



Office of the Correctional Investigator

Justice and Mental Health
43rd CIAJ Annual Conference

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Ivan Zinger, J.D., Ph.D.
Correctional Investigator of Canada



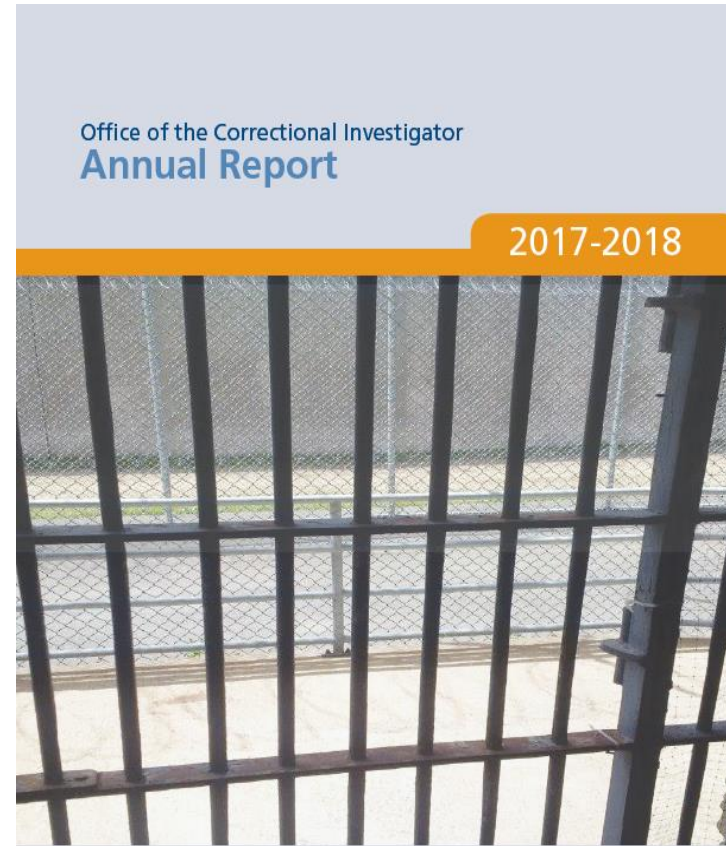
The Correctional Investigator
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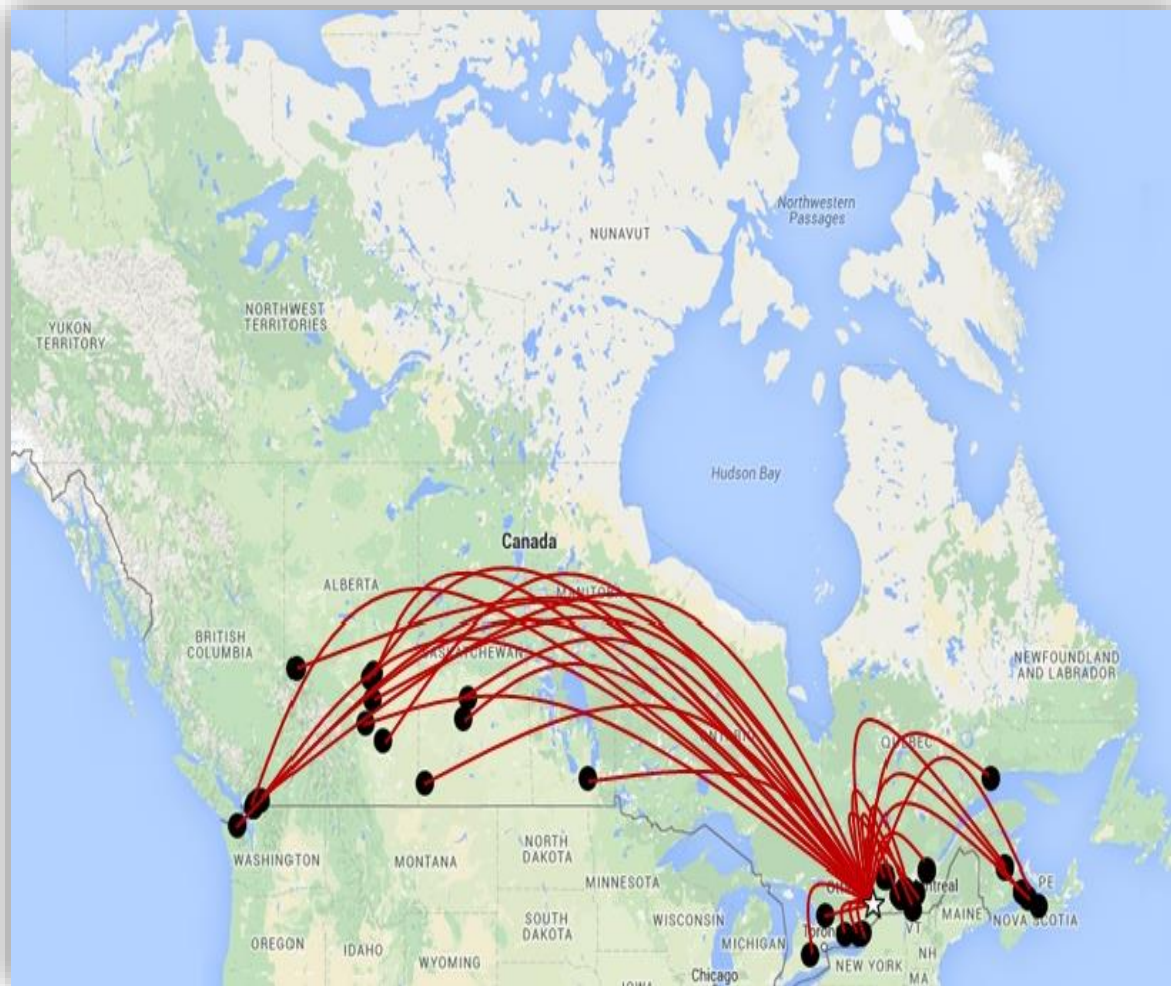
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Mission Statement

“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.”



2017-18 Annual Statistics



By the Numbers – 2017/18

- \$4.7 M budget
- 36 FTEs
- 352 days spent in penitentiaries
- 5,846 offender complaints
- 1828 interviews with offenders
- 1,487 use of force reviews
- 137 deaths in custody and serious bodily injury reviews
- 24,578 toll-free phone contacts
- 81,927 hours on toll-free line
- 25 million website hits



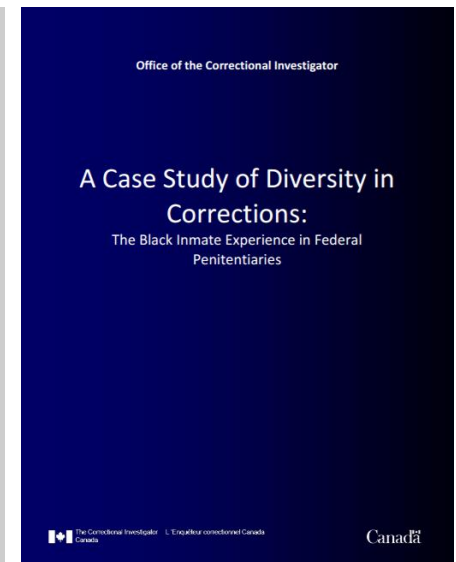
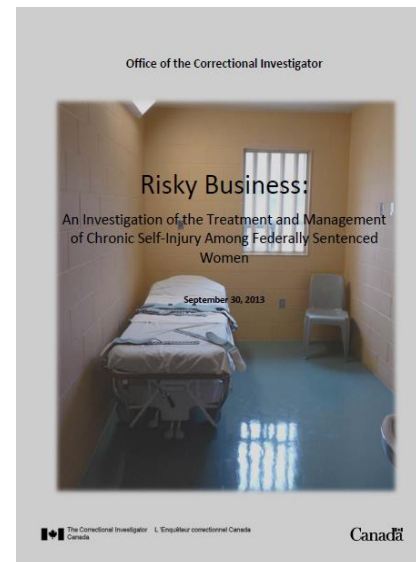
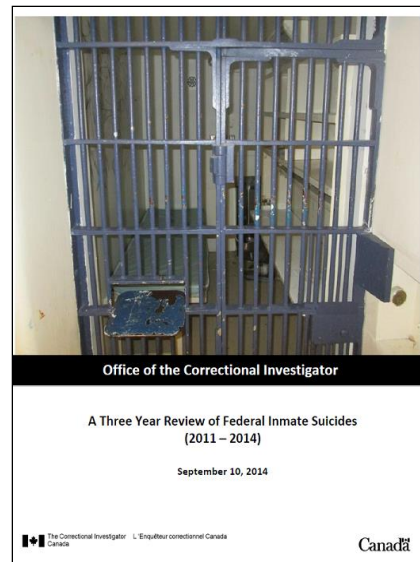
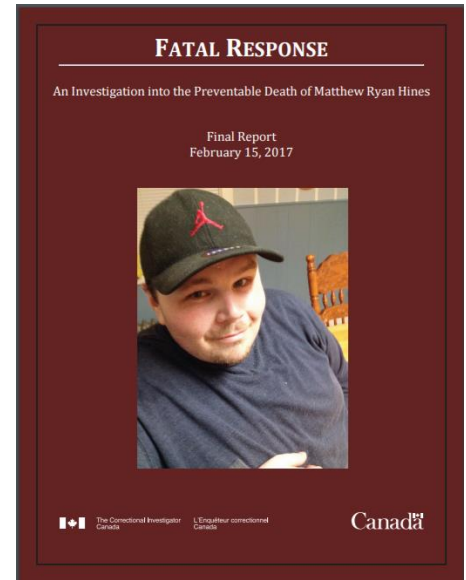
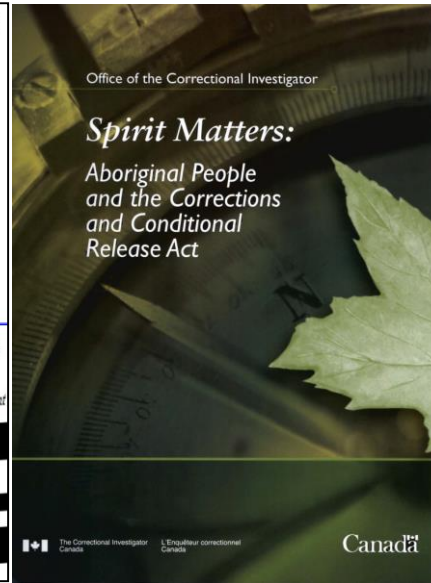
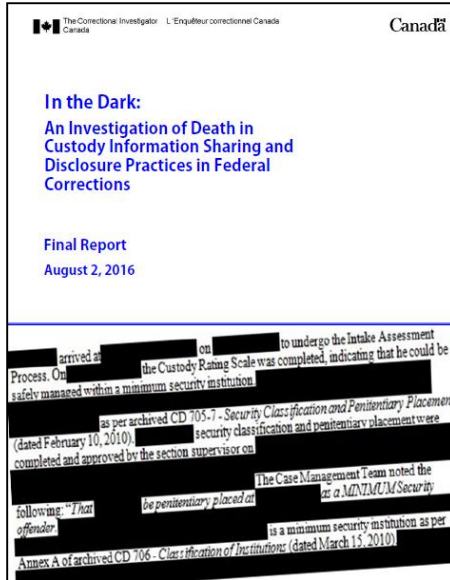
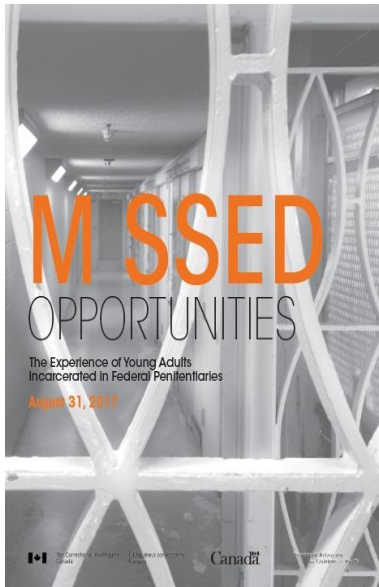
Top Complaints by Category

FY 2017-18

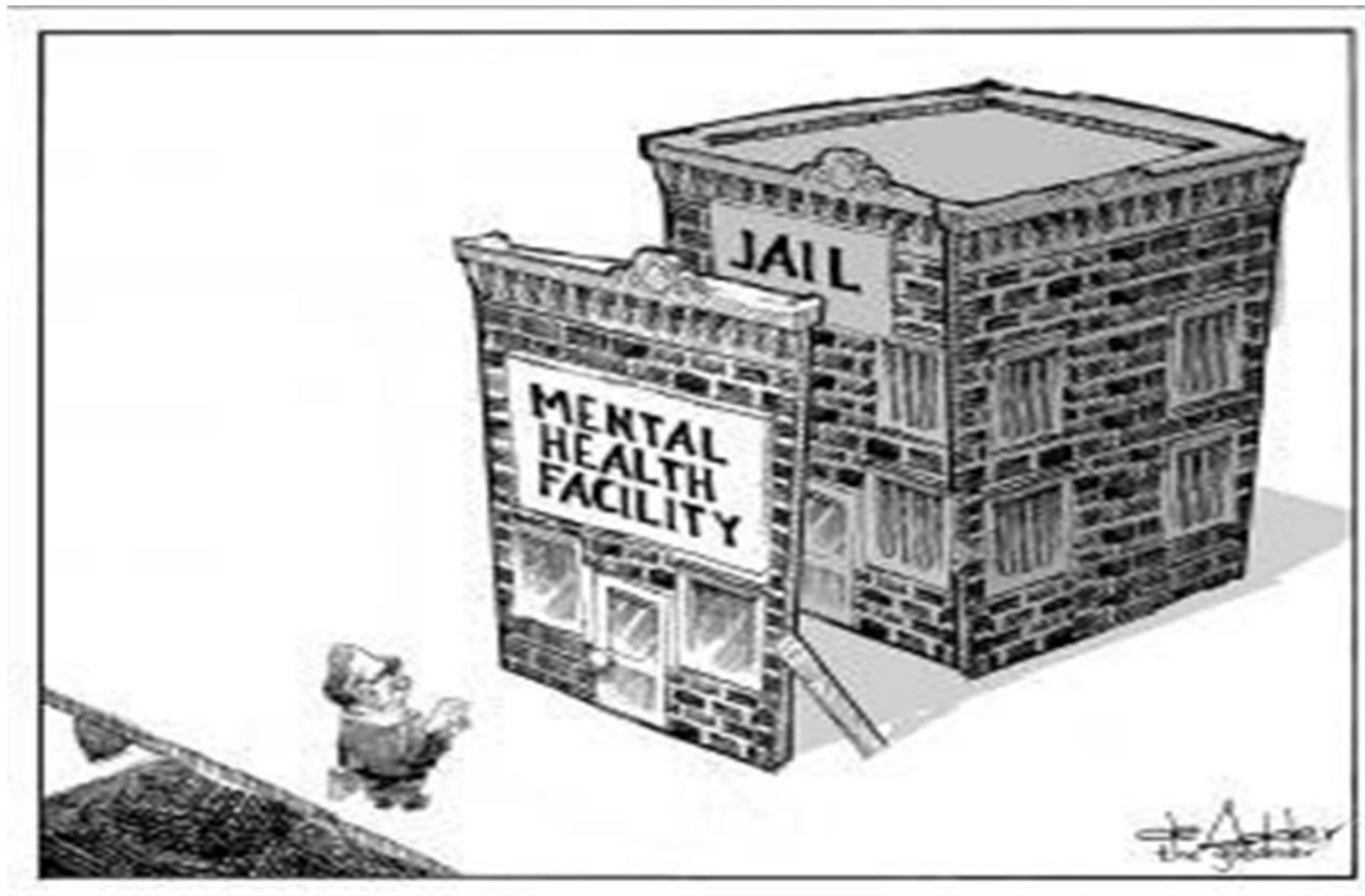
Category	#	%
Total Offender Population		
Health Care	826	14.13%
Conditions of Confinement	761	13.02%
Staff	530	9.07%
Cell Effects	412	7.05%
Transfer	353	6.04%
Administrative Segregation	223	3.81%
Visits	214	3.66%
Parole Decisions	181	3.10%
Grievance	177	3.03%
Telephone	169	2.89%



Systemic Investigations



Mental Health Care and Corrections



Prevalence of Mental Health Disorders

Incoming male federal offenders in all CSC regions between March 2012 and September 2014 (1,110 men, response rate of 78%)

Mental Health Disorder	Prevalence Rate %*
Mood Disorders	16.9
Primary Psychotic	3.3
Alcohol or Substance Use Disorders	49.6
Anxiety Disorders	29.5
Pathological Gambling	5.9
Borderline Personality Disorder	15.9
Antisocial Personality Disorder	44.1

Source: National Prevalence of Mental Disorders among Incoming Federally-Sentenced Men (Feb. 2015), Correctional Service of Canada.



Federally Sentenced Women: Mental Health Needs Profile

- Almost 80% of incarcerated women meet criteria for some current mental disorder:
 - Alcohol/Substance use disorder (lifetime) 76%
 - Anxiety disorders 54%
 - Anti-Personality Disorder (APD - lifetime) 49%
 - Post Traumatic Stress Disorder (PTSD) 33%
 - Mood disorders 22%
 - Eating disorders 11%
 - Psychotic disorders 5%
- Nearly half have an active psychotropic medication prescription.
- Almost 6% of incoming women have an IQ below 70 and 12.7 % score in the borderline range.
- Almost ¼ of complex mental health cases (chronic self-injury, suicidal) in federal corrections are women.



Mental Health Indicators and Correctional Outcomes

Federally sentenced offenders with mental health issues:

- More likely to be considered high risk and high need.
- More likely to be penitentiary placed in maximum security.
- More likely to be placed in administrative segregation.
- More likely to be involved in a use of force intervention.
- More likely to serve a greater proportion of their sentence behind bars.
- More likely to be revoked for technical violations of parole conditions.
- Less likely to be granted parole and more likely to be released at SR.

Source: CSC Research Report, *Federally Sentenced Offenders with Mental Disorders: Correctional Outcomes and Correctional Response*, (May 2012); and *Annual Report of Correctional Investigator* (2015-16)

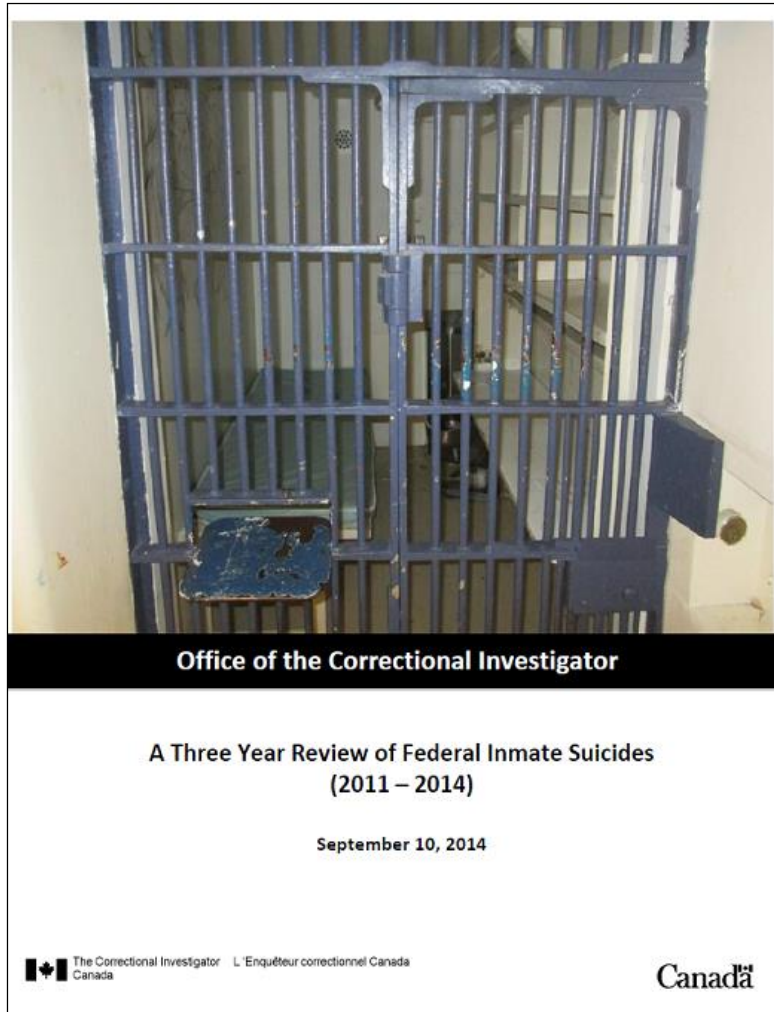


Case Studies

- 1. Suicide**
- 2. Chronic Self-Injury in Prison**
- 3. Optimal Model of Mental Health Care**
- 4. Review of the Secure Units**



1. Prison Suicide



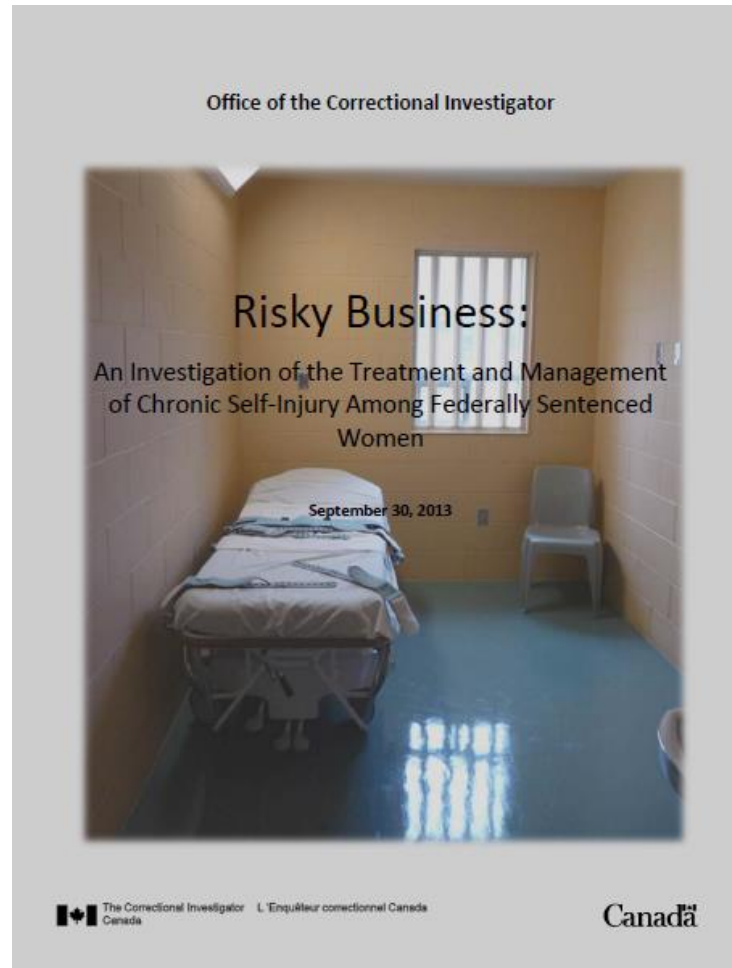
Prison Suicide Findings

Investigation focused on 30 suicides committed over last three years:

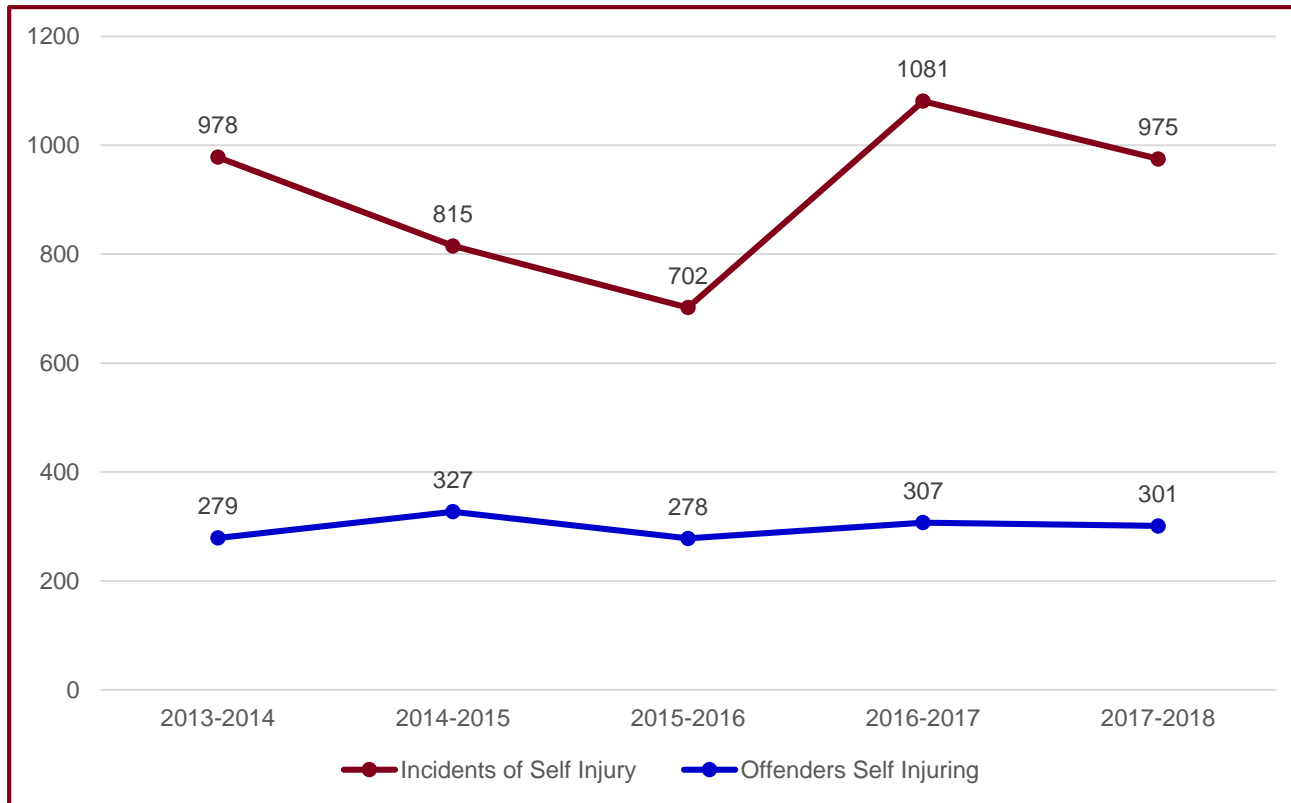
- Most federal inmates who commit suicide are unmarried, Caucasian males between the ages of 31-40.
- The great majority of prison suicides are by hanging, occur in medium-security institutions, nearly always in cells and often when staffing levels are low (evening, night and weekends).
- 14 of the 30 suicides reviewed occurred in segregation cells.
- Most of those who commit suicide in prison have a documented mental health and/or concurrent substance abuse disorder.
- CSC continues to rely on segregation as a means to manage mentally ill, suicidal and self-harming individuals.



2. Chronic Self-Injury



Chronic Self-Injury



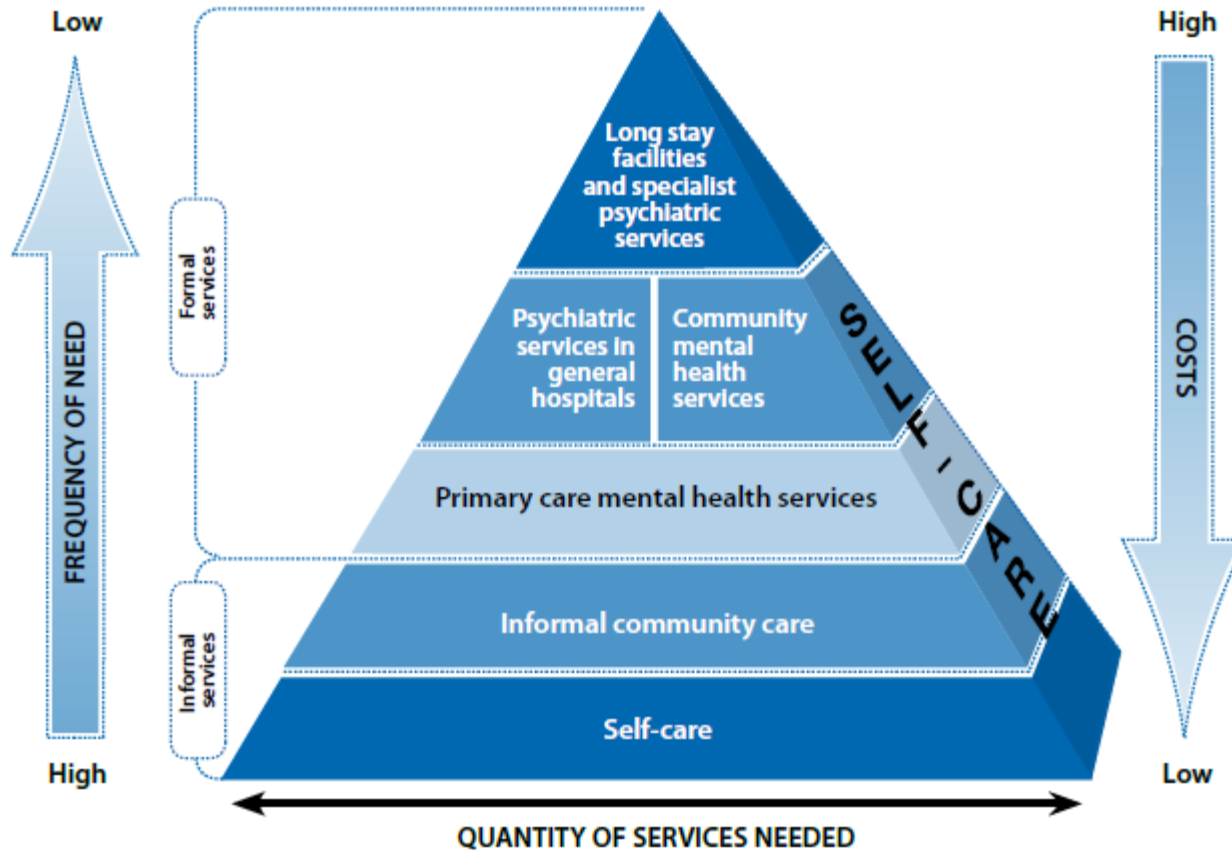
Risky Business Findings

Investigation focused on 8 women who chronically self-injure:

- Over half of the 802 recorded institutional security incidents reported as self-injury or suicide attempts.
- 1/3 of the documented self-injury incidents involved a use of force intervention.
- Acts of self-injury often led to institutional charges, criminal convictions resulting in time added to their sentence and placement in administrative segregation and/or Pinel restraints.
- Seven women spent considerable periods of time under some form of “clinical” seclusion.



3. 'Refined' Model of Mental Health Care



Source: World Health Organization.(2009). *Improving Health Systems and Services for Mental Health*. WHO Press: Geneva, Switzerland.



Mental Health Care Treatment Capacity

- Five CSC-operated Regional Treatment Centres (RTCs).

CSC Mental Health Care Beds		
	Pre-Refined Model Implementation	Post-Refined Model
ACUTE MENTAL HEALTH CARE		
Beds for Men	665	194
Beds for Women*	20	8
Total Beds	685	202
INTERMEDIATE MENTAL HEALTH CARE		
Beds for Men	0	628
Beds for Women**	48	72
Total Beds	48	656

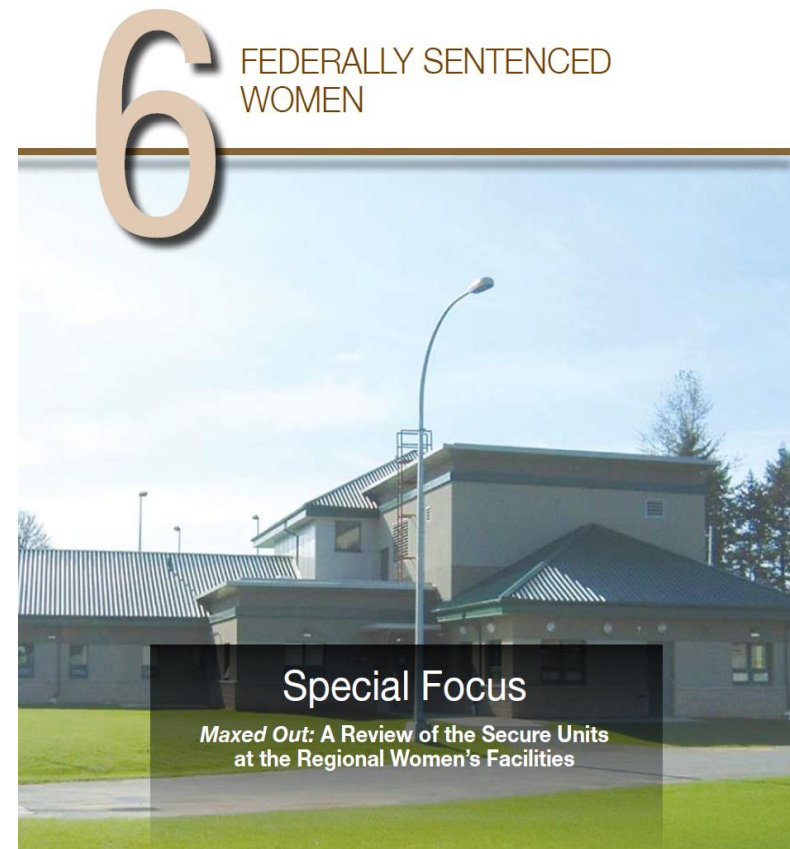
* There is only one national resource for significantly mentally ill women offenders, (Assiniboine Unit), a co-located facility at the Regional Psychiatric Centre (Saskatoon).

** Structured Living Environment (SLEs) at the regional women’s facilities provided intermediate health care for women.

4. Review of Secure Units (Maximum Security)

Methodology

- Interviewed 41 of 62 maximum security women at all five regional facilities.
- Thematic semi-structured interviews:
 - Interventions
 - Staff
 - Environment/Safety
 - Mental Health
 - Segregation



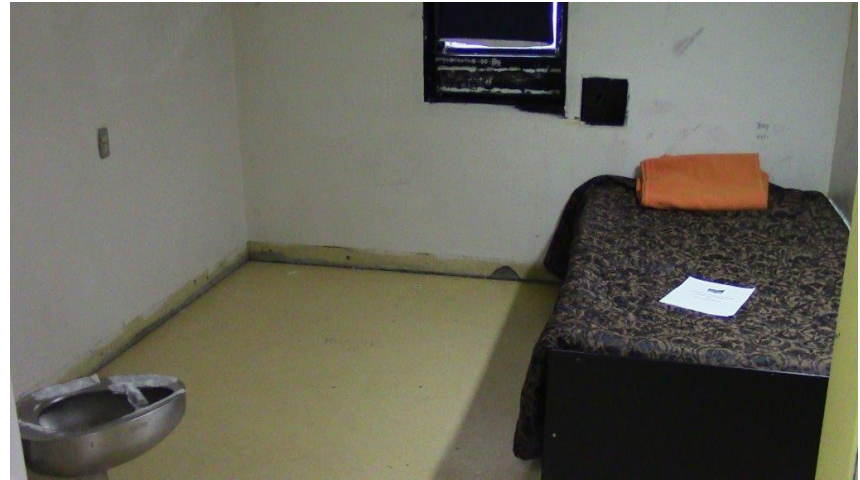
58



Review of Secure Units

Key Findings

- Inappropriate infrastructure.
- Use of secure units to manage a few women who are seriously mentally ill.
- Impact of segregation
- Lack of meaningful employment.



Directions for Reform

- Organizational commitment to move toward a restraint-free environment in federal corrections.
- Appointment of independent Patient Advocates at each of the Regional Treatment Centres.
- Provision of 24/7 on-site nursing coverage at all maximum, medium and multi-level penitentiaries.
- Prohibition on Secure Unit placements to house complex needs women.
- Prohibition on administrative segregation (and clinical seclusion) placements for seriously mentally ill offenders.
- Expand community bed treatment capacity to accommodate up to men and women requiring an intensive level of mental health intervention (acute, serious chronic self-injury, suicidal).

