Mental Health and Corrections

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Howard Sapers
Correctional Investigator of Canada

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Canada

Presentation Outline

- Mandate of the Office of the Correctional Investigator
- Mental Health and Corrections: Scope of the Problem
- Response of the Correctional Service
- Issues, Challenges and Constraints
- Future Directions for Reform
- Concluding Remarks

Office of the Correctional Investigator

Role and Mandate

- The Office of the Correctional Investigator (OCI) acts as an Ombudsman for offenders serving a sentence of two years or more
  - independent monitoring and oversight of federal corrections
  - accessible and timely review of offender complaints
  - determines whether the Correctional Service of Canada (CSC) has acted fairly, reasonably and in compliance with law and policy
  - makes recommendations to ensure accountability in corrections
- The Office was formally entrenched in legislation in November 1992 with the enactment of the *Corrections and Conditional Release Act*
- The *Act* gives the OCI broad authority and the responsibility to investigate offender complaints related to "decisions, recommendations, acts or omissions" of CSC

Office of the Correctional Investigator

Operations

- The Office has approximately 30 staff, the majority of which are directly involved in the day-to-day addressing of inmate complaints. On average, the Office receives over 6,000 offender complaints annually
- In 2009-10, investigators spent in excess of 330 days in federal penitentiaries and interviewed more than 1,600 offenders
- The Office received 30,000 contacts on its toll-free number and conducted over 1,400 use of force reviews

AREAS OF CONCERN MOST FREQUENTLY IDENTIFIED BY OFFENDERS (2009-10)

Total Offender Population

CATEGORY	#	%
Health Care	766	14.68%
Cell Effects	397	7.61%
Administrative Segregation	394	7.55%
Transfer	393	7.53%
Staff	379	7.26%
Grievance	244	4.68%
Visits	220	4.22%
Telephone	168	3.22%
Case Preparation	157	3.01%
Information	154	2.95%

Mental Illness and Corrections

Prevalence Rates

- Mental health problems are 2 to 3 times more prevalent in federal penitentiaries than in the general population

- Proportion of federal offenders with significant, identified mental health needs has more than doubled between 1997 and 2008:
  - 71% increase in offenders diagnosed with mental disorders
  - 80% increase in number of inmates on prescribed medication

At admission (2007-08 data):

- 11% of male offenders had a significant mental health diagnosis
- Over 20% were taking a prescribed medication
- Just over 6% were receiving outpatient services
- Women offenders twice as likely to have mental health diagnosis at admission; over 30% had previous history of psychiatric hospitalization

Mental Disorders and Corrections

- Offenders with a diagnosed mental disorder are typically afflicted by more than one disorder (90%), often substance abuse (80%)

- Incidents of serious self-harming behaviour in federal prisons (e.g. head banging, slashing, use of ligatures, self-mutilation) are rising; one in four women offenders has a history of self-harm

- On average, 11-13 federal inmates commit suicide annually. The rate of suicide in federal custody is approximately 7 times higher than the national average.

- According to CSC: "mentally ill inmates represent a considerable proportion of prisoners who commit suicide, and their suicides are probably the easiest to prevent."

Prisons and Mental Illness

- Physical conditions of prison confinement (e.g. deprivation, isolation and separation from family and loved ones) can be hard on mental health functioning
- Prison environments are often crowded, austere, noisy, devoid of natural light, violent, stressful, volatile, restrictive and unpredictable
- These conditions are not conducive to therapy or rehabilitation
- Some of the older penitentiaries lack the physical infrastructures, design and capacity to adequately respond to rising needs and complexity of mental health problems
- For staff, managing mentally disordered offenders in prison creates professional and operational dilemmas related to conflicting priorities and objectives – security vs. treatment; inmate vs. patient; assistance vs. control; prison vs. hospital

Prisons as the New Asylums

Federal penitentiaries are housing some of the largest populations of the mentally ill in Canada, the cumulative result of:

– Impact of the deinstitutionalization movement

– Inadequate and fragmented community services and supports

– ‘Criminalization’ of behaviours associated with untreated mental health problems and ‘zero-tolerance’ policies

– Disproportionate incarceration of vulnerable and ‘at risk’ populations (Aboriginal, homeless, impoverished, addicted)

Legislative and Policy Framework

- The *CCRA* provides that the Correctional Service “shall provide every inmate with essential health care and reasonable access to non-essential mental health care that will contribute to the inmate’s rehabilitation and successful reintegration into the community.”

- The Service is further obligated to consider an offender’s state of health and health care needs in all decisions, including placement, transfer, segregation, discipline and community release and supervision.

- CSC policy states that a “continuum of essential care for those suffering from mental, emotional or behavioural disorders will be provided consistent with professional and community standards.”

Response of the Correctional Service

- Over $60M dedicated new funding has been committed in recent years:
  - $29M over five years for Community Mental Health Initiative (2005)
  - $21.5 M over two years for Institutional Mental Health Initiative (2007)
  - $16.6M annual permanent funding for Institutional Mental Health (commencing 2009-10)

Issues, Challenges and Constraints

- Under-resourced (high vacancy rates for health professionals)
- Lack of bed space at regional psychiatric facilities
- Aging and inappropriate infrastructure to meet rising need
- Lack of funding to create intermediate mental health care units
- Recruitment and retention of mental health care professionals, especially clinical nurses, psychiatrists and psychologists
- Training for front-line staff in recognizing and dealing with mentally disordered offenders
- Sharing of information between front-line staff, mental health and health care professionals
- Stressed and fatigued staff

Change in Correctional Practice

- The pace of change has been slow and progress uneven
- CSC’s response lack coordination and integration across different sectors of correctional activity from admission to release
- The overall effort lacks a sense of urgency, immediacy and priority

Finding a Way Forward

- In cases where diversion is not possible and incarceration is necessary, minimum standards of care must be provided
- Offenders that cannot be effectively treated or safely managed within CSC should be transferred to provincial/territorial psychiatric facilities on a case-by-case basis
- Mental health programming needs to target risk and prevention factors

Concluding Thoughts

- Early detection, diagnosis and intervention, greater access to services, supports and treatment options in the community, and a range of prevention and diversion measures, offer far more promise than incarceration
- A National Strategy for Mental Health and Corrections is required to bring coordination and integration of services and supports across different jurisdictional, sectoral and disciplinary divides ("justice health")
- As a country, we need to address social problems that bring distressed and vulnerable persons disproportionately into contact with the criminal justice system – poverty, homelessness, substance abuse, exclusion and social marginalization

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