Needs Assessment of Forensic Mental Health Programs and Services for Offenders in Saskatchewan:

Executive Summary

Prepared by: Forensic Interdisciplinary Research: Saskatchewan Team

for the

Centre for Forensic Behavioural Science and Justice Studies

UNIVERSITY OF SASKATCHEWAN

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The Centre for Forensic Behavioural Science and Justice Studies

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Disclaimer

The views and opinions expressed in this study are those of the authors and do not represent any overarching official policy or opinion on the part of the University of Saskatchewan. The views and findings presented herein have not been reviewed by, nor are they meant to reflect the position of the Correctional Service of Canada (CSC), or the Government of Saskatchewan, Ministry of Justice, Corrections and Policing Division (formally the Ministry of Corrections, Public Safety, and Policing).

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EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY .

Executive Summary

The needs of offenders with compromised mental health in Saskatchewan, and factors that affect criminal behaviour are increasingly vast. Institutions and communities providing mental health services and programs face insurmountable challenges due to a changing, aging, and increasingly more complex offender population. To identify and understand these needs, a province-wide study in 2010-2012 involved a needs assessment and environmental scan of forensic mental health programs and services for mentally disordered offenders (MDOs) in Saskatchewan.

I. CURRENT SITUATION OF MENTAL HEALTH SERVICES FOR MDOs

The Current Situation of Mental Health Services for MDOs in Canada

Irrefutable evidence has existed for some time to show that the prevalence of mental disorder among those in the criminal justice system (prisoners and offenders or accused on community orders) is significantly greater than is found in the general population (Correctional Service Canada [CSC], 2009; Office of the Correctional Investigator [OCI], 2012; Ogloff, Davis, & Somers, 2004; 2005). As a society, we are criminalizing, incarcerating and warehousing the mentally disordered in escalating numbers. The needs of mentally ill people are unfortunately not always being met in the community health and social welfare systems. As a result, the mentally ill are increasingly becoming deeply entangled in the criminal justice system and their problems are often compounded by substance abuse (OCI, 2010; 2012).

There have been many positive changes both provincially and federally to address the needs of offenders with compromised mental health issues. Since 2005, there have been significant new multi-million dollar investments to resource the main pillars of the CSC's mental health strategy. For example, there is now a well-defined institutional mental health initiative, as well as an advanced community mental health component. Offenders are now being screened for mental health problems at admission and a 'continuum of care' model has been implemented to assist offenders from intake through to release. Training in mental health awareness has been rolled out across CSC and more multi-disciplinary intervention teams are in place to better manage complex cases. The criteria for "essential" mental health services as part of its national health care framework, has also been defined by CSC, and a community health component has been implemented (OCI, 2012). Initiatives from provincial corrections have included a complete reorganization and alignment of offender services, specifically, mental health training and revised suicide prevention and intervention training; in addition, the *Mental Health Strategy for Corrections* will guide their work into the future. Together, both governments have demonstrated a commitment to this high priority area of concern.

Specialty Courts

One solution or intervention to this problem nationally and globally has been, "…a movement to develop specialized courts to deal with mentally ill defendants. The advent of mental health

courts and other specialty courts, including drug courts, has been one of the most dramatic developments in the area of mentally disordered offenders in recent times" (Ogloff et al., 2004, p. 4-5; 2005). There are more than one hundred therapeutic courts across North America, and since 1998 in Canada, there are therapeutic mental health courts or diversion programs in many provinces and territories (Schneider, 2010; Schneider, Bloom & Heerema, 2007). Mental health courts are problem-solving courts designed to address the underlying problems that can contribute to criminal behaviour, and have resulted in better outcomes including a better quality of life for individuals experiencing mental-health problems and illnesses.

The Current Situation of Mental Health Services for MDOs in Saskatchewan

Although national and provincial initiatives are in place to address the needs of MDOs, Saskatchewan has unique demographic needs that must be considered. The number of federally-sentenced Aboriginal[1] offenders reaches critical levels in provinces where Aboriginal populations are prevalent. In 2009, statistics indicated the Aboriginal population represented up to 12 per cent of the population in Manitoba, 11 per cent in Saskatchewan, and 4.6 per cent in Alberta (CSC, 2009). More recent reports indicate First Nations and Métis peoples represent approximately 16.6 per cent of the population in Manitoba, 15 per cent in Saskatchewan, and 5.6 per cent in Alberta (Government of Saskatchewan, 2012; Statistics Canada, 2011a; 2011b). This is significant when compared to the national Aboriginal representation of 4 per cent. What is most alarming is that in some prairie penitentiaries, Aboriginal offenders make up more than 60 per cent of the inmate population compared to 21.4 per cent in the national prison populations (Government of Saskatchewan, 2012; OCI, 2012).

With regard to solutions or interventions to the problems experienced by offenders with compromised mental health, Wormith and Luong (2007) noted that although there are specialized drug courts in Regina and North Battleford, a recent review of specialized court services across Canadian provinces and territories revealed that Saskatchewan is not among the country's leaders. The update from this study/scan in 2012 revealed that Saskatchewan has specialty courts to deal with some of the issues unique to the province (i.e., Regina Drug Treatment Court; Moose Jaw Drug Treatment Court; Domestic Violence Courts in North Battleford, Regina, and Saskatoon; a Cree Court in North East Saskatchewan; and, a Dene Court in Meadow Lake), but to date Saskatchewan is still one of the only provinces that does not have mental health courts or diversion programs. Without these and other community resources, more mentally ill people end up in the criminal justice system as the police may have no other recourse but to lay charges for even the most minor public disturbances.

[1] Section 35(2) of Canada's *Constitution Act, 1982* recognizes Aboriginal peoples as including, Indian (First Nations), Inuit and Métis peoples (*Constitution Act, 1982*). The term Aboriginal and Indigenous are used interchangeably in this report. While government documents tend to use the term 'Aboriginal', individual researchers and some Aboriginal people may prefer the term 'Indigenous'.

II. FINDINGS of our NEEDS ASSESSMENT

Research Questions

This study was designed with three questions in mind: 1). What are the needs of offenders with compromised mental health and how are they being met?; 2) What are the mental health needs of Saskatchewan offenders and how are they currently being met?; and 3) What evidence-based forensic mental health services are currently needed in the province?

Methodology

Following ethical approval (BEH-1069b) from the University of Saskatchewan Behavioural Research Ethics Board, and various other ethics review boards, the study was carried out in three concurrent phases to capture the social, geopolitical, and cultural circumstances unique to the province of Saskatchewan including: 1) interviews with immediate family members of offenders from all health regions in the province except for Athabasca (N=52); 2) an environmental scan of correctional and community programming and services in all health regions of the province, and surveys of facility managers; and, 3) surveys with front line personnel (forensic mental health professionals, correctional officers, police, representatives from justice, NGOs, etc.) who engage offenders in correctional environments and in the community (N=171). The method was triangulated to include a literature review of government documents and published research, together with the analysis from the three phases of the study formed the basis of the findings and recommendations of this report.

Mental Health Problems Identified

The major mental health problems identified by family and frontline respondents were chronic substance abuse, addictions issues, and undiagnosed and untreated mental illness. The majority (81 per cent) of family respondents disclosed histories of substance use disorders among offender populations represented in this sample. Front line personnel also identified a prevalence of poly-substance addictions among Aboriginal offender populations in custody and in the community.

Assessments and Screening

Only 26 per cent (n=14) of respondents reported pre-trial mental health/substance use screening for their family member even though 50 per cent had been in treatment prior to contact with the criminal justice system. Family members who were not screened had more contact with the criminal justice system than those who had been assessed prior to incarceration. A lack of mental health and addictions assessments is an underlying factor of recidivism of offenders represented in this sample.

Access to Services

Data collected from family members and frontline staff indicated that existing mental health assessments, services, and culturally relevant programs are not being accessed by indigenous offenders while in custody or on community release in a manner that reflects their level of need. Respondents claimed a significant lack of adequate correctional programming for addictions/substance use. Of note, family members of offenders stated they preferred that all

programs be mandatory, as they believed if ordered more family members would attend. They also stated they would rather have their family members in jail where they knew they had more chance of getting treatment, than in the community where they believed they would not. Many frontline respondents felt 'too much responsibility' rested on police for meeting the needs of mentally disordered offenders in terms of accessing programs and services in northern communities.

Overrepresentation of Aboriginal Offenders in Saskatchewan

Findings of this study indicated that the mental health needs of offenders in Saskatchewan are similar to those identified nationally, however, certain mental health and criminogenic needs are exacerbated among increasing numbers of Aboriginal offenders in general, and Aboriginal women and youth in particular. The needs identified for women and Aboriginal youth offenders include substance abuse, addictions, depression, and suicidal ideation. A major theme emerging from the family data was life-long histories of undiagnosed and untreated mental health issues which led to criminality and recidivism among Aboriginal offenders.

Aboriginal peoples in Saskatchewan represent a forensic population that is over-represented in the criminal justice system at rates thirty-five times higher than the mainstream (CSC, 2009**;** OCI, 2010), "compared to a rate of nine times higher than the general population nationally" (OCI, 2008, p. 24). The following qualitative excerpt from our study addresses this over-representation:

> *Corrections mostly has natives in jail. I got 4 years for watching a crime. This white guy was in the same block for vehicular homicide and spent 3 weeks, then out to a halfway house on a 2-year less a day sentence at CTR. We need to see where people are at in life. They come in for 30 days for a homeless guy stealing a loaf of bread, but a crack dealer gets 5 days. They have to ask WHY they are there.*

Aging Offenders

Of particular note, there was little evidence of any great concern in our findings about 'aging offenders', although challenges related to older offenders are of critical concern nationally. The growing number of offenders aged 50 years and older behind bars now accounts for one-in-five federal inmates. Health care costs of managing the aging population of offenders have increased by 50% in the last ten years (OCI, 2012). The health and safety concerns of aging inmates included victimization, mobility and assistive living needs, learning, correctional and vocational programming and palliative care. Many older inmates have concerns about their personal safety. The rising numbers of aging offenders are increasingly physically compromised. Quebec has the highest percentage of aging offenders (26 per cent), the Prairies have the lowest (11 per cent) (CBC News, 2012). Although current statistics indicate lower numbers of older offenders in the Prairie provinces, these numbers are expected to increase as the offender population ages in Manitoba and Saskatchewan according to provincial projections of increases in Aboriginal offenders (OCI, 2009; Public Safety Canada, 2008). Regardless, of lower than national statistics now, challenges relating to the aging offender are a reality in Saskatchewan similar to other provinces, but the absence of aging offender concerns in our

data we believe relates to the unique demographics in Saskatchewan, with concerns focusing on an increasing number of women and young Aboriginal offenders.

Stigmatization in Saskatchewan

The *Mental Health Strategy for Canada* released in April of 2012 (Mental Health Commission [MHCC], 2012) acknowledged the continued presence of stigmatization in our society toward the mentally ill. The *Mental Health Strategy for Corrections in Canada* released in June of 2012 (Federal, Provincial & Territorial [FTP] Partners, 2012) pointed out the double stigmatization of being "mental ill" and being an "offender". A thematic analysis of findings from our study indicated the presence of triple stigmatization in Saskatchewan in respect to individuals who are: offenders, mentally ill, and Aboriginal (in terms of racial description). The following data excerpts from family members of offenders alluded to this stigmatization:

> *The 'dirty Indian' aspect is there. Life stops: life is put on hold and you're a number; you do your time, you try to survive; there's no purpose for life in there…*
>
> *My son has not been recognized in the court system. The judge looks blankly at him: 'Just another Indian, just one of those.' They don't understand….*
>
> *It's hard enough being First Nations - but there's lots of poor bashing on the outside - we're bums, trouble makers. They get no skills on the inside, we need sensitivity training in this area for social services, police, and officers that deal with the mentally ill.*

The preceding data also illustrates that poverty is another major stigmatization issue that many people with mental illness often deal with.

Continuum of Correctional Care (CCC)

Common responses given by family members and frontline personnel indicated a disconnect in the continuum of correctional care once an offender is released into the community. They felt there was inadequate service delivery after warrant expiry date (WED) in that once transfer of care to the provincial health care system has occurred, ex-offenders in Saskatchewan have to "line up for service like everyone else." Frontline respondents identified some communities as being 'unprepared' to supervise offenders. Specifically, frontline respondents identified some northern communities as being 'dysfunctional' and leading to substance use underlining criminality.

Gaps and Barriers

Family and frontline respondents identified the following institutional gaps and barriers that they believed further contributed to recidivism: overcrowding; segregation; program cuts; lack of family support; inadequate assessment, treatment, and psychiatric care; inadequate community supervision and follow-up; lack of culturally-relevant programming; too much emphasis on 'policing the problem of MDOs'; lack of awareness of forensic and community services available; lack of offender's ability to communicate needs to the courts; and lack of knowledge about the criminal justice system process.

In terms of mental health functioning, mentally disordered offenders In Saskatchewan are a complex and vulnerable population with several cognitive and psycho-social deficits. Our data suggests that the resource and capacity challenges facing forensic mental health services in the province of Saskatchewan are significant and growing.

Findings revealed major gaps in forensic mental health services in Saskatchewan compared to other provinces (e.g., insufficient and inadequate forensic community outpatient services in terms of number and scope respectively, and non-existent mental health court/diversion programs). Respondents provided diverse opinions on the needs of Saskatchewan offenders and the contributing factors of criminal activity in their communities, and offered a snapshot in time of the ability of mental health programs and services currently available in our province to meet the needs of forensic clients with compromised mental health.

Programs and Services Needed

Interviews with family members of offenders with compromised mental health stated their family members needed programs in multiple areas**.** The programs and services needed primarily focused around the two priority areas identified: (1) drugs and alcohol addiction counseling and treatment, detox and rehabilitation needs; and, (2) psychiatric assessment and treatment, and mental health advocacy and counseling needs. In addition, a multitude of other programs were cited as needed: anger management, cultural guidance and native spirituality, counseling to deal with a troubled past, gang deprogramming, intervention specifically in violence and suicide, housing, skills for employment, and work programs.

Mental Health Care Professionals Needed

Recruitment of skilled health care professionals has been an issue within the federal and provincial systems. In addition, there has been a need for mental health training for frontline staff within the justice system specifically police, and correctional officers. The difficulty in attracting and retaining health professionals can be attributed to various factors including: the general shortage of health care workers; the complex and difficult environment of penitentiaries due in part to the profile of the correctional clientele; the location of institutions*;* the more limited opportunities for development and ongoing training; *t*he reluctance of physicians, psychiatrists and psychologists to give up private practice and become employees; professional isolation; and *c*ompensation that is not competitive (Standing Committee on Public Safety and National Security, 2010).

There have been inadequate numbers of forensic mental care professionals in Saskatchewan to deal with the needs of this increasingly complex population. For example, since 2005 forensic mental health out-patient services for adult offenders has been provided by one forensic psychiatrist at the Royal University Hospital, Psychiatric Outpatient Services, without the assistance of a formal forensic outpatient team. However, there has been a well-established team of community forensic outpatient services for young offenders.

Family members of offenders in our study had the following to say with regard to the need for more mental health care professionals:

Their problems are not with the prisons. My mom has been committed 6 times. She is angry. I really think that the whole psychiatric system needs work. They need more doctors and nurses …

People don't get proper help and guidance from counselors; there's not enough help. All you get is one person. I don't think they even ever offered them counseling. I was never ever offered it when I was in doing 8 years for my sentence. Not even once in the adult fed or provincial system. And I don't think it ever changed.

…... We have no one to talk to, nowhere to go. So we keep it inside and it is very hard to deal with sometimes. I am certainly not justifying or minimizing what happened. We have no way to bring back a life, but we also need help. …… We all need to become healthy survivors. We need professional help to do this.

Mental Health Courts Needed

The feasibility of a mental health court to alleviate systemic challenges in the delivery of forensic community mental health and addictions services to offenders needs was included as a question as part of the study. Following a description of a mental health court by the FIRST members, the respondents had the following perspectives:

Mental Health Court as a Form of (Cultural) Intervention. While frontline respondents were mixed in their views offering logistical and critical feedback, family respondents (n=51; 98%) were overwhelmingly positive and in support of the creation of problem solving courts in the province as a form of intervention. This was especially so for Aboriginal respondents if they thought cultural components could be built into the structure. Family members saw utility in using the legal power of the court in the following ways: issuing mental health treatment orders and enforcement (n=39): assessments, addictions services, ongoing programming, psychiatric treatment services, and including counseling, medical supervision, and methadone treatment.

Family respondents were of the opinion that court staff would have specialized knowledge, training, and experience in forensic mental health, that could help their family member 'change their ways'. Family respondents believed that courts staff would be comprised of compassionate and relatable cultural role models who could help Aboriginal people and Aboriginal youth in particular get back on track. It was unanimously felt by family members that a mental health court would be very helpful to their family members and other people with addictions, disorders, and mental health issues especially if "the people in there knew the issues", had "experience" with addictions, were "native", and/or "cared".

Mental Health Court as a Form of Social Justice. A common theme of frontline respondents suggested mental health courts as a form of social justice (n=39) and a better alternative to incarceration (n=30). Frontline responders saw the merit of mental health courts in addressing and reducing recidivism (n=44) through ordering referrals to help meet the offenders' needs: addressing the underlying issues of crime, focus on culturally-relevant treatment of the problem: addictions, disorders, culturally-relevant programming, holistic focus on rehabilitation of the individual. All of which would lead to mental wellness and community harmony, and a functional community.

Frontline responders were of the view that mental health courts were the next logical step in a court system that addresses systemic and social problems like drug addiction and domestic violence. They suggested that such a court could foster teamwork and inter-agency approaches to reintegration and knowledge transfer of best practices.

A further theme of this data is that there is lack of community supports and resources in the north and rural parts of Saskatchewan, and that there is nothing a mental health court can do for offenders without the necessary resources in place. Frontline responders believed that a mental health court should be based on a system of careful monitoring to ensure compliance of treatment services and mental health programs that includes but is not reliant on police.

Summary of Findings

Family Surveys. This section presented the answers to the question, "What are the mental health needs of Saskatchewan offenders and how are they being met?" We found that Aboriginal offenders with addictions, substance use disorders, and mental health issues are not accessing services equal to their level of need in Saskatchewan.

Scan. This section spoke to our findings from the family surveys - that Aboriginal offenders are not accessing addictions and mental health services equal to their level of need, especially in the community. Through scanning, we found that a menu of mental health and addictions programs and services exist at the correctional and urban community level, but that a few problematic areas exist in the northern health regions that service predominantly Aboriginal communities this (i.e., lack of mental health and addictions services in La Loche and other Metis and Denesulin communities). A brief synopsis from the scan of services in all the health regions revealed: Saskatoon had the highest rate of service utilization overall; Regina Qu'Appelle had the highest rate of mental health service clients and admissions to addictions services; Prince Albert Parkland had the highest rate of non-resident mental health clients, transfers from other RHA's, and pregnant clients using addictions services, but the least number of resident psychiatric and social work staff N=0**;** Northern regions had no residential rehabilitation services, and clients must travel extensively for service in Athabasca; and, finally the health regions of Keewatin had the highest suicide rates in the province, where rates are double that or southern RHA's and have continued to increase since 1999.

Front Line Surveys. This section further examined our findings of the scan and answered the questions, "What are the best practices, gaps, and innovations in service delivery in Saskatchewan? and the final question, "What evidence based forensic mental health services are needed in Saskatchewan? Frontline personnel who engage Saskatchewan offenders believed Aboriginal offenders are not accessing services equal to their level of need because Aboriginal offenders are being released into some communities that are ill equipped to supervise offenders. Specifically, they described some northern communities as so 'dysfunctional', that this was actually leading to further substance use underlining criminality. Both family members of offenders and frontline personnel felt there was a need for mental health courts, that it was the next logical step, a form of social justice, and a good intervention if cultural components could be built into the structure, and if mental health treatment orders could be enforced.

Limitations of the Study

Missing in this research was input from offenders themselves. Due to the difficulty of interviewing offenders while in custody, it was determined that family members could provide the next best alternative. However, some of family member participants in their responses revealed they had themselves been in custody in the past, and provided rich data from both perspectives. Another limitation of this study was that survey data from some invited stakeholders was not attainable in the time limits of this study. Although some ministries were willing to participate, the project had timelines of data collection over a 12-18 month period to which to adhere.

III. CHALLENGES OF PROVIDING AN ACCEPTABLE LEVEL OF MENTAL HEALTH SERVICES

Challenges of Providing an Acceptable Level of Mental Health Services

There are many challenges of providing an acceptable level of mental health services during the pretrial period, within and out of prison settings. "Offenders in the criminal justice system with mental disorders experience many difficulties and they cause considerable concern for those who are responsible for their safety, and for those who care for them" (Ogloff et al., 2004, p. 9; 2005). Despite the prevalence of mentally disordered people in the criminal justice system, and the difficulties that surround them, few services exist in Saskatchewan to help identify and prevent these people from entering or remaining in the criminal justice system. Fewer resources exist still to help ensure that when released to the community the mentally disordered offenders will receive the services they require to help them become reintegrated, and to reduce the likelihood that they will return to the criminal justice system.

Prevention

Needs Prior to Entering the Criminal Justice System. In the last decade there has been an increasing amount of impressive research on the needs and issues of mentally disordered offenders. "Unfortunately, research shows a relatively poor job is done adequately identifying the needs of mentally disordered offenders prior to the time they enter the criminal justice system" (Ogloff et al., 2004, p. 4; 2005). There is a need for rapid intervention, well before those concerned come into conflict with the law (Standing Committee on Public Safety and National Security, 2010, p. 2). Family members of offenders from our study had the following to say with regard to the needs prior to contact with the criminal Justice system:

> *My brother was lost and confused ... somebody should have figured that out. … He also used to write letters to himself asking the devil to leave him alone…..We didn't stay too long in one place - my mom and dad were alcoholics. My mom's white, dad's native.*
>
> *90% of the people I know in Saskatoon are on drugs and 40% are drinking. EVERYBODY from 20th to 22nd and Avenue H are all chronics.*

The mentally ill have nothing. All soup kitchens in Regina are closed; stress for the people - nowhere to go to eat. You have to pay $4 to eat at Salvation Army. It's closed in the summer so this causes them to steal and boost to east. There is only one place open at 5pm for free food - Soul's Harbour. The cause and effect is crime. People need to survive so they steal then they get caught. One of my friends used this method so he could get some food - he got caught and is in jail for panhandling to pay off his $150 fine. You get one warning but you have to eat. Police do lots of poor bashing around our area.

Presently it works the other way around, they go to court and jail and then they get treatment. This is not good….

Correctional Mental Health Services. According to the Standing committee report on mental illness and addictions, "When a crime is committed, there must be a capacity to assess the mental health of the accused in order to refer him or her to appropriate healthcare and support services and acquaint court officials with the accused's requirements" (Standing Committee on Public Safety and National Security, 2010, p. 2), they further stressed, "it is imperative that early detection of mental health and addiction issues be improved" p. 20). 'Jail as a treatment center' was an interesting theme of the data where several family members reported that they would rather see a family member in custody where they could get 'some' help, rather than back on the streets where they would get none and return to their 'old ways':

… He is in the Penn and he will learn how it is to be really behind bars. He will get the help he needs. I would rather see him behind bars rather than on the streets.

Community Services - After Release. In order to prevent people with mental health or addiction problems from relapsing or reoffending, "we also have to ensure that community mental health services are both available and effective" (Standing Committee on Public Safety and National Security, 2010, p. 20). Family members offered the following viewpoints:

There is no support after they get out. They are focused on their freedom and think they can do whatever they want. So we need to have mandatory classes for all of it. Just even group counseling or talking sessions.

They need someone to talk to once they get out too. They really need this so that they don't end up doing something worse. It's like the residential school - keep everything inside. But this is not good because if it's inside, you keep making the same mistakes. Like me, I was raised in a residential school and made the same mistakes with my kids.

My son needs a mentor; someone who has been there to say, it's okay - here's what it is. The public has no idea what goes on behind bars - they are not supposed to know. So when they get out, it's too overwhelming for them. They need people who have been there and can provide 24 hour support.

Fiscal Responsibility for (Forensic) Mental Health Care Services?

What happens when the criminal justice system becomes, by default, the mental health care system? A common theme in the federal and provincial literature has been that jails and prisons are fast becoming our nation's largest psychiatric facilities and repositories for the mentally ill (Jacob, 2012; Kent-Wilkinson, 2010; OCI, 2010, 2012). If this is the case, then increased budgets are needed both within and outside of the system. Specifically, mental health promotion and prevention services are needed to keep people from entering the system; appropriate mental health treatment services for mental health and addictions issues are needed within the system; and, adequate community services for offenders are needed at the time of release to prevent relapse and reduce recidivism. Federal offenders are excluded from the *Canada Health Act* and are not covered by Health Canada or provincial health care systems (OCI, 2010), therefore CSC is responsible for mental health care services for federal offenders, however, mental health care for provincial offenders in Canada have come under differing ministries over the years.

Currently in Saskatchewan, mental health services are the responsibility of Correctional Service Canada for federal offenders, the Ministry of Justice, Corrections Division for provincial offenders, and the Ministry of Health provides general and specialized mental health services (including forensic) for provincial offenders. The Ministry of Health is responsible for the provision of appropriate and essential addictions services in Saskatchewan including forensic clients with addictions and mental health needs who have been released from correctional custody on a warrant of expiry date (WED).

What would happen if the Ministry of Health has the responsibility for mental health and health care services for provincial corrections overall. Would there be more funding for mental health care services? We have only to look to other provinces for these answers. Of note, the Ministry of Health in two provinces in Canada (Alberta and Nova Scotia), now has this responsibility. Although the reorganization in Nova Scotia is currently limited to Halifax (an urban centre), all provincial health and mental health services in Alberta are under the umbrella of Alberta Health Services. This authority also includes both the drug and alcohol addiction services, in addition to the forensic mental health services in Alberta. Will this restructuring be a trend across Canada? What reforms are needed now in Saskatchewan in order to obtain the needed specialty forensic mental health care services?

The common client or patient (those with compromised mental health) often criss cross between federal and provincial corrections, revolve in and out of detox centres and homeless shelters, in addition to frequent admissions to emergency departments and stays on psychiatric units in acute care hospitals. Offenders with mental disorder are the same persons arbitrarily separated by the systems that care for them. It is indeed one of the faults of administrating not only an efficient system but a continuous care for those who need it. Protectionist tendencies regarding funding and financing only serve to hurt the offender and deny continuity of service, thus potentially elevating the risk. A fractured or compartmentalized service to the mentally ill (who for all intent and purposes do not stop having their difficulties when they cross these artificial boundaries) may only exist to serve administrators. Practically, organizations and

systems who all care for the mentally ill need to engage one another in collaborative endeavors that are beneficial to the person affected.

Partnerships and coordination are needed between correctional facilities, mental health facilities and the police, to care for the complex issues of offenders with compromised mental health issues (Canadian Institute for Health Information, 2008; OCI, 2009). Provincial, territorial, and international correctional and forensic mental health services often face similar challenges, and many offenders transfer between systems (CSC, 2010b, Dec). At the end of the day both governments share the same commitment to public safety, to the principles of fair and humane treatment of offenders, and to the safe return of offenders to the community as law-abiding citizens (OCI, 2009).

The many challenges associated with the mental health and the justice systems are recognized nationally and world-wide, and a number of reforms are underway in different jurisdictions. Invariably, these reforms reflect a combination of local needs, resources, legislation and a consideration of available evidence. A critical first step in the process of reform is a careful review of available information. With the launching of this report entitled '*Needs assessment of forensic mental health services and programs for offenders in Saskatchewan*', the necessary first step was made in identifying the needs of offenders with compromised mental health and the required forensic mental health programs and services needed to address their needs.

IV. RECOMMENDATIONS

Recommendations

The inclusion of a 'need' in the recommendations was not to imply that the criminal justice system currently is not taking steps to address that specific need, or imply criticism of the steps that are being taken. Rather, it represented the views of participants and illustrates the major themes identified in their responses in relation to issues that underlined criminality, addiction or mental health relapse, or recidivism of repeat offences. Members of the Forensic Behavioural Sciences and Justice Studies (FIRST) team concluded that to meet the needs of, and to improve the outcomes for mentally disordered offenders, the following five recommendations are needed and should be immediately implemented:

Recommendation 1:

Need for a Provincial Mental Health Strategy and Continuum of Care

The members of FIRST concluded that a 'provincial continuum of care' consisting of interdisciplinary and inter-sector collaborations, along with a 'mental health strategy' is needed for Saskatchewan. 'Continuum of care' was defined in the *Mental Health Strategy for Corrections in Canada* (Federal-Provincial-Territorial [FPT] Partnership, 2012) as the integrated and seamless system of mental health services to meet the needs of individuals as they transition into the correctional system and back to the community. According to their vision statement, "Individuals in the correctional system experiencing mental health problems and/or mental illnesses will have timely access to essential services and supports to achieve their best

possible mental health and well-being. A focus on 'continuity of care' will enhance the effectiveness of services accessed prior to, during, and after being in the care and custody of a correctional system. This will improve individual health outcomes and ultimately contribute to safe communities" (FTP Partners, 2012, p. 7). A 'provincial mental health strategy' including a framework for a 'continuum of care' for offenders with compromised mental health in Saskatchewan is needed not only to improve psychological, physical and social wellbeing, but also for better legal outcomes for offenders, their families, and society.

Recommendation 2:
Need for a Consistent and Precise Definition of Mental illness and of the Mentally Disordered Offender (MDO)

Members of FIRST recommend that a consistent definition of mentally disordered offender inclusive of substance use disorders is needed at all levels of corrections in the province. Just as the study by Statistics Canada (2009) entitled *An investigation into the feasibility of collecting data on the involvement of adults and youth with mental health issues in the criminal justice system* warned, that defining 'mental health issues' and/or 'mental illness' would and did prove to be one of the biggest challenges with respect to data collection, because of the potentially vast scope of a definition.

Members of FIRST recognize that including substance use disorders in definitions of 'mental illness' and/or the 'mentally disordered offender (MDO)' would have implications for funding allocations, however we believe that the exclusion of substance use disorders, a prominent contributory factor of criminality, is not only a disservice to those with the problem, but is a guaranteed feature for an unsafe community. A common theme found in the literature and in the participant responses of this study was the belief that substance use disorders underline criminality.

Although many criminal justice and mental health care sectors have included substance abuse in their definitions of mental disorders, the authors of this study noted that neither the Mental Health Commission of Canada (2012) nor the FPT Partners (2012) were explicit enough in their definitions of mental health problems in their respective *mental health strategies*. Both *mental health strategies* defined mental health disorders according to the areas of life impacted by mental health problems or issues, rather than by specific diagnostic attributes (i.e., identification of specific illnesses).

Working definition. Members of FIRST recommended the term 'Mentally Disordered Offender' ('MDO') be defined as offenders with compromised mental health including those offenders diagnosed with a major mental disorder(s), substance use disorder(s), learning/ developmental/cognitive disorder(s) including FASD, and all co-occurring disorder(s). While alcohol and drug dependence is recognized in DSM-IV, we acknowledge that FASD as yet, is unclassified. This definition would apply to adult and young persons at any stage of the criminal justice process in the forensic or legal context of being at risk, accused or convicted of a crime.

For the purpose of this study, the term of 'MDO' and/or 'offenders with compromised mental health' was used exclusively throughout this report.

Recommendation 3:
Need For Culturally-Relevant Forensic Programming

Members of FIRST recommend the ongoing and increased need for culturally-relevant forensic programming. Family and frontline respondents disclosed a lack of culturally-relevant forensic programming as a factor in the criminality or recidivism of Aboriginal offenders. Continued focus on cultural elements in relevant forensic services and community programming for indigenous offenders is needed to reduce recidivism and crime in the province. Cultural programming and the ongoing support and involvement of Elders, Aboriginal liaison officers, community representatives and Aboriginal organizations is viewed as key to closing the outcome gaps for First Nations, Métis and Inuit offenders (OCI, 2006).

Recommendation 4:
Need for Increased Funding for Mental Health Promotion and Forensic Prevention, Intervention, and Treatment Services

Members of FIRST recommend that increased provincial funding is necessary, as correctional institutions are assuming a major role as 'the healthcare provider' for both mental health and physical health related conditions. Provincially, Saskatchewan has yet to make mental health a priority by allocating equitable financial resources from the health budget to address mental health concerns (Department of Health, 2002; Jacobs et al., 2008; 2010). A major theme that emerged from the interviews with family respondents was the lack of addictions or substance abuse treatment services for offenders upon release. In Saskatchewan, offenders have to 'line up for services like everybody else.' This points to the need for funding for adequate forensic mental health outpatient adult services in our province, which can only be provided by a full team of forensic health care professionals, rather than relying solely on individual mental health professionals working on their own.

Therefore, funding for recruitment and retention of forensic mental health professionals is needed to support forensic specialty services as interventions in reducing recidivism and crime in the province, as well as to help improve the quality of care for offenders. Prevention of mental illness and mental health promotion is needed for at risk groups of those identified with mental health and substance use disorders prior to entering the criminal justice system. As indicated in the *Mental Health Strategy for Canada* (MHCC, 2012) treatment alone is not the total solution for better outcomes, society must also pay greater attention to the prevention and promotion of mental health and wellness on a national scale for all populations.

Recommendation 5
Need for Specialized Forensic Services in Saskatchewan

Members of FIRST advocate for specific specialized forensic mental health services needed in Saskatchewan. Therapeutic problem-solving courts established in other jurisdictions to address the disposition needs of offenders with mental health and substance use disorders have shown positive results (Schneider, 2010). Evidence-based research supports decreased recidivism and increased cost effectiveness (Rutherford & Duggan, 2007) in provinces with mental health courts, especially when combined with joint forensic outpatient programs to address the various placement needs of MDOs. The *Mental Health Strategy for Canada* (MHCC, 2012) addressed the "over-representation of people living with mental health illness and

problems in the criminal justice system" (p. 46) as a priority with the following recommendation for action: "Increase the availability of programs to divert people living with mental health problems and illnesses from the corrections system, including mental health courts and other services and supports for youth and adults" (MHCC, 2012, p. 49, rec. 2.4.1). Prairies provinces to the east and west have either diversion mental health programs or mental health courts, and both Alberta and Manitoba have well established forensic outpatient service teams to address the needs of persons with compromised mental health involved in the criminal justice system. To date, Saskatchewan may be the only province without these specialized forensic mental health services.

V. ADVANTAGES EMANATING FROM THE RECOMMENDATIONS

Recommendations Supported by the Literature

We believe the recommendations of our study were supported for the most part by many of the recommendations of the 'mental health strategies' in the literature. The *Mental Health Strategy* that was proposed by and for Correctional Service Canada (CSC, 2002; 2007; 2010a; 2010b), by the *Mental Health Strategy for Canada* released by the Mental Health Commission of Canada (MHCC, 2012), and by the *Mental Health Strategy for Corrections* published by the Federal, Provincial and Territorial Partners (FPT, 2012).

First Step

This needs assessment and E-scan of the provision of forensic mental health programming and service domains in Saskatchewan based on the criminogenic needs of a diverse mentally disordered offender population in Saskatchewan, was a necessary first step. We anticipate the report of this study will contribute to the general knowledge of forensic mental health and societal issues that are relevant to Saskatchewan and to the prairies with its unique set of social, geo-political, and cultural circumstances that constitute the region. Quality of service, gaps, barriers, and the need for programming and services were identified, the implications of which we hope will inform social policy to enable the maintenance, improvement, and addition of specialty services and programming toward aiding the social welfare of mentally disordered offenders. The benefits of which will ultimately accrue to the safety of public at large.

VI. NEED FOR ACTIONS WITHOUT FURTHER DELAY

Specialized Forensic Mental Health Services Needed

There is a need for specialized forensic psychiatric services in Saskatchewan, specifically a Mental Health Court with Joint Forensic 'Outpatient' Services. Future research is needed to further investigate the type of mental health or therapeutic problem solving courts needed for Saskatchewan, as well as the location for outpatient and court diversion services. Research is underway by members of FIRST to investigate the type of cultural therapeutic problems solving courts, diversion programs, and outpatient services needed for Saskatchewan.

Need For Actions without Further Delay

Immediate action is needed to plan for and fund the required specialty forensic mental health programs and services needed in the province of Saskatchewan:

- Mental Health Courts
- Forensic Mental Health Outpatient Community Services (Adult)

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