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POSITION STATEMENT

The Treatment of Mental Illness in Correctional Settings

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A position statement developed by the Canadian Psychiatric Association's Standing Committee on Professional Standards and Practice and approved by the CPA's Board of Directors on November 23, 2011.

Introduction

People with mental illness are overrepresented within the criminal justice system, in both the provincial and the federal system.[1] This phenomenon has been evident for the past several decades, with no sign of abatement. Jails and prisons are not optimal places to provide mental health services for an already disadvantaged population. The number of people with mental illness in correctional facilities makes for a crisis that needs urgent attention.

Discussion

Various factors have been cited as responsible for the larger numbers of people with mental illness within the correctional populations, including deinstitutionalization, more stringent certification criteria, the lack of community resources for the people with serious mental illness, and sociopolitical and socioeconomic forces.[2–5] Although there has been debate about the association between higher levels of violence and some people with serious mental illness, serious violent offenders occupy a very small portion of those imprisoned. Legislative changes, such as Truth in Sentencing legislation, "getting tough on crime" and reduced tolerance for drug-related offences, may impact people with mental illness disproportionately, further enlarging the number of incarcerated people with mental illness.

The burdens of stigma and discrimination faced by people with serious mental illness are accentuated in the criminal justice system.[6] People with mental illness, not necessarily well-equipped to live on the streets, are even less likely to function within correctional settings. Untreated, they are often placed in segregation cells for extended periods of time. In Canada, there are few

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Members'comments are welcome. Please address all comments and feedback to: President, Canadian Psychiatric Association, 141 Laurier Avenue West, Suite 701, Ottawa, ON K1P 5J3; Tel: 613-234-2815; Fax: 613-234-9857; e-mail: president@cpa-apc.org. Reference 2012–32s.

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places within the correctional system where incapable mental health patients can be treated against their will. Even when psychiatric treatment is provided, it is often only offered, but not encouraged, for fear of being seen as coercive. Suicide and homicide rates are significantly elevated in correctional populations, and there are also significant increases in prevalence of schizophrenia, bipolar disorder and depression in correctional service populations.[1,7]

Canadians have a right to health care. People with mental illness often struggle to access psychiatric treatment, hindered, in part, by their illnesses, stigma–discrimination and limited resources. It is imperative that psychiatric services be made readily available for patients in our correctional system.

Recommendations

The Canadian Psychiatric Association (CPA) takes the position that provincial and federal correctional systems need to enhance the psychiatric services available to inmates, parolees and probationers. This includes inmates, parolees, and probationers having regular access to psychiatrists, allowing for psychiatric interviews to have a modicum of privacy (where risk-appropriate—particularly with inmates), and assessment and treatment sessions approximating the appropriate length of sessions in the community.

- We recommend screening all inmates on admission for mental health concerns and, in the event that mental health issues are noted, instituting a treatment plan. Simple questionnaires may identify many inmates with mental health issues.
- We recommend that any segregation of psychiatric patients at risk of self-harm be reviewed closely and at regular intervals, with the involvement of psychiatric services.
- We recommend the creation of a special mobile team within Corrections Service Canada (CSC) to deal with complex treatment-refractory inmates who engage in repeated self-injurious behaviours.
- We encourage provincial and federal correctional services to work closely with community agencies to ensure that appropriate follow-up is available for probationers and parolees at warrant expiry.
- The CPA encourages provincial and federal correctional services to work to enhance the training of correctional officers and correctional mental health staff to manage psychiatric illness in correctional settings.
- We encourage the Canadian Academy of Psychiatry and the Law (CAPL) to continue to work closely with CSC to ensure appropriate training, skills and support for psychiatrists working within the federal correctional system.
- We encourage CSC to arrange for competitive working conditions and remuneration for psychiatrists working within the federal correctional system.
- We encourage academic health sciences centres and postgraduate programs in psychiatry to provide training, links and experience in provision of mental health services to psychiatric patients within correctional systems.
- We encourage provincial and federal correctional services to consider developing psychiatric treatment units within their systems to allow for the active treatment of mental illness during sentences.
- We recommend a joint task force, involving the CPA, CAPL, and provincial and federal correctional services, to develop a mental health strategy for psychiatric patients in jails and prisons and to review this on a regular basis.

References

1. Office of the Correctional Investigator. Annual report of the Office of the Correctional Investigator 2009–2010 [Internet]. Ottawa (ON): The Correctional Investigator Canada; 2010 [cited 2011 Jun 9]. Available from: http://www.oci-bec.gc.ca/rpt/annrpt/annrpt20092010-eng.aspx.
2. Quanbeck C, Frye M, Altshuler L. Mania and the law in California: understanding the criminalization of the mentally ill. Am J Psychiatry. 2003;160(7):1245–1250.
3. Lamb H, Weinberger L, Gross B. Mentally ill persons in the criminal justice system: some perspectives. Psychiatr Q. 2004;75(2):107–126.
4. Baillargeon J, Binswanger I, Penn J, et al. Psychiatric disorders and repeat incarcerations: the revolving prison door. Am J Psychiatry. 2009;166(1);103–109.
5. Peternelj-Taylor C. Criminalization of the mentally ill. J Forensic Nurs. 2008;4:185–187.
6. Lamberti J, Weisman R. Persons with severe mental disorders in the criminal justice system: challenges and opportunities. Psychiatr Q. 2004;75:151–164.
7. Project Steering Committee of the National Commission on Correctional Health Care (NCCHC), coordinators. Prevalence of communicable disease, chronic disease, and mental illness among the inmate populations. In: NCCHC. The health status of soon-to-be-released inmates. A report to Congress. Vol. 1. Washington (DC): NCCHC; 2002 [cited 2011 Jun 9]. Available from: www.ncchc.org/stbr/volume1/chapter3.pdf.