

An Individual's Journey: Mental Health and Addiction in Provincial Corrections

HSJCC 2023 Virtual Conference

Presenters:

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Division: Health Services

Date: Wednesday, November 15, 2023

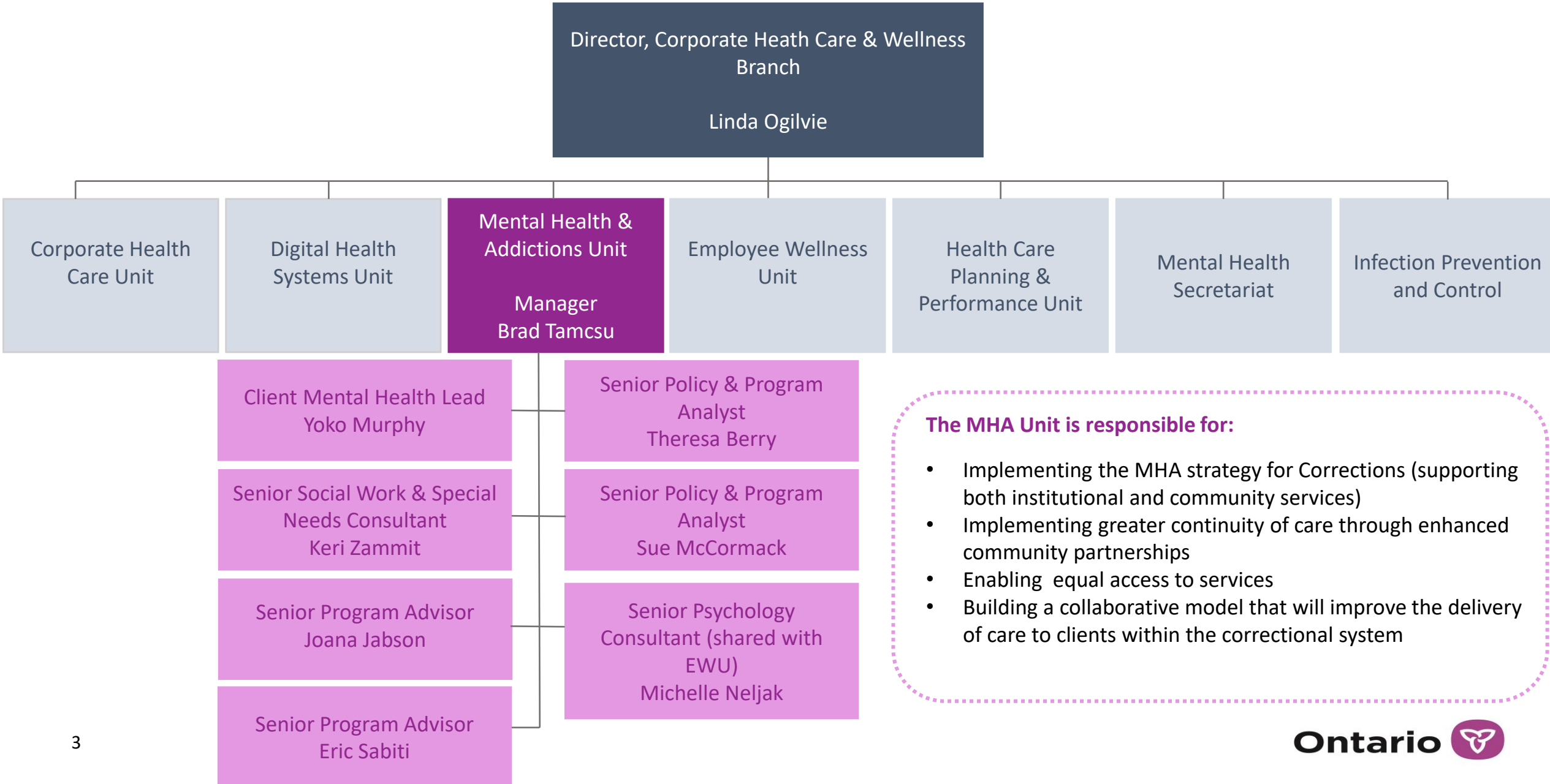
Time: 11:00AM to 12:00PM

Overview

This presentation will cover the following:

1. Overview of the Health Services Division - Mental Health and Addictions Unit
2. Context: Snapshot of Ontario Corrections
3. Corrections Mental Health & Addictions Strategy for individuals in Custody and under Community Supervision in Ontario
4. An Individual's Journey in Ontario Corrections with Mental Health and Addiction needs : from Admissions, Screening, Assessment, Treatment and Re-integration
5. Future considerations to address Mental Health and Addictions in Corrections
6. Questions & Contact Information

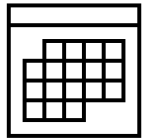
Health Services Division - Mental Health & Addictions Unit



Context: Ontario Corrections



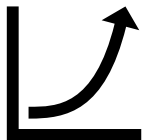
Over 80% of those in Ontario Correctional institutions are on remand (those who have not completed the trial and sentencing process).



In 2021 the median number of days spent in custody on remand was 21 days. The median provincial sentence in Ontario in 2021 was 24 days



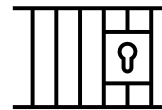
There are various estimates on the prevalence of mental illness in the corrections system.



Individuals in custody have higher rates of developmental disabilities, including Fetal Alcohol Spectrum Disorder (FASD) and Acquired Brain Injury (ABI).



Snapshot Offender Tracking Information System (OTIS) data indicates that over 20% of individuals in Ontario correctional institutions have a verified mental health alert and 48% have a substance use alert.



In 2020/21, the Indigenous incarceration rate in Ontario was 6.3 times higher than non-Indigenous incarceration rate. Indigenous women's incarceration rate is 12.5 times higher compared to non-Indigenous women.



Women in custody experience **higher rates** of traumatic histories and violence, self-harming behavior, HCV, mental illness, and substance use disorder.



Within the first six days after release from a correctional institution, these individuals are hospitalized at a psychiatric facility **58 times** more than the general population, and **12 times** more at one to three months after release.

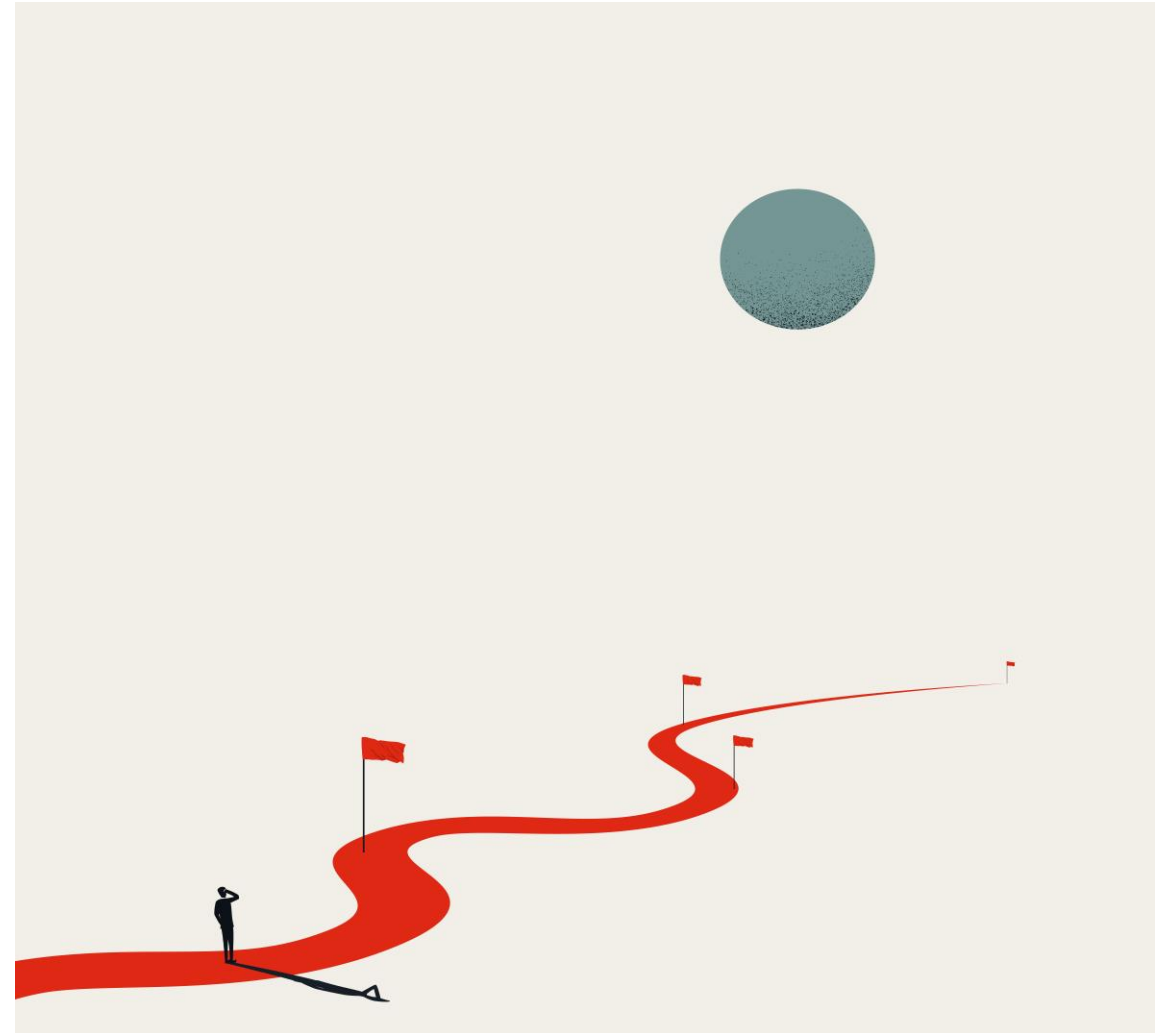
Corrections Mental Health & Addictions Strategy

Short-Term Outcomes

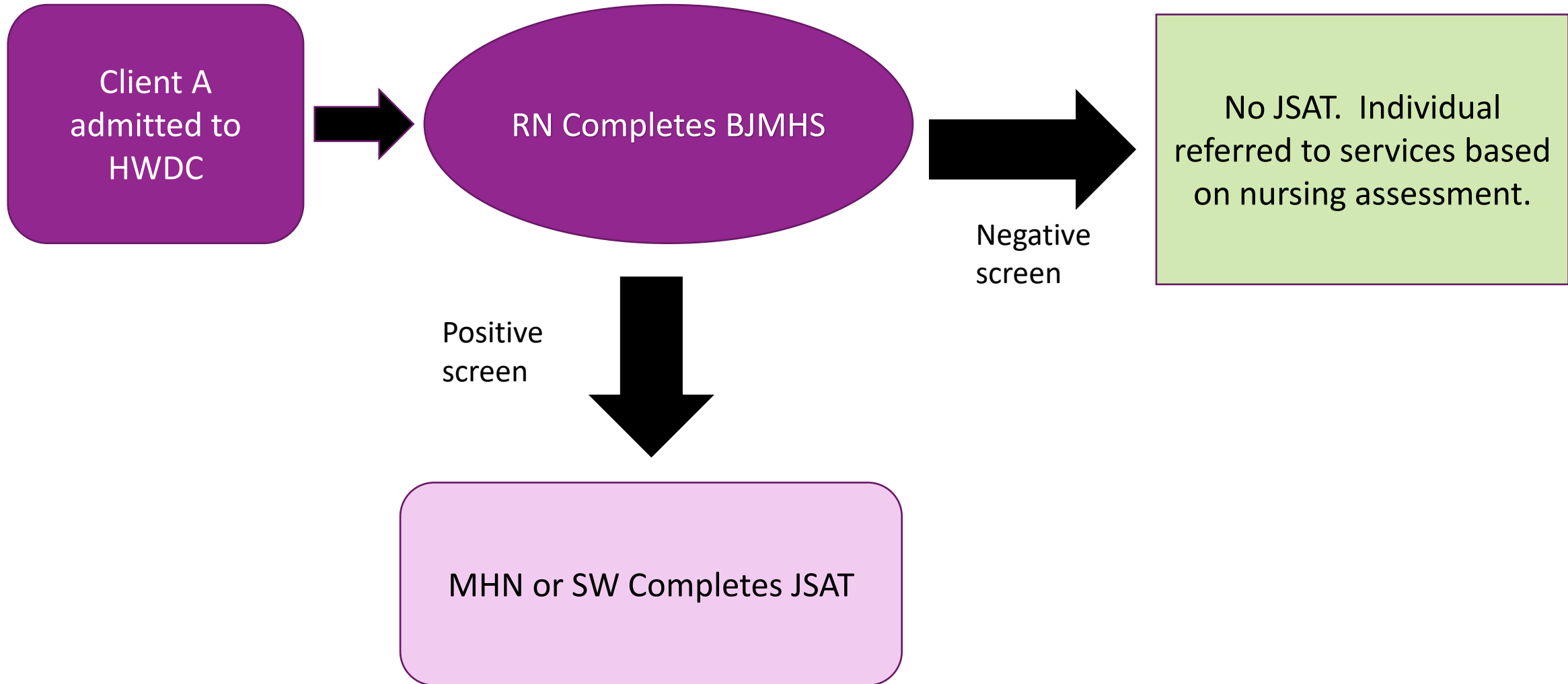
- **Data Collection:** Improved mental health & addictions data utilization to influence evidence-based decision making and accountability (i.e. Acute Care Stabilization Continuum of Care Data Collection Survey, Mental Health Alerts, Institutional Snapshot – Sentenced vs. Remand)
- **Interprofessional Teams:** Established mental health and addictions inter-professional teams (i.e. Hiring of 57 Addiction Counsellors across the province)
- **Communication:** Improved communication to facilitate the provision of high-quality mental health and addiction services (i.e. Community of Practice Meetings, Check-ins with Ministry and Hospital Partners)
- **Care Pathways:** Established mental health and addictions care pathways (i.e. CAMH-Forensic Early Integration Service STAIR Model deployed at Toronto South Detention Centre and Vanier Centre for Women, Inmate Care Plan training)
- **Health Equity:** Improved access to care that is trauma informed, gender safe and culturally safe (i.e. Trauma Informed Working Groups, Priority on improving the Mental Health of Women in custody)

An Individual's Journey in Ontario Corrections

- Client A is a 25 year old individual admitted to Hamilton Wentworth Detention Centre, on a remand warrant for Assault with a Weapon. This is Client A's first time in custody and has no previous criminal justice history.
- While in Admittance and Discharge (A&D), Client A was observed to be responding to auditory hallucinations. When staff approached the cell, Client A became verbally agitated and hostile towards staff.
- Client A was punching the door and walls when staff were observing them. Their hand was bleeding heavily and requires medical attention.
- Staff note that Client A seems to be religiously preoccupied and has written scripture on the walls of the cell.



Admissions and Mental Health Screening



Brief Jail Mental Health Screen

| | | | |
|--|----------------------------------|-----------------------------------|--|
| Name (Last, First Middle) <i>Patient A</i> | OTIS <i>1001234567</i> | Institution <i>HWDC</i> | Date of Birth <i>Nov/16/1998</i> |
|--|----------------------------------|-----------------------------------|--|

| Questions | No | Yes | General Comments |
|---|----|-----|---|
| 1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? | | | <i>-appears to be responding to auditory hallucinations</i> |
| 1. Do you <i>currently</i> feel that other people know your thoughts and can read your mind | | | <i>-having difficulty engaging</i> |
| 1. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying? | | | <i>-unable to answer</i> |
| 1. Have you or your family or friends noticed that you are currently much more active than you usually are? | | | <i>-no response</i> |
| 1. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do? | | | <i>-no response</i> |
| 1. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful? | | | <i>-no response</i> |
| 1. Are you <i>currently</i> taking any medication prescribed to you by a physician for any emotional or mental health problems? | | | <i>-no response</i> |
| 1. Have you <u>ever</u> been in a hospital for emotional or mental health problems? | | | <i>-no response</i> |

Comments/Impressions (check *all* that apply)

- Language barrier Under the influence of drugs/alcohol Non-cooperative
- Difficulty understanding questions Other, specify: *appears to be responding to auditory hallucinations*

Referral Instructions: This inmate should be referred for further mental health evaluation if they answered:

- **YES to item 7; or**
- **YES to item 8; or**
- **YES to at least 2 of items 1 through 6; or**
- **If you feel it is necessary for any other reason**

Not Referred

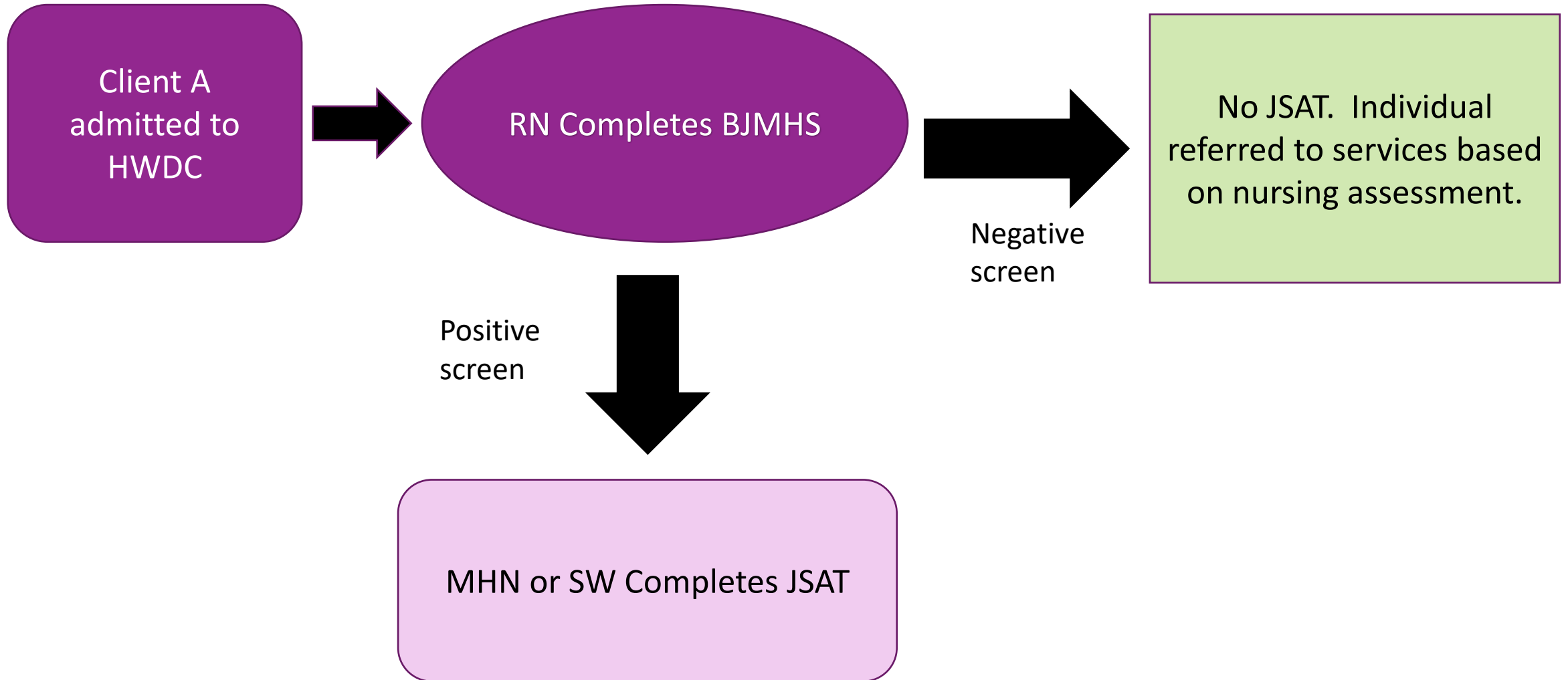
Referred on *NOV / 15 / 2023* *to Mental Health team for JSAT*

Person completing screen *RN ABC*

Date *NOV / 15 / 2023*

Time *10:15*

BJMHS and JSAT Referral Pathway



JAIL SCREENING ASSESSMENT TOOL (JSAT) – CODING FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------------------------|--|--------------------------------|-----------------------------------|---|--|---------------------------------|-------------------------------|--------------------------------|-----------------------------------|---|--------------------------------|---|---------------------------------------|--|---|---|---|---|---|---|---|---|-----|--|-------|--|------|--|--|--|
| Institution: HWDC | Client A 1001234567 Nov. 16 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMISSION DATE: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td></td> <td style="text-align: center; font-size: small;">Month</td> <td></td> <td style="text-align: center; font-size: small;">Year</td> <td></td> <td></td> <td></td> </tr> </table> | 1 | 5 | 1 | 1 | 2 | 0 | 2 | 3 | Day | | Month | | Year | | | | SCREENING DATE: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td></td> <td style="text-align: center; font-size: small;">Month</td> <td></td> <td style="text-align: center; font-size: small;">Year</td> <td></td> <td></td> <td></td> </tr> </table> (If different from admission) | 1 | 6 | 1 | 1 | 2 | 0 | 2 | 3 | Day | | Month | | Year | | | |
| 1 | 5 | 1 | 1 | 2 | 0 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | | Month | | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | 1 | 1 | 2 | 0 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | | Month | | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDENTIFYING INFORMATION AGE: <u>25</u> years ENGLISH: Fluent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> None First language: _____ | ETHNIC/CULTURAL BACKGROUND: <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> South Asian (e.g., Indian, Pakistani, Sri Lankan)</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> West Asian (e.g., Afghan, Iranian)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Indigenous</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Arab</td> </tr> <tr> <td><input type="checkbox"/> Métis</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Latin American</td> </tr> <tr> <td><input type="checkbox"/> Inuit</td> <td><input type="checkbox"/> Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> | <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> South Asian (e.g., Indian, Pakistani, Sri Lankan) | <input type="checkbox"/> Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> West Asian (e.g., Afghan, Iranian) | <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Korean | <input type="checkbox"/> Arab | <input type="checkbox"/> Métis | <input type="checkbox"/> Filipino | <input type="checkbox"/> Latin American | <input type="checkbox"/> Inuit | <input type="checkbox"/> Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) | <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> West Asian (e.g., Afghan, Iranian) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Indigenous | <input type="checkbox"/> Korean | <input type="checkbox"/> Arab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Métis | <input type="checkbox"/> Filipino | <input type="checkbox"/> Latin American | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) | <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEGAL SITUATION CURRENT STATUS: <input checked="" type="checkbox"/> Remanded <input type="checkbox"/> Sentenced _____ (length) <input type="checkbox"/> Transferred <input type="checkbox"/> Immigration Hold Country of Origin: _____ | CURRENT CHARGE(S): (Check all relevant) <input checked="" type="checkbox"/> Offence against persons <input type="checkbox"/> Offence against property <input type="checkbox"/> Drug offence <input type="checkbox"/> Sexual offence <input type="checkbox"/> Driving offence <input type="checkbox"/> Breach/Parole violation/Escape <input type="checkbox"/> Comments: _____ | PREVIOUSLY INCARCERATED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In past year <input type="checkbox"/> In past 6 months <input type="checkbox"/> In past month Note any problems: PREVIOUSLY SENTENCED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Longest sentence: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIOLENCE ISSUES | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past aggression/violence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: | Violent incidents while incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No Institutional charges: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: | Time since any aggression/violence: <u>n/a</u> (months/years ago) Current anger/aggression: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past violent offences: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|-------------------------------------|
| MENTAL HEALTH TREATMENT | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Past Month | Lifetime | Past Month | Lifetime |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment | | Treatment – Correctional | <input type="checkbox"/> > 6 months |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment – Community | <input type="checkbox"/> > 6 months |
| Assessment – Court Ordered | | Treatment – Inpatient | <input type="checkbox"/> > 6 months |
| | | Treatment – Court Ordered | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Psychiatric Medications | |
| Type: | | | |
| PAST HEAD INJURY: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Describe: <i>unknown, pt. refusing to engage in interview</i> | | | |
| SUICIDE/SELF-HARM ISSUES | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of past attempts: _____ | WHILE INCARCERATED: Past attempt while incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No | SELF-HARM ISSUES: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: | |
| Time since last attempt: _____ | Number of past attempts: _____ | CURRENT LEVEL OF SUICIDALITY: <input type="checkbox"/> None stated <input type="checkbox"/> Ideation / No intent <input type="checkbox"/> Some intent / Contracted / Referred <input type="checkbox"/> Suicide concerns / Suicide watch recommended / Referred <input type="checkbox"/> Intent / Suicide watch recommended / Referred | |
| (months/years ago) METHOD: <input type="checkbox"/> Shooting <input type="checkbox"/> Hanging/Asphyxiation <input type="checkbox"/> Jumping <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Slashing <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Overdose <input type="checkbox"/> Other _____ | Time since last attempt: _____ | | |
| | (months/years ago) METHOD: <input type="checkbox"/> Overdose <input type="checkbox"/> Hanging/Asphyxiation <input type="checkbox"/> Slashing <input type="checkbox"/> Other _____ | | |

**MANAGEMENT
RECOMMENDATIONS**

SUICIDE/SELF-HARM RISK: Not Evident Concerns High Risk

VIOLENCE RISK: Not Evident Concerns High Risk

VICTIMIZATION RISK: Not Evident Concerns High Risk

MENTAL HEALTH ISSUES: Yes No

- Situational stress/depression
- Possible anxiety/mood disorder
- Hx of psychotic/bipolar disorder /
Currently stable
- Possible recurrent psychotic symptoms
- Active current psychosis
- Intellectual disability / Brain damage
- Personality disorder traits
- Other concerns: _____

PLACEMENT RECOMMENDATIONS: Yes No

- Regular unit / Monitor for mood changes
- Regular unit / Double-bunking for support
- Regular unit / Single-bunking
- PC unit
- MDO unit
- Segregation
- Suicide watch
- Stable/Quiet unit
- Other *_Managed Clinical Care/ Stabilization unit*

REFERRALS: Yes No

- Monitor / Reassess mental status
- Evaluate for counseling / Provide support
- Referred / Assess for medication
- Drug and alcohol assessment/counseling
- Other _____

- Translator required – Language:

COMMENTS/CLARIFICATION

Note: Relevant information must be documented in the CLINICAL NOTES section of the Health Care File.

Client A presented with symptoms of active psychosis and appeared to be responding to auditory hallucinations throughout the interview. Staff report that Client A was punching the doors and walls of the cell while in A&D. Given Client A's current mental state, it was recommended to Sergeant that they be housed on the stabilization unit, with extra staffing support. Client A referred to Psychiatrist and Mental Health Team to discuss possible referral to ACS bed.

Signature: Social Worker

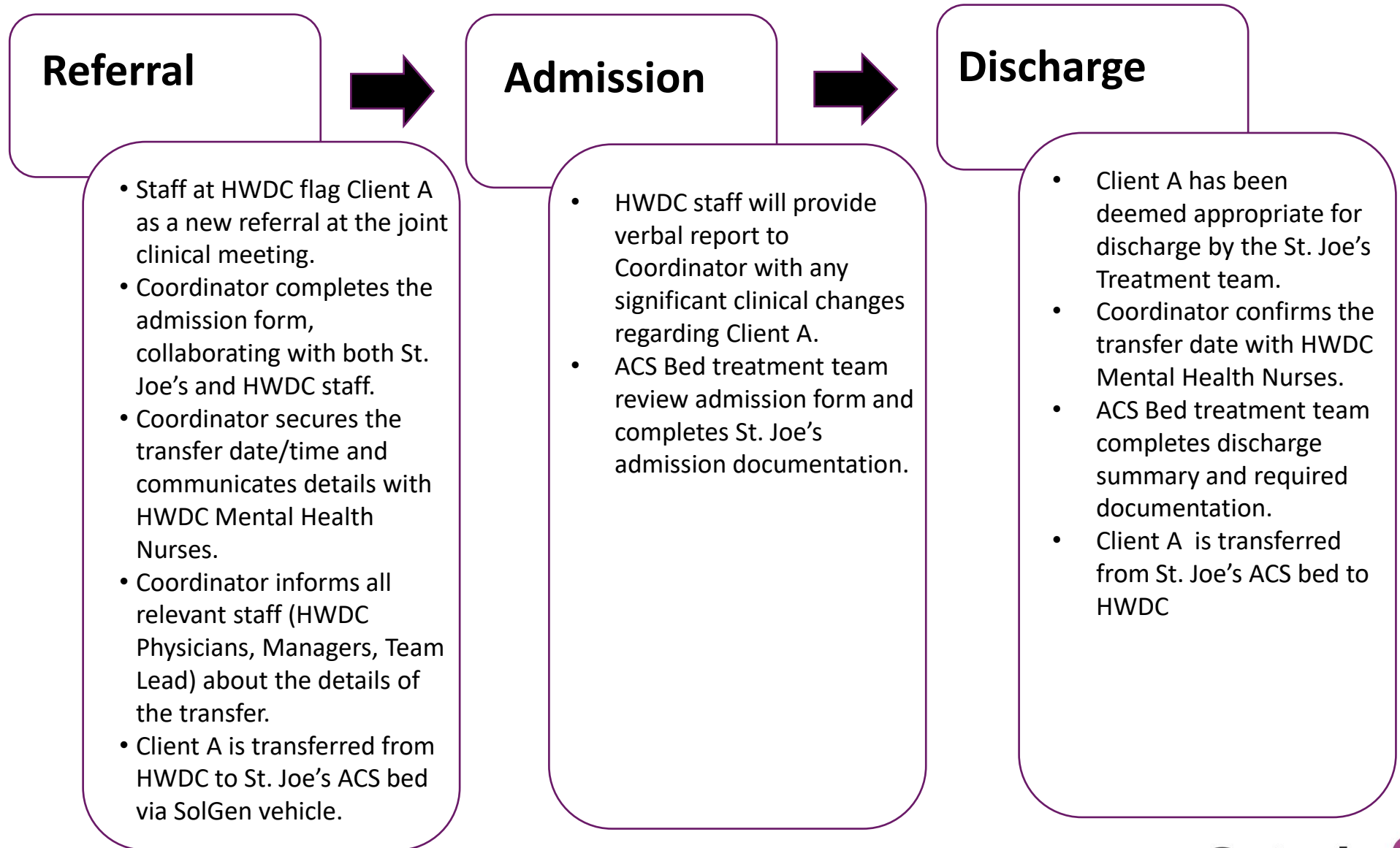
What are Acute Care/Stabilization (AC/S) Beds?

- AC/S beds are a collaborative Mental Health Initiative between SolGen and the Ministry of Health (MOH) that provide short-term* inpatient psychiatric care in a secure, forensic mental health setting** to acutely ill, incarcerated individuals whose symptoms are too complex for general hospitals.
- **Eligible individuals *must* meet the following four criteria:**
 1. Present with a severe and persistent mental illness with significant impairment
 2. Require more intensive treatment than is available at the correctional facility/detention centre
 3. Be capable of making treatment decisions and consenting to receive treatment (Note: there are further criteria and steps involved if the person is deemed incapable to provide consent)
 4. Be “formable” under the provisions of the *Mental Health Act, 1990* (placed on a Form 1)

* up to 90 days

** Designated hospitals under Part XX.1 Mental Disorder Under The Criminal Code (Canada)

Acute Care Stabilization Beds – Client Pathway



Inter-disciplinary Care Planning

Interprofessional Team

A team comprised of different professions and occupations that work collaboratively to provide and develop strategies to support individualized care.

A team may be comprised of mental health providers, clinical staff, correctional officers, program staff such as a classification officer, rehabilitative officer, etc., Native Inmate Liaison Officer (NILO), Elder, and any other relevant staff.



A Care Plan guides the inter-professional team to strategize and manage inmates to meet their individual goals and needs. It provides information for front-line staff on how to best care and support the inmate. For additional information on completing care plans, see the ***Inmate Care Plan - Guidance Document***.

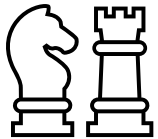
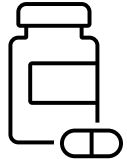
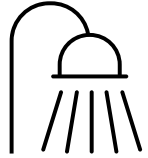
Date Care Plan was Initiated:
(Mmm-dd-yyyy)
NOV-16-2023

| Inmate Information | | |
|--|---|---------------------------------|
| Name (Preferred Name if appropriate) (SURNAME, First, Middle): CLIENT, A | OTIS# 1001 2345 67 | Gender Identity: Male |
| Language Services Required: Yes No If yes, specify language: | Discharge Possible Date: (Mmm-dd-yyyy) Unknown/remand | |
| Staff Member Initiating the Care Plan: (Print Name/Designation): Social Worker A | | |
| Reason for Inmate Care Plan | | |
| Required: <input checked="" type="checkbox"/> Serious Mental Illness <input checked="" type="checkbox"/> SMI Alert in OTIS? <input checked="" type="checkbox"/> Managed Clinical Care Placement <input type="checkbox"/> Stabilization Placement <input type="checkbox"/> As directed by Deputy Regional Director | As recommended by the Inter-professional Team: <input type="checkbox"/> Verified Mental Health Alert(s) <input type="checkbox"/> Segregation Conditions <input type="checkbox"/> Behavioural Care Placement <input type="checkbox"/> Supportive Care Placement <input checked="" type="checkbox"/> Other: Managed Clinical Care Unit | |
| Mental Health and Human Rights Checklist | | |
| Select checkbox to indicate. | | |
| <input checked="" type="checkbox"/> Ontario Human Rights Code (Code) considerations required? If yes, specify: Indigenous | Yes | No |
| <input checked="" type="checkbox"/> Review of OTIS alerts completed? | History of suicide watch? Mental health? | Yes No Yes No |
| <input checked="" type="checkbox"/> Jail Screening Assessment Tool completed? | Yes | No Not required |
| <input checked="" type="checkbox"/> Followed by Mental Health Clinician in IS or community? Specify: Psychiatrist | | |
| <input checked="" type="checkbox"/> Community Reintegration Checklist completed? | Yes | No |

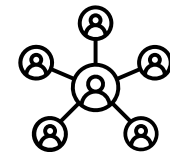
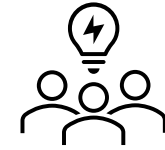
Inmate Care Plan

| Mental Health and Human Rights Checklist Select checkbox to indicate. | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Ontario Human Rights Code (Code) considerations required? If yes, specify: Indigenous | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Review of OTIS alerts completed? | History of suicide watch? Mental health? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> Jail Screening Assessment Tool completed? | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Followed by Mental Health Clinician in IS or community? Specify: Psychiatrist | | | |
| <input checked="" type="checkbox"/> Community Reintegration Checklist completed? | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Inter-professional Team Supports and Community Partners for Inmate Care Plan Check all member participants involved in creating the inmate's Care Plan. | | | |
| Operations | Programming | Clinical | Community |
| <input type="checkbox"/> Addictions Counsellor <input type="checkbox"/> Correctional Officer <input checked="" type="checkbox"/> Operational Manager (mandatory) <input type="checkbox"/> D. Superintendent <input type="checkbox"/> Superintendent <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Recreation Officer <input checked="" type="checkbox"/> Rehabilitation Officer <input type="checkbox"/> Addiction Counsellor <input checked="" type="checkbox"/> NILO <input type="checkbox"/> Chaplain <input type="checkbox"/> Teacher <input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Social Work <input type="checkbox"/> SW Manager <input checked="" type="checkbox"/> Nurse / MH Nurse <input checked="" type="checkbox"/> Health Care Manager <input checked="" type="checkbox"/> Physician / NP <input checked="" type="checkbox"/> Psychometrist / Psychiatrist <input type="checkbox"/> Other: | <input type="checkbox"/> Institutional Liaison Officer <input checked="" type="checkbox"/> Community Reintegration Officer <input type="checkbox"/> Probation Officer <input checked="" type="checkbox"/> Release from custody worker <input type="checkbox"/> Community Agency <input type="checkbox"/> Other |

Inmate Care Plan



| Inmate Care and Management Information No confidential information should be recorded on this form (e.g., medication name, diagnosis, etc.). For more information consult the Inmate Care Plan - Guidance Document. | |
|--|---|
| Recommended institutional housing or specialized care placements (provide rationale) | Given Client A's current mental state, it was recommended to Sergeant that they be housed on the Managed Clinical Care - stabilization unit, with extra staffing support. Client A was punching doors and walls of cells in A&D and appeared to be responding to auditory hallucinations. |
| Human Rights Code related needs and accommodations, if applicable | Individual identifies as Indigenous |
| Behaviours, observations or symptoms to anticipate if there are mental health concerns | Appeared to be responding to auditory hallucinations. Staff observed Client A writing religious scripture on the walls of cell in A&D. |
| Risk Management (e.g., safety and security to others, self-harm, etc.) | This is Client A's first time in custody, no known history of safety/security/self-harm risks. While in A&D, Client A threatened staff when they approached the cell to provide medical attention as he was punching the door and walls of the cell. |
| Recommended De-escalation Techniques, if required (e.g., quiet room, etc.) | Client A responded better when 1:1 instead of multiple staff trying to engage him. Important to explain slowly and articulate clearly what actions the staff is going to take prior to taking them. (Before opening the cell door, before opening the meal hatch etc.). |
| Recommended Programming (e.g., art, library, cards, AA, Core programming etc.) | Will ask what individual is interested in – will offer supplies to write/draw if interested. Social Worker will ask if they need time with supports - phone call to family. Recreation officer for independent yard time. NILO for smudge and other programming. |
| Community Agency Involvement (past / present) | NILO will continue to engage for reintegration support SW seeking supportive services in community for release - referral has been made for Release from Custody Worker. |
| Medication Management (e.g., consistency, side effects, non-compliance with medication, etc.) | Follows medical treatment plan |
| Food/Nutrition (e.g., allergies, diet, lifestyle, religion, etc.) | No allergies noted on file |
| Equipment Needs (e.g., assistive device, etc.) | Does not require assistive devices |



Discharge Planning and Community Reintegration

- ❑ Shelter/Housing
- ❑ Income/Financial Supports
- ❑ Employment Supports
- ❑ Education/Literacy/Training
- ❑ Identification
- ❑ Basic Needs – Food/Clothing
- ❑ Health Needs/Medication
- ❑ Treatment/Harm Reduction Agencies
- ❑ Probation and Parole
- ❑ Indigenous Specific Supports



Future Considerations to Address MHA in Corrections



Approaches to trauma-informed care



Expanding mindfulness programming for incarcerated individuals



Ongoing engagement with Community Services in Corrections focusing on Community Reintegration



Enhanced suicide training and other learning opportunities for correctional staff



Continued collaboration with stakeholders and community partners on shared priorities

Questions/Comments?

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