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Incarcerated Individuals with Mental Illness: A Cross-National Analysis of Social Exclusion from a Gender Perspective

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Abstract: This study examines, from a gender perspective, the circumstances of individuals with mental illness in prison. Through a rigorous comparative analysis of the current situation in thirteen different jurisdictions, it concludes that a significant number of mentally ill inmates serve their sentences in regular correctional facilities. However, by exploring the item in greater depth and including data on women, the findings indicate that the problem is even more widespread, which is consistent with recent research on the female prison population. The analysis concludes with a critical reflection on the social exclusion that incarceration may generate for people with mental illnesses, as well as on the relevance of applying a gender perspective to more effectively address the vulnerabilities that prison can exacerbate.

Key words: *Mental Illness, Prison, Social Exclusion, Gender Perspective.*

1. Introduction

Various international legal instruments have progressively established guidelines for action in cases where a person with a mental disorder is identified within an ordinary prison setting. Thus, first, the 1955 Mandela Rules state in Rule 109 that "persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions, for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons", and further specify that, where appropriate, "arrangements shall be made to transfer them to mental health facilities as soon as possible." This same rule also emphasizes the obligation of the prison health-care service to provide psychiatric treatment to persons in need of it.

Building on this same foundation, other official international documents have also been developed, such as *Mental Health, Human Rights and Legislation: Guidance and Practice*, published jointly by the World Health Organization and the United Nations in 2023; *Mental Health and Well-Being in Prisons and Other Detention Centres*, published by the World Health Organization in 2025; and the *Handbook on Prisoners with Special Needs*, developed by the United Nations Office on Drugs and Crime in 2009. Together, these instruments articulate a fundamental mandate: persons deprived of their liberty must be guaranteed access to health care, including

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mental health care, in accordance with the same standards that apply to the rest of the community.

Despite the foregoing, numerous research studies have drawn attention to the persistent challenges currently present within the prison system regarding the mental health of incarcerated individuals, particularly when compared to the general population (Steadman et al., 2009; Severson, 2026; among others). Research has shown, for instance, that the prevalence of common mental disorders among incarcerated individuals is approximately twice that observed in the general population, while severe mental disorders may be up to four times more frequent (Calcedo-Barba et al., 2023). Even so, it remains uncommon for prisons to place offenders with mental illnesses in appropriate treatment facilities.

Further examination reveals that women deprived of liberty, although a numerical minority, have increased steadily in recent decades and are disproportionately represented among incarcerated populations with mental illness (Bartlett & Hollins, 2018; Bright et al., 2023). In this sense, *a*ccording to data provided by the sixth edition of the World Prison List of Women in Prison, published by the World Prison Brief, the female prison population has increased by 57.4%, whereas the increase in the general population during the same period was 32%. This reality underscores the need for a gender-sensitive approach within prisons, institutions historically shaped by androcentric logics and closely intertwined with punitive and patriarchal power (Cervelló-Donderis, 2006; Mapelli-Caffarena et al., 2013; De Miguel-Calvo, 2014; Mesa-Rodríguez, 2015; Barberet & Jackson, 2017). Precisely to address the specific vulnerabilities of incarcerated women, including prior victimization, gender-based violence, sexual harassment, specialized healthcare needs, and mental health problems, the Bangkok Rules were adopted in 2011 to complement the 1955 Mandela Rules, establishing more detailed guidelines for their treatment and explicitly recognizing their heightened vulnerability (e.g., Rules 12, 13, 16, 41).

Both the challenges posed by mental health in prison and the need to incorporate a gender perspective into the prison system are issues that permeate the international context through the recommendations and guidelines developed by organizations such as the United Nations and the World Health Organization. While these entities routinely rely on human rights as an analytical framework to establish minimum normative standards related to health, dignity, and penitentiary treatment, questions arise to how we can rigorously assess the problem and design potential solutions to it in jurisdictions with distinct social, legal, and even cultural realities; particularly given long standing critiques of the supposed universality and neutrality of human rights, as discussed by authors such as Mutua (2002) and Moyn (2018).

Certainly, human rights-based standards constitute a fundamental point of departure for international comparisons; but do not, on their own, fully capture the structural dynamics that underlie criminal justice and prison systems. In this sense, comparing the situation of incarcerated individuals across different jurisdictions loses meaning if the degree of recognition and respect for these rights in each of the societies under consideration is not taken into account (Acale-Sánchez, 2017). Accordingly, it is appropriate to complement this approach with alternative analytical frameworks that allow for a more precise examination of how individuals' interaction with the criminal justice system may contribute to the generation, reproduction, or intensification of exclusion, particularly among vulnerable groups such as persons with mental health problems.

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The present study pursues to provide, from a comparative perspective, an in-depth analysis of the situation of individuals with mental illness who are serving custodial sentences in ordinary prison settings. In order to get the information, it is appropriate to adopt a novel analytical paradigm for comparative analysis: the social exclusion dimension, through the use of the RIMES instrument. The RIMES instrument was specifically designed to compare criminal justice systems in different Western jurisdictions using the social exclusion dimension. It focuses on assessing whether the needs or special characteristics of individuals who are suspects, defendants, sentenced persons, or former offenders, who may be subject to criminal prosecution and punishment, are properly taken into account (Prado-Manrique, 2024). The aim, therefore, is to establish an egalitarian starting point that makes it possible to carry out empirically grounded comparisons, ultimately allowing for an exploration of the degree of exclusion that each of the jurisdictions under analysis may produce throughout an individual's interaction with its criminal justice system.

2. A comparative overview of mental health in the prison system.

The RIMES instrument was divided in nine thematic pools. The second one, which relates to penal guarantees, aims to evaluate those legal norms or practices within a given jurisdiction that may impart a particular level of severity to the experience of undergoing a criminal justice process (Prado-Manrique, 2024). In this regard, social exclusion within the domain of penal guarantees is linked to four items: the availability of free legal assistance in criminal proceedings (item 21); the requirement to pay fees in order to appeal or seek review of criminal court decisions (item 22); the legally established duration of the ordinary period of police detention (item 24); and the presence of individuals with mental illness serving custodial sentences in ordinary prisons (item 25). This study focuses specifically on this latter item.

2.1. Methodology

The aspect concerning mental illness seeks to determine, on the basis of evaluative criteria supported by empirical evidence, whether there is a significant number of individuals with mental illness held in ordinary prison settings. This category includes psychiatric units or specialized modules insofar as they are located within prison facilities. Accordingly, for this item not to be met, that is, for a given jurisdiction not to be classified as socially exclusionary in this respect, individuals with mental illness must be placed in facilities outside the prison system. In accordance with the standardized protocol of the RIMES instrument, nine European countries (Spain, Portugal, France, Italy, Germany, Romania, Poland, Finland, and England and Wales) and four U.S. states (New York, California, Florida, and Texas) were analysed over the period from 2021 to 2025, resulting in a total of thirteen jurisdictions examined. The entire procedure is subsequently subject to review and validation by an expert from each of the jurisdictions examined.

In this regard, several methodological clarifications must be made. First, in order to establish the presence of a significant number, the research team set the threshold at 15%. That is, the item is considered to be met if at least 15% of the prison population has a diagnosed mental illness. Second, it should be emphasized that a broad concept of mental illness is employed. Thus, the item includes individuals who are criminally responsible,

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partially responsible, or not criminally responsible who are nevertheless serving their sentences in an ordinary prison (a psychiatric or specialized facility located outside the prison are not included), in accordance with how each jurisdiction defines mental illness within its regulatory and legal framework. Third, this item excludes substance use disorders from the analysis; in other words, individuals receiving treatment exclusively for drug use are not included. Consequently, the resulting percentage could be higher if such disorders were considered. Finally, data collection relied on a combination of secondary sources providing official figures, when available, and recent scientific literature (reports, academic articles, and similar sources). A detailed description of the methodological process and the complete results for the penal guarantees pool can be found in Prado-Manrique (2024).

In light of the above, this chapter will not assess the percentage differences observed among the jurisdictions analysed, since such variation may stem from differing definitions of mental illness, from a genuinely higher prevalence of the issue in certain jurisdictions, or from divergent approaches to data presentation. In this regard, the results of each jurisdiction are presented from a primarily qualitative perspective, with the aim of determining whether differences exist in the diagnosis and treatment of the issue at hand. The methodology employed for this purpose involved consulting the protocols developed by the RIMES team, as well as the original data sources, all of which were reviewed and assessed by various international experts to confirm their validity. All available information concerning the prison population with mental illness, disaggregated by gender, was collected, together with certain jurisdiction-specific conditions. Since in two of the jurisdictions analysed (Romania and the state of Texas) the sources consulted and validated for addressing this item do not provide gender-disaggregated data, this level of specificity has not been included for them.

2.2. Results

The application of this item across the different jurisdictions indicates, at a general level, that there is a significant problem relating to mental illness within prison settings. Only in three of the jurisdictions analysed do individuals with mental illness held in ordinary prisons fall below the 15% threshold established by the item. These jurisdictions are Spain, Poland, and Finland. In contrast, all other jurisdictions analysed to date report prison populations in which more than 15% of individuals are diagnosed with some form of mental illness, excluding substance use disorders. In other words, a substantial proportion of individuals with mental illness are serving their sentences in ordinary prison facilities, thereby failing to receive the treatment they require in an appropriate environment, as stipulated by the various guidelines and standards developed by international organizations.

The assessment draws on different types of sources depending on the availability, accessibility, and quality of information in each jurisdiction. In several cases (Finland, Germany, Italy, Portugal, and Romania), the examination relies primarily on scientific literature, either because the relevant data are not currently collected or published by public authorities, or because the figures that do exist are presented in a manner that makes it difficult to extract clear or comparable conclusions. In the remaining jurisdictions (France, Poland, Spain, United Kingdom, California, Florida, New York, and Texas), the evaluation is based on official data provided by competent authorities; however, even among these, only a portion report such information on a systematic basis, whether annually or biennially, and follow a consistent and transparent format of data presentation. It should be emphasized

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that the existence of official statistics does not necessarily imply greater reliability or precision than data derived from independent scientific sources, nor does the opposite necessarily hold true. Comparative interpretation of the results requires caution, as the availability, definition, and operationalization of mental illness data vary across jurisdictions, reflecting differences in legal frameworks, diagnostic practices, and institutional reporting standards. The results and specific characteristics of each of the jurisdictions examined are set out below.

Finland

In the Finnish context, official data on incarcerated individuals with mental health problems ceased to be systematically collected in 2008. Nevertheless, comprehensive studies on this topic have made it possible to assess the situation of people with mental illnesses who are incarcerated in ordinary prisons. A study conducted in 2017 (Jüriloo et al., 2017), for instance, reports that 5.9% of the prison population was diagnosed with a severe psychotic disorder, a figure that rises to 7.86% when diagnoses of schizophrenia are also taken into account. The same study indicates that women accounted for 10.8% of all individuals diagnosed with a psychotic disorder in prison, with men representing the remaining 89.2%. A brief review of the Finnish prison population in the year of the study shows that women represented approximately 7.6% of the total prison population, thereby indicating an overrepresentation of women within the group of incarcerated individuals with mental illness. Earlier studies point to similar conclusions (Fazel & Danesh, 2002; Fazel & Seewald, 2012).

Finally, an additional observation should be noted in the Finnish case. The overall prison population in Finland has been gradually declining since 2006; by contrast, the number of individuals diagnosed with mental illness who are held in ordinary prison facilities has increased. Furthermore, as some sources indicate, the evaluation conducted during criminal proceedings to determine whether the accused person has a mental illness have also decreased in certain cases. In this sense, in Finland, psychiatric expert evaluations are ordered by the court and are considered a form of "involuntary treatment," since the accused person cannot refuse them if the offense carries a potential sentence of more than one year of imprisonment (these assessments are regulated under Chapter 3 of the Finnish Mental Health Act). According to some sources (for example, the headline "Psychiatric disorders in Finnish prisons increase tenfold," published by Yle News in 2018), each assessment costs the State approximately 20,000€ and may last up to two months. Other studies (Jüriloo et al., 2017) indicate that there has been a substantial decline in the annual number of forensic mental health evaluations, due both to changes in criminal law and to increasing pressure to reduce costs. This suggests that, although the figures reported in the studies reviewed may appear relatively low, when viewed in light of broader national trends, the conclusions may be more concerning.

France

Although no official statistics are regularly published, the French Ministry of Health recently commissioned the Regional Federation for Research in Psychiatry (*Fédération Régionale de Recherche en Psychiatrie*, F2RSM Psy) to conduct an in-depth study on the mental health of the prison population. For this reason, the findings of this study may be considered to have a quasi-official character. Published in 2022, the study reports that between 32% and 59% of the prison population is classified as "moderately ill" with respect to mental health. The study

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assesses prisoners' mental health across the three key stages of their experience of incarceration: upon admission, during the custodial sentence, and at the point of release. At each of these stages, the prevalence exceeds the 15% threshold. When disaggregated by gender, the study reveals the same underlying trend: among the prison population, 32.3% of men were classified as moderately to severely mentally ill, compared to 58.8% of women using the same criteria. Moreover, at every level of severity, the proportion of women exceeds that of men: within the category "moderately ill", 16.6% of men compared to 26.0% of women; within "manifestly ill", 13.3% of men and 25.2% of women; and within "seriously ill", 2.4% of the male prison population compared to 7.6% of the female population.

Germany

In the German context, admission to a psychiatric hospital occurs only if the mental illness was present at the time the offense was committed or if a physician determines that adequate treatment cannot be provided within ordinary prison facilities, in accordance with the German Federal Prison Act. In all other cases, depending on the region, incarcerated individuals may be placed in psychiatric units within the prison itself, transferred to external institutions that provide such services, or accommodated in other facilities regulated at the regional level. For this reason, it has not been possible to rely on official nationwide statistics in this area.

Based on secondary sources drawing on empirical studies conducted in prisons across different German federal states, national estimates suggest that more than 50% of the prison population has a diagnosed mental illness (Haverkamp & Galli, 2021). Nonetheless, nearly all of the studies reviewed emphasize that the precise figure varies significantly depending on the definitions and methodologies employed. Accordingly, prevalence rates are generally estimated to range between approximately 40% and 70%.

With regard to gender-disaggregated data, the studies examined do not, in most cases, provide systematic breakdowns by sex. However, they converge on the same conclusion: women incarcerated in prison are disproportionately represented among those diagnosed with mental illness when compared to men. This pattern is illustrated, for example, in a report published in 2015 by the Ministry of Justice of Baden-Württemberg, which references a study conducted in a women's prison indicating that more than 90% of the incarcerated women required treatment, while fewer than 30% were actually receiving it.

Italy

The Italian case is of particular relevance to this topic, as the management of mental illness within the prison system differs substantially from that of other jurisdictions. In 2019, the Italian Constitutional Court, in Judgment no. 99/2019, recognized the possibility of serving a sentence outside prison in cases involving individuals with mental illness, as long as an individualized, case-by-case assessment is conducted and the right to mental health care cannot be adequately guaranteed within the prison. This ruling cannot be properly understood without reference to Italy's historical approach to psychiatric institutions: psychiatric asylums were closed in 1978, and by 2015 all remaining psychiatric hospitals were shut down. The current REMS (*Residenze per l'Esecuzione delle Misure di Sicurezza*, residences for the execution of security measures) are insufficient to accommodate individuals with severe mental illness. Moreover, they do not allow for the transfer of prisoners to these

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facilities when a mental illness develops after the custodial sentence has already begun. For this reason, the Constitutional Court justified its decision by pointing to the inadequacy of the existing regulatory framework to protect these individuals, thereby offering the alternative outlined above.

With regard to individuals who currently have a mental illness and remain in prison, it should be noted that several of the studies consulted have pointed to the existence of underdiagnosis. Maccio et al. (2015) concluded that while 8.7% of the Italian population living in the community had a diagnosis of mental illness, this figure rose to 58.7% among the incarcerated population. Along similar lines, another analysis carried out by the *Agenzia Regionale di Sanità Toscana* (ARS Toscana, 2018) indicates that incarcerated women constitute the group most affected by psychiatric disorders: in 2017, 72.4% of women in prison presented at least one diagnosis, compared to 37% of men. Nevertheless, tt should be noted that this study includes substance use disorders within the overall percentage. In this regard, 28.3% of incarcerated women were diagnosed with at least one substance use disorder (compared to 13.9% of men), 11% presented a neurotic disorder (5.1% of men), and 7.9% had an affective psychotic disorder (2.7% of men).

Poland

Poland is one of the jurisdictions that publishes annual statistics on the prison population and its specific characteristics, including mental health problems. Official annual statistics report the number of prisoners classified as "with non-psychotic mental disorders, intellectual disabilities", as well as those placed under a therapeutic regime without being housed in a therapeutic unit, precisely the group of incarcerated individuals assessed for the purposes of this analysis. In 2024, these individuals accounted for approximately 3% of the total prison population. Within the group of incarcerated persons with mental health problems, women represented around 6%. Given that the female prison population in Poland slightly exceeds 4%, this indicates a little overrepresentation of women among prisoners with mental illness.

At the same time, some surveys and empirical studies suggest the possibility of underdiagnosis when relying solely on official statistics (Wąsek-Wiaderek, 2022). This is because, although preliminary mental health assessments are conducted upon admission to prison in Poland, individuals who develop a mental illness during the course of their sentence may not be captured with the same degree of rigor in the official figures.

Portugal

In the case of Portugal, although Article 9 of the *Code for the Execution of Custodial Sentences and Measures* establish the obligation to place incarcerated individuals with mental health problems in non-penitentiary establishments, the reality is that most individuals with mental illness, including non-accountable persons, are incarcerated in prisons. This concerning situation has been repeatedly denounced in the media (Soares, 2021), and although no changes have yet been implemented, it is expected that reforms may occur in the near future following the recent transfer of competences in the field of prison health care.

According to the *Activity and Self-Assessment Report of the Directorate-General for Reintegration and Prison Services* of the Ministry of Justice (2021), it is estimated that more than 50% of individuals held in ordinary prison facilities have some form of mental illness, excluding

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non-imputable inmates. This report does not disaggregate the estimates by gender. However, a small study conducted in 2017 on a random sample of 250 inmates from a women's prison estimated self-reported prevalence rates of 44% for anxiety and 32% for depression, with 31% of respondents reporting at least one suicide attempt at some point in their lives (Alves & Costa Maia, 2018). As a result, while gender-based comparisons are difficult to establish, the existence of a significant mental health problem within Portuguese prisons is clearly confirmed.

Romania

Romania has proven to be a particularly challenging case to assess, as no recent country-specific studies on this issue were identified, nor do official national bodies systematically collect or publish data on the situation of incarcerated individuals with mental illness. For this reason, international organizations were consulted as alternative sources.

First, the *Report of the European Committee for the Prevention of Torture* indicates, in its report covering the period 2018-2022, that the proportion of individuals with mental illness in Romanian prisons is approximately 21%. In addition, the World Health Organization reported in 2022 that 62.7% of incarcerated individuals in Romania had received treatment for mental illness, while 22.7% had been formally diagnosed at the time the report was compiled, highlighting the discrepancy between treatment provision and formal diagnostic identification. Unfortunately, the available sources do not provide gender-disaggregated data.

Spain

In Spain, for several years now, the General Report of the Prison Administration has systematically collected and published data on incarcerated individuals participating in the Mental Health Care Program in the Prison Environment (PAIEM), which operates within ordinary prison facilities. In principle, individuals held in Spanish prisons who have been diagnosed with a severe mental illness are required to follow the PAIEM penitentiary treatment program. It should be noted that the PAIEM program focuses on individuals diagnosed with severe mental illness, an operational concept defined by clinical diagnosis, duration (two years or longer), and the presence of disabilities (functional and/or cognitive) (Calcedo-Barba et al., 2023); which may lead to an underestimation of the overall prevalence of mental health problems within Spanish prisons when compared to broader definitional approaches used in other jurisdictions.

Accordingly, the figures associated with this program should reflect the actual situation of individuals with serious mental illness in prison. Based on trends observed over the past five years, the proportion of individuals with mental illness in Spanish prisons has remained between 4% and 5% of the total prison population. The most recent data, corresponding to 2024, indicate that of the 2,167 individuals enrolled in the program, the vast majority were men, with women accounting for 9.1%. However, when these figures are contextualized within the overall prison population, notable gender differences emerge: PAIEM participants represented 4.9% of the total incarcerated population, comprising 4.7% of men and 6.7% of women. In this sense, the situation of women is particularly concerning; not only do women currently display higher representativeness within the PAIEM program, but since gender-disaggregated data began to be collected in 2020, women have consistently accounted for a

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higher proportion of incarcerated individuals with severe mental disorders than men, as explicitly stated in the General Report of the Prison Administration.

United Kingdom

For the analysis of the United Kingdom jurisdiction, official data collected by the National Health Service (NHS) England were initially reviewed. These data derive from the mental health screening conducted upon admission to prison, at which point it is determined whether an individual requires treatment for a mental illness. According to this source, approximately 10% of new prison admissions meet the criteria for mental illness. However, in 2017 the National Institute for Health and Care Excellence (NICE) emphasized the need for more in-depth studies in order to accurately determine the prevalence of mental illness within English prisons.

Further insight is provided by the report of Her Majesty's Chief Inspector of Prisons for England and Wales (2019-2020), which offers particularly relevant findings. According to this report, 47% of the male prison population surveyed (a total of 6,308 individuals) stated that they suffered from some form of mental health problem, although no further specification was provided. Among the female prison population surveyed (694 women), the figure rose to 71%.

The scientific literature reviewed in parallel reaches similar conclusions. A study conducted in 2013 (Light, Grant & Hopkins, 2013) estimated the prevalence of psychosis among prisoners in England and Wales at 16%; while subsequent research published in 2019 reported a prevalence of mental illness of 25.4% within the prison population. Across all empirical studies reviewed, a consistent pattern once again emerges: women account for a higher proportion of individuals diagnosed with mental illness. Specifically, 49% of female prisoners were assessed as suffering from anxiety and depression, compared to 23% of male prisoners, and female prisoners were also more likely to report symptoms indicative of psychosis (25%) than their male counterparts (15%) (Light, Grant & Hopkins, 2013).

United States

Four U.S. states were analysed: California, Florida, New York, and Texas. Data for the latter three were drawn from official sources, as state authorities systematically collect and publish information relevant to this analysis. However, interpreting these data requires situating them within the broader context of a diverse criminal justice and mental health landscape. Definitions of mental illness, diagnostic thresholds, and reporting practices vary substantially across states and institutions, and data often derive from different sources, including clinical classification systems, treatment records, and medication-based indicators. In addition, distinctions between jails and prisons, as well as the widespread use of mental health grading scales rather than uniform diagnostic criteria, limit strict comparability both across states and with European jurisdictions. These factors notwithstanding, the data reviewed allow for the identification of robust patterns, particularly the overrepresentation of women among incarcerated individuals with mental illness. It is these patterns that frame the discussion of each state that follows.

The most recent figures available for the state of Texas (2023), provided by the Texas Correctional Office, indicate that individuals with mental illness held in ordinary prison facilities account for approximately 23% of the total prison population. This estimate was

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obtained by cross-referencing data from the *Texas Correctional Office on Offenders with Medical or Mental Impairments Biennial Report* (2023) with population data published by the National Institute of Corrections (2020). Unfortunately, the available data do not provide gender-disaggregated information for incarcerated individuals in Texas.

In the case of Florida, several research have addressed this issue (Yager, 2020; Bell et al., 2022, among others), all of which report prevalence rates exceeding the 15% threshold for incarcerated individuals with mental health problems. Focusing specifically on official data published by the Florida Correctional Medical Authority and relying on the "Mental Health Grade" used within Florida prisons as a measurement system, the prevalence of mental illness among the prison population can be estimated at approximately 18% for the period between 2019 and 2023. Notably, analyses of the Correctional Medical Authority Reports indicate that the situation of women with mental illness in Florida prisons is particularly significant, as prevalence rates differ markedly from those observed among men. When considering women's prisons exclusively and applying the same official reports, the proportion of incarcerated women with mental illness in ordinary prison facilities rises to 35%. This figure nearly doubles the prevalence observed in the general prison population.

With regard to the state of New York, as is the case in several other U.S. states, a six-level classification scale, the New York Mental Health Service Levels, is used to assess the mental health status of incarcerated individuals. The most recent *Under Custody Report* available, corresponding to 2021, indicates that 24% of individuals held in custody were classified within one of the mental health levels where the presence of a serious mental disorder must be taken into account. The same report highlights a significant gender disparity: women are significantly more likely than men to be classified within these levels, with 63% of incarcerated women falling into this category, compared to 23% of incarcerated men.

For the final U.S. state examined, California, a policy brief published by California Health Policy Strategies entitled *How Many Incarcerated Individuals Received Psychotropic Medication in California Jails: 2012–2017* was consulted. This report indicates that, based on the prescription of medication for severe mental disorders, defined in accordance with DSM-V criteria, the proportion of the incarcerated population meeting this condition increased from 16% to 20% between 2012 and 2017. In addition, scientific literature focusing on the state of California was reviewed: a study conducted by Stanford University assessing data from 2000 to 2017 concluded that more than 30% of the prison population held in ordinary correctional facilities had been diagnosed with a mental illness (Romano, 2017). Another study examined indicates that women incarcerated in state prisons in both California and New York present higher rates of mental disorders than their male counterparts. Specifically, findings for California show that 43% of incarcerated women exhibit symptoms of post-traumatic stress disorder (PTSD) (Tripodi & Pettus-Davis, 2013).

2.3. Prison and mental illness: a manifestation of social exclusion.

Taken together, the results obtained across the various Western jurisdictions examined reveal a discernible pattern regarding the presence of people with mental illness in ordinary prison settings. Although differences, sometimes considerable, exist between the prevalence rates reported in each jurisdiction, such discrepancies may also stem from the diverse definitions and conceptualisations of mental illness adopted in each country. In this same vein, it is essential to note that the RIMES item explicitly excludes substance use disorders from its

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calculation, which suggests that the figures presented may, in fact, underestimate the magnitude of the social exclusion at stake. What therefore warrants attention is the broader picture that emerges from the data: in most of the jurisdictions analysed, a notably high proportion of people with mental illness are held in correctional facilities that are not designed to meet mental health needs in a systematic or adequate manner.

Despite the differing definitions and the specific management models that each jurisdiction applies to mental illness, the consistent surpassing of the 15% threshold points to a situation clearly recognised within contemporary prison systems. These are circumstances in which a correctional institution identifies a person as having a mental illness but does not facilitate their transfer to a specialised facility, resulting in their continued placement in an ordinary prison environment. It is therefore essential to bear in mind that the figures used to complete the RIMES items capture only those cases in which mental illness has been formally diagnosed, whether by the prison system itself or through academic research. For this reason, rather than indicating a lack of awareness, these figures suggest the existence of institutional and structural dynamics that constrain the capacity of current frameworks to respond adequately to the complexity of the mental health needs identified. In other words, the existence of such high prevalence rates does not merely reflect definitional divergences or potential methodological inconsistencies; it reveals a deeper gap between the recognition of the problem and the development of strategies capable of addressing it. This becomes particularly evident in those jurisdictions where the data used to answer the item come directly from the official bodies responsible for the matter, which is the case in most of the jurisdictions considered. The presence of people with mental illness within the prison system, beyond being understood as a symptom of broader challenges in mental health governance that may mirror the conditions of the societies themselves, constitutes a significant indicator of the forms of social exclusion that penal systems may inadvertently generate.

This broader pattern acquires further significance when examined in light of the international standards governing the treatment of persons with mental illness in custodial settings. International mandates, such as those established by UN standards and other supranational frameworks mentioned at the beginning of this chapter, indicate that the presence of people with mental illness in prison institutions constitutes a challenge that must be addressed from within the correctional system itself. The very existence of these legal and normative instruments already pointed to the presence of a problematic situation and to an awareness of its implications. It is precisely for this reason that the international comparison carried out through RIMES, approached from an empirical perspective, becomes so relevant in this field: it provides robust evidence capable of enriching and refining the existing scientific literature on the subject.

In line with the principles set out in international standards on the treatment of people with mental illness, it is stated that those who have a diagnosis and come into contact with the criminal justice system should be placed in facilities specifically designed to meet their clinical needs, rather than in ordinary prison establishments. This principle does not imply that physical separation alone guarantees an adequate approach to mental health care, since specialised environments do not automatically ensure better conditions nor do they resolve the structural challenges that shape the management of mental illness. On the contrary, what is intended to be emphasised is that the place where a person serves a custodial sentence

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constitutes a fundamental indicator of how mental health needs are initially addressed within a penal system.

In this sense, the RIMES instrument focuses on a preliminary yet essential dimension of mental health governance: the institutional placement of people with mental illness, irrespective of the specific treatment they may, or may not, receive. By examining the location in which these individuals are held, RIMES captures a key aspect of the broader dynamics of social exclusion that can arise within penal systems. As highlighted in the instrument's conceptual framework, social exclusion also encompasses the ways in which institutional practices may inadvertently reinforce vulnerability by placing individuals in environments ill-suited to their needs. It is precisely this perspective that underscores the relevance of examining institutional placement as a central dimension of penal governance.

This exploration has also brought to light a clear international trend: the phenomenon of mental health in prison contexts affects men and women unevenly. What emerges most clearly, according to the information gathered through the RIMES instrument for international comparison, is the high statistical representation of women in diagnoses of mental illness in prison. Although these data, on their own, do not allow for definitive conclusions, they align with the existing literature that offers explanations and findings in the same direction, and that has examined this disparity, along with the implications of incorporating a gender perspective into the analysis of mental health policies and practices in prison, across diverse geographical contexts (Bartlett & Hollins, 2018; Pollack, 2009; Caravaca-Sánchez & García-Jarillo, 2020; Cloyes et al., 2010, among others). This convergence is also reflected in international standards such as the Bangkok Rules, which emphasise the need to address gender-specific vulnerabilities in prison environments.

Gendered Patterns of Social Exclusion in Prison Settings

Prior experiences of victimization, greater barriers to accessing mental health services, limited access to employment and poorer labor conditions, more restricted educational and training opportunities, caregiving responsibilities, and economic precarity are all gender-linked circumstances that frequently predate incarceration (Pollack, 2009; Carter, 2018). In recent years, there has been a gradual, albeit still incipient, shift towards analysing differences in the role played by risk factors and criminogenic needs among people deprived of liberty according to their gender, including the dimension of mental health. What is particularly significant is that research conducted on this issue across diverse geographical contexts converges on the same conclusion: women in prison exhibit a higher prevalence of mental health conditions, with some studies reporting rates that nearly double those observed among men (Steadman et al., 2009). These findings are fully consistent with the analysis developed in this chapter, as all the jurisdictions examined conform to this pattern.

This pattern of elevated mental health needs among incarcerated women cannot be understood in isolation from the global increase in female incarceration. As previously noted, between 2000 and 2024 the female prison population worldwide grew by 57.4%, a trend that has intensified existing vulnerabilities and exposed the limitations of penal and prison systems traditionally designed around male populations. The academic relevance of this perspective is reinforced by a growing body of literature that links the high prevalence of mental illness among women in prison to various gender-specific vulnerability factors (Lynch et al., 2012; Severson, 2026; Steadman et al., 2009; Heilbrun et al., 2008; Tyler et al., 2019;

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Stewart & Wilton, 2014, among many others). In this regard, one of the gender-specific factors that disproportionately affects women deprived of liberty, and which the Bangkok Rules explicitly recognise, is the higher prevalence of prior victimisation across multiple relational contexts. This includes, most notably, intimate partner violence, as well as experiences of violence during childhood, among other forms of abuse (see, for example, King et al., 2018; Nuytiens & Christiaens, 2015; Caravaca-Sánchez & García-Jarillo, 2020; Severson, 2026; Saxena & Messina, 2021). Numerous studies have shown that experiences of emotional, psychological, physical and/or sexual abuse, as well as involvement in abusive intimate relationships, are directly associated with higher prevalence rates of substance use disorders and mental health problems (Wolff & Shi, 2012; Heilbrun et al., 2008; King et al., 2018; Carter, 2018).

Consequently, interventions in the social, criminal justice and correctional domains that are grounded in the identification of risk factors derived from women's experiences of violence, and that address the links between such victimisation, severe mental health problems and/or substance use, can play a crucial role not only in crime prevention but also in the design and implementation of appropriate correctional treatment (Lynch et al., 2012). From this perspective, prison may initially be understood as a key opportunity to provide support and rehabilitative interventions to women who, as a result of their life trajectories, present multiple and interwoven vulnerability factors. However, as repeatedly noted in the criminological literature, the prison institution embodies what Carlen and Toombs (2006) have described as the "therapunitive" paradigm: penal models grounded in androcentric and punitive logics come into direct conflict with the therapeutic needs of people deprived of liberty. As a result, given the current configuration of prison systems, it becomes extremely difficult to reconcile a comprehensive correctional treatment, one that incorporates a gender perspective and is sensitive to mental health, with the prevailing practices of punishment and control that define the carceral institution (Pollack, 2009).

A shift towards social inclusion requires a deep understanding of the structural factors that shape the life trajectories of incarcerated individuals, moving beyond traditional approaches grounded strictly in individualistic perspectives and advancing instead towards an intersectional framework. Mental health problems, together with the broader set of vulnerability factors associated with gender, cannot be addressed as isolated characteristics or as mere individual dysfunctions; rather, they must be understood as the outcome of structural inequalities. Recognising these factors as fundamental conditioning elements must form the basis for the design and implementation of policies that do not reproduce traditional approaches to social exclusion policies that do not overlook social, economic and gendered contexts.

3. Conclusions

The results of this analysis reveal that mental illness in prison contexts constitutes a profound expression of social exclusion, a pattern that becomes even more evident when examined from a transnational perspective. The international comparison carried out through the RIMES instrument provides a basis for understanding that the problem of mental illness in prison cannot be understood apart from the structural disadvantages that shape the life trajectories of those who come into contact with the criminal justice system.

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In this sense, prison often functions as a point of accumulation of multiple forms of social exclusion that precede incarceration and frequently persist after release: poverty, precarity or lack of access to services. Understanding mental illness in prison therefore requires moving beyond an exclusively clinical or individual perspective and situating it within the social and institutional contexts that produce cumulative disadvantage. Comparative evidence confirms that this challenge extends across all jurisdictions and affects all people with mental health problems who interact with the penal system. The necessary shift in criminal policy must therefore be oriented towards improving their well-being through interventions that address the structural factors shaping their life trajectories, both inside and outside prison.

Within this structural and comparative context, gender emerges as a significant dimension shaping how social exclusion and mental health problems are experienced. The data collected through the RIMES instrument also reveal a disproportionately high prevalence of mental illness among incarcerated women, a trend that aligns with the existing literature and resonates with international normative frameworks such as the Bangkok Rules. The high percentage of women deprived of liberty who are affected by mental health problems in prison settings illustrates the urgency of developing policies and interventions that address gender-specific vulnerabilities, while not losing sight of the broader population of people with mental illness who come into contact with the criminal justice system.

Although statistical data and the various quantitative studies conducted in this field clearly indicate the existence of a problem that must be addressed, they need to be complemented by thorough and comprehensive analyses in order to design correctional management models that are adequately adapted to gender-specific needs and implemented from a mental-health-sensitive perspective. Correctional interventions that incorporate an intersectional lens can play a key role both in identifying needs and in initiating the necessary interventions, but they must be conceived as components of a coordinated, socially inclusive strategy rather than as isolated institutional responses. While the penal system cannot serve as a mechanism for resolving problems caused by situations of social exclusion, prison could offer an opportunity to identify needs and initiate therapeutic support, although effective intervention requires continuity of care before, during and after incarceration through the coordinated action of social, health and community services.

The international patterns identified in this study call for rethinking the responses of the criminal justice system, and should serve as a starting point for reconsidering the criminal process from its earliest stages. Policies oriented towards social inclusion, together with the systematic incorporation of gender and an intersectional understanding of inequality, are essential to ensure that, as a result of different trajectories of social exclusion, the prison system does not become the destination for people with mental illness.

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