
Flagging for Mental Health Needs in New York City Jails: Prevalence and Timing

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New York City jails currently house over [6,800](#) people per day, nearly 85% of whom are detained before trial.¹ A significant fraction suffer from a mental illness for which they may require services during and after their incarceration.

As of February 2025, [Correctional Health Services](#) found that 21% of the City’s jail population had a *serious mental illness*, 24% suffered from an *opioid disorder*, and 28% suffered from an *alcohol disorder*.² Still others may experience mental health symptoms or conditions that fall outside these diagnostic categories.

The Complete Population with Mental Health Needs

A useful category for capturing the larger population of people needing mental health services for any reason is the “Brad H” designation. While not signifying a confirmed mental health diagnosis, Correctional Health Services assigns the “Brad H” flag to anyone who is diagnosed, screened for, requesting, or receiving mental health services while incarcerated in New York City jails. (For more information, see the pull-out box below.) The flag is named for a lawsuit settled in 2003, which requires the Department of Correction to offer discharge planning to anyone receiving in-jail mental health services.³

In general, the portion of the City’s daily jail population with either a serious mental illness or Brad H designation has been growing.⁴ People with a serious mental illness have increased from 11% in 2015 to 21% in 2025.⁵ People with the Brad H flag have increased from 43% in 2016 to 57% as of April 2025.⁶ Research indicates that women require mental health services significantly more often than men; in 2025, 83% of women compared to 55% of men in the daily jail population received in-jail services.⁷

Prior research also indicates that people with the Brad H designation average significantly longer jail stays than people without this designation.⁸ Given their disproportionately long time stays, people with the Brad H flag are overrepresented in daily jail population, relative to the larger pool of people ever admitted or discharged from jail in a given year. For example, back in 2022, 51% of the average jail population held on any given day compared to just under a third of annual admissions throughout the year had received mental health services.⁹

About the Brad H Flag and Research Assumptions

The term, “Brad H,” comes from a [2003 legal settlement](#). New York City agreed to provide people confined in New York City jails for 24 hours or longer, who receive treatment for mental illness, a treatment and discharge plan for services while in jail and after release. Technically, the Brad H designation is limited to people receiving in-jail mental health services more than twice or assessed as needing follow-up services during their first or second appointment.

The New York City Department of Correction’s [public dataset](#) operationally defines the Brad H category as “inmate under mental observation” and will “flag” the incarcerated person with a Boolean indicator. Incarcerated people can be flagged upon intake or at any subsequent point during their carceral stay. Once flagged, the Brad H designation is never removed from people’s record during their jail stay.

PURPOSE OF THIS RESEARCH BRIEF

While there is already ample data on the sheer prevalence of the Brad H designation, what we don’t know is when and why people flag. How often are people who enter Rikers with mental health needs swiftly linked to services at intake? On the opposite end of the spectrum, how often do people remain in jail for months with no indication of a problem, until they finally request and receive mental health services well into their jail stay? How often does the potential trauma of NYC jail incarceration create a mental health condition that did not previously exist (or exacerbate an existing condition)? Available data cannot provide a clear answer to this last question. But through a close analysis of the timing when people first receive a Brad H designation, we hope at least to suggest what may be happening or, perhaps, to raise new questions for future research.

Accordingly, this research brief examines how long into their New York City jail incarceration people flag for a mental health need, covering the period from June 2, 2016 to March 24, 2025. Because our data only encompasses seven months in 2016 and less than three months in 2025, the total number of cases represented for those two years are well under the annual total.

Data was obtained via the Data Collaborative for Justice’s [New York City Jail Population Tracker](#), which integrates underlying data in part from a [FOIL request](#) by the Manhattan Institute and in part directly from [NYC Open Data](#).¹⁰ *The data for this brief only includes people who have been discharged from jail and is organized by discharge year.* For example, data for 2024 consists of all people discharged in 2024, though they may have been admitted to jail in an earlier year.

Key findings are presented below, followed by accompanying figures and tables. *As the first set of results will make clear, a substantially growing percentage of people sent to the City’s jails and later discharged (from 26% of discharges in 2016 to 41% in 2025) needed mental health services.* As noted above, the fraction of all discharges ever requiring mental health services (e.g., the 41% figure for 2025) is consistently under mental health flag rates (57% in April 2025) found when limiting the analysis to those people with disproportionately long stays who are housed in the City’s jails on any given snapshot day.

KEY FINDINGS

Rate of Flagging for Mental Health Needs

After growing compared to earlier years, 4 out of 10 people admitted to NYC jails and discharged in 2024 or 2025 flagged for needing mental health services. Women flagged at a far higher rate than men.

- **Increasing Mental Health Needs:** The percent of discharges receiving the Brad H designation slowly increased from 28% in 2016 and 2017, to 40% in 2024, to 41% over the first three months of 2025 (**Exhibit 1**).
- **Gender Disparity:** Across all years, women flagged for mental health needs at a substantially higher rate than men: from 57% of women and 25% of men flagging in 2016 to 62% and 38%, respectively, flagging in 2025 (**Exhibit 2**).

Length of Time from Jail Admission to Mental Health Flag

Among people receiving mental health services, most are designated for needing them at jail intake or within the month that follows. On average, people receiving services possessed the Brad H designation for just over three-quarters (76%) of their jail stay.

- **Days to Mental Health Flag:** From 2016 to 2025, over half (62%) of the Brad H population flagged for requiring mental health services at or close to intake (within less than 10 days of their initial jail admission). In the last full year examined of 2024, 61% flagged within under ten days of admission. *But not all incarcerated people flagged early.* In 2024, 22% who eventually flagged did not do so until the 30-day mark or later; and 8% still did not flag until the 180-day mark or later (**Exhibit 3**). On average, flagging in 2024 happened after 8 days (median = 6).
- **Days to Mental Health Flag for Long Stayers:** Since most people cycle in and out of jail after little time, this means, by definition, that most people only have a brief window within which Correctional Health Services staff might identify a mental health need. To understand the timing for the subset of people held in jail for lengthy periods, we isolated people whose length of stay was six months or longer (**Exhibit 4**). In the last full year examined of 2024, 43% of these “long stayers” flagged within 10 days, and another 19% flagged after 10 to 29 days. Similar to above, not all incarcerated long stayers flagged initially: 38% who eventually flagged did not do so until the 30-day mark or later; 12% still did not flag until the 180-day mark or later.
- **Proportion of People’s Jail Stay Receiving Services:** People flagging from 2016 to 2025 received the Brad H designation for approximately 76% of their total jail stay. In 2024, people were designated for 78% of their stay (**Exhibit 3**). “Long stayers” incarcerated for six months or longer and discharged in 2024 were designated as Brad H for an even higher fraction of their stay (92%) (**Exhibit 4**).

Differences Among Key Subgroups

Women, white people, and people assigned to a maximum custody level have a significantly higher likelihood than other subgroups for receiving the Brad H mental health designation. There are also differences across subgroups—though generally small ones—in their speed of flagging from the point of intake.

- **Gender:** As noted above, there is a wide gender gap in the rate of flagging for mental health (e.g., 62% of women vs. 38% men discharged in 2024). Of those who flag, women flag modestly faster than men (7.4 days for women vs. 8.4 days for men in 2024). However, men and women have nearly identical percentages of their total jail stay with the Brad H designation (78% for men vs. 76% for women) (**Exhibit 5**). When controlling for the factors bulleted below, women are at a significantly higher likelihood of flagging for mental health needs as compared to men (**Exhibit 6**).
- **Breakdown by Race:** While the differences are more modest than those related to gender, white people flagged for requiring mental health services at a higher rate than Black people, Asian people, and those the Department of Correction (DOC) codes with an “Other” race (**Exhibit 5**). Most people DOC classifies with an “other” race are known from past research to be Hispanic.¹¹ In the last full year of 2024, white, Black, Asian, and other groups flagged for mental health needs at respective rates of 48%, 42%, 39%, and 35%. When controlling for the factors bulleted above and below, race had a significant effect on the likelihood of flagging as Brad H, with people from Black, Asian, and “other” racial groups at less likelihood of flagging than white people, albeit with a much smaller effect size than gender (**Exhibit 6**).
- **Breakdown by Custody Level:** People placed in a “maximum” custody level flag at a higher rate than those assigned to “medium” or “minimum” levels: respectively 56%, 37%, and 37% across all 2024 discharges. Of those who flag, on average, those assigned to a medium level flag at the fastest rate, though the differences are small (7.6 days for medium vs. 8.1 days for minimum and 9.4 days for maximum). When controlling for the factors bulleted above, custody level had a significant effect on the likelihood of flagging as Brad H; those assigned to a maximum custody level have the highest likelihood on flagging as Brad H in comparison to the other levels (**Exhibit 6**).

Association of Mental Health and Other Factors to Length of Stay

People with mental health needs, women, and people assigned to a maximum custody level average a longer length of stay than other subgroups.

A simple comparison indicates that people receiving mental health services averaged a significantly longer length of stay than people without this designation (**Exhibit 7**). However, these results could be biased insofar as people with longer jail stays, by definition, have a larger window of time within which to flag for requiring mental health services. *Put differently, for some cases, having a longer jail stay may cause people to flag as Brad H, rather than the more typical claim that flagging as Brad H causes people to be held in jail for longer.*

RESEARCH BRIEF: MENTAL HEALTH NEEDS IN NYC JAILS

To refine the analysis, we sought to compare the total length of stay among people who flag at or shortly after jail intake (defined as flagging within less than 10 days of intake) to people who never flag. Using a linear regression framework, we then controlled separately for a third subgroup whose results are potentially biased, consisting of people who flag only after already experiencing a jail stay of anywhere from ten days all the way up to a year or longer. We also included gender, race, and custody level in the same regression model (see Exhibit 8).

- **Effect of Mental Health Status on Length of Stay:** Through our regression framework, we found that across all discharges from 2016 to 2025, people flagging for a mental health need within less than ten days of intake averaged a total length of stay 27 days longer than people who never flagged. Similarly, in the last full year of 2024, people flagging for a mental health need within less than ten days averaged a total length of stay 34 days longer than people who never flagged.
- **Effects of Additional Characteristics:** After controlling for other factors:
 - **Gender:** Women averaged a significantly shorter length of stay (by 17 days) than men. In the last full year of 2024, women averaged a shorter stay by 15 days than men.
 - **Race:** Despite a large sample size leading a couple effects to reach technical “statistical significance,” all racial groups fell within 5 days of each other’s average length of stay for analyses spanning 2016 to 2025 or isolating the recent year of 2024, pointing to a substantively negligible relationship.
 - **Custody Level:** People assigned to the “maximum” custody level averaged a significantly longer length of stay (by 27 days) compared to those in the minimum level. In the last full year of 2024, those assigned “maximum” custody level averaged a significantly longer stay of 24 days.

Exhibit 1.

Percent of Population with Brad H Designation, 2016-2025

Discharge Year	Total Discharges	Percent of Population with Brad H flag
2016*	28,781	28%
2017	46,226	28%
2018	38,440	31%
2019	32,271	32%
2020	14,530	33%
2021	17,626	42%
2022	14,122	40%
2023	18,962	36%
2024	20,585	40%
2025*	4,418	41%

* The total populations for 2016 and 2025 are not comprehensive. The dataset begins June 2, 2016 and ends March 24, 2025. This note also applies to all subsequent exhibits.

RESEARCH BRIEF: MENTAL HEALTH NEEDS IN NYC JAILS

Exhibit 2.
Percent of Population with Brad H Designation by Gender, 2016-2025

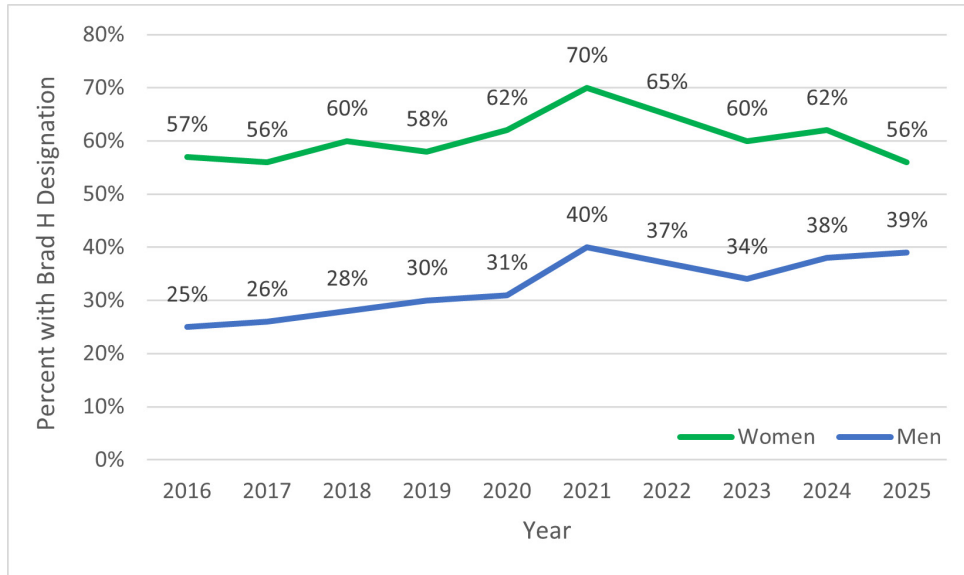


Exhibit 3.
**Days from Jail Admission to Brad H Designation:
All Brad H Cases**

Days from Admission	2016-2025 Discharges (N = 78,040)		2024 Discharges (Last Full Year Available, N = 8,243)	
	Percent Flagging	Cumulative Percent	Percent Flagging	Cumulative Percent
0-9, Intake	62%	62%	61%	61%
10-29	16%	78%	22%	83%
30-59	7%	85%	7%	90%
60-89	3%	88%	3%	93%
90-179	4%	92%	4%	97%
180-269	3%	95%	1%	98%
270-364	1%	96%	1%	99%
365+	3%	99%	2%	101%
<i>Average</i>	8.5 days		7.9 days	
<i>Median</i>	4 days		4 days	
<i>Average LOS</i>	93 days		106 days	
<i>% Days with Flag</i>	76%		78%	

RESEARCH BRIEF: MENTAL HEALTH NEEDS IN NYC JAILS

Exhibit 4.

Days from Jail Admission to Brad H Designation: People Held Six Months (182 Days) or Longer

Days from Admission	2016-2025 Discharges (N=22, 272)		2024 Discharges (Last Full Year Available, N =2, 514)	
	Percent Flagging	Cumulative Percent	Percent Flagging	Cumulative Percent
0-9, Intake	37%	37%	43%	43%
10-29	14%	51%	19%	62%
30-59	9%	60%	11%	73%
60-89	6%	66%	6%	79%
90-179	12%	78%	9%	88%
180-269	8%	86%	4%	92%
270-364	5%	91%	2%	94%
365+	12%	103%	5%	99%
<i>Average</i>	70.7 days		25.3 days	
<i>Median</i>	19 days		9 days	
<i>Average LOS</i>	358 days		342 days	
<i>% Days with Flag</i>	80%		92%	

Exhibit 5.

Brad H Designation Timing by Subgroup Characteristics

	2016-2025				2024			
	Total Pop.	Brad H Flag Rate	Avg. Days to Flag	% of Stay	Total Pop.	Brad H Flag Rate	Avg. Days to Flag	% of Stay
Gender								
Men	216,779	31%	9.7	76%	18,867	38%	8.4	78%
Women	19,182	60%	5.3	74%	1,718	62%	7.4	76%
Race								
Black	132,680	33%	8.7	76%	11,430	42%	7.6	78%
White	28,045	38%	7.4	75%	2,079	48%	8.1	75%
Asian	4,756	30%	7.1	77%	531	39%	5.9	80%
Other ¹	70,480	31%	9.1	76%	6,545	35%	9.2	77%
Custody Level								
Minimum	96,808	29%	6.9	74%	8,763	37%	8.1	77%
Medium	97,407	31%	7.8	76%	8,509	37%	7.6	76%
Maximum	41,746	46%	17.2	79%	3,313	56%	9.4	82%

Note: People with blank or unknown gender, race, or custody level, respectively, were excluded from analysis. They make up less than 2% of the total population from 2016 to 2025. Additionally, people classified with an "Indigenous" race were excluded due to exceptionally small numbers, in an effort to prevent large margins of error and potentially biased results.

RESEARCH BRIEF: MENTAL HEALTH NEEDS IN NYC JAILS

Exhibit 6.

Cox Regression of the Impact of Demographics and Custody Level on Days to Flag Brad H, 2016-2025

	Coefficient	Hazard Ratio	Lower .95	Upper .95	P-Value
Gender (Ref. = Men)					
Women	1.1	2.9	2.84	2.96	***
Race (Ref. = White)					
Black	-0.19	0.83	0.81	0.84	***
Asian	-0.15	0.85	0.81	0.91	***
Other	-0.22	0.80	0.77	0.81	***
Custody Level (Ref. = Minimum)					
Medium	0.03	1.03	1.01	1.04	***
Maximum	0.24	1.26	1.24	1.28	***

*** p < .001

Exhibit 7.

Length of Stay for Incarcerated People With vs. Without the Brad H Designation

	Avg Total Length of Stay	
	2016-2025	2024
No Brad H Flag	60 days	45 days
Designated with Brad H Flag	93 days	106 days

Exhibit 8.

Brad H Designation Timing by Subgroup Characteristics

Predictors	2016-2025 Discharges		2024 Discharges	
	Estimates	CI	Estimates	CI
(Intercept)	171.53***	170.58 – 172.47	156.98***	153.35 – 160.61
Flag Category (Ref. = “Flag in 10 or more days”)				
Never Flag	-145.26***	-145.98 – -144.55	-129.99***	-132.58 – -127.41
Flag in < 10 days	-118.54***	-119.36 – -117.72	-95.52***	-98.42 – -92.63
Gender (Ref. = Men)				
Women	-17.12***	-17.97 – -16.28	-15.21***	-18.44 – -11.97
Race (Ref. = White)				
Asian	0.30	-1.42 – 2.02	2.44	-3.72 – 8.60
Black	1.67***	0.94 – 2.40	4.87***	1.82 – 7.91
Other	3.00***	2.22 – 3.78	3.38***	0.17 – 6.59
Custody Level (Ref. = Minimum)				
Medium	3.29***	2.79 – 3.79	-2.69***	-4.62 – -0.76
Maximum	27.23***	26.57 – 27.88	24.20***	21.57 – 26.82
Total Cases	235,961		20,585	

*** p < .001

Endnotes

¹ Data Collaborative for Justice. [New York City Jail Population Tracker](#). At the time of this research brief's release in April 2025, the jail population in fact exceeded 7,100 people. However, the population was temporarily inflated by more than 200 people as a result of a strike among state correction officers that has had the indirect effect of temporarily precluding transfers of people sentenced to state prison from Rikers to upstate prison facilities.

² Correctional Health Services. (February 2025). [CHS Patient Profile for Individuals in the New York City Jail System](#). NYC Health + Hospitals.

³ Supreme Court of the State of New York. (January 8, 2003). Brad H., et al., Plaintiffs, against the City of New York, et al., Defendants. [Stipulation of Settlement](#). See, also, New York City Independent Budget Office. (May 2015). [Fiscal Brief: Looking Back at the Brad H. Settlement: Has the City Met Its Obligations to Provide Mental Health & Discharge Services in the Jails?](#) New York, NY.

⁴ New York City Comptroller. [Department of Correction Dashboard](#).

⁵ Independent Rikers Commission. (2025). [A Path Forward: The Blueprint to Close Rikers](#). New York, NY: A More Just NYC. These particular data points are based on New York City's fiscal year (July to June).

⁶ Data Collaborative for Justice. [New York City Jail Population Tracker](#).

⁷ Independent Rikers Commission (2025), Op Cit.

⁸ New York City Independent Budget Office. (May 2015), Op Cit.; Rempel, M. (2024). [Population Trends and Health Indicators in New York State Prisons and Jails: Fact Sheet](#). New York, NY: Data Collaborative for Justice and From Punishment to Public Health.

⁹ Rempel, M. (2022). [Decarceration in the Bail Reform Era: New York City's Changing Jail Population Since 2019](#). New York, NY: Data Collaborative for Justice.

¹⁰ Data Collaborative for Justice. New York City Jail Population Tracker; Lehman, C. F. Rikers-DIC. GitHub page; New York City Department of Correction. Daily Inmates in Custody.

¹¹ The Department of Correction previously shared non-public jail data with the Data Collaborative for Justice (DCJ) through 2021, making it possible to compare the "other" race category to people with "Hispanic ethnicity." This data confirmed that that the two figures are within three percentage points of each other. For recent publications based on complete non-public jail data, please see Monaghan, S., Rempel, M., & Lin, T. (2023). [Racial Disparities in the Use of Jail Across New York City, 2016-2021](#). New York, NY: Data Collaborative for Justice. Rempel, M. (2022), Op Cit.