2022

Death with Dignity: Barriers for Prisoners Suffering from Irreversible Mental Illness

Kymberli D. Mills
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Kymberli Mills

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Sandra Caramela-Miller, Committee Chairperson, Psychology Faculty
Dr. Kimberly McCann, Committee Member, Psychology Faculty
Dr. Victoria Latifses, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Death with Dignity: Barriers for Prisoners Suffering from Irreversible Mental Illness

by

Kymberli Mills

MS, Walden University, 2018

BS, Eastern Oregon University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

November 2022

Abstract

Overcrowded prison system conditions can significantly worsen mental illness. Compassionate prison segregation options required for substantive mental health care are lacking. Death with Dignity is not a current legal solution for terminal psychiatric illness in the United States. How mental health care providers in Washington State perceive psychiatric Death with Dignity for treatment-resistant, severely mentally ill prisoners has illuminated scholarly research. An anonymous, qualitative, online survey of 15 Washington State mental health care providers serving severe, persistent, mentally ill prisoners having expressed suicidality was conducted. The concept of discontinuing a mentally ill prisoner's psychiatric care was explored during data gathering. The phenomenological data from four open-ended survey questions were hand-coded using continual comparison. The data revealed five key themes consistent with the elemental research framework, including the Washington State *Death with Dignity Policy*. The survey results indicated a need for psychosocial awareness of mentally ill prisoner welfare before psychiatric Death with Dignity legalization may be considered in the United States. Social ambivalence could be reversed through intellectual discussion comparing societal and provider perspectives on mental health care in future studies. A discussion on free will may be instrumental in initiating positive social change through the recognition of paternalism. Providers may now support ethical release for severe, persistent, mentally ill prisoners from psychiatric pain by Death with Dignity.

Death with Dignity: Barriers for Prisoners Suffering from Irreversible Mental Illness

by

Kymberli Mills

MS, Walden University, 2018

BS, Eastern Oregon University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

November 2022

Dedication

This dissertation is dedicated to my late father, Robert Botts, who asked me when I decided to pursue my bachelor's degree, "how far are you going to go?" when I decided to pursue my bachelor's degree. His understanding of the pursuit of knowledge was palpable, and his fascination in my determination was without depth. I also dedicate the many hours consumed by studies to my three children, Daniel, Saydi, and Dakoda, who were raised knowing that I would not stop until I was finished. To Dimitri, my grandson – I hope you can be proud. My mother, Darlyne Mills-Botts, above all others deserves this degree, as she supported me in all things to her very last breath. Without these people supplying the structure and balance in my life, I would not have accomplished this goal. I would be remiss if I forgot to mention all the countless friends, family members, and co-workers who have buoyed me up along the way. It would also be negligent not to extend my eternal gratitude to my mentors who afforded me the opportunity to dive into the mental health field, and to lift me up from my dark hour with steadfast patience and encouragement to pursue my goals.

Acknowledgments

I want to thank Dr. Sandra Caramela-Miller, my chair, for being a chair dedicated to supporting me from start to finish. She had no idea what she was getting in to, I had to be one of her more challenging students, with her sheer determination and patience, I achieved both a master's degree and PhD. I extend my appreciation to Dr. Kimberly McCann for being a kind and encouraging methodologist through my dissertation journey. Dr. McCann spent many hours behind the scenes, talking me through the change process as I gained an understanding of what qualitative research entails. Thank you, Dr. Latifses, for participating as my research committee member, another silent partner in this at times, overwhelming process. I would also like to thank the entire Walden University staff, for supplying a pleasant learning experience during the most challenging process of my lifetime. To my many classmates who have journeyed right along with me, I thank you for the endless support through it all. They say that it is not the destination, it's the journey, and I can certainly attest that this journey alongside some of the world's greatest scholars has been humbling and a true honor. The most honorable of these classmates is Dr. Eric Prince. Eric, you have been my cheerleader from the very first introductions in class café and continued to be there long after you left the classroom. Your accomplishments are inspiring, as is your faith in God and love of your family. I am truly indebted to you for your ongoing support and encouragement when I needed it the most. Thank you for seeing me to the finish line my friend. Cheers!

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

The mental health care provider's (MHCPs) perception of psychiatric Death with Dignity (DwD) for severe, persistent, mentally ill (SPMI) prisoners is understudied (Gétaz et al., 2021). The *mimetic theory* has not been applied qualitatively to SPMI prisoner DwD (Jagger & Perron, 2020). The mental health care provider's perception of psychiatric prisoner assisted suicide applicable to mimetic theory constitutes a research gap. Death with Dignity for SPMI prisoners could reshape the social perception of psychiatric treatment (Carda-Auten et al., 2022). Prisoners with SPMI are a population protected from research regarding DwD (Carda-Auten et al., 2022). Death may be preferable for SPMI, life-sentenced prisoners experiencing incurable psychiatric pain (Gétaz et al., 2021). Prisoners are a vulnerable, protected population ineligible for end-of-life considerations, including palliative-assisted death (Carda-Auten et al., 2022).

Prisoners experiencing untreatable SPMI are not afforded psychiatric DwD (Nicolini, 2020). Prisoners with SPMI encounter a systematic loss of civil rights, including access to DwD (Nicolini, 2020; Smith et al., 2020). Life imprisonment for SPMI prisoners in overcrowded facilities is unethical (Gétaz et al., 2021). The paternalistic behavior of MHCPs toward SPMI prisoners is deliberately constrictive (Gétaz et al., 2021; Weithorn, 2020). *Parity arguments* often result from inconsistent provider opinion toward SPMI prisoner DwD rights (Smith et al., 2020). The MHCP's experiences treating SPMI prisoners shared here are invaluable (Levin et al., 2020).

Provider empathy toward psychiatric prisoners requesting DwD significantly affects forensic psychology (Weithorn, 2021).

Prisoners' lack of DwD rights in the United States (US) warranted further research (Smith et al., 2020). A provider survey used to gather experiential SPMI prisoner interaction evidence has revealed ethical dilemmas (Kosche, 2020). The medical practitioner follows traditional patient care standards acknowledging human rights (Monasterio et al., 2020). The mental health care practitioner follows similar ethical standards acknowledging patient rights (Monasterio et al., 2020). Prisoner human rights were exponentially overlooked during the novel coronavirus (COVID-19) pandemic. Provider use of telehealth impedes SPMI prisoner psychiatric care (Kelly et al., 2020). Prisoners experienced mental decompensation during COVID-19.

The cultural differences between medicine and psychiatry result in a parity argument regardless of similar practice standards (Crane & Pascoe, 2021). The parity argument theory comparatively conflicts with cultural beliefs regarding DwD among medical and psychiatric providers. The discontinuation of mental health care for SPMI prisoners is unethical per current psychiatric standards (Crane & Pascoe, 2021). The adoption of psychiatric DwD in prison systems would alleviate the unethical aspects of discontinued care (Sulmasy, 2021). The approval of psychiatric DwD falls under beneficence and nonmaleficence ethical standards for MHCPs (Sulmasy, 2021). Beneficence and nonmaleficence are applicable when psychiatric care provisions become counterproductive (Sulmasy, 2021). Prisoner DwD would result in significant social influence on psychiatric care philosophies (Nicolini et al., 2020).

The psychiatric assessments traditionally conducted when evaluating mental SPMI prisoners' mental capacity are not appropriate for DwD (Edwards et al., 2021). A tool for assessing SPMI prisoners' capacity to decide on DwD is non-existent, resulting in ethical conflict for providers. Prisoner inequality includes antiquated care while incarcerated (Edwards et al., 2021). The systemic mental health care limits detrimentally affecting vulnerable populations circumscribe structural inequality (Edwards et al., 2021). The lack of effective prisoner treatment during incarceration exacerbates SPMI (Nicolini et al., 2020). The COVID-19 related isolation restrictions further exacerbate prisoner SPMI (Géa et al., 2022). The state representatives having initiated COVID-19 guidelines summarily reduced prisoner mental health care access (Iturri et al., 2020).

The withdrawal of psychiatric services from vulnerable SPMI prisoner populations conflicts with ethical care standards for MHPCs (Gétaz et al., 2021). Prisoners serving federal sentences recently participated in interviews regarding medical DwD (Testoni et al., 2020). *Chochinov's Dignity Therapy* concept was used to frame the previous study (Testoni et al., 2020). A thematic analysis of prisoner responses regarding life imprisonment held significant relevance for psychiatric DwD (Testoni et al., 2020). Research of data ascertained from MHCP surveys regarding psychiatric DwD will augment an overall scholastic discernment (Carda-Auten et al., 2022). The MHCP perspective elucidates SPMI prisoner barriers to accessing psychiatric assisted suicide. The elimination of DwD barriers may resolve a long-standing controversy over care for terminally ill prisoners (Nicolini et al., 2020).

The qualitative study approach will be beneficial when extracting emotion from anonymous survey responses (Carda-Auten et al., 2022). Death with Dignity is endorsed by interest groups in the US for medically terminal individuals (Nicolini et al., 2020). Death with dignity eligibility criteria was written by legislators excluding all mental illness diagnoses regardless of prognosis severity (Nicolini et al., 2020). The Washington State DwD policy explanations prepare interlocutors to recognize ethical conflict among study participants (Nicolini et al., 2020). The MHCPs' conception of psychiatric DwD is valuable to this study (Carda-Auten et al., 2022). The aspects of SPMI prisoner rights garnered from survey responses will also be valuable. The remainder of Chapter 1 includes evidence supporting MHCP empathy toward SPMI prisoner desire for assisted suicide (van Veen et al., 2021).

Background

The DwD philosophy comes directly from Oregon's *Death with Dignity Act of 1994* (Nicolini et al., 2020). The Oregon DwD policy language excludes persons experiencing irreversible mental health conditions (Nicolini et al., 2020). The Washington State DwD policy language summarily mirrors Oregon assisted suicide statute. Death with Dignity policies are only written to address medically terminal individuals given an imminent death prognosis. The persons enduring SPMI generally have shortened life spans (Weithorn, 2021). Death with Dignity is legal in Belgium and the Netherlands when SPMI individuals meet terminal categorization. The US policymaker considerations regarding SPMI prisoner DwD can be supported using recent research (Calati et al., 2021).

Psychiatrists report that physical pain is associated with SPMI (Weithorn, 2021). The medical providers perceive mental illness lacks terminality (Pronk et al., 2021). The medical care providers also believe SPMI individuals lack life-ending decision-making capacity (Pronk et al., 2021). Policy writers should exclude medical opinion when considering SPMI prisoner DwD protocols (van Veen et al., 2021). The medical DwD elements exclude psychiatric pain and suffering (Weithorn, 2021). Persons having psychological pain also suffer somatic ailments directly associated with psychiatric suffering. A terminal medical illness is inextricably linked with depression (Weithorn, 2021).

A medical DwD patient with incurable pain, lost autonomy, or hopelessness meets psychiatric-assisted suicide criteria (Pronk et al., 2021). Healthcare providers categorize SPMI persons as *vulnerable* regardless of circumstances. Death with Dignity opponents overlooks prisoner vulnerability factors in recent research (Pronk et al., 2021). Death with Dignity adversaries believes patients lose dignity throughout the death process (Monasterio et al., 2020). Death with Dignity supporters includes life inequality with irreversible psychological pain as factors for persons experiencing untreatable mental illness (van Veen et al., 2021). Supporters believe human rights should include DwD access. The parity arguments from past studies posit that mental pain unequivocally compares with physical ailment (Crane & Pascoe, 2021).

The contrasting opinions between medical and psychiatric providers form significant parity arguments (Crane & Pascoe, 2021). Life inequality and lost human dignity should become elemental SPMI prisoner DwD criteria (van Veen et al., 2021).

Prisoners with SPMI often recidivate when community reintegration efforts have failed (Skinner & Farrington, 2020). Recidivism can increase cyclical SPMI symptom-associated behavior (Barrenger et al., 2021). The repeated incarceration process results in SPMI prisoner mental decompensation (Skinner & Farrington, 2020). The inadequacies of psychiatric care interpose SPMI prisoner mental decompensation while incarcerated in overcrowded facilities (Gétaz et al., 2021). Prison procedures involving solitary confinement increase debilitating SPMI symptoms (Comartin et al., 2020).

Prison system administrators invoke seclusion protocols protecting SPMI prisoners during episodic psychiatric behavior (Comartin et al., 2020). The solitary confinement SPMI prisoners experience can eradicate their sense of hopefulness (Comartin et al., 2020). Prison seclusion also impairs SPMI inmate psyche over time. Lawmakers in Belgium, Canada, Switzerland, and the Netherlands are updating DwD legislative language (Monasterio et al., 2020). The revised DwD language changes incorporate psychiatric criteria (Monasterio et al., 2020). The US lawmakers repeatedly avoid psychiatric DwD discussions, citing ethical concerns involving prison population vulnerability (Zhou & Shelton, 2020). The medical provider emic input dilutes US law currently preventing psychiatric DwD (Weithorn, 2020).

The medical providers having bias against euthanasia maintain SPMI prisoner DwD is unethical (Weithorn, 2020). The decriminalization of psychiatric DwD by lawmakers in Belgium and Canada has occurred following significant debate over human rights *value theory* (Monasterio et al., 2020). The philosophical bias of providers regarding prisoner mental health care withdrawal violates human rights value theory

(Monasterio et al., 2020). Prisoners with mental illness are at high-risk for suicide upon incarceration (Perugino et al., 2022). Suicide is considered a violation of the human rights value theory (Monasterio et al., 2020). Prisoners experiencing SPMI may complete suicide when hopelessness is a predominant factor (Perugino et al., 2022). The supporters of human rights value theory imply that SPMI prisoners deserve DwD access (Smith et al., 2020).

The psychiatric assessment tools for determining prisoner mental capacity are lacking (Edwards et al., 2021). Screening tools used by MHCP's to assess SPMI prisoner suicidality are also deficient (Weithorn, 2021). The application of medical DwD criteria to SPMI prisoner conditions is not suitable (Pronk et al., 2021). The application of DwD to address incurable SPMI is a new concept despite existing assisted suicide research (Stack, 2021). The conceptual theory of applying psychiatric assisted suicide to SPMI prisoners could evolve from this qualitative study (Pronk et al., 2021). The MHCP experiential information garnered from this study will help scholars distinguish valuable information buoying DwD protocol development (Strauss et al., 2022). The encounter data pertaining to DwD, COVID-19 pandemic implications, and incurable prisoner SPMI is also lacking (Strauss et al., 2022). The deficit in MHCPs' encounter data limits academic cognizing of SPMI prisoners' desire for assisted suicide (Irturri, 2020).

Problem Statement

The way MHCP's in Washington State prisons perceive psychiatric DwD is unknown (Levin et al., 2020). The recent research trends exclude MHCP perspective regarding SPMI prisoner chronic hopelessness indicators (Levin et al., 2020). The third-

highest inmate mortality type is unassisted suicide by persons suffering with SPMI (Perugino et al., 2022). Prisoner suicide rates markedly increase in over-populated prisons lacking substantive mental health care (Perugino et al., 2022). The untreatable SPMI conditions, including chronic hopelessness, correlates with prisoner suicide (Perugino et al., 2022). The incurable mental illness conditions should meet SPMI prisoner DwD eligibility criteria (Weithorn, 2020). Oregon and Washington State legislators exclude SPMI prisoner reference in DwD policies (Levin et al., 2020). The US policymakers have not considered SPMI prisoner experiential evidence when contemplating DwD protocols (van Veen et al., 2021).

The experiential evidence for SPMI prisoners serving life sentences in overcrowded prison facilities should be DwD criteria inclusive (Seeds, 2021). The prisoners suffering from SPMI may have valuable insights into chronic hopelessness caused by intolerable living conditions (Shalev et al., 2020). Prisoner insight may help policy writers better understand DwD developmental criteria (van Veen et al., 2021). There are ethical implications when interviewing SPMI inmates regarding prison living conditions (Shalev et al., 2020). The MHCPs are now realizing incurable SPMI exacerbates chronic prisoner hopelessness (Pronk et al., 2021). The limited information involving incurable SPMI has resulted in prisoner DwD exclusion (Barrenger et al., 2021). Researchers have recently incorporated the parity argument philosophy when comparing DwD eligibility requirements contrasting medical and psychiatric patients (Crane & Pascoe, 2021).

Prisoners are vulnerable to mental illness intensification while living in overcrowded prisons (Gétaz et al., 2021). The COVID-19 regulations include intensified prisoner isolation requirements further reducing human contact (Strauss et al., 2022). Death with Dignity is unobtainable for SPMI prisoners despite incurable psychiatric pain (Gétaz et al., 2021). Prisoners experiencing cyclical SPMI while isolated in overcrowded prisons may complete suicide (Perugino et al., 2022). The SPMI prisoners continually experiencing chronic hopelessness should have psychiatric DwD access (Carda-Auten et al., 2022). The SPMI persons identified as treatment-resistant will recidivate post-release more often than asymptomatic persons (Weithorn, 2021). The care administered by MHCPs does not prevent recidivism (Barrenger et al., 2021).

Purpose of the Study

The purpose of this qualitative study was to discover how MHCPs treating SPMI prisoners perceive psychiatric assisted suicide in Washington State. The concept of psychiatric DwD has become a forensic psychology paradigm (Weithorn, 2020). Washington State Department of Corrections (WDOC) MHCPs required a venue to share SPMI prisoner encounters under the auspice of psychiatric DwD (Gétaz et al., 2021). Opportunities for forensic psychologists to cogitate SPMI prisoner DwD will arise through the synthesized survey data retrieved from prison MHCPs (Mussie et al., 2021). Prisoner DwD will positively influence social change by allowing ethical chronic psychiatric pain relief (Mussie et al., 2021). A heightened awareness of psychiatric DwD will come from this SPMI prisoner-focused qualitative study (Mussie et al., 2021). The

information gained from prison MHCPs lived experiences will further academic development (Mussie et al., 2021).

Research Question

How do mental health care providers in Washington State perceive psychiatric Death with Dignity for treatment resistant, severely mentally ill prisoners?

Conceptual Framework

Two theories were considered when identifying the basis for this qualitative study. Deontology theory is focused on ethical rules differentiating between right and wrong. A moral dilemma is not the primary focus of this study (Abbasi Kashkuli & Haghighat, 2020). Deontology theory was discarded for mimetic theory as the conceptual study framework (Jager & Perron, 2020). The concept of mandating treatment for persons experiencing irreversible mental illness has been questioned in recent research (Jager & Perron, 2020). A mandated mental health care plan where consistent treatment may be impossible is counterproductive (Testoni et al., 2020). The human desire to complete assisted suicide by SPMI prisoners may be a concept overlooked in Washington State (Jagger & Perron, 2020).

A social preference should not interfere with an SPMI prisoner's desire to complete assisted suicide when their mental illness is incurable (Jagger & Perron, 2020). There are minimal consequences expected to evolve within Washington State from allowing SPMI prisoner DwD (Hall, 2020). The consequences for Washington State are unlike those in non-DwD states where homicide charges would be plied against participating medical providers (*The Medical Consent and Natural Death Act*,

2005/2021). A comparative study using two conceptual theories, one based on human behavior, another gives clarity to the morality of DwD in right or wrong terms (Jagger & Perron, 2020). The use of medical DwD initially conceived by medical providers is currently under psychiatric consideration (Zhou & Shelton, 2020). The philosophical concept grounding this study involves granting SPMI prisoner DwD (van Veen et al., 2021). The criteria for SPMI prisoner DwD should include release from psychological pain (Pronk et al., 2021).

Prisoners granted psychiatric DwD when morbid mental conditions are irreversible is circumstantially ethical (Pronk et al., 2021). The suicide completion rates by SPMI prisoners denied psychiatric DwD have been detailed in recent quantified research (Perugino et al., 2022). The Oregon Health Authority *Death with Dignity Act*, the Washington State Legislature *Death with Dignity Act*, the parity argument theory, and the Penrose hypothesis help ground this study (Crane & Pascoe, 2021). The conceptual framework comes from mimetic theory regarding a human desire to be relieved of mental anguish through psychiatric DwD (Monasterio et al., 2020). The MHCP worldview is gained from conducting phenomenological surveys of Washington State prison staff.

The WDOC providers treating SPMI inmates will comprise this qualitative study demographic group. The connections between medical and psychiatric DwD persons enduring similar incurable pain are logical (van Veen et al., 2021). There is significant medical DwD research relative to persons requesting early termination from incurable diseases (Weithorn, 2020). The number of SPMI prisoner requests for DwD for any reason is unknown (Weithorn, 2020). The knowledge of MHCPs' experiences with

prisoners contemplating death is limited (van Veen et al., 2021). The WDOC provider's experiences treating SPMI prisoners can be used by researchers to further develop DwD theories (van Veen et al., 2021; Zhou & Shelton, 2020). The primary considerations used to support the mimetic theory in Chapter 2 are psychiatric DwD, the parity argument, and the Penrose hypothesis (O'Neill et al., 2021).

The use of DwD is still new for terminal medical patients (van Veen et al., 2021). The current US DwD guidelines exclude psychiatric considerations aimed at persons experiencing irreversible SPMI (Weithorn, 2020). The SPMI prisoner populations are among the last groups considered when reviewing DwD criteria. The DwD parity argument will be defined using medical research contrasted with psychiatric provider experiences (van Veen et al., 2021). The Penrose hypothesis arose from 1938 research on the inverse relationship between psychiatric hospital deinstitutionalization and increased prison institutionalization (Mannelli, 2021). The mimetic theory of human desire constitutes the conceptual framework relative to DwD (Jagger & Perron, 2020). The research question addressing psychiatric prisoner DwD eligibility will be explored in greater detail through Chapter 2.

Nature of the Study

The nature of this study is qualitative. The art of employing qualitative research methods helps enlighten scholars on experiential considerations (Weithorn, 2020). The participating MHCPs were provided an opportunity to self-reflect on SPMI prisoner DwD. The psychosocial awareness of SPMI prisoner welfare will be enhanced using the topic of psychiatric DwD (Weithorn, 2020). Death with Dignity research for SPMI

prisoners does not exist (Gétaz et al., 2021). The study goal is to survey MHCPs having SPMI prisoner access. The application of DwD to psychiatry will arouse cognizance of the diagnostic similarities (van Veen et al., 2021). The mental health care worldview lens application helps set perimeters for philosophizing the psychiatric DwD phenomenon (Gétaz et al., 2021).

The psychiatric provider perspective will help lawmakers reconsider prisoner DwD rights (Gétaz et al., 2021). The interviewing of SPMI prisoners about existential suffering could cause ethical implications (Kosche, 2020). The MHCP survey data garnered may bolster scholarly insight into SPMI prisoner conditions-oriented ethical dilemmas (Kosche, 2020). The study population included MHCPs working with SPMI prisoners in Washington State (Zhou & Shelton, 2020). The WDOC providers working with SPMI inmates have shared their experiential insights into prison mental health care (Kosche, 2020). The correctional institutions selected in the WDOC house adults serving long-term prison sentences (Zhou & Shelton, 2020). The experiential information will be gained through MHCP anonymous surveys (Zhou & Shelton, 2020).

Definitions

Assisted Suicide: Physician-prescribed medication-induced death after assuring informed consent by persons with terminal medical conditions (Reed, 2020).

Death with Dignity (DwD): An alternative term for assisted suicide, DwD enables terminally ill persons to receive death-inducing medications (Carda-Auten et al., 2022).

Mental Health Care Provider (MHCP): Qualified, state-certified individuals administering psychological patronage to persons having SPMI (Levin et al., 2020).

Parity Argument: Two opposing thoughts toward a similar concept resulting in different conclusions (van Veen et al., 2021).

Psychological Pain: Mental equivalent to physical pain experienced by severe, persistent, mentally ill persons. (Pronk et al., 2021).

Refractory Mental Illness: A persistent mental illness resistant to all modalities of treatment (Bahji & Delva, 2021).

Severe, Persistent, Mental Illness (SPMI): Reoccurring, untreatable mental illness for extensive periods, resulting in lifelong psychological pain (Pronk et al., 2021).

Treatment-Resistant Mental Illness: Mental illness resistant to traditional, ongoing mental health care, including psychotropic medications, accompanied by significant patient psychiatric pain (Zhou & Shelton, 2020).

Vulnerable Prison Population: Incarcerated persons are vulnerable by nature, attributing environmental bearing on human rights limitations (Calati et al., 2021).

Assumptions

The medical DwD philosophy can be generalized for SPMI prisoners suffering existential pain (Weithorn, 2020). There are assumptions that MHCPs endorse SPMI prisoner psychiatric DwD. The patient rights used to govern MHCP practices encompass ending ineffective care (Smith et al., 2020). There are ethical considerations affecting MHCP decisions to prolong care regardless of effectiveness. The ethical considerations involving discernment over DwD may play a significant role in SPMI prisoner-assisted suicide support (Smith et al., 2020). The prisoners experiencing untreatable SPMI should

be granted DwD rights. The ethical beliefs of MHCPs may prohibit SPMI prisoner psychiatric DwD endorsement (Chenneville & Gabbidon, 2020).

Factors including religion, culture, and generational influences may sway MHCP beliefs regarding DwD. The MHCPs are summarily unbiased toward SPMI prisoner culture (Saluja & Bryant, 2021). The controversial positions involving SPMI prisoners' mental capacity regarding DwD have limited forward movement aimed at assessment tool development (Edwards et al., 2021). The prisoners enduring SPMI choose DwD over alternative mental health care solutions to alleviate psychological pain. The SPMI prisoners may not make informed assisted suicide decisions (Weithorn, 2020). The prisoners with SPMI vacillate between desiring DwD and continued mental health care. The fluctuating behavior over DwD is considered indicative that SPMI prisoners are incapable of giving informed consent to their MHCPs (Saluja & Bryant, 2021).

Scope and Delimitations

The phenomenological experiences with SPMI prisoners as shared by MHCPs regarding psychiatric DwD constitute the study scope (Saluja & Bryant, 2021). A limited amount of comparable information involving SPMI prison populations is available. The MHCP information addressing prison populations is lacking (Weithorn, 2020). The MHCPs having experiential SPMI prison population interaction form the study demographic population (Zhou & Shelton, 2020). The provider phenomenological scope addressing psychiatric DwD endorsement is necessary. Demographics beyond SPMI identifiers will not be a factor. Information about prison sentencing and criminal charges that increases prisoner SPMI is allowable (Saluja & Bryant, 2021).

Prison environmental conditions-related information received within anonymous surveys will be included in the study results. The environmental details obtained from MHCP phenomenological survey responses will help researchers understand the SPMI prisoner dilemma (Gétaz et al., 2021). The ethical APA protocols may cause MHCP to fear employers retaliating after study participation (Pronk et al., 2021). Beneficence and nonmaleficence can become conflicting when treatment providers consider psychiatric DwD for SPMI prisoners (Sulmasy, 2021). The conflict paradigm contrasting the medical Hippocratic oath and MHCP empathy is considerable (Monasterio et al., 2020). Training specific to psychiatric assisted suicide planning for MHCPs is not available. Service providers are subsequently dependent on traditional care standards (Levin et al., 2020).

Lawmakers in Switzerland and the Netherlands have begun incorporating human rights-based psychiatric elements into palliative care practices (Calati et al., 2021). The US policymakers have not expedited psychiatric DwD policies (Levin et al., 2020). Rational objectivity is used when defining ethical guidelines implicitly delineating both medical and MHCPs (van Veen et al., 2021). An idiographic explanation based on limited psychiatry comes from medical research (Pronk et al., 2021). A phenomenological inquiry recounting psychiatric perspectives surrounding SPMI prisoner DwD requires study in Washington State. Death with Dignity research using small study samples including MHCPs encountering SPMI prisoners involved a nomothetic explanation. The past MHCP phenomenological studies were dependent on inductive reasoning applied globally to psychiatric DwD (van Veen et al., 2021).

Limitations

Limitations included insufficient MHCP encounters with SPMI prisoners who were interested in assisted suicide (Gétaz et al., 2021). The inability to ask SPMI prisoners enduring exacerbated environmental conditions about DwD also limits evidence access (Pronk et al., 2021). There may be enumerable SPMI prisoners contemplating suicide unbeknownst to MHCPs (Perugino et al., 2022). The suicidal SPMI prisoners may not show interest in completing psychiatric DwD (Gétaz et al., 2021). An idiographic explanation using limited medical DwD research may constrict MHCP-assisted suicide endorsement (Mussie et al., 2021). Prisoner palliative care has been the primary focus of research recently. The palliative care guideline modifications exclude psychiatric prisoner DwD options (Patinadan et al., 2020).

A challenge involves finding Washington State MHCPs having SPMI prisoner relational treatment experience. A nomothetic explanation of MHCPs' encounters with suicidal SPMI prisoners is lacking (van Veen et al., 2021). The inductive reason precluding phenomenological data gathered from Washington State MHCPs may be limited. The lack of phenomenological data to support inductive reasoning may underrepresent a greater MHCP population (van Veen et al., 2021). The evaluation tools used to evaluate SPMI prisoner-specific mental acuity are non-existent. An assessment tool with SPMI prisoner mental acuity markers would aid psychologists in concept development (Meyers et al., 2020). The limited number of study participants endorsing SPMI prisoner DwD based on mental acuity may pose a barrier (Meyers et al., 2020).

There may be unsurmountable ethical paradigms involving the Hippocratic oath and empathy resulting in provider emic (Monasterio et al., 2020). The American Psychological Association (APA) workgroup's antipathy toward psychiatric euthanasia leaves ethical treatment decisions an MHCP's responsibility (Monasterio et al., 2020). Those MHCPs working with SPMI prisoners should discuss any evidential impact APA has on their approach. The psychiatric community lacks adequate prisoner DwD eligibility assessment tools (Zhong et al., 2021). Provider opinion toward SPMI prisoners' decision-making acumen regarding DwD negates their free will (Monasterio et al., 2020). The ethical guidelines designed for mental health care defined with rational objectivity could prevent subjective study participant survey responses (van Veen et al., 2021). The recent peer-reviewed research excludes MHCP experiential encounter information involving SPMI prisoners (Mussie et al., 2021; Saluja & Bryant, 2021).

Significance

The mental effects of incarceration on incurable SPMI prisoners facing life-term sentences can be significant (Seeds, 2021). The use of segregation does not result in improved SPMI prisoner psychiatric conditions (Seeds, 2021). Prisoners experiencing refractory SPMI have increased depression and suicidality (Shalev et al., 2020). The vulnerable prison population psychiatric DwD qualitative research perspective is new. The vulnerable SPMI prisoners should receive DwD rights given to other terminal populations (Gétaz et al., 2021). The MHCPs understand first-hand SPMI prisoner vulnerability during social isolation in unethical conditions (Comartin et al., 2020).

There is limited research available regarding MHCP phenomenological experiences with SPMI prisoners (Zhou & Shelton, 2020). The MHCP phenomenological experiences incorporating incurable SPMI prisoner DwD options contribute to psychiatric research. The Washington State MHCPs having lived experiences with SPMI prisoners considering DwD are essential for garnering academic awareness. The survey responses from MHCPs reflecting SPMI prisoner encounters align with the phenomenological problem statement (Zhou & Shelton, 2020). The SPMI prisoner's decision to withdraw from ineffective mental health care may pose ethical challenges in psychiatry (Shalev et al., 2020). The MHCP responses may implicate vulnerable prison populations experiencing inequality (Zhou & Shelton, 2020). An uptick in social change occurs with knowledge of vulnerable prisoners' DwD (Zhou & Shelton, 2020).

Summary

The intolerable living conditions in prison settings can significantly aggravate mentally ill inmates (Gétaz et al., 2021). The insight deduced from MHCP anonymous surveys involving prisoner engagement is important (Gétaz et al., 2021). The potential for parole-eligible release back to community SPMI persons to limited outpatient psychiatry is problematic (Barrenger et al., 2021). The untreated SPMI parolees have higher recidivism rates than other US prison inmates (Barrenger et al., 2021). The current prison treatment programs have minimal effect on recidivism rates (Barrenger et al., 2021). The SPMI parolees who are not responsive to psychiatric treatment while incarcerated are likely incurable and will recidivate (Barrenger et al., 2021).

The provider's experiences treating refractory SPMI prisoners can interpose value toward psychiatric DwD research (Comartin et al., 2020). The increase in the mental illness from overcrowding at Washington State prisons is unspecified (Zhou & Shelton, 2020). The cultural underpinnings and generational markers may adversely influence MHCP opinion regarding SPMI prisoner DwD (Comartin et al., 2020). The philosophical basis utilized includes conceptual DwD policies allowing incurable SPMI prisoners' psychiatric release (van Veen et al., 2021). The DwD philosophical concept is advanced using phenomenological MHCP anonymous surveys. The *Death with Dignity Act of Oregon* (2018) and Washington Administrative Code Chapter 246-978 WAC (2009) ground this study's conceptual framework. The intent of this Study envelopes MHCP experiences with SPMI prison populations in Washington State.

The APA workgroup's antipathy concerning psychiatric euthanasia leaves ethical treatment decisions an MHCP responsibility (Comartin et al., 2020). The MHCPs working with psychiatric prisoners should discuss the effects APA policy has on their approach (Comartin et al., 2020). The Washington State-based MHCPs' encounters involving SPMI prisoners' DwD phenomenon are enlightening (Comartin et al., 2020). The prison administrators may change psychiatric seclusion policies encompassing relative harm to SPMI populations (Comartin et al., 2020). The in-depth reviews involving intellectual intent will be elucidated with greater detail in Chapter 2.

Chapter 2: Literature Review

Introduction

Prisoners experiencing treatment-resistant mental illness recidivate more than asymptomatic prisoners (Bosman et al., 2020). A refractory mental illness includes antisocial personality disorder, a psychopathological disease involving violent behavior (Azevedo et al., 2020). An intensive psychiatric care plan does not always diminish chronic prisoner mental illness (Barrenger et al., 2021). The global suicide rates in prisons directly correlate to increased instances of SPMI. Prison administrators ineffectively enforce SPMI prisoner segregation. The SPMI acuteness is not decreased through increased care during segregation. An SPMI is exacerbated by social isolation (Comartin et al., 2020).

The use of psychiatric DwD is currently illegal in the US (Perugino et al., 2022). The limited human rights access for SPMI prisoners parallels significant psychiatric DwD barriers (Monasterio et al., 2020). An overcrowded prison environment can intensify SPMI while the person is in proximity to aggressive inmates (Gétaz et al., 2021). The SPMI prisoner having refractory diagnoses should be eligible for DwD (Shalev et al., 2020). The phenomenological SPMI prisoner treatment insight from MHCPs is necessitous for identifying potential DwD ramifications (Zhou & Shelton, 2020). Prisoner DwD consideration positively affects social change by imposing ethical treatment modification opportunities globally (Pronk et al., 2021).

A parity argument comparison using sociocultural psychiatric beliefs about DwD is conducted (O'Neill et al., 2021). There is valuable insight to be gained from medical

and psychiatric provider beliefs through DwD parity arguments (O'Neill et al., 2021). Prisoners enduring SPMI are distinguishable from public persons by insurmountable DwD barriers. The suppositions involving SPMI prisoner DwD include reference to ethical care conduct codes (O'Donohue, 2020). The Current ethical care codes may become compromised when MHCPs aid with psychiatric DwD for prisoners. An additional US-based phenomenological study is necessary to consider the discontinuation of prisoner mental health care (Weithorn, 2021). The literature search strategy includes details describing the research techniques pursued (Yan et al., 2021).

Literature Search Strategy

Library database searches regarding relevant DwD content on major university websites were used in this search strategy (Yan et al., 2021). The online search engines utilized included Google Scholar, PsycAlert, ProQuest Central, PsycArticles, Thoreau Multi-Database, ScholarWorks, Sage Journals, and Elton B. Stephens Company (EBSCOhost) were used to find peer-reviewed articles across varied professional fields (Yan et al., 2021). The key phrases applied in different databases aligning core study concepts appeared throughout the search process (Yan et al., 2021). The study concepts include untreatable mental illness, rehabilitation, SPMI prisoners, vulnerable populations, psychiatric assisted suicide, the death penalty, and ethical withdrawal of mental health care (Yan et al., 2021). Keyword searches made while developing the framework resulted in critical concept identification (Yan et al., 2021). The keyword search included psychological pain, prison conditions, and prisoner treatment (Yan et al., 2021).

The relevant concepts about DwD including critical terminology are presented herein. The use of study parameters encompassing peer review, full text, and studies published from 2019 to 2022 are applied (Yan et al., 2021). The primary key search terms include hopelessness, suicidality, incarceration, recidivism, solitary confinement, mental acuity, care futility, chronic mental illness, care withdrawal, vulnerable prison populations, prison culture, institutionalism, and right-to-die (Warburton & Stahl, 2020). The search terms identification process involved rearranging word order to achieve greater information return (Yan et al., 2021). The full phrase searches used while information gathering yielded terms including DwD as an ethical release, unmitigated psychological pain, prisoner choice, and unsupervised prisoner suicide (Perugino et al., 2022). An additional combination of phrases search was made using Walden University Library encompassing key concepts, terminology, and phrase combinations. The use of consistent study parameters helped ensure that peer-reviewed article searches were current within four years (Yan et al., 2021).

The peer-reviewed articles regarding DwD, psychiatric care, and prisoner mental health came from the internet, specifically Google Scholar Yan et al., 2021). The systematic literature search process involved rigorous qualitative methodological protocols (Nizza & Smith, 2021). An additional SPMI prisoner-related scholastic literature search process was utilized. This scholarly search process included key terms such as hopelessness, psychological pain, death with dignity, parity argument, and vulnerable prison populations (Nizza & Smith, 2021). The literary research process resulted in gap identification also focusing on MHCP phenomenological experiences with

SPMI prisoners (Gétaz et al., 2021). A considerate research review from different study fields having similar demographic groups was helpful in gauging survey engagement potential (Yan et al., 2021). The geographic research process encompassed studies conducted in countries allowing psychiatric DwD for comparison (Pesut et al., 2020).

Conceptual Foundation

The conceptual foundation comes from mimetic theory positing human desire overrides societal norms regarding the continuum of prison mental health care (Jagger & Perron, 2020). The psychiatric DwD concept includes granting a prisoner the right to die if mental illness is incurable (Chenneville & Gabbidon, 2020). Thought toward existing philosophy is instrumental when developing a psychiatric DwD conceptual framework (Yan et al., 2021). The sharing of experiences by MHCPs having treated SPMI prisoners in Washington State may prompt further human rights-related research (Chenneville & Gabbidon, 2020). The differences in provider opinion encompassing prisoner DwD rights result in a parity argument (Crane & Pascoe, 2021). The MHCPs' conscientious responsivity regarding prisoner DwD may solidify their opinions on this concept (Gétaz et al., 2021). The MHCP's moralistic opinion can result in opposing prisoner psychiatric care discontinuation (Gétaz et al., 2021).

Prisoners with SPMI are not eligible for DwD regardless of diagnosis. Prison policies currently align with psychiatric DwD regulations (Gétaz et al., 2021). Medical provider reference to prisoner exclusionary language are in recent research (Reed, 2020). The language used by MHCPs interpreting DwD legalities differs depending on their specific ideologies or cultural preferences (Zhou & Shelton, 2020). The disparity in

linguistics creates uncertainty about SPMI prisoner rights. The Canadian federal prison administrators began granting inmates DwD in 2017 (Gétaz et al., 2021).

There were eight Canadian prisoner DwD requests in 2017 (Gétaz et al., 2021). Canadian caregivers administer DwD drugs while US lawmakers stipulate patients must self-terminate. The requisite of SPMI prisoner self-termination could result in MHCP opposition (Pesut et al., 2020). The policies designed to prevent wrongful assisted prisoner suicide are inadequately written (Gétaz et al., 2021). A wrongful DwD promotion following inadequate mental health care discontinuation is a concern for MHCPs. The MHCP emblematic concerns regarding DwD implementation where adequate care availability exists are lacking in research (Gétaz et al., 2021).

Life imprisonment depriving SPMI prisoners of parole is a form of existential death (Deitch, 2020). The elderly prisoners receiving hospice care while incarcerated are taxing already limited psychiatric services (Franke, 2021). Prison MHCPs have faced ethical complexities contradicting palliative inmate care (Patinadan et al., 2020). Prisoner assisted suicide could present a workable solution to strained psychiatric services availability (Nicolini et al., 2019). The apprehension felt by MHCPs regarding prisoner DwD may be gradually declining (Miller et al., 2019). The psychiatric community lacks adequate assessment tools when gauging prisoner DwD eligibility (Zhong et al., 2021). The provider opinion regarding adequate psychiatric assessment tools for SPMI prisoners requesting DwD access is inconsistent (Monasterio et al., 2020).

The SPMI prisoner psychiatric care discontinuation research is nonexistent. The known MHCP perspective comes from past quantitative studies (Barrenger et al., 2021).

The allowance of DwD for SPMI prisoners has been under review in Oregon since 2017 (Pronk et al., 2021). The Washington State legislators have not begun to address psychiatric DwD (Calati et al., 2021). The specific problem used while conducting research involved untreatable SPMI prisoner DwD exclusion in Washington State (Weithorn, 2021). The existing research regarding APA's formal opinion on psychiatric DwD is limited (Zhou & Shelton, 2020). A prisoner's psychiatric symptoms like chronic hopelessness, psychological pain, and unethical prison living conditions are considered (Levin et al., 2020).

Death with Dignity

Death with Dignity is about informed hospice planning encompassing end-of-life care (Levin et al., 2020). The DwD philosophy originated as a choice afforded to terminally ill persons when medical treatment is ineffective (Zhou & Shelton, 2020). The philosophical concept of DwD for psychiatric patients is a cornerstone reference for this study (Yan et al., 2021). The study concept involves DwD considerations addressing incurable SPMI prisoners (Chenneville & Gabbidon, 2020; van Veen et al., 2021). The DwD concept is instrumental when engaging MHCPs having phenomenological experiences treating refractory SPMI prisoners (van Veen et al., 2021). The medically terminal person is well informed on processes and obtains ongoing care during treatment (Comartin et al., 2020). The SPMI prisoners requesting DwD should receive a similar ethical release from unmitigated psychological pain (Pronk et al., 2021).

Prisoners experiencing SPMI do not receive DwD rights like medically terminal candidates (Pronk et al., 2021). Those untreatable SPMI prisoners should receive a DwD

education to make informed decisions (Zhou & Shelton, 2020). Prisoner suicide often occurs before pending court cases by individuals identified with a mental illness diagnosis (Perugino et al., 2022). The unidentified mental illness often consequentially leads to impulsive suicide. Prisoners experiencing untreatable SPMI often unknowingly contemplate suicide (Perugino et al., 2022; Reed, 2020). Prisoners having completed impulsive suicide are mentally ill (Perugino et al., 2022). Prisoners who consider suicide options do so based on their personal and moralistic values (Stack, 2021).

A SPMI prisoner can refuse assisted suicide citing their human value would be compromised. (Stack, 2021). Prisoners that discontinue making death sentence appeals may complete suicide (Perugino et al., 2022; Stack, 2021). The divergence contrasting prisoner DwD and the death penalty will elucidate the provider perspective (Weithorn, 2020). Death row inmate DwD conceptuality represents varied ethical perspectives about suicidality (Weithorn, 2020). The psychiatric euthanasia afforded death row inmates replacing impulsive suicide presents a provider dichotomy (Perugino et al., 2022). The societal interpretation of death sentencing compared to physician-assisted prisoner suicide differs substantially (Deitch, 2020). The dichotomous relationship between condemnation using prison sentences and aided psychiatric release results in a parity argument (Mannelli, 2021).

COVID-19 Pandemic Implications

The COVID-19 pandemic initially resulted in compulsory prisoner isolation causing existential questioning over life existence (Géa et al., 2022; Strauss et al., 2022). Prisoner deisolation during the COVID-19 pandemic subjugated limited social distancing

(Cloud et al., 2020; Hewson et al., 2020). Prisoner rights were further compromised by reduced mental health care during the COVID-19 pandemic (Iturri et al., 2020). The reduction of court hearings and postponed sentencing has also exacerbated prisoner suicidality (Hewson et al., 2020; Wilson, 2020). The recent COVID-19 studies address correctional officer virus perpetuation among inmates in Washington State (Strauss et al., 2022). The recent research into COVID-19 effects on prisoner suicidality indicates a minimal increase (Géa et al., 2022; Strauss et al., 2022). The MHCPs may shed light by providing phenomenological insight (Iturri et al., 2020).

Parity Argument

The medical care providers have differing opinions from psychiatrists about prisoners achieving SPMI rehabilitation (Mannelli, 2021). The medical providers pose rehabilitation framed in a normative ethical approach when deciding what practices work best (Mannelli, 2021). The MHCPs use a meta-ethical approach to address underlying psychiatric pain causation (Mannelli, 2021). The clinical judgment among treatment professionals is contingent on ethical beliefs. The MHCP's moral foundations obstruct non-bias regarding SPMI prisoner euthanasia (Mannelli, 2021). The psychiatric DwD concept for SPMI prisoners directly contradicts foundational elements of civil commitment (Abbasi Kashkuli & Haghighat, 2020). A civil commitment is implemented when rights are suspended temporarily (Abbasi Kashkuli & Haghighat, 2020).

A parity argument contrasting civil commitment and DwD occurs when SPMI prisoners receive self-termination rights (van Veen et al., 2020). The oxymoronic belief system between self-determination and basic needs sustainability by SPMI persons is an

ongoing debate among MHCPs (Nicolini et al., 2019). There are two differing though plausible outcomes from the ongoing provider debate that constitute dualism theory (Thibaut, 2022; van Veen et al., 2020). The dualism theory becomes apparent when medical providers argue mental illness is not physically painful (Thibaut, 2022). A natural division occurs between care providers over this dualist phenomenon that defines the mind-body problem (Thibaut, 2022). Physicians believe curing physical ailments has a similarly causal effect on the mind (Thibaut, 2022). Psychiatrists believe the mind functions independently from the body directly opposing medical professionals' approach to healing (Thibaut, 2022).

The MHCPs understand SPMI persons enduring physical pain require different treatments (Thibaut, 2022). The medical care professionals espouse DwD when incurable ailments exist (Smith, 2020). The SPMI prisoners withstanding incurable psychiatric pain do not receive DwD endorsement (Thibaut, 2022). There are significant discrepancies regarding the terminology used to describe *incurable* resulting in an MHCP conundrum (Nicolini et al., 2021). The differences in provider opinion contributing to disparate ideologies decrease vulnerable populations' DwD access opportunities (Stack, 2021). A biased provider's conscience can outweigh human rights when the symptomatic SPMI prisoner is desiring DwD (Abbasi Kashkuli & Haghighat, 2020). The moralistic opinion by MHCPs toward psychiatric euthanasia undermines overall SPMI prisoner DwD acceptance (Abbasi Kashkuli & Haghighat, 2020).

A notable provider argument addressing SPMI assisted suicide posits moral codes will be severely compromised if condoned (O'Donohue, 2020). The ethical mental health

treatment standards encompass harm reduction when curability is impossible (Chenneville & Gabbidon, 2020). The service providers fear that general DwD discussions would result in requests by ineligible persons. The perceived malleability of SPMI prisoners by paternalistic MHCPs constitutes a parity argument (Weithorn, 2020). The paternalistic treatment bestowed upon mentally ill persons impedes assisted suicide access (Weithorn, 2020). The global paternalistic SPMI prisoner care approach defeats individual DwD rights (Weithorn, 2020). The psychiatric care providers discounting SPMI prisoner interest in DwD is an inadvertent human rights violation. The SPMI prisoners should be educated in the concept of psychiatric DwD if approved by the US legislature in the future (Weithorn, 2020).

Prisoner rights violation directly conflicts with ethical MHCP conduct codes (O'Donohue, 2020). The past psychiatric assisted suicide research is significantly different from past medical self-termination discussions (Smith, 2020). The medical and psychological DwD disparity among service providers results in SPMI prisoner inequality (Smith, 2020). The SPMI prisoners having acute psychosis do not voluntarily consume medications (Saluja & Bryant, 2021). The SPMI prisoner with psychiatric pain is not treatable using psychotropic medications (Nicolini et al., 2019). Prisoners experiencing psychosis are often compelled to take psychotropic medications by forced injection (Nicolini et al., 2019). The compelled medication practice also infringes on SPMI prisoner rights (Nicolini et al., 2019).

The societal perception of psychiatric pain and general terminal medical conditions differs significantly (Smith, 2020). The more severe mental disorders increase

the potential for criminal behavior (Ho & Norman, 2019). The SPMI inmates have likely experienced victimization while living outside of prison (Ho & Norman, 2019). The victimization endured while in communal settings can compromise independent living skills for SPMI individuals (Ho & Norman, 2019). Prisoner victimization may elicit paternalistic treatment from MHCPs (Ho & Norman, 2019). The paternalistic treatment exuded by MHCPs does not provide added protection to SPMI prisoners (Smith, 2020). The transition toward ethical prisoner DwD could occur if endorsed by MHCPs when mentally ill persons are incarcerated (Monasterio et al., 2020).

Penrose Hypothesis

The Penrose hypothesis evolved during 1939 studies to address the psychiatric institutionalization phenomenon experienced by SPMI individuals (O'Neill et al., 2021). The founders of the Penrose hypothesis infer that prison psychiatric beds are proportionally equivalent to those deinstitutionalized in mental hospitals (O'Neill et al., 2021). The psychiatric hospital deinstitutionalization has resulted in a significant crime rate increase among SPMI persons (Carter, 2021). The majority of SPMI persons experiencing psychiatric symptoms warranting hospitalization now appear in the penal system (Staub, 2020). The SPMI individuals housed in prison psychiatric hospitalization settings commit heinous crimes including murder (O'Neill et al., 2021). The barriers to psychiatric DwD result in SPMI prisoner human rights loss (Smith, 2020). The Penrose hypothesis is used when explaining the adverse prison conditions affecting SPMI inmates (Mannelli, 2021).

Institutionalism

The MHCP paternalism, futile SPMI prisoner psychiatry, and ethical dilemma are attributable to institutionalism (Crane & Pascoe, 2021; Meyers et al., 2020). The incarcerated SPMI person will become institutionalized when not receiving adequate mental health care (Crane & Pascoe, 2021; O'Neill et al., 2021). The ideological influences on SPMI persons are caused by institutionalism (Warburton & Stahl, 2020). Institutionalism is attributable to fixed thinking when extensive psychiatric containment occurs (Crane & Pascoe, 2021; Warburton & Stahl, 2020). The phenomenon of institutionalism occurs when SPMI inmates radically adjust socially and environmentally to prison systems (Warburton & Stahl, 2020). The radically institutionalized SPMI prisoners are not releasable after rigorous mental health treatment (Mundt & Konrad, 2019). A limited comprehension of prisoner institutionalization has resulted in diverse opinions among MHCPs (Crane & Pascoe, 2021; O'Neill et al., 2021).

Prisoners serving extensive jail sentences do not take part in rehabilitative programs (Genders & Player, 2020). Rehabilitation and institutionalism are oxymoronic terms (Mundt & Konrad, 2019). Trans-institutionalization is based on the theory that de-hospitalization of mentally ill persons will eventually result in prison (Crane & Pascoe). Rehabilitation program participants become endangered when inmates no longer fit prison cultural molds (Genders & Player, 2020). Routine prison regulation creates a normalcy SPMI individuals lack outside controlled facilities (O'Connor et al., 2020). The process of maladaptive normalcy inside prisons can result in cultural segregation between

inmates (Genders & Player, 2020). The cultural segregation results in bizarre belief systems among inmates during prison confinement (Mitchell et al., 2021).

The societal segregation experienced in prison equates to mental health care barriers when SPMI parolees have limited resource access (Mitchell et al., 2021). Life outside prison is complicated for institutionalized SPMI persons (O'Neill et al., 2021). The preventative treatment programs effectively reducing institutionalism in the US are minimal (Mitchell et al., 2021). Socioeconomic factors play a significant role in reoccurring SPMI person's imprisonment (O'Neill et al., 2021). Parole requirements, including post-release supervision, impose significant stress (Reitz & Rhine, 2020). Parolees denied restorative education before release will repeat criminal behavior resulting in reimprisonment (Reitz & Rhine, 2020). The limited transitional mental health care for releasees contributes significantly to recidivism (Crane & Pascoe, 2021).

Literature Review Related to Key Concepts

A qualitative psychiatric prisoner DwD research gap exists between 2016 and 2022 (Nizza & Smith, 2021). A social change will occur when US government system developers start allowing SPMI prisoner DwD (Al Rabadi et al., 2019). The MHCP phenomenological experiences may affect social change through increased knowledge involving SPMI prisoner encounters (Leigh-Osroosh, 2021). The use of qualitative research methods is beneficial when pursuing phenomenological SPMI prisoner mental health care through a provider experiential lens (Nizza & Smith, 2021). The qualitative data ascertained through MHCPs' reflective lived experience statements among SPMI prisoners is important (Nizza & Smith, 2021). An awareness of provider lived

experiences using real-world encounters can be gained through this qualitative study. (Chenneville & Gabbidon, 2020; Yan et al., 2021). A significant level of social implications for SPMI prisoner care has been identified (Weisbrod & Quill, 2019).

The prisons with overcrowding and limited mental health care indirectly contribute to increased prisoner suicidality (Gétaz et al., 2021). There is a lack of parallel studies comparing prison conditions and SPMI exacerbated by ineffective mental health (Gétaz et al., 2021). The DwD conceptual framework incorporates SPMI prisoner considerations involving morbid, untreatable mental illness (Pronk et al., 2021). The phenomenon of SPMI prisoner suicide is under-studied (Perugino et al., 2022). There is a general belief that SPMI prisoners' mental health can improve during incarceration (Gabrysch et al., 2020). There are very nominal comparative studies addressing SPMI prisoner self-harm currently (Gétaz et al., 2021). The demographic for this qualitative study is MHCPs treating SPMI inmates in Washington State (van Veen et al., 2021).

Mental Illness

A mental illness can impede sustainable workability preventing SPMI persons from achieving independent lifestyles (Kiekens et al., 2021). The SPMI individuals unemployed for lengths of time may commit multiple crimes (Kiekens et al., 2021). A college education is not achievable by persons withstanding SPMI (Kiekens et al., 2021). The limited education achievement also infringes on sustainable independent living for SPMI persons (Kiekens et al., 2021). A cyclical, reoccurring mental illness inhibits multiple life domains resulting in social integration inability (O'Reilly et al., 2019). The older prisoners experiencing a cyclical SPMI will not thrive outside the penal system

culture if released (Prost et al., 2021). The total number of incarcerated SPMI persons is three times greater than those hospitalized in psychiatric facilities (Meyers et al., 2020).

The mental illness phenomenon posing a burden on US prison systems is significant (Meyers et al., 2020). Prison facilities in the US house more mentally ill persons than hospitals comparatively (Hill et al., 2022). The diagnostic occurrence rate for SPMI prior to incarceration is minimal (Isaacs et al., 2019). A process of mental decompensation occurs congruently with incarceration (Klein, 2019). Persons experiencing SPMI require stable housing, secured employment, and general medical care often unavailable to them (Falconer, 2019). The individuals with SPMI experiencing service deprivation such as housing and mental health care will often become incarcerated (Falconer, 2019). There is a direct correlation between SPMI and significant, unresolved childhood trauma (Klein, 2019).

The trauma-focused mental health therapist believes SMI will improve over time with psychotherapy (Isaacs et al., 2019; Klein, 2019). Prisoners diagnosed with SPMI have suffered indeterminately prior to incarceration (Isaacs et al., 2019). Prisoner mental health conditions do not improve with therapy during incarceration (Isaacs et al., 2019). The SPMI prisoners generally endure their illness indefinitely (Hodel et al., 2019). The disparity relating SPMI prisoner choice over provider belief results in DwD rights interference (Hodel et al., 2019). A chronic, refractory mental illness is hugely stigmatizing to incarcerated individuals (O'Reilly et al., 2019). Prisoners with SPMI may never overcome the associated stigma during incarceration (O'Reilly et al., 2019).

Living under mental illness stigmatization in prison can significantly increase vulnerability while simultaneously lowering treatment responsivity (Hodel et al., 2019). The frequent discrimination by jail administrators may solidify SPMI prisoners' self-loathing (O'Reilly et al., 2019). The advocates for community-based post-prison programs believe discrimination stigma decreases over time (O'Reilly et al., 2019). Suicidality is not addressed during prison entrance screening (Zhong et al., 2021). An individual feeling suicidal before incarceration experiences an exponential symptomatic increase following imprisonment (Zhong et al., 2021). A prisoner's suicidal ideation significantly increases when segregated during psychotic episodes (Gétaz et al., 2021). The concept of psychiatric DwD considerations is a newer research concept for Washington State (Gétaz et al., 2021).

The persons experiencing untreatable mental illness will not make informed decisions regarding DwD (Weithorn, 2021). The treatment resistant SPMI prisoner is more likely suicidal than an asymptomatic prisoner according to the United Kingdoms' Mental Capacity Act of 2005 guiding principles, *Code of Practice* (O'Donohue, 2020). The psychiatric DwD rights-related research using Washington State SPMI prisoner demographics is non-existent (Al Rabadi et al., 2019). The exposure to MHCP phenomenological experiences with incurable SPMI prisoners contributes toward the development of future DwD psychiatric practices. Proponents underpinning SPMI prisoner DwD is subjective (Stoliker et al., 2020). Death with Dignity criteria development will require writer insightfulness regarding untreatable mental illness conditions (Pronk et al., 2021).

Prisoner Violence

The inmates with SPMI currently dominate overall prison populations in the US (Hill et al., 2022). Inmates studied previously were categorically diagnosed with violent mental illness (Hill et al., 2022). Prisoners diagnosed with violent mental illness have shown a probability of suicidality. Disparities in accessible mental health care lend to increased prisoner suicidality (Hill et al., 2022). Prisoners with chronic untreatable mental diagnoses such as schizophrenia can become extremely violent when agitated (Opitz-Welke & Konrad, 2019). An SPMI prisoner can decline mental health care if sufficiently appreciative of subsequent implications (Opitz-Welke & Konrad, 2019). The process of compelling psychotropic medications upon SPMI persons is unethical in prison settings (Opitz-Welke & Konrad, 2019).

Psychiatric Pain and Hopelessness

The existential psychiatric suffering endured by SPMI prisoners involves hopelessness (van Veen et al., 2021). Prisoners bearing existential psychiatric pain lack reprieve when care availability is minimal (Gabrysch et al., 2020). An SPMI irreparably compromises a prisoner's quality of life. The process of decreased life qualities such as social interaction or personal purpose results in increased hopelessness (Gaignard & Hurst, 2019). The psychiatric pain experienced by mentally ill prisoners is cyclical (Gabrysch et al., 2020). The medical intervention using psychotropic medications does not remediate psychiatric pain (Comartin et al., 2021). Prisoners serving life sentences show a propensity to avoid psychiatric care out of hopelessness (Seeds, 2021).

Prisoners experience definably different psychiatric pain making treatment plan development complicated for MHCPs (Comartin et al., 2021). The policymakers in Switzerland do not define experiential patient pain (Urwyler & Noll, 2020). All DwD patients endure highly individualized, unendurable psychiatric pain (Gaignard & Hurst, 2019). The medical DwD predeterminer includes physical pain experienced by a patient while mental anguish is excluded (Comartin et al., 2021). The psychiatric suffering endured by SPMI prisoners does not meet current DwD criteria (Sulmasy, 2021). The different terms used to describe solitary confinement, including special housing unit, the hole, isolation, and lockdown are done so interchangeably (Géa et al., 2022). The increased symptoms isolated SPMI prisoners demonstrate during confinement are predeterminable (Géa et al., 2022).

Prisoner Mental Health Care

The mental health care needs exceed the proper treatment availability afforded to SPMI prisoners (Gabrysch et al., 2020). Minority populations with acute mental health needs often lack adequate service access before incarceration (Gabrysch et al., 2020). Prisoners having acute mental health care needs are more likely to contemplate suicide. The use of medical interventions such as chemical castration is employed to control high-risk sex offenders (Comartin et al., 2020). The act of imposing unethical medical restraint on SPMI persons is often necessary. Prison mental health care restrictions can result in inadvertent human rights denial (Comartin et al., 2020). The persons with acute psychosis in prison do not control their behavior despite environmental demands requiring constraint (Bell, 2021).

A form of behavioral control using compelled psychiatric medication administration in prison is unethical (Bell, 2021). The imprisonment of mentally ill persons is ineffective in reducing behaviors. The non-rehabilitated SPMI person lacking sustainable independence will recidivate (Bell, 2021). Death with Dignity is not currently an option to end jail sentences for recidivating SPMI prisoners (Bell, 2021). The use of chemical restraint methods is allowable for managing combative individuals in prison and psychiatric hospitals. An MHCPs' experience with chemical restraint effects on prisoner-to-therapist relationships has not been researched (Bacha et al., 2020). A forensic researcher should address the significant disconnect flanking prisoner restraint and relational value (Bacha et al., 2020).

A prisoner's mental illness improvement occurs over time with adequate therapeutic provider relationships according to past research (Gabrysch et al., 2020). Provider input surrounding SPMI prisoner changeability through relational care may reveal rehabilitative outcomes (Gabrysch et al., 2020). A strained relationship between MHCP and symptomatic prisoners can often occur (Bacha et al., 2020). The Washington State prison infrastructure may be inadequate to promote healthy therapeutic relations. The Washington State prison mental health care assessments are inappropriate when generalized for all inmates. Prison MHCP input will help define SPMI inmate care adequacy (Nicolini et al., 2020). The improvement of mental health care can positively influence SPMI prisoners' perspectives on life (Bacha et al., 2020; Gabrysch et al., 2020).

Prisoners endure depersonalization during incarceration (Bacha et al., 2020). Prisoners have described mental health care disconnects during interviews in recent

quantitative research (Bacha et al., 2020). The success rate of mental health care for SPMI persons is relationally dependent in confined settings (Bacha et al., 2020). Prisoners are not receiving relational mental health care in overcrowded prison systems (Smith, 2020). The provision of mental health care for SPMI inmates is not equal in all prison settings (Gaignard & Hurst, 2019). The inequality of care can result in increased SPMI prisoner vulnerability systemically (Chong et al., 2020). Prisoner MHCPs are unable to mitigate SPMI inmate vulnerability (Chong et al., 2020).

An individualized care plan is impossible when prison environmental conditions are impeding recoverability (Gaignard & Hurst, 2019). An increased service level does guarantee that SPMI prisoner life quality will improve (Gaignard & Hurst, 2019). The inconsistency of mental health care results in SPMI prisoners' instability over time (Hudson & Wright, 2019). The reformation potential needed for a prisoner's release eligibility is restricted by ineffective care (Hudson & Wright, 2019). The palliative prisoner care requirements are covered extensively in current medical research (Chenneville & Gabbidon, 2020). The significant variances between suicidal ideation treatment modalities and DwD barriers are minimally covered in recent research (Chenneville & Gabbidon, 2020). The discrepancy linking medical and psychological DwD requirements results in SPMI prisoner care inequality (Nicolini et al., 2019).

Treatment Resistance

There is significant apathy demonstrated by SPMI patients resulting in change resistance. Mental health care providers refuting SPMI prisoner DwD on the basis that recovery is sustainable demonstrate diverging arguments (van Veen et al., 2020). The

SPMI persons have shorter life spans than average individuals according to medically founded research. Researchers elucidate prevalent inequality in SPMI prisoner population mental health care (van Veen et al., 2020). A retractable mental illness comes from inconsistent therapeutic care in undesirable environments (Gétaz et al., 2021). Prisoners' unmet care needs contribute to lingering SPMI. The inability to change results in prolonged prisoner stays (Gétaz et al., 2021).

Futility of Care

Prison staff faces insurmountable challenges when SPMI prisoners are non-compliant (Meyers et al., 2020). An inability to ethically maintain SPMI prisoner compliance may result in further inmate mental decompensation (Meyers et al., 2020). The demand to engage in prison restorative programs is unethical (Nicolini et al., 2019). The enforcement of mental health care compliance is no more ethical than allowing prisoner suicide (Barry et al., 2020). Mental health care providers are fearful DwD education provided to SPMI prisoners will incite interest. The WDOC provider anonymous survey is necessary to validate recent DwD research (Nicolini et al., 2020).

Futility of care presents a parity argument relative to SPMI patients and provider ethical requirements (Mannelli, 2021; van Veen et al., 2020). The addressing of SPMI prisoner needs by distress alleviation may result in a positive yield. The recovery from a terminal medical condition is more predictable than curing SPMI (Zhong et al., 2021). A mentally ill individual must emotionally commit to the recovery process for success (Zhong et al., 2021). The data from recent longitudinal studies would indicate that an ability to meet basic needs helps decrease SPMI symptoms in general populations. The

alleviation of psychiatric pain for medical patients is possible. An intuitive study corroborating the allegation that psychiatric pain for medical patients is relievable does not exist (Zhong et al., 2021).

An SPMI prisoner may see care as futile while MHCPs insist ultimate improvement will occur over time (Mannelli, 2021). An untreatable SPMI prisoner should be given legal DwD rights awareness (Pronk et al., 2021). An ethical dilemma regarding prisoner DwD will always exist (Chenneville & Gabbidon, 2020). The current medical and psychiatric integrated care protocols disrupt prisoner DwD access (Chenneville & Gabbidon, 2020). The continuation of palliative prison population care is predicated on outdated sociopolitical perspectives. The mental acuity of a prisoner will differ among MHCPs when outdated psychiatric assessment tools are utilized (Chenneville & Gabbidon, 2020). The continued patriarchal mental health care based on debatable assessment tools affects SPMI prisoner DwD rights (Zhong et al., 2021).

Interventions

Health care integration has become the conceptual practice norm when treating mentally ill prisoners (Chenneville & Gabbidon, 2020). The treatment provider-to-patient relationship develops over time (Pesut et al., 2020). Prison terms may not be long enough to cultivate strong patient/provider relationships (Barrenger et al., 2021). The discontinuation of vulnerable SPMI prisoner care requires severance of therapeutic relations with MHCPs (Pesut et al., 2020). Most mental health care rehabilitation programs are not useful when aimed at criminalistic individuals newly imprisoned. The successful recovery program includes holistic care with a focus on empowering mentally

ill persons (Bacha et al., 2020). The SPMI person serving prison terms is less likely to achieve rehabilitation than healthy inmates.

The reversal of psychological suffering is essential to recovery for SPMI prisoners (Nicolini et al., 2020). Prisoners serving extended sentences while housed in poor living conditions will not achieve psychiatric resolve through traditional interventions (Nicolini et al., 2020). Access to adequate rehabilitative programs by persons exiting the penal system is minimal (Armstrong, 2020). An inadequate rehabilitative education for SPMI prisoners can result in extended imprisonment. The approval of elderly SPMI prisoner DwD would help alleviate a systemic burden within overcrowded facilities (Barry et al., 2020; Meyers et al., 2020). The inadequacy of prisoner mental health treatment during incarceration results in complex care needs upon release (Barrenger et al., 2021). The general prisoner population programs are currently in place to transition back to the community (Barrenger et al., 2021).

The appropriate transitional programs endorsing SPMI prisoner success are lacking (Barrenger et al., 2021). The SPMI prisoners are not fully engaged in proper transitional programs before release (Barrenger et al., 2021). The inability of SPMI prisoners to change their behavior can result in extended sentencing (Armstrong, 2020). The judicial use of extensive sentencing places SPMI prisoners at risk for institutionalism (Crane & Pascoe, 2021; Warburton & Stahl, 2020). The medical care provider perspectives concerning persons with SPMI are impactful. Many medical care providers consider psychiatric patients unable to make health decisions (Saluja & Bryant, 2021).

The failure to determine accurate medical terminality causing similar psychiatric prisoner fears is a recent concern (Cabrera et al., 2021).

Prisoner Mental Acuity

Mental health care providers believe overall mental acuity goes beyond basic conceptual cognizance (Zhong et al., 2021). A long prison sentence contributes to an individual's mental health decline (Nicolini et al., 2020). A prisoner's comprehension of DwD differs comparatively to death by any other method (Zhong et al., 2021). The moral constitution of varying professional sects addressing vulnerable population care is a barrier to SPMI prisoner DwD. A civil commitment occurs when an individual is unable to sustain themselves appropriately (Gétaz et al., 2021). The civilly committed SPMI prisoners will not comprehend the DwD concept if presented to them as a treatment alternative. A civil commitment automatically precludes prisoner DwD eligibility (Gétaz et al., 2021).

The Washington State policymakers expect DwD applicants to understand the concept, including medication administration requirements (Nicolini et al., 2020). Prisoners do not take medications unobserved. The SPMI prisoners may not grasp the self-administration process required for DwD (Gétaz et al., 2021). The prescriber would be required to administer DwD medications to prisoners in WDOC (Nicolini et al., 2020). The prisoner DwD self-administration process would require special accommodations (Nicolini et al., 2020). Legal perimeters surrounding mentally ill prisoners' rights must be in place before DwD administration can occur (Smith, 2020). An MHCPs' perception of prisoner DwD legality is unknown.

Death Penalty

A misnomer exists involving mentally ill prisoner death penalty eligibility in the US (Perlin, 2021). Court jurors evoking death penalties to address heinous crimes could be overlooking significant SPMI (Hudachek & Quigley-McBride, 2022). Death penalty replacement using DwD presents a parity argument over prisoner rights (Kosche, 2020). An allowance for SPMI prisoner DwD could present a significant ethical dilemma for US government entities (Kosche, 2020; Perlin, 2021). The WDOC mental health care provider surveys will include parity argument questions toward ethically terminating SPMI prisoner lives (Kosche, 2020; Perlin, 2021). Social order restoration is achievable by invoking the death penalty (Kosche, 2020). Prisoner DwD should not be cogitated as less ethical than execution (Kosche, 2020).

Psychiatric Eligibility

The psychiatric DwD eligibility criteria should parallel civil commitment identifiers for SPMI persons (Sulmasy, 2021). Mental health care providers continuously debate SPMI prisoner curability potential (Sulmasy, 2021). The debates over curability include suffering when psychiatric euthanasia criteria are considered (Sulmasy, 2021). The intractability of psychiatric pain must be determined to achieve prisoner DwD eligibility (Sulmasy, 2021). The SPMI prisoners' experience of differentiating psychiatric pain levels results in eligibility discrepancies (van Veen et al., 2020). Canadian policymakers decriminalized assisted suicide enabling psychiatric DwD exploration by prisoners in 2016 (Gétaz et al., 2021). The experiences gained using the Canadian MHCP lens could reveal evidential lessons learned for US studies (Gétaz et al., 2021).

A qualitative study documenting subjective MHCP data evidencing their experience treating suicidal prisoners does not exist (Levin et al., 2020). The comparative evidence involving prison sentences versus treatability levels can frame psychiatric DwD in the US (Gétaz et al., 2021). Provider uncertainty concerning SPMI prisoner research may hinder academic progress (Robinson, 2020). Prison-based MHCPs may fear employer retaliation for sharing their inmate observations (Robinson, 2020). California's *End-of-Life Option Act* (2016) does not require psychiatric assessments to attain DwD approval (Weithorn, 2021). California State medical providers require mental health assessments when determining DwD eligibility (Weithorn, 2021). Medical patient DwD eligibility requirements should include aging incarcerated persons (Franke, 2021).

Assessment Tools

The California psychiatric community has been developing assessment tools that incorporate DwD screening protocols (Weithorn, 2021). The psychiatric DwD screening protocols are based on preexisting mental illness tests (Weithorn, 2021). Legal terminology in psychiatric DwD as modeled by existing medical assisted suicide language is a new concept (Zhong et al., 2021). The modification of generic psychiatric assessment tools could meet standard DwD specifications (Zhong et al., 2021). An unequivocal grasp of DwD by SPMI persons is expected from psychiatric care providers (Meyers et al., 2020). The SPMI inmates enduring acute psychiatric pain may not understand DwD (Lengvenyte, 2020). A contrived behavior emulating mental illness, known as malingering, is often confused with genuine symptoms (Gonzalez, 2021).

Confinement can result in malingering behavior when a prisoner requires environmental change (Gonzalez, 2021). Prison settings are devastating to mentally ill individuals misdiagnosed with malingering (Gonzalez, 2021). The Washington State prison MHCP opinions regarding isolation effects on SPMI prisoner mental acuity is not known (Meyers et al., 2020). A specific assessment tool identifying malingering does not currently exist, resulting in subjectivity by MHCPs (Meyers et al., 2020). There are cited arguments contrasting psychiatric DwD for persons having standalone SPMI conditions (van Veen et al., 2020; Weithorn, 2020). The medical DwD assessment criteria inhibit the provider's ability to extrapolate mental health conditions (Weithorn, 2020). The assessment criteria for psychiatric DwD should include mental illness (Sulmasy, 2021).

Ethical Dilemma

An ethical dilemma exists between interlocutors entertaining a personal stake in prisoner mental health (Chenneville & Gabbidon, 2020). Policymaker support for ethical DwD adaptation is lacking in the US (Weithorn, 2020). The misperception that SPMI prisoners lack DwD decision-making ability reigns in recent research (Shaw, 2019). A clinical mental health advisory processes regarding care practices are currently under question (Mannelli, 2021). The mental health care for SPMI prisoners does not facilitate an adequate transition to release planning (Shaw, 2019). The integrated prisoner health care barriers may result in an ethical dilemma (Chenneville & Gabbidon, 2020). The recent policy maker decisions directly affecting prisoners overlook inmate preference resulting in unobserved individual rights (Armstrong, 2020).

Legal decisions affecting penal systems can result in perceived mistreatment through power and control over SPMI prisoners (Armstrong, 2020). Prisoner rehabilitation barriers occur when psychological capacity is lacking (Armstrong, 2020). The SPMI prisoner will serve a longer sentence than one not experiencing psychiatric debility (Comartin et al., 2020; van Veen et al., 2020). The equitable care standards created decades before prison mental health evolved do not address psychiatric pain (Comartin et al., 2020; Lengvenyte, 2020). The criminal behavior of SPMI prisoners in overcrowded facilities compromises rehabilitation potential (Comartin et al., 2020). An SPMI prisoner can be in the penal system for several years before receiving psychiatric care (Comartin et al., 2020). The prisoner will face many challenges when legislative bodies place demands on mental health care universally (Smith, 2020).

Prisoner Rights

Prison populations are a unique social demographic afforded most human rights (Smith, 2020). The loss of normalcy in prison is debilitating (Forrester et al., 2019). A hierarchal status within prisons is not attainable for SPMI persons resulting in extreme inmate vulnerability. The significant level of political barriers prevents SPMI prisoner DwD access (Pronk et al., 2021). The considerations for an SPMI inmate are not comparable with non-prisoners experiencing mental illness (Bacha et al., 2020). The lack of research specific to SPMI prisoner DwD options has perpetuated access barriers (Smith, 2020). All care providers are bound by ethical standards acknowledging patient rights including futile care discontinuation (Smith et al., 2020).

The cessation of treatment by mentally ill persons has stirred numerous provider discussions (Favril et al., 2020). The discontinuation of SPMI prisoner care is deemed unethical (Bacha et al., 2020; Favril et al., 2020). The vulnerable prisoner populations necessitate DwD over ineffective treatment (Bacha et al., 2020). The current mental health care standards should include psychiatric prisoner DwD criteria (Sulmasy, 2021). The continued psychiatric care causing more harm than good violates ethical standards (Sulmasy, 2021). The APA Resolution for Assisted Dying does not address ethical MHCP guidance. Many MHCPs lack proper guidance for ending care (Sulmasy, 2021).

The US is lagging while more progressive countries continue to refine legal DwD guidance for MHCPs serving psychiatric prisoners (Nicolini et al., 2020). The dissension amongst medical providers results in limited patient information concerning. The legalization of medical DwD has not occurred in many states (Nicolini et al., 2020). The APA workgroup developed guidelines stipulating psychiatric assessment requirements for DwD candidates. A referral for psychiatric prisoner DwD is contradictive to medical ethical foundations (Sulmasy, 2021). An SPMI prisoner is banned from psychiatric DwD by dissension through limited state participation (Nicolini et al., 2020). An interpretative concept that terminal patients prefer death on their own terms has been presented in prior studies.

The research considered includes multiple parity arguments over patient DwD rights (van Veen et al., 2020). A prisoner's right to terminate treatment is societally contraindicated for vulnerable population needs (Urwyler & Noll, 2020). The discontinuation of mental health care directly conflicts with ethical principles guiding

provider responsibilities to vulnerable populations (Urwyler & Noll, 2020). The core medical DwD requirements include effectual decision-making (Nicolini et al., 2019). The legislative language used when addressing the US assisted suicide guidelines excludes irremediable psychological suffering, a term found in Canadian psychiatric DwD criteria (Nicolini et al., 2019). The current assisted suicide terminology has effectively inhibited psychiatric DwD (Al Rabadi et al., 2019). The US legislature should use terminology aligned with progressive psychiatric DwD-supporting countries (Urwyler & Noll, 2020).

Paternalism

The paternalistic approach used by MHCPs is a responsive gesture toward prisoners enduring psychiatric pain (Weithorn, 2020). Paternalism stems from the beneficence care principle guiding MHCPs (Weithorn, 2020). The opponents of SPMI prisoner DwD insinuate that personal agency removal may increase overall protective factors (Weithorn, 2020). The MHCP's paternalistic behavior results in lost SPMI prisoner autonomy (Weithorn, 2020). The loss of autonomy contributes to SPMI prisoner institutional behavior over time. An institutionalized SPMI prisoner will depend on paternalistic MHCP protection. The use of traditional psychiatric mental health care can impede prisoner DwD rights (Weithorn, 2020).

The paternalistic approach is unavoidable when MHCPs administer SPMI prisoner therapeutic treatment (Weithorn, 2020). Paternalistic treatment can arise when MHCPs administer traditional therapy while working with vulnerable SPMI prisoners (Ho & Norman, 2019). Psychologists could require generations to extricate paternalism from prison system mental health care (Bladon, 2019). Paternalistic MHCPs may impede

prisoner euthanasia conceptual progress (Weithorn, 2020). The deliberate paternalistic treatment of SPMI prisoners is constrictive (Shaw, 2019). The biased opinion of MHCPs when approaching psychiatric DwD may undermine prisoner-assisted suicide acceptance (Nicolini et al., 2019). A paternalistic response could stem from MHCP beliefs that psychiatric-aided suicide violates ethical care codes (O'Donohue, 2020).

Vulnerable Prison Populations

Prison systems are legally bound to administer therapy (Chong et al., 2020). All vulnerable prisoners should receive equal treatment regardless of cultural background (Chong et al., 2020). Death with Dignity should be available to all vulnerable SPMI prison populations (Smith, 2020). The lingering pain of SPMI for a prisoner can result in unassisted suicide (Chong et al., 2020). The SPMI person imprisonment process increases existing vulnerability exponentially (Maschi et al., 2021). An individual's mental illness presentation can differ depending on cultural background and biopsychosocial history (Chong et al., 2020). The only discernable differences in SPMI inmate vulnerability are defined through symptomatic presentation (Chong et al., 2020).

Prison Living Conditions

There is limited care available to SPMI prisoners when provider attention becomes overtaxed (Gétaz et al., 2021). The older inmates experiencing difficult prison conditions may contribute to increased DwD requests in Canada (Gétaz et al., 2021). The experience of abject isolation during solitary confinement may increase prisoner suicidality (Gétaz et al., 2021). Behaviors involving suicidality, including self-strangulation, are higher in overcrowded prisons (Gétaz et al., 2021). The ethical

importance regarding SPMI prisoner suicide may not be significant (Robinson, 2020). The MHCPs demonstrate a *here-and-now* approach to mental health care in recent qualitative prison fieldwork (Robinson, 2020). Those MHCPs using the *here-and-now* attitude with SPMI prisoners defeat long-term improvement (Robinson, 2020).

A change of system protocols to reduce the myopic outlook toward prison dilemmas has not been considered (Robinson, 2020). Prison administrator scope can diverge toward efficiency when MHCP duties are too expansive (Robinson, 2020). The integrated health care concept applied in psychiatric prison systems is ineffectual (Chenneville & Gabbidon, 2020). The comfort that should be afforded prisoners facing terminality is absent (Maschi et al., 2021). The use of social isolation when SPMI prisoners require relief from a chaotic environment is ineffective (Maschi et al., 2021). The increased isolation during enforced solitary confinement intensifies mental illness (Gétaz et al., 2021). The recovery programs involving group therapy in prison environments also lack effectiveness (Chenneville & Gabbidon, 2020).

The programs designed for personal empowerment may inadvertently stimulate SPMI prisoner criminal behavior (Bacha et al., 2020). The legal decisions made on behalf of SPMI inmates by treatment providers result in obtrusive individual rights disregard (Armstrong, 2020). Legal decisions made without understanding the SPMI prisoner phenomena result in undue political mistreatment (Armstrong, 2020). The use of integrated healthcare within prison systems does not explicitly aid in the reduction of SPMI inmate suicidal ideation (Chenneville & Gabbidon, 2020). The use of imprisonment over mental hospitalization for persons enmeshed in the legal system

increases suicidality (Stoliker et al., 2020). The psychiatric hospital staff focuses only on restorative care with a programmatic step-down intent (Stoliker et al., 2020). There is a goal of achieving healthy social boundaries among patients in mental hospitals absent within prisons (Weithorn, 2020).

Prisoner social structure is based on survival through cultural acceptance by many inmates (Weithorn, 2020). Suicidality is an insignificant concern in prison settings (Stoliker et al., 2020). The SPMI prisoner recipient of cultural trauma through rejection becomes increasingly ill (Bacha et al., 2020; Weithorn, 2020). The increased victimization also affects prisoner criminal thinking (Ho & Norman, 2019). The SPMI prisoner uses criminalistic thinking as a survival tactic (Ho & Norman, 2019). A human fight or flight response is severely restricted in jail settings and may result in increased SPMI prisoner vulnerability (Bacha et al., 2020). The victimization process creates a cyclical reaction between criminal and mental behavior (Bacha et al., 2020).

Recidivism

Prisoners experiencing SPMI will not achieve social reintegration when society has drastically changed during incarceration (Barrenger et al., 2021). The socio-environmental culture shock experienced post-release decreases parolee employability (Barrenger et al., 2021). The necessary reentry programs focusing on individual prisoner privation are absent (Arbour et al., 2021). Prisoners require individualized transitional programs to improve success rates (Arbour et al., 2021). The prisoners experiencing SPMI are seldom rehabilitated (Barrenger et al., 2021). The rate of recidivism reduction

aimed toward SPMI prisoners is not measurable (Barrenger et al., 2021). The lack of effective transitional programs targeting mentally ill prisoners is a barrier (Bell, 2021).

Prisoner Suicide

The subsequent suicide by SPMI prisoners when treatment has failed is a study consideration (Zhou & Shelton, 2020). Prisoners experiencing untreatable SPMI may complete suicide unaware of DwD (Gerson et al., 2019). The US-based studies encompassing SPMI prisoner DwD are limited, resulting in minimal research data availability (Weithorn, 2020). The majority of SPMI prisoner suicides occur in state jurisdictions where DwD is illegal (Gerson et al., 2019). The latest suicide research was conducted with palliative caregivers (Gerson et al., 2019). The acceptability of psychiatric DwD may increase with awareness regarding SPMI prisoner suicide (Monasterio et al., 2020). Provider knowledge of prisoner suicide may serve to generate phenomenological interest lending toward social change (Veen et al., 2021).

Researchers Approach

A qualitative study of MHCP experiences in Washington State prisons with SPMI populations does not exist (Al Rabadi et al., 2019). The past research has primarily included qualitative medical caregiver interviews (Al Rabadi et al., 2019). The research involving psychiatric DwD consideration from a provider worldview lens is lacking (Weithorn, 2020). The lack of research may be due to limited APA provisions for MHCPs involved with prisoner-assisted suicide (Pronk et al., 2021). The early quantitative DwD studies with a psychiatric focus come from sources outside the US (Weithorn, 2020). The prior quantitative studies regarding psychiatric DwD are scant and

controversial in nature (Al Rabadi et al., 2019). A deeper look at suicidal thought has been the scope of recent qualitative studies involving prisoners (Stoliker et al., 2020).

The Penrose hypothesis presented phenomenological evidence that inverted psychiatric hospital deinstitutionalization occurred (O'Neill et al., 2021). There is evidence of increased incarceration of SPMI persons found in recent longitudinal studies involving the Penrose hypothesis as the conceptual foundation (O'Neill et al., 2021). There are quantitative studies addressing criminal behavior by SPMI persons available. The potential for recidivism by SPMI prisoners arose during an exhaustive consideration of all theories (O'Neill et al., 2021). The Penrose hypothesis is still valid based on current SPMI prisoner percentages still substantiated (O'Neill et al., 2021). A multitude of extenuating factors is attributable to refractory mental illness. There is extensive evidence elucidating environmental effects on SPMI prisoners (O'Neill et al., 2021).

Strengths and Weaknesses

The existing Washington State DwD policies do not currently address details regarding SPMI prisoner rights. The Washington State prison MHCP's experience has been excluded from research involving chronically SPMI persons (Levin et al., 2020). A minimal amount of SPMI prisoner-focused research exists (Shalev et al., 2020). The experiential evidence from MHCPs could elucidate evidence that chronic hopelessness from intolerable prison living conditions induces suicidality (Shalev et al., 2020). Prisoner insight is gained using a provider experiential lens resulting in more expansive practical knowledge (van Veen et al., 2021). The increase in theoretical discernment is

important when developing psychiatric DwD criteria (Shalev et al., 2020). A sensitivity toward prisoner care may shape future studies (van Veen et al., 2021).

The MHCPs have realized that incurable SPMI exacerbates chronic hopelessness, resulting in prisoner suicide (Pronk et al., 2021). The use of psychiatric DwD to replace SPMI prisoner life sentencing would shape future inmate psychiatry (Shalev et al., 2020). The qualitative studies involving nurses have missed critical experiential prison populations (Barrenger et al., 2021; Feeg et al., 2021). The meta-synthesized qualitative information gathered through nurse interviews pertaining to DwD exists in medical journals (Saluja & Bryant, 2021). Prisoners' inability to acquire basic provisions has a direct impact on suicidal ideation (Stoliker et al., 2020). A lack of basic needs fulfillment in prison settings may surface within MHCP testimonies. The qualitative studies require MHCP participation to achieve greater accuracy in the future (Shalev et al., 2020).

Summary

The overarching themes associated with SPMI inmate DwD barriers included parity argument among MHCPs serving prisoners (Pronk et al., 2021). An academic awareness of psychiatric pain complexity is lacking (Lengvenyte, 2020). The psychiatric prisoner DwD eligibility determination factors are numerable (Pronk et al., 2021). Inmate mortality rates continue to rise despite SPMI reduction efforts during incarceration. Prisoner suicide often happens before sentencing is complete (Gétaz et al., 2021). The recent research considered includes meta-analysis, comparative cross-sectional, quantitative, and qualitative studies (Saluja & Bryant, 2021). The most current DwD

research demographic has encompassed older prisoners experiencing terminal illness (Pronk et al., 2021).

An MHCP's exposure to prisoner suicide is unexplored (Shalev et al., 2020). The DwD process should be considered an ethical alternative for prisoners withstanding unmitigated psychological pain (Lengvenyte, 2020). The indigence of SPMI persons outside incarceration results in an increased need for care (Weithorn, 2020). The current prisoner rehabilitative transition process lacks the intended outcome SPMI parolees require (Comartin et al., 2020). A qualitative study involving WDOC provider surveys will help elucidate the transitional program failure impact on SPMI prisoners. The limited comparative phenomenological evidence utilizing a prison MHCP perspective could be inadvertently slowing change (Shalev et al., 2020). The APA workgroup position concerning psychiatric DwD stems from limited relative research (Comartin et al., 2020).

The phenomenological evidence available affecting improved prisoner mental health is minimal (Gabrysch et al., 2020). The acquisition of phenomenological evidence is critical for future academic DwD research (Gabrysch et al., 2020). The limited phenomenological information concerning SPMI incurability results in DwD prisoner exclusion (Barrenger et al., 2021; Shalev et al., 2020). An increased understanding of MHCPs' experiences treating SPMI prisoners with suicidal tendencies is paramount (Barrenger et al., 2021). A gainful exploration of MHCPs encounters will enhance scholarly knowledge regarding prisoner DwD (Gabrysch et al., 2020). A qualitative study with an SPMI prisoner DwD focus enables forensic psychologists unlimited research

opportunities (Gabrysch et al., 2020). A minimal amount of research involving MHCP encounters with SPMI prisoners exists under differing contexts (Gabrysch et al., 2020).

The previous Washington State prison mental health care studies have been marginal (Levin et al., 2020). Prisoner DwD deliberation utilizing an MHCP phenomenological lens is nonexistent (Pronk et al., 2021). Future research findings where the demographic population exhibiting chronic hopelessness indicators may open doors for SPMI prisoners seeking DwD (Levin et al., 2020). Phenomena involving SPMI prisoners requesting DwD within Washington State prisons are unexplored. The predominant conceptual points include DwD barriers for prisoners experiencing SPMI, overcrowded prisons, and institutionalism (Warburton & Stahl, 2020). Expositions on qualitative research pertaining to unexplored phenomena discussions are in Chapter 3. Methodologies used to obtain experiential information from the intended focus group are also present in Chapter 3.

Chapter 3: Research Method

Introduction

An MHCP's perception of psychiatric assisted suicide for SPMI prisoners is unknown (Gétaz et al., 2021; Weithorn, 2020). The mimetic theory applicable to SPMI prisoner DwD has not been studied qualitatively (Jagger & Perron, 2020). The federal-level prisoners have provided interviews regarding DwD in response to Chochinov's Dignity Therapy-based study approach (Testoni et al., 2020). A thematic analysis of prisoner responses regarding life imprisonment held significant relevance for psychiatric DwD (Testoni et al., 2020) The MHCP insight into psychiatric DwD achieved through a phenomenological lens is academically beneficial (Carda-Auten et al., 2022). The MHCP perspective will elucidate prisoner barriers to DwD (Nicolini et al., 2020). An experiential view of psychiatric DwD from an MHCP perspective applicable to mimetic theory constitutes a research gap (Carda-Auten et al., 2022; Jagger & Perron, 2020).

The WDOC providers require an opportunity to share their phenomenological encounters with SPMI prisoners who may be seeking DwD (Weithorn, 2020). The SPMI prisoners enduring irreversible diagnoses such as antisocial personality disorder require psychiatric DwD access (Bosman et al., 2020). An incurable mental illness plagues prisoners living in overcrowded facilities (Gétaz et al., 2021). An opportunity for subjective provider contemplation toward SPMI prisoner DwD will be afforded during anonymous surveys (Weithorn, 2020). The SPMI prisoner DwD legalization will add ethical options resulting in social change for psychiatry. The MHCP insight regarding SPMI prisoner-assisted suicide gained will be invaluable (Mussie et al., 2021).

The mimetic theory can be linked back to the Penrose hypothesis of institutionalism, expanding upon the adverse effects prison living conditions have on SPMI inmates (Mannelli, 2021; O'Neill et al., 2021). The futility of SPMI prisoner mental health care, psychiatric provider paternalism, and ethical dilemma are referenced in this study with an emphasis on DwD barriers (Meyers et al., 2020). A traditional modality of mental health care is predominantly used for SPMI prisoners. An extended prison stay for SPMI inmates can result in institutionalism (Crane & Pascoe, 2021). Researchers have discovered that SPMI persons have been executed for heinous crimes in the past (Hudachek & Quigley-McBride, 2022). Paternalism is not necessarily unethical when involving prisoners who have untreatable mental illnesses. The continuation of global paternalism can defeat individual SPMI prisoner DwD rights (Weithorn, 2020).

Chapter 3 includes an introduction to phenomenological research using specific qualitative methodological procedures. The procedural approach to qualitative research involves a purposeful sampling of target demographics (Jagger & Perron, 2020). The use of semi-structured narrative inquiries was utilized to obtain pertinent phenomenological problem statement details from study participants (Jagger & Perron, 2020). A variety of coding strategies were engaged while synthesizing data to formulate an analytical interview results review. A level of trustworthiness is gained through detailing conceptual concerns whenever applicable (Jagger & Perron, 2020). The reflexive research procedures applied help reduce potential bias. An informative and procedural protocol process was used to acknowledge potential ethical dilemmas (Kosche, 2020).

Research Design and Rationale

How do mental health care providers in Washington State perceive psychiatric death with dignity for treatment-resistant, severely mentally ill prisoners?

The MHCP perceptions encompassing life-sentenced SPMI prisoner DwD consideration constitute the key study goal (Crane & Pascoe, 2021). A qualitative research design is employed to seek out an uninvestigated provider perspective on prisoner mental illness. The contributive prison environment and associated barriers to psychiatric DwD are understudied (Jagger & Perron, 2020). The societal views involving psychiatric pain are irrelevant. There is no comparison between terminal medical conditions and psychiatric suffering (Saluja & Bryant, 2021). The combination of psychiatric pain and unsuccessful treatment leads to suicide (Saluja & Bryant, 2021). Death with Dignity for prisoners is being considered in Switzerland while Canada currently employs psychiatric assisted suicide (Urwyler & Noll, 2020).

The greater US populace historically favors indefinite imprisonment for SPMI inmates (Barrenger et al., 2021). A substantive mental health care plan involving compassionate segregation in overcrowded prisons is unavailable (Comartin et al., 2020). Incarceration leads to increased psychiatric symptomology (Seeds, 2021). A prisoner experiencing psychosis is socially isolated for their protection (Comartin et al., 2020). Isolation exacerbates psychiatric pain and ongoing experiential psychiatric pain results in decreased life expectancy (Warburton & Stahl, 2020). The paternalistic behaviors of MHCPs toward isolated prisoners can appear harmless, making them systemically acceptable (Chenneville & Gabbidon, 2020). The Washington State MHCPs' insight into

psychiatric prisoner social isolation will support future qualitative DwD studies (Comartin et al., 2020).

The mental health treatment plans for prisoners can vary depending on symptom presentation (Chong et al., 2020). A severe mental illness and relational physiological deficits are cyclical (Warburton & Stahl, 2020). The SPMI prisoner compliance to complete transitional programs does not guarantee adequate mental health care will be received (Barrenger et al., 2021). A parolee lacking adequate mental health care becomes a burden on social systems (Barrenger et al., 2021). The prisoners enduring psychiatric pain have a reduced life expectancy fraught with misery (Weithorn, 2021). The victimization of mentally ill inmates in culturally aggressive prison environments is concerning (Bacha et al., 2020). The attempt to identify existential DwD barriers by interviewing SPMI prisoners is unethical (Stack, 2021).

The social awareness of psychiatric prisoners can be increased through a qualitative anonymous survey completed by MHCPs (Zhong et al., 2021). The study goals evolve through the research process, particularly during data analysis of surveys completed by subject matter experts (Levin et al., 2020). The interpretive worldview reflections from MHCPs are used to characterize the SPMI prisoner DwD phenomenon (Levin et al., 2020). The primary study goal was to amalgamate MHCPs' interpretive views of SPMI prisoner assisted suicide (Stack, 2021). The suicide risk mitigation protocols for SPMI inmate safety within WDOC are unknown (Zhong et al., 2021). An untreated SPMI before incarceration perpetuates limited recoverability. The MHCPs have

been afforded an opportunity to share opinions, experiences, and attitudes toward the SPMI prisoner DWD concept (Comartin et al., 2020).

The barriers currently inhibiting SPMI prisoner DwD when suicide is imminent have been explored (Comartin et al., 2020). A few significant implications arise from SPMI combined with institutionalism (Crane & Pascoe, 2021; O'Neill et al., 2021). Risk factors are not effectively mitigated to reduce existential suicide potential in prisons (Zhong et al., 2021). A psychiatric rehabilitation program does not foster improved prisoner mental health (Zhong et al., 2021). The rehabilitation programs are only aimed at meeting psychiatric restoration criteria to divert from imprisonment or hospitalization (Zhong et al., 2021). The mentally ill parolees are remanded to jail when diversion programs fail. The likelihood that SPMI prisoners complete suicide exceed a risk to other populations (Zhong et al., 2021).

The inmate rehabilitation programs do not reduce the risk for suicidal ideation among mentally ill prisoners (Zhong et al., 2021). A mental illness is considered tributary rather than predominant to suicide in prison (Favril et al., 2020). A specialized court system administrator hears cases involving mentally ill persons to divert them from prison sentencing (Perlin, 2021). The social supports for specialized mental health courts are significant. An MHCP's perspective on mental health court tactics is important to demarcate DwD endorsement. The systemic failure of the inability to reform SPMI prisoners has been summarily disclosed in provider surveys (Perlin, 2021). An academic awareness of systemic prison mental health care failure is important for future studies (Zhong et al., 2021).

Role of the Researcher

The forensic psychology researcher collects and synthesizes phenomenological information aimed at criminality. A forensic practitioner is held to standards applicable to all mental health professionals (Comartin et al., 2020). The primary role of the researcher was to gain the MHCPs' phenomenological perspectives on SPMI prisoner assisted suicide. Data collection has been conducted to gain qualitative information through MHCP phenomenological surveys (Zhou & Shelton, 2020). The researcher is accountable for synthesizing survey responses without bias. The act of deception with reference to the study purpose did not transpire during this research process. The WDOC point of contact has been offered access upon request to redacted DwD research data collected.

A non-biased researcher interpretation will assure ethical data usage is demonstrative throughout this study (Zhou & Shelton, 2020). The study participants responded to a mix of multiple-choice and semi-structured survey questions in the anonymous survey. The researcher is accountable for producing non-remonstrative, non-biased, and culturally neutral questions garnering subjective participant responses (Comartin et al., 2020). The survey questioning style used in this study is free from leading remarks or comparisons of responses between participants. Any professional encounters between researchers and prison based MHCPs before did not occur. An opinion regarding SPMI prisoner DwD while gathering phenomenological survey responses was not imposed upon participants. Locations identified for recruitment purposes came from internet searches of WDOC prisons (Zhou & Shelton, 2020).

The names of prison MHCP survey participants were not disclosed during the process. The predilection that an ideological influence may result in increased prisoner-assisted suicide requests is considered a potential ethical risk (Warburton & Stahl, 2020). The evidence of significant, premature death rates by psychiatric euthanasia in DwD-supported countries is lacking. The past research addressing improved prisoner mental health during incarceration is minimal (Gabrysch et al., 2020). The recent prisoner mental health care study data are considered subjective. The researchers conducting future DwD studies could narrow the topic to ethical barriers. The ethical barriers addressed could be from inhibitive integrated prisoner health care (Chenneville & Gabbidon, 2020).

There are potential ethical implications to using phenomenological surveys within a researcher's field of employment. The specific research sites chosen were selected according to the likelihood of participant eligibility. The method of gaining study participants did not involve direct contact with the researcher. The research participants solicited are not affiliated with this data collector. There are no practice location conflicts due to geographical differences. Access to participant personnel information by the researcher is not a concern. The collateral records of participants or their prisoner patients are not accessible to the researcher.

Methodology

Participant Selection Logic

The physician-assisted suicide process for mentally ill prisoners is a controversial topic (Comartin et al., 2020). The interviewing of SPMI prisoners about DwD poses a significant ethical conflict. The SPMI prisoner can also sustain emotional harm from

false hope gained during an interview (Comartin et al., 2020). The necessity to avoid ethical conflict during the participant selection process is critical. The alternative to unethical prisoner encounters involved using MHCP surveys (Nizza & Smith, 2021). The prison MHCPs believing SPMI persons are curable may adamantly oppose DwD (Comartin et al., 2020). A mentally ill prisoner should have the same rights to care discontinuation as medically terminal patients (Potts, 2020).

Study participants were identified as MHCPs serving longer-term facilities housing acute inmate populations (Nizza & Smith, 2021). Study saturation was achieved using responses from 15 MHCPs in Washington State prisons. The surveyed MHCPs were working within medium or maximum-security prisons housing mentally ill inmates at the time of this study. The treatment programs developed for engaging higher acuity prisoners were more likely to enroll suicidal prisoners (Nizza & Smith, 2021). A minimal number of prisons in Washington State housing higher SPMI acuity prisoners have been identified (Nizza & Smith, 2021). The former MHCPs now serving other forensic populations may be required to participate. The MHCPs selected will also provide institutional knowledge to supplement data for saturation.

Identified Population

The suitable study population consisted of MHCPs having experiential evidence involving suicidal SPMI prisoner encounters (Nizza & Smith, 2021). The intended study population came from prisons in three bordering states housing psychiatric inmates. The study sites originally identified included Idaho, Oregon, and Washington State prisons. A total of five prisons between Oregon, Idaho, and Washington were identified as housing

the desired demographic. The psychiatric prisoners housed in medium and maximum-security facilities are being treated by MHCPs with forensic familiarity. The study participants having a concept of forensic psychology are valuable to this study. The forensic MHCPs also met the study criteria by having specific phenomenological encounters.

The Oregon and Idaho Institutional Review Boards (IRB's) declined to participate in the interview process. The Oregon IRB indicated legal liability concerns due to recent wrongful death-related lawsuits. The State of Idaho was intended as a control site due to its non-DwD status. Idaho declined to participate stating this study did not fit within their scope for student research. The MHCPs in non-disclosed Washington State prisons were anonymously surveyed. The Washington State Supreme Court abolished capital punishment in 2018 (Steiker, C. & Steiker, 2020). The specific prisoner demographic includes persons formerly assigned death sentences that have since been resentenced to life without parole.

Sampling Strategy

The qualitative research sample size is not definitive (Mweshi & Sakyi, 2020). Study participants are preferably articulate and provide substantive information representative of a larger population. The identification of adequate study participants to achieve saturation was straightforward (Mweshi & Sakyi, 2020). The sampling strategy included a process of determining appropriate participant criteria (Comartin et al., 2020). The participant criteria included qualified MHCPs with experiential evidence concerning refractory SPMI prisoners (Comartin et al., 2020). The selected study participants provide

mental health care services for prisoners residing in various Washington State prison settings. The number of participating prisons in Washington State was not a contributing factor (Comartin et al., 2020).

Employees at non-prison WDOC facilities may have participated in the anonymous recruitment process. The WDOC administrative leadership may have chosen to participate in the anonymous survey. The necessity to incorporate prisons outside Washington State did not arise to achieve data saturation. The study population included MHCPs working with SPMI prisoners in the State of Washington. The optimal case numbers from each geographic region were necessary to achieve saturation. A convenience sample was considered if prisons lacked MHCPs (Zhong et al., 2021). The convenience samples from WDOC prisons were not necessary (Zhong et al., 2021).

Participant Selection Criteria

The licensure requirements, title, and job details vary slightly within Washington State for MHCPs (Zhong et al., 2021). A license to practice is not necessary for an MHCP if serving under a licensed supervisor (Zhong et al., 2021). The study participants did not need to be licensed mental health workers, should prison facilities employ this specialization (Zhong et al., 2021). A process of discrimination over psychiatric provider title did not occur during participant selection (Zhong et al., 2021). The position title differences did not result in participant exclusion (Weithorn, 2020). The participant group only involved state prison facilities and exclude county-managed jails (Hill et al., 2022). The number of prison facilities advertising in-house mental health care within Washington State is surprisingly low (Hill et al., 2022).

The percentage of SPMI inmates housed in Washington State prisons having experienced suicidality may also be comparatively low (Hill et al., 2022). The participation of MHCPs with access to SPMI prisoners having maximum sentencing is critical (Zhong et al., 2021). The evidence validating MHCP involvement with SPMI prisoners confirmed study criteria were met (Zhong et al., 2021). There is a small number of prisoners serving life sentences in the State of Washington (Zhong et al., 2021). The study participant numbers were expected to be low for each facility. Responses from one or two participants from each prison facility in the State of Washington were sufficient to reach saturation (Zhong et al., 2021).

Instrumentation

The data on SPMI prisoner encounters were gathered using an anonymous survey developed specifically to address targeted phenomena (Comartin et al., 2020). The survey questions stem from pertinent subject matter research referenced within this study (see Appendix A). The study instrumentation is comprised of multiple choice and open-ended naturalistic questions. The participants were afforded an opportunity to share objectively through naturalistic questions in the survey (Comartin et al., 2020). The survey questions excluded researcher bias to elicit thoughtful responses from MHCPs encountering SPMI prisoners (Comartin et al., 2020). The documents memorializing past SPMI prisoner experiences regarding care discontinuation, suicide, social isolation, and DwD requests were not necessary to achieve saturation (Comartin et al., 2020). The use of an online anonymous survey constituted the primary qualitative data collection method due to WSIRB in-person meeting constraints (Hewson et al., 2020; Strauss et al., 2022).

Semi-structured survey questions were utilized when eliciting subjectivity from participants specific to societal ambivalence, patient rights, treatment of refractory prisoners, and suicide (Wood et al., 2020). The lack of ability to inject interview probes resulted in minimal participant elaboration. The survey questions were a mix of multiple-choice and open-ended questions to align with the research question (Wood et al., 2020). A color-coded chart was the primary tool to identify significant insight from MHCPs reporting SPMI prisoner encounters (Deitch, 2020). The MHCP experiences described through constructivism and interpretivism help academics expand on topic awareness (Wood et al., 2020). The use of naturalistic, open-ended research questions via an anonymous survey invited MHCPs' objectivity concerning past SPMI prisoner encounters (Comartin et al., 2020). The research question constructs involved contemplation over existing SPMI prisoner studies to avoid duplicity.

Recruitment Procedures

The study sample size involved six to ten study participants fulfilling MHCP roles at prisons in Washington State (Deitch, 2020). The participants having at least one SPMI prisoner encounter met the study parameters (Barry et al., 2020). A license with state health authorities such as LPC, LCSW, or other state credentials is not necessary. The transferability of results across a larger demographic is attributable to an adequate sample size (Hewson et al., 2020). The recruitment process was conducted through an email to facility administration as a means of identifying participants. The permission to survey MHCPs working within each facility was solicited in writing via email. The final participant selection was at the discretion of the WDOC agency administration.

The WDOC IRB established restrictions for communicating with study participants. The participants completed an anonymous online survey in compliance with current COVID-19 and agency IRB restrictions on staff access (Hewson et al., 2020). A consent form has not been utilized in the survey process. The surveys were sent electronically to each participant through a designated point of contact. A confirmation email exchange with participants did not occur. Agreeance to participate was implied through survey completion. The survey availability period was described in an email with a designated point of contact (Hewson et al., 2020). The closure of the survey period was identified through email notification to the WDOC.

Participants were given survey access following consent to commence research. Interviews were not conducted during COVID-19 pandemic restrictions. The COVID-19 pandemic restrictions resulted in the need for online survey methods (Cloud et al., 2020). Impromptu interviews were not elicited or accepted (Yan et al., 2021). The participants who opted in simply selected a survey link embedded in the email they receive internally. The participants were provided instructions for directing follow-up questions or concerns post-interview (Yan et al., 2021). The study participants will not be contacted directly.

Data Analysis Plan

The qualitative phenomenological approach allowed participants to be subjective, giving a broad overview of MHCP experiences (Leigh-Osroosh, 2021). The use of theoretical coding was implemented when theory development appeared plausible. The MHCPs' interpretive worldview experiences were used to extrapolate their comprehension of the SPMI prisoner DwD phenomenon (Leigh-Osroosh, 2021). The

study goals come from a qualitative method construct process. The method construct process included phenomenon exploration, perspective descriptions, and non-numerical data summation using MHCP views toward prisoner DwD (Leigh-Osroosh, 2021). The qualitative data sets consisted of transcribed survey responses, coding, core concept identification, and thematic development (Leigh-Osroosh, 2021). Cross-tabulation and measures of association were conducted to analyze survey responses identifying the theoretical MHC phenomenon (Leigh-Osroosh, 2021).

All experiential research involves data gathered directly from individuals having experienced a particular encounter (Leigh-Osroosh, 2021). The conscious experience data-gathering process comes from Giorgi's phenomenological concept. The MHCPs perception of psychiatric DwD will help define a constructive worldview appreciation for SPMI prisoner requests (Leigh-Osroosh, 2021). The participating MHCPs' perspective of SPMI prisoner DwD and suicidal ideation is important (Levin et al., 2020). The constructivist worldview approach allowed for MHCP subjectivity. An MHCP's subjective self-interpretation of personal experience helps adjudicate phenomenological differentiation (Leigh-Osroosh, 2021). The MCHP pragmatic worldview perceptions of personal consequences when supporting SPMI prisoner DwD were revealing.

Focus specificity on unique participant responses was achieved through pragmatic worldview data coding. The experiential evidence from MHCPs also supported pragmatic worldview research (Leigh-Osroosh, 2021). The use of eclectic coding was employed initially to categorize emotional reactions, which were further categorized by response similarity. The participant's emotional reactions to qualitative, open-ended survey

questions were captured using effective methods (Leigh-Osroosh, 2021). *In Vivo* coding has been employed when responses were only identifiable by phrase, rather than a label. The use of phrasing proved beneficial in translating multiple choice survey question data. The use of theoretical coding was helpful when MHCP responses prove theory development is possible (Leigh-Osroosh, 2021).

The qualitative data limitations were restricted according to MHCPs having direct encounters with SPMI prisoners (Stack, 2021). The specific ethnographic relevance was considered when recommending study participants to the WDOC (Stack, 2021). The qualitative data has been coded by hand using continual comparison to retain theme alignment. Themes were used to anchor data retrieved using qualitative *In Vivo* coding was solely based on transcribed MHCP survey responses (Stack, 2021). The use of emotion coding was suitable to develop sub-categories as an effective thematic analysis method (Stack, 2021). A combination of coding methods has been employed while tabulating raw response data (Leigh-Osroosh, 2021). The use of eclectic coding was implemented initially to label emotional reactions, then further categorized by response similarity (Leigh-Osroosh, 2021).

The use of effective methods was integrated to highlight participants' emotional reactions during the open-ended survey response analysis process (Leigh-Osroosh, 2021). The employment of thematic coding was utilized when responses were clearly identifiable by label (Leigh-Osroosh, 2021). The transcending phenomenology has been synthesized using information retrieved from multiple sources resulting in specific themes. A reference to conceptual studies within the past five years helps illuminate the

SPMI prisoner DwD phenomenon (Pronk et al., 2021). The MHCP objectivity is inextricably linked to core belief systems regarding DwD (Patinadan et al., 2020). The qualitative data gained through MHCP testimony supports scholarly awareness of SPMI prisoner DwD (Patinadan et al., 2020). A robust elucidation into SPMI prisoners' desire for DwD is critical for future studies (Patinadan et al., 2020).

Issues of Trustworthiness

Credibility

Credibility was achieved through the plausible interpretation of compiled surveys (Yan et al., 2021). The qualitative data collected and synthesized was based on phenomenological reporting (Robinson, 2020). The removal of bias and discrepant information reduced any potential for compromise (Robinson, 2020). A triangulation of transcribed participant data was utilized to gain multiple perspective considerations when synthesizing results (Amin et al., 2020). The process of peer debriefing will be utilized to assure participant objectivity identification and credibility (Amin et al., 2020). The evaluation of participant familiarity was conducted without aid from outside subject matter experts.

Transferability

The phenomenological experiences gathered from six to ten study participants is demographically transferable (Robinson, 2020). The subjective survey questions eliciting provider perspectives about DwD resulted in multiple thematic codes (Robinson, 2020). The differing provider opinions have resulted in a parity argument over SPMI prisoner DwD that is transferable (Robinson, 2020). An analytical generalization has occurred

through accurate and objective coding of participant responses (Maxwell, 2020). The incorporation of past research augmented with documented survey responses has helped assure more accurate transferability (Wood et al., 2020). Participant response outliers were evaluated using negative case analysis. A negative case analysis has allowed for the effective presentation of subjective participant responses (Amin et al., 2020).

Dependability

Caution when synthesizing survey data has led to greater dependability. The researchers' interpretation of survey results excludes subjectivity (Amin et al., 2020). The use of consistently applied, proven surveying tactics for capturing qualitative responses ensured data reporting dependability (Amin et al., 2020). Dependability was ascertained through careful compilation and application of recorded semi-structured survey data (Amin et al., 2020). The qualitative data gathered through careful participant response excavation has resulted in increased study dependability (Amin et al., 2020). An objective data extrication process has occurred from phenomenological participant responses using qualitative methods (Wood, 2020). The articulate presentation of qualitative data using a consistent approach to conducting surveys has resulted in dependability (Amin et al., 2020).

Intra-coder Reliability

Themes became readily apparent when synthesizing the prison MHCP survey responses (Wood, 2020). The researcher etic has been fully documented to reduce potentially subjective results. The inclusion of peer reviews was not required to enhance MHCPs' phenomenological experiences with SPMI prisoner DwD (Amin et al., 2020).

The interpretive study results were reviewed by subject matter experts lending validity. The traditional qualitative document analysis rigor was utilized to appropriately frame qualitative data extracted from survey responses (Wood et al., 2020). The consideration of rich data including themes, patterns, and intrinsic meaning found in transcripts was completed through qualitative analysis (Wood et al., 2020). The appropriate use of direct participant quotes was incorporated to validate response themes and patterns (Wood et al., 2020).

The questions previously developed for interviews were utilized as a part of the anonymous survey process (Wood et al., 2020). A consent form was not obtained from study participants before they were provided the survey link. The vulnerable SPMI prisoner populations were excluded from participating in data gathering. The ethical principles guiding psychologists were followed when engaging with and interpreting results from study participants (Wood et al., 2020). The semi-structured survey questions and other study instruments were reviewed by the Walden University IRB prior to utilization. The ethical standards require cultural or personal etic and researcher limitations to be acknowledged accordingly (Wood et al., 2020).

Ethical Procedures

A collaborative approach to participant protection has been engaged involving document review by a University Research Review (URR) committee member. The study participant access agreements were considered by the IRB before implementation. The agreements were written to gain study participant access or were methodically implemented (Wood et al., 2020). The human subject participation component consisted

of MHCPs skilled in managing SPMI prisoner encounters. Participant anonymity was strictly observed during the research process (Wood et al., 2020). The Washington State prisoners were not directly involved in this research process. The guiding principles for psychological research were adhered to during all information-gathering processes (Wood et al., 2020).

The APA principles referenced for this study encompass human participant respect and autonomy. The potential for harm was carefully considered before surveying MHCPs (Wood et al., 2020). The weight of academic benefit over risk for participant harm was also taken into consideration prior to survey release. The human participant recruitment processes were carefully considered against IRB guidance for appropriateness. The study respondents were given the right to withdraw from survey participation at any time without repercussion. A power differential was not employed to gain participation by MHCPs (Wood et al., 2020). The participant rights were confirmed through full disclosure before survey completion.

The qualitative data gathered during the survey process remains confidential with full autonomy afforded to participants (Wood et al., 2020). Storage of data involved password-protected, private computer files. The institutional identifications were excluded from the survey process (Wood et al., 2020). Participant references were made using non-descriptive identifiers further reducing the risk of harm. The researcher bias did not become enmeshed in participant survey synthesis (Wood et al., 2020). The anonymous survey approach reduced perceived threats and increased transparency.

Participant disclosure of potentially confidential information was considered for content and appropriateness before study inclusion (Wood et al., 2020).

Summary

Canadian policymakers have progressively included prisoner-assisted suicide options while addressing federal mandates detailing equality (Gétaz et al., 2021). United States policymakers have not incorporated SPMI prisoner rights allowing DwD options when mental health therapy is ineffective. The Washington State reporting agencies detail hopelessness, lack of autonomy, and dignity as primary contributors to medical DwD. The scholarly community will gain an increased understanding of SPMI prisoner DwD using MHCPs' lived experiences (Comartin et al., 2020). All cultural factors such as religion, gender preference, or age adversely affect MHCP opinion regarding SPMI prisoners' DwD. The conceptual DwD policies allowing incurable SPMI prisoners ethical psychiatric release constitute the philosophical study basis (van Veen et al., 2021). The DwD philosophical concept is advanced using qualitative phenomenological anonymous surveys.

The *Death with Dignity Act of Oregon* (2018) grounds this study's conceptual framework. The study is intended to increase reader familiarity with Washington State MHCP experiences involving SPMI prison populations (Leigh-Osroosh, 2021). The various conceptual and sociocultural differences surrounding basic prisoner DwD rights are identified using comparative parity arguments. The prisoner-assisted suicide rights are not encompassed in the constitutional due process laws (Comartin et al., 2020). The parity arguments give readers insight into opposing medical and psychiatric provider

beliefs regarding prisoner DwD (Potts, 2020). Prisoners enduring SPMI are distinguishable from most populations by insurmountable barriers to DwD. The rights of SPMI prisoners are reduced when DwD is exclusionary to medical necessity.

The varied public opinions on SPMI prisoner death are revealed in past research. The recent qualitative studies do not mention prisoner perspectives regarding suicidality or DwD (Stoliker et al., 2020). Public opinion regarding SPMI prisoner euthanasia has been cited as a barrier in past research (Urwyler & Noll, 2020). The literary community has lacked knowledge regarding MHCP experiences with SPMI prisoner populations (Comartin et al., 2020). The expansion of scholarly insight into DwD philosophies regarding vulnerable prison populations enhances future studies (Comartin et al., 2020). The SPMI prisoner DwD phenomenon study context was expanded by using relative literature from past research (Gétaz et al., 2021). The detailed study results are explained in Chapter 4.

Chapter 4: Results

Introduction

The qualitative study was designed to explore MHCP perceptions regarding SPMI prisoner DwD in Washington State prisons. The WDOC providers have never shared their experiences with SPMI prisoners. The data gathered from Washington State prison MHCPs are transferable. The MHCP experiences will help advance knowledge of prison psychiatry. The participants were provoked to contemplate psychiatric prisoner DwD using one research question. The concept of psychiatric DwD is under scrutiny by US legislative lawmakers. The outcome of this study includes recommendations for additional SPMI prisoner DwD research.

The data collection process and an examination of experiential transferability are considered in Chapter 4. The study encompasses participants working in WDOC as Oregon and Idaho state prison systems declined to participate. The study was conducted using an anonymous survey, and participants could engage on a voluntary basis. The demographics are described using neutral identifiers to preserve anonymity. The study environment is described in this chapter. The data analysis process used to synthesize anonymous survey responses is explained in detail. The evidence of trustworthiness is also covered in Chapter 4.

Setting

A Walden University IRB application was submitted to garner research permission. The Walden University IRB provided approval number 01-14-22-0727844 for authorization of research commencement. The WSIRB also provided their approval

number 2021-114 for this project after considerable negotiation processes. Recruitment of WDOC study participants was conducted according to Walden IRB and WSIRB guidelines. The research process was coordinated via email communications with an approved WDOC point of contact. A consent form was not required by the WSIRB. A pre-approved recruitment message with an anonymous survey link was provided to the appointed contact.

The survey responses were collected using a non-traceable electronic retrieval process. The physical locations of survey participants were not disclosed. The participants were not required to share their participation results with WDOC. The study participants were free to complete the survey from any electronic device and physical location. The total number of Washington State prison facilities included in this study is unknown. The electronic device(s) used by study participants is non-disclosed using a survey design tool for IP address exclusion. The final survey data were not disseminated back to participants at the conclusion of the survey.

Demographics

The participants were 15 mental health care professionals working in undisclosed capacities within Washington State prisons. Identification by title, certification, or licensure was not required. Minors or other vulnerable populations were not included in the recruitment process. The participant's ethnicity, gender preference, religion, education level, or sexual orientation was not requested. Participant names, position titles, or other identifying factors were not solicited or disclosed. The participants are identified as P1 through P15 with corresponding longevity in psychology and years serving SPMI

prisoners included (see Table 1). The demographic details regarding each participant's tenure with the target population are identified separately (see Figures 1 and 2).

Table 1

Participant Demographics

Code	Length of Service in Psychology	Amount of Service Years with Target Population
P1	More than 10 years	Some of it
P2	5-8 years	Most of it
P3	5-8 years	Most of it
P4	8-10 years	Some of it
P5	8-10 years	I just started working with this population
P6	More than 10 Years	Some of it
P7	8-10 years	All of it
P8	More than 10 years	None of it
P9	More than 10 years	Some of it
P10	3-5 years	Most of it
P11	More than 10 years	Some of it
P12	More than 10 years	Some of it
P13	More than 10 years	Some of it
P14	More than 10 years	Some of it
P15	More than 10 years	Some of it

Figure 1

Years of Service in Psychology

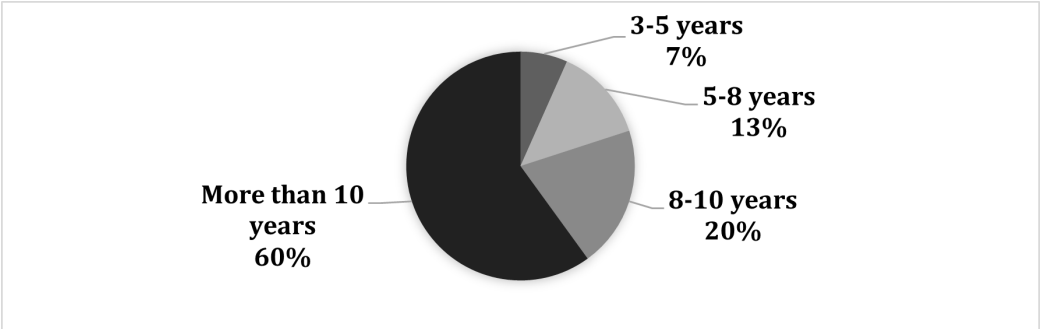
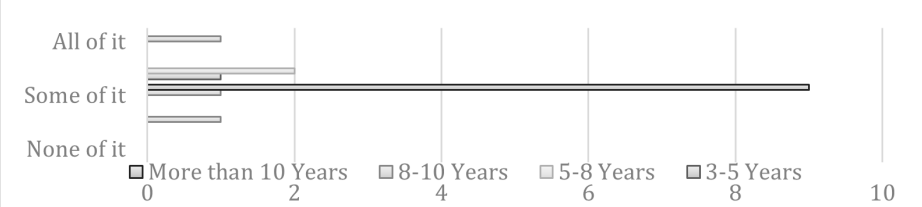


Figure 2

Years of Service with Target Population



Data Collection

The initial proposal to interview MHCPs using video or telephonic platforms was rejected by the WSIRB. The WSIRB required total anonymity of WDOC staff. The anonymity requirement resulted in research methodology modification from interviews to an anonymous online survey. The need for consent forms was eliminated with the prohibition of direct participant access. Participation by WDOC employees was at will, and survey completion indicated presumed consent. Data collection occurred between April 15, 2022, and April 29, 2022. The contactless survey approach was completed within two weeks.

Sample Selection

A total of 15 WDOC participants completed the anonymous survey. The researcher did not participate in the candidate selection process due to WSIRB guidelines. The WSIRB-approved agency contact was emailed a recruitment document with an embedded survey link. The agency contact assumed responsibility for disseminating the survey link to potential study participants. The total research advertisement recipients solicited by the agency contact is unknown. The anonymous data collection process was completed online using the Survey Monkey platform. The

participant's privacy was assured through the anonymous survey dissemination and collection process.

Anonymous Online Survey

The WSIRB chair determined that research involving assisted suicide for SPMI prisoners required total anonymity for participants. Participant anonymity occurred through the online survey gathering process. The gathering process excluded participant email or a computer IP address detail. The survey was open for two weeks without extension. The survey was comprised of four open-ended questions regarding SPMI prisoner DwD prompts and seven multiple-choice options identifying participant demographics. Participants were allowed to skip questions at their discretion. The Survey Monkey online analysis tools were used to synthesize demographic data sets for clarity.

Data Recording Method

The key reoccurring terms expressed by respondents were extracted using the Survey Monkey *analytical sort-processed result* tool. A color-coded excel spreadsheet was developed to hand categorize raw data from all survey responses. Tables were developed to encapsulate data sets methodically using labels and themes. Statements derived from four open-ended questions were compared and grouped according to similarity. Outlier responses were documented and explored for their unique differences from other answers. The grouped statements were color-coded based on categorical markers. A total of five key categories were developed using the collective data.

Subcategories were identified after data sets were evaluated and key categories defined. The theoretical coding process was utilized where theory development appeared

plausible (Leigh-Osroosh, 2021). The qualitative data derived from MHCP survey responses were utilized for thematic development (Leigh-Osroosh, 2021). The pragmatic worldview was apparent in MHCPs' perception of personal consequences when supporting SPMI prisoner DwD. Focus specificity on unique participant responses was also achieved through pragmatic worldview data coding (Leigh-Osroosh, 2021). The worldview focus-specific responses can be reviewed in the *Participant Open-Ended Response Samples Table* (see Table 2).

Table 2

Participant Open-Ended Response Samples Tab

Question #	Questions	Response
2	Describe how you have experienced societal ambivalence and the unclear position of the APA. How that might affect your plan of action when encountering developing a treatment plan.	I do not look to APA guidance but the law pertaining to this subject. Regardless of any professional guidelines, the law says I must intervene.
3	What are your thoughts regarding patient right to participate in deciding discontinuation of care, even if they are severely and persistently mentally ill (SPMI)?	I think they need to be found competent to make such a decision first. If they are found competent, it is their right to discontinue care per their wishes.
6	What are your experiences with mentally ill individuals whose illness has not been receptive to traditional and/or exhaustive treatment?	Prison is a very challenging environment for anybody. Mental health symptoms exacerbate when you are separated from your family/friends, stress is usually higher, less access to activities, etc.
9	Do you think there are mental health treatment programs specific to suicidal ideation [harm] reduction that may be helpful? If so, can you name at least one? If not, why?	I do not know of any mental health treatment programs specific to suicidal ideation.

Data Variation

A few data collection process variations from the original plan presented in Chapter 3 have occurred. The original data-gathering plan involved direct contact with individual study participants. The WSIRB did not permit direct researcher access to the proposed study participants. A secondary recruitment effort was not necessary to obtain sufficient participation. A necessity to incorporate prisons outside of Washington State for data saturation did not occur. Convenience sampling was not necessary to achieve sufficient qualitative data. The process of gathering historical or secondary data was not required to accomplish saturation.

Data Analysis

The MHCPs' perspectives regarding DwD were documented using the qualitative research process. Data analysis was conducted to determine if MHCPs support psychiatric DwD for SPMI prisoners. The multiple-choice questions were synthesized using a Survey Monkey sort process to identify response similarities. The qualitative data from open-ended survey questions were hand-coded using continual comparison to retain theme alignment. The survey responses have been analyzed for coding, core concept identification, thematic, and theoretic development. An interpretive worldview lens was used to extrapolate MHCPs' construal of SPMI prisoner DwD implications. Worldview considerations regarding the respondent's evaluation of psychiatric DwD were somewhat limited by the multiple-choice format utilized.

Data outliers were attributable to respondents having limited work experience with SPMI prisoners. The US lawmakers' prohibition of psychiatric DwD was not widely

known by study participants. The prohibition of psychiatric DwD was addressed by one survey respondent having tenure with the SPMI prisoner population. Study participants demonstrated alacrity towards disclosing experiential responses to the four open-ended questions provided. The openness could likely be attributable to survey participation anonymity with no risk of employer retaliation. Washington was the second US state to allow assisted suicide for medical patients. The medically assisted suicide laws in Washington State may also play a part in participants' willingness to consider psychiatric DwD for prisoners.

The Washington State medical DwD law was explicitly mentioned in correlation with a prisoner's right to decide by two respondents. The qualitative study was not restricted to MHCPs having direct encounters with SPMI prisoners as originally planned. The non-exclusionary language in the recruitment email did not prevent respondents from indirectly self-identifying job responsibilities. Ethnography revealed by self-reporting participants resulted in helpful information (Robinson, 2020). An inextricable link to conscientious belief systems regarding assisted suicide has been identified using objective analysis. The qualitative data gained through this study contributes directly toward a future exploration of SPMI prisoner DwD. The qualitative analysis process of identifying themes helps demonstrate participants' emotional reactions to care discontinuation and patient suicidality (see Table 3).

Table 3

Overarching Themes and Subthemes

Overarching Themes	Subordinate Themes
1. Ambivalence	1. Limitations to prisoner access

		2.	Lack of innovative care
		3.	Minimal support for SPMI prisoners socially
2.	Free will	1.	Decision making / Right to decide
3.	Refractory illness	1.	Misdiagnosis
		2.	Inappropriate treatment planning
		3.	Enforced care
4.	Pain and suffering	1.	Prisoner desire to die
		2.	Inability to treat
		3.	Discontinuation of care
5.	COVID implications	1.	Reduced engagement with prisoners, Isolation & Increased risk of suicide

The themes evolving from raw data coincide with the problem statement defined in Chapter 1. The overarching themes were somewhat predictable based on research conducted prior to the survey release. The topic of *free will* is identifiable in participant responses regarding care discontinuation. The *pain and suffering* theme was also prevalent among respondents self-identifying as working directly with SPMI prisoners. The subthemes drawn from thematic coding processes can also be found within the problem statement. The phenomenon of limited prisoner access was explicitly identified as a barrier by more than one study participant. The admission by MHCPs that prisoners do have sufficient care access was compelling.

The destabilizing effects of COVID-19 on SPMI prisoners were profound. The respondent admissions to survey question 4 regarding the COVID-19 impacts confirm the destabilization phenomenon (see Figure 3). There were notable mental health care access limitations prior to COVID-19. The additional infringement of mental health care access exacerbated SPMI prisoner symptoms. The exacerbation of SPMI prisoner suicidality due to COVID-19 predictably increased when social isolation was imposed (see Figure 4). The study respondents having direct care responsibility for SPMI prisoners demonstrated

significant concern about untreatable suicidality during isolation (see Figure 4). The level of care for suicidal SPMI prisoners did not increase due to limited prisoner access during COVID-19 restrictions.

Figure 3

COVID-19 Impact on Prisoner Mental Health

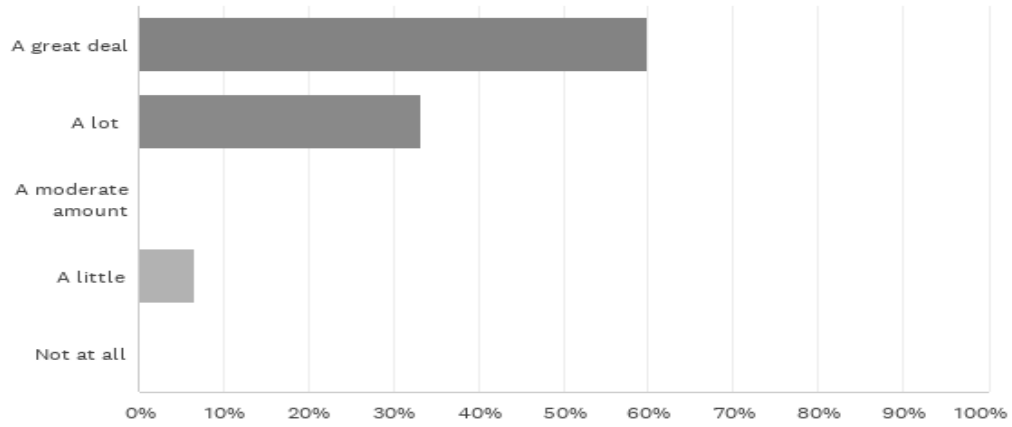
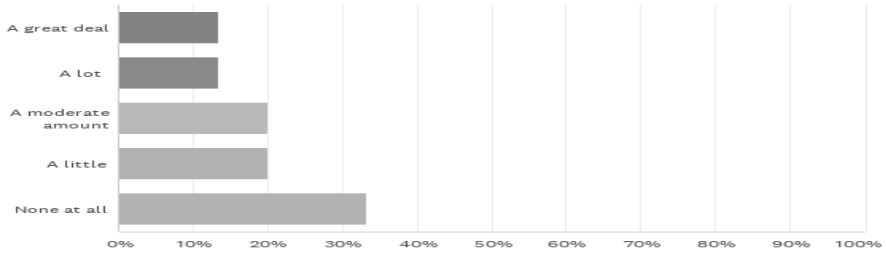


Figure 4

Observed Increase in Suicidality with COVID-19



Evidence of Trustworthiness

Credibility

Credibility was achieved with a plausible interpretation of compiled survey responses for internal validity (Wood et al., 2020). The use of qualitative rigor through

consistent methods of evaluation assured study credibility. The qualitative data was not collected or synthesized using idiosyncratic observation due to the study's nature. Removal of bias and discrepant information occurred naturally through contactless surveying, effectively eliminating all data compromise. Accounting for multiple perspectives was managed through triangulation between participant responses and relevant research while synthesizing results. Participant objectivity identification through direct data utilization occurred, further gaining the study's credibility (Wood et al., 2020). Expert reviewers from the researchers' place of employment were not necessary to achieve credibility.

Transferability

The use of cautious phenomenological data extraction from 15 anonymous study participants resulted in transferability achievement (Wood et al., 2020). The subjective survey responses from MHCPs about DwD have resulted in transferability. A data set augmentation using past research was not required to achieve accurate transferability (Wood et al., 2020). Study context and setting information were used to gain logical transferability (Wood et al., 2020). The parity argument identified through differing provider opinions regarding SPMI prisoner DwD is transferable. The transferability of parity arguments is beneficial for future studies. The traditional qualitative methodology techniques lend to study transferability. (Wood et al., 2020).

Dependability

The implementation of cautious screening protocols during data amalgamation has led to greater coding dependability (Amin et al., 2020). The art of caution was

utilized to eschew subjective data interpretation for dependability. The consistent application of proven survey tactics for capturing qualitative responses has made data reporting dependable. The use of uniform and simplistic data coding methods establishes audit trails to enhance stability (Amin et al., 2020). Dependability was ascertained through fastidious compilation and application of all survey data. The rich qualitative data gathered through assiduous participant response excavation has contributed to dependability. The process of articulate and objective survey data extrication has been consistently conducted (Amin et al., 2020).

Confirmability

The study findings were based wholly on survey data and excluded assumptions (Robinson, 2020). Study participants were unknown to the researcher, and demographic details are limited. The lack of familiarity with study participants aided in the prohibition of researcher bias. Researcher etic is thoroughly documented to reduce potentially subjective results. The use of traditional hand analysis rigor sufficiently netted qualitative survey data results that can be confirmed. The qualitative document analysis process was useful when considering themes, patterns, and intrinsic meaning found within the raw data transcripts. The direct participant quotes have been accurately incorporated to further validate response themes and patterns lending confirmability (Robinson, 2020).

Results

The evaluation of MHCPs' experiences regarding SPMI prisoner DwD barriers was the study goal. A total of 15 participants completed the anonymous survey describing personal experiences with SPMI prisoners. The survey was developed explicitly for

collecting subjective experiential responses without participants becoming identifiable. The participants periodically imparted non-discriminant and unsolicited demographic data through multiple-choice questions. The research question was intrinsically answered when key aspects were drawn from participant responses. There were minimal outlier responses received making this study rich in transferable data. The outlier responses received predictably came from the inexperienced or the tenured mental health care workers.

The parity arguments between MHCPs toward SPMI prisoner-assisted suicide were identifiable. The accurate and objective participant response coding system was devised using an efficacious analytical generalization. The minuscule outliers were carefully evaluated using negative case analysis to reveal unusual subjective participant responses. The outliers were useful to compare cultural differences between tenured staff against newer employees. The emotional reactions of respondents to open-ended questions were captured using a thematic coding process. The participant's experiential responses were associated with thematic codes to prove clear study saturation. Discrepant codes were not identified allowing for study saturation through a minimal number of participants.

Themes became apparent immediately during a review of raw survey data from prison MHCPs. The overarching themes extracted from raw data were sufficient to accurately answer the research question. The nominal responses involving lesser themes still contributed to pertinent categories and subordinate categories. A categorization of key elements was achieved using thematic coding. The research question was translated

phenomenologically using a thematic coding process. The lack of themes directly associated with mandated mental health was surprising. A distinguishable contrast between *mandated care* and *free will* within the respondent's answers was not identified.

Theme 1: Ambivalence

The topic of social ambivalence is vital for research consideration regarding SPMI prisoner psychiatric DwD. Question 1 regarding the participant's conceptual notion of the DwD process is intrinsically linked to social ambivalence. The well-versed participants, P1, P5, and P11, disagree with the DwD practice for prisoners. The remaining 12 participants profess unfamiliarity and uncertainty toward DwD applicability in mental health. Question 2 was targeted toward the APA's ambivalence regarding psychiatric DwD and how it has affected MHCP treatment planning. The responses ranged widely including references toward an inherent ambivalence in psychiatry. The respondents referencing APA stated little to no influence came from this entity on their SPMI prisoner treatment planning.

The most remarkable statement was provided by respondent P8 regarding prisoner suicide concerns. Respondent P8 indicated that society avoids talking about suicide prevention and intervention for prisoners. The statement also included an apparent reluctance to get involved with prisoner DwD suicide awareness or increase subject education agency-wide. The Washington State law pertaining to prisoner care was mentioned as overriding APA or other professional guidelines. The APA stance regarding psychiatric DwD in the US has no apparent influence on prison MHCP beliefs. The respondents would likely disregard APA guidelines recommending discontinuation of

mental health care for SPMI prisoners. The study participants did not show a propensity for speaking outside of the agency's cultural stance regarding SPMI prisoner care.

Subtheme 1.1: Limitations to prisoner access

The theme of limited access to prisoner care has been prominent throughout this study. A clear cross-pollination between respondent answers involving refractory illness and limited care provision is evident. The respondents emphasized how COVID-19 also directly impacted prisoner mental health care access. The persistent mental illness of prisoners in Washington State is not diminished by increased treatment access. The most prominent study categories associated with limitation were derived from phenomenological responses to question 6. The provider's personal experiences treating prisoners with refractory mental illnesses were the focus of question 6. The prominent categories included *disorder*, *diagnosis*, and *refractory mental illness*.

The unique responses to question 6 included discussing restrictions from encountering prisoners seeking care. Respondent P3 describes prison as challenging with a propensity for higher stress and less joyful activities. P3 also listed limited support or proper sleep as significant barriers to SPMI prisoner recovery from refractory mental illness. A common thread in respondent question 6 answers was related to complications caused by comorbidity. Respondents also indicated that a prisoner's inability or desire to fully participate in treatment was limiting. Respondents P12, P13, and P14 mentioned that prisoners will feign symptoms for provider attention despite ongoing limitations to care access. The acting out by an SPMI prisoner results in increased pain and suffering that exacerbates their refractory mental illness.

Subtheme 1.2: Lack of innovative care

Several respondents having eight or more years of experience could not identify treatment modalities appropriate to reducing prisoner suicidality. The therapeutic modalities named were either outdated or not accessible to prison therapists. Respondent P5 named inpatient treatment programs as being successful in reducing suicidality. The inpatient treatment programs named are not incorporated in Washington State prisons. Respondent P5 self-identified as a psychiatrist having zero years of experience presenting treatment programs to prisoners. Respondent P7 named electroconvulsive therapy (ECT), a therapy restricted from prison settings. Respondent P7 has spent their entire career at the WDOC working with severely mentally ill prison populations.

Respondent P3 was able to name several traditional treatment modalities typical for major depression. A major depression diagnosis can generally be treated with medications successfully. The research in Chapter 2 would suggest that major depression is only a contributing factor to SPMI rather than inclusive. The lack of inclusivity indicates that SPI prisoners are not merely suffering from depression, as supported by respondent statements in question 6. Respondent P5 named programs outside of a prison setting that is not accessible to inmates. There was specificity placed on terminology using *certain people*, leading one to think paternalism or favoritism was involved. The respondents were careful not to address paternalistic behaviors among MHCPs.

Subtheme 1.3: Minimal support for SPMI prisoners socially

The topic of refractory illness can be cross-referenced with minimal social support. Respondent P3 iterated critical components to refractory mental illness including

separation from family or friends, higher stress environment, limited joyful activities, lack of positive support systems, and proper sleep. Respondent P3 reported inexperience with societal ambivalence regarding SPMI prisoner mental health treatment. Respondent P4 feels that social ambivalence is understandable and reports worrying about the patient's decision-making abilities. The response by participant P6 was an outlier under this subtheme. Respondent P6 stated the public lacks appreciation for a combination of physical and mental pain. Respondents P7 and P8 indicated that society avoids the suicide topic causing ambivalence.

Theme 2: Free Will

Question 3 pertained to prisoner rights when discontinuation of care is desired. Question 7 pertained to the loss of a patient by suicide in a prison setting. Respondents P5, P6, and P14 reported having lost a prison patient to suicide. Respondents P5 and P6 made similar statements regarding prisoners' free will and right to choose. P14 provided an outlier responder to question 7 by self-reporting a personal conflict between mental acuity and free will. All provider responses were similar regarding caution when working with SPMI prisoners. The most remarkable responses to question 3 included respondents' difficulty agreeing with prisoners' desire for death.

Respondent P2 believed that there should be established credibility of acuity prior to becoming mentally unstable. Respondent P2 concisely stated that prisoners having decisional capacity can choose to discontinue care. There were several notable responses regarding the personal choice to discontinue care. The most notable provider responses were made by P2, P4, P8, and P15 regarding prisoner free will. Respondent P4 reported

personal conflict stemming from early training when patients are gravely disabled. Respondent P4 further described their inner conflict between supporting a prisoner's right to discontinue care and personal feelings regarding DwD (see Table 4).

Subtheme 2.1: Decision making / Right to Decide

The concept of SPMI prisoners' right to discontinue care was presented in this study. Ten participants presented decision-making specifically as having considerable importance for SPMI prisoners. There was an overall concern by study participants that mentally ill persons lack clear decision-making ability. Seven of the 15 responses mentioned SPMI as a key dissuading factor when considering prisoner requests. There is evidence of paternalism among mental health care workers having been employed for more than ten years. P8 reported feeling mixed when asked to contemplate removing prisoner decision-making rights. P8 also discussed correctional settings as a liability issue and the importance of putting personal bias aside.

Five participants, P2, P3, P4, P5, and P6, primarily focused on free will or the right to decide based on mental capacity. Responses ranged from the belief (by P3) that everyone maintains personal agency, to mandated care being a prisoner rights infringement. Respondent P15 feels SPMI patients are unable to make informed decisions regarding mental health care. The level of prisoner DwD psychoeducation has been attributed to an increased risk in patient desire for assisted suicide. Question 8 queried respondents' beliefs about the phenomenon of education increasing DwD desire. The bulk of respondents selected a response indicating it is neither likely nor unlikely to impact

decision-making. A conclusion can be drawn that psychoeducation about DwD is noncontributory for SPMI prisoners according to prison mental health care workers.

Theme 3: Refractory Mental Illness

The phenomenon of refractory mental illness did elicit genuflection by participants P2, P3, P4, P5, and P6 regarding an inner conflict between training and personal bias. Respondent P2 reported an increase in suicidality due to refractory mental illness. Respondent P3 attributed a challenging environment to refractory mental illness. Respondent P4 admitted that working with the SPMI prisoner population is difficult, and a lasting impact may never be made. Participants having unique experiences were easily identified by their responses. Participants P1, P5, and P11 are well informed about psychiatric assisted suicide trends in other countries. Respondents having knowledge of psychiatric DwD trends in other countries do not endorse this practice despite working within a medical DwD-supported state (see Table 4).

Subtheme 3.1: Misdiagnosis / Mistreatment

The concern for misdiagnosis was prevalent among MHCPs having longer tenure with the WDOC. Respondent P2 named ketamine as the preferred treatment, a non-narcotic drug historically used as an anesthetic for inducing sleep and reducing pain. The ketamine drug is also known to reduce anxiety or calm mentally ill persons. Ketamine is a likely albeit temporary alternative therapy for suicidal ideation. Respondent P5 provided an informative response regarding misdiagnosis. The prevalent misdiagnosis mentioned by P5 was refractory depression being treated as bipolar disorder. There are

similar features in the cyclical depressive state for SPMI prisoners with highly different physiological responses to medications.

Respondent P5 reported being familiar with this form of misdiagnosis and the resulting refractory illness exacerbation for prisoners. Respondent P5 also mentioned diagnostic trends that lend to misdiagnosis which may be helpful for future studies. Respondent P12 provided a valuable comment worthy of future exploration regarding punishment for suffering prisoners not receptive to psychiatric care. The behavioral SPMI prisoner has been reported as seeking inaccessible mental health care. The restrictive environmental conditions within a prison setting serve to dictate staff mitigation responses. The mitigating response may contribute to increased depression or suicidality for SPMI prisoners already suffering. Respondent P12 confirms that mitigation may result in disciplinary action rather than appropriate treatment.

Subtheme 3.2: Inappropriate treatment planning

A mentally ill prisoner's misdiagnosis is often met with an ineffective treatment plan. The correctional setting has inherently adopted mandated treatment focusing on life preservation. A mandated treatment plan may be based on misdiagnoses as mentioned in subtheme 3.1. Five study participants positively identified standard treatment modalities, excluding medications, for treating suicidal SPMI prisoners. The inherent mandated treatment approach forms paternalism towards SPMI prisoners in Washington State. Respondent P2 stated that MHCPs should make treatment decisions on behalf of SPMI prisoners "for the greater good". The greater good statement indicates paternalistic behavior is present within Washington State prison settings.

Question 9 was meant to test provider knowledge of current trending treatment modalities for suicidality. A harm reduction reference was made within Question 9 to arouse emotion regarding prisoner suicidality treatment. Respondent P4 indicated concern that DwD is an extreme form of suicidality treatment when symptoms may be fleeting. P8 was highly reactionary, referring to the concept of harm reduction as "controversial". An avoidant response came from study participant P12 who simply stated, "it's an unpopular topic", referring to suicidality. Respondent P13 stated, "we complete Suicide Risk Assessments (SRA), Safety Plans, and Suicide Timelines". The collection of responses would suggest that WDOC providers are not equipped to effectively treat SPMI prisoners.

Subtheme 3.3: Enforced care

The topic of enforced care is a sensitive subject in controlled environments such as prisons. The potential for enforced care on SPMI prisoners was suspected in a controlled setting. The dichotomy between enforced care and prisoner rights generates an obvious parity argument. There is clear evidence that a parity argument of this nature exists in Washington State Prisons. There is also an apparent conflict between human rights and concern for mental acuity among respondents' answers. Treatment planning is specific to care continuation for a prisoner's good. Respondent P3 endorses provider responsibility for developing treatment plans in the best interest of prisoners.

There is evidence of paternalistic behavior encased in mandatory care for SPMI prisoners. Respondent P4 clearly admits having difficulty enforcing care and allowing SPMI prisoners to discontinue treatment voluntarily. The response from P5 shows biased

care towards SPMI prisoners. P5 showed concern for SPMI prisoner decision-making abilities. The response by P6 shows a contrary opinion from P5 regarding care discontinuation. P6 stated that a prisoner, supported by family or legally, should be allowed to discontinue care. Respondent P7 believes that discontinuing enforced care in prison settings is a liability to the facility.

Theme 4: Pain and Suffering

The loss of a patient to suicide is always a sensitive topic for any MHCP. Question 7 simply required a *yes* or *no* response to losing patients by suicide. Three respondents reported losing a patient by suicide during their tenure. All three of these respondents have served SPMI prisoner populations for eight or more years. Question 7 is still impactful despite a yes or no answer option for respondents. The common theme between P5, P6, and P14 is an expressed inability to positively impact SPMI prisoners. The MHCPs, regardless of tenure, also missed the correlation between SPMI and shortened lifespan (see Table 4).

Subtheme 4.1: Prisoner desire to die

The weight of refractory mental illness against life imprisonment could lend to a desire for DwD. An SPMI prisoner's choice of DwD to solve curable mental illnesses is a common concern among respondents. Respondent P14 reported being constrained by their agency policies regarding DwD. The use of constraint in P14's response might infer a differing opinion. Respondent P15 simply stated that DwD is not a considerable option for corrections. There is clear evidence of parity argument within the Washington State

prison system involving prisoners' death rights. Respondents attributed their emotional struggle directly to an SPMI prisoner's inability to form an accurate consent.

Subtheme 4.2: Inability to treat

A common factor among respondent answers was frustration at their inability to treat SPMI prisoners. The terms *treat* and *cure* might be synonymous in this context. The COVID-19 pandemic was referenced sparingly regarding the inability to access prisoners needing care. The inference was made that access to some SPMI prisoners may be denied MHCPs. The WDOC providers share their frustration with long-term patients' inherent resistance to treatment. The MHCPs' frustration may be due to perceived failure rather than refractory prisoner illness. The outdated mental health programs utilized by prisons may be attributable to an overall treatment inability.

Subtheme 4.3: Discontinuation of care

In Washington State prisons, MHCPs are bound by agency policy to administer exhaustive care. A personal bias is not an exercisable option for prison mental health care workers. A provider's moral obligation to preserve life despite prison living conditions outweighs the prisoner's desire to discontinue care. Respondent P3 referred to difficult prison living conditions. The prison living conditions reportedly exacerbate SPMI prisoners' mental health conditions considerably. Respondent P8 reported an ability to present treatment, check in with prisoners, and encourage care, though could not force it upon them. The predominant response to discontinuation of care is unanimously unfavorable for SPMI prisoners.

Theme 5: COVID-19 Implications

The participants were surveyed to determine if direct associations between increased suicidality and COVID-19 were detected. The impact of COVID-19 was significant to Washington State prison staff in many ways. An evident emotional bearing was expressed in respondent comments regarding refractory patient care attributable to COVID-19. Nine respondents reported that COVID-19 impacted prisoners mental health *a great deal*. Five respondents believed that the COVID-19 impact was *a lot*, whereas one respondent only felt there was *a little* impact. The distinction between COVID imposed and routine SPMI prisoner isolation is unclear. The COVID-19 impacts on SPMI prisoner treatment access require further exploration (see Table 4).

Table 4

Phenomenological Experiences According to Theme

Theme	Responses	Participant Identifiers	Sample Excerpt
Ambivalence (Q1, Q2, Q8)	3	P1, P5, P11	The ambivalence in psychiatric diagnosis inherently makes it impossible to know with 100% certainty your diagnosis is correct and therefore your treatment is also correct.
Free will (Q3, Q7)	5	P2, P3, P4, P5, P6, P8	If they have decisional capacity, they can choose to discontinue care.
Refractory illness (Q6)	8	P3, P4, P5, P6, P7, P8, P10, P14	Oftentimes patients with refractory depression will be labeled with bipolar disorder. People in prison do not have ongoing access to mental health, positive support systems, joyful activities, and proper sleep.

Pain and suffering (Q9)	5	P5, P6, P10, P12, P14	Yes (have lost a patient to suicide). They continue to suffer and are often punished. I do not believe I know of any programs which focus on suicide harm prevention specifically.
COVID implications (Q4, Q5)	9	P2, P3, P4, P5, P7, P9, P10, P12, P14	a great deal a lot

Summary

The participants demonstrated adequate experience with SPMI prisoners and knowledge regarding treatment barriers. The legalized medical DwD in Washington State is inconsequential. The Washington State prison MHCPs stance toward saving lives can be applied universally. The concept of allowing SPMI prisoners psychiatric DwD access conflicts with the provider's directive to administer care. The conflict paradigm between provider intent and prisoners' free will to discontinue care is a perfect example of mimetic theory. The social isolation due to COVID-19 seemingly had minimal impact on SPMI prisoners' mental stability, according to Washington State MHCPs. The speculation that COVID-19 isolation correlates to exacerbated symptoms for SPMI prisoners is unfounded.

The parity argument can be summarized by comparing psychiatric provider opinions to WDOC policy regarding DwD. The MHCPs evaded DwD while alluding to paternalistic prisoner care. An apparent dichotomy was revealed between SPMI prisoner DwD and the 2018 death penalty discontinuation in Washington State. Paternalism is

more prevalent among tenured MHCPs working within WDOC. The more tenured MHCPs also represent the grouping having less familiarity with suicidality treatment modalities. The lack of familiarity with trending suicidality treatment modalities and provider frustration over COVID-19 restrictions is coincidental. The outdated treatment skills by Washington State MHCPs may be indicative of limited current affairs awareness.

The limited MHCP familiarity with a global shift towards psychiatric DwD contributes to overall paternalistic behavior towards SPMI prisoners. Chapter 5 includes evidentiary conclusions regarding the anonymous survey data gathered. An extant comparison to existing research and future study recommendations involving DwD barriers for psychiatric patients within prison settings will also be discussed

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study was constructed to explore prison MHCP perspectives toward psychiatric DwD for SPMI inmates (Carda-Auten et al., 2022). The WDOC providers needed an opportunity to share their thoughts and experiences regarding SPMI prisoner care (Gétaz et al., 2021). The phenomenological experiences of Washington State prison MHCPs are transferable. The data can be used in formulating additional research recommendations. The shared MHCP experiences further intellectual awareness of prison psychiatry (Gétaz et al., 2021). The participants were provoked to consider psychiatric prisoners DwD. The concept of psychiatric DwD is under scrutiny by US legislative lawmakers.

Gerard's mimetic theory was applied paradoxically to SPMI prisoner psychiatric DwD (Jagger & Perron, 2020). The MHCP phenomenological encounters treating SPMI prison populations demonstrating suicidal ideation were previously understudied (Carda-Auten et al., 2022). Scholars are encouraged to broaden social awareness of psychiatric conditions warranting DwD for prisoners experiencing refractory mental illness (Carda-Auten et al., 2022). Key findings identified involve MHCP experiences with SPMI prisoners (Levin et al., 2020). The ethical dilemmas between US law and SPMI prisoner care needs were unveiled using anonymous surveys in Washington State prisons (Kosche, 2020). A conclusion is made and recommendations for additional research are provided based on the findings in Chapter 5.

Prisoners experiencing untreatable SPMI do not receive adequate mental health care (Nicolini et al., 2020). Paternalistic MHCP behavior toward SPMI prisoners is reportedly counterproductive (Jagger & Perron, 2020). There is an inconsistency between agency policy and provider opinion regarding SPMI prisoner needs, resulting in a significant parity argument. There is a synonymous relationship revealed between treatment resistance and prisoner SPMI based on experiential evidence extracted from the survey results (Jagger & Perron, 2020). The prisoner's mental acuity should not be questioned when psychiatric pain is refractory (Nicolini et al., 2020). The contrast between prisoner rights and ethical treatment poses a disparity among MHCPs. The use of mandated treatment for SPMI prisoners is counterintuitive based on anonymous provider survey responses (Jagger & Perron, 2020).

The opportunity for forensic psychologists to envisage SPMI prisoner DwD can now occur (Mussie et al., 2021). The mandate for mental health treatment has been replaced by the right to choose SPMI prisoners in other countries. The provision of prisoner DwD access has positively influenced social change in other countries by mitigating chronic psychiatric pain (Mussie et al., 2021). Scholarly insight into experiential SPMI prisoner contact by MHCPs can be gained. The WDOC providers lived experiences with vulnerable SPMI prison populations are critical in DwD research. The interpretation of findings in Chapter 5 helps expound upon the necessity for psychiatric DwD in the US prison systems.

Interpretation of Findings

A phenomenological approach to gathering information from prison MHCPs was appropriate. The phenomenological study process allows individuals to share their objective perspectives through the exploration of lived experiences. A data extraction can be achieved through the comparison of participant responses (Chenneville & Gabbidon, 2020). The research objective involved querying MHCPs for subjective input on DwD for SPMI prisoners (Yan et al., 2021). The qualitative data were extricated from 15 responses to an anonymous survey regarding DwD for SPMI prisoners in Washington State. The raw data was systematically organized according to respondents' unique identifiers. Themes and categories were developed by culminating in similar responses for each question (Chenneville & Gabbidon, 2020).

The participants from Washington State prisons have confirmed that SPMI prisoners are met with significant barriers to psychiatric DwD (Yan et al., 2021). The findings are directly applicable to most foundational concepts identified. The key foundational concepts anticipated included *untreatable mental illness, prisoner violence, futility of care, psychiatric eligibility, death penalty, and ethical withdrawal of mental health care* (Yan et al., 2021). The mimetic theory was identified as the core conceptual foundation for this study. The concept that prisoners' desire for DwD might be considered a human right has not been explored (Jagger & Perron, 2020). The Washington State MHCPs patterned paternalistic behaviors in their responses. The paternalistic responses did not parallel societal perspectives regarding prisoner human rights (Jagger & Perron, 2020).

An ethical dilemma exists involving acceptable psychiatric DwD eligibility criteria (Yan et al., 2021). There are civil commitment laws protecting SPMI persons from completing suicide (Kious & Battin, 2019). A long-standing debate among MHCPs positing SPMI is curable exists (Nicolini et al., 2019). An ongoing debate regarding incurable suffering when assessing for psychiatric DwD has also been identified (Arantzamendi et al., 2021). A psychiatric pain determination must be generated to meet SPMI prisoner DwD eligibility criteria (Nicolini et al., 2019). The decriminalization of assisted suicide by Canadian policymakers was utilized as a comparison to current US policies applicable to DwD (Gétaz et al., 2021). A comparison of Washington State and Canadian MHCP experiences was required to increase academic DwD awareness levels (Arantzamendi et al., 2021).

Research Question - How do mental health care providers in Washington State perceive psychiatric Death with Dignity for treatment-resistant, severely mentally ill prisoners?

The ethical complexities faced by prison MHCPs when supporting the palliative needs of hospice prisoners are circumstantial (Patinadan et al., 2020). The ethical withdrawal of mental health care may be from the treatment complexities MHCPs are facing (Yan et al., 2021). Prisoner DwD was presented as a workable solution for inmates desiring release (Nicolini et al., 2019). Participant P10 discussed providing palliative care to a dying inmate. The palliative care discussion included the term *dignified death* when referencing the patient's passing. The reference to DwD by survey respondents was not in

the appropriate context. Respondent P10 has worked in corrections mental health for over 10 years and reported knowing very little about DwD.

The State of Washington allows DwD for medically terminal persons if a psychiatric comorbid condition is absent. The State of Washington also allows alternative DwD methods for terminally ill persons with medical conditions. The DwD alternatives include treatment discontinuation, palliative sedation, and Voluntarily Stop Eating and Drinking (VSED) (Arantzamendi et al., 2021). The Washington State prison mental health care workers who reported providing palliative prisoner care (P5 and P10) did not discuss options for palliative sedation or VSED. The presence of existential and psychiatric distress is among the highest-ranking when patients consider DwD alternatives such as palliative sedation (Arantzamendi et al., 2021). The topic of existential death for SPMI prisoners enduring prolonged isolation is widely discussed. A vast disconnect between medical and psychiatric experiential evidence regarding terminal patient symptomology subsists (Arantzamendi et al., 2021).

A broader look at death penalties for mentally ill prisoners across the US was considered when constructing this study (Hudachek & Quigley-McBride, 2022). The study development consideration also included the misnomer that mentally ill prisoners are not eligible for death sentencing (Perlin, 2021). A transition from the death penalty to life sentencing for prisoners exacerbates mental illness exponentially (Perlin, 2021). An SPMI prisoner formerly sentenced to death may become suicidal from psychiatric strain (Kosche, 2020). Death penalty replacement using DwD presents a parity argument referencing prisoner rights (Kosche, 2020). The WDOC providers did not share

experiences with SPMI prisoners having death penalties modified to life sentences. The abolishment of death penalties in Washington State was not mentioned by survey respondents.

The concept of SPMI prisoner DwD presents a significant ethical dilemma for US government entities (Kosche, 2020; Perlin, 2021). The WDOC provider survey responses to parity argument-focused questions did not elicit SPMI prisoner DwD discussion (Kosche, 2020; Perlin, 2021). The anticipated decline in provider apprehension to support prisoner DwD is not evident (Kosche, 2020). There is evidence of antiquated treatment modalities within the WDOC. The evidence is indicative that knowledge of progressive psychiatric DwD considerations is also lacking (Kosche, 2020; Perlin, 2021). A lack of knowledge or exposure to progressive care may explain the MHCPs' paternalistic complacency toward life imprisoned SPMI persons (Kosche, 2020). Death with dignity for SPMI prisoners is unfathomable by tenured MHCPs (Perlin, 2021).

The DwD barriers for mentally ill prisoners may hinge upon limited insight toward developing psychiatric trends. The WDOC providers seem ill-informed about psychiatric DwD. The lack of psychiatric DwD elucidation minimizes the impact of provider arguments for or against the concept (Kosche, 2020). The current parity arguments among prison MHCPs may be ineffective in stimulating social change. An introduction of psychiatric advancements in other countries to WDOC may prompt internal psychiatric DwD discussions (Kosche, 2020). The increased knowledge by MHCPs might encourage new discussion within the State of Washington regarding SPMI prisoner DwD.

A parity argument can also be found within the anonymous responses when participants refer to their employer (Kosche, 2020). The WDOC mandates of treatment for SPMI prisoners go against provider opinions. The prisoners serving long-term sentences may develop situational bonds with their MHCPs. The situational bonding phenomenon with prisoners may contribute to psychiatric DwD resistance by MHCPs (Chenneville & Gabbidon, 2020). The MHCPs in prisons may have difficulty associating unsuccessful treatment with inmate suicide (Zhong et al., 2021). The provider's responsivity regarding COVID-19 suggests a minimal increase in prisoner suicidality (Pyrooz et al., 2020; Strauss et al., 2022). An increase in Washington State SPMI prisoner suicidality because of COVID-19 related isolation and reduced treatment access has been revealed.

The Washington State Department of Corrections MHCPs ranked COVID-19 as having a high impact on prisoner mental health and suicidality. The COVID-19 implications might be masking conditions otherwise identified as systemic shortcomings in Washington State prisons. The high ranking of COVID-19 effects on SPMI prisoners' mental health may reflect the separation already experienced between provider and patient (Strauss et al., 2022). Researchers indicate that healthcare workers were among the top priority in receiving medical resources to combat COVID-19-related spread. The same researchers discovered forensic populations were neglected of adequate medical resources (Géa et al., 2022). The misallocation of resources might contribute to the general anxiety demonstrated by MHCPs in Washington State (Géa et al., 2022). The misallocation of resource phenomenon should be explored in future studies.

The parity argument theory has been substantiated during data amalgamation (Crane & Pascoe, 2021). Several anonymous participants mentioned *prison rights* or *free will* as being incongruent with mandated mental health care for vulnerable populations. The removal of SPMI prisoners' rights to discontinue ineffective treatment violates free will (Monasterio et al., 2020). The violation of SPMI prisoner free will is directly attributable to mimetic theory. The negative impact poor prison living conditions have on SPMI inmates is implied within provider statements. The phenomenon of SPMI prisoner rights infringement can now be exponentially attributed to COVID-19 pandemic restrictions (Strauss et al., 2022). The use of telehealth has also been found to impede adequate SPMI prisoner psychiatric treatment (Kelly et al., 2020). Prisoners' mental capacity has been compromised by COVID-19 restrictions. Prisoners with mental illness are experiencing heightened comorbid medical conditions resulting from the COVID-19 (Kelly et al., 2020).

The paternalistic patterns involving human survival on behalf of others have been discussed. The paternalistic MHCPs in prisons inhibit violence through their actions (Weithorn, 2020). The WDOC's providers exhibit paternalistic behavior redolent of that human survival instinct. The human survival type paternalistic behavior creates a natural barrier for SPMI prisoners. The SPMI prisoners are unable to make independent decisions regarding personal care when facing such barriers (Weithorn, 2020). Five participants (P2, P3, P4, P5, and P6) mentioned prisoners' free will or right to decide regarding treatment discontinuation. The paternalistic treatment of prisoners contradicts provider statements regarding the right to decide (Weithorn, 2020).

Limitations of the Study

There were several limitations to this qualitative study. Research introducing MHCPs' phenomenological experiences encountering SPMI prisoners desiring DwD in the US is nonexistent (Levin et al., 2020). The apprehension of the WDOC administration to allow direct researcher-participant contact concerning SPMI prisoner encounters has limited academic progress (Robinson, 2020). Prison-based MHCPs reported being driven by their employer to conduct treatment in a particular manner. There was evidence that agency directives conflicted with the respondent's desire to treat based on clinical observations (Robinson, 2020). The excluded foundational concepts were specific to *prisoner violence, recidivism*, the *death penalty*, *Penrose hypothesis*, and *institutionalism*. A lack of address for these five concepts includes three key factors.

The three key limitation factors include death penalty abolishment, the likelihood that SPMI populations are segregated, and life sentencing. The State of Washington legislative body abolished the death penalty in 2018 (Perlin, 2021). The death penalty was replaced with life sentencing in the State of Washington. The WDOC death row prisoners are now serving life sentences regardless of the crime (Perlin, 2021). The Washington State MHCPs did not mention the death penalty abolishment. The SPMI prisoner suicidality was not linked to violence by survey respondents (Hill et al., 2022). The survey respondents did not elaborate on environmental conditions within the WDOC prison system.

The absent prisoner violence reference by MHCPs may be attributive to the segregation of behavioral health prisoners from general populations (Seeds, 2021).

Participant discussion regarding prisoner violence toward SPMI prisoners would have suggested an inability to manage inmate populations (Armstrong, 2020). There was evidence of caution by participants when discussing sensitivity towards organizational matters (Armstrong, 2020). The caution demonstrated by the WDOC participating staff is difficult to interpret. The interpretation of participant responses demonstrating caution cannot be made without researcher bias in this instance. Recidivism was not mentioned by survey respondents as expected. The lack of recidivism discussion can likely be attributed to demographic prisoner populations treated by respondents.

The increase of cyclical SPMI symptom-associated behavior has been discussed in recent research (Crane & Pascoe, 2021). The phenomenon of institutionalism occurs when mentally ill individuals repeatedly return to a highly structured setting such as prison (Crane & Pascoe, 2021). The institutionalism phenomenon was not addressed within the participant responses (Carter, 2021). The Penrose hypothesis is defined as the phenomenological occurrence when de-hospitalized psychiatric patients transition to prisons. The Penrose hypothesis discussion did not factor into participant responses (O'Neill et al., 2021). The life expectancy of a prisoner is reduced by prolonged psychiatric pain (Carter, 2021). The WDOC providers identified as P5, P6, P10, P12, and P14 refer to psychiatric suffering.

Respondent P5 also discusses societal ambivalence toward prison psychiatry. Societal views involving psychiatric pain were thought to be irrelevant in recent research. The lack of social concern for SPMI prisoner welfare is more likely attributed to ambivalence (Saluja & Bryant, 2021). Participants working with prisoners having

terminal medical conditions did not compare physical pain to psychiatric suffering (Saluja & Bryant, 2021). The correlation of psychiatric pain with unsuccessful treatment programs was not synonymously attributed to suicidality by participants. The lack of idiographic explanation was not constrictive in this study. The nomothetic explanation of this study is lacking.

A mental acuity assessment for SPMI prisoners contemplating DwD was deferred by survey participants, leaving this vital inquiry unanswered. The effect of poor prison conditions on inmate mental illness was inferred though not vastly discussed. The survey question regarding psychiatric pain relative to a social preference for SPMI prisoner continued care was not understood. The limitation of a survey over an interview prevented clarity-seeking opportunities. Metaethical theory regarding paternalism only touched upon could have been explored during interviews. The conclusions that can be drawn using inductive reasoning come with limitations.

Recommendations

Recommendations for further qualitative research include the expansion of ethical dilemma questions regarding SPMI prisoners serving life sentences. More expansive survey implementation may have garnered greater experiential responses regarding release from psychiatric pain. There is a visible struggle between respect for the agency and paternal leaning toward patients by mental health care workers (Weithorn, 2020). The MHCP experiential struggle between personal and professional preference is worthy of further exploration. Life imprisonment for SPMI prisoners is likened to an existential and Canada is necessary (Mussie et al., 2021). A comparison between prisoner

institutionalization and dependence on MHCP paternalism might also be worthy of further exploration.

The societal ambivalence has been overshadowed by psychiatric complacency when it comes to SPMI prison populations. The death penalty has been discontinued in Washington State resulting in prolonged existential suffering (Saluja & Bryant, 2021). The abolishment of death penalties has resulted in life sentencing for SPMI inmates. Qualitative research into provider mindset about death penalty abolishment may increase intellectual command of psychiatric complacency (Hill et al., 2022). An extensive look at prison policy regarding mandated care may also explain provider complacency. The current social ambivalence could be reversed through intellectual discussion comparing agency and provider perspectives on mental health care. The comparative social interest study between pro-psychiatric DwD countries and the US would also be beneficial.

The academic community needs to expand upon a lack of advancing psychiatric knowledge within state prison systems. The treatment modalities reported by Washington State MHCPs are outdated. The testing and assessment for SPMI prisoner suicidality are also outdated in Washington State prisons. The WDOC participants contributed very little to understanding prisoner mental acuity. The mandated treatment of SPMI prisoners in the State of Washington reduces any necessity for mental acuity testing. Respondents deferred decision-making beyond basic care to their supervisors. Research using correctional institutions' management personnel as the target demographic would further expand upon institutional knowledge of prison psychiatry.

The subject of institutionalism for prisoners was not adequately explored. A qualitative investigation into the potential parallel between prisoners and MHCP institutionalization may be warranted. The recommendation comes from participants seeming apathy toward life imprisonment. Nine participants reported more than ten years of working in the prison system. Eight of those nine participants admitted to having only worked minimally with the target SPMI prisoner demographic. The apathy demonstrated toward life imprisonment could be translated into stagnant careers for prison MHCPs. The career stagnation phenomenon may have caused the Penrose hypothesis to become obscure.

Implications

The psychiatric impact of lengthy incarceration on SPMI prisoners is significant. The recent COVID-19 pandemic has been used as a reason for isolating prisoners. The increased isolation because of COVID-19 has exacerbated mental illness in Washington State Prisoners (Cloud et al., 2020). Prisoners experiencing punitive isolation paired with symptoms exacerbated by the COVID-19 induce SPMI prisoner suicidality. Prisoners experience social isolation from loved ones and MHCPs. The Washington State Department of Corrections MHCPs validates that incarceration is emotionally excruciating. The SPMI prisoners experiencing suicidality due to COVID-19 and punitive isolation may never recover (Cloud et al., 2020).

The adoption of psychiatric DwD in Canada, the Netherlands, Belgium, and Switzerland is indicative of a societal shift. An intellectual discussion occurred in these countries as part of the societal shift process. The provision of psychiatric DwD to SPMI

prisoners is an act of beneficence (Abbasi Kashkuli & Haghighat, 2020). The countries having adopted psychiatric DwD recognize their moral obligation to free SPMI persons from untreatable pain (Abbasi Kashkuli & Haghighat, 2020). The concept of psychiatric DwD has not been considered in Washington State Prison systems. A speculative DwD discussion is required in the State of Washington that includes prisoner MHCPs. The lack of psychiatric DwD discussion in Washington State is a natural barrier for SPMI prisoners.

Theoretical Implications

The Death with Dignity Acts of Oregon Health Authority and the Washington State Legislature were used to ground this study. The parity argument theory and Penrose hypothesis on psychiatric prisoner institutionalism were also utilized to ground this study (O'Neill et al., 2021). The conceptual framework was derived from mimetic theory regarding human desire (Jagger & Perron, 2020). The use of mimetic theory helped underpin the concept that prisoners may choose to escape mental anguish through psychiatric DwD (Monasterio et al., 2020). The anonymous survey results are directly applicable to mimetic theory regarding psychiatric DwD. Participants did not equate human desire to SPMI prisoners' right to decide (Jagger & Perron, 2020).

There were theoretical and conceptual implications discovered while synthesizing survey data. An apparent ethical dilemma for MHCPs working with refractory SPMI prisoners was revealed as a conceptual implication. A refractory mental illness is correlated with existential and psychiatric pain (Arantzamendi et al., 2021). The WDOC mental health care workers with tenure may be desensitized to the criticality of this

phenomenon. The practitioner's cultural differences contributing to generational disparity create a parity argument (Pronk et al., 2021). There is an assumption that at least one survey respondent supports psychiatric DwD. The support by one respondent for psychiatric DwD may be transferrable.

The concept of discontinuing vulnerable SPMI prisoner's mental health care has been systemically explored during data gathering (Jagger & Perron, 2020). The question regarding prisoners' right to discontinue care was asked of participants. The SPMI prisoner discontinuation of care requests are seemingly discounted in Washington State Prisons. There is evidence Washington State prison MHCPs obviously care about their patients despite continuing care when asked to stop. The beneficence and nonmaleficence ethical codes of conduct are key when considering patient rights. The ethical codes are directly related to *doing no harm* toward mentally ill persons. The beneficence and nonmaleficence ethical codes of conduct were not violated by Washington State Prison MHCPs (Sulmasy, 2021).

The basis of mimetic theory evolves around individualistic violence and threats to human survival. The survey respondents did not receive an explanation of Gerard’s mimetic theory to preface questions regarding prisoner DwD. The correlation between respondent answers regarding patient rights was drawn during the data analysis process. Similarities between respondent answers to prisoner rights questions and the mimetic theory concept is striking. The Washington State Department of Corrections MHCPs did not require an introduction to Gerard’s mimetic theory. The introduction of mimetic theory following this survey could spark important human rights discussions. The human

rights discussion based on mimetic theory from a prisoner MHCP perspective could be vital to future research.

Potential Positive Social Change

The potential for positive social change can occur in a variety of manners. A likelihood exists that mimetic theory will become evident among SPMI prisoners in the future. A broader understanding of mimetic theory among MHCPs may open erudite discussion regarding free will and prisoner rights. A free will-oriented discussion among MHCPs for SPMI prisoners is particularly essential in removing the paternalistic barriers. The willingness of WDOC staff to be vulnerable through anonymity has enhanced research. The Washington State prison MHCPs have now initiated discussions regarding prison DwD barriers. A study advantage may involve researchers beginning to expand investigations into other vulnerable populations in the US considering psychiatric DwD (Smith, 2020).

The families of life-sentenced SPMI prisoners may embrace assisted suicide for their loved ones. There is research-based evidence that families of terminally ill persons are supportive towards DwD (Arantzamendi et al., 2021). The authorization of DwD or alternatives such as palliative sedation could reduce SPMI prisoner suffering in a humane manner. Prison housing costs for life-imprisoned persons pose financial burdens on society. A palliative care alternative for terminally ill prisoners may eradicate the DwD societally based parity argument (Arantzamendi et al., 2021). The MHCPs' with experience treating SPMI prisoners in Washington State did not broach DwD

alternatives. The data gleaned from this study will stimulate SPMI prisoner DwD alternatives research in the future (Gétaz et al., 2021).

Recommendations for Practice

There is a significant amount of work required sequentially in the US before SPMI prisoner DwD will become acceptable. The actual implementation of SPMI prisoner DwD will be contingent on numerous factors. The MHCPs working with SPMI prison populations must first educate themselves on current trends in psychiatry. The well-educated MHCP also having phenomenological experience with this demographic will be instrumental in affecting social change. The US legislative committees will require persuasion to consider SPMI prisoner DwD as a compassionate solution for refractory mental illness (Smith, 2020). The new psychiatric suicide laws enacted in other countries offer groundbreaking evidence for US consideration. Research in the remaining US states allowing DwD is necessary to verify the transference of WDOC survey results.

A limited MHCP knowledge level toward progressive psychiatric treatment programs was also revealed in this anonymous survey. Prison MHCPs must explore programs used in outpatient settings to increase practical awareness. The WDOC providers require agency support in obtaining new assessment tools and training. The open discussions between DwD states are also necessary to perpetuate progressive treatment modality sharing. The WDOC has now become a leader in openly discussing psychiatric DwD for SPMI prisoners. The anonymous WDOC survey participants may share their experiences with other MHCPs. The discussions perpetuated by WDOC

treatment providers may expand to other US prisons. The expanded discussions between US prison MHCPs should encompass psychiatric DwD practices in other countries.

Conclusion

The benefits that can be drawn from this qualitative study are twofold. The phenomenological information gathered from a prison MHCP lens has been beneficial academically. The fear of openly discussing DwD has prevented scholars from approaching vulnerable population MHCPs in the past (Smith, 2020). The desire to preserve life through psychiatric care is great among prison mental health provider staff. The dichotomy of fear and desire has inhibited scholastic researchers from gathering informative phenomenological MHCP experiences (Gétaz et al., 2021). The anonymous survey process has been thought-provoking for the WDOC participants. There is a possibility that survey conclusions will be sought for review by prison psychiatrists.

The second benefit comes from the identification of additional anomalies in both studies and mental health care practices. The negative psychiatric impact lengthy incarceration has on SPMI prisoners is not being openly considered (Calati et al., 2021). The lack of correlation between environmental causes and refractory mental illness is remarkable (Armstrong, 2020). The correlation between environmental causes and refractory mental illness should be studied further (Calati et al., 2021). The current mandated treatment has a nominal effect on SPMI prisoners with felonious behaviors. The development of criminogenic assessment tools for SPMI prisoners will not improve MHCPs' ability to make mental acuity determinations (Arbour et al., 2021). The

criminogenic behavior of SPMI prisoners is difficult to treat even with well-developed treatment plans (Arbour et al., 2021).

The APA guidelines for forensic psychologists differ from general practitioners. The MHCPs specifically serving prison populations should be forensically categorized. A forensic provider is ethically bound to use appropriate assessment tools, treatment modalities, and investigation tactics (Abbasi Kashkuli & Haghighat, 2020). The forensic provider is bound to respect human rights where possible. The WDOC provider is faced with significant ethical dilemmas regarding prisoner human rights (Arbour et al., 2021). The division of clinical and forensic psychology is necessary to create a concise demarcation between fields. A programmatic demarcation would allow forensic MHCPs an opportunity to propose psychiatric DwD for SPMI inmates.

References

Abbasi Kashkuli, M., & Haghighat, L. (2020). A consideration and critique of Bergson's moral theory and its foundations with a focus on a critique of Kant's deontological ethics. *Quarterly Journal of Moral Studies, 2*(5), 77-104. http://ethics.riqh.ac.ir/article_12947_en.html

Al Rabadi, L., LeBlanc, M., Bucy, T., Ellis, L. M., Hershman, D. L., Meyskens, F. L., Taylor, L., & Blanke, C. D. (2019). Trends in medical aid in dying in Oregon and Washington. *JAMA Network Open*, *2*(8), 1-7. https://doi.org/10.1001/jamanetworkopen.2019.8648

American Psychological Association (2017). Report of APA resource document on assisted suicide. *Council on Psychiatry and Law [Online print version]*. https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/2017-Resource-Document-on-Physician-Assisted-Death.pdf

American Psychological Association (2021). *Specialty Guidelines for Forensic Psychology.* Specialty guidelines for forensic psychology (apa.org)

Amin, M. E. K., Nørgaard, L. S., Cavaco, A. M., Witry, M. J., Hillman, L., Cernasev, A., & Desselle, S. P. (2020). Establishing trustworthiness and authenticity in qualitative pharmacy research. *Research in Social and Administrative Pharmacy*, *16*(10), 1472-1482. https://doi.org/10.1016/j.sapharm.2020.02.005

Arantzamendi, M., Belar, A., Payne, S., Rijpstra, M., Preston, N., Menten, J., Van de Elst, M., Radbruch, L., Hasselaar, J., & Centeno, C. (2021). Clinical aspects of

palliative sedation in prospective studies. A systematic review. *Journal of Pain and Symptom Management*, *61*(4), 831-844. https://doi.org/10.1016/j.jpainsymman.2020.09.022

Arbour, W., Lacroix, G., & Marchand, S. (2021). Prison rehabilitation programs: Efficiency and targeting, 1-43. http://dx.doi.org/10.2139/ssrn.3761992

Armstrong, S. (2020). At risk of rights: Rehabilitation, sentence management and the structural violence of prison. *Critical Criminology*, *28*(1), 85-105. https://doi.org/10.1007/s10612-020-09503-7

Azevedo, J., Vieira-Coelho, M., Castelo-Branco, M., Coelho, R., & Figueiredo-Braga, M. (2020). Impulsive and premeditated aggression in male offenders with antisocial personality disorder. *Plos One*, *15*(3), 1-18. https://doi.org/10.1371/journal.pone.0229876

Bacha, K., Hanley, T., & Winter, L. A. (2020). 'Like a human being, I was an equal, I wasn't just a patient': Service users' perspectives on their experiences of relationships with staff in mental health services. *Psychology and Psychotherapy: Theory, Research and Practice*, *93*(2), 367-386. https://doi.org/10.1111/papt.12218

Bahji, A., & Delva, N. (2021). Making a case for the inclusion of refractory and severe mental illness as a sole criterion for Canadians requesting medical assistance in dying (MAiD): A review. *Journal of Medical Ethics*, medethics-2020-107133. Advance online publication. https://doi.org/10.1136/medethics-2020-107133

Barry, L. C., Coman, E., Wakefield, D., Trestman, R. L., Conwell, Y., & Steffens, D. C. (2020). Functional disability, depression, and suicidal ideation in older prisoners. *Journal of Affective Disorders*, *266*, 366-373. https://doi.org/10.1016/j.jad.2020.01.156

Bell, M. (2021). Abolition: A new paradigm for reform. *Law & Social Inquiry*, *46*(1), 32-68. https://doi:10.1017/Isi.2020.21

Barrenger, S. L., Kriegel, L., Canada, K. E., & Blank Wilson, A. (2021). What gets measured in reentry research? A scoping review on community reentry from jail and prison for persons with mental illnesses. *Criminal Justice and Behavior*, *48*(3), 259-273. https://doi.org/10.1177/0093854820983844

Bosman, H. S., van Rensburg, C. J., & Lippi, G. (2020). Suicide risk of male State patients with antisocial personality traits. *South African Journal of Psychiatry*, 26(1), 1-6. http://dx.doi.org/10.4102/sajpsychiatry.v26i0.1543

Cabrera, P. G. T., Ramírez-Coronel, A. A., Mesa-Cano, I. C., & Vásquez, L. C. J. (2021). Perspective on assisted suicide and euthanasia: systematic review. *Archivos Venezolanos de Farmacologia y Terapéutica*, *40*(6), 581-586. https://revistaavft.com/images/revistas/2021/avft_6_2021/4_perspective_assisted.pdf

Calati, R., Olié, E., Dassa, D., Gramaglia, C., Guillaume, S., Madeddu, F., & Courtet, P. (2021). Euthanasia and assisted suicide in psychiatric patients: A systematic review of the literature. *Journal of Psychiatric Research*, *135*, 153-173. https://doi.org/10.1016/j.jpsychires.2020.12.006

Carda-Auten, J., Dirosa, E. A., Grodensky, C., Nowotny, K. M., Brinkley-Rubinstein, L., Travers, D, Brown, M., Bradley-Bull, S., Blue, C., Rosen, D. L. (2022). Jail health care in the southeastern United States from entry to release. https://doi.org/10.1111/1468-0009.12569

Carter, J. (2021). Preventing institutionalism: Keeping users out of hospital. In *Day Services for Adults*, 174-185. Routledge. https://doi.org/10.4324/9781003193692

Chenneville, T., & Gabbidon, K. (2020). Application of the APA ethics code for psychologists working in integrated care settings: Potential conflicts and resolutions. *Ethics & Behavior*, *30*(4), 264-274. https://doi.org/10.1080/10508422.2019.1683739

Chong, M. D., Forbes, A., Francis, A. P., & Fellows, J. (2020). Gender differentials in the presentation of symptoms, assessment, diagnosis and treatment of mentally ill prisoners. *Gender and Mental Health,* 207-221. https://research.jcu.edu.au/portfolio/markdavid.chong

Cloud, D. H., Ahalt, C., Augustine, D., Sears, D., & Williams, B. (2020). Medical isolation and solitary confinement: Balancing health and humanity in US jails and prisons during COVID-19. *Journal of General Internal Medicine*, *35*(9), 2738-2742. https://link.springer.com/article/10.1007/s11606-020-05968-y?PostID=17753166

Comartin, E. B., Milanovic, E., Nelson, V., & Kubiak, S. (2021). Mental health identification practices of jails: The unmet needs of the “silent” population:

Special Issue: *Criminal Justice and Community Psychology*: Our values and our work. *American Journal of Community Psychology*, *67*(1-2), 7-20. https://doi.org/10.1002/ajcp.12466

Crane, J. T., & Pascoe, K. (2021). Becoming institutionalized: Incarceration as a chronic health condition. *Medical Anthropology Quarterly*, *35*(3), 307-326. https://doi.org/10.1111/maq.12621

Deitch, B. (2020). Life without parole as death without dignity. *Alabama Law Review, Forthcoming*, *43*(2), 1-36. https://ssrn.com/abstract=3557547

Edwards, D., Anstey, S., Coffey, M., Gill, P., Mann, M., Meudell, A., & Hannigan, B. (2021). End of life care for people with severe mental illness: Mixed methods systematic review and thematic synthesis (the MENLOC study). *Palliative Medicine*, *35*(10), 1747-1760. https://doi.org/10.1177/02692163211037480

Favril, L., Indig, D., Gear, C., & Wilhelm, K. (2020). Mental disorders and risk of suicide attempt in prisoners. *Social Psychiatry and Psychiatric Epidemiology*, 1-11. https://doi.org/10.1007/s00127-020-01851-7

Feeg, V. D., Mancino, D. J., Rushton, C. H., Mendez, K. J. W., & Baierlein, J. (2021). Ethical dilemmas for nursing students and faculty: In their own voices. *Nursing Education Perspectives*, *42*(1), 29-35. https://pubmed.ncbi.nlm.nih.gov/32925308/

Franke, I. (2021). Pad in forensic psychiatry. *European Psychiatry*, *64*(1), 533-534. https://doi.org/10.1192/j.eurpsy.2021.115

Gabrysch, C., Sepúlveda, C., Bienzobas, C., & Mundt, A. P. (2020). ‘Maybe it is only in

prison that I could change like this' the course of severe mental illnesses during imprisonment: A qualitative 3-year follow-up study from Chile. *Frontiers in Psychology*, *11*(1208), 1-17. https://doi.org/10.3389/fpsyg.2020.01208

Géa, L. P., Upfold, C., Qureshi, A., Moulden, H. M., Mamak, M., Bradford, J. M. W., & Chaimowitz, G. A. (2022). Public perceptions of psychiatric, justice-involved, and elderly populations during the COVID-19 pandemic. *Journal of psychiatric research*, *146*, 67-76. https://doi.org/10.1016/j.jpsychires.2021.12.019

Genders, E., & Player, E. (2020). Long sentenced women prisoners: Rights, risks, and rehabilitation. *Punishment & Society*, *49*(5), 431-450. https://doi.org/10.1177/1462474520933097

Gerson, S. M., Bingley, A., Preston, N., & Grinyer, A. (2019). When is hastened death considered suicide? A systematically conducted literature review about palliative care professionals' experiences where assisted dying is legal. *BMC Palliative Care*, *18*(1), 1-13. https://doi.org/10.1186/s12904-019-0451-4

Gétaz, L., Wolff, H., Golay, D., Heller, P., & Baggio, S. (2021). Suicide attempts and Covid-19 in prison: Empirical findings from 2016 to 2020 in a Swiss prison. *Psychiatry Research*, *303*, 114107. https://doi.org/10.1016/j.psychres.2021.114107

Gonzalez, G. (2021). Who has the power? Manipulating and reclaiming social support in solitary confinement. *Punishment & Society*. https://doi.org/10.1177/14624745211029362

Hewson, T., Shepherd, A., Hard, J., & Shaw, J. (2020). Effects of the COVID-19

pandemic on the mental health of prisoners. *The Lancet Psychiatry*, *7*(7), 568-570. https://www.sciencedirect.com/science/article/abs/pii/S2215036620302418

Hill, K., Wainwright, V., Stevenson, C., Senior, J., Robinson, C., & Shaw, J. (2022). Prevalence of mental health and suicide risk in prisons in low-and middle-income countries: a rapid review. *The Journal of Forensic Psychiatry & Psychology*, *33*(1) 1-16. https://doi.org/10.1080/14789949.2021.2016891

Ho, A., & Norman, J. S. (2019). Social determinants of mental health and physician aid-in-dying: The real moral crisis. *The American Journal of Bioethics*, *19*(10), 52-54. https://doi.org/10.1080/15265161.2019.1654025

Hudachek, L., & Quigley-McBride, A. (2022). Juror perceptions of opposing expert forensic psychologists: Preexisting attitudes, confirmation bias, and belief perseverance. *Psychology, Public Policy, and Law*. https://doi.org/10.1037/law0000334

Hudson, H., & Wright, D. K. (2019). Towards a guiding framework for prison palliative care nursing ethics: *Advances in Nursing Science*, *42*(4), 341-357. https://doi.org/10.1097/ANS.0000000000000266

Isaacs, A., Beauchamp, A., Sutton, K., & Kocaali, N. (2019). Care coordination can reduce unmet needs of persons with severe and persistent mental illness. *Frontiers in Psychiatry*, *10*(563), 1-10. https://doi.org/10.3389/fpsyt.2019.00563

Iturri, F., Gale-Bentz, E., Reinhard, E. E., Hunter, T. B., McCann, C. N., Zaman, A., Chibueze, U., & Tellez, A. (2020). Incarceration and pandemic-related restrictions during COVID-19: An empathic understanding of two

worlds. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S233-S235. https://doi.apa.org/fulltext/2020-43041-001.html

Jager, F., & Perron, A. (2020). The social utility of community treatment orders: Applying Girard's mimetic theory to community-based mandated mental health care. *Nursing Philosophy*, *21*(1), 51-58. https://doi.org/10.1111/nup.12280

Kelly, B., Drogin, E., McSherry, B., & Donnelly, M. (2020). Mental health, mental capacity, ethics, and the law in the context of COVID-19 (coronavirus). *International journal of law and psychiatry*, *73*, 101632. https://doi.org/10.1016/j.ijlp.2020.101632

Kiekens, G., Hasking, P., Bruffaerts, R., Alonso, J., Auerbach, R., Banties, J., … Kessler, R. (2021). Non-suicidal self-injury among first-year college students and its association with mental disorders: Results from the World Health International College Student (WMH-ICS) initiative. *Psychological Medicine,* 1-12. https://doi.org/10.1017/S0033291721002245

Kious, B. M., & Battin, M. (2019). Physician aid-in-dying and suicide prevention in psychiatry: A moral crisis? *The American Journal of Bioethics*, *19*(10), 29-39. https://doi.org/10.1080/15265161.2019.1653397

Klein, E. (2019). Treating mentally ill offenders in an inpatient setting. *Journal of Psychosocial Rehabilitation and Mental Health*, *6*(2), 209-216. https://doi.org/10.1007/s40737-019-00147-7

Kosche, M. (2020). Permissibility of death penalty as a hermeneutic dilemma. *Verbum Vitae*, *37*(2), 311-326. https://czasopisma.kul.pl/vv/article/view/5550/8285

Leigh-Osroosh, K.T. (2021). The phenomenological house: A metaphoric framework for descriptive phenomenological psychological design and analysis. *The Qualitative Report, 26*(6), 1817-1829. https://nsuworks.nova.edu/tqr/vol26/iss6/7/

Lengvenyte, A., Strumila, R., Courtet, P., Kim, S. Y. H., & Olié, E. (2020). "Nothing hurts less than being dead": Psychological pain in case descriptions of psychiatric euthanasia and assisted suicide from the Netherlands: « Rien ne fait moins mal qu'être mort »: La douleur psychologique dans les descriptions de cas d'euthanasie et de suicide assisté psychiatrique aux Pays-Bas. *The Canadian Journal of Psychiatry*, *65*(9), 612-620. https://doi.org/10.1177/0706743720931237

Levin, K., Bradley, G. L., & Duffy, A. (2020). Attitudes toward euthanasia for patients who suffer from physical or mental illness. *OMEGA - Journal of Death and Dying*, *80*(4), 592-614. https://doi.org/10.1177/0030222818754667

Mannelli, C. (2021). The clinical ethicist. *The ethics of rapid tissue donation (RTD)*. *85*, 85-101. Springer, Cham. https://doi.org/10.1007/978-3-030-67201-0_6

Maschi, T., Morgen, K., Bullock, K., Kaye, A., & Hintenach, A. M. (2021). Aging in Prison and the Social Mirror: Reflections and Insights on Care and Justice. *Journal of Elder Policy*, *1*(2). https://www.journalofelderpolicy.org/aginginprison1-2.html

Maxwell, J. A. (2020). Why qualitative methods are necessary for generalization. *Qualitative Psychology*. https://psycnet.apa.org/doi/10.1037/qup0000173

Mental Capacity Act of 2005, UK Public Acts 2005 c.9. http://www.legislation.gov.uk/ukpga/2005/9/contents

Meyers, T. J., Infante, A. A., & Wright, K. A. (2020). Treating the seriously mentally ill in prison: An evaluation of a contingency management program. *Corrections*, *5*(4), 256-273. https://doi.org/10.1080/23774657.2018.1530077

Miller, D. G., Dresser, R., & Kim, S. Y. H. (2019). Advance euthanasia directives: A controversial case and its ethical implications. *Journal of Medical Ethics*, *45*(2), 84-89. https://doi.org/10.1136/medethics-2017-104644

Mitchell, M. M., Pyrooz, D. C., & Decker, S. H. (2021). Culture in prison, culture on the street: The convergence between the convict code and code of the street. *Journal of crime and justice*, *44*(2), 145-164. https://doi.org/10.1080/0735648X.2020.1772851

Mitchell, S.M., La Rosa, N.L., Cary, J. and Sparks, S. (2021), Considering the impact of COVID-19 on suicide risk among individuals in prison and during reentry, *Journal of Criminal Psychology*, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/JCP-10-2020-0044

Monasterio, E., Every-Palmer, S., Norris, J., Short, J., Pillai, K., Dean, P., & Foulds, J. (2020). Mentally ill people in our prisons are suffering human rights violations. https://assets-global.website-files.com/5e332a62c703f653182faf47/5e695dfaa2116449bc36a397_Monasterio%20FINAL.pdf

Montoya-Barthelemy, A., Lee, C. D., Cundiff, D., & Smith, E. (2020). COVID-19 and the correctional environment: the American prison as a focal point for public health. *American Journal of Preventive Medicine*, *3*(2), 294-306. https://doi.org/10.1080/24751979.2020.1777578

Mundt, A. P., & Konrad, N. (2019). Institutionalization, deinstitutionalization, and the Penrose hypothesis. In A. Javed & K. N. Fountoulakis (Eds.), *Advances in Psychiatry*, 187-196. https://doi.org/10.1007/978-3-319-70554-5_12

Mussie, K. M., Pageau, F., Merkt, H., Wangmo, T., & Elger, B. S. (2021). Challenges in providing ethically competent health care to incarcerated older adults with mental illness: a qualitative study exploring mental health professionals' perspectives in Canada. *BMC Griatrics*, *21*(1), 1-15. https://doi.org/10.1186/s12877-021-02687-9

Mweshi, G. K., & Sakyi, K. (2020). Application of sampling methods for the research design. *Archives of Business Review*, *8*(11), 180-193. https://doi.org/10.14738/abr.811.9042

Nicolini, M. E., Kim, S. Y. H., Churchill, M. E., & Gastmans, C. (2020). Should euthanasia and assisted suicide for psychiatric disorders be permitted? A systematic review of reasons. *Psychological Medicine*, *50*(8), 1241-1256. https://doi.org/10.1017/S0033291720001543

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, *18*(3), 369-386. https://doi.org/10.1080/14780887.2020.1854404

O'Connor, S., Bezeczky, Z., Moriarty, Y., Kalebic, N., & Taylor, P. J. (2020). Adjustment to short-term imprisonment under low prison staffing. *BJPsych Bulletin*, *44*(4), 139-144. https://doi.org/10.1192/bjb.2020.2

O'Donohue, W. (2020). Criticisms of the ethical principles for psychologists and code of conduct. *Ethics & Behavior*, *30*(4), 275-293. https://doi.org/10.1080/10508422.2019.1679632

O'Neill, C. J., Kelly, B. D., & Kennedy, H. G. (2021). A 25-year dynamic ecological analysis of psychiatric hospital admissions and prison committals: Penrose's hypothesis updated. *Irish Journal of Psychological Medicine*, *38*(3), 182-185. https://doi.10.1017/ipm.2018.40

Opitz-Welke, A., & Konrad, N. (2019). Psychiatric approach to violent behavior in severe mental illness - Violation of human rights? *Ethics, Medicine and Public Health*, *27*(5), 801-810. https://doi.org/10.1016/j.jemep.2019.03.003

Oregon Health Authority. (2018). *Oregon death with dignity act: 2018 data summary*. https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf

Patinadan, P. V., Tan-Ho, G., Choo, P. Y., & Ho, A. H. Y. (2020). Resolving anticipatory grief and enhancing dignity at the end-of-life: A systematic review of palliative interventions. *Death studies*, 1-14. https://doi.org/10.1080/07481187.2020.1728426

Perlin, M. L. (2021). Ineffective counsel in death penalty cases and the promise of therapeutic jurisprudence. *Journal of the American Academy of Psychiatry and*

Law, *50*(1), 1-5 http://jaapl.org/content/early/2021/11/17/JAAPL.210089-21

Perugino F., Turano A., Lester D. (2022) Suicide in jails and prisons. In: Pompili M. (eds) *Suicide Risk Assessment and Prevention*. Springer, Cham. https://doi.org/10.1007/978-3-030-41319-4_98-1

Pesut, B., Thorne, S., & Greig, M. (2020). Shades of gray: Conscientious objection in medical assistance in dying. *Nursing Inquiry*, *27*(1), 1-8. https://doi.org/10.1111/nin.12308

Potts, M. (2020). The Hippocratic oath, medical power, and physician virtue. *Philosophia*, 1-10. https://doi.org/10.1007/s11406-020-00276-5

Prost, S. G., Archuleta, A. J., & Golder, S. (2021). Older adults incarcerated in state prison: health and quality of life disparities between age cohorts. *Aging & Mental Health*, *25*(2), 260-268. https://doi.org/10.1080/13607863.2019.1693976

Pronk, R., Willems, D. L., & Van de Vathorst, S. (2021). Do doctors differentiate between suicide and physician-assisted death? A qualitative study into the views of psychiatrists and general practitioners. *Culture, Medicine, and Psychiatry*, *45*(2), 268-281. https://doi.org/10.1007/s11013-020-09686-2

Publication manual of the American Psychological Association (7th ed.) (2020). American Psychological Association. https://doi.org/10.1037/0000165-000

Pyrooz, D., Labrecque, R., Tostlebe, J., & Useem, B. (2020). Views on COVID-19 from inside prison: Perspectives of high-security prisoners. *Justice Evaluation Journal*, 3(2) 1-14. https://doi.org/10.1080/24751979.2020.1777578

Reed, P. (2020). Against recategorizing physician-assisted suicide. *Public Affairs*

Quarterly, *34*(1), 50-71. https://www.jstor.org/stable/26915686

Reitz, K. R., & Rhine, E. E. (2020). Parole release and supervision: Critical drivers of American prison policy. *Annual Review of Criminology*, *3*(1), 281-298. https://doi.org/10.1146/annurev-criminol-011419-041416

Robinson, C. (2020). Ethically important moments as data: Reflections from ethnographic fieldwork in prisons. *Research Ethics*, *16*(1-2), 1-15. https://doi.org/10.1177/1747016119898401

Saluja, B., & Bryant, Z. (2021). How implicit bias contributes to racial disparities in maternal morbidity and mortality in the United States. *Journal of Women's Health*, *30*(2), 270-273. 10.7861/fhj.2020-0233

Seeds (2021). Life sentences and perpetual confinement. *Annual Review of Criminology*. *4*(1), 287-309. https://doi.org/10.1146/annurev-criminol-061020-022154

Shalev, D., Fields, L., & Shapiro, P. A. (2020). End-of-life care in individuals with serious mental illness. *Psychosomatics*, *61*(5), 428-435. https://doi.org/10.1016/j.psym.2020.06.003

Skinner, G. C. M., & Farrington, D. P. (2020). A systematic review and meta-analysis of offending versus suicide in community (non-psychiatric and non-prison) samples. *Aggression and Violent Behavior*, *52*(101421), 1-7. https://doi.org/10.1016/j.avb.2020.101421

Smith, D. H. (2020). Medical assistance in dying. A review of court decisions on the issue of MAiD and psychiatric illness. *The Canadian Journal of Psychiatry*, *65*(9), 610-611. https://doi.org/10.1177/0706743720935650

Smith, M. A., Torres, L., & Burton, T. C. (2020). Patient rights at the end of life: The ethics of aid-in-dying. *Professional Case Management*, *25*(2), 77-84. doi:10.1097/NCM.0000000000000392

Stack, S. (2021). Contributing factors to suicide: Political, social, cultural, and economic. *Preventive Medicine*, *152*, 1-13. https://doi.org/10.1016/j.ypmed.2021.106498

Staub, M. E. (2020). From asylum to prison: Deinstitutionalization and the rise of mass incarceration after 1945. *Journal of Social History*, *54*(1), 393–395. https://doi.org/10.1093/jsh/shz038

Steiker, C. S., & Steiker, J. M. (2020). The rise, fall, and afterlife of the death penalty in the United States. *Annual Review of Criminology*, *3*(2020), 299-315. https://doi.org/10.1146/annurev-criminol-011518-024721

Stoliker, B. E., Verdun-Jones, S. N., & Vaughan, A. D. (2020). Psychological and sociological perspectives on suicide: A multi-level examination of suicidal thoughts and attempted suicide among prisoners. *Archives of Suicide Research*, *31*(2), 1-33. https://doi.org/10.1080/13811118.2020.1738294

Strauss, G. P., Macdonald, K. I., Ruiz, I., Raugh, I. M., Bartolomeo, L. A., & James, S. H. (2022). The impact of the COVID-19 pandemic on negative symptoms in individuals at clinical high-risk for psychosis and outpatients with chronic schizophrenia. *European Archives of Psychiatry and Clinical Neuroscience*, *272*(1), 17-27. https://doi.org/10.1007/s00406-021-01260-0

Sulmasy, D. P. (2021). Physician-assisted suicide and euthanasia: Theological and ethical

responses. *Christian Bioethics: Non-Ecumenical Studies in Medical Morality*, *27*(3), 223-227. https://doi.org/10.1093/cb/cbab015

Testoni, I., Marrella, F., Biancalani, G., Cottone, P., Alemanno, F., Mamo, D., & Grassi, L. (2020). The value of dignity in prison: A qualitative study with life convicts. *Behavioral Sciences*, *10*(6), 95-96. https://doi.org/10.3390/bs10060095

Thibaut, F. (2022). The mind-body Cartesian dualism and psychiatry. *Dialogues in clinical neuroscience*, 1-3. https://doi.org/10.31887/DCNS.2018.20.1/fthibaut

van Veen, S. M. P., Ruissen, A. M., & Widdershoven, G. A. M. (2020). Irremediable psychiatric suffering in the context of physician-assisted death: A scoping review of arguments. *The Canadian Journal of Psychiatry*, *65*(9), 593–603. https://doi.org/10.1177/0706743720923072

van Veen, S. M., Ruissen, A., Beekman, A., Evans, N., & Widdershoven, G. (2021). Irremediable psychiatric suffering in the context of medical assistance in dying: A qualitative study. *medRxiv*, 1-18. https://doi.org/10.1101/2021.05.15.21257262

Warburton, K., & Stahl, S. M. (2020). Balancing the pendulum: Rethinking the role of institutionalization in the treatment of serious mental illness. *CNS Spectrums*, *25*(2), 115-118. https://doi.org/10.1017/S1092852920000176

Washington State Health Department (2019). *2018 Death with Dignity Act Report.* https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2018.pdf

Weithorn, L. A. (2020). Psychological distress, mental disorder, and assessment of decision-making capacity under US medical aid in dying statutes. *Hastings Law*

Journal, *71*(3), 637-700. https://ssrn.com/abstract=3579178

Weithorn, L. A. (2021). Health Law: Physician aid in dying and assessment of patient capacity. *The Judges' Book*, *5*(12), 1-13. https://repository.uchastings.edu/judgesbook/vol5/iss1/12

Wilson, K. (2020). The COVID-19 pandemic and the human rights of persons with mental and cognitive impairments subject to coercive powers in Australia. *International Journal of Law and Psychiatry*, *73*(101605), 1-10. https://doi.org/10.1016/j.ijlp.2020.101605

Wood, L. M., Sebar, B., & Vecchio, N. (2020). Application of rigour and credibility in qualitative document analysis: Lessons learned from a case study. *The Qualitative Report*, *25*(2), 456-470. https://nsuworks.nova.edu/tqr/vol25/iss2/11/

Yan, M., Filieri, R., & Gorton, M. (2021). Continuance intention of online technologies: A systematic literature review. *International Journal of Information Management*, *58*(102-315). https://doi.org/10.1016/j.ijinfomgt.2021.102315

Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J., & Fazel, S. (2021). Risk factors for suicide in prisons: A systematic review and meta-analysis. *The Lancet Public Health*, *6*(3), e164-e174. https://doi.org/10.1016/S2468-2667(20)30233-4

Zhou, Y.M.J., Shelton, W. (2020). Physicians' end-of-life discussions with patients: Is there an ethical obligation to discuss aid in dying? *HealthCare Ethics Committee Forum, 32*(1), 227-238. https://doi.org/10.1007/s10730-020-09402-y

Appendix A: Anonymous Survey

The following survey is designed to elicit your experiences working with severe, persistently mentally ill prisoners in conjunction with your understanding of psychiatric death with dignity. Please answer each open-ended question to the best of your ability without identifying yourself or your clients. Your answers can be as detailed as necessary to address each question. Do not disclose your name or specific facility within your written responses. These data will strictly be used for the purpose of completing a student study.

1. What is your understanding of the Death with Dignity process, and how would you apply this to the mental health aspect of morbidity?
    - I do not really understand the concept of Death with Dignity
    - I know a little bit about it, but not sure how to apply it to mental health morbidity
    - I know quite a bit about it, but not enough to apply it to the aspect of mental health morbidity
    - I know a lot about it, but I do not believe it should apply to mental health
    - I am well informed about the trends in other countries regarding psychiatric Death with Dignity and disagree with it
    - I am well informed about the trends in other countries regarding psychiatric Death with Dignity and agree that it should be adopted in the US
2. Describe how you have experienced societal ambivalence and the unclear position of the APA. How that might affect your plan of action when encountering developing a treatment plan.
3. What are your thoughts regarding patient right to participate in deciding discontinuation of care, even if they are severely and persistently mentally ill (SPMI)?
4. How has COVID-19 impacted prisoner mental health care?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

5. Have you observed an increase in suicidality because of COVID-19 impacts?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

6. What are your experiences with mentally ill individuals whose illness has not been receptive to traditional and/or exhaustive treatment?

7. Have you lost a patient to suicide who may have voiced this as a desired option prior to their taking their own life?

- Yes
- No

8. Statistical evidence from 2017 for Oregon and Washington indicates that education regarding death with dignity may have had an impact on reducing the number of persons who completed assisted suicide. Do you think the same might hold true for persons with SPMI?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

9. Do you think there are mental health treatment programs specific to suicidal ideation [harm] reduction that may be helpful? If so, can you name at least one? If not, why?

10. How long have you worked in the field of psychology?

- Less than one year
- 1-3 years
- 3-5 years
- 5-8 years
- 8-10years
- More than 10 years

11. How much of your experience has been served in prison settings with SPMI inmates?

    - All of it
    - Most of it
    - Some of it
    - I just started working with this population
    - None of it

Appendix B: Consent Form

CONSENT FORM

You are invited to take part in an anonymous research study about Death with Dignity barriers for severe, persistently mentally ill prisoners. This study is being conducted by a researcher named Kymberli Mills, a doctoral student at Walden University, under the direction of Dr. Sandra Caramela-Miller. Kymberli invites mental health care providers who have experienced patient suicidality or work with incarcerated individuals who suffer from severe, persistent mental illness to participate in this study.

There is no requirement to sign this consent form, as it is meant for information purposes only. Should you wish to participate, you will have access to a link provided to you from an agency employee. Your personal identifying information will not be accessed or available due to the nature of the survey tool.

This study seeks a minimum of 6-10 volunteers who are:

- Mental health care providers treating acute inmate populations.

Study Purpose:

- Explore the psychiatric Death with Dignity paradigm
- Consider the mentally ill prisoner's right to die
- Provide a venue for psychiatric providers to consider psychiatric Death with Dignity

Procedures:

This study will involve you completing the following steps:

- Click an anonymous survey link embedded in an emailed advertisement you from a member of the Washington Department of Corrections staff.
- Most of the questions are multiple choice. There are 4 essay style questions that allow you to elaborate based on your experiences.
- No follow up will be requested of you, and none of your responses will be identifiable as to source.

Here are some sample questions:

1. What is your understanding of the Death with Dignity process, and how would you apply this to the mental health aspect of morbidity?
2. Describe how you have experienced societal ambivalence and the unclear position of the APA? Describe how that might affect your plan of action?
3. What are your thoughts regarding patient right to participate in deciding discontinuation of care, even if they are severely and persistently mentally ill (SPMI)?

Voluntary Nature of the Study:
Research participation should only be done by those who freely volunteer. You are free to accept or turn down this offer to participate. If you decline, you simply do nothing. Your decision to participate will only be known to you. There will be no negative repercussions through your employer or Walden University whether you choose to participate or not.

If you decide to join the study, it is respectfully requested that you complete the survey within two weeks of receipt of the advertisement supplying the embedded survey link.

Risks and Benefits of Being in the Study:
Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the anonymity protections in place, this study would pose minimal risk to your wellbeing.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by increasing knowledge in the field of forensic psychology regarding persistently mentally ill prisoners.

Privacy:

The researcher is required to protect your privacy. Your identity will not be linked to your survey responses, and any possible identifying factors will be kept confidential, within the limits of the law. The researcher will not request your personal information for any purposes. Also, the researcher will not publish anything that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve obtaining informed consent.

The qualitative data gathered from anonymous surveys will remain confidential with autonomy afforded to participants. Storage of data will involve password-protected, private computer files. Institutional identification will be removed from transcription. No reference to specific vulnerable individuals will be made, and summaries of response data will be made using non-descript language further reducing risk of harm. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You can ask questions of the researcher by email. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate. Walden University's approval number for this study is **01-14-22-0727844**. It expires on **January 13, 2023.**

You might wish to retain this informational only consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, you need only click the link,

no other form of consent will be necessary.

Appendix C: Recruitment Email

Research Topic: Death with dignity barriers for prisoners suffering from irreversible mental illness

Lead Researcher: Kymberli Mills

This study is being conducted by a researcher named Kymberli Mills, who is a doctoral student at Walden University, under the direction of Dr. Sandra Caramela-Miller.

Kymberli is recruiting participants for a research study about mental health care provider perception regarding psychiatric death with dignity for incarcerated persons enduring incurable mental illness.

This study may help me to better understand the potential benefits of psychiatric death with dignity by gaining the perspective of mental health care professionals engaging with this demographic.

You are eligible to participate in this study if you are at least 18 years of age, work within a mental health care profession, and work with severe, persistently mentally ill persons within the prison system. Participants with experience treating incarcerated individuals having contemplated suicide would be beneficial.

The study will take place through a questionnaire using Survey Monkey. To better understand the phenomenon with which you work, the more detailed responses you are willing to provide, the better understanding I will have of your experience. No identifying information need be provided, generalized statements or fictitious identifiers will suffice.

If you are interested in participating in this study, please proceed to the included link and complete the survey.

Appendix D: Procedural Checklist

Procedural Checklist

1. Was agency IRB approval to proceed obtained?
2. If so, obtain permissions from agency administration for contacting identified study participant candidates.
3. Contact staff as identified by phone to initiate introductions to researcher and study concept.
4. Provide recruitment email tool and non-consent informational tool to identified staff member(s) with link to anonymous survey through Survey Monkey.
5. If participant agrees to participate, they will do so by clicking a link in the recruitment email, taking them directly to the survey without contacting researcher.
6. No contact will be made directly with agency staff who elected to participate, per agency IRB.
7. Any concerns by participants can be managed by directly contacting Walden IRB.

If applicable, were any events reported to the IRB within one week? What was the resolution?