



David Lefkovits

Mental Illness and Incarceration

Welcome! This module is about the intersection of mental health and incarceration in the U.S. prisons and jails, with a focus on Rikers Island. Thank you for taking the time to learn about a system that is too often forgotten. By engaging with this module, we hope you will become part of a group that aspires to recognize the humanity of individuals whom are often overlooked.

Throughout the sections, you will hear from Edwin Santana, a formerly incarcerated person who spent time on Rikers Island, as well as Rhiana Kohl, the former Executive Director of Strategic Planning and Research for the Massachusetts Department of Correction.



History and Context



Scope of the Problem



Experience of Incarceration for those with Serious Mental Illness



The Reentry Experience and Prison Cycling

Implications and Policy Proposals

References

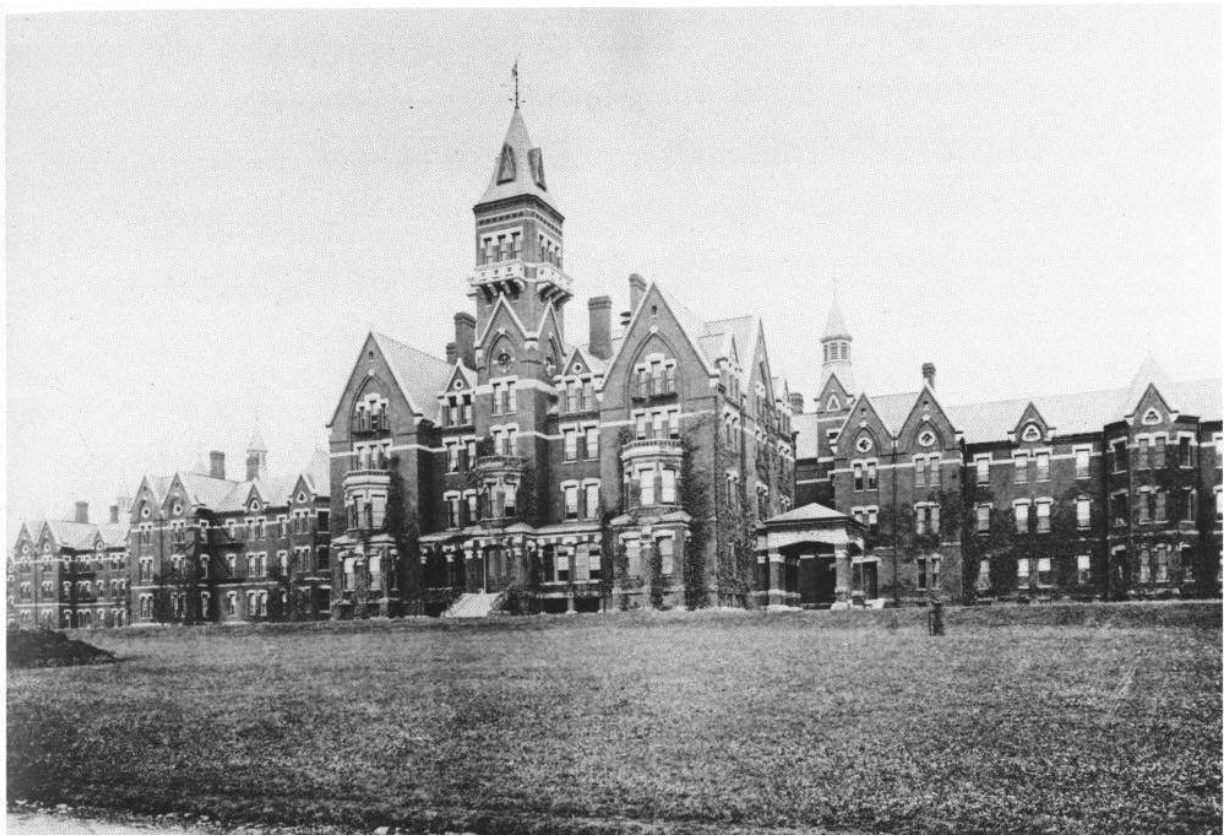
History and Context



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Background - Deinstitutionalization of the Mentally Ill in the 1970's

In the 1970s, the U.S. pushed forward with a huge shift in mental health care: moving people with mental illness out of large state psychiatric hospitals and into community settings. This process—called *deinstitutionalization*—was driven by a mix of factors: new psychiatric medications that made treatment outside the hospital seem possible, growing public awareness of the poor conditions in asylums, and court decisions that expanded patients' rights. Laws like the 1963 Community Mental Health Act promised that local mental health centers would take over the job of providing care.



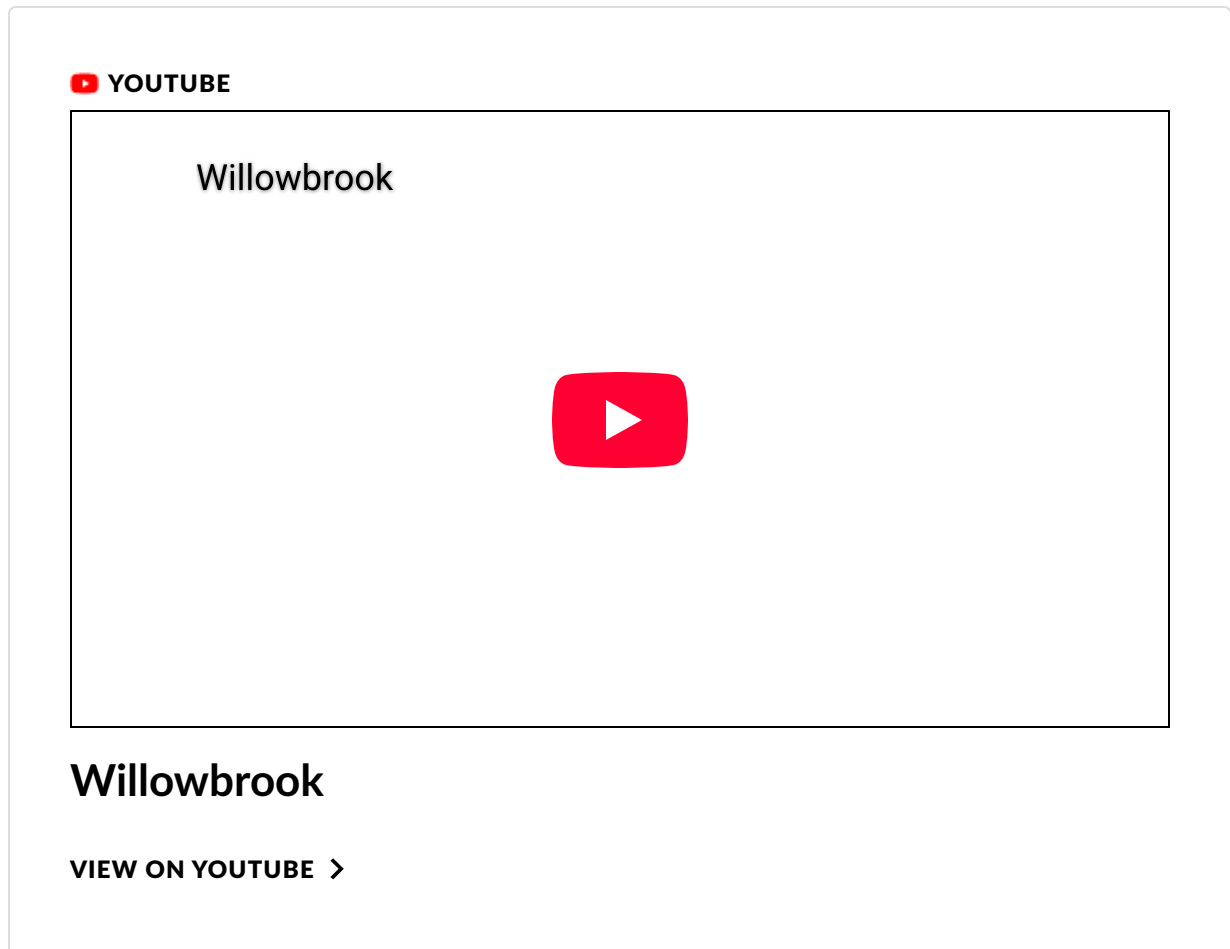
Danvers State Hospital Massachusetts

Geraldo Rivera's Exposé on Willowbrook

In the mid-20th century, a dramatic shift occurred in how societies treated individuals with mental health concerns and developmental disabilities. As public scrutiny of institutional care intensified, growing concerns about inhumane conditions, neglect, and abuse sparked national outrage.

Amid this changing national landscape, Geraldo Rivera's 1972 exposé on the Willowbrook State School captured the urgent need for reform. This groundbreaking investigative report

revealed the shocking reality inside one of New York's largest institutions for children with intellectual disabilities, accelerating the movement toward deinstitutionalization nationally.



The problem was, the plan moved faster than the safety net could keep up. Hospitals closed or downsized before enough community programs were in place, and many people ended up without the support they needed.

For some, deinstitutionalization meant more independence and a chance to live with dignity. For others, it led to homelessness, incarceration, or being left to navigate life without consistent treatment. The 1970s set the stage for a lot of the challenges we still see today in the overlap between mental health care, housing, and the criminal justice system.

What might explain the levels of mental illness in jails and prisons?

In 1955, there were about 340 state psychiatric hospital beds for every 100,000 people in the U.S. Today, that number has dropped to under 12 per 100,000 (Treatment Advocacy Center). This massive decline in available beds is a direct result of deinstitutionalization. Without enough community-based treatment to replace the old hospital system, many people with serious mental illness ended up in the criminal justice system instead.

Today, jails and prisons have become the largest mental health providers in the country—something they were never designed to be. In New York City, the problem is especially stark. The city's jail system, which is on Rikers Island, holds the single largest concentration of people with mental illness in the United States, according to NYC Health + Hospitals.

Focus on Rikers Island

Rikers Island is New York City's Jail system. There are ten jails located on the island, of which only seven are currently in use. Due to the deteriorating conditions of the jails on Rikers Island, there is a plan to replace Rikers with a series of borough-based jails by August, 2027. Throughout this module, we include "Focus on Rikers Island" sections to contextualize the issues addressed through one of the largest metropolitan jails in the country.



Rikers Island (from above)

Over time, Rikers became the largest mental health facility in NYC, despite being a jail. It now houses a large portion of the city's mentally ill detainees. Historically, over **fifty percent** of those

incarcerated on Rikers Island have a mental health concern. This number has only skyrocketed in recent decades.



Throughout the module, you will watch excerpts from an interview conducted with **Edwin Santana**, who spent years inside the system and knows what it is like for those who have to live with mental illness in jail.

His story captures the daily realities that statistics cannot: how people adapt, what resources are missing, and what it takes to build a life after release. Through his experience, we see not just the gaps in the system, but the real possibilities

for change when the right
support is in place.

Introducing Edwin Santana





You will also watch excerpts from an interview with **Dr. Rhiana Kohl**, former Director of Strategic Planning and Research at the Massachusetts Department of Correction.

With a PhD in clinical psychology and more than two decades of experience, Dr. Kohl provides invaluable knowledge and insight into the challenges of addressing mental illness in correctional settings.

Introducing Dr. Rhiana Kohl



CONTINUE

Scope of the Problem



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Introduction

In recent decades, America's jails and prisons have become de facto mental health institutions. Nowhere is this crisis more visible than in local jails—especially at Rikers Island, New York City's main jail complex. As the number of psychiatric hospital beds has decreased nationwide, jails have increasingly become the holding ground for people with serious mental illness, often without adequate treatment or support.

This section explores the scope of mental illness within the U.S. jail system, with a specific focus on Rikers Island. We will examine national and local statistics that reveal just how widespread mental health issues are among incarcerated individuals, and how deeply this crisis shapes life behind bars. You'll also learn about the staggering financial cost of incarceration at Rikers, the housing conditions for those with

serious mental health diagnoses, and the policy challenges facing city officials. Finally, you'll see how the system's failings are not just about numbers—they affect real people in life-altering ways.

Use the data, visual aids, and expert insight presented here to understand the scale of this problem—and to begin thinking critically about what can and should be done to address it.

Statistics on Mental Illness in Jails and Prisons

History of Mental Illness

44%

of jail inmates have a history of mental illness

Restrictive Housing

37%

of state and federal prisoners with mental illness are held in restrictive housing

Serious Mental Illness

24%

of prison inmates have a diagnosis of serious mental illness (SMI)

Cost Per Inmate

\$556K

per year to detain an individual at Rikers Island in NYC

National Jail Statistics

Nationwide, about **44% of people in jail** have a documented history of mental illness (Bureau of Justice Statistics, 2006). For those with *serious mental illness (SMI)*, the situation is even more alarming—they are **3 to 4 times more likely** to end

up incarcerated than to be admitted to a hospital for treatment (NAMI).

These numbers highlight how the criminal justice system has become a default mental health system, especially for people who can't access consistent care in the community. Instead of getting treatment in a hospital or clinic, many end up in cells, where their conditions often go untreated or get worse.

After deinstitutionalization, jails and prisons across the U.S. became the largest mental health providers in the country—something they were never meant to be.

Nationally, about 44% of people in jail have a history of mental illness, and many are held in restrictive settings with delayed intake screenings, inconsistent access to psychiatric care, and very few treatment or education programs.

With so much idle time, mental health problems often get worse instead of better.

Rikers Island and Mental Health

As of 2023, about **half** of the people detained at Rikers have a mental health diagnosis, and **21%** are classified as having a

serious mental illness (SMI) (NYC Board of Correction, 2022). The numbers are even higher for women—**83%** of women and **55%** of men at Rikers have been flagged for a mental health concern under the *Brad H.* classification (Data Collaborative for Justice, 2025).

Rikers Island is the most extreme example of this problem. On any given day, around **half** of the people held there have a diagnosed mental illness, and about **1 in 5** have a *serious mental illness (SMI)*. That means Rikers is essentially functioning as the largest psychiatric facility in the United States.

The Brad H. Law

The *Brad H. v. City of New York* settlement requires the Department of Correction and NYC Health + Hospitals to provide discharge planning for incarcerated people with mental illness. This means detainees are supposed to leave Rikers with referrals to community treatment, prescriptions, and other support to help them transition back into society. In practice, advocates say the system often falls short, with many people leaving without enough care in place.

Mental Illness among those incarcerated	Men	Women	Overall
Have a Mental Health Concern	55%	83%	50%
Serious Mental illness (SMI)	-	-	21%

Edwin Santana on his experience with mental health services



Housing People with Mental Illness at Rikers

While Rikers has “mental observation units” for people who need higher-level psychiatric care, many others with mental

illness are held in restrictive housing or general population without regular access to therapy or medication. Intake screenings can be delayed, meaning symptoms may go untreated for days or weeks.

In the words of Rhiana Kohl, former head of the Office of Research and Strategic Planning for the Massachusetts Department of Correction, jails like Rikers were never designed to handle this level of mental health need—and the result is a system where illness is more likely to be worsened than treated.

Dr. Kohl Discusses the Challenges of Mental Health Services within the Justice System



The Cost of Confinement at Rikers Island

The Cost of Confinement

Detaining someone at Rikers costs New York City more than **\$500,000 per person per year**—far higher than most large jails in the U.S. (for example, Cook County Jail in Chicago and L.A. County Jail spend significantly less per inmate). And yet, despite the staggering expense, mental health services inside are inconsistent and often inadequate.

The Cost

Detaining someone at Rikers costs an average of **\$556,539 per year**—or about **\$1,525 per day** (NYC Comptroller, 2021). That's roughly **3 to 5 times more expensive** than placing

someone in supervised housing or a treatment program.

Despite the enormous cost, Rikers continues to function more as a warehouse for people with mental illness than as a place for actual rehabilitation.

Daily Cost Per Inmate

The daily cost to incarcerate an individual on Rikers Island is \$1,525, highlighting the financial burden of the system.

1 of 2

Annual Cost Per Incarcerated Individual

The annual cost to incarcerate one person on Rikers Island is \$556,539, reflecting significant expenses in the carceral system.

[CONTINUE](#)

Experience of Incarceration for those with Serious Mental Illness



Introduction

For individuals with serious mental illness (SMI), incarceration is not just a loss of freedom—it can be a deeply traumatic and destabilizing experience. Jails and prisons are often chaotic, overcrowded, and punitive environments that are ill-equipped to meet the complex needs of people living with conditions like schizophrenia, bipolar disorder, or severe depression. The result is that those with SMI are at significantly greater risk of violence, prolonged isolation, self-harm, and suicide behind bars.

In this section, we will examine why incarceration is particularly harmful to people with SMI and how correctional systems have attempted—often inadequately—to address these challenges. We will explore the controversial use of solitary confinement, take a closer look at mental health

therapy programs inside correctional facilities, and consider alternative approaches such as the **therapeutic community model**, which offers a more structured, humane, and treatment-oriented environment for recovery.

As you engage with the material, consider: **What kind of system would truly support healing rather than harm?**

Why is Incarceration Difficult for those with Serious Mental Illnesses (SMI's)?

For individuals with serious mental illnesses (SMI), jail can be one of the most damaging environments imaginable. The stress, unpredictability, and lack of control can make symptoms worse.

Violence —

People with SMI face a higher risk of violence from both other incarcerated people and staff.

Isolation —

People with SMI in prisons and jails are more likely to end up in

solitary confinement in which they are isolated.

Suicide —

People with SMI in prisons and jails are at higher risk for suicide.

How have prison and jail systems tried to deal with the seriously mentally ill in their respective systems?

THERAPY IN PRISONS AND JAILS

THERAPEUTIC COMMUNITIES

SOLITARY CONFINEMENT

While therapy *does* exist in many jails, it’s usually hit-or-miss—staff shortages, budget constraints, and overcrowding mean sessions are often postponed or canceled, and never tailored to individual needs.



THERAPY IN PRISONS AND JAILS

THERAPEUTIC COMMUNITIES

SOLITARY CONFINEMENT

A therapeutic community in a jail or prison is kind of like a mini-society where everyone—from staff to incarcerated individuals—participates together in group meetings, decision-making, and daily routines. The idea is to shift from “doing time” to *learning to heal* by using the social environment itself as part of the treatment.



THERAPY IN PRISONS AND JAILS

THERAPEUTIC COMMUNITIES

SOLITARY CONFINEMENT

For someone with mental health issues, solitary confinement can be devastating. It often leads to sensory deprivation, increased anxiety, disorientation, and a spike in suicidal thoughts. Some jails have started using a *HALT* (*Humane Alternatives to Long-Term*) solitary model, which shortens time in isolation and includes more human contact—but such programs are rare.



Focus on Rikers

Rikers Island does house some "therapeutic housing units" that are supposed to offer more support for people with mental illness - things like increased access to clinicians, programming, and a calm environment. These units, however, are small in scale, and space is extremely limited. Even for those who get placed there, the care often falls short of meeting actual patient needs, leaving many people without the consistent treatment or stability these units are meant to provide.

The NYC Board of Correction paints a pretty grim picture of what it's like to have a serious mental illness (SMI) at Rikers.

People with SMI are **2 to 3 times more likely** to be put in solitary confinement—an environment that can be especially damaging for mental health. They're also **4.5 times more likely** to be injured in a fight compared to other detainees. Between 2021 and 2023, more than **25 deaths** at Rikers were linked to poor mental health care or outright neglect.

Even when care is technically available, it often doesn't happen on time. An NYC Comptroller audit found that in 2023, only about **60% of scheduled mental health appointments** at Rikers were completed when they were supposed to be. In a place where timely care can be the difference between stability and crisis, that gap is huge.

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The Reentry Experience and Prison Cycling



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Introduction

Leaving jail is supposed to be the start of a second chance—but for people with serious mental illness (SMI), it's often the beginning of another uphill battle. Without stable housing, access to medication, or consistent community-based care, many find themselves slipping right back into the situations that got them arrested in the first place. Reentry planning, when it happens at all, is usually rushed and focused more on getting someone out the door than setting them up for success.

The statistics show how deep the problem runs. People with SMI have **recidivism rates 50–230% higher** than the general jail population (SAMHSA), and **83%** are re-arrested within five years of release (Urban Institute). Even more troubling, **fewer than 1 in 3** get any kind of mental health service within a year after leaving jail (Human Rights Watch).

This revolving door between jail and the community isn't inevitable—it's a product of systems that fail to connect people with the care and stability they need. Without real planning and investment, reentry becomes just another step in a cycle that's nearly impossible to break.

What percent of incarcerated individuals in the U.S. have a history of mental illness?

44%

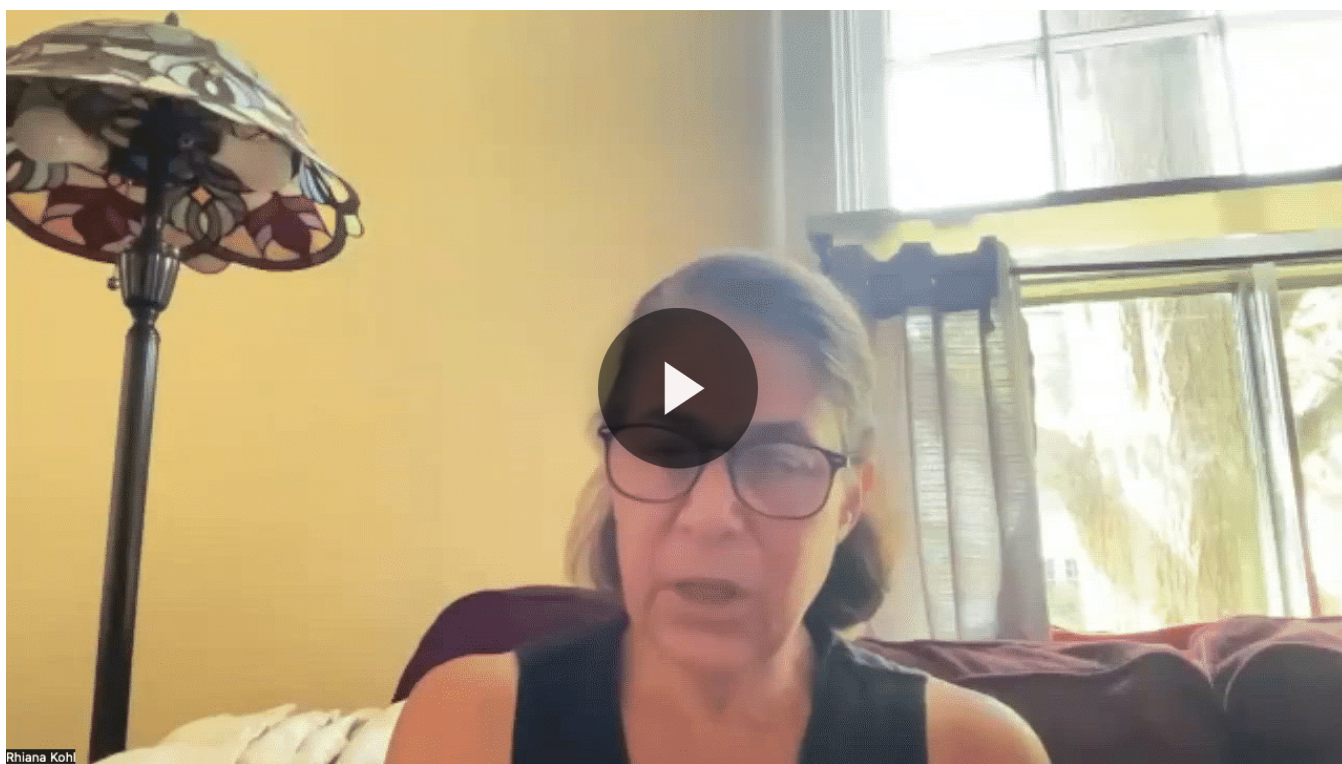
What percent of individuals released from prison are reincarcerated within three years?

50%

What is the five year rearrest rate for individuals with Serious Mental illness (SMI)?

60%

Dr. Kohl on the Experience of Reentering Society Post Incarceration



CONTINUE

Implications and Policy Proposals



Implications and Policy Proposals

If we want to break the cycle of incarceration for people with serious mental illness (SMI), we need to rethink how the system works from start to finish. That means expanding diversion programs like mental health courts and community-based treatment so fewer people with SMI end up in jail in the first place.

Inside facilities, we should invest in therapeutic housing units and make sure staff are fully trained to meet mental health needs.

Reentry support has to be more than an afterthought—people should leave with stable housing, therapy, and case management so they don't fall straight back into the jail-to-hospital-to-jail loop.

Strong oversight is also key. Federal receivership, which Rikers is now under, puts a court-appointed official in charge of enforcing reforms when local leadership has failed. The plan to close Rikers and replace it with smaller, borough-based jails is supposed to bring services closer to communities, but delays and cost overruns threaten that vision.

In short, fixing this problem will take more than patchwork solutions—it requires a complete shift in priorities toward treatment, stability, and accountability.

Key Strategies for Change

Step 2

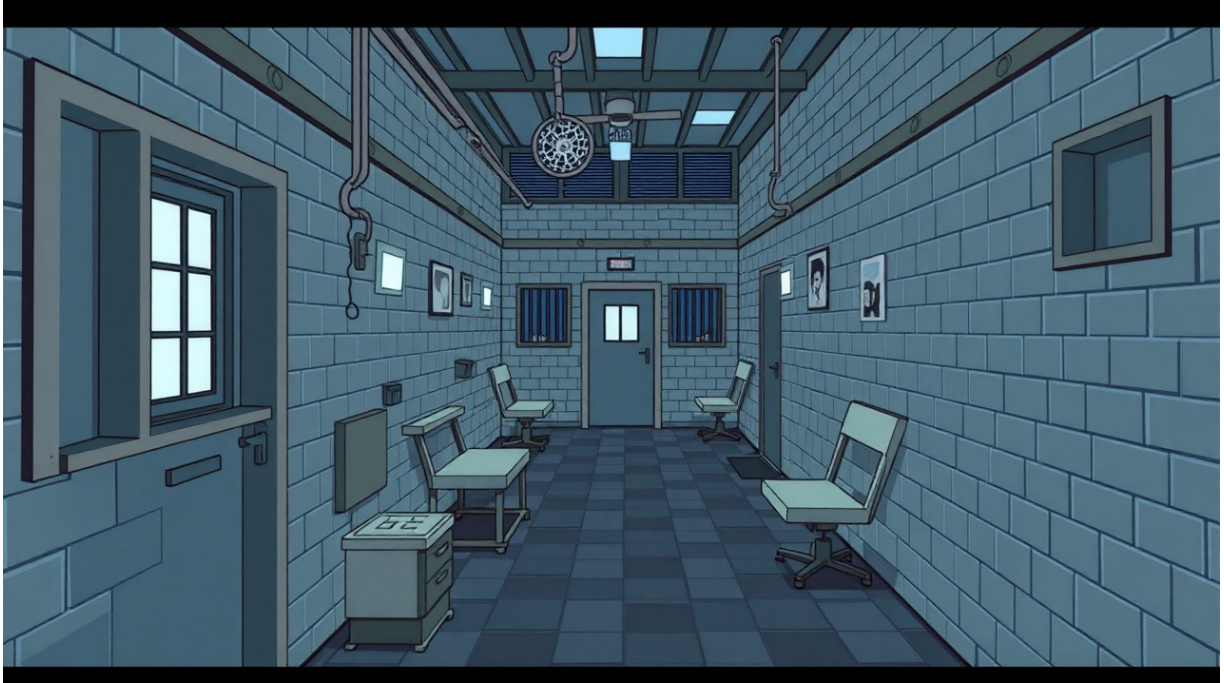
Diversion programs



Instead of sending people with serious mental illness straight into jail, diversion programs connect them with treatment and support in the community. Mental health courts, pretrial supervision, and crisis intervention teams are all designed to keep people out of correctional facilities and address the root causes of their behavior.

Step 3

Therapeutic Housing



Therapeutic housing units inside jails provide a calmer environment, more consistent access to clinicians, and specialized programming for people with mental illness. But to work, these units need to be expanded and staffed by people trained specifically in mental health care, not just general corrections.

Step 4

Oversight



Strong oversight makes sure reforms actually happen. At Rikers, years of failed reforms led to federal receivership—meaning a court-appointed official now has the power to implement changes. Oversight should track concrete metrics, like missed psychiatric appointments and use-of-force incidents involving people with SMI.

Reentry Support



Reentry should be about setting people up for success, not sending them back into crisis. That means making sure individuals leave jail with stable housing, ongoing therapy, and case management. Without these supports, the cycle of jail → hospital → jail becomes almost impossible to break.

Conclusion

Thank you for taking the time to learn more about incarceration and mental illness. We hope this module inspired you to be part of the movement fighting for change in the justice system.

If you would like to learn more, there are several organizations that provide additional resources. The [Worth Rises report](#) is a great place to start.

References



The following sources were consulted in the creation of this module.

- New York City Board of Correction
- Worth Rises
- Urban Institute