

Understanding the Relationship Between Mental Health and Incarceration



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Introduction

It's difficult to deny the intersection between mental health and incarceration. In the United States, jails and prisons have, by default, become some of the largest providers of mental healthcare. Every year, thousands of people living with untreated mental illnesses are arrested, often for behaviors rooted more in health challenges than criminal intent. Mental health professionals work to diagnose and treat these people during the often limited time they're in jail.

The relationship between mental health and jail will likely persist. That's why understanding these connections and their impact is essential. Understanding leads to greater empathy, advocacy for assistance, and elimination of harmful biases. No one is immune when it comes to mental health issues. If left untreated, these health concerns can impact every aspect of a person's life.

This e-book aims to inform and educate you, the reader, about the relationship between mental health and incarceration.



About TK Health

TK Health is a leading provider of correctional healthcare services dedicated to delivering compassionate medical care to incarcerated people.

We understand that no two correctional facilities are the same and that each client deserves services tailored to their needs. Our team oversees the day-to-day healthcare operations, including physical and mental health services, in correctional facilities with populations ranging from 25 to more than 2,000 inmates. We work closely with our correctional partners to ensure every patient receives the care they need and deserve.

Based in Oklahoma, our regional focus enables us to assure our professional partners that we will meet the highest standards of care while minimizing unnecessary costs. We currently provide healthcare services at more than 150 jails in 13 states.



Mental Illness and Incarceration

Nearly 2-in-5 people in U.S. jails and prisons live with a diagnosed mental illness, according to estimates from the National Alliance on Mental Illness (NAMI, 2023). That rate is significantly higher than in the general population, and these numbers likely underestimate the scope of the issue because they don't account for people with undiagnosed mental illness.

The most common mental health conditions among incarcerated people include:

- **Depression**, which causes overwhelming sadness and despair, negatively impacting how a person feels, thinks, and acts (Onyemaechi, 2024).
- **Bipolar disorder**, which negatively affects mood, energy, and the ability to function (Howland & El Sehamy, 2024).
- **Schizophrenia**, which can include delusions, hallucinations, disorganized speech, trouble with thinking, and a lack of motivation (Torres, 2024).
- **Post-Traumatic Stress Disorder (PTSD)**, which is an emotional response to a traumatic event that impacts a person's ability to function in their daily life (Taylor-Desir, 2022).
- **Anxiety disorders**, which cause excessive fears or anticipations of future concerns (American Psychiatric Association, 2023).

These conditions can range from mild to severe, but if left untreated, they can impair a person's ability to think clearly, regulate emotions, or function in daily life.

Rather than receiving care, many people with mental health conditions are arrested for behaviors linked to their untreated symptoms. As a result, jails and prisons have become de facto psychiatric facilities.



Why People Develop Mental Illness

People develop mental illnesses for various reasons, and sometimes there's more than one contributing factor. These reasons can involve biological, psychological, and environmental factors. No one is immune to mental illness.

The most common reasons people develop mental illness (Mental Health America, 2024) are:

- **Genetics and Family History.** A family history of mental illness can increase the risk of developing some mental illnesses, including bipolar disorder and schizophrenia.
- **Brain Chemistry and Structure.** Imbalances in neurotransmitters or structural abnormalities in the brain can influence mood regulation, thinking, and behavior.
- **Early Life Experiences and Trauma.** Childhood abuse, neglect, or significant early loss can shape brain development and stress response systems, making people more vulnerable to mental illness later in life.
- **Environmental Factors.** Growing up or living in a chaotic, unstable, or unsafe household, living with caregivers or others who have untreated mental health or substance use issues, or being exposed to constant stressors can strongly influence the development of mental health problems.
- **Chronic Stress and Life Events.** Ongoing stressors, like financial problems, relationship issues, or home insecurity, as well as acute traumatic events, like the loss of a loved one or a natural disaster, can trigger mental health problems.
- **Substance Use.** Alcohol, drugs, and even some prescription medications can alter brain chemistry, leading to or worsening conditions like depression, anxiety, or psychosis.
- **Medical Conditions.** Chronic illnesses, like cancer or diabetes, and hormonal imbalances, like thyroid problems, can impact mood and cognitive function.
- **Social Isolation and Loneliness.** Lack of social support or meaningful connections can increase risk, especially for depression and anxiety disorders.
- **Personality Traits.** Traits like perfectionism or low resilience can make some people more susceptible to certain mental health conditions.
- **Cultural and Societal Factors.** Discrimination, poverty, and exposure to violence or war can significantly affect mental health risk.

Why People with Mental Illness are Prone to Incarceration

People with mental illness are prone to incarceration because of a combination of systemic gaps, social challenges, and behavioral factors that make them vulnerable to ending up in the criminal justice system.

Reasons mentally ill people are prone to incarceration include:

- **Lack of Access to Treatment.** Many people with mental illness don't receive timely or adequate mental health care, which can cause their symptoms to worsen or go unmanaged, sometimes leading to behaviors that draw police attention. This lack of access to treatment could be because services aren't available in their area, they can't afford them, or there's no one to guide them to the treatment.
- **Criminalization of Symptoms.** Behaviors linked to untreated mental illness, like public disturbances, loitering, substance use, or minor property crimes, are crimes that may not be treated as related to mental health.
- **Homelessness and Poverty.** People with severe mental illness are at higher risk of unstable housing, unemployment, and poverty, which may increase interactions with law enforcement.
- **Substance Use Disorders.** Substance use is common among people with mental illness and often leads to legal issues.
- **Deinstitutionalization Without Community Support.** The closure of psychiatric hospitals without adequate community support left many people with serious mental illnesses with nowhere to go, increasing their risk of cycling through jails and prisons.

Treating Mental Health Issues in Jails

Correctional healthcare and mental healthcare providers work to ensure mental health conditions are identified, treated, and managed in jails. Awareness that many people are coming into jails with mental health issues helps providers prepare to address those needs. Screening and early identification are at the heart of these efforts.

Many facilities now conduct comprehensive mental health assessments during intake, allowing clinicians to identify people with existing diagnoses or those showing signs of emerging mental health conditions. Early detection helps ensure that patients are connected to appropriate interventions. Also, in many jails, provider teams collaborate to provide treatment plans tailored to each patient's unique needs.

Moreover, crisis intervention strategies within jails are improving. Many correctional officers receive mental health training to better understand and respond to inmates in distress.

This education equips staff to de-escalate situations, recognize warning signs of mental health deterioration, and coordinate timely clinical interventions.

Finally, there is growing recognition of the importance of continuity of care after release. Many correctional healthcare teams now prioritize discharge planning, helping people connect with community mental health services, obtain prescriptions, and secure housing or social support before re-entry. By coordinating with local providers and community organizations, healthcare teams help reduce relapse and recidivism.

Challenges Treating Mental Health Issues in Jails

While meaningful progress is being made to improve mental health care in correctional settings, providing consistent, effective treatment in jails comes with complex challenges. Correctional healthcare teams are often working within difficult circumstances, addressing people with layered, untreated conditions and uncertain futures after release.

One of the most significant hurdles is that many people enter jail with multiple, co-occurring mental health conditions, often compounded by substance use disorders and chronic physical health issues. It's common for patients to have been living with untreated or undiagnosed depression, anxiety, PTSD, bipolar disorder, and psychotic disorders, sometimes all at once. Many have never had formal mental health treatment. This means that correctional clinicians are tasked with identifying and stabilizing acute symptoms and navigating a complex clinical picture without reliable medical histories or prior treatment records.

Another key challenge is the short and unpredictable length of stay in jails. Jails typically house people awaiting trial or serving brief sentences. This creates an unstable treatment window. Some patients may be released within days or weeks of starting care. Providing meaningful treatment or fully stabilizing a patient in a short time frame can be difficult. Moreover, the abrupt nature of release often leaves little time for thorough discharge planning or coordination of follow-up care.

Finally, even when progress is made during incarceration, access to mental healthcare in the community after release is often limited. Many people face barriers, such as a lack of insurance, housing instability, or unemployment, which make it difficult for them to continue treatment. Without seamless handoffs to community providers, prescriptions can lapse, symptoms may worsen, and people are at risk of re-entering the criminal justice system.

The Relationship Between Trauma and Jail

For many people in jail, incarceration is not their first encounter with hardship. It's the latest challenge in a life marked by abuse, neglect, or violence. Research consistently shows that people in jail have significantly higher rates of trauma exposure than the general population. Understanding trauma exposure in jailed populations is critical for anyone working in or seeking to improve outcomes in correctional settings.

Defining Trauma and Its Effects

To fully grasp the impact of trauma exposure in jailed populations, it's essential first to understand what trauma is and how it manifests. Trauma exposure is exposure to a death, near-death, or extremely distressing or disturbing event or series of events. Traumatic events may include:

- Physical, emotional, or verbal abuse
- Sexual abuse or assault
- Neglect
- Homelessness, home or food insecurity, or extreme poverty
- Witnessing domestic or community violence
- The death of a loved one
- Exposure to addiction
- Serious accidents, injuries, or illnesses
- Natural disasters
- Bullying, harassment, discrimination, or racism
- Military combat or war exposure

Everyone experiences traumatic happenings in their lives, and people respond differently to these events. Repeated or emotionally unresolved trauma can have long-lasting effects on mental, emotional, and physical health.



Common effects of unresolved trauma include:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety and panic disorders
- Depression
- Inability to regulate emotions
- Substance use and addiction
- Low self-esteem
- Difficulty trusting others
- Aggression or violence
- Isolation or social withdrawal
- Risky or self-destructive behavior

Trauma exposure that's unprocessed or untreated can severely disrupt a person's ability to function in daily life. These disruptions often contribute to behaviors that can lead to incarceration.

Common Trauma Symptoms in Jails

Trauma affects each person differently, but certain symptoms tend to appear more frequently in incarcerated populations. Unfortunately, these signs are often misread as defiance, manipulation, or noncompliance rather than distress. Recognizing the following symptoms can help with compassion and empathy.

Hypervigilance and Paranoia

Many people with trauma histories live in a constant state of alert. In jail, this can manifest as paranoia or mistrust of staff or peers. Hypervigilance is a survival mechanism that develops when a person experiences unpredictable or dangerous environments (Tull, 2023). It keeps the person stuck in fight, flight, freeze, or fawn (Guy-Evans, 2021) and unable to regulate their nervous system.

Emotional Numbing or Detachment

Some people respond to trauma by shutting down emotionally. They may appear distant, apathetic, or indifferent. This detachment can be mistaken for disengagement or lack of motivation, but it's often a protective response to overwhelming emotions (Holland, 2019).

Aggression and Irritability

Irritability, angry outbursts, and aggressive behavior can stem from unresolved trauma. For many, anger becomes a tool to regain control.

Anxiety and Panic

Racing thoughts, shortness of breath, and panic attacks are common for people experiencing trauma.

These physical responses can be mistaken for medical emergencies or dismissed as exaggerations. Recognizing them as trauma responses allows for more appropriate interventions.

Flashbacks or Intrusive Thoughts

People with PTSD may re-experience traumatic events through flashbacks or intrusive memories. Sounds, smells, or situations that resemble past trauma can trigger these responses. They put the person right back into the traumatic event, making them feel like they're reliving it.

Prevalence of Trauma in Jailed Populations

Trauma exposure is not the exception in jails. It's the norm. A growing body of research shows that a majority of incarcerated people have experienced one or more traumatic events before their incarceration.

One study found that 95% of incarcerated people report having experienced at least one traumatic event (Tripodi et al., 2020). Many have faced chronic trauma throughout their lives, beginning in early childhood. More than 90% of women in the criminal justice system have experienced some form of childhood trauma (Council on Criminal Justice, 2024).

These numbers are stark when compared to the general population, where about 70% of people identify as having experienced a traumatic event in their lifetime (World Health Organization, 2024). Only about half of women in the general population report having experienced a traumatic event (Novotney, 2023). While everyone experiences trauma, the concentration of trauma exposure in jailed populations is much higher.

Common Sources of Trauma Among Incarcerated People

To understand the impact of trauma exposure on jailed populations, it's important to examine where it originates. Incarcerated people often experience trauma across their lifespan, beginning in childhood. These experiences shape behavior, influence decision-making, and increase the likelihood of justice system involvement.

Common sources of trauma among incarcerated people are:

- **Childhood Abuse and Neglect.** Many incarcerated people experienced physical, sexual, or emotional abuse and neglect at a young age. Research suggests that nearly 97% of incarcerated people have experienced at least one adverse childhood experience, compared to 61% in the general population (Nembhard & Lima, 2022). These early life traumas can set the stage for long-term psychological damage and behavioral challenges.

- **Domestic and Interpersonal Violence.** Exposure to violence at home as a victim or a witness can leave lasting emotional scars. Intimate partner violence and repeated exposure to toxic, unstable relationships are common among incarcerated adults, particularly women. One study found that 75% of incarcerated women have experienced domestic violence (Alessi et al., 2023).
- **Community Violence.** Growing up in or living in neighborhoods plagued by gang activity, shootings, and crime creates a state of constant fear and hypervigilance. Witnessing or experiencing violence in the community can be just as traumatic as direct abuse.
- **Sexual Assault.** Sexual trauma is widespread in both male and female jail populations. The Bureau of Justice found that 39% of women and 6% of men experienced sexual abuse before their arrest (Harlow, 1999).
- **Systemic Poverty and Housing Instability.** Living in chronic poverty can be traumatic in itself, especially when coupled with food insecurity, homelessness, or unsafe living conditions. These factors are traumatic in themselves and they contribute to trauma exposure and increased contact with the justice system.
- **Racial Discrimination and Systemic Oppression.** People of Color often face trauma related to systemic racism. One in five Black men is likely to experience incarceration during their lifetime.
- **Loss and Grief.** Many incarcerated people have experienced multiple losses, such as the death of a loved one. A lack of emotional support and unaddressed mental health needs often compound grief.

Childhood Trauma and Incarceration

What happens to a child who grows up in fear, chaos, or pain? Often, they don't know how to be in the world. Studies show that up to 98% of incarcerated people experienced at least one form of trauma, like abuse, neglect, or violence, in their early lives (Compassion Prison Project, 2023). This childhood trauma can leave emotional scars, shape brain development, influence behavior, and increase the likelihood of encounters with the justice system.

Understanding Childhood Trauma

Childhood trauma refers to deeply distressing or disturbing experiences that occur during a child's formative years, between birth and 17. These experiences, often called Adverse Childhood Experiences (ACEs), can affect a child's emotional, psychological, and physical development (Centers for Disease Control and Prevention, 2024).

The 10 ACEs are:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. A household member with substance use issues
7. A household member with mental illness
8. A household member who is incarcerated
9. Violence against a mother
10. Parental divorce

While these aren't all the traumatic happenings a child may experience, these were the ones identified in the original studies (Felitti et al., 1998).

The more ACEs a child experiences, the more likely they are to experience the long-term effects without professional mental health intervention. About 64% of adults in the U.S. report experiencing at least one type of ACE. Children who experience four or more ACEs are considered at high risk of developing health and behavioral issues.

ACEs result in a greater likelihood of experiencing:

- Anxiety and panic disorders
- Depression and mood disorders
- Post-Traumatic Stress Disorder (PTSD)
- Low self-esteem or self-worth
- Suicidal ideation and self-harm
- Aggression or violent behavior
- Risky sexual behavior and an increased risk of sexually transmitted infections (STIs)
- Substance use and addiction
- Difficulty regulating emotions, including poor impulse control and decision-making
- Difficulty concentrating and learning, resulting in truancy, school dropout, school disciplinary issues, and academic underachievement
- Poor social skills or social withdrawal
- Chronic health conditions (e.g., heart disease, diabetes, asthma)
- Developmental delays or physical health issues
- Unemployment or unstable employment
- Homelessness, poverty, or economic hardship
- Criminal activity and involvement with the criminal justice system
- Early mortality

Adult Incarceration and Childhood Trauma

The impact of childhood trauma doesn't disappear with age. It often follows people into adulthood, affecting how they cope with stress, form relationships, and navigate the world. In other words, they don't know any other way to be, respond, or engage with the challenges of daily life.

When trauma is left unaddressed, it can manifest in harmful ways that increase the risk of contact with the criminal justice system later in life. Multiple studies have shown a strong correlation between high ACE scores and adult incarceration. This connection is because of the behaviors that result from untreated trauma.

How that progression often happens:

- **Long-Term Mental Health Challenges.** Adults with high ACE scores are more likely to experience mental health issues, including depression and trauma disorders. Without proper care or access to mental health services, many cope in harmful ways, which can lead to behaviors that bring them into contact with law enforcement.
- **Difficulty Regulating Emotions and Impulses.** Chronic childhood trauma can damage the brain's stress-response systems, making it harder to manage anger or frustration, consider consequences, and handle conflict. In adulthood, this can look like aggression, violent behavior, and altercations with others.
- **Substance Use and Addiction.** Many adults who experienced childhood trauma turn to alcohol or drugs to cope with symptoms. Over time, substance use can escalate into addiction, which can lead to legal issues.
- **Unstable Relationships and Employment.** High ACEs are associated with difficulty maintaining steady work, trust issues, unhealthy relationship patterns, and homelessness or economic instability. Adults in these situations may be more likely to engage in criminal activities, such as theft.

Generational Trauma and Jail

For some people, jail may be the byproduct of generational trauma passed down to them through their family. This trauma, which they may not even recognize, can shape their mental health, behavior, and decision-making long before they ever encounter the justice system. Understanding the link between generational trauma and incarceration can help explain why some people act in ways that may make them seem destined for incarceration.

What Is Generational Trauma?

Generational trauma, also known as intergenerational trauma or transgenerational trauma, is emotional, psychological, and behavioral pain that's shared from one generation to the next (Gillespie, 2023). This trauma often begins with a parent, grandparent, or even an earlier ancestor.

Types of generational trauma include:

- Physical, emotional, or sexual abuse
- Growing up in a house affected by substance use disorders
- Domestic violence
- Poverty, or food or home insecurity
- Untreated mental illness
- Incarceration
- Racism or discrimination
- War, displacement, or refugee experiences
- Death of caregivers or abandonment
- Exposure to community violence
- Living in an unsafe environment

Because it results in learned attitudes and behaviors, generational trauma doesn't have to be a direct experience to impact someone. It could be something that happened to the person, or they could be exposed to it in their home environment through others. Either way, these patterns can become normalized, making it more difficult for people to recognize or escape them.

Outcomes associated with generational trauma include:

- Chronic anxiety or depression
- Low self-esteem or self-worth
- Emotional numbness or detachment
- Feelings of shame, guilt, or unworthiness
- Risk of chronic illness because of heightened stress
- Difficulty trusting others or forming healthy relationships
- Poor impulse control or emotional regulation
- Substance use
- Aggression, defiance, or oppositional behavior
- Distrust of authority figures
- Repetition of learned behavioral patterns
- Higher likelihood of behavioral issues or school dropout
- Increased risk of arrest or incarceration

The Link Between Generational Trauma and Jail

It's clear how some of the behaviors associated with generational trauma could result in arrest. The specific number of jailed people who experience generational trauma is unknown. However, research consistently demonstrates a strong correlation between generational trauma and incarceration.

Research shows that 32% of people who are incarcerated also had an incarcerated parent, showing how even incarceration can be normalized in families (Wang, 2022).

A study by the Prison Policy Initiative found that 17% of incarcerated parents spent time in foster care, 43% came from families that received public assistance, and 19% lived in public housing before they turned 18 (Wang, 2022). All of these situations may relate to generational trauma.

How Trauma Impacts Behavior and Incarceration

Trauma exposure doesn't just affect emotions. It shapes how people think, react, and relate to the world. Here are some ways unresolved trauma might impact behavior.

Altered Brain Function and Development

Chronic trauma, especially during childhood, can alter brain development. It can directly impact the areas of the brain responsible for decision-making, impulse control, and emotional regulation. As a result, people who experience chronic trauma may have trouble managing stress, responding to authority, or making rational decisions under pressure.

Heightened Fight-or-Flight Response

People with a history of trauma often live in a state of hypervigilance (Cleveland Clinic, 2023). Their nervous system is primed for survival, leading to overreactions, aggressive behavior, or perceived "defiance" when they feel threatened, even if the threat isn't real (Schuster, 2023).

Impulsivity and Risk-Taking

Unresolved trauma can lead to impulsive behaviors, including substance use, unsafe sex, theft, or violence. These actions are often coping mechanisms, but they can lead to trouble with law enforcement.

Trouble Trusting Authority Figures

Many incarcerated people grew up in environments where caregivers or authority figures were abusive, neglectful, or absent. As a result, they may struggle to trust anyone in a position of authority, causing problems in various aspects of their lives.

The Link Between Adverse Coping and Addiction

Many people who end up in jail have undiagnosed or untreated mental health conditions. People who don't receive the professional help they need often attempt to manage mental health issues through unhealthy or harmful behaviors, like consuming substances. This ineffective coping results in legal issues and may even cause them to be jailed repeatedly.

Understanding Ineffective Coping

Ineffective or adverse coping happens when someone tries to deal with stress, pain, or mental illness in ways that don't solve the problem and may even make things worse.

Substance use is a common method of ineffective coping. People use drugs or alcohol to escape painful emotions or memories. The substance provides temporary relief, so they repeat the cycle. Before they know it, an addiction forms, and they can't stop using the substance, even when they try.

In the moment, substance use might feel like the only way to survive because it brings temporary numbness or distraction. But over time, it creates bigger problems, like addiction, broken relationships, legal trouble, and worsening mental health.

The Connection Between Ineffective Coping and Addiction

Substance use can start as a way to self-medicate. A person might drink to quiet anxiety or use drugs to escape trauma. It might feel like it helps at first. But over time, the brain and body become dependent. What began as a way to "deal" becomes something that controls every part of life.

The cycle of adverse coping and addiction looks like this:

- **Mental or Emotional Pain.** The person feels pain caused by trauma, grief, anxiety, or untreated mental illness.



- **Ineffective Coping.** The person uses substances to escape that pain, even briefly.
- **Temporary Relief.** The person feels a little better, reinforcing the habit and making them want to repeat it.
- **Worsening Problems.** Addiction takes hold, relationships suffer, and legal trouble often follows.
- **More Emotional Pain.** Guilt, shame, and consequences exacerbate the original issues and cause the person to want to numb those emotions too.

Recognizing the role of ineffective coping is the first step to breaking the cycle. Addiction isn't just a series of bad choices. It's often a response to deep, untreated pain. Treating the root cause of the pain can help change the behavior.

Addiction and Incarceration

Addiction and incarceration are closely connected. About 65% of incarcerated people have an active substance use disorder (SUD), and an additional 20% of people were under the influence of drugs or alcohol at the time of their offense, according to the National Institute on Drug Abuse (2020). Only about 17% of the general population meets the criteria for SUD (Substance Abuse and Mental Health Services Administration, 2024).

Specific percentage breakdowns for drug and alcohol arrests aren't widely available. Still, the available data indicate that both remain significant contributors to arrests and incarceration on the local, state, and federal levels.

Drug offenses account for more than 43% of all federal arrests (Federal Bureau of Prisons, 2024). Alcohol is a factor in 40% of all violent crimes, with 37% of jailed people report drinking at the time of their arrest (NCADD, 2024).

Mental Health Treatment in Jails

Mental health treatment in jails provides a critical opportunity to support people in need. Jail may be the first time many of these people have access to medical treatment of any kind, including mental health services.

What Healthcare Services Do Jails Provide?

Jail administrators have a constitutional responsibility to provide care to people in their custody. Correctional healthcare is legally required under the Eighth Amendment, which prohibits cruel and unusual punishment. This means that prisons and jails must provide health care that addresses serious medical needs in a reasonable and timely manner.

Still, jailed people aren't guaranteed specialized care or access to elective treatments. Non-essential medical procedures or services are generally not required or provided. Mental health issues aren't always life-threatening in a way that they must be addressed immediately. If they are, the person should receive that treatment while they're in jail.

Many correctional facilities offer mental health services that include:

- Mental health screening at intake to identify urgent needs or risks.
- Medication management, ensuring proper prescribing, monitoring, and continuity.
- Crisis intervention services for people experiencing acute episodes.
- Suicide prevention protocols, including observation and follow-up care.

Barriers to Mental Health Treatment in Jails

One of the primary barriers to mental health treatment in jails is simply the nature of how patients come to be seen. People don't call or walk into the jail like they would a doctor's office or mental health treatment center and request an appointment. Instead, they likely already have a mental health issue and may be in crisis when they are jailed.



That means mental health care providers in correctional environments are playing catch-up, trying to immediately assess the patient's needs and address them as well as possible before they are released or moved to another facility.

In addition to this concern, the level of mental health care available in jails can vary widely depending on factors like location and budget. Remember that the federal requirement is only to address serious, immediate medical needs. Therefore, services such as ongoing therapy sessions or various therapeutic modalities aren't typically funded or offered.

Finally, when a person is discharged from jail or moved to another facility, their mental health care may end. Community-based mental healthcare services may not be available, or the person may not seek them out. If they're moved to another facility, their care may essentially restart with only the documentation from the jail healthcare provider to guide new providers. This can put these patients at high risk of crisis, relapse, and even rearrest.

Why Fund Mental Health Treatment in Jails?

In general, mental health is often treated separately and with less immediacy than physical health. After all, mental health concerns are frequently unseeable to the naked, untrained eye, and behaviors associated with mental health issues can usually be attributed to other things.

However, mental health is a massive issue for many people who are jailed, and sometimes these untreated issues keep them stuck in the system.

Government funding for mental health treatment in jails is a matter of public responsibility. Providing funding for this treatment can help people improve, avoiding crises inside facilities, decreasing the risk of self-harm, and stabilizing them in a way that reduces disruptive behaviors and improves their long-term health outcomes.

As awareness of the connection between mental health and incarceration grows, so does the momentum for access to community mental health programs and a push for greater treatment options for those who are incarcerated and those who aren't.

Conclusion

The relationship between mental health and incarceration is undeniable. As this e-book has outlined, untreated mental illness, unresolved trauma, and ineffective coping strategies all play significant roles in drawing people into the criminal justice system. Once inside, the challenges of identifying and treating mental health needs are compounded by short stays, limited resources, and barriers to continuity of care after release.

Yet within these challenges lies opportunity. Jails have become critical points of intervention where people receive access to mental health services, often for the first time. By recognizing the connections between mental health and incarceration, we can break cycles of untreated illness, reduce recidivism, and help people build healthier lives.

Change requires understanding, empathy, and commitment from all stakeholders: healthcare professionals, correctional leaders, policymakers, and communities. Mental health care in jails is a moral imperative that can improve public health and public safety.

At TK Health, we believe every person deserves access to compassionate healthcare, no matter their circumstances. By addressing the mental health needs of incarcerated people, we support people in crisis and contribute to safer, healthier communities.



Working with TK Health

At TK Health, we recognize that mental health is a central component of correctional healthcare. Many people entering jails are dealing with untreated conditions, and addressing these needs improves outcomes for patients and facilities.

Careers in Correctional Mental Health

We employ licensed mental health professionals and nurses who provide assessment, treatment, crisis intervention, and re-entry support. For professionals, TK Health offers meaningful work that combines clinical skill with purpose. Take a look at [our available jobs](#) if you want to consider working with us to make a real impact in people's lives.

Partnering with Correctional Facilities

For jails, partnering with TK Health means gaining a trusted healthcare provider. We deliver tailored programs that include intake screenings, ongoing treatment, crisis management, and continuity-of-care planning, helping facilities stay compliant, safe, and effective.

When you partner with TK Health, you can be confident that healthcare and mental healthcare needs are met with compassion and empathy.

Whether you're a mental health provider seeking purposeful work or a correctional leader seeking a reliable partner, TK Health is here to help improve lives and strengthen communities.



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