

From Asylums to Prisons: The Impact of Deinstitutionalization on Mentally Ill Individuals in New York

REFERENCES



By: Jillian Leifer

The Source Project: People, Politics and The Environment

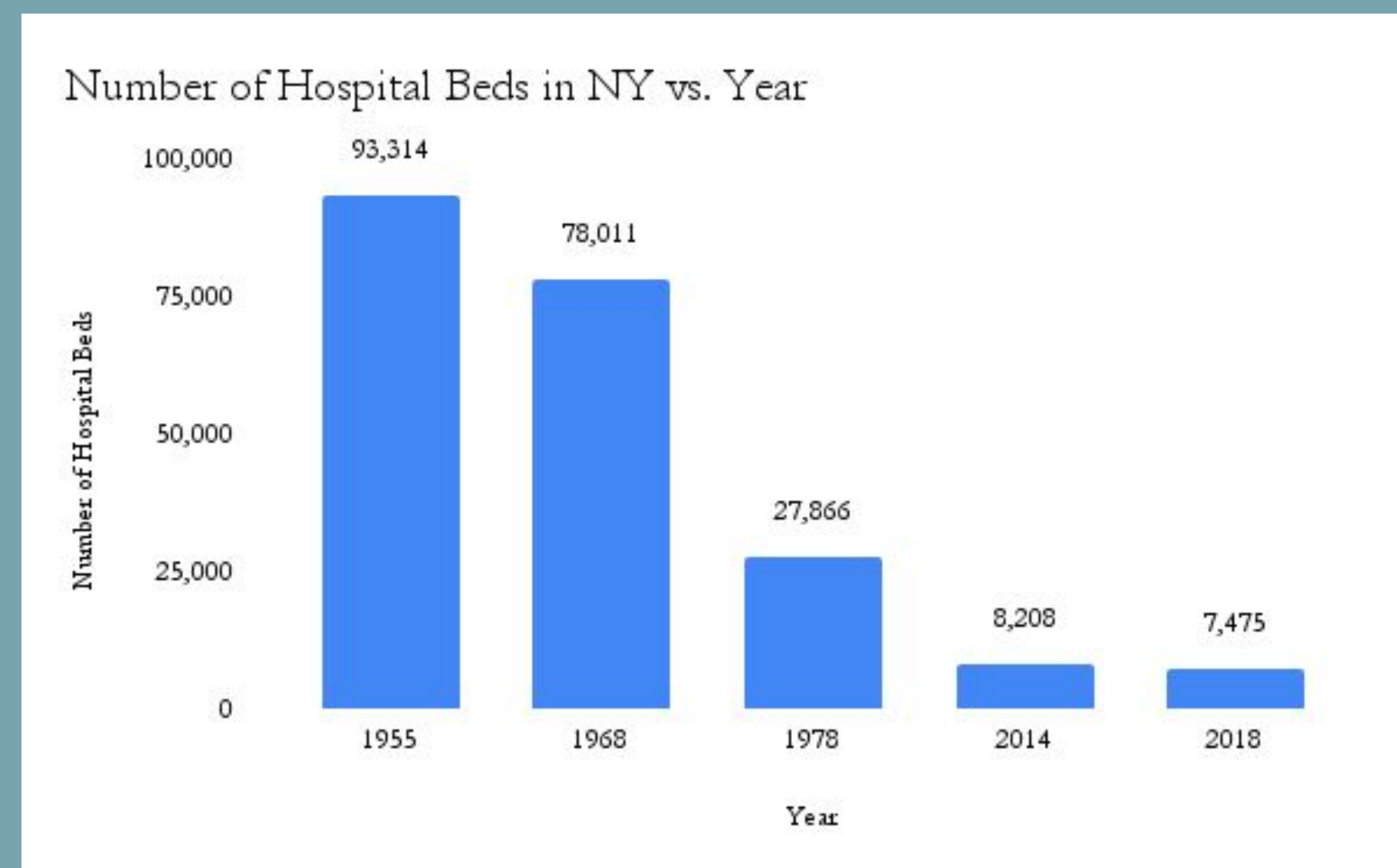
BACKGROUND:

- Mental health treatment has evolved from supernatural and religious interpretations to modern therapeutic, medical, and community-based approaches.
- Mentally ill individuals were institutionalized in overcrowded, underfunded asylums, especially from the 19th to early 20th centuries.
- The deinstitutionalization movement began in the 1950s and accelerated through the 1970s. It aimed to shift care from psychiatric hospitals to community-based treatment.
- The movement was catalyzed by the development of new medications, policies, programs, and laws that pushed for treatment in local communities instead of institutions. There was also significant public pressure against the poor conditions in asylums.
- Despite these goals, community resources were often insufficient, leaving many patients without stable treatment or housing.
- Transinstitutionalization is when people with mental illness are moved from psychiatric hospitals to jails or prisons, rather than receiving care in the community.
- Stigma, high costs, and limited services still make it hard for many, especially low-income individuals, to get help.

METHODS

- Studied U.S. and New York mental health policy from the 19th century to the present by reviewing scholarly articles and policy papers. Focused on deinstitutionalization, transinstitutionalization, and their social consequences.
- Gathered quantitative data from U.S. Census records, mental hospital discharge data, and state-level incarceration statistics. Focused on data between 1950 and the present to observe post-deinstitutionalization trends.

- 4-7 percent of mentally ill individuals are in prison due to deinstitutionalization.
- In 2010, approximately 30% of inmates at Rikers Island had a mental illness, rising to 40% by 2017.
- The number of beds available at mental hospitals in New York has significantly declined.



METHODS (CONT)

- Narrowed analysis to New York State, where the rise in incarceration rates among people with severe mental illness (SMI) has been especially visible following institutional closures.
- Compared hospitalization rates over time with incarceration data for people with mental illness to detect patterns suggesting transinstitutionalization.
- Incorporated both qualitative and quantitative sources, including legal documents, academic studies, public health records, and expert analysis to build a multidimensional picture.
- Tracked the relationship between declining mental health infrastructure and rising inmate populations with mental illness to evaluate the impact of policy changes.

CONCLUSION:

- Deinstitutionalization in New York reduced access to mental health treatment- especially for low-income individuals with severe mental illness.
- Promised community-based alternatives often lacked funding, coordination, or capacity to support displaced patients.
- Many individuals with untreated mental illness ended up incarcerated instead of receiving care, contributing to the criminalization of mental illness.
- Transinstitutionalization shifted the burden from hospitals to jails and prisons, where treatment options are limited and ineffective.
- Deinstitutionalization had unintended consequences as prisons and jails became mental health providers by default.

