Does "Isolation" Cause Jail Suicides?

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In their efforts to prevent suicides, psychiatrists who consult to jails face a terrible dilemma. Placing a suicidal inmate in a single cell to restrict access to harmful materials and instruments is a common practice. Yet, mental health authorities argue that isolating a suicidal inmate only fuels the flames of his self-destructive impulses. It behooves mental health professionals to advocate relentlessly for better staffing patterns in jails and more humane approaches to suicidal inmates. Meanwhile, in some jail settings, the combination of single cell placement, complete disarmament, and close observation may be the most effective available option.

A troubling contradiction is evident from the literature on jail suicides. Since a disproportionate number of jail inmates who take their own lives do so in isolation, the practice of isolating inmates, including those who kill themselves, must be a commonly used measure, presumably often intended for the inmate's own good. Yet the prevailing view of mental health authorities today is that isolation promotes suicide and should be avoided.

Does "isolation" cause jail suicides? The question is difficult to resolve empirically because of the legal liability, adverse publicity, and other untoward consequences of jail suicides. Jail administrators and correctional health care providers must take reasonable care to prevent inmate suicides. Depending on the institutional view, reasonable care may involve separating or not separating suicidal inmates from others who are not suicidal. Those accountable for inmate care and safety would find it unsettling to conduct or allow prospective research that controls for a measure presumed, rightly or wrongly, to be preventive or causative of suicide.

Not only is the issue difficult to resolve empirically, semantic ambiguities as to the meaning of isolation may obfuscate meaningful discussion. Copeland[1] was more specific than most investigators in identifying the places where deceased inmates were found after they had hung themselves: regular cell, security cell, psychiatric wing of the jail, holding cell, isolation cell, shower stall, and a so-called "female" cell for homosexuals. One might well ask if the isolation cell was the *only* setting that involved isolation.

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The nationwide surveys by the National Center on Institutions and Alternatives (NCIA) dichotomized the choice, locating every suicide in one of two settings: isolation cells or regular cells.[2, 3] In this study, isolation included the use of segregation, observation, padded cells, safety cells, suicide cells, restricted areas, observation tanks, drunk tanks, and "bullpens".[2] Presumably not all of the NCIA "isolation cells" were equally isolative, yet some of the settings cited by Copeland may have amounted to isolation, according to the broader application of the NCIA. Most studies make no attempt to clarify the meaning of isolation, whether by definition or example.

Beyond the disparate applications of the term isolation, no study on jail suicides has defined this term. Most would agree that placement in solitary confinement, that is, placement in a single cell with virtually no human contact, is isolation. What about someone who is placed in a single cell in the jail's infirmary and is on 15 minute checks? What about separating the suicidal inmate from the general population and placing him with other mentally disturbed inmates who share a communal living area during the day but sleep in separate berthing cells at night? Without some clarity about the meaning of "isolation," discussion of whether or not isolation somehow promotes suicidal behavior loses meaning.

The Oxford English Dictionary provides three definitions of isolation.[4] One definition pertains to chemical substances and so does not apply here. Another can apply to people or things: "The action of isolating, the act or condition of being isolated or standing alone; separation from other things or persons; solitariness." The third definition pertains only to patients: "The complete separation of patients suffering from a contagious or infectious disease, or a place so infected, from contact with other persons."[4]

For jails, an operational definition of isolation might be the following: "Placement in a cell alone, that is, without a cellmate, both day and night." This would include isolation to prevent the spread of contagious diseases (isolation proper), for disciplinary purpose (solitary confinement), for protection from others (protective custody), for preventing the inmate from harming himself or others (seclusion), for any other purpose, or for no purpose (e.g., placement in a small police lockup that happens to house no other inmates at the time).

Various degrees of separation are used, of course, both below and beyond this definitional threshold. An inmate in an isolation cell may be under close staff observation and within talking distance of other inmates. This "isolated" inmate may be allowed out of his cell frequently for showers, medical appointments, and other activities. An inmate who is not in an isolation cell may, nonetheless, enjoy the privacy of using the toilet alone, showering alone, and berthing in an individual cell. In discussing the literature on jail suicides, it must be stressed that authors who use the term isolation may not intend the meaning offered here.

Reports on jail suicides do not generally comment on the extent to which the suicidal victims had been disarmed of lethal instruments. From reported studies,

virtually any cloth material, including bedding and items of clothing, has been used to commit suicide. Even some paper products, in addition to being flammable, can be twisted, twined, and braided into a cord with impressive tensile strength. Divestment of belts and shoe strings is insufficient. Unless an acutely suicidal inmate can be under continuous observation, all cloth, paper, plastic materials, sharp instruments, and fire-setting materials must be restricted. This is the meaning of the euphemistic term "complete disarmament."

The Hypothesis that Isolation Causes Jail Suicides

Several authorities have argued from a clinical or theoretical viewpoint that isolation can adversely affect an inmate's mental state and increase the likelihood of suicide. Where isolation creates sensory deprivation or a dearth of orienting cues, even normal individuals can show signs of mental malfunction as was reported in prisoners of war subjected to this as a "brain-washing" technique. An inmate who is delirious would be especially sensitive to this. Of course, solitary confinement is clearly an unacceptable method of suicide prevention; isolation should not be so austere, as periodic human contact and reasonably close observation are fundamental elements of any effective suicide prevention program.[5] Critics of the practice of isolation, however, maintain that even *social* isolation from other inmates is harmful.

Kerkhof and Bernasso[6] reasoned that placing a suicidal inmate in isolation is counterproductive, because isolation itself exacerbates suicidal feelings. Moreover, according to these authors, "The fear of being placed in an isolation cell prevents inmates from communicating their suicidal feelings to the prison personnel, which hinders early identification."

Several years ago, officials for New York City jails reasoned that the then current high rate of suicide among Puerto Rican inmates was due to their being placed in a predominantly English-speaking jail population.[7] To alleviate the situation, administrators began segregating all non-English-speaking inmates. Besides those with a language barrier, inmates showing some sign of emotional disturbance were also placed in isolation. Although the isolation of troublesome inmates may have improved the jail milieu, Tracy argued, this practice was "extremely harmful" to some mentally disturbed inmates.

Studies finding that a large percentage of inmates who killed themselves were in isolation were consistent with the notion that isolation may promote suicide. The NCIA's 1979 survey reported that two of every three jail suicides occurred in isolation.[2] Again, in its 1985–1986 national survey, the NCIA's data added support to its hypothesis that isolating an inmate may render him or her more prone to commit suicide.[3] A study of suicides in West Austrian jails revealed that 70 percent of the deceased victims were found in single cells.[8]

Prison studies are also consistent with this causation hypothesis. In their national survey of prison suicides, Austin and Unkovic found that most suicides

(71.8%) occurred in single cells, and in 18 of these cases, the inmates had been placed in "solitary confinement."[9] Studies showing a greater incidence of suicides in police lockups than in jails[10] are also consistent with this hypothesis, since lockup facilities are more likely to have single cells. Pursuing this line of reasoning, jails may have a much higher rate of suicide than prisons, because the conditions of confinement are so much more restrictive than in prisons, although prisons also have a large number of single cells.

Why Isolation *per se* Does Not Promote Suicide

Given the distressing images conjured up by isolation and the clinically and empirically based arguments for the suicidogenicity of isolation, it may seem both unkind and unscientific to suggest otherwise. The issue, nonetheless, warrants thoughtful inquiry because, although other alternative measures for suicide prevention may be more ideal, they are not always practical and immediately available at many jails today. Yet practices must be employed to save lives.

First, it must be appreciated that solitary confinement—that is, placing an inmate alone in a cell, removed from others, without human contact and close observation, and with substantially diminished orienting stimuli—is likely to be psychologically harmful to mentally ill or suicidal inmates. Virtual complete withdrawal of social and psychological support undoubtedly can worsen a person's mental state. Without disarmament and close observation, isolation can be expected to exacerbate the potential for completed suicide.

The literature, however, does not distinguish this degree of nearly total deprivation of human contact from isolation used to ensure close observation and complete disarmament.

Before concluding that isolation *per se* is suicidogenic and rejecting it as a preventive measure, several questions should be addressed. (1) In addition to the causation hypothesis, are there other possible explanations for the apparent association between isolation and jail suicides? (2) Do some inmates prefer to be isolated? (3) When suicides occurred in isolation, had reasonable preventive measures been implemented? (4) How might isolation serve to prevent jail suicides? (5) When isolation is used as one element of an integrated suicide prevention program, are self-injurious behaviors more common in or out of isolation? Finally, (6) what are the alternatives to isolating suicidal inmates?

Alternative Explanations for the Apparent Association Between Isolation and Jail Suicides

Inmates Commit Suicide in Single Cells Because That Is Where They Happen to Be If many suicides in the community occur in the victim's own home, one does not conclude that homes cause suicide. A more parsimonious explanation would be that people generally spend much of their time at home; therefore, they are more likely to be at home than anywhere else when they take their lives. Likewise, inmates can spend much time in their berthing areas. In some European

studies, most suicides occurred in single cells; however, the majority of inmates in the respective facilities were housed in single cells.[11]

Isolation Selects Inmates Who Are Already Suicidal The process of isolation may select inmates who are prone to commit suicide in comparison with those assigned to the general jail population. An inmate may be placed in a "drunk tank" because he is intoxicated and impulsive. The inmate who is placed in a padded cell may have already lost control of his behavior. An inmate placed in a "safety cell" may have aroused concern about dangerousness. Inmates thought to be suicidal may be placed in a "suicidal cell" or segregated from the rest of the jail population so they can be better observed. In their 1978 report of 128 deaths in New York City correctional facilities, including 52 suicides, Novick and Remmlinger[12] did not specify whether or not the suicides occurred in isolation cells; however, the majority of these suicides (64%) were committed by inmates who had already been placed in an area of the facility designated for "mental observation."

Suicidal Inmates Seek an Opportunity to Be Alone An inmate who intends suicide may seek to be alone to ensure that his action is completed without interruption. Thus, even inmates who are not isolated during the day may wait until they have been "racked up" in their single cells at night, or they could just as well seclude themselves at sites other than their individual cells.

Those who kill themselves in a hospital or in the community typically seek solitude or wait for a time when their act will not be noticed. In jails, too, inmates take their lives when they are alone or during early morning hours.[13–15] Even if not isolated, the seriously suicidal inmate can be expected to look for an opportunity to be alone or to wait until other inmates are asleep before taking his life. One author estimated that over 90 percent of suicides in a large urban jail occurred in a double cell while the victim's cellmate was asleep.[11, 16] Incarcerated individuals have committed suicide in double cells,[11] on an "open ward," on the recreational field, in work areas,[9] in the jail washroom,[17] and other seemingly unlikely sites.[9] Isolation without observation can be conducive to suicide, much like the availability of sheets and blankets can enable one who is determined to end his life. Circumstances and objects can serve self-destructive purposes without inducing a self-destructive state of mind. The problem is not so much the use of single cells or separating vulnerable inmates; the lethal risk comes from leaving a suicidal inmate unattended and with materials that can be used self-destructively.

Some Inmates Prefer to Be Isolated

Although this situation has not been systematically examined in jail studies, experienced correctional psychiatrists have undoubtedly encountered many inmates who are distressed or even terrified about placement with cell mates. Some threaten suicide or harm themselves to achieve isolation. Unfortunately, the fear of homosexual rape in jail can be grounded in reality. Although the major-

ity of inmates adjust well enough to the general jail population, many inmates actually prefer to have their own "private room." Recently inmates in a German jail held a hunger strike to demand better living conditions including housing in single cells.[18] "What is food to one man may be fierce poison to others" (Lucretius, De Rerum Natura IV, p. 637). If some would kill themselves because they were isolated, it is equally conceivable that others would take the ultimate escape to avoid coerced confinement with other inmates. Just as research has not identified the fraction of suicides in isolation that were actually caused by the state of isolation, studies also have not determined what percentage of suicides that did not occur in isolation were triggered, in part, by a failure to separate the inmate from other inmates who presented an actual or imagined threat to the suicidal victim.

Were Inmates Who Killed Themselves in Isolation on Appropriate Precautions?

Again, the use of isolation in itself is never an appropriate response to acute suicidality. However, studies that show a high incidence of suicide among isolated inmates do not mention other aspects of treatment and management. Were these inmates already recognized as suicidal? Were they divested of materials and instruments that could be used self-destructively? And, if not, were they under continuous observation?

If suicidal inmates are isolated without implementing any other preventive measures, it is no wonder that they kill themselves. Without some material that can be fashioned into a ligature, an inmate cannot very well hang himself. Nor is it likely that even isolated inmates will take their lives while under close staff observation.

How Could Isolation Be Used to Prevent Jail Suicides?

Most authors argue against the use of isolation, but some advocate preventive measures consistent with isolation. Adelson *et al.* recommended removing from the suicidal inmate "[a]ny items in the prisoner's possession which even remotely can be used as a means of hanging . . ."[17] It is difficult to imagine an effective procedure for divesting an inmate of potential ligatures and weapons without placing him in a single cell under close observation. Lanphear advocated measures for suicide prevention that include "strip-down and/or observation."[19] Having an inmate disrobed in the company of cell mates would certainly assail his sense of dignity and undermine effective disarmament. Lanphear rightly called for the elimination of attachments such as bars and hooks in areas where suicidal inmates are to be housed. Unless a section of the jail is especially designed for suicidal inmates to be berthed together, applying such austere measures to suicidal inmates in a dormitory-style area would not be feasible.

Inmates have taken their own lives in and out of single cells. This author has not found a single example in his experience or in the literature in which an inmate completed suicide while in a single cell, divested of potentially dangerous

materials, and observed closely. A few inmates bang their heads, even under these conditions, and further intervention is then required, as head banging can result in serious injury. However, no cases of death by head banging, although theoretically possible, have been reported in the literature pertaining to U.S. jails. As long as isolation supports the principles of prevention, it can serve as an element of the prevention formula. Isolation without disarmament and close observation, in contrast, is courting disaster.

When Isolation Is Used as One Element of an Integrated Suicide Prevention Program, Are Self-Injurious Behaviors More Common In or Out of Isolation?

Studies suggest that self-injuries,[20] such as suicides, are inflicted disproportionately by inmates who have been isolated. Nonetheless, it would be premature to conclude that isolation, independent of other variables, causes self-injurious behavior. Like suicide studies, these reports do not indicate what, if any, precautions were in place at the time of the act. If these isolated inmates had been fully disarmed and closely observed, self-injury would have been more difficult to accomplish.

In a retrospective study of self-injuries in a jail population conducted over a period of 7-½ years, Farmer *et al.* identified 58 self-injurious acts, including 13 that were serious enough to require medical attention.[21] No completed suicides occurred during the study period. Most of the serious self-injuries were inflicted by inmates in the general population, not by inmates confined to single cells.[21] This happened despite the routine use of single cells, in combination with disarmament and close observation, for those inmates who were considered to be most seriously self-destructive.[21] Those who injured themselves in the general population had no difficulty obtaining sharp objects or fashioning ligatures; and their acts were not deterred by the presence of other inmates.

Alternatives to Isolation

Without complete disarmament, which is virtually impossible to effect without using single cell placement, acutely suicidal inmates must be observed continuously if suicide prevention programs are to be effective. Possibilities for providing continuous observation include psychiatric hospitalization, continuous staff observation in jail, and observation by fellow inmates.

Hospitalization Malcom recommended hospitalization of all suicidal jail inmates, adding that anything less than hospital care is "merely putting a Band-Aid on a cancer."[22]

Hospital transfer requires availability of a secure hospital unit and financial support for indigent care. In many regions, hospitalization is increasingly reserved for patients who have major mental illness; therefore, hospitalization for brief alcoholic intoxication, adjustment disorders, and personality disorders are not easy to justify even for patients outside of the criminal justice system. Other factors that are often considered in individual cases are seriousness of the criminal charge(s) and the presence of civil

commitment criteria. In some jurisdictions, pretrial hospitalization of felony defendants is unattainable unless the inmate is first found incompetent to stand trial, but incompetency procedures are not always expeditious. Not uncommonly, inmates threaten suicide in order to gain hospitalization; some of these inmates should be hospitalized, but for others their personal preferences do not equate to clinical necessity. Sometimes the psychiatrist's efforts to arrange an appropriate hospital transfer are delayed or even blocked. Meanwhile, effective preventive measures must be implemented immediately.

Bear in mind that hospital transfer is no guarantee that the inmate will not be placed in isolation. Despite the much-improved staff-patient ratio in hospitals, a patient's condition sometimes requires seclusion or even physical restraints. "Seclusion" carries a more acceptable connotation than isolation, but its meaning is essentially the same. No one suggests that seclusion on a hospital unit promotes suicide. Used properly, seclusion is an acceptable, effective technique for treatment and risk management. As with isolation in jails, however, if hospitalized patients were not observed and disarmed, seclusion itself could contribute to the risk.

Continuous Staff Observation With sufficient staffing, suicidal inmates could be placed on one-to-one observation. This measure alone would obviate the need for removing bedding and clothing and for placement in an isolated cell. Unfortunately, county and municipal governments are not all totally magnanimous in providing the wherewithal for a safe staff-inmate ratio, even regardless of mental health needs. Creative variations of staff observation include closed-circuit television monitoring and continuous direct observation of several suicidal inmates placed together.

Even though inmates suicide disproportionately in single cells, self-inflicted deaths do occur as well in the presence of others, sometimes even after the victims have told their cell mates of their fatal plans.[12, 23] Complete disarmament and close staff observation are typically more difficult to implement when inmates are together with others.

Observation by Fellow Inmates Several authors have suggested the assignment of trusted inmates to stand watch over a suicidal inmate.[1] In 1972, a program was initiated in the New York City jails using trained, paid inmates as "suicide prevention aides."[7] During the first two months of this program, these aides reportedly intervened successfully in scores of attempted hangings. Presumably, training and incentives enhanced the dependability of these aides. Continuous observation was made possible without the greater cost of expanding the jail staff, and the successful outcome from this report is encouraging. Nonetheless, the practice of using criminal defendant detainees as staff extenders to prevent suicide raises troublesome questions about accountability.

Conclusions

Perhaps one day, the courts, legislatures, or public opinion will demand what conscientious jail administrators want

anyway: safe facilities and appropriate staffing to handle acutely suicidal inmates, such that complete disarmament is unnecessary. Mental health professionals should, of course, champion improved, more humanitarian care of self-destructive and mentally disturbed inmates.

Some inmates surely become more dysphoric and sometimes even suicidal when socially isolated. Beyond the possibility of isolation fostering a suicidal mental state, solitude is conducive to suicide, even when not causative, in those already determined to die. As we have seen, however, there are other explanations for the prevalence of suicides in single cells or in a section of the jail separate from the general jail population. Though not the best method, when combined with total disarmament and close observation, isolation can serve to prevent acutely suicidal inmates from taking their lives. Preventing the fatal act during a suicidal crisis takes precedence over preventing the acute suicidal disposition that is already present.

In individual cases, procedures can be initiated to have the suicidal inmate hospitalized, but other preventive measures will still be needed for those who cannot be transferred swiftly. Suicide prevention cells, or at least cells without crossbars and other attachments, would contribute to a safer environment. If social support is deemed more important than total disarmament in preventing self-injury in individual cases, then clinical judgment will dictate a risk management strategy that includes the option of placement in the company of other inmates. Constant observation is preferable to isolation with complete disarmament. Where staffing does not permit constant observation, disarmament becomes critically important. In many jails, total divestment of destructive items and close observation of the acutely suicidal inmate is best accomplished in single cells.

Future research on the relationship between isolation and jail suicides must define the term isolation and specify which preventive measures are coadministered. Since most inmates who commit suicide in jail do so by hanging, it would be important to determine whether these inmates were permitted cloth items with which they could fashion ligatures. Finally, more investigative attention needs to be given to the various individual components of successful suicide prevention programs.

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