**Supplementary Online Content**

**Country-specific details**

**Argentina:** The census of psychiatric bed capacities was conducted in 1995. The second data point was retrieved from the WHO Mental Health Atlas from 2001 and 2005 and based on a telephone survey. The data point 2012 is from a registry of the Ministry of Health of the Republic of Argentina. All public and private hospital beds had to be re-registered in this year. Therefore, the central government possesses a complete count for this year. For 2017, another data point was retrieved from the WHO Mental Health Atlas. All previous data points were already published in a study by Mundt et al.1 For the other years national bed counts were not conducted and data were not available. Psychiatric bed numbers include private and public psychiatric hospital beds. Data on prison population was retrieved from the Institute for Criminal Policy Research for the years 1992 and 1995 and from of the Ministry of Justice and Human Rights of the Republic of Argentina on the statistics of the penal justice system for the years 1996 to 2016.

**Bolivia:** For the rate of psychiatric beds, the data point 1997 was retrieved from an international peer reviewed scientific publication which was also included in a previous study.1 All the other data points 2000 to 2017 are from interviews with experts and leaders in mental health services held by the regional collaborator**.** Prison population rates were retrieved from the National Prison Administration through the National Institute for Statistics for the years 1996 to 2010 and from the Institute for Criminal Policy Research for 2012, 2014 and 2016.

**Brazil:** Psychiatric bed counts from 1992-2002 were retrieved from the Department of Information of the Ministry of Health (http://tabnet.datasus.gov.br/cgi/deftohtm.exe?sih/cnv/cxuf.def; accessed 08/02/2013). Data on the number of psychiatric hospital beds from 2003 to 2011 were retrieved from the National Register of Health Establishments of the Ministry of Health (Cadastro Nacional de Estabelecimento de Saúde CNES; http://cnes.datasus.gov.br/; accessed 10.01.2014). Data points till 2011 were included from a previous study.1 For 2012 and 2017 data from WHO sources were incorporated. Data on the prison population from the year 2000 to 2005 and 2007 to 2016 were retrieved from the National Penitentiary Department of the Ministry of Justice. The data point for 2006 did not cover the entire country and was excluded. Prison population rates before the year 2000 were retrieved from the Institute for Criminal Policy Research.

**Chile:** Estimates of psychiatric hospital bed numbers were based on data collected by the Ministry of Health. Till 2010 data were published in a previous study.1 The figures include beds in general hospitals for adults, adolescents and forensic units and in psychiatric hospitals for short, intermediate and long term stay and forensic units. The bed counts did not include the private sector. Statistics on bed capacities in the private sector were unavailable. The Ministry of Justice provided prison population counts based on statistics of the national prison administration (Gendarmería de Chile).

**Colombia:** Data on psychiatric bed capacities were retrieved from WHO sources for 2001 and 2005 and from the Ministry of Health for 2011 to 2017. The census included beds in psychiatric hospitals, beds assigned to acute mental health services, beds for intermediate and chronic psychiatric patients, beds for patients with substance dependencies and beds assigned to mental health treatments. Data on the prison population were retrieved from annual statistics of the National Penitentiary Institute INPEC.

**Costa Rica:** Estimates for the rates of psychiatric beds were provided by the National Ministry of Health based on information from the directors of the four hospitals with psychiatric departments. Data for the National Psychiatric Hospital that houses the majority of psychiatric beds in Costa Rica were given for the entire period. Information on the development in the smaller institutions was only available for the last years. It is likely that the reduction of psychiatric beds in Costa Rica after 1990 was even higher than depicted in our study. Data on the prison population for 1991 to 2017 was retrieved from reports of the Department for Investigations and Statistics of the Ministry of Justice.

**Ecuador**: Data on the psychiatric bed capacities for 2000 to 2017 were retrieved from the Statistic Register of Hospital Bed (National Institute of Statistics and Census). Information was given on the official numbers of psychiatric beds and the actual availability, which was used for the panel data regression. The rates of prisoners 1991 to 2017 were provided by the Ministry of Justice and Human Rights, Department of Statistics and Economic Analysis.

**El Salvador:** Estimates for the rates of psychiatric beds were retrieved from WHO sources (WHO Mental Health Atlas 2001, 2005, 2014 and 2017). Data on prison population was provided by the Institute for Criminal Policy Research (1995, 2000) and the Ministry of Justice, Center of Penitentiary Information 2001 to 2017.

**Guatemala:** TheWHO Mental Health Atlas provided data for the years 2001 and 2005. The Ministry of Public Health informed us about the present provision of psychiatric beds and added that this quantity has not changed since 2011. The only hospital assigned to mental health provides treatment to patients in acute and chronic care units, forensic and geriatric psychiatric and emergency departments. Rates of prisoner populations were retrieved from the Center of Economic and Social Investigations CIEN.

**Honduras:** For psychiatric bed capacities, the data point in 2001 is from WHO sources. For 2003 onwards, the Ministry of Health, Department of Statistics provided us with data. The information included the number of beds and the actual occupancy, which was used for panel data analyses. Data on prison populations from 1999 onwards were provided by the National Penitentiary Institute. For 1992 and 1995 data from the Institute for Criminal Policy Research was added.

**Mexico:** Data on psychiatric beds was retrieved from the Ministry of Health, Department of Statistics, Informatics and Evaluation for 1991 to 2016. Rates of prison population were provided by demographic reports of the National Institute of Statistics and Geography for 1994 to 2016. <http://internet.contenidos.inegi.org.mx/contenidos/productos/prod_serv/contenidos/espanol/bvinegi/productos/historicos/1334/702825430313/702825430313_1.pdf>

<http://internet.contenidos.inegi.org.mx/contenidos/productos/prod_serv/contenidos/espanol/bvinegi/productos/historicos/380/702825002225/702825002225.pdf>**.**

**Nicaragua:** The WHO Mental Health Atlas provided information on psychiatric beds for the years 2005, 2011 and 2017. Data on prison population were retrieved from the Institute for Criminal Policy Research.

**Panama:** Estimates of psychiatric beds were retrieved from annual reports of the National Institute of Statistics and Census for 2002 onwards. Rates of prisoner populations were calculated from monthly reports from the General Department of the Penitentiary System for 2010 onwards. For the previous years, data were retrieved from the Institute for Criminal Policy Research.

**Paraguay:** For the years until 2012, we incorporated data from a previous study.1 The Ministry of Health provided us with data on the capacities of psychiatric beds for 2015 onwards. The majority of beds were located in the only psychiatric hospital, about 10% in a center assigned to treat addictions. Less than 5% of beds were situated in general hospitals. By the beginning of 2018, the center of drug addiction control was enlarged, which led to a rise of 5% in beds assigned to mental health care. The Department of Investigation, National Unit of Torture Prevention provided us with data on prison population for the years 1995 onwards.

**Peru:** For 2001 onwards, information about the capacities of psychiatric beds in those three institutions that have beds assigned to mental health care was provided by the Ministry of Health. Estimates on prison population rates were retrieved from the Institute for Criminal Policy Research (1995, 2002, 2004, 2006, 2008) and the National Penitentiary Institute (2000, 2005 and 2010 onwards). For 2000, 2010, 2012, 2014 and 2016 both sources depicted identical numbers.

**Uruguay**: Psychiatric bed numbers for the public sector were retrieved from the Ministry of Health. The numbers of psychiatric beds in the private sector were based on a telephone census. Psychiatric bed counts included the Vilardebó Hospital, the ‘Colonias asistenciales’ that serve the chronically mentally ill and the private sector. Data from a previous study were included.1 For 2001, 2005, 2014 and 2017 data from WHO sources were added. Prison population rates were retrieved from reports of the Ministry of Interior.

**Venezuela:** Rates of psychiatric beds were based on information provided by the Ministry of Health. The quantity of (1936) beds assigned to mental health has not changed over the last 18 years according to official statistics. Data on prison population rates were retrieved from the Ministry of the Interior and Justice.

1. Mundt AP, Chow WS, Arduino M, et al. Psychiatric hospital beds and prison populations in South America since 1990: does the Penrose hypothesis apply? *JAMA Psychiatry.* 2015;72(2):112-118.