

THE MENTAL HEALTH OF INMATES: AN APPROACH TO JAIL REFORM

by

Courtney Isaac Anderson

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

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ABSTRACT

The aim in this phenomenological study was to understand the impact the jail environment, policies, and procedures have on incarcerated individuals. Mental health problems are common among individuals in jail. Furthermore, the jail environment, harsh policies, and isolation from the public are believed to have a negative impact on inmate mental health. Elevated percentages of inmates experiencing psychiatric difficulties during their incarceration have been supported by research. It is suggested that the elevated percentages of psychiatric demands promote the lack of mental health assistance inside jails. A methodical analysis of literature was conducted to identify the circumstances of the jail environment and jail's effects on inmates' mental health. This phenomenological analysis emphasized the complications that evolve from the adverse impact of the jail environment on inmates' mental health. Some research suggests that harsh jail environments provide safe and secure facilities that promote positive inmate behavior. However, there is a need for additional research in this area as many mental illnesses remain obscure within the jail. To abstain from the exacerbation of mental health problems in jail, the administration and staff should have a holistic view of the mental health issues of inmates through research. In addition, the appropriate collaboration of jail administrators and mental health professionals can provide resourceful and innovative steps to improve jail environments and inmate mental health.

Keywords: jail, mental health, inmate, isolation, segregation, solitary confinement, harsh

Dedication

This phenomenological research is a dedication to God, friends, and family. My children have exercised patience as this phenomenological research has consumed many evenings. Also, my wife, Kendria, who has lived with this dissertation since its inception, deserves special mention. She has been very supportive and tolerant of my concentration on my studies. The Bible says, “An excellent wife who can find? She is far more precious than jewels” (Proverbs 31:10 ESV). Therefore, I will continue to cherish and journey with my life partner in holy matrimony as our ambitions become a reality.

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List of Abbreviations

Posttraumatic stress disorder (PTSD)

Coronavirus Disease 2019 (COVID-19)

General strain theory (GST)

Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)

American Association for Correctional Psychology (AACP)

International Association for Correctional and Forensic Psychology (IACFP)

The Brief Jail Mental Health Screen (BJMHS)

CHAPTER ONE: INTRODUCTION

Overview

Incarceration conditions can be harsh for any inmate. Research supports the negative impact that jail can have on the mental health of incarcerated individuals (James & Glaze, 2006; Mumola, 2005; Porter & DeMarco, 2019; Severson, 2019). Not all individuals have experienced jail; therefore, incarceration is typically viewed as a dichotomy: either one has or has not served time (Porter & DeMarco, 2019). However, considering that incarceration lengths can vary significantly, a dichotomous measure may ignore essential differences across the lengths of time inmates are exposed to jail environments.

In addition, most inmates are recidivists; therefore, they spend more time in repeated incarcerations (Porter & DeMarco, 2019). This study filled a knowledge gap regarding whether jail causes mental health issues in inmates or exacerbates preexisting mental health issues by examining the relationship between incarceration length measured as time served, incarceration environments, number of internments, and mental health among a sample of incarcerated individuals. As noted in Schnittker and John (2007), exploring the incarceration of individuals could lead to robust collaboration between findings on underlying triggers, trauma, and stigma.

By using fixed-effects modeling, the research showed that the number of internments and the time of incarceration is clearly associated with mental illness symptoms and the probability of posttraumatic stress disorder (PTSD), anxiety, or depression. The association, however, depends on the number of months the respondent is incarcerated. For current prisoners, more time served is expected to have a greater impact on mental health and the number of symptoms or crises.

Background

The purpose of this phenomenological study was to explore how jail policies and procedures affect the mental health of incarcerated individuals. For this study, mental health was generally defined as being free of mental illnesses as defined in the 5th edition of the *Diagnostic*

and Statistical Manual of Mental Disorders (DSM-5). The theories guiding this study were Agnew's general strain theory (GST) and deterrence theory, which relies on jail policies and procedures. Agnew's GST argues that tension occurs when others prevent or threaten the achievement of personal goals (Agnew & White, 1992). In addition, Agnew underlined strain as removing or threatening to remove an individual's valued property or to intimidate an individual with harmful or negatively valued inducements. The impact of such strain on delinquency is influenced by several variables, such as association with risky peers and lack of hope (Agnew & White, 1992).

Deterrence theory favors policy and procedure changes that increase the level of punishment (Wright, 2010). Furthermore, deterrence theory favors exposing inmates to longer sentences or harsher jail conditions (Wright, 2010). The focus of this study recognized that while both theories are influential, both have aspects that are detrimental to the mental health of inmates.

Several theorists have studied how society treats the least desirable, revealing what society truly stands for. When individuals are incarcerated, there must be some reason for doing so and some idea of what to accomplish by doing so. Members of society should not have to decide between justice and an individual's mental health. However, regardless of findings in phenomenological research, jail policies and procedures are primarily informed by common sense, ideology, and institutional inertia (Cullen & Jonson, 2016). The rejection of phenomenological research by the jail administration favors popular beliefs that lead to the practice of jail deception (Cullen & Jonson, 2016). For instance, a firm and fair continuum between inmates and the jail administration must be applied by recalibrating rules that provide individuals with more opportunities to earn initiatives for positive behavior (Souryal, 2009). Also, correctional officers should receive incentives for elevating their professional performances with cultural training.

This phenomenological study questioned the perception that most incarcerated individuals are less than human, can be controlled only by violence and force, and detest the universal norms of punishment, cruelty, and fairness (Souryal, 2009). Moreover, jails that continue to practice outdated ideologies are insufficient for inmates. This phenomenological study addressed the shortcomings of policy and procedures changes. In addition, this phenomenological study showed how those shortcomings negatively impact the mental health of inmates.

Jails have increasingly become occupied by inmates with minor or severe psychiatric disorders (Dvoskin et al., 2020), making them the largest mental health facility in the United States (Albuquerque & Yost, 2021). Therefore, local jail administrators are approaching a crisis that will affect how jails are operated. Jail conditions have always been held to a minimum standard, which produces minimum results. In addition, the conditions in jail facilities have always been lacking due to the inability to update facilities, with the situation becoming acute in many jurisdictions (Steadman et al., 2009). Public opinion on local jails has been negative; therefore, funding for many local jails becomes a low priority (Copp & Bales, 2018; May et al., 2014).

Criminal justice policies remain outdated. In 2014, Travis et al. noted that 2,000,000 individuals were incarcerated, a figure reflecting incarceration rates of 1 in 100 adults, a rate 5 to 10 times higher than countries with similar laws. Therefore, the United States has one of the highest incarceration rates in the world while representing a small portion of the world, as stated in Lee (2021), who wrote that the United States had 25% of the incarcerated population worldwide while accounting for only 5% of the world's population.

The jail incarceration rate in 2018 was 432 inmates per 100,000 U.S. residents (Bronson & Carson, 2019). By 2019, the incarceration rate for jail was 419 inmates per 100,000 U.S. residents (Messmore, 2020). In 1995 incarceration decreased by 3%, resulting in the lowest

incarceration rate in 24 years (Kang-Brown et al., 2021). The COVID-19 pandemic affected total incarceration rates, which decreased between 2019 and 2020 (Nosrati et al., 2021).

COVID-19's onset and pressure from advocates to reduce incarceration numbers for safety reasons drove the initial decline in local jails, and prisons also reduced their populations (Kang-Brown et al., 2021). In addition, jail officials were making every effort to release unnecessarily incarcerated inmates (Brennan Center for Justice, 2021). The prison population declined from the summer to the fall of 2020. However, jail populations began to rise, demonstrating the vulnerability of deincarceration (Kang-Brown et al., 2021).

Jail facilities in rural U.S. regions experienced the largest declines; however, these jails incarcerate people at double the rate in urban and suburban areas (E. A. Carson & Anderson, 2015). Because of higher incarceration rates in these facilities, the historic drop in the number of incarcerated individuals was an inadequate response to the COVID-19 pandemic. As E. A. Carson and Anderson opined in 2015, incarceration in the United States continues as a global aberration.

Jails provide limited mental health services for inmates, largely due to the challenge of providing services to inmates with shorter or undetermined sentences. Most jails have mental health services; however, few inmates can access these services during their incarceration (Lynch et al., 2012). Compared to community mental health providers, incarcerated individuals have less access to mental health assessments and therapy (Lynch et al., 2012). Findings in other phenomenological studies have shown that incarcerated individuals were less than 50% as likely as prison inmates to obtain mental health therapy and psychotropic medication regimens (James & Glaze, 2006).

While most jails in Scheyette et al. (2009) reported screening individuals for mental illness, only 5% of jails screened with comprehensive mental health questions, 8% reported comprehensive screenings by medical staff, and 41% reported comprehensive mental health

screening questions in private. Further, only 15% of these jails reported having mental health staff. Twenty-five percent had community mental health staff provide regular services to incarcerated individuals. Steadman et al. (2009) found that most jails provided mental health services to an estimated 10% of incarcerated individuals, with mental health service availability varying significantly by capacity.

Local jails often use the Brief Jail Mental Health Screen (BJMHS) during the booking process to detect individuals who may have acute mental illness and who should be involuntarily referred to a higher level of care before returning to jail facilities (Zottola et al., 2019). The BJMHS may be used multiple times when individuals reenter jail; however, Zottola et al. (2019) found that the results changed across recidivist inmates incarcerated in metropolitan county jails. Zottola et al. also found that the chances of discovering prior hospitalization and psychiatric diagnosis during the booking process were low, resulting in these individuals being less likely to screen positive for current psychiatric symptoms when reentering jail. The BJMHS does not screen for symptoms. As such, acute symptoms associated with anxiety disorders not identified by the BJMHS may be exacerbated in prison (Zottola et al., 2019).

Common mental health services provided in jails include screening, suicide prevention, evaluation, outside inpatient care, crisis intervention, psychotropic medications, specialty housing, therapy and counseling, in-jail inpatient care, and discharge planning, with screening and suicide the most prevalent and discharge planning the least (Steadman et al., 2009). Moreover, facilities linking people released to community services typically lack human services (Steadman et al., 2009).

The United States has identified suicide as a public health problem in prisons and the leading cause of death in prisons nationwide (Stoliker & Abderhalden, 2021). However, despite the high rate of suicide in prisons, little is known about the spectrum of education and suicide risk behaviors in prisons. Stoliker and Abderhalden (2021) found that more than 38.7% of prisoners

had suicidal thoughts, and 23.3% had attempted suicide. Consistent with other extensive research, suicidal ideations differed from suicide attempts (Stoliker & Abderhalden, 2021).

The reason for suicide prevention efforts in jails alludes to jail safety and security. However, even when there are special accommodations for mentally ill inmates, some individuals will not receive special consideration due to the lack of an acute mental illness (Daniel, 2021). The common allegation among those who are incarcerated in jails is that the administration disregards the severity of individuals needing mental health services (Daniel, 2021).

In a 1983 court case (*Monnell v. Department of Social Services*), Monnell argued with the New York City Department of Social Services that shortages and lack of professional training contribute to inmate suicides (Daniel, 2021). Elements of a medical negligence claim must include a violation of treatment to the inmate, infringement of such treatment, the close relationship between the infringement of treatment, and reporting of injuries (Daniel, 2021). Another concern is whether a jail deviated from the level of treatment indicated or whether such disregard had any relationship to the inmate's injury (Daniel, 2021). Still, there is no common agreement on what constitutes intentional disregard and the level of proof needed to succeed a claim of disregard. However, significant judicial decisions have determined that incarcerated individuals have a constitutional right to receive appropriate health care that meets the minimum guidelines of such laws (Daniel, 2021).

Situation to Self

As the principal researcher, I conducted this qualitative phenomenological study on the exacerbation of inmate mental health during incarceration. I spent 9 years as a county sheriff's deputy in Virginia. I was assigned to the confinement division for 4 of these 9 years. From my personal perspective during that assignment, I experienced jail policies that affected the mental health of inmates. In addition, mental health was identified by the jail administration as an issue; however, there were minimal efforts to change outdated policies and procedures that failed to

reflect modern times. The minimal changes that were made applied to the safety and security of the jail, not for the mental health of the inmate population.

This study of inmate mental health reflects my career as a sheriff's deputy and how I served my community. As I began to understand the importance of identifying mental health, my passion grew deeper for those who could not advocate for themselves. I have been profoundly influenced by the narratives individuals shared about their difficulties with mental health, jail, and their struggles in understanding the context of uniformity and difference they encountered during incarceration. My experience with inmate mental health led me to research how jails attempt to stabilize inmates' mental health in an often-abrasive environment. Ultimately, I must continue to question the inconsistencies of jail policies and procedures to obtain solutions.

Problem Statement

This study highlighted examples of social issues in jail facilities. In addition, discovering these problems illustrated the concept of problems that affect many incarcerated individuals in the United States. A reactive society lacks solutions that support individuals who experience a mental health crisis during their incarceration. Jail environments are harsh because of high inmate turnover and mass incarceration (Metzner et al., 1998). Furthermore, inmates are given minimum jail privileges for accessing commissary, phone, visitation, recreation, and programs. However, jails are more likely to receive inmates in crisis and put them in units where they become disorganized and are given less structured time (Metzner et al., 1998). Therefore, inmates who become behavior issues are at risk of losing these privileges, leaving them with no social interaction.

Because of the lack of support, personal boundaries, privacy, and authoritarian rules, prison conditions can lead to dangerous situations. These conditions can also make inmates more vulnerable to violence, injury, and isolation. Prison inmates are more likely to die from suicide, drug addiction, disorder, and murder (Noonan et al., 2015). Suicide has been the leading cause of

death in jails since 2000, with jail suicide numbers increasing by 14% between 2000 and 2012 (Carson, 2021). The literature reviewed for this study uncovered the issues linked to mental health and inmates.

Because of the environmental strain that jails can exert on inmates, individuals incarcerated for more than 6 months experience stress during their stays. This phenomenological study addressed the gap in what is known about how jail environments exacerbate mental health concerns in inmates. Results from this study may assist policymakers in developing programs to address the mental health of inmates in jails. In addition, findings from this phenomenological study could inform policymaker efforts to help to break the cycle of exacerbating mental health illnesses and creating mental health crises for individuals during their incarceration. Moreover, an outcome of this phenomenological study could be that former inmates can become more productive citizens in their communities. The goal of jail policies and procedures should be to ensure that inmates' mental health is at the forefront during their incarceration. Policy revisions and interventions can include interdisciplinary assistance and multidisciplinary assistance to ensure that inmates are not victims of suicide statistics, assault victims, or recidivists.

Purpose Statement

In response to the overrepresentation of inmates with mental illness in jail, the purpose of this qualitative study was to explore and understand the lived experiences related to the exacerbation of inmate mental health during incarceration. Little is known about inmates with mental illness at earlier stages during the jail process (Hall et al., 2019). However, Agnew and White (1992) found that removing positively valued stimuli that individuals possess causes mental health strain on these individuals. Furthermore, Wright (2010) posited that the deterrence theory favors policies and procedures that increase punishment, which leads to longer jail sentences in harsh conditions. Therefore, the effects of jail policies, procedures, and

environments on mental health in inmates who experienced 6 months or more of incarceration was the focus of this phenomenological study.

In a study of more than 500,000 inmates in New York State from January 2010 through December 2013, Hall et al. (2019) found that between 4%–6% received diagnoses of serious mental illnesses in the year preceding their arrest. Findings also showed that serious mental illness diagnoses associated with at least a 50% increase in the possibility of being sentenced to jail for misdemeanor offenses (Hall et al., 2019). A combined framework of professional experience, Agnew's GST, deterrence theory, and the *DSM-5* supported the inquiry, analysis, and interpretation of the results in the present study.

Significance of the Study

This phenomenological study was an exploration of jail's impact on the mental health of incarcerated individuals. There is insufficient research on why jail exacerbates inmates' mental health; therefore, this study informed jail policies and procedures by adding significant research alongside prior research on jail facilities. In addition, findings from this phenomenological study may facilitate better recognition of the circumstances and conditions that affect inmates' mental health for psychologists, jail administrators, and the human service profession. As a result, jail administrators can develop strategies that benefit inmates' mental health. Findings from this study can change policies and procedures that can potentially impact social change in jail. Most of all, the findings could be a preventative resource for inmates with mental illness.

Research Questions

RQ1: Does incarceration have a negative effect on the mental health of inmates?

RQ2: Does incarceration exacerbate the mental health of inmates?

Definition of Terms

For readers to better comprehend the intentions and conclusions of this phenomenological study, they must understand the definitions of jail, mental illness, and recidivism as they were

used in this study. The main purpose of this phenomenological study was to provide information on the relationship between incarceration and mental illness. Therefore, understanding the terms in the way they were used in this study is essential.

Jail—Individuals sentenced to incarceration for 12 months or less will serve their punishment in jail. Jails have fewer resources and programs than prisons do due to high recidivism rates and overcrowding. Therefore, jails can exacerbate mental health issues due to inadequate resources, harsh environments, and outdated policies and procedures (Welsh et al., 1990).

Mental illness—Mental illnesses are those diagnosable by using the *DSM-5*. Often, individuals do not have a diagnosis of a mental illness because the mental illness itself may prohibit them from rationally thinking they should seek medical attention. Not seeking medical attention or failing to maintain stability in treating their illness can make it more likely that these individual may end up in the criminal justice system (Ruggeri et al., 2000). Therefore, the present study's purpose was to show that mental illness can be undiagnosed or diagnosed, with a lack of treatment available in jail.

Recidivist—A recidivist is an individual who goes back to jail or returns to prison. Examples of recidivism include rearrest, receiving another jail sentence, being returned to probation, or having to repeat community service. Some recidivists have to return to court to stand trial again (Ziegenhagen, 1976).

Summary

It is my assertion that incarceration should not be a penalty for an individual's mental health. Incarceration should not be treated as a single or discrete event but as a process. Increased mental health programming is also needed, which mental health professionals have requested for numerous years, dating to Ogloff et al. (1994) and even earlier. Precise assessments of individuals' mental operations and coping skills need to be mediated during the booking process.

There have been many studies on incarceration's impact on mental health. However, few if any have focused specifically on the exacerbation of mental illness for inmates who may not have been diagnosed with a mental illness before their incarceration. This phenomenological study provided a holistic view to addressing the impact jail has on inmates' mental health. Society must identify and address the issues that individuals face during incarceration. In addition, new policies, procedures, inmate programs, and interventions should be implemented to assist individuals with mental health issues during incarceration.

Individuals detained in jails experience high levels of mental illness symptoms (Green et al., 2016). Steadman et al. (2009) reported data showing that almost 75% of incarcerated women reported mental health issues. Analysis of data gathered from almost 500 female inmates in urban and rural counties showed that many met diagnostic criteria for PTSD, depression, bipolar disorder, and schizophrenia (Lynch et al., 2012). For male inmates, general mental illness symptoms among male inmates have been associated with borderline personality disorder and trauma-related symptoms (Drapalski et al., 2009).

The experience of jail is traumatic due to isolation and other factors. In addition, jail inmates are more likely to die of suicide and homicide (Noonan et al., 2015), with research showing suicide as the leading cause of death in jails since 2000 and that jail suicide rates are rising (Ruggeri et al., 2000). Therefore, this phenomenological study's focus was on addressing gaps in what is known about whether jail causes mental health issues in inmates or exacerbated preexisting mental health issues to help jail officials change policies and procedures detrimental to inmates' mental health.

The lack of revised policy and procedures implementation impacts jail functionality and environments. Also, inadequate operation of facility policies and procedures, particularly those related to mental health and suicide prevention, is the most significant issue in prison mental health reform (Daniel, 2021). To prevent suicide, training of jail employees and jail mental health

staff should be identified as a significant factor in jail reform (Daniel, 2021). The opportunities to reform policies and procedures help manifest less stressful environments for inmates incarcerated in jail.

Research shows that the jail environment imposes a strain on inmates who may or may not have diagnosed mental illness. In addition, the strain of the jail environment can cause mental health issues or exacerbate existing issues. GST holds that strain occurs when an individual fails to achieve positively valued goals or confronts negatively valued stimuli (Agnew & White, 1992).

Mental illness has only sometimes been shown to predict recidivism, and few studies have analyzed mental illness in conjunction with other well-recognized predictors of recidivism (Heslop, 2018). Therefore, inmates who leave jail with mental illness are likely to return and must be rescreened for mental illness. However, if inmates deny mental illness, they are classified into general population units that may not benefit their needs.

Some jail policies are that all inmates are classified or reclassified once they leave the facility, regardless of their past incarceration status. The traditional classification scheme does not address individual treatment needs (Avery et al., 2018). In addition, overclassification can become an issue when inmates are assigned to a higher security level than needed, as they become confined to a solitary confinement cell for 23 hr daily (Avery et al., 2018). Overclassification places inmates in unnecessary pathways for limited access to jail privileges and exacerbates the strain on their mental health.

CHAPTER TWO: LITERATURE REVIEW

Overview

The goal of this literature review was to summarize findings from research on how jail environments and long-standing policies and procedures have a negative effect on the mental health of inmates. There was also a focus on components identified as primary reasons for the exacerbation of mental illness, which jails could prevent: the identification and management of inmates with mental illness, unnecessarily extended jail stays, solitary confinement, nutrition availability, outdated policy and procedures, asylum bedlam, and stressful environments (Agnew et al., 1992; Cook et al., 2015, Labrecque et al., 2021; Quandt & Jones, 2021). Finally, a study goal was to develop a theory on the framework of inmate mental health.

There is substantial research on jail environments and the treatment of inmates (Agnew & White, 1992; Albuquerque & Yost, 2021; Quandt & Jones, 2021; Wright, 2010). In addition, substantial research exists on overcrowding in jails and inmate mental health issues. Previous books, articles, and journals have highlighted an environment detrimental to people with mental illness (Penn, 2015). The research highlights that jails have progressively developed into long-term facilities for individuals with mental illness as well as the modestly deviant (Albuquerque & Yost, 2021; Penn, 2015, Quandt & Jones, 2021). Furthermore, some research has shown that jails have developed into the leading mental health facilities in the United States (Albuquerque & Yost, 2021). While these previous studies offer valuable insights into corrective actions, they provide only partial solutions for the mental health of inmates. They additionally fail to address recidivism and how the jail environment exacerbates inmate mental illness. A limited body of knowledge exists regarding what contributes to the deterioration of one's mental health in jail.

In a research roundup, Quandt and Jones (2021) noted that there is less awareness of which jails maintain high rates of incarceration. Furthermore, they discussed studies focusing on how incarceration can trigger and worsen symptoms of mental illness. Quandt and Jones cited

research showing that negative effects from incarceration can last long after an inmate leaves jail. Although different from prison, research shows that jail is associated with mood disorders, major depressive disorder, and bipolar disorder (Moore et al., 2021; Nakic et al., 2022; Norris et al., 2021; Quandt & Jones, 2021). In an analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions-III, Nakic et al. (2022) found that 6.7% of adults with mental illness alone had past incarcerations, compared to 4.8% with no history of *DSM-5* disorders and 20%–40% with other *DSM-5* diagnoses. The data also showed that sociodemographic and behavioral risk factors were more strongly associated with incarceration than with mental illness and that incarceration was independently associated with schizophrenia or other psychoses and borderline personality disorder (Nakic et al., 2022, para. 3).

Jail environments can be intrinsically harmful to mental health as they alienate inmates from society and remove meaning and purpose from their lives (Quandt & Jones, 2021). Furthermore, inmates can be affected by the harsh conditions often found in prisons such as overcrowding, solitary confinement, and repeated exposure to violence. Researchers have even suggested that jail can lead to postincarceration syndrome, a mental illness similar to PTSD. However, the research does not link challenging jail environments to PTSD. Therefore, researchers have concluded that after inmates serve their sentences, many will continue to suffer mental health issues (Quandt & Jones, 2021). Therefore, individuals who are released from jail should receive human services addressing their mental health. Not doing so can contribute to the likelihood of reoffending.

Psychologists have linked the negative characteristics of jail and family isolation, loss of autonomy, boredom, and lack of purpose, and an increase in the prevalence of mental health disorders (Quandt & Jones, 2021). Haney (2001) noted that “At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with

others” (pp. 4–5). In an early report on psychiatry and crime, Halleck (1967) opined that “The prison environment is almost diabolically conceived to force the offender to experience the pangs of what many psychiatrists would describe as mental illness” (Halleck, as cited in Quandt & Jones, 2021, para. 3).

Theoretical Framework

The theoretical framework for this study began with creating a literature review plan that was guided by keywords used in database searches. Keywords included *jail mental health*, *suicide*, *confinement*, *nutrition*, *solitary confinement*, *asylum bedlam*, *DSM-5*, and *punishment*. The Science Direct database was searched to secure scholarly sources for this research. The Scopus database was also searched for evidence supporting the theoretical framework. The information sources included peer-reviewed articles, videos, books, and interviews. I found over 250 sources ranging from 1989 to the present relevant to this study. However, the majority were published in the past 10 years.

Early sources were used to provide readers with the longevity and history of the subject. To ensure the integrity of the sources, the Charles County West library was used along with the Jerry Falwell Library database. Some of the sources obtained were identified as the most important sources for this research as described in the reference section of this research and literature review.

Many examples of mental health issues and harsh jail environment exist in the literature, with some consistently cited by previous scholars over time. Current researchers have found that jail conditions have always been held to merely a minimum standard. In addition, conditions in jail facilities have always been lacking but the situation has become acute in many jurisdictions (Steadman et al., 2009). Furthermore, nearly half of jails in the United States are over 30 years old, and extensive renovations are needed to improve their environments. Because of the lack of state funding, structural improvements for jail livability are not made.

Jails in the United States are underfunded, resulting in negative public opinion on local jails (Chemerinsky, 2008; Pollitt & Woollard, 2019; Swartz et al., 2021), a mindset that continues to today. The lack of funds has caused cost reductions in specific jail areas. According to Richie (2001), inmate mental health care consumes a large part of the funding. Inmates may endure months without treatment due to an overwhelmed mental health jail staff and health care system. Treatment excludes inmates who have denied mental illnesses or inmates who are not being treated for acute mental illnesses conditions during their incarceration.

The U.S. jail population has increased since 2013 (Kang-Brown et al., 2021). Kang-Brown et al. (2021) pointed to recidivism rates but not to poor jail environments that exacerbate the mental health of inmates. Furthermore, many inmates are released from jail with untreated mental health illnesses. These inmates become more vulnerable to committing crimes and returning to jail. However, preliminary research showed that the incarceration rate dropped by 3% since 1995, a 24-year low (Kang-Brown et al., 2021). As a result of COVID-19, there was a drop in total incarceration between 2019 and 2020. Jails were releasing inmates with petty crimes to help stop the spread of COVID-19 in correctional facilities nationwide (Kang-Brown et al., 2021).

Origins and Major Theories in Correctional Psychology

The American Association for Correctional Psychology (AACP) was formed in 1954 (Brodsky, 2007). The AACP became the first organization to provide jails with psychological assistance. In addition, correctional psychologists are often more identified with psychology than correctional administration. Therefore, the AACP, and more recently, the International Association for Correctional and Forensic Psychology (IACFP), formerly the American Association for Correctional Psychology, are not the only organizations for correctional psychologists (Brodsky, 2007). Many mental health professionals have affiliations with the

American Psychological Association or the association's Criminal Justice Division in addition to or instead of the IACFP (Brodsky, 2007).

The AACFP only assists psychologists, not jails directly. The IACFP only focuses on behavioral health treatment, not on the environments that inmates face daily and the lack of nutrition available to inmates daily (Brodsky, 2007). The IACFP focuses on the availability of tools for correctional psychologists and does not mandate environmental changes or nutritional changes in jails.

These organizations provide information about how policies and procedures affect inmates and staff; however, these organizations do not advise jail administration. The IACFP benefits jails by providing support to members challenged with internal and external obstacles to the care of inmates. However, these organizations do not recommend policy and procedure changes that may improve the jail environment for inmates in long-term and short-term incarceration.

In 2010, the IACFP's Standards Revision Committee revised the organization's standards for psychological services in prisons, jails, and correctional institutions. The goal was to advance correctional mental health services by improving correctional administrators and mental health providers to a level that would provide quality correctional mental health care (IACFP, 2010). The intention was not to address jail structural issues, policies, and procedures. Therefore, the committee only influenced the ability to identify those who need to be diagnosed with a mental illness. The committee does not influence changes in jail environments, policies, or procedures.

Currently, there are no specific sources of information on how many psychologists are employed in jails, and jails are sometimes defined as maximum prisons or community programs for inmates (Brodsky, 2007). Therefore, how psychologists alone positively affect the mental health in jail populations is unknown. There are more psychologists working in jail than there were in 1983 (Brodsky, 2007). However, the presence of psychologists working in jails has not

decreased incarceration rates or improved jail environments. Their presence also has not decreased the number of inmates who are incarcerated with mental illness due to the psychologists' lack of influence on jail policies and procedures.

Many more jail psychologists publish than ever before, reflecting emerging scholarly research on the value of mental health treatment in jail ("Standards for Psychology Services in Jails," 2010). This research also reflects the important and valuable role that psychologists play in today's prisons. A handful of experiences in graduate education have turned into dozens of graduate programs and concentrations. Full-time predoctoral internships are now offered for psychologists conducting mental health research in many correctional facilities and local jails in the United States ("Standards for Psychology Services in Jails," 2010).

American Correctional Association Jail Standards

The American Correctional Association (ACA) has been responsible for publishing operational standards for jails since 1954 (Penn, 2015). ACA aims to enhance disciplinary practices to benefit inmates, staff, administrators and the public. In addition, ACA has published 22 different manuals since the first edition of ACA operational standards was created. The manual includes the operation of adult jails, juvenile detention centers, probation/penalty facilities, and halfway houses (Penn, 2015).

However, the ACA does not account for the housing assignment that an individual with mental illness will be placed in. This decision is at the discretion of the jail. ACA standards are held with the expectation that an inmate is functioning within normal limits. Furthermore, ACA does not account for the mental health status of inmates.

The ACA has added international core standards designed to implement essential correctional practice universally. These standards have been integrated into routine operations in an estimated 1,300 jails; however, they still do not address anything regarding mental health (Penn, 2015). As a result, many staff members and inmates are impacted by the ACA's standards

daily and are provided guidelines for jail policies and procedures with no consideration for mental health. Penn (2015) opined that the ACA has not created an equitable standard for the treatment of mental illness during incarceration, nor has the ACA identified the jail environment detrimental to inmates with mental acute illnesses.

Jail Policies and Procedures

No specific guidelines exist for mental health services provided in jails (Penn, 2015). Instead, there are generic statements for all health care in jails that are not specific to mental health services. The lack of specific guidelines has caused conflicts between the establishment of clear lines of punishment and mental health treatment in U.S. jails. As a result, jails create policies and procedures for mentally stable inmates and provide treatment to inmates who require immediate health care attention (Penn, 2015).

By policy, an inmate who is experiencing a medical emergency will receive immediate treatment and is sent to the local hospital's emergency room (Penn, 2015). In contrast, an inmate experiencing a mental health crisis will be placed in a restraint chair and will be sent to solitary confinement until being cleared by a psychologist to rejoin the general population. The safety and security of the jail is the primary objective of all jail administrations. Although these policies are reviewed often, they do not address the strain jail has on mentally ill inmates (Penn, 2015).

The AACP recommends that jail structures represent psychological services as a separate entity; however, it does not suggest designating psychological services as the primary provider of professional inmate care. In fact, the AACP states that health care professionals should not be called upon to provide services to facilitate inmate management (Penn, 2015). Examples of inappropriate use of professional resources include requesting mental health staff to provide special housing in the mental health block for gender minority individuals or informants. Also, jail administration should not ask mental health professionals to conduct body cavity searches for

contraband substances and apply physical restraints to disruptive inmates who are not dangerous to themselves or staff (Penn, 2015).

In general, health care in U.S. jails is neglected (Wilper et al., 2009). In addition, not having psychologists in jails creates a large gap in solving jail environmental issues. Research does not support making appointees responsible for ensuring that proper care is being rendered to the best of the jail's abilities, including providing mental health care (Penn, 2015). Research fails to endorse plans for adequate supplies, future services, postcrisis reviews, and supervision of mental health professionals.

Research has shown that in-service training has resulted in acceptable staff responses to the mental health crisis (Penn, 2015). However, modifying professional development classes to make them more pertinent to current jail conditions and situations has not been endorsed. Also, research has not endorsed standards for correctional officers regarding recognizing the signs and symptoms of mental illness and what actions to take during a mental health crisis. Lastly, researchers have not endorsed a standard protocol for correctional officers to follow when transferring inmates to mental health units or in-patient psychiatric facilities (Penn, 2015). Therefore, this study's findings advanced and extended the theoretical framework by expanding the current theories created by these organizations into inmate mental health.

Adverse Jail Environments and Their Affects

Overcrowding and Punishment

Jail overcrowding makes intrinsically adverse jail environments worse by causing inmates to spend more time in their cells, having less privacy and less access to mental and physical health care, and having fewer opportunities to participate in programming and work assignments (Quandt & Jones, 2021). Furthermore, overcrowding reduces the time inmates can have on the phone with their family or friends. Jail administrators may respond to overcrowding by forgoing

screening and monitoring of vulnerable people. Therefore, inmates who are experiencing mental health issues may not be discovered upon entry into jail.

Overcrowding is highly correlated with jail suicide (Quandt & Jones, 2021) and with depression and aggression (Edgemon & Clay-Warner, 2019). Punitive environments are more likely to make inmates overly hostile or even depressed (Quandt & Jones, 2021). These environments also place inmates at high risk for assault by staff or other inmates. However, whether inmates who experience mental illness are at higher risk in these conditions than those who do not have mental illness is not known.

In the judicial system, judges are the deciding factor in determining impartial sentencing. The primary goal in sentencing contrasts with the time and severity of the crime, with violent offences possibly calling for different sentencing goals than property crimes (Masters et al., 2017). In earlier days, sentencing goals may have received more focus than they do today. Judges should consider people's mental capacities and their abilities to receive mental health services during their incarceration (Masters et al., 2017).

Different sentencing models are appropriate for different crimes. Therefore, there should be similar standards for those who have a mental illness. Sentencing disparities have shown that those who suffer from mental health are incarcerated longer (Masters et al., 2017). The creation of mental health courts has helped to address sentencing disparities in the mental health population. These special courts have grown exponentially, largely propelled by federal funding and the strong support of the Council of State Governments' Justice Center, expanding from the first court in 1997 to over 400 courts across 43 states (Johnston & Flynn, 2017). However, whether the mental health court process has helped subside mental illness symptoms in jail lacks evidence. Supporters believe these courts deliver much-needed treatment to individuals suffering from mental illness. Other benefits are reductions in recidivism, improvements in inmate quality of life, and reductions in mass incarceration numbers (Johnston & Flynn, 2017).

Most researchers have focused on whether mental health courts help to reduce recidivism. Few have investigated the impact of serving jail time on an individual's mental health status (Johnston & Flynn, 2017). In addition, several researchers have evaluated these courts' abilities to improve inmates' psychiatric symptoms and access to human services and mental health assistance (Johnston & Flynn, 2017). However, most studies have not address jail atmospheres and procedures that affect inmates' mental states.

Johnston and Flynn (2017) further noted that little to no research has focused on differences in sentencing practices between mental health and traditional criminal courts (Johnston & Flynn, 2017). This lack of empirical review has resulted in competing accounts of the effects of mental health court sentencing on inmates and mental health disorders. The difference between a regular court and a mental health court is that the latter considers a mental illness diagnosis in sentencing. While some theorists have observed that these courts may help to avoid excessive sentences for inmates with mental health issues, it is widely recognized that mental health courts routinely offer relief to mentally ill offenders (Johnston & Flynn, 2017). Also, these courts do not mitigate harsh jail policies and procedures against inmates with mental health issues because mental illness is a mitigating factor in sentencing, but not in jail (Johnston & Flynn, 2017).

Jail Exposure Linked to Negative Effects on Mental Health

Jail sentences are associated with mood disorders such as major depressive disorder and bipolar disorder. Findings from a growing body of research show that incarceration harms physical and mental health (Porter & DeMarco, 2019). The length of exposure to an adverse environment, such as that found in jails, can cause depression or anxiety. Prisons are usually conceptualized and used in a dichotomous way. Inmates either have or have not been in jail previously (Porter & DeMarco, 2019). Given that jail stays can range from 1 day to several years,

a dichotomous measure may overlook important aspects related to lengths of exposure to jail environments (Porter & DeMarco, 2019).

Most inmates are incarcerated more than once, resulting in more exposure to jail environments (Porter & DeMarco, 2019). Using fixed-effects modeling, Porter and DeMarco (2019) analyzed data on the relationship between exposure, measured as time worked and number of mental crises, and mental health in a sample of young adults from the National Longitudinal Study of Youth 1997. Findings showed a positive correlation between the number of mental crises and months incarcerated with mental health symptoms and the likelihood of depression. However, the association depended on whether the respondent was currently or previously incarcerated (Porter & DeMarco, 2019). Porter and DeMarco did not analyze data on inmates who did not report mental health illness and did not research repeat offenders.

Some research suggests that inmates can experience trauma leading to postincarceration syndrome, which shares characteristics with PTSD (Liem & Kunst, 2013). A 2013 study of 25 released inmates serving life sentences by Liem and Kunst showed that the participants experienced a specific cluster of mental health symptoms, including institutionalized personality traits, social-sensory disorientation, and alienation. In addition, Piper and Berle's 2019 literature review and meta-analysis showed that inmates experience high rates of potentially traumatic events that are strongly associated with rates of postrelease PTSD.

In summary, the time spent in jail can result in numerous negative consequences that plague inmates during incarceration and after they are released and that certain jail conditions can worsen mental illness symptoms (Liem & Kunst, 2013; Piper & Berle, 2019; Porter & DeMarco, 2019). However, whether jail time can cause mental illness in inmates who have not claimed mental health illnesses is still underresearched (Quandt & Jones, 2021).

Jail Nutrition

In 2011, U.S. jails incarcerated 2,200,000 offenders, nearly double the number of inmates who were detained in the past 10 years (Cook et al., 2015). The costs to states, including medical care for inmates, have escalated as well (Glaze & Parks, 2012). Jail costs include the expense of food provided to inmates. Henrichson and Delaney (2012) found that it costs local jails \$31,296 per year to jail one inmate.

Menus in U.S. jails must be approved by food service directors or registered dietitians (Cook et al., 2015). Thus, information on inmates' diets and nutrients is not public, and access is limited. Although Cook et al. (2015) did not include nationally representative data on inmate nutrition, they did note that an estimated 75% of U.S. inmates suffer from at least one chronic medical condition. After adjusting for age and gender, prisoners are more likely to have multiple chronic medical conditions than the general population (Binswanger et al., 2009). However, Cook et al. did not draw conclusions about medical problems caused by malnutrition in detention.

Cook et al. (2015) reported on the nutritional value of a 28-day rotating menu used in a large county jail in the state of Georgia while noting that menus in jails are designed to serve meals that meet nutrition guidelines and that fall within budget constraints. When compared to the federal government's recommended dietary intake guidelines, the Georgia facility exceeded recommendations provisions of energy, sodium, saturated fat, and cholesterol but fell short of recommendations for magnesium, potassium, and Vitamins A, D, and E. Grains were overrepresented in the menus, and fruit, dairy, and vegetables were scarce (Cook et al., 2015). In a 2012 study, Collins and Thompson had similar findings in their examination of prison meals in the state of South Carolina, which showed that the energy content and saturated fat, cholesterol, and sodium levels were higher than recommended while calcium, magnesium, potassium, and Vitamins E and D were less than half of daily recommendations.

Meals are the main and sometimes the only source of food for inmates. Commissaries are supplemental food sources that inmates use if they want food outside of mealtimes. However, commissaries are not free and can be expensive for inmates who do not receive financial support from friends or family members. In addition, commissary food items can be detrimental to inmate health if they are overconsumed. Many commissary offerings are sugary snacks high in saturated fat and salty snacks high in sodium that can be devastating to overall health. To cut costs, jails in some states such as Virginia, Georgia, and Tennessee serve inmates two hot meals and one cold “sandwich-style” meal each day (Cook et al., 2015). Therefore, inmates will rely on commissary items as many do not eat enough during jail mealtimes.

Diets impact the physical health of all inmates (Cook et al., 2015). High-sodium diets can exacerbate hypertension. Diets high in fat can increase the risk for heart disease. Excessive sugar intake can promote weight gain if not coupled with adequate exercise (Cook et al., 2015).

Inmates who are incarcerated for extended periods of time can develop significant dietary deficiencies (Cook et al., 2015). Vitamin D deficiency can result from a lack of natural light entering jails. In a 2014 study by Nwosu et al., over 50% of Black inmates, almost 30% of White inmates, 14.3% of Asian inmates, and 35% of inmates of other races were deficient in Vitamin D. Therefore, jails should alter menus to improve the nutritional health of inmates. Findings from Cook et al. (2015) and Collins and Thompson (2012) also suggested that small menu changes could improve inmate nutrition and benefit their health and well-being.

Lastly, nutrition is also used as a form of punishment in jail. Inmates on disciplinary segregation lose the privilege to order commissary and must give up access to their current commissary. In addition, meals are no longer the standard tray meals that are served to the entire jail. Instead, inmates on disciplinary segregation receive a nutritional loaf or management loaf, consisting of various ingredients that meet nutritional mandates or ground-up leftovers of other jail meals mashed together and cooked into a loaf (Montross, 2021). Jails across the United States

use this type of punishment. This punishment can also be used for inmates who have thrown their food or misused their eating utensils (Montross, 2021).

The research on jail nutrition addresses the need for making better food available to inmates. It also addresses deficiencies in the nutritional value of the meals served in jail. What this research does not address is the effects of an unhealthy diet on mental health. An unhealthy diet can contribute to behavioral risk factors such as low physical activity levels and poor sleep habits among inmates, which can lead to depression and metabolic syndrome, both of which can trigger the development of Type 2 diabetes and cardiovascular disease (Liu et al., 2017).

Solitary Confinement

Solitary confinement involves intense isolation, which is different from what inmates experience in general population cell blocks in jails as they are locked in their cells for most of the day, with only a 1- or 2-hr break (Pullen-Blasnik et al., 2021). Eating and using the toilet takes place inside the cell, with only an hour to shower during breaks or other days. Access to rehabilitation programs, recreation activities, medical appointments, commissary supplies, phone calls, and visitation is extremely restricted (Pullen-Blasnik et al., 2021).

Inmates receive solitary confinement classifications for several reasons, including high-profile charges, disciplinary needs, mental health status, and suicidal ideations (Torrey et al., 2010). Many inmates will deny mental health issues during the booking process or classification process. Therefore, they will enter the jail without obtaining the proper placement or treatment (Torrey et al., 2010).

Inmates who claim severe mental health issues are placed in solitary confinement until they receive an evaluation by jail mental health staff within 24 hr. After evaluation, inmates will receive their classification assignments and medication regimens if required. However, if inmates are too irrational to be evaluated, their assessments could be prolonged. This delay could result in

several days of solitary confinement without medication and the proper accommodations for inmates with mental health issues (Torrey et al., 2010).

The lack of attention to inmate mental health leads to questioning how many inmates in solitary confinement have previously suffered from a mental illness and how many developed a mental illness during their time in solitary confinement. Inmates with mental illness can be a management problem, with research showing disciplinary infraction rates for these inmates 50%–100% higher than other inmates (Torrey et al., 2010). Also, inmates with mental illness often have difficulty thinking and are often less able to understand and follow instructions given by detention officers (Torrey et al., 2010).

In essence, rules are not necessary when one is struggling with hearing voices and the impulse to kill oneself (Slate et al., 2013). In jail, an inability to act as required and follow the rules can result in disciplinary infractions and lead to solitary confinement. These inmates are punished for mental health reasons instead of resisting jail rules (Slate et al., 2013). What is not known is whether solitary confinement exacerbates mental health issues in these inmates.

Jails in general and solitary confinement specifically only offer opportunities for correction officers to observe and eliminate challenges faced by people with mental illness who end up in the criminal justice system (Slate et al., 2013). Jails are not adequately equipped to provide treatment and the proper environment for mentally ill inmates. Moreover, jail systems encounter challenges caused by being overwhelmed by many inmates with mental illness (Slate et al., 2013).

Jails are dehumanizing. The uniforms, endless rules, and rough treatment by correction officers strip inmates of their individuality (Slate et al., 2013). The sense that inmates are beneath correction officers and the community is especially pronounced in mental health units in solitary confinement. Solitary confinement is a high observation unit (Roth, 2018). These units undergo security checks every 15 min instead of the standard 30 min. These checks are the only person-to-

person contact inmates in solitary confinement will receive, which isolates them from other jail interactions.

Inmates in solitary confinement are not permitted to wear traditional jail attire and instead wear suicide smocks, which are heavy, shapeless garments made with indestructible quilted material to prevent inmates from tying them into nooses by which to hang themselves (Roth, 2018). Inmates wearing smocks experience can intense sensory deprivation, which results in mental illnesses (Slate et al., 2013).

Solitary cells do not have windows, and fluorescent overhead lights are on 24 hr for optimal security observation. Keeping the lights on around the clock causes inherent stress on confined inmates. Even short periods of isolation under these conditions can have serious detrimental effects on mental health (Slate et al., 2013). Inmates can also experience anxiety, headaches, oversensitivity to stimuli, and difficulty sleeping due to solitary confinement. These effects have been observed in inmates who do not have preexisting mental health concerns and are exponential for inmates with existing mental health issues (Slate et al., 2013).

The U.S. Department of Justice criticized Los Angeles County Jail officials for the small amount of time inmates in solitary confinement spent outside their cells, stating that it was inadequate (Roth, 2018). Jail officials were also criticized for restraining solitary confinement inmates in the unit's common area, noting that inmates needing this level of restraint should be evaluated individually. Although solitary confinement is intended to eliminate aggression, it can often precipitate aggression, even in a previously nonaggressive inmate with mental illness (Slate et al., 2013).

Jail officials must identify the importance of structured curative environments. The need for these environments was identified in the early 1950 with the publication of the Kirkbride Plan, which called for such environments in asylums. Thomas Story Kirkbride, a psychiatrist, advocated for better-designed buildings for mental health institutions that included areas

providing therapeutic sunlight and air to living arrangements so that the building itself supported a comfortable and therapeutic effect (Pérez-Fernández & López-Muñoz, 2019).

Solitary confinement cause inmates to feel alien to jail society and that they are existing in another world. Jails are already isolated from society; therefore, isolation in already isolated environments causes inmates in solitary confinement to feel less human. Without the support of and communication with family members and friends, the stress that jail causes can further deteriorate functioning in inmates with mental illness. Therefore, the moral treatment of inmates should allow them some choices as people need some level of choice to feel safe (Albuquerque & Yost, 2021).

In a 2020 research briefing, Herring cited research presented at the International Symposium on Solitary Confinement stating that spending time in solitary confinement can cause stress and lead to permanent changes in people's brains and personalities. She further noted theories positing that denying humans, who are naturally social beings, of being able to interact with others can cause social pain that affects the brain similarly to physical pain. Other research presented at the symposium showed that inmates in solitary confinement were significantly more likely to develop psychiatric disorders than when housed in nonsolitary units. The findings, however, did not extend to inmates with existing mental illnesses. Other literature reported no clinical observation of prisoners in solitary confinement. One experimental study indicated psychopathological effects.

In a 1983 article, Grassian reported restlessness, yelling, banging, and aggressiveness in some inmates and a sort of regressed, dissociated, withdrawn hypnoidal state in other inmates. Two states of reactive psychosis—hallucinations and instability—were characterized by initial agitation and behavioral problems. Grassian further noted statistical evidence dating to the early 1830s of increased incidence of physical morbidity and mortality, as well as of insanity, among inmates exposed to harsh conditions of solitary confinement, including Charles Dickens's

observations of inmates in solitary confinement as “dead to everything but torturing anxieties and horrible despair” (Stern, 2015, para. 7).

General Population

While solitary confinement impacts inmates’ mental health in jail, the general population adds elements of victimization and social discrepancies. For example, inmates in the general population will share a cell with another inmate in most cases. In addition, the day room, which is located outside of the cell, is shared by 15–20 inmates at a time. In my professional experience, most day rooms contain access to one or two televisions, approximately four phones, one toilet, and one shower. Furthermore, inmates forfeit their rights to privacy while they are in jail. Therefore, all phone conversations are recorded by the jail administration.

Social integration is essential for mental well-being in jail inmates (Lindquist, 2000). However, jails represent unique conditions that affect how inmates communicate socially with others. Therefore, social connections and bonds maintained by inmates are commonly believed to help increase mental wellness and have a positive impact on inmate mental health. However, Lindquist (2000) found higher levels of depression and anxiety in married inmates and higher levels of hostility in inmates with close social relationships inside the jail.

Inmates in jail also endure the stress of court proceedings and victimization by other inmates or staff. Wolff et al. (2007) found equal victimization prevalence rates of inmate-on-inmate physical violence among males and females. However, male inmates were significantly more likely to be physically abused by staff than other inmates. Inmate-on-inmate victimization prevalence rates in Wolff et al. ranged from 129 to 346 per 1,000, whereas the range for staff-on-inmate was 83 to 321 per 1,000.

Identification of Suicide Risk and Self-Harm

Suicidal and homicidal ideations are more frequent in inmates than community-based individuals of similar age and gender (Fazel et al., 2016). Fazel et al. (2016) found that

approximately 77% of inmates were at risk for suicide and an even higher risk among women. The researchers stated that the explanation for the difference in risk was unclear and had nothing to do with incarceration rates or overall population homicide rates. They also noted that suicide numbers have become difficult to validate due to the misclassification of inmates with mental illness. Fazel et al. concluded that many prisoners never receive the proper treatment and are not placed in the correct housing assignment. The researchers did not address inmates who developed mental health issues during their time in jail or due to their previous housing assignments.

Identifying and managing individuals with mental illness in jail starts with the intake process (Roth, 2018). The process includes a mental health screening to help identify preexisting mental health issues that inmates might have before entering jail. Booking officers ask these mental health screening questions. In addition, a series of questions must be requested if a person is arrested and taken to jail. Whether the person has had a prior suicide attempt is an important question in this process (Roth, 2018).

Mental health professionals performing mental health screenings in jails face challenges in detecting inmates who are at risk for major depressive disorder and homicidal and suicidal ideations (Harrison & Rogers, 2007). Harrison and Rogers (2007) analyzed the effectiveness of two specialized screens—the Referral Decision Scale and Mental Disability/Suicide Intake Screen—and one general screen—the Personality Assessment Screener—in a sample of 100 jail detainees. For suicidal ideation, the Mental Disability/Suicide Intake Screen was most beneficial. The Personality Assessment Screener effectively detected major depression. Harrison and Rogers did not focus on inmates with mental illness who were not professionally diagnosed during their time spent in the community.

Incidents prior to confinement can also show evidence of mental illness. These incidents can also show what too often happens to inmates with serious mental illness when given minimal treatment in pathogenic environments (Roth, 2018). Scatolia (the clinical term for playing with

feces), for example, is rarely seen outside of institutional settings such as confinement. Research shows that inmates who engage in scatolia are displaying signs of mental illness (Roth, 2018).

Nonetheless, diagnosing mental illness in inmates can be difficult. As an example, inmates might lie about mental health symptoms so they can be removed from their current cells, sometimes to achieve safer and less stressful living situations (Roth, 2018). Even for seasoned mental health professionals, wondering if inmates are trying to put something over on them is common. Therefore, it can be difficult for mental health professionals to distinguish between a person who is genuinely mentally ill and one looking to cheat the system (Roth, 2018).

Inmates with mental illness at New York's Riker Island stay an average of 215 days, compared to an average of 42 days for other inmates (Slate et al., 2013). Psychotic male inmates accused of abuse at Riker's Island spend an average of 6.5 times longer in jail (Slate et al., 2013). Therefore, inmates with mental health issues are exposed to detrimental environments longer than inmates who are well mentally. Research findings do not suggest that longer stays in jail lead to mental health issues for inmates who enter jail mentally well. However, research does show that inmates with mental illness return to the community worse than before (Slate et al., 2013).

Blaauw et al. (2002) examined the relationship between traumatic life events and suicide risk in two samples of low and high suicidal inmates. Suicidal inmates reported a higher prevalence rate of traumatic life events than those who had not experienced these events. Blaauw et al. concluded that suicide risk depends on lifestyle, the time of the incident, and the type of person involved in the activity. These researchers only focused on suicide risk in inmates. They did not consider jail environments that can traumatize inmates, thus causing them to develop mental health issues and possibly attempt suicide.

Trauma From Experiencing Stressful Environments

Jail is inherently an extremely violent place for inmates. They frequently encounter traumatic verbal or physical assaults at the hands of correctional officers and other staff that

dehumanize them (Quandt & Jones, 2021). In addition, various environmental stressors increase the potential for violence among prisoners (Quandt & Jones, 2021). Quant and Jones (2021) further cited 2009 research showing that experiencing violence during incarceration significantly related to aggressive and antisocial behavioral tendencies as well as emotional distress and that witnessing violence in jail can be traumatizing.

Armstrong (2019) found that 92% of inmates in jail witnessed physical assaults and 95% witnessed verbal assaults. In addition, about 20% reported witnessing sexual assault by other prisoners (Armstrong, 2019). Such exposure to violence can exacerbate existing mental health disorders and lead to developing PTSD symptoms (Quandt & Jones, 2021). Armstrong did not address the usage of restraint chairs as a traumatizing event but did highlight policies and procedures as fostering poor jail environments.

There is no shortage of accounts of stressful environments in jails caused by horrific brutality. Assaults, sexual assaults, and homicides occur daily in U.S. jails (Montross, 2021). Some examples of the violence in jails are inmate assault on officers, inmate assault on one another, and officers' assault on inmates. Furthermore, inmates can assault their bodies, causing severe damage or death (Montross, 2021).

Nineteen percent of men held in U.S. jails have reported being assaulted by other inmates, and 21% have reported being assaulted by jail staff (Montross, 2021). The issue has reached epidemic status in some states. In Alabama, the U.S. Department of Justice cited reports of rampant violence and sexual abuse by both inmates and jail staff after initiating an investigation into all of the state-run jails housing male inmates (Montross, 2021). Overcrowding in Alabama state jails started the inquiry as some facilities were operating at approximately 172% of jail capacity with jail staff reductions of 20% (Montross, 2021). These events can contribute to mental health decline in inmates.

Mental illness-related events in jails have increased and have reached alarming levels. In addition, jail administration, mental health care professionals, and journalists all tell different stories that lead to the same outcome. The stories always begin with the failure of the state hospitals, funding, and the promise of community-based support (Roth, 2018).

Deinstitutionalization, which began in the 1950s, coincides with the explosive growth of prisons and the beginning of the mass incarceration era (Roth, 2018). In 1950, an estimated 450,000 people with mental illness lived in health care facilities, including psychiatric institutions and nursing homes. By 2000, this number dropped to about 170,000 (Roth, 2018). When states began to reduce the amount available for funding hospital beds and later closed facilities to house people with mental illness, these individuals became more likely to be arrested and brought to jail. In 2004, the prison population experienced a 600% increase, rising to 1,400,000 from 200,000 in 1971 (Roth, 2018). These numbers solidify the assumption that people with untreated mental illness matriculate into the criminal justice system, much as they did prior to the establishment of asylums in the United States.

Asylums are closely linked to the history of criminal justice (Roth, 2018). In the 1850s, modern asylums were constructed to respond to the problem of mental illness in jails. Dorothea Dix, a mental health care reformer, was astonished by the number of people with mental illness incarcerated and the appalling conditions in which they were kept. She recorded vivid accounts of the mistreatment and neglect of inmates with mental illness in jails, which prompted state legislatures to build public hospitals to care for inmates instead. However, these facilities lacked funding and became severely overcrowded in the 20th century, leading to terrible conditions resembling that of jails.

Asylums were developed to care for inmates with mental illness who were isolated and mistreated in jail. When these facilities closed due to lack of funding and bed spaces, jails became the frontline treatment for individuals with mental illness (Albuquerque & Yost, 2021). Recent

figures from Chicago's Cook County jail showed that 40% of inmates have at least one mental illness.

U.S. history shows that there are issues finding how best to care for individuals with mental illness who matriculate into jails. Roth (2018) noted that historical records and statistics only provide approximations, but jails have clearly served as clinics or hospitals for people with mental illness to some extent, dating to colonial America, through the asylum era in the 19th and early 20th centuries, and continuing to today. However, whether the jail experience itself can cause mental illness in inmates is still far from clear.

There are differences between the populations of state psychiatric hospitals and jails. Residents in state psychiatric hospitals were predominantly elderly, female, and white, while people in jail are most likely non-White young males (Roth, 2018). Hospital patients overwhelmingly had schizophrenia diagnoses, and inmates with mental illness usually show a range of illnesses much closer to the range found in public (Roth, 2018). In addition, genetic malfunctions are unlikely to cause schizophrenia (Powers et al., 2017). Stress, which can be anger, fear, worry, or a combination of all three, is by far the most causative environment that can induce schizophrenia (Powers et al., 2017).

Stress works its damage by persuading an oversupply of cortisol (also called the "stress hormone"), which converts high-energy glycogen to glucose in the liver and muscle tissue (Powers et al., 2017). Excessive cortisol caused by stress can trigger weight gain, high blood pressure, heart disease, high cholesterol levels, and immune system damage. Scientists agree that schizophrenia has positive, negative, and cognitive symptoms (Powers et al., 2017). The positive symptoms of schizophrenia are the most dramatic and involve people in a fantasy world of images, sights, and often sounds (Powers et al., 2017).

Jail environments can challenge any inmate. In addition, inmates with preexisting serious mental health issues do not function well in these environments, resulting in longer stays

(Scheyett et al., 2009). Inmates with serious mental health issues cannot stand for trial and often experience trial date postponements until they are well enough to stand for trial. These postponements cause most inmates with serious mental health issues to remain in jail until their trials conclude. Also, the conditions of confinement become stressful for inmates who have endured long periods without medications and have abused alcohol and drugs before their arrest (Slate et al., 2013).

Psychologists suggest that humans have a fundamental need for autonomy and self-determination (Svinicki & McKeachie, 2014). The instability of overcrowding, unsanitary conditions, lack of privacy, boredom, and stress can push anyone's coping mechanisms to the limit (Slate et al., 2013). In addition, inmates with severe mental illness are susceptible to excessive sensory stimulation such as lights being on all the time, constant noises, and disruptions in eating and sleeping patterns (Slate et al., 2013).

Inmates who do not think they have mental health issues can add to tumultuous jail environments. These inmates are not on medication and do not receive mental health support. For example, Jeremiah Robinson, an inmate in Cook County's jail, did not believe in mental health at first. However, Robinson experienced crises that placed him in solitary confinement on several occasions. During a 2021 PBS interview, Robinson stated that when he does not meditate, he is not in the right state of mind (Albuquerque & Yost, 2021).

Victimization and trauma are also inevitable due to poor jail environments. Victimization by other inmates and staff is heightened for inmates with mental health issues (Stringer, 2019). The threat of victimization depletes inmates' emotional stamina to cope, thus further weakening their ability to defend themselves (Slate et al., 2013). In addition, witnessing victimization, violence, or death can result in mental health issues such as PTSD. In jail environments, reaching one or more of the criteria for PTSD is inevitable for inmates who spend an extended amount of time in jail.

Lastly, Annotation 282 to the Eighth Amendment to the U.S. Constitution states the following:

Conditions in jails must not involve the wanton and unnecessary infliction of pain, nor can they be grossly disproportionate to the severity of the crime warranting imprisonment. In addition, jail conditions alone or in combination may deprive inmates of the minimal civilized measure of life's necessities. However, harsh jail conditions that are not cruel and unusual under contemporary standards are not unconstitutional. On the contrary, to the extent that such conditions are restrictive, they are part of the penalty that offenders pay for their offenses against society. (Justia, n.d.)

Because jails follow the minimum standards stated in the U.S. Constitution, these facilities are out of date and lack modern necessities.

Related Literature

Researchers have addressed several issues that can exacerbate mental illness in jail inmates. Harsh jail environments make it difficult for inmates to sustain normal levels of mental health. Furthermore, inmates with mental health issues are more at risk of being assaulted by inmates and other staff. Most research reviewed for this chapter addressed severe mental illness cases and, in some cases, solitary confinement. General population environments and nutrition were largely omitted.

There is an overrepresentation of inmates with mental illness, with research showing 1 in 7 prisoners with diagnoses of psychosis or clinical depression (Fazel et al., 2016). However, the accuracy of these data for many disorders is complicated by self-reported diagnoses that overestimate rates. Also complicating the picture are that meta-analyses rely on random effects models that weigh small studies similarly to larger, higher quality investigations (Fazel et al., 2016). Thus, some researchers do not move beyond simple prevalence studies of mental health in

jail. In addition, researchers often do not examine jail environments, which contribute to patterns of exacerbated mental illness.

Inmates with mental health problems are at risk of suicide, self-harm, violence, and abuse (Fazel et al., 2016). Furthermore, there is little specificity in the risk factors of these outcomes, and few are shared, limiting the development of effective interventions. Therefore, interventions for mental illness rely on evidence from nonjail settings, but some jail-specific research suggests that pharmacological and cognitive behavioral therapy-based treatment for depression can improve outcomes (Fazel et al., 2016). Fazel et al. (2016) recommended that jail administrators should collaborate with researchers, as interdisciplinary and multidisciplinary collaborations are needed to address the lack of treatment research.

Goomany and Dickinson (2015) addressed the gap in knowledge of how prison environments may impact mental health in adult prisoners through lack of nutrition and meaningful activities accessible to inmates. The findings showed that while prisoners perceived these environments as negatively influencing their mental health, a small number of them viewed prison as a place of respite that provided structure and opportunities to access health services (Goomany & Dickinson, 2015).

There is a significant need for more research on this subject, particularly relating to the jail environment's impact on inmates who have not identified a mental health illness. Therefore, the present study highlighted factors in jails that have a negative impact on the mental health of inmates without preexisting mental illness diagnoses. Adverse effects include overpopulation, various forms of violence, and enforced solitude. Lack of privacy, lack of meaningful activity, isolation from social networks, and inadequate health services and nutrition are other adverse effects of jail environments (Leonard, 2020). Harsh jail environments also put inmates at risk of suicide.

Summary

Further research is necessary to advance awareness and address inmate mental health in confinement. The issues concerning mental health in confinement have plagued jails for centuries. Jail environments have not been improved and continue to be detrimental to inmate mental wellness. Currently, several organizations set accreditation standards for jails; however, these standards have not changed the frequency of mental health problems that are created by harsh jail environments.

Throughout the years, solitary confinement has been a regular procedure in jails across the United States (Leonard, 2020). Solitary confinement isolates inmates from the general population, and this physical isolation only allows minimal interaction with other people. These aspects of solitary confinement can cause mental illness in individuals incarcerated in solitary confinement. According to the Bureau of Justice Statistics, 20% of incarcerated U.S. inmates experienced solitary confinement from 2011 to 2012 (Leonard, 2020). Based on these statistics, at least 20% of inmates in jail are in danger of decompensation of mental health.

When addressing jail theories, effectiveness is a primary issue (Leonard, 2020). Most jail administrators measure effectiveness by the impact of inmates returning to jail and structural improvements. In addition, the rehabilitative perspective incites change that causes individuals not to break the law. However, this perspective does not address mental health (Leonard, 2020). The ACA standard was formed to ensure jail safety and security. However, it does not work with the IACFP to secure the mental health of inmates. Most jails with ACA certification hold a minimum standard of inmate treatment that does not call for mental health adjustments for those experiencing a mental health crisis (Leonard, 2020).

No specific guidelines for mental health services provided in jails currently exist. Furthermore, jail policies and procedures are outdated and are typically formed reactively. For example, Natasha McKenna, an inmate with mental illness, was tasered four times during a cell

extraction (Jackman, 2015). After the event, McKenna was unresponsive in the jail's sally port and pronounced dead in a local hospital. After this tragic event, the Fairfax County sheriff decided that tasers would no longer be used in the jail facility (Jackman, 2015).

Jail is inherently an extremely violent place for inmates. This violence results from adverse environments that inmates endure daily. Stressful jail environments cause inmates to be on edge and often place them in situations where they are isolated from general jail populations. Isolation puts inmates at risk for suicide and self-harm. Therefore, individuals at risk for suicide should be addressed during the booking process and during their incarceration.

CHAPTER THREE: METHODS

Overview

This chapter introduces the methodology used to conduct this phenomenological study on the effects of harsh jail conditions and ineffective policies and procedures on inmate mental health. This approach allowed for obtaining a robust understanding of how jail creates and exacerbates mental illnesses for incarcerated people. In addition, this approach demonstrated a way to develop theory from the structures of consciousness as experienced from the first-person point of view of inmates; hence uncovering how jail affects the mental health of inmates. The compatibility of the phenomenological hypothesis with its constructive methodology is explored in depth in this chapter. In addition, research design, including methodology, study participants, procedures, analysis methods, and ethical issues, is an important part of this chapter.

Design

This study sought to identify inmates' experiences of how current jail environments contribute to poor mental health. The construct of this study was qualitative; specifically, phenomenological methodology. Creswell (2009), defined phenomenological research as an investigative inquiry strategy researchers use to identify the essence of human experiences about phenomena from the participants' points of view.

Moustakas (1994) described phenomenology as “a study that seeks meanings from appearances and arrives at essences through intuition and reflection on conscious acts of experience, leading to ideas, concepts judgments, and understandings” (p. 58). Therefore, the focus of this phenomenological study was on discovering the extent to which current jail environments exacerbate mental illness for incarcerated people. Phenomenological research also provides an understanding of the themes and patterns portrayed by the study's participants (Moustakas, 1994). Participants in this study were asked open-ended interview questions to identify their specific experiences. Finally, Moustakas stated, “The empirical phenomenological

approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience” (p. 13).

Groenewald (2004) stated that “described” is the operative word in phenomenological research. The researcher’s aim is to describe the phenomenon as accurately as possible while refraining from any pre-given framework but remaining true to the facts. Phenomenologists are concerned with understanding social and psychological phenomena from the perspectives of people involved. As such, a variety of methods can be used in phenomenological research (Groenewald, 2004). I used interviews that addressed the research questions developed for this study. The interview questions were directed to the participants’ experiences and mental health status. This approach reflected phenomenology’s unique design, which helps health professions scholars learn from the experiences of others in the world (Neubauer et al., 2019).

Although small-scale qualitative research is typically not highly generalizable, these studies have redeeming qualities that make them valuable contributions to the body of knowledge (Myers 2000). Their research value is based on the participants’ responses in context to the research questions. According to Yin (2003),

Qualitative research can be generalized. Analytic data can be generalized to some definite population that has been sampled, but to a theory of the phenomenon being studied, a theory that may have much wider applicability than the particular case studied. In this, it resembles experiments in the physical sciences, which make no claim to statistical representativeness, but instead assumes that their results contribute to a general theory of the phenomenon. (p. 32)

Because the present study was constructed as qualitative and phenomenological, the focus was on discovering how the jail environment affects the mental health of inmates and, more generally, how altering policies and procedures can positively impact inmates’ mental health.

Detailed notes were taken while collecting the participants' responses. The data from the responses were evaluated and appropriately coded and recorded. A coding classification system—specifically, a coding table—was developed to show themes for the participants' responses, thus facilitating further analysis.

Phenomenological research methods facilitated this study of people with incarceration experiences. The study highlighted how jail policies and procedures affect the mental health of inmates. The study emphasized the participants' experiences and the contexts or situations in which they experienced jail. Study findings illustrated the participants' understanding and experiences with jail procedures and how these experiences affected their mental health.

The investigated data were collected using several methods. Open-ended questions were administered to the participants during interviews. I also collected testimonials during the interviews to produce additional data elements. Finally, I kept comprehensive data journals for identifying and using all raw data for coding and data accumulation.

Other research methods, such as quantitative, may not have fully answered this study's research questions. In addition, other methods would not have provided a comprehensive overview of the problem or offered a level of understanding of how prisons affect inmates' mental health. Quantitative research is confirmatory and deductive in nature, in contrast with qualitative research, which is exploratory and inductive (Trochim & Donnelly, 2008). Further, quantitative research is viewed through a narrow hypothesis and by employing close-ended questions while verifying theories (Trochim & Donnelly, 2008). Therefore, it is evident that a qualitative study was appropriate for this study. The value of the chosen qualitative method is the consideration of the context of the problem and phenomenon.

Research Questions

There were two research questions in this study, as follows:

RQ1: Does incarceration have a negative effect on the mental health of inmates?

RQ2: Does incarceration exacerbate the mental health of inmates?

Setting

An adult detention center in Virginia was the study setting. I interviewed 11 people incarcerated at the center. Furthermore, individuals incarcerated at the center for 6 months or more may transfer to other facilities in the region due to their charges. Therefore, the research setting was the center, which detains male and female inmates. The jail has a presiding sheriff; sheriff's deputies have direct supervision over incarcerated individuals. The detention center is a high-security facility with both general population and solitary confinement capabilities.

Participants

The research population consisted of individuals incarcerated in jail. The study participants chosen from this population were selected because of their experience of spending time in jail. Specifically, the research participants were a homogeneous sample of 11 men and women who have spent time incarcerated and had the experience of solitary confinement. These individuals were located at an adult detention center in Virginia and had spent time in different jurisdictions. Research participation was voluntary, and participants could withdraw from the study at any time without risk or harm. The participants each received \$20 toward their trust fund accounts in appreciation of their time. Names and demographics were not identified or recorded to protect the anonymity of the individuals who participated in this study.

Procedures

A modest sample of incarcerated participants helped to receive a detailed and holistic explanation of the phenomenon of interest. The sample was 11 participants that assisted in obtaining the outcomes the study required. Purposive sampling was used to achieve the desired sample. This approach allows researchers to obtain diverse perspectives from the participants (Chretien et al., 2010). The following criteria was used for selecting the participants: adults aged 18 years and older, experiencing 6 months or more of consecutive days of incarceration, and

agreeing to sign a consent form to participate in the research. See Appendix A for the recruitment flyer and Appendix B for the informed consent form. For this study, a sample of 11 participants was used to achieve data saturation. Data saturation is achieved with a moderate sample size to have all possible themes arise (Ponelis, 2015).

The Researcher's Role

This study was based on responses to interview questions that helped to identify and understand incarceration's impact on the mental health of prisoners. Interviews are a standard approach for gathering information in qualitative health research to help understand how people respond to illnesses or particular situations (Hutchinson et al., 1994). Informed consent provided a complete explanation of the study and was obtained from each participant. The participants were informed that the study was voluntary and that they could withdraw at any time without risk. They were given ample opportunity to ask questions about the study design and procedures.

All participants were given the same set of open-ended questions so they expanded their responses appropriately. All participant responses were coded to ensure confidentiality and appropriate reporting and to assist data analysis. Semistructured interviews were conducted based on interview guidelines I prepared through an iterative process Castillo-Montoya (2016) described as question development, testing, and refining based on what would be gained from asking the participants these questions. The interview questions were established in a way that they focused on phenomenological experiences during incarceration.

Scientifically proven theories were also considered when developing the phenomenological experience questions for this study. I was essential in accumulating the data for this study. I gathered data through surveys and interviews with participants who experienced incarceration for more than 6 consecutive months. These steps show study transparency (Dwyer & Buckle, 2009) and allowed me to be precise during interviews with the participants

I had no association with the study participants to ensure that the research results were impartial. I conducted interviews with 11 individuals who had experienced 6 months or more of consecutive incarceration. Ten had also spent some amount of time in solitary confinement. Their participation was voluntary and could be stopped instantly if the participant desired. Each participant received a consent form once agreeing to participate in this research. To avoid confirmation bias, I sustained a primary focus on the interview event. Confirmation bias, where evidence against one's position is not selected, is one of the most epistemically problematic cognitions in research and a major source of polarized and entrenched beliefs (Peters, 2020).

My primary purpose as the researcher was to observe and record the material that I gathered for this study. Identifying my purpose helped me to focus on the participants' behaviors during the interviews. In this phenomenological study, it was useful for me to explain exactly what was being studied. Therefore, it was important for me to examine the data and analyze it in order to reveal all of their aspects. It was also important to identify possible research bias and address it.

Data Collection

Data for this study were gathered through in-depth semistructured interviews with open-ended questions, using an interview schedule I developed. See Appendix C for the interview questions. Participants also provided complementary statistics during their interviews. Using an interview schedule provided a pattern and preset composition for the interviews and allow interviewers to detail each response from participants. Interviews that are prepared with outlines provide more substance than unstructured interviews while maintaining a high degree of flexibility (Rubin & Babbie, 2001). In addition, structured interviews alleviate the researcher's task of further consolidating and investigating the interview data collected. These interviews also help readers of the research determine the quality of the interviewing approaches and methods used in the research.

I recorded the participants' responses to the questions and organized them in detail. Questions 1 through 5 were knowledge questions designed as follow-up questions to the individual's experience with incarceration. These questions were designed to be nonthreatening and relatively straightforward, which Patton et al. (2015) explained as helpful for developing rapport with study participants.

Question 6 asked about the experiences the participants had during their incarceration. This question sought to determine how the participants' experiences made them feel. Question 7 also investigated the significant impact jail policies and procedures have on individuals' mental health during incarceration. Questions 8 and 9 were follow-ups to Question 7 and focused on how the events changed the participants' mental health during their incarceration.

Question 10 asked the participants to describe their mental health status before incarceration. Probing the participants' views on their prior mental health helped to develop a complete picture of how they felt their mental health was impacted while incarcerated. Questions like these often help to gain new insights (Patton et al., 2015). They are also nonthreatening questions that allow participants to talk more deeply about their experiences. Asking this question also prompted the conversation to continue and further engaged the participants' personal views on their mental health. This was all the more important given the nature of the next question.

Question 11 asked about the participant's current mental health and was the first question that involved a high level of vulnerability. Ideally, a good rapport has been built up to this point in the interview (Patton et al., 2015). Therefore, this question was asked after rapport had been built and the participants were willing to share more detailed information about their experiences. For example, describing their previous mental health status could be an emotional reminiscence of a pleasant past.

Questions 12 and 13 were follow-ups to Question 11. The aim was to inquire if the participants wanted to address their mental health concerns and if their mental health concerns

had been addressed during their incarceration. Like Question 11, these questions were asked later in the interview to secure a good rapport. Therefore, the individuals provided their best accounts on how much their mental health has changed as they may now be on mental health medications, staying in the mental health unit, or seeing a mental health therapist.

Question 14 asked if the participants had experienced solitary confinement. This question was open-ended to solicit the individual's personal experience and reaction to solitary confinement. For example, an individual who experiences solitary confinement could experience more severe mental illness symptoms due to their exclusion from the jail's general population.

Question 15 asked if there had been an attempt at self-harm during incarceration. Question 16 followed up by asking how self-harm was addressed if attempted. Question 17 asked if participants were ever placed in a psychiatric hospital during their incarceration. Individuals who have not experienced solitary confinement may seek to report unaddressed mental health issues. When incarcerated in a high-risk system, a greater proportion of inmates receive mental health services prior to the implementation of assessment, care in custody, and teamwork. Furthermore, inmates are more likely to be depressed but not receiving mental health care (Humber et al., 2011). Therefore, this question probed whether the participant was treated for a reported mental health illness.

Question 18 was a follow-up to Question 17 and simply asked what the diagnoses were upon entry for participants who had been housed in a psychiatric hospital during their incarceration. Questions 19 and 20 were similar to Questions 17 and 18 but instead focused on whether participants had been housed in a psychiatric unit in jail and their diagnoses upon entry. These questions were important for determining if they were placed in the proper housing assignment to address their mental health needs. Furthermore, asking about what their diagnosis was at the time of entry was necessary to categorize what mental health disorders the jails address.

Question 21 was a one-shot question designed to give participants another opportunity to provide valuable insights into how jails can address mental health issues. In addition, the question revealed if the individual was ever treated for their mental health issues outside the jail. Finally, Questions 22 and 23 sought the participants' opinions on jail policies and procedures. These questions allowed the participants to provide their perspectives on what could be better in the jail. I believe that many inmates have valuable insights into what jail policies and procedures have a negative impact during their incarceration that could be gleaned by asking these questions. In addition, these questions allowed the participants to reflect on their experiences with other individuals they were incarcerated in jail.

Data Analysis

Analysis of the interview transcripts was based on inductive reasoning, which aims to identify patterns in the data. In inductive analysis, patterns, themes, and categories emerge from the data instead of being imposed on the data before data collection and analysis (Patton, 1980). For the data that I found relevant, identifiers were assigned for a clearer understanding of the study participants. Notebooks containing marked indicators and each participant's identity were separated from the original material into a lockbox accessible only to me. After the information was transferred to my personal computer, the notepad containing the information remained achieved in the lockbox. In addition, all interview transcripts were retained securely in a safe and only accessible to me.

Constant data comparison was conducted to help identify differences in the emerging data. Furthermore, each participant had comparable characteristics for data grouping, which helped reduce the amount of data recorded. Data reduction allowed me to identify the participants' experiences during their incarceration.

During data analysis, saturation is achieved if the same themes are recurring and additional data sources give no new insights. After complete saturation, there is enough

information to answer the research question. The data were analyzed correctly, and I chose to use Word to organize the data discovered in this research. Word allows researchers to create and store knowledge about data collected from interviews. Key points were highlighted, which allows recollecting or future analysis by other researchers.

All information entered in Word was transferred to NVivo, a qualitative data analysis software program, to ensure analysis accuracy. Using NVivo allowed me to get a fresh understanding of the data through coding. NVivo also tracked and organized the data, allowing me to compare crucial data collected. Correlation or inconsistencies in the data that cannot be found manually can be identified with NVivo. I also used the software's query tools to help refine trends and patterns.

Trustworthiness

No study is without researcher bias. Qualitative methodology reflects researcher subjectivity, and study guidelines influence qualitative perspectives (Morrow, 2011). Trustworthiness in the present study was established by goal-directed sampling. Study participants were recruited randomly based on the criteria described in this chapter. Once recruited, the participants were not discriminated against based on gender or nationality. Furthermore, credibility and confirmability were established via triangulation, in which one or more methods are used to collect data in qualitative research (Morrow, 2011). Furthermore, I cross-checked the data against the audio recordings.

Credibility

Credibility and internal validity reflect the researcher's instruments and data patterns (Ravitch & Carl, 2019). Credibility establishes truth and confidence in research findings through various methods such as member checking, negative case analysis, and triangulation, all of which were used in the present study. I collected data from multiple sources using several methods, mainly interviews and nonparticipant observation. I possess a comprehensive understanding of

the phenomenon that was studied. However, setting aside any biased beliefs and perceptions, following guidance in Englander (2012), was important to clarify the meaning of the phenomenon.

Dependability and Confirmability

Dependability and confirmability, which pertain to consistency, are similar to reliability in quantitative research (Smith, 1998). Furthermore, dependability implies that the findings, interpretations, and recommendations are trustworthy based on their constancy and internal data coherence (Smith, 1998). Observational evidence can be used to simultaneously carry out validity and validation (Padgett, 1998). For my research, Liberty University professors were familiar with the research process and coding analysis following a framework that begins with transcription and ends with theory. Also, changes in perspective were resolved immediately. I was satisfied that the study findings and conclusions were appropriate when my dissertation chair and I reached a consensus in the analysis, as indicated in the path.

Transferability

Transferability, which is the transfer of results from a study beyond the boundaries of the research, is another aspect of qualitative research to consider. This research stage reflects a study's applicability in a broader framework while sustaining the legitimacy of the research. One method of obtaining transferability is having an exceptionally detailed narrative of the researched data and a framework. Transferability is achieved through a detailed description of the participants' accounts (Ravitch & Carl, 2019). A detailed description of the data can save time in not replicating study designs and findings (Ravitch & Carl, 2019).

Ethical Considerations

The study participants were individuals who experienced incarceration or were previously incarcerated. Despite the existence of behavioral health hospitals to hold mental health inmates, jails have become the largest mental health facility in the United States (Albuquerque & Yost,

2021, 2021). There is little awareness about what maintains high incarceration rates in jails (Quandt & Jones, 2021). Ethical issues may arise when human subjects participate. Therefore, researchers must consider the possibilities, risks, and benefits in using human participants (Berg, 2004).

Because the present study involved human participants, I completed a Collaborative Institutional Training Initiative course and received certification (see Appendix D). Approval from Liberty University's institutional review board was also required and received (see Appendix E). I also sought and received permission from the study site to conduct this study (see Appendices F and G). I followed all ethical guidelines set by Liberty University, including guidelines for considering potential participants and selecting participants who met all research ethics standards. There were no conflicts of interest identified for this study that would compromise my ethical principles or the professional standards for this study. Furthermore, there were no coercion risks with the participants, and I provided a full explanation for the research.

As part of the interview process, each participant was told what would occur, the length of the interview, and the number of questions that would be asked. How the information would be used was explained, and the participants were advised that they could withdraw from the study if they felt they no longer wanted to be part of the study, as recommended by Berg (2004). Participants were allowed to ask questions at any time and received a copy of the survey results after completing the survey, following guidance in Goldblatt et al. (2011).

Having participants reminisce on past experiences in jail could trigger traumatic responses or make them feel uncomfortable. Therefore, the research may have posed a potential risk for the participants. In recognition of this possible risk, the interviews were not video recorded. Instead, I took notes and audio recorded the participant's responses. All participants who were incarcerated at the time of this study were offered a \$20 balance toward their commissary for their participation in the research. However, participants who were no longer incarcerated were

volunteers and did not receive any monetary gifts or credits. IRBs are concerned with incentives when a protected and isolated group is involved. Therefore, \$20 is considered an acceptable amount to offer study participants (Day et al., 2005).

I am the only person who can access the information gathered in this study. All documents and materials related to the interviews, including audio recordings, physical files, and records, are securely stored on a password-protected laptop computer that only I can access. Participant identities were kept confidential through coding. Anonymity was guaranteed for all participants, and the participants were advised of the measures taken to protect their privacy and anonymity.

Common identifiers included name, inmate number, address, and phone number, all of which were redacted and anonymized during data analysis. All data collected were placed in envelopes with assigned file numbers and stored in a locked and secure file cabinet in my home. The audio recordings are securely stored on my password-protected phone. It is vital to keep all data in a centralized place so that it is simple to manage in a systematic and organized manner (Mack et al., 2005). All data will be securely maintained for 5 years after study completion, after which they will be destroyed.

The *Belmont Report* is a critical element in phenomenological research as its main purpose is to protect the rights of all study participants (Miracle, 2016). It also provides an ethical framework. There are three major components of the *Belmont Report*: respect for persons, beneficence, and justice. Respect for persons reflects participants' rights to be independent and decide whether they want to participate in research. Beneficence incorporates the principle of doing good. The researcher must not do harm to the participants, increase potential benefits for participants, and decrease the possibility of adverse events or harm (Miracle, 2016). Researchers must also ascertain that fairness is applied to all participants without discrimination. Also,

participants should know that they can withdraw from the research without fear of retaliation (Miracle, 2016)

Summary

U.S. jails have seen a rise in incarcerated men and women over the past 20 years. In addition, the number of inmates with mental health issues has raised concerns in jails. However, despite the mounting interest in jail reform and its effects on mental health, there has been insufficient consideration of improving the conditions in jails nationwide. The purpose of this research was to explore whether jail policies and procedures can exacerbate the mental health of inmates who may or may not have mental health issues. Previous research has not shown that certain risk factors can directly affect the mental health of incarcerated individuals.

How an inmate's mental health can decline over 6 months or more can be life changing. In addition, inmates incarcerated for 6 months or more could be at risk for PTSD based on their specific experiences during their incarceration (American Psychiatric Association, 2013). The main goal of this study was to understand how time in jail can have negative effects on mental health, including lifelong changes in daily functioning and the development of risky behavior. This research identified interventions that exacerbate mental illness such as solitary confinement, nutritional punishment, and temporary revocation of visitation and phone privileges. Changes in jail policies and procedures should encourage innovative and meaningful interventions for inmates that will use suitable and relevant approaches to minimize the impact of released inmates on their communities.

CHAPTER FOUR: RESULTS

Overview

The purpose of this qualitative phenomenological study was to examine jail's impact on the mental health of inmates who have been incarcerated for 6 months or longer. More research is needed to determine whether jails harm the mental health of inmates. The research questions for this study were as follows:

RQ1: Does incarceration have a negative effect on the mental health of inmates?

RQ2: Does incarceration exacerbate the mental health of inmates?

Study Setting

The context for this study was discussed in Chapter Three. Questions were directed over a secure telephone line to ensure participant comfort and confidentiality. I conducted individual interviews with the participants while seated in a quiet room so that I could hear the participants clearly over the phone. All participants voluntarily participated in the study and acknowledged their willingness to participate through informed consent. Participants were not influenced by the data found in this study. I obtained Liberty University IRB approval for this study (IRB-FY21-22-907). Verbal acknowledgment of willingness to participate was obtained from each participant before the interviews began. Participants were informed that they could stop the interview process at any time if they did not like the questions asked or if they experienced mental or emotional distress. Participants could select to receive \$20 toward their trust fund accounts for their participation in the study.

Demographics

Study participants were adults who were incarcerated for at least 6 months and who could provide insights into jail's effects on mental health. The participants who were diagnosed with mental illness provided their perspectives on whether their mental health issues were exacerbated by their experiences in jail. A sample of 11 participants was recruited using purposive sampling, a

sampling approach that supported the desired type of results. Purposive sampling is necessary in this type of research as it allows researchers to maximize the diversity in participant perspectives (Chretien et al., 2010).

For the present study's purpose, at least five of the 11 participants needed to have experienced solitary confinement during their incarceration. However, the jail implemented mandatory quarantine procedures in response to the COVID-19 pandemic, resulting in all 11 participants being held in solitary confinement for at least 7 days. Participant identities were kept confidential by assigning pseudonyms. All data linked to each participant were coded based on the participant's pseudonym. Table 1 shows the genders and ages of all participants.

Table 1

Participant Demographics

Participant name	Age	Gender
Tony	27	Male
Robert	25	Male
Tommy	20	Male
Rick	43	Male
Julie	19	Female
Scott	35	Male
Abby	30	Female
Mike	28	Male
Steven	25	Male
Victor	23	Male
Crystal	35	Female

Participants

The following are brief biographical sketches of each study participant. All information reported was current at the time of this study.

Tony

Tony is a 27-year-old male incarcerated at the adult detention center for 8 months and awaiting trial. He claimed 8 years of jail experience in several different jail facilities in northern Virginia. Tony was diagnosed by a psychiatrist with severe depression and acute PTSD during his incarceration. He had experienced 15 consecutive days of solitary confinement.

Robert

Robert is a 25-year-old male incarcerated at the adult detention center for 8 months and awaiting trial without the possibility of bond. Robert claimed 3 years of experience in the adult detention center. He was diagnosed with schizophrenia, anxiety, and Bipolar II disorder by a psychiatrist during his time at the center. Robert had experienced 10 consecutive days of solitary confinement at the center.

Tommy

Tommy is a 20-year-old male incarcerated at the adult detention center for 7 months and awaiting trial. Tommy claimed 1 year of experience in the detention center. He was diagnosed by a psychiatrist with Bipolar II during his time at the detention center and had experienced 7 consecutive days of solitary confinement there.

Rick

Rick, a 43-year-old male, was incarcerated at the adult detention center for 23 months and was awaiting sentencing. Rick claimed 23 years of jail experience in several different jails located in Virginia. He was diagnosed with bipolar disorder outside of jail and was diagnosed with bipolar disorder and depression during his time at the detention center. Rick had experienced 13 consecutive days of solitary confinement at the detention center and had experienced being restricted to a restraint chair.

Julie

Julie is a 19-year-old female incarcerated at the adult detention center for 9 months. She has been convicted and will serve 22 years in a state prison. Julie was waiting to be transferred to prison from the detention center. Julie claimed 9 months of jail experience after spending 1 year at a juvenile detention facility. She was diagnosed in jail with Bipolar II, anxiety, depression, and PTSD. Julie experienced 10 consecutive days of solitary confinement at the detention center.

Scott

Scott, a 35-year-old male, was incarcerated at the adult detention center for 6 months and was awaiting sentencing. Scott claimed no previous incarceration. He has no history of mental health issues and was not diagnosed with any mental health issues in jail. Scott is a veteran who served in the U.S. Marines. He experienced 7 consecutive days of solitary confinement at the adult detention center.

Abby

Abby is a 30-year-old female incarcerated at the adult detention center for 7 months and awaiting trial. She claimed 2 years of experience in a county jail. Abby was diagnosed in jail with bipolar disorder, PTSD, and depression. She experienced 10 days of solitary confinement at the adult detention center.

Mike

Mike, a 28-year-old male, was incarcerated at the adult detention center for 6 months and was awaiting trial. He faces 20 years in prison if convicted. Mike claimed 20 months of experience in a county jail. He was diagnosed in jail with PTSD, anxiety, and depression. Mike experienced 7 days of solitary confinement at the adult detention center.

Steven

Steven is a 25-year-old male who was incarcerated at the adult detention center for 6 months and was awaiting trial. Steven claimed 3 years of experience in several jails in northern

Virginia and was diagnosed with Bipolar I while in jail. He experienced 7 days of solitary confinement at the adult detention center.

Victor

Victor is a 23-year-old male incarcerated at the adult detention center for 7 months and was awaiting trial. He claimed 4 years of experience at several jails in northern Virginia. Victor was diagnosed in jail with Bipolar II and depression. He experienced 7 days of solitary confinement at the adult detention center.

Crystal

Crystal is a 35-year-old female who was incarcerated at the Fairfax County Adult Detention Center for 6 months and awaiting trial. She claimed 2 years of experience between three county jails in Virginia. Crystal was diagnosed in jail with bipolar disorder, anxiety, and depression. However, Crystal was diagnosed outside of jail with bipolar disorder. She claimed that she was admitted to a psychiatric hospital for 7 days. Crystal experienced 7 days of solitary confinement at the adult detention center.

Data Collection

Eight men and three women participated in this phenomenological study. Snowball sampling, also known as chain-referral sampling, is an acceptable method to use when gathering participants. This approach encourages participants to invite others who fit the study criteria to contact the researcher if they are also interested in participating in the study (Cohen & Arieli, 2011). This nonprobability sampling method allows for random sampling as the probability of any participant being selected cannot be calculated (Cohen & Arieli, 2011).

Each interview began with the participant completing a criteria questionnaire that asked for information such as age, length of jail status, and mental health status. All participants were adults with a minimum of 6 months jail experience. Once the prospective participants were verified as meeting the criteria required to participate in this study, the interviews commenced

shortly thereafter. The interview began with a series of open-ended questions that were used to get the participants' interpretation of how jail has affected their mental health.

Each interview was recorded using pen and paper. I also audio recorded the interviews with my cell phone. All interviews lasted between 30–45 min. Information about the study was provided to each participant before the interview began. Each participant had the opportunity to ask questions about the study before proceeding with the interview. No participants raised any questions or concerns. The same questions were asked of each participant to gather insights into their jail experiences. The interviews were conducted on June 8, 2022, and June 9, 2022, between 4 and 9 p.m. Saturation was reached after the interviews were completed.

I reviewed the audio recordings of the interviews in conjunction with my handwritten transcripts to ensure accuracy. The transcribed data were entered into NVivo, which assisted with identifying the themes that developed during interviews.

The results of the handwritten and orally recorded interviews were stored on a password-protected phone and computer. The phone recordings were also stored in a password-protected phone. The hand-transcribed data from the interviews and will be locked in a file cabinet for the next 5 years. All data gathered for this study will then be destroyed.

Data Analysis

NVivo was used to assist data analysis. This qualitative data analysis software facilitates thematic analysis by sorting and organizing data into codes. It also helps to ensure analysis accuracy. I also used the software's query tools to help refine trends and patterns. I manually reviewed all codes identified using NVivo to verify that they reflected the underlying data. I then grouped the data and abstracted them into categories and themes.

Evidence of Trustworthiness

Liberty University's IRB approved this study before any data were gathered. Obtaining this approval also affirmed the study's credibility and validity.

Credibility

There were no changes from the procedures detailed in Chapter Three. Member checking is a method for testing the reliability of results. In addition, member checks are conducted by interviewing participants to test their confidence in the research. At the end of the interview, each participant was given a summary of their responses to confirm their responses. This method allows participants to review and summarize what was recorded by the researcher. Also, the participants could add more information about what they experienced. Triangulation was also used to measure the validity of the participants' answers by interviewing multiple data sources.

Transferability

Transferability in this study was determined after the interviews occurred. The nature of the data gathered, the study sample (male and female inmates who were incarcerated for a minimum of 6 months), and how participants were selected (in sequence of attention and interest by phone calls) helped to achieve transferability. Results in this study can be used in or transferred to other similar studies.

Dependability

Reliability is an important part of the evidence of trustworthiness as it establishes the consistency of study findings (Ravitch & Carl, 2016). Dependability also ensures that other researchers will have the same interpretations and reach the same conclusions found in a specific study (Ravitch & Carl, 2016). The present study's files are available electronically and physically. This document is available for peer review to support research findings. Audio recordings, interview transcripts, consent letters, and data analysis pages were created and uploaded to NVivo.

Confirmability

To address potential bias, I reviewed the data to confirm how they were collected, how they were analyzed, and how they were interpreted. This step helped to reduce the possibility of biased judgments and to prevent bias in the interpretation of data analysis. All the questions used for this study were open ended and directed to ensure as little bias as possible during data analysis due to outside or external reactions during the interviews. At the end of the interviews, participants were given the opportunity to provide additional information about their experiences in jail. Lastly, the criteria questions before the interviews asked specifically about the amount of time spent in jail. I deemed that a minimum of 6 months of jail experience was needed to help sustain the study integrity and results.

Results

This study was a phenomenological investigation of the mental health of jail inmates incarcerated for a minimum of 6 months. Eight men and three women voluntarily participated in this study by answering 23 predetermined questions. The participants were interviewed by telephone, and their questions were recorded as described in Chapter Three. After collecting all the data, I carefully observed the records and identified several patterns in each participant's responses.

In research, the pattern of repeating words or ideas is called themes. These themes can help form insights and analysis of the data gathered. Analyzing these themes can help a researcher organize the ideas presented throughout the data and it is a more expeditious way of answering the questions posed by the study. Four themes that appeared repeatedly were discovered by emic coding during data collection. This coding method concentrates on the participant's perspective and is not always constrained to the aims or goals of the study. In addition, axial coding showed connections in the data collected, as described in Hennink et al. (2011).

All codes were reviewed to determine their underlying data. Then, the data were grouped and abstracted into categories and themes. As a result, the four themes that emerged in the process were hopelessness, depression, loneliness, and displeasure.

Introduction of Themes

Participants in this study identified the jail environment as harsh. They expressed feelings of an environment that would never change despite their concerns. At various times in their interviews, the participants stated that they felt like their requests for programs, medical, social, and psychological needs would never be met. In addition, the participants felt like no matter how they felt about jail, the operations would never change.

The participants voiced that there was no hope for people who followed jail rules and that jail operations would never change to benefit those who are incarcerated. Several participants mentioned a profound absence of help for those who already had mental illness diagnoses. Participants who did not have any disciplinary violations were placed into solitary confinement due to COVID-19 recommendations and quarantine protocols. Furthermore, the jail required new jail intakes to quarantine for 14 days before matriculating into the jail's general population. The participants' comments provided the first theme: hopelessness. This theme also reflected the grief participants identified as part of their jail experiences.

The participants also conveyed feelings of despair when they could not have contact with their family or their community. The lack of control or awareness of family and community events overwhelmed several participants. Some participants stated that they experienced uncontrollable crying from experiencing auditory and visual hallucinations during their time in solitary confinement. These participant comments provided the second theme: depression. This theme also reflected the sadness and sorrow that some participants communicated as part of their regret about how they were raised in adverse environments in their communities.

When participants were placed into solitary confinement, they were not able to use the phone at their leisure. Therefore, participants lacked communication with their friends, family, and community. Also, participants felt isolated from civilization as they would observe events on television. These comments provided the third theme: loneliness. Loneliness also encompassed exclusion as the participants felt excluded from their communities and treated as outcasts by jail staff.

The participants expressed frustration with the lack of support services in jail. Several mentioned a profound absence of help for those already diagnosed with mental illness. In addition, the participants explained that they would not receive immediate attention unless they had an active crisis caused by physically hurting themselves or someone else. These statements provided the fourth theme: displeasure. This theme also reflected the participants' displeasure with jail operations and harsh authority.

This phenomenological study was guided by two questions: Does incarceration have a negative effect on the mental health of inmates, and does incarceration exacerbate the mental health of inmates? As previously noted, four themes emerged during data collection and four subthemes. Each theme was developed using emic coding. Comparison of themes and random relationships that are then determined is described as axial coding.

Theme 1: Hopelessness

The first theme that emerged from the data was hopelessness. The data showed that all study participants felt hopelessness when met with the experience of jail conditions. Several participants felt like the conditions would never improve enough to benefit their mental health. Tony said, "It feels like no matter what you do, things in jail will never change." Robert stated, "My experience in jail has been bad. Every day I am hungry, and there is nothing I can do about it." Crystal's comment was, "Jail is depressing and hopeless. Not much goes on in jail."

Other questions asked that elicited responses reflecting hopelessness and misery were the following. When asked, “During incarceration, did you have the desire to address your mental health concerns,” Tommy responded, “I would like my bad thoughts to go away, but everything I try to do in jail is hopeless.” When asked, “Did you ever attempt to harm yourself during your incarceration,” Rick stated, “I tried to hurt myself, and then they strapped me to a chair. When I was strapped to the chair, I felt hopeless and depressed. I was embarrassed because I had to urinate and defecate on myself.”

Responses to my asking the participants to walk me through their experiences with incarceration that also reflected the theme of hopelessness were the following:

- Julie: “Hopeless. They try to make jail therapeutic, but there is nothing good about jail, and it feels like it will never change for the good of people.”
- Scott: “There is not a lot to do, and that won’t change. I can go to gym when I want, but it is just volleyball.”
- Victor: “I do not receive much help from people on the outside. It makes me feel useless.”

When asked to describe her current mental health status, Abby said, “I get suicidal thoughts while being in solitary confinement. I freak out, and I feel hopeless because nothing is left.” When asked to describe his mental status before incarceration, Mike’s response was,

I was diagnosed with depression before jail. Now that I am in jail, I feel like my mental health is worse because of the uncertainty. I felt hopeless when my mental health was not addressed when I came to jail.

Finally, I asked the participants what else they thought would be important for me to know about the jail’s operations and how they can affect inmates’ mental health. Steven replied, “It doesn’t seem like the jail will ever change. I wish they would take it [mental health] more seriously and have more staff sensitivity.”

Theme 2: Depression

During their interviews, the participants mentioned feeling depressed in jail. They reported feeling discouraged by the lack of activities they could do during their time in the cell block. They also stated that looking outside and seeing the elements change around them and envisioning what grass feels like triggered them to feel depressed.

Tony said that being away from family made him feel depressed. Robert identified the jail experience as depressing. Tommy said, “There is not enough to do, and that is depressing.” Rick stated, “The jail would not help me with my addiction because they would not give me suboxone, and I got depressed as I was withdrawing from PCP.” Julie said, “My attorney committed suicide while I was in jail, and this made me very depressed. Also, I was depressed because my therapist and psychologist did not get along, and they did not agree with my diagnosis.” Finally, Crystal said, “I feel depressed when I am away from my children. Being away from my children is hard.”

Theme 3: Loneliness

The participants reported loneliness caused by being isolated from the general jail population when in solitary confinement and not having contact with their families outside of jail. Eight participants reported feeling isolated from their families and communities. Tony said, “I feel lonely in jail, and I have no support. Being away from my family and my kids is hard.” Abby stated, “Jail makes me feel alone and institutionalized because of the daily routine. I feel like the jail staff does not care about me. In solitary confinement, I laugh to myself about 10 times a day.”

Other participant comments were as follows. Tommy stated,

There is not enough activity in jail because gym is at 5:00 a.m. in the morning. No one wants to go. I am often reading books alone in my cell. I wish people on the outside would call and check on me more often, even if it was a person I didn't know.

Julie said,

I wish I could talk to my family more; they do not call me. I would see other people leave jail, and I could not leave because of my charges. I would often talk to myself and fight myself while I was in solitary confinement.

Additional comments from the participants were the following:

- Mike: “While I was in solitary confinement, I lost touch with reality and felt suicidal. I would see the doctor every three months but didn’t feel like my mental health needs were met.”
- Steven: “The R-cell [solitary confinement] gave me anxiety because I could not tell what time of day it was, and I would not see many people. I feel alone because I am alone in the cell.”
- Victor: “Solitary confinement drives me crazy. I am away from people, and that makes me feel sad and by myself.”
- Crystal: “Being away from my children is hard. When I am in solitary confinement, it makes me feel lonely, so I cry. I see things, and I talk to myself.”
- Rick: “I feel like alone because people are not helping me with my issues. When you need help, no one is there to help you.”

Theme 4: Displeasure

Displeasure was the final theme to emerge from the interviews. Many of the participants expressed genuine displeasure during their interviews regarding the lack of improvements in their environment due to the lack of change in jail policies and procedures.

Jail policies and procedures was a subtheme that emerged from several interviews. Two questions were asked that resulted in findings supporting this subtheme. These questions were, “What jail policies and procedures would you like to see change the most that could have a positive impact on inmate mental health?” and “What else do you think would be important for me to know about the operations of the jail and how it can affect the mental health of inmates?”

In response to the question on jail policies and procedures, Tony said, “I would like to see the jail check in with people that have mental health issues more. I would like to see mental health programs that help people deal with their mental health.” Robert stated, “I would like to see more recreational activities and a radio.” Other responses were as follows:

- Tommy: “I wish people on the outside would call and check on me more often, even if it was a person I didn’t know.”
- Rick: “I would like to see more mental health programs in jail.”
- Scott: “I would like to have access to more gym activities.”
- Abby: “I would like to see a routine check by mental health staff once or twice a week for mental health purposes.”

In response to the question “What else do you think would be important for me to know about the operations of the jail and how it can affect the mental health of inmates,” Julie said, “Solitary confinement would make me feel angry at times, and I would black out. Also, I felt ashamed that I could not take a shower regularly.” Mike stated, “The jail environment is not friendly for people with mental health. I would like to see more availability for mental health staff.” Steve said, “I wish they would take it more seriously and have more staff sensitivity. Staff sensitivity training would help the deputies.” Victor said, “I would like more help managing my mental health.” Finally, Crystal said, “I would like more involvement with groups and programs that benefit mental health.”

Summary

In this chapter, I presented the findings of this phenomenological study of how jail affects inmates’ mental health. The research revealed four themes: hopelessness, depression, loneliness, and displeasure. The participants’ responses acknowledged that spending 6 months or more in jail caused thoughts of hopelessness, depression, loneliness, and adverse emotions. Participants who had a mental health disorder before being placed in solitary confinement reported experiencing

these thoughts consistently during periods of incarceration without mental health care. The participants testified feelings of hopelessness when concerns are unaddressed in jail and outside contact is absent.

Moreover, 10 participants stated that solitary confinement intensified their mental health and created isolation with delusional episodes. Therefore, implementing policies and procedures that can help stabilize inmate health may lower assaults on inmates and staff and can also provide the needed assistance that so many inmates lacking mental health stabilization require. In Chapter Five, I articulate the understanding of what I discovered within the limitations of this study. I also provide recommendations for jail reform that will help preserve inmate mental health.

CHAPTER FIVE: CONCLUSION

Summary of Findings

There has been considerable research into the mental health of inmates in recent years. However, no researchers have discussed the exacerbation of inmate mental health concerns in jail or the adverse effect jail can have on inmates' mental health. Isolation and inadequately addressed mental illness served as the theoretical frameworks for this phenomenological study. This structure allowed participants to talk about their experiences in jail. Four major themes emerged: hopelessness, depression, loneliness, and emotions.

First, the theme of hopelessness extends to the central body of knowledge that inmates felt like they had no control over their life spent in jail. The participants also spoke of the feeling of daily uncertainty and the loss of control in their lives. They stated that the feelings of misery that correlated with solitary confinement stemmed from feeling disoriented about how much time had passed each day. Another theme identified by participants was feelings of depression. Participants identified experiencing depression because of a lack of communication with their communities and family members.

Many participants spoke about the poor demeanor of the jail staff and the lack of sensitivity the staff had toward their situations, which demonstrated the exclusion they felt while incarcerated. Being away from family and excluded by the lack of conformity between staff and participants drove feelings of loneliness and exclusion. They also expressed how not being able to experience the natural elements of the outdoors added to their feelings of depression. Loneliness was another theme highlighted in findings as the participants stated that they would feel lonely when isolated from their communities. They also reported that solitary confinement affected their ability to communicate with other inmates and family.

The participants experienced limited phone access, limited access to showers, and no recreational activities during solitary confinement, all of which contributed to the final theme of

displeasure. Participants expressed many emotions when they were interviewed about their experiences in jail such as shame, sadness, and embarrassment. As Staghellini (2022) noted, emotions are strong senses of mood resulting from circumstances and atmospheres shared with other entities. Addressing these emotions could be the difference between mental stability and exacerbation of a previous mental health condition. Lastly, the study results reflected wide agreement among the participants that spending at least 6 months in jail has a significant impact on the mental health of inmates.

Discussion

Solitary Confinement

The study findings confirmed Pullen-Blasnik's (2021) statement that solitary confinement involves intense isolation different from what is experienced in the general jail population. In solitary confinement, participants experience 23 hr in a single cell with limited privileges. They can shower on alternating days and receive limited day room access if they are not under disciplinary restrictions.

If an inmate is assigned to solitary confinement for disciplinary reasons, phone privileges are suspended, along with access to the day room and the gym. Other limitations the participants experienced in solitary confinement were limited access to reading material and the suspension of commissary products. Furthermore, while on discipline segregation, inmates only have access to religious material and a select amount of undergarments. These inmates are restricted from attending rehabilitative programs offered to all inmates.

The participants stated that they felt isolated and hopeless during their time spent in solitary confinement. Some reported experiencing hallucinations, depression, and anxiety. All participants felt that solitary confinement exacerbated previous mental illness symptoms as well as mental illness symptoms they were diagnosed with while in jail. However, previous research does not support solitary confinement causing any of these mental health symptoms. These

findings suggest that solitary confinement environments exacerbate mental illness symptoms for inmates. In addition, the findings suggest that acute mental illness symptoms would be reduced by receiving attention from mental health staff in a timely approach.

Jail Policies and Procedures

Participants in this study expressed a need for more mental health services during their incarceration. They stated that they could benefit from more mental health education and learning how to stabilize their mental health during incarceration. For example, some jail procedures keep inmates from attending recreation at more favorable times throughout the day. When recreation is offered at 5 a.m., inmates are more likely to remain in their cells and forfeit their gym opportunity for the day. These findings suggest that more favorable opportunities for inmates to participate in recreation could help their mental health and wellness.

Overcrowding and Punishment

Mental health jail services can be difficult to receive in a timely manner due to the many inmates needing these services. The participants stated that mental health professionals did not address their mental health needs frequently and that it would be months before they could be seen by a therapist for their mental health issues. Also, overcrowding caused the participants to have limited phone time due to other inmates using the phone system. Therefore, study findings suggested that overcrowding causes inmates to have less time on the phone with their family or friends.

The participants reported feeling depressed and lonely when they could not contact their family and friends. Study findings also confirmed that inmates have fewer opportunities to obtain programming and mental health services. In-house punishments would lead to inmates having phone restrictions, no programs, and solitary confinement. Not having these elements available sustained feelings of hopelessness.

Jail Exposure Linked to Negative Effects on Mental Health

Jail sentences are associated with mood disorders such as depression and mania, both of which have been noted as detrimental to physical and mental health during incarceration (Porter & DeMarco, 2019). Some of the present study's participants were diagnosed with Bipolar II and major depressive disorder during their incarceration, both of which can lead to worsening mental health. Participants in this study identified their mental health issues being exacerbated when they were isolated from the general jail population and when they experienced solitary confinement. Moreover, the risk of self-harm increased for inmates who had feelings of hopelessness or depression. Overall, participants felt like the jail and its staff did not care enough about their mental health statuses.

Implications for Change

Inmates with mental illness often experience exacerbation of their symptoms while incarcerated. Jails should provide proper mental health education programs and professional care for inmates with mental illness concerns to help eliminate any exacerbation of mental health issues. In my experience working in corrections, I witnessed the deterioration of inmate mental health during solitary confinement situations. I learned that inmates in the general population become depressed when they have no outside contact. Inmates become hopeless with the invariable adverse environments in jail. The effects of incarceration on mental health have not been examined previously. While previous research has focused on the number of inmates struggling with mental health issues in jail, it has not reflected investigations of the deterioration of mental health in current and former jail inmates.

Solitary Confinement

There is a gap in the literature regarding the exacerbation of mental illness in inmates experiencing extended periods of solitary confinement. More than 7 days in solitary confinement should be considered excessive. The present study's participants were adults who endured

experiences of solitary confinement at some time during their detention. They talked about their experiences in solitary confinement and how this confinement affected their mental health on a daily basis. Participants reported confinement as exacerbating their mental illness symptoms. In addition, the participants reported experiences of hallucinations, depression, anxiety, anger, insomnia, and thoughts of self-harm.

Organizational

Jail administrators should work to provide adequate access to programs that offer support for inmates who are diagnosed with mental health issues during their incarceration. In addition, inmates should be provided opportunities to learn coping skills and basic mental health education to help stabilize their mental health. Providing recreational access during more liberal times would increase the number of inmates participating in these activities. Furthermore, sensitivity training, combined with de-escalation training, could assist in stabilizing inmate mental health. The purpose of sensitivity training would be to provide training to enhance mental health sensitivity, expand knowledge and awareness, and improve the skills of correctional officers. In addition, sensitivity training would make correctional officers aware of mental health dynamics with inmates who struggle with their own behaviors, traits, and mental health symptoms.

Societal

Jails should institute a method for inmates to receive phone calls from volunteers who could help coordinate phone calls. This concept could be known as “phone pals.” The concept would be an evolution of the jail pen pal system. Phone pals would be inmates who exchange phone communications with nonincarcerated individuals in the community. This concept could facilitate inmates being able to communicate with phone pals through a specific database in order to locate mentors, mental health counseling, educational opportunities, employment upon release, and housing options. Inmates with phone pals would be significantly more likely to return to society better prepared and to be more mentally stable in jail.

Findings from this study can lead to the development of effective programs and policies that can deal with the negative effects on the mental health of inmates; programs that improve mental health stability and allow inmates to see that someone cares during difficult times and can teach them coping mechanisms. These programs and policies are necessary tools for stabilizing the mental health of inmates.

Delimitations and Limitations

Study delimitations were that participants had to be 18 years of age or older. They also had to have experienced a minimum of 6 months in jail. These delimitations ensuring gathering participants who were able to provide informed consent to be in the study, who experienced 6 months of an adverse environment, and who were likely to have been diagnosed with mental illness in jail as opposed to outside of jail.

Future research is needed that addresses postincarceration syndrome. This study did not review jail's effects on individuals who have been in jail 6 months or more and released back into society. However, the study highlighted that inmates who have experienced solitary confinement for an extended period of time are at risk of committing suicide when released back into the public. Future research into this issue could follow inmates as they are released from jail.

Limitations were present in this study. When it came to recruiting participants for the study, the idea was to mix participants who have not experienced solitary confinement with those who have experienced solitary confinement. However, due to COVID-19 procedures, all participants experienced solitary confinement for at least 7 days. This differs from punitive solitary confinement. When inmates are assigned to solitary confinement for disciplinary reasons, they no longer have access to jail privileges such as visitation, phone, reading material, gym, commissary and programs.

Also, there was a disproportionate male to female ratio of 8:3. Approaches to addressing disparities between incarcerated men and women can help inform the rationale for developing policies and practices to address disparities between male and female prisoners.

Recommendations for Future Research

Recent studies on the impression jail has on inmate mental health continue to be inadequate. Based on the limitations of this research, the present study's results yielded some recommendations for future research. The first recommendation is that jail policymakers collaborate with mental health professionals and other stakeholders to create firm but fair incarceration procedures that support inmate mental health. When inmates are diagnosed with mental illness during their incarceration, they should have the opportunity to attend group therapy programs and individual therapy sessions to help stabilize their mental health.

Also, inmates diagnosed with mental illness should be provided the opportunity to have a phone pal. Phone pals would be volunteers who would reach out to inmates for communication purposes. They could reach out virtually to the jails with tablet technology. This would allow inmates to have contact with members of their communities or a person to communicate with who is not incarcerated. Jail policymakers should provide funding that allows inmates to keep in contact with social workers in their communities.

Spending more time on the phone can help reduce anxiety, depression, loneliness, and social isolation. A program that guides, assists, and educates inmates could help them stabilize their mental health during incarceration. Programs pertaining to mental health stabilization should be monitored by a mental health professional for inmate progress. In addition, jail correction officers should directly monitor the program for the jail's safety and security. A recommendation would be to look further into the exacerbation of mental health in inmates and how the jail could persevere inmate mental health. Also, future research should determine if these inmates suffer

from substance abuse, family discord, or life distortions that can trigger or exacerbate mental health issues.

Conclusion

This phenomenological study was conducted to explore the exacerbation of mental illness among inmates incarcerated in jail. Findings showed that jail can have a profound effect on inmates who have spent a minimum of 6 months incarcerated. Participants in this study reported that being incarcerated made them feel worse mentally than they felt before entering jail. Furthermore, inmates experiencing solitary confinement showed symptoms of decompensating mental health. They exhibited feelings such as hopelessness, loneliness, depression, and shamefulness during their incarceration. The study participants also reported feelings of anger, anxiety, confusion, and hallucinations while experiencing solitary confinement. I was surprised to find more depression than anxiety in the study participants. This merits further research on why depression was more prevalent than anxiety in this study.

Pairing depression with staff insensitivity and isolation from family and community is a formula for exacerbating mental illness symptoms. Therefore, inmates not only endure adverse jail environments, they also are experiencing exacerbation of their mental illness symptoms, which are often addressed inadequately in jail. If jails had additional resources to ensure that inmates were able to stabilize their mental health, the impact of incarceration could be less harmful to both prisons and inmates.

Throughout this study, it became apparent that incarceration's true impact is felt when an inmate experiences solitary confinement. Mental health professionals and jails need to prioritize initiatives that help stabilize inmate mental health. In addition, the social welfare system should engage with inmates after they enter the jail and after they are released from jail. All stakeholders (social services, law enforcement, and jail policy creators) must coordinate with one another to design and implement policies that will make the experience of jail less hopeless for inmates.

Such efforts will result in hearing more stories of rehabilitation and healing, not exacerbation and further strain and trauma on the mental health of inmates.

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APPENDIX A: Recruitment Flyer

Research Participants Needed

THE MENTAL HEALTH OF INMATES: AN APPROACH TO JAIL REFORM

- Are you 18 years of age or older?
- Have you experienced at least 6 months of incarceration?

If you answered **yes** to the above questions, you may be eligible to participate in a mental health research study.

The purpose of this research study is to understand the lived experiences of individuals who may have developed mental health issues during their time in jail or have exacerbated a pre-existing mental health illness during their time in jail.

Participants will be asked to answer a series of questions regarding their jail experiences during an interview. The interview will be audio-recorded and take about 45 to 60 minutes. Participants who complete the study will either receive a \$10 gift card or a \$10 credit towards their commissary.

Consent information is attached to this flyer.

Courtney Anderson, a doctoral candidate in the School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Courtney Anderson at [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

APPENDIX B: Informed Consent

Consent

Title of the Project: THE MENTAL HEALTH OF INMATES: AN APPROACH TO JAIL REFORM

Principal Investigator: Courtney Anderson, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be over 18 and have experienced at least 6 months of incarceration. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the mental health of individuals that have experienced incarceration for 6 months or more. In addition, this study is being done to help improve the mental health of inmates by influencing change in jail policies and procedures.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in an in-person, one-on-one interview. You will be asked to answer questions about your jail experience. In addition, your responses will be audio recorded. This interview should not exceed 1 hour.
2. Make any closing comments or share additional thoughts about your jail experience.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.

Benefits to society include a contribution to the study of mental health for incarcerated individuals.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential using pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.

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- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a locked cabinet. After three years, all electronic records will be deleted, and hard copy data will be shredded.
- Interviews will be recorded and transcribed. Recordings will be stored on a password-locked phone for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed by jail staff. Jail staff will need to authorize you for the interview and could be nearby during the conversation.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. Those no longer incarcerated will receive a \$10 gift card. In addition, current inmates will receive \$10 to go toward their commissary account.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Courtney Anderson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at andersonc@liberty.edu. You may also contact the researcher's faculty sponsor, Richard Stratton, at estratton@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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Approved on 5-27-2022

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Liberty University
IRB-FY21-22-907
Approved on 5-27-2022

APPENDIX C: Interview Questions

1. Please introduce yourself to me as if we had just met one another.
2. Please tell me how long you have been incarcerated in this facility.
3. Are you currently awaiting trial, convicted, or released from jail?
4. If you were released from jail, approximately when was your last date of incarceration?
5. Overall, how many years have you experienced incarceration?
6. Please walk me through your experience with incarceration.
7. Of the formative experiences you identified during your time in jail, which would you say were the most significant to your mental health?
8. What made them significant?
9. Is there something else you would like to add to your experience that you have not expressed?
10. Describe your mental health status before incarceration.
11. Describe your mental health status currently.
12. During incarceration, did you have the desire to address your mental health concerns?
13. Were your mental health concerns addressed during your incarceration?
14. Tell me about the struggles you've experienced with solitary confinement.
15. Did you ever attempt to harm yourself during your incarceration?
16. If yes, how was it addressed?
17. Were you ever placed in a psychiatric hospital during your incarceration?
18. If yes, what were your diagnoses upon entry?
19. Have you ever been housed in a psychiatric unit in jail?
20. If yes, what were your diagnoses upon entry?

21. I would like to ask you a question that will prompt you to put everything together. Reflecting on your jail experience, how would you like jails to address mental health issues?
22. What jail policies and procedures would you like to see change the most that may have a positive impact on inmate mental health?
23. We've covered a lot of ground in our conversation, and I appreciate the time you've given to this interview. One final question... What else do you think would be important for me to know about the operations of the jail and how it can affect the mental health of inmates?

APPENDIX D: Collaborative Institutional Training Initiative

Completion Date 14-Apr-2021
Expiration Date 13-Apr-2025
Record ID 37307304

This is to certify that:

Courtney Anderson

Has completed the following CITI Program course:

Not valid for renewal of
certification through CME.

Social and Behavioral Responsible Conduct of Research
(Curriculum Group)

Social and Behavioral Responsible Conduct of Research
(Course Learner Group)

1 - RCR
(Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wa3a10bc2-c8c0-4fb8-80a0-5f5525260445-37307304

APPENDIX E: Institutional Review Board Approval**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

May 27, 2022

Courtney Anderson
Richard Stratton

Re: IRB Approval - IRB-FY21-22-907 THE MENTAL HEALTH OF INMATES: AN APPROACH TO JAIL REFORM

Dear Courtney Anderson, Richard Stratton,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: May 27, 2022. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

Richard Stratton, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX F: Permission Request

4/11/2022

[REDACTED]

To whom it may concern,

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is THE MENTAL HEALTH OF INMATES: AN APPROACH TO JAIL REFORM and the purpose of my research is to better understand the lived experiences of individuals who have developed mental health issues during their time in jail or have exacerbated a pre-existing mental health illness during their time in jail.

I am writing to request your permission to conduct my research in the [REDACTED]. In addition, I am requesting your permission to enter the facilities, meet with, and interview the inmates of the [REDACTED]. I am also writing to request your assistance in recruiting participants by distributing flyers within the detention center.

Participants will be asked to contact me to schedule an audio-recorded interview. The interview will ask participants a series of pre-written questions inquiring about their lived jail experience. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval.

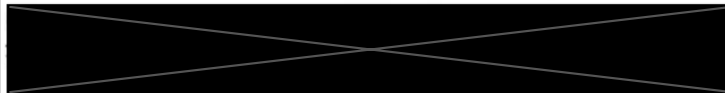
Sincerely,

Courtney Anderson
Doctoral Student

APPENDIX G: Permission Granted



Stacey A. Kincaid
Sheriff



April 13, 2022

Mr. Courtney Anderson
Doctoral Candidate
Liberty University

RE: Approval to conduct study in the Fairfax County Adult Detention Center

Dear Mr. Anderson:



The [redacted] is pleased to conditionally approve your request to conduct the study titled "The Mental Health of Inmates: An Approach to Jail Reform", with the intent to understand the lived experiences of individuals who may have developed or exacerbated existing mental health issues during incarceration periods of greater than six months. In coordination with existing security procedures and practices you will be afforded "professional access"; allowing you to interview incarcerated inmates through in-person, electronic, or telephonic means under the following conditions:

Accredited by:
American Correctional Association
National Commission on Correctional Health Care
Virginia Department of Corrections
Virginia Law Enforcement Professional Standards Commission

- Compliance with [redacted] (included)
- At no time will mental health advice be given to the participants
- Any item given to participants will require preapproval
- Data collection will be through inmate / participant interviews only
- Participants must be informed that participation is voluntary, and they can discontinue participation at any time
- Incentives provided to participants are the responsibility of the researcher and must be coordinated with the Services Branch Chief prior to dissemination.
- Researcher will maintain professionalism in attire and behavior while in the facility
- At no time will researcher violate security protocols or procedures that govern the interaction with inmate / participants
- The Administrative Contact for this study will be [redacted]

This conditional approval is effective from date of signature through January 1, 2023 and may be revoked without notice if the above terms are violated or if the study appears to be detrimental to inmate health or safety. I wish you luck in your study.

Sincerely,

