Mental Health in Federal Corrections

Consensus Development Conference
on Improving Mental Health Transitions

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Outline of Presentation

I. Office of the Correctional Investigator

II. Mental Health Indicators in Federal Corrections
- Prevalence and Outcomes

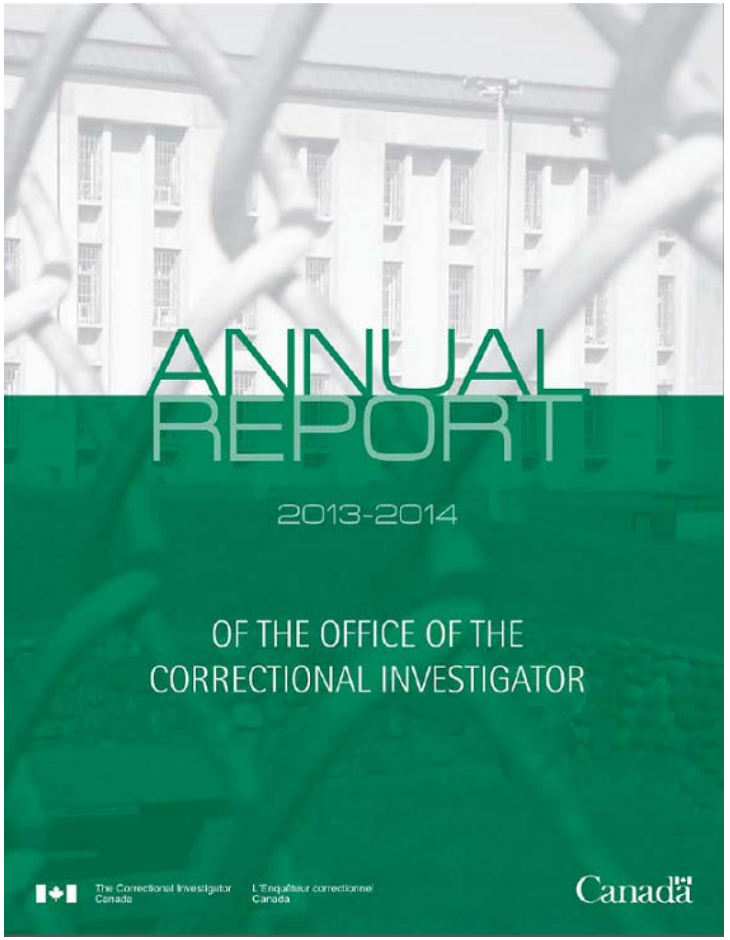
III. Acute and Intermediate Mental Health Care in Corrections

IV. Case Studies
- Prison Self-Injury Among Federally Sentenced Women
- Prison Suicide
- Mental Health Professionals in Corrections

V. Public Policy Considerations

I. Mission Statement

"*As the ombudsman for federally sentenced offenders, the Office of the Correctional Investigator serves Canadians and contributes to safe, lawful and humane corrections through independent oversight of the Correctional Service of Canada by providing accessible, impartial and timely investigation of individual and systemic concerns.*"



II. Mental Health Indicators - Prevalence

- Mental health disorders are estimated to be two to three times more prevalent in prison than in the general population.

  Source: CSC, 2006.

- Proportion of federal offenders with self-reported mental health needs more than doubled between 1997 and 2008:
  - 11.1% with mental health diagnosis
  - 21.3% prescribed psychiatric medication
  - 30.1% of women and 15.5% of men had a history of psychiatric hospitalization
  - 6.1% were receiving psychiatric outpatient services.

  Source: Public Safety Canada, *Corrections and Conditional Release Statistical Overview (CCRSO): 2008 Annual Report*.

II. Mental Health Indicators - Prevalence

- At admission, inmates are screened by the Computerized Mental Health Intake Screening System (CoMHISS) to determine whether follow-up care is required.
  - 36% of male offenders are identified as requiring further assessment and triage.
  - 62% of women offenders met the criteria for follow-up assessment.

Sources: CSC, *An Initial Report on the Results of the Pilot of the Computerized Mental Health Screening System (CoMHISS),* March 2010.
CSC Health Sector, *Health Services Performance Measurement Report 2012-2013*.

II. Concurrent Disorders - Prevalence

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

- Nearly two-thirds of offenders self report being under the influence when committing their index offence.

- Federal corrections lacks an integrated model to treat offenders with concurrent disorders.

II. Mental Health Indicators - Outcomes

- Offenders with severe and persistent mental illness (SPMI) are:
  - more likely to be victims of violence, intimidation and bullying;
  - more often placed in administrative segregation;
  - more likely to be classified at higher security levels;
  - less likely to be granted parole;
  - unable to complete correctional programs;
  - released later in their sentences; and,
  - more likely to be revoked for technical violations.

III. Acute In Patient Care

- Five Regional Treatment Centres (RTCs) for in-patient treatment.

Acute Mental Health Care Beds	
Beds for Men	**665**
Beds for Women**	**18**
Total Beds	**683**

**There is only one national resource for significantly mentally ill women offenders, (Assiniboine Unit), a co-located facility at the Regional Psychiatric Centre (Saskatoon)

- CSC has inpatient bed capacity to treat 4.5% of the total inmate population.

<u>2012-2013</u>

- 779 referrals to RTCs
- 631 admissions
- 652 discharges
- Average length of stay was 264 days

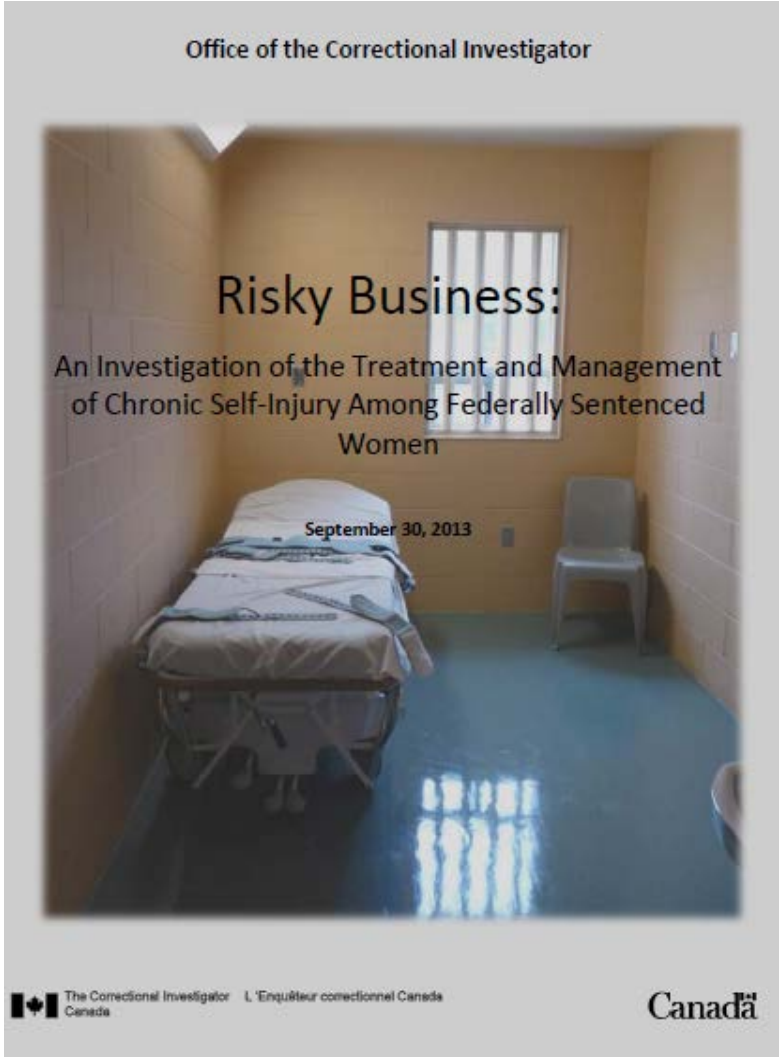
III. Intermediate Health Care

- For offenders with moderate mental health issues and needs which are not so severe as to require hospitalization.

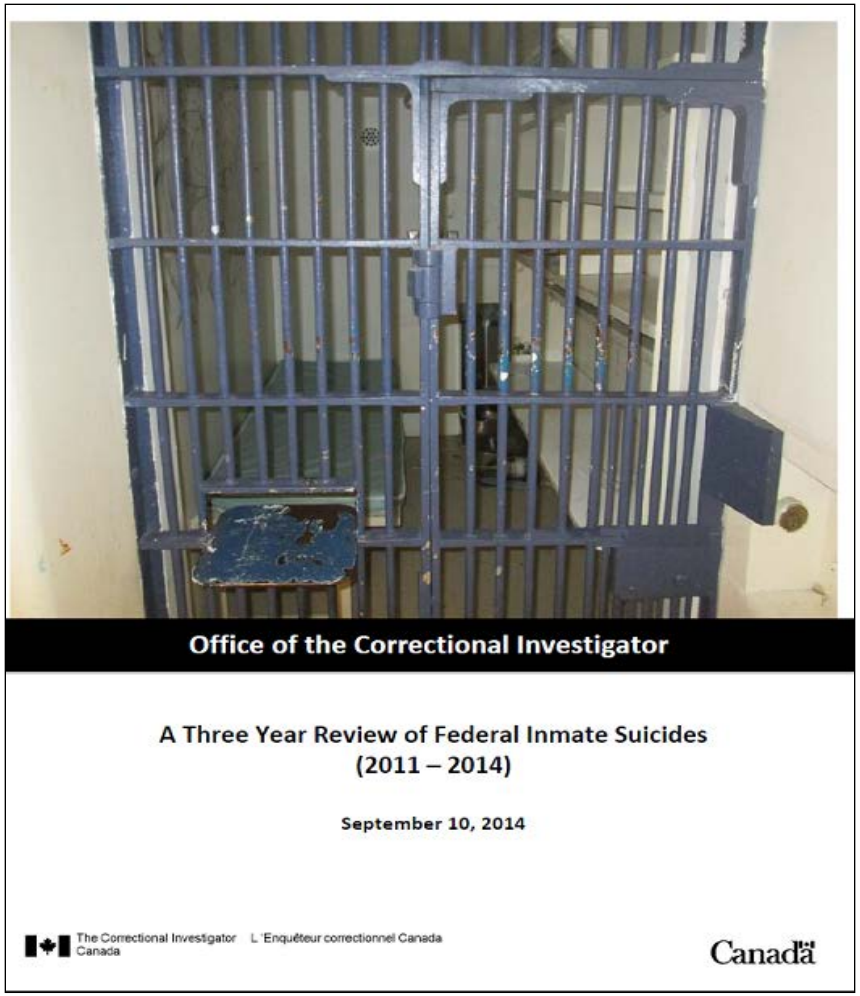
- This component of CSC's Mental Health Strategy is unfunded.

- One 'intermediate mental health care unit' – a pilot project at Millhaven Institution (male inmates).

IV. Case Study One – Chronic Self Injury



IV. Case Study Two - Prison Suicide



IV. Case Study Three – Mental Health Professionals in Corrections

- For staff, managing mentally disordered offenders in prison settings creates professional and operational dilemmas related to conflicting priorities and objectives:

Operational		Professional
• Prison • Inmate • Security • Control	**vs.**	• Hospital • Patient • Treatment • Assistance

V. Filling Public Policy Gaps

1. Alternative community treatment options for seriously mentally disordered offenders.
2. Prohibit long-term segregation of self-injurious, suicidal and seriously mentally ill.
3. Appoint patient advocates at regional treatment centres.
4. Provide 24/7 health care coverage at all maximum, medium and multi-level facilities.
5. Increase efforts to recruit and retain Mental Health professionals in corrections.
6. Expand intermediate mental health care units in federal facilities.
7. Electronic health records and reliable prevalence data to inform models of care (acute and intermediate) based on mental health need.
8. Design infrastructure that meets health care needs.
9. Expand CJS diversion and prevention programs, especially for youth.
10. Government's Response to Coroner's Inquest into the Death of Ashley Smith (104 recommendations).

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