

PRISONS AS DE FACTO MENTAL HEALTH INSTITUTIONS: IMPLICATIONS FOR TREATMENT, PUBLIC SAFETY, AND ADVOCACY



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Over the past half-century, the United States has quietly transformed its prisons into the country's largest provider of mental health care—a role for which it was never designed.

Following the deinstitutionalization movement of the 1960s, state psychiatric hospitals closed across the country with the expectation that community-based systems would replace them. That transition never fully materialized. In 1995, there were over 500,000 state and county psychiatric hospital beds available; recent estimates suggest there are now roughly 36,000 beds *nation-wide* (Silver & Hancq, 2024). Deinstitutionalization was aided by a shift from the legal decision of *Not Guilty by Reason of Insanity (NGRI)* to *Guilty but Mentally Ill (GMBI)*, allowing states to incarcerate individuals with mental illness rather than hospitalize them. As a result, individuals with mental illness are now 10 times more likely to be incarcerated than they are to be admitted to psychiatric hospitals (National Judicial Task Force, 2022).

This shift raises an important question: If prisons have become de facto mental health institutions, are they equipped to treat the populations they contain?

The answer is no. Incarcerated populations experience far higher rates of both

physical and mental illness than the general public. More than half of incarcerated individuals have significant behavioral health concerns; among individuals in Pennsylvania jails who were evaluated for treatment needs, over 60% of them required mental health services (Ohl, 2025). However, access to evaluation, treatment, and psychiatric medication is inconsistent, even among those with identified needs (Ohl, 2025).

This gap is particularly troubling given the state's legal responsibility to provide care. The United States Supreme Court acknowledged this obligation in the landmark case *Estelle v. Gamble* (1976), ruling that deliberate indifference to prisoners' serious medical needs constitutes cruel and unusual punishment under the Eighth Amendment. Because incarcerated individuals cannot seek medical care independently, the state bears full and immediate responsibility for ensuring adequate treatment. This obligation extends to mental health care, which is no less essential than physical health care.

In reality, prisons exacerbate the very conditions they are expected to manage. Individuals with psychiatric disorders are frequently disciplined for behaviors that are symptoms of their illness and placed in restrictive housing or solitary confinement

(Metzner & Fellner, 2013). These harms can persist beyond incarceration, as shown by the increased risk for suicide following release from prison (Jang et al., 2025). Conditions in penal systems also have implications for public safety. People with untreated mental illness are more likely to be rearrested than people without mental illness (Applegarth, 2024).

These findings reveal a troubling paradox: incarceration is intended to protect public safety, and yet, failing to treat mental illness may increase crime by reoffending.

Treatment appears far more promising. Providing mental health and substance use treatment reduces both criminal behavior and reincarceration. Evidence-based models, such as Assertive Community Treatment (ACT), provide integrated services including therapy, medication management, and intensive case management in community settings. These support stability and reduce later hospitalization and justice involvement (Kelly et al., 2017). Although programs like ACT already exist within the broader ecosystem of reentry and policy in Pennsylvania, they remain underutilized.

Psychologists have important roles to play in shaping criminal justice policy. For example, psychologists can engage with

statewide advocacy organizations such as the Pennsylvania Psychological Association's (PPA) Legislative and Governmental Affairs, Public Education, or Public Policy Committees, or the Pennsylvania Commission on Crime and Delinquency's (PCCD) Mental Health and Justice Advisory Committee. They can stay informed about implementation efforts, funding, and training opportunities, such as those offered via the Evidence-Based Prevention and Intervention Support (EPIS) program. Psychologists may also contact local county jails and state and federal prisons to inquire about paid or volunteer opportunities, leading groups, developing curricula, or volunteering to provide mental health and wellness support. Without this engagement, the gap between what we know about effective treatment and what is implemented in the criminal justice system is likely to persist.

SUMMARY

Recognizing the high prevalence of mental illness among incarcerated populations should prompt a shift away from punitive responses toward treatment-oriented approaches. This does not mean eliminating accountability for behavior that causes harm. Rather, it means acknowledging that effective responses to crime must address the underlying psychological and social factors that contribute to offending and not exacerbate (or create new) mental health challenges under the guise of safeguarding society from harm. Many individuals who enter correctional systems come from communities with limited access to health care, housing, education, and economic opportunity. As a result, prisons have become a last-resort institution for managing social and psychological problems that would be better addressed through comprehensive public health strategies, both within correctional settings and in the community.

Prisons currently function as the nation's largest mental health institutions, but they were never designed to fulfill this role. Without reform, the cycle of untreated illness, incarceration, and reoffending is likely to continue. A more humane and effective criminal justice system would recognize that mental health treatment is not only a moral obligation but also a practical strategy for improving public safety. By addressing the psychological needs of justice-involved individuals, psychologists and policymakers can move toward a system that protects society while also promoting rehabilitation and recovery.

Table 1. Advocacy and volunteer resources in Pennsylvania.

Organization Name	Website Link
Reentry & Community Integration	
Office of Reentry Partnerships	www.phila.gov/departments/office-of-reentry-partnerships
Pennsylvania Prison Society	www.prisonersociety.org/services/volunteer
Tri-County OIC	https://tricityoic.org/reentry-services
The Delaware County Reentry Project (DCRP)	https://phmc.org/program/delaware-county-reentry-project
Clinical & Research Implementation	
Evidence-Based Prevention and Support (EPIS)	www.episcenter.psu.edu/projects
Assertive Community Treatment (ACT), Pennsylvania Department of Human Services	www.pa.gov/agencies/dhs/resources/mental-health-substance-use-disorder/assertive-community-treatment.html
Policy & Advocacy	
The Pennsylvania Psychological Association (PPA)	www.papsy.org/ppa-committees
Pennsylvania Commission on Crime and Delinquency's (PCCD) Mental Health and Justice Advisory Committee	www.pa.gov/agencies/pccd/about/advisory-committees-and-boards/mhj-ac
Federal Bureau of Prisons	www.bop.gov/jobs/volunteer.jsp
Stepping Up PA	https://csgjusticecenter.org/publications/stepping-up-pennsylvania

REFERENCES

- Applegarth, D. M. (2024). Examining the connection between mental illness and recidivism for persons on parole. *Journal of Criminal Justice*, 95, 102315. [10.1016/j.jcrimjus.2024.102315](https://doi.org/10.1016/j.jcrimjus.2024.102315)
- Jang, M., Futterer, A., Jager-Hyman, S., Kessel, P., Fairfax-Columbo, J., Lim, S., & Candon, M. (2025). Post-release behavioral healthcare utilization and suicide risk among formerly incarcerated individuals. *Health Affairs Scholar*, 3(6). [10.1093/haschl/qxaf102](https://doi.org/10.1093/haschl/qxaf102)
- Kelly, B. L., Barranger, S. L., Watson, A. C., & Angell, B. (2017). Forensic assertive community treatment: recidivism, hospitalization, and the role of housing and support. *Social Work in Mental Health*, 15(5), 567–587. <https://doi.org/10.1080/15332985.2016.1261754>
- Metzner, J. L., & Fellner, J. (2013). Solitary confinement and mental illness in US prisons: A challenge for medical ethics. In *Health and human rights in a changing world* (pp. 316–323). Routledge. <https://doi.org/10.4324/9780203576298>
- National Judicial Task Force To Examine State Courts' Response to Mental Illness (2022). *State Courts Leading Change: Report and Recommendations*. <https://www.ncsc.org/sites/default/files/media/document/MHTF-State-Courts-Leading-Change.pdf>
- Ohl, D. (2025, July 28). *The tragic consequences of PA's failed mental health system*. Spotlight PA. www.spotlightpa.org/news/2025/07/pennsylvania-community-mental-health-crisis-funding-olmstead-implementation-health
- Silver, S., & Hancq, E. S. (2024). Prevention over Punishment: Finding the Right Balance of Civil and Forensic State Psychiatric Hospital Beds. Treatment Advocacy Center. www.tac.org/reports_publications/state-psychiatric-hospital-beds

