

**Submission to**  
**The Standing Committee on Justice Policy on**  
**Bill 6, Correctional Services Transformation Act, 2018**

**April 19, 2018**

The Centre for Addiction and Mental Health (CAMH) is pleased to offer our comments to the Standing Committee on Justice Policy on *Bill 6, Correctional Services Transformation Act*. CAMH is Canada's largest mental health and addictions health science centre. We combine clinical care, research, education and system building to transform the lives of people affected by mental illness. CAMH's forensic mental health program provides care and supports to 440 individuals designated Not Criminally Responsible (NCR) or Unfit to Stand Trial. CAMH also operates a Forensic Early Intervention Service (FEIS) at the Toronto South Detention Centre and the Vanier Centre for Women. FEIS identifies and supports people with forensic mental health needs whose serious mental illnesses may impact their ability to stand trial or may qualify them for an NCR defense. CAMH also provides assessment services to the Mental Health Court (102 Court) at Old City Hall and to four GTA courts. Mental health and criminal justice is a public policy priority for CAMH and we most recently made a submission on *Bill 175, Safer Ontario Act*.

CAMH supports the new and amended legislation outlined in *Bill 6*. We believe that these changes have the potential to improve the experience of people in Ontario's correctional system. CAMH readily endorses the restricted use of segregation. Segregation is a security intervention, not a health intervention – though it does pose mental health hazards – and we agree that it should only be used as a last resort in security-related circumstances. In situations where segregation is deemed necessary, we support the regular monitoring of a person's mental health by the mental health team and a cap on the number of consecutive days that the person remains in segregation.

In addition to the policies and procedures included in *Bill 6*, CAMH offers two recommendations to government that we believe could further improve the experience of people with mental illness, including addictions, in the province's correctional facilities.

**Recommendation 1: Health services in correctional facilities should be a separate entity**

CAMH is pleased to see that *Bill 6* commits to providing equitable health care that respects clinical independence and provides continuity of care with community services. We also welcome the commitment to establish mental health care service teams in all facilities to improve access to mental health and addictions care. It is our contention, however, that these commitments would be best achieved by creating a separate health care entity for correctional facilities under the direction of the Ministry of Health and Long-term Care. The adoption of a separate health care entity in corrections is

supported by the World Psychiatric Association<sup>1</sup> and is current practice in Nova Scotia, Alberta and British Columbia, as well as internationally.

A separate health care entity connected to the broader health system would provide for better linkages and continuity of care for patients before, during and after incarceration. Patients would be readily able to access best practices in health care within correctional facilities (e.g. opioid agonist treatment for those with opioid use disorder) and benefit from referrals to community health services upon release (e.g. residential treatment facilities). A separate health care entity would also provide health care workers within correctional facilities to benefit from professional identification with others in similar roles in the health care sector and to receive equivalent support and training. Sufficient funding for this health care entity will be necessary to ensure that health care teams within correctional facilities are able to hire the range of skilled professionals needed to provide care to incarcerated patients, many of whom have complex needs.

It is imperative that mental health care be integrated within a new corrections health care entity, but under the separate direction and guidance of Ontario's forensic mental health experts. At the Toronto South Detention Centre, FEIS and the existing health care team within the facility are an example of the type of mental health service that could be provided (though currently it is delivered as a '2 provider, 1 service' approach). This program uses the STAIR model which could serve as a template for the consistent provision of mental health care across the province's correctional facilities. The **S**creening, **T**riage, **A**ssessment, **I**ntervention, and **R**e-integration/ **R**ecovery model is based on key service elements required for correctional mental health services, with the addition of a two-stage screening process and an integrated care pathway outlining how mental health services should be organized and provided to individuals entering the corrections system. STAIR also includes monitoring and measuring techniques as a core function of the model<sup>2</sup>. Implementation of the STAIR model and delivery of mental health care within correctional facilities should be the responsibility of the nine regional forensic psychiatry programs across the province.

## **Recommendation 2: Connections to the social determinants of health should be central to release planning**

*Bill 6* would require superintendents of correctional facilities to ensure that people being released from the facilities be connected to appropriate community programs and supports to assist with re-integration. The Bill states that the superintendent must 'identify' community-based health care and other supports for the person before release, but it does not state that actual connections to these supports are required. Release from a correctional institution is an uncertain and sometimes perilous time for people, particularly those with mental illness. Therefore, CAMH would suggest stronger wording in the Bill to ensure that superintendents are required to make all reasonable attempts to connect people to community resources before release. As noted, having a separate health care entity linked to the broader community health care sector could facilitate these connections and assist people with a smoother release.

---

<sup>1</sup> Forester, et al. 2017

<sup>2</sup> Simpson, et al. 2017

In addition to ensuring better connections to community-based services and supports, CAMH also recommends that *Bill 6* or its forthcoming regulations explicitly identify that the social determinants of health be a central component of release planning. People being released from jail are at risk of homelessness which, in turn, puts them at risk of becoming involved in the criminal justice system again<sup>3</sup>. Many have lost their personal identification and other key documents (e.g. health card) needed to connect to housing and other supports upon release. People with mental illness can be particularly at risk of getting stuck in the criminal justice and homelessness cycle<sup>4</sup>. Ensuring that those who are released from correctional facilities have access to income, housing and employment can help break this cycle. Many people being released from jail are eligible for social assistance through Ontario Works (OW) or the Ontario Disability Support Program (ODSP). Providing them with an opportunity to apply for these supports before discharge (as well as secure any identification needed to access these supports) would reduce the barriers to reintegration that so many people face upon release. Situating a Service Ontario kiosk within each provincial correctional facility would be a relatively straightforward solution to this problem.

The broader problem, of course, is a lack of affordable and supportive housing across the province. Even with access to OW/ODSP and the assistance of correctional and community staff to complete housing applications and connect them to housing help centres upon release, a significant number of people being discharged from correctional facilities may find themselves without stable housing. Not only is this detrimental to the person, it is also costly to the province<sup>5</sup>. Ontario should consider addressing this challenge through other strategies, including: amending OW and ODSP policy to prevent the potential loss of housing when a person is incarcerated; dedicating a portion of new mental health supportive housing units to people leaving correctional facilities; and investing in new rent supplements and housing supports for this population.

Thank you to the Standing Committee on Justice Policy for the opportunity to provide comment on *Bill 6, Correctional Services Transformation Act*. CAMH is pleased that the government is committed to improving the experience of people in Ontario's correctional facilities. We believe that creating a separate health care entity for the corrections system and facilitating connections to the social determinants of health will further improve this experience. CAMH would be happy to offer our expertise as the government moves forward on *Bill 6* and its regulations.

**For more information, please contact:**

Roslyn Shields  
Senior Policy Analyst  
CAMH  
[roslyn.shields@camh.ca](mailto:roslyn.shields@camh.ca)

---

<sup>3</sup> Hartford, Carey, & Mendonca, 2007; JHSO & Wellesley Institute, 2012

<sup>4</sup> Eberle, 2015

<sup>5</sup> MHCC & CAMH, 2012

## References

Eberle, Margaret. *Homelessness, Causes & Effects, Vol. 1: The Relationship Between Homelessness and the Health, Social Services and Criminal Justice Systems: a Review of the Literature*. Ministry of Social Development & Economic Security, 2001; Hartford, Kathleen, et al. "Design of an algorithm to identify persons with mental illness in a police administrative database." *International Journal of Law and Psychiatry* 28.1 (2005): 1-11.

Forrester, A., Piper, M., Chadda, R., Exworthy, T., Farrell, M., Fazel, S., Henagulph, S., Nagy, N., Petch, E., Podmore, J., Robertson, D., Shaw, J., & Waldman, J. (2017). World Psychiatric Association Prison Public Health Position Statement. Geneva: World Psychiatric Association. Available at: [http://wpanet.org/uploads/Position\\_Statement/WPA%20Position%20Statement%20prison%20policy%20ofin.pdf](http://wpanet.org/uploads/Position_Statement/WPA%20Position%20Statement%20prison%20policy%20ofin.pdf)

Hartford, K., Carey, R. & Mendonca, J. (2007). Pretrial court diversion of people with mental illness. *The Journal of Behavioral Health Services and Research*, 34 (2), 198-205.

John Howard Society of Ontario (JHSO) & Wellesley Institute. (2012). *Effective, Just and Humane: A Case for Client-Centred Collaboration*. Retrieved from: <http://www.johnhoward.on.ca/wp-content/uploads/2014/09/effective-just-and-humane-a-case-for-client-centered-collaboration-may-2012.pdf>

Mental Health Commission of Canada (MHCC) & Centre for Addiction and Mental Health (CAMH). (2012). *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses*. Retrieved from: <http://www.mentalhealthcommission.ca/English/node/562>

Simpson, AIF., Flora, N., Moss, S., McNamee, J., Patel, K., Sandhu, K. & Connors, T. (2016). The Forensic Early Intervention Service: A Report of the Inaugural Year.