CORRECTIONAL SERVICE CANADA

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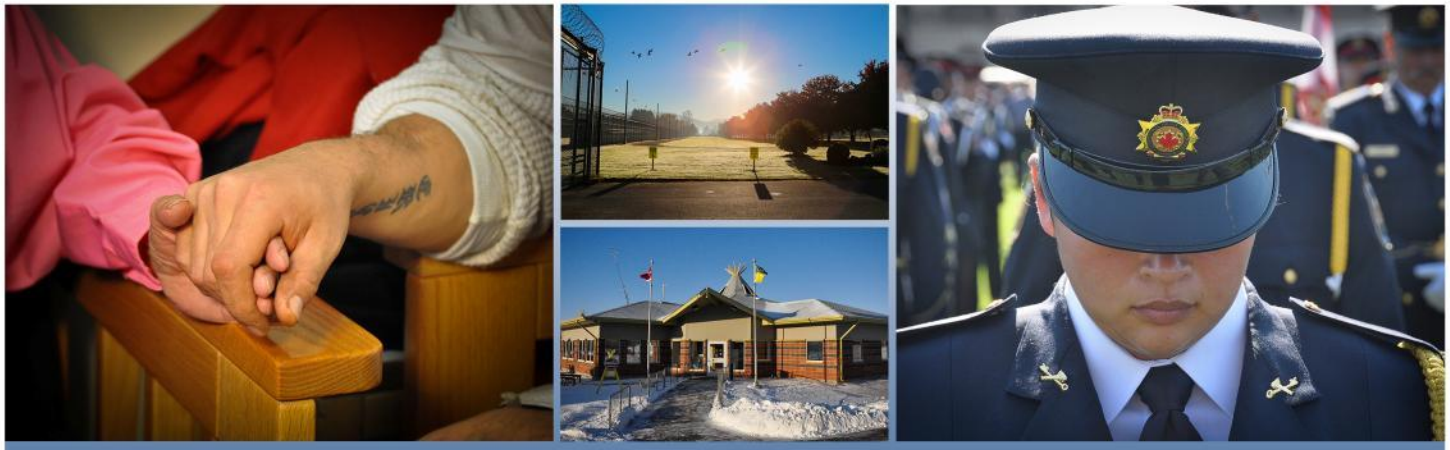


# The Intersection of Mental Illness and Violence: CSC's Multi-Pronged Approach

**16th Biennial Symposium on Violence and Aggression**

# Overview of the Presentation

- Background / Prevalence
- Mental Health Services for Offenders
  - CSC's Mental Health Strategy
  - Refined Model of Mental Health Care
  - Partnerships and Training

# Background

- CSC has a legislative mandate to 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 reintegration into the community, in keeping with professionally accepted standards.
- Mental health needs of offenders addressed through timely assessment, effective management, appropriate intervention, relevant staff training and rigorous oversight is a Corporate Priority for CSC.

# Prevalence

- The rates of mental disorder among offenders are higher than those in the Canadian public.
- Recent CSC research on the prevalence of mental disorders among incoming male offenders found the following:
  - Over 70% of men offenders met the criteria for a least one current mental disorder.
  - Alcohol and substance use disorders and Anti-Social Personality Disorder were the most common disorders at 49.6% and 44.1%, respectively.
    - Omitting these disorders, 40% of incoming offenders met the criteria for at least one current mental disorder.

# Toward a Continuum

- 2001 – Structured Living Environments (SLEs) implemented; intensive Dialectical Behavioural Therapy (DBT) support available for women
- 2004 - CSC's *Mental Health Strategy* (MHS) approved
- 2005 - Community component of MHS launched
- 2007 - Institutional component of MHS launched
- 2007 - Mental health training for staff initiated
- 2008 - Mental health screening at intake initiated
- 2010 - Implementation of computerized mental health screening at intake (CoMHISS)
- 2012 – FPT *Mental Health Strategy for Corrections in Canada* released
- 2014 – *Refined Model of Mental Health Care* approved.
- 2014 – Launch of *Mental Health Action Plan*
- 2016 – Full Implementation of the *Refined Model of Mental Health Care*

# Mental Health Services for Offenders

| Intake | Throughout Incarceration | Pre-release | Community Supervision | WED |
|---|---|---|---|---|
| **Mental health screening** | **Primary mental health care** to address mental health needs of offenders within mainstream institutions.<br><br>**Intermediate mental health care** for offenders whose mental health needs are not so severe as to require care in a psychiatric facility<br><br>**Psychiatric hospital care** in treatment centres for offenders with severe mental health needs | **Clinical discharge planning** for offenders with moderate to severe mental health needs being released to the community | **Community mental health services** to address mental health needs of offenders under supervision in the community and to provide support and linkages to partner agencies for services post WED | |

**Improved capacity to respond to mental health issues through staff training and partnerships**

# Intake-Mental Health Screening

## Within 24 hours

- Intake Health Status Assessment-Section I (CSC /1244)
  - Physical and mental health intake assessment

- Immediate Needs Checklist-Suicide Risk (INC-SR)
  - Completed by non-clinical staff as component of the Preliminary Assessment

## 3 to 14-days

- Computerized Mental Health Intake Screening System (CoMHISS)

# Throughout Incarceration: Refined Model of Mental Health Care

- As of April 1st, 2015, CSC began a phased-in implementation of the *Refined Model for Mental Health Care* in the Regional Treatment Centres as well as select mainstream institutions.

- The model was developed in order to:
  - Maximize the effectiveness of CSC's mental health services;
  - Better target the right service and intensity level to individual patients; and
  - Improve efficiency of service delivery.

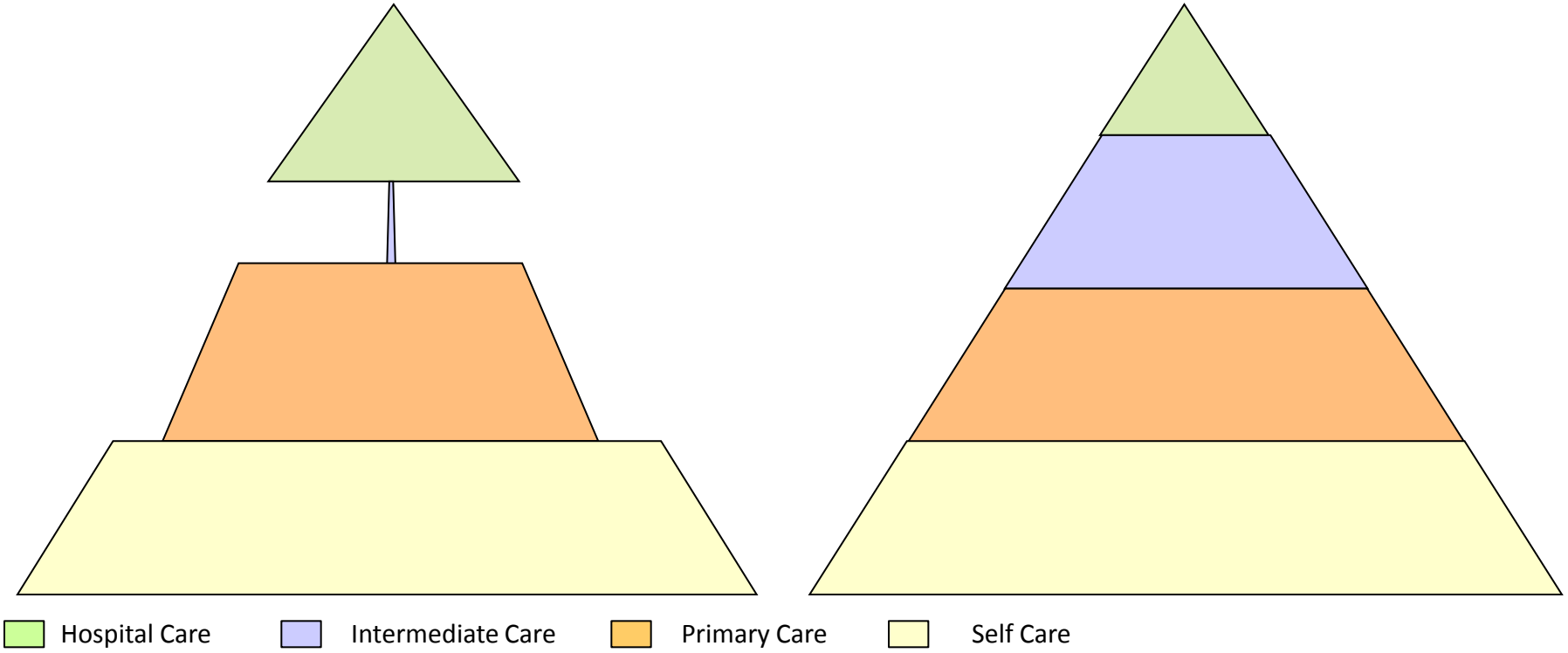
# Refined Model of Mental Health Care Background

- The World Health Organization model identifies that mental health services should be provided based on level of identified need and commensurate with the appropriate level of service.
  - Includes psychiatric hospital level care, intermediate mental health care and primary mental health care.
  - Follows a cascading recovery model of care and ensures that inpatient psychiatric hospital beds with significant health funding are utilized only when clinically mandated.

# Refined Model of Mental Health Service Provision for Male Offenders

CSC Previous Model

Current Model




The refined model of care is consistent with the World Health Organization model of care.

# Refined Model of Mental Health Care – Levels of Service Delivery

- Acute Psychiatric Hospital Care:
  - Inmates with acute mental health concerns requiring a hospital environment providing 24-hour health coverage. Inmates must consent to admission or be certified under provincial mental health legislation.
- Intermediate Care:
  - High Intermediate Care:
    - Inmates who do not require admission to hospital or who do not consent to hospital admission and whose needs exceed services that a mainstream institution can provide. Units are located so that access to 24-hour clinical services is available.
  - Moderate Intermediate Care:
    - Inmates presenting with chronic mental health conditions with symptoms which are moderate but cannot be adequately addressed through Primary Care. Inmates can be maintained within therapeutic environment without their consent, but consent for treatment must be obtained.
- Primary Mental Health Care:
  - Inmates presenting with mental health needs that can be accommodated by the health care teams in mainstream CSC institutions.

# Refined Model of Mental Health Care
## Mental Health Beds

- CSC has increased the number of mental health beds to a total of 778 psychiatric hospital and intermediate care beds to address mental health needs of its male institutional population:

- Under the refined model, the following sites have dedicated mental health beds:

| Region | Sites |
|---|---|
| Atlantic | Dorchester Complex<br>Atlantic Institution<br>Shepody Healing Centre |
| Québec | Regional Mental Health Centre<br>Federal Training Centre |
| Ontario | Millhaven Institution<br>Bath Institution |
| Prairies | Regional Psychiatric Centre<br>Edmonton Institution<br>Stony Mountain Institution |
| Pacific | Regional Treatment Centre |

# Refined Model of Mental Health Care Women Offenders

- Ambulatory resources are available for the most challenging complex mental health cases among women offenders.

- For minimum and medium-security women offenders with mental health needs, separate intermediate-level care units (Structured Living Environments) have been established at each of the five women's facilities.  These units provide a more intense level of mental health services.

- Utilization of external hospital beds

# Interdisciplinary Oversight Committees

- **Regional Complex Mental Health Committees (RCMHCs)**
  - All regional committees are actively engaged, with strong inter-disciplinary involvement (operational and health)
  - Improved practices include working directly with institutional staff to provide support and assist them with the management and treatment of offenders with complex needs
- **National Complex Mental Health Committee (NCMHC)**
  - Strengthened focus on trends and lessons learned in the management of complex cases
  - Liaises with other national committees (National Long Term Segregation Review Committee, Special Handling Unit Review Committee, Women Offender Complex Case Working Group) in the identification of complex cases to ensure efficiencies and maximum utilization of national resources.

# Specialized Complex Case Funding

- Funds have been provided to sites for:
  - Dedicated staff resources in order to provide additional support to offenders with complex mental health needs
  - Additional staff (e.g. intensive DBT)
  - O&M costs associated with complex cases (outside hospitalization, ambulance costs, examinations/tests, physician costs, overtime, etc.)
  - Specialized psychological consultations

# Refined Model of Mental Health Care
# Performance Indicators

| Performance Indicators | |
|---|---|
| 1. | Mental health bed occupancy rate |
| 2. | Average length of stay by level of care |
| 3. | Congruence between level of care and level of need |
| 4. | Time between referral and admission by level of care |
| 5. | Timeliness of treatment plans |
| 6. | Timeliness of discharge summaries / plans |
| 7. | Re-admission to acute hospital beds |

# Clinical Discharge Planning

- Transitional service to support offenders with medium or high level of mental health need being released from an institution to the community which may or may not include conditional release supervision
- Ensures continuity of mental health care

# Community Mental Health Services

- Mental Health services and supports to assist offenders with medium or high level of mental health need and / or psychosocial issues related to risk management under supervision in the community:
  - Services provided by an interdisciplinary team; and
  - Includes engagement in in community capacity building activities.

- Mental health awareness and other training to community correctional staff, halfway house staff, parole offices, community partners, etc.

# Data on Mental Health Services

## Offenders who received mental health services in institutions:

| | |
|---|---|
| All Offenders | 9,371 (45.4%) |
| Aboriginal Offenders | 2,339 (46.5%) |
| Non-Aboriginal Offenders | 7,032 (45.0%) |
| Women Offenders | 729 (72.4%) |
| Male Offenders | 8,642 (44.0%) |

## Offenders who received mental health services in the community:

| | |
|---|---|
| All Offenders | 3,312 (23.4%) |
| Aboriginal Offenders | 718 (26.1%) |
| Non-Aboriginal Offenders | 2,594 (22.7%) |
| Women Offenders | 344 (37.5%) |
| Male Offenders | 2,968 (22.4%) |

Mental Health Branch Performance Measurement Report Year End Results 2014-2015

# National Partnerships

- Examples of On-Going Partnerships:
  - Federal/Provincial/Territorial Working Group on Health/Mental Health
  - Centre for Addiction and Mental Health
  - Veterans Affairs Canada
  - Royal Ottawa Health Care Group
  - L'Institut Philippe-Pinel de Montreal
  - University of Saskatchewan

# Staff Training

CSC delivers the following mental health training to front-line staff:

## Fundamentals of Mental Health

- Increase understanding of mental disorders and symptoms
- Increase knowledge of offenders who have mental health needs
- Promote a collaborative, interdisciplinary approach
- Enhance skills and strategies for effectively interacting with and supporting offenders with mental health needs

## Dialectical Behaviour Therapy

- Comprehensive therapeutic intervention that involves learning and developing strategies to help deal with emotion and behaviour dysregulation

# Staff Training (ctd)

## Suicide and Self-Injury Intervention Training – Initial

- Staff who have direct contact with offenders receive initial suicide and self-injury intervention training through the Correctional Training Program (CTP), the New Employee Orientation Program (NEOP) or the Parole Officer Induction Training (POIT).

## Suicide and Self-Injury Intervention Training – Refresher

- Mandatory for all staff (including casuals and contractors) who have contact with offenders.
- Online training completed every year, and in class facilitator-lead training completed every two years.

# Your Feedback

# And

# Questions