend when considering the jail population—incarceration engenders and exacerbates these two constructs, as demonstrated in this QIMS. Acquisition of the capability for suicide may have occurred in the time previous to incarceration through violent crimes or may develop through the increased incidences of verbal and physical violence experienced in the jail environment. Considering the increased risk for development of these three aspects of the interpersonal theory of suicide, the explanation the theory provides of jail suicide, though enlightening on one level, is also bewildering on another.

Given the demonstrated aspects of the theory in this study, the question of why there are not more suicides in jails and other incarcerations remains a glaring gap in the empirical literature. Future research is needed to determine differences between those who attempt suicide or die by suicide and those who do not, when all are faced with many similarities in terms of environmental conditions that would engender thwarted belongingness, perceived burdensomeness, and acquired capability for suicide. Policy within the correctional facilities in the area of screening and services can benefit from this body

of research. Future research must continue in this area, be expanded, and also explore the state of prevention programs in the United States within the penal system. As prevention programs are identified, improvements and practice changes can begin to be made to ensure the safety of this often forgotten population.

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