

CSC Symposium on Offender Mental Health Key Messages

On May 21-22, 2008, CSC sponsored a Symposium on *Advancing Solutions to Offender Mental Health*. Speakers representing jurisdictions from Australia, the United Kingdom, the United States and Canada spoke to best practices and challenges facing mental health service deliverers in providing treatment and support to federal offenders while incarcerated and under supervision in the community.

Partnerships: Most speakers agreed that CSC could more adequately address the needs of mentally disordered offenders by building strong partnerships with federal, provincial, territorial government departments and agencies, community mental health and social service resources, mental health advocacy groups, and relevant non-government organizations.

Concurrent Disorders: Several speakers noted that concurrent disorders are very common (approximately 70-80% of mentally disordered offenders). They noted that serial and parallel services are not effective, and that mental health and substance abuse treatments should be integrated.

Stigma: Almost all speakers noted that the stigma and misperceptions around mental illness were a major impediment to treatment and support. Misinformed attitudes and beliefs are widely held in the public, among correctional staff, and even among mental health professionals. Of course, mentally disordered offenders face increased stigmatization due to their involvement in the criminal justice system. Speakers urged CSC to address stigmatization internally while joining community groups to promote more widespread understanding and acceptance of individuals with mental disorders.

Continuity of Care: Most speakers stressed that services for mentally disordered offenders must begin at admission (through an effective intake assessment/screening process) and continue through the offender's return to the community. Speakers noted that silos (both professional and systemic) tended to negatively impact the client and must be eliminated as much as possible.

Interdisciplinary Approach: Several speakers noted the importance of staff collaboration for effective offender management. As one speaker noted, "You can't have treatment without security, and you can't have safety without treatment for mental illness". Some speakers noted the integration of security and treatment as a challenge for their programs.

Speakers reminded us that we must recognize the offender's mental illness, needs and capacities when dealing with rule-violating behaviours.

Training: All speakers noted the importance of providing multi-disciplinary training for staff who work with mentally disordered offenders. The nature of training should vary according to roles and responsibilities so that all staff can contribute to the treatment/support process. Such training should be supported by better communication between operational and clinical staff and focus on staff-offender interaction that is based on a pro-social modelling approach.

Special Needs: Several speakers noted that women offenders have unique mental health needs that deserve particular attention. Moreover, providing culturally appropriate approaches to assessment and treatment should remain a focus, particularly for those jurisdictions managing Aboriginal populations. Finally, most speakers recognized the importance of addressing cognitively impaired (including Fetal Alcohol Spectrum Disorder) and severely disordered offenders (e.g., self-harming, borderline personality), but acknowledged that they had yet to develop effective strategies to deal with them. They encouraged CSC to provide leadership in addressing these issues.

Resources: Most jurisdictions reported ongoing challenges due to allocated resources lagging behind demand for services. Speakers commented on the demanding nature of working with mentally disordered offenders, noting that adequate resources were a prerequisite to have any chance of making a real difference.

Early Intervention: One speaker focused on etiological issues, noting that a number of factors appearing early in childhood clearly predicted later mental health challenges and involvement with the criminal justice system. He and several other speakers encouraged CSC to advocate for early intervention with at-risk youth to prevent these outcomes. In a similar vein, several speakers advocated for alternatives to prison for mentally disordered persons (e.g., diversion programs), noting that incarceration has been shown to exacerbate mental illness.

Clinical Best Practices: Over the course of the Symposium, speakers offered a range of service delivery best practices as follows:

- given many offenders' cognitive and psychological limitations, interventions that solely promote self-control may not be sufficient; strategies that address the offender's environment may also be necessary;

- create a supportive treatment environment that focuses as much on stable housing, employment, skill development and social support as on medications;
- given their histories of societal "failure", it is important to help offenders gain a sense of optimism that their lives can improve; staff can benefit by learning from offenders about what works and what doesn't to help them to cope with their illness and living in the community, and
- staff should focus on the positive, recognizing that mentally disordered offenders respond to reward and success as do we all, and are much more likely to commit to change in a supportive and rewarding environment.

Institutional Complexes: speakers from Nova Scotia and New South Wales, Australia provided 'benchmarks' against which CSC can plan the development of an integrated mental health system, ensuring effective inter-relationships between mental health service delivery and population management in a multi-level complex and with mental health partners in the community.

Next Steps: Partnerships and collaborative working relationships should be further explored with the Mental Health Commission and Health Canada, as well as provincial and territorial partners. Focus groups will be established to examine some key issues emerging from the symposium such as - techniques and best practices in the screening of mental health problems, particularly those faced by Aboriginal offenders and offenders with cognitive impairments; approaches to the treatment of concurrent disorders associated with, for example, substance abuse; and consultation with national mental health NGO's on strategies to support offenders with mental health disorders as they return to the community.

Note: these forums will be fully aligned with the CSC's Transformation Agenda through an integrated mental health intervention strategy for offenders. The strategy will be linked to initiatives that are identified in the Community Mental Health Strategy and supported in Budget 2008.