

# Mental Health Training for Correctional Officers: An Innovative Educational Approach

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No conflicts of interest to disclose.

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# 1

## Identifying the Need

# Addressing Needs: Correctional Officer Mental Health Training

- In Ontario, overrepresentation of individuals with psychiatric diagnoses in correctional settings is well-established (e.g., Simpson et al., 2013).
- Front-line corrections officers play a central role in dealing with mental health struggles of inmates (Dvoskin & Spiers, 2004).
- Nonetheless, the training that corrections officers receive in mental health is often considered to be inadequate (e.g., Kropp et al., 1989).

# Summary of needs assessment

- The needs assessment was administered to **40** TSDC correctional officers and sergeants on the Mental Health & Assessment and Special Needs Unit.
- Received **34** completed needs assessments (**85% response rate**)

## Demographic Breakdown

Male	79%
Female	21%
Correctional Officer	94%
Sergeant	6%
Average years working in corrections	12 years

# Results for needs assessment

## 34 Total participants

59%

did not think they had received adequate training on mental health and addiction to work with inmates who have mental health problems

65%

Indicated that on an average day, they had over **15** interactions with inmates who they thought were exhibiting behaviors that may be attributed to a mental health problem

68%

believed receiving training about mental illness would better help inform their work

70%

were interested in learning more about mental illness

97%

were more confident working with inmates with mental illness if they received additional training

# 2

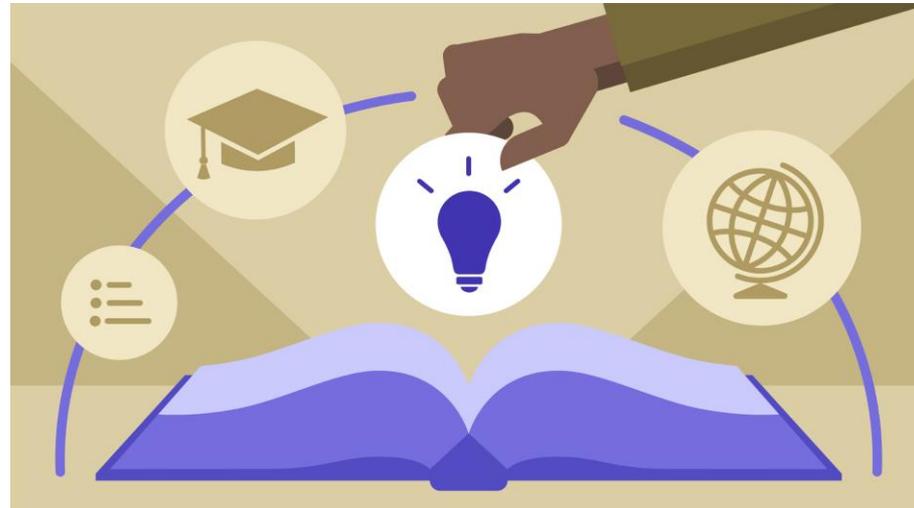
## Training Curriculum

# Development of the Training



- In response, the **CAMH Forensic Early Intervention Service (FEIS)** and the **CAMH Simulation Centre** developed a curriculum for mental health training for correctional officers that focused on increasing officers' understanding of how mental illness presents in a correctional setting.
- Training was developed and delivered by a **inter-professional team** of individuals who have experience working in **forensic mental health** in both hospitals and correctional settings.
- The team **consulted with leaders and subject matter experts** from TSDC and Vanier for curriculum development

# Curriculum Development



## Overall Learning Objectives

1. Increase understanding of how mental disorders present in corrections
2. Develop an awareness and understanding of suicide and violence risk
3. Apply communication strategies to effectively support Inmates/Clients with mental health issues

# High Level Outline of Topics

## Mental Health Awareness

- What is Mental Health
  - Signs and Symptoms of Mental Illness
- Presentation and what to look for in corrections
  - Prevalence in Corrections
- Stigma
- Substance Use Disorders
  - Symptoms of withdrawal
  - Symptoms of intoxication
- Recovery
- Management of mental illness in corrections
- Responding to individuals with mental illness



## Suicide and Violence Risk Assessment

- Exploring risk factors for suicide and violence
- Assessment and management of risk for suicide and violence

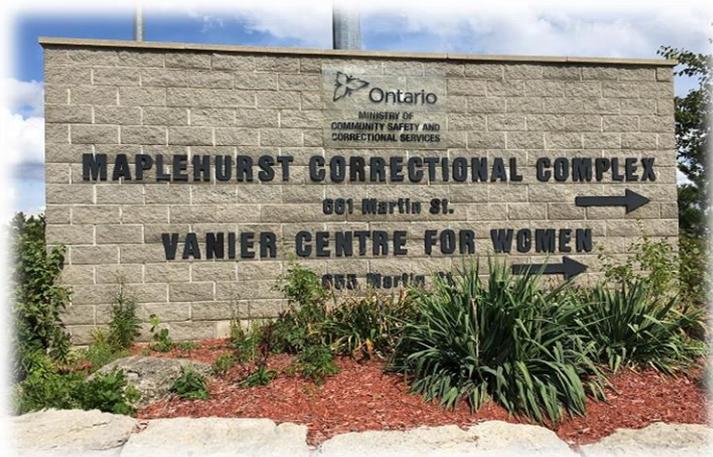
## Officer's Mental Health

- Maintaining good mental health
- Resources for supporting your our mental health

# Delivery of Training



- Four one-day sessions were held, reaching **56 officers** at the Toronto South Detention Centre



- The project was expanded to the Vanier Centre for Women for three one-day sessions where **47 officers** were trained

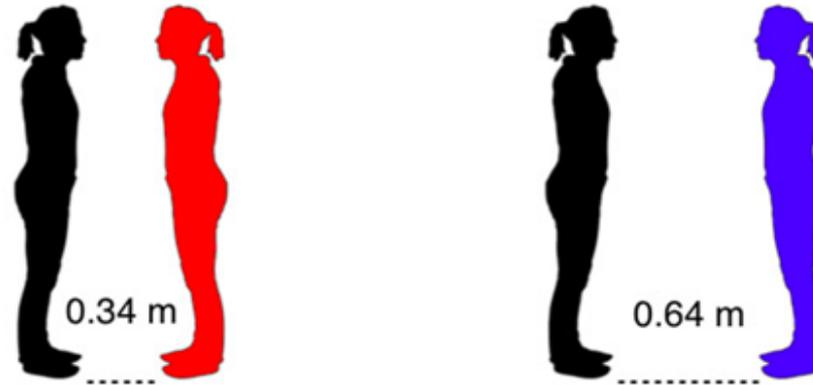
# Learning Modalities

1. Didactic Teaching
2. Group activities & discussions
3. Case-based learning
4. Simulation training



# Examples of Experiential Learning Activities

## Personal Space



## Hearing Voices



# Sample of case scenario

- Ryan is 35. **He has a diagnosis of paranoid type schizophrenia. He is compliant with antipsychotic medication.** He is serving a 15 month sentence for assault causing bodily harm. **He has had over 20 admissions to jail and mental health hospitals in the last 10 years.** He **has a sister who has supported him in the past** however he is refusing to speak with her at this time. **Ryan refuses to eat his meal because he feels staff are poisoning him.**
- Based on Ryan's mental health treatment plan, officers are aware that during a previous mental health crisis, Ryan assaulted correctional staff. The post crisis plan indicated that **Ryan had previously assaulted staff because he believed that staff members were trying to kill him.** His plan also states that during the last crisis, Ryan was religiously preoccupied and had scripture written on his cell walls, which is similar to how he is currently presenting.
- As the officers approach his cell to see how they can help him, Ryan begins to scream and threaten physical harm to the officers.

**Activity:** In groups of 3-5, read the scenario provided. Discuss for 5 min risk factors and specific ways you would intervene to manage risk and then share with whole group.

# Sample of simulation scenario

**Title:** De-escalating an inmate presenting with symptoms of psychosis

**Scenario Summary:** You are working on A3A, one of the **special needs units** at the Toronto South Detention Centre for the first time this week. It is the **night shift** and the inmates are trying to go to sleep. One of the **new inmates**, Mark Benson, who **you are not familiar with** has been **banging his cell door and yelling bizarre things**. Other inmates have been yelling out as well as they are frustrated with the noise and trying to sleep. Mark is in a single cell.

**Learner Task(s):** Your task is to **assess the inmate**, Mark and provide de-escalate him. You will have up to 10 minutes.

## **Learning Objectives:**

1. Recognize when an inmate is presenting with symptoms of psychosis
2. Recognize the risk to the inmate themselves, the officers, and/or other inmates and the environment posed by the inmate who is presenting with symptoms of psychosis
3. Apply appropriate management strategies to de-escalate the inmate

# 3

## **Evaluation of Training** *Pre, Post, & Follow-up*

# Evaluation Survey

TSDC	Vanier
<b>56</b> participants completed the pre and post training survey	<b>41</b> participants completed the pre and post training survey
The evaluation covered the <b>knowledge</b> and <b>confidence</b> sections of the Pre and Post survey questionnaire	

# Findings

## TSDC & Vanier

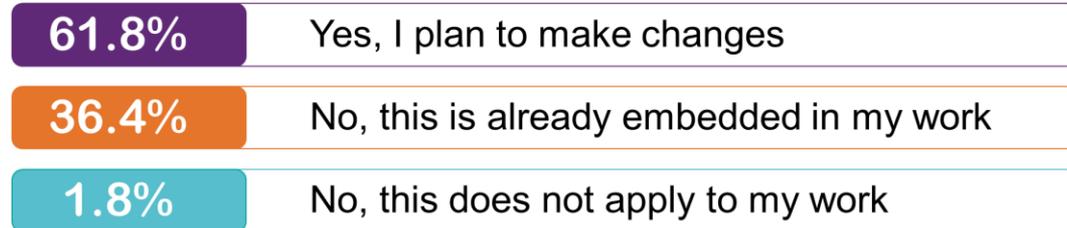
Gains in knowledge of mental health, ability to identify and assist with inmates with mental health disorders

Compared to pre-training, a paired-samples t-test indicate **statistically significant increase** in knowledge of mental health topics, confidence in the ability to identify and assist inmates with mental health disorders after the training

## TSDC Finding: Intention to change



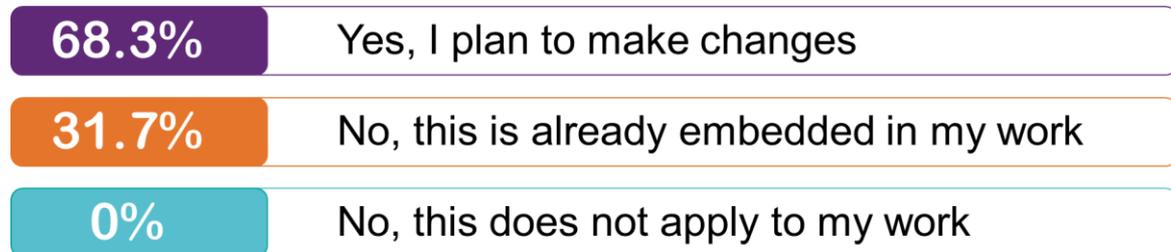
Participants reported to have some intentions to change practice:



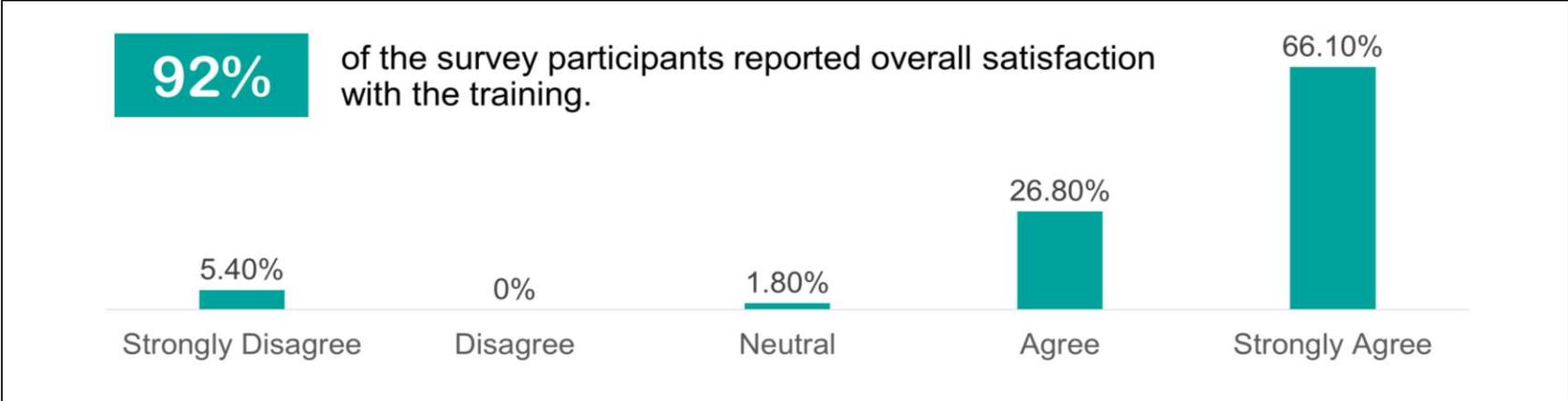
## Vanier Finding: Intention to change



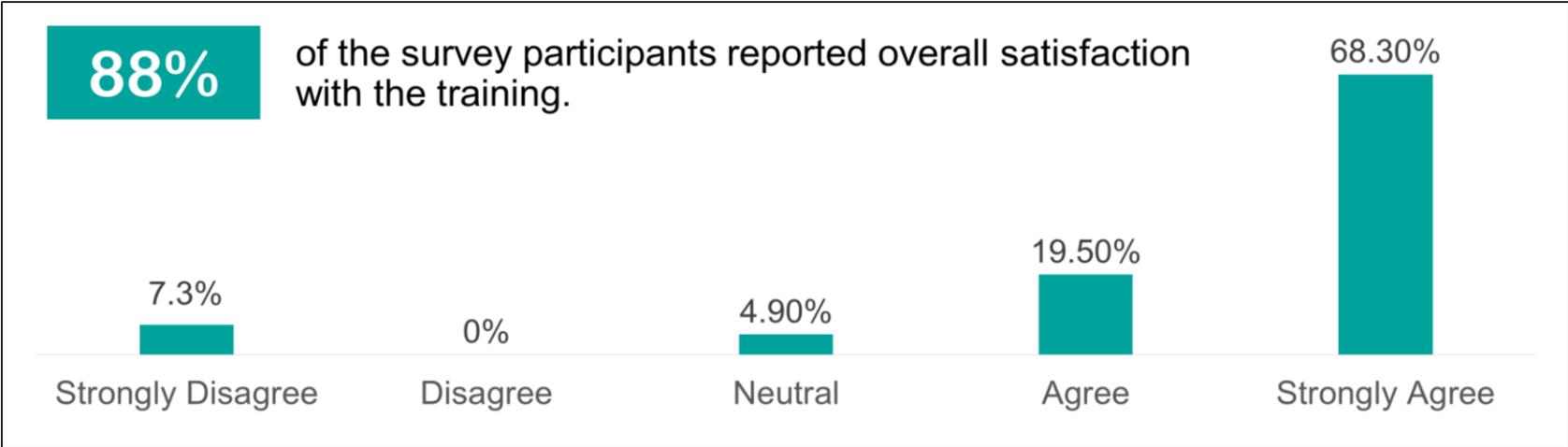
Participants reported to have some intentions to change practice:



# TSDC Finding: Satisfaction Rates



# Vanier Finding: Satisfaction Rates



# Qualitative Findings:

*Identified by participants from  
TSDC & Vanier*

## Responses from open-ended questions:

*“Be more patient. **Active listening** as opposed to coming up with an action plan while in the middle of listening.”*

*“I have a better understanding of how to deal with some issues and **more open mindset to try different approaches**”*

*“**Every person is different**, & every mental health illness or disorder can effect people differently”*

*“**Validating Emotions.** Don’t dismiss a client’s feelings”*

# TSDC Evaluation:

*3 month follow-up*

# Evaluation Survey



- **23** participants completed the 3 month follow up survey
- The evaluation covered the **knowledge** and **confidence** sections of the 3 month follow-up survey questionnaire:

# Knowledge of mental health topics

## Finding # 1:

- Comparing 3 month follow-up to baseline, respondents reported high gain in knowledge across all topics of mental health

# Confidence in ability to identify inmates with mental health issues

## Finding # 2:

- Comparing 3 month follow-up to baseline, respondents indicated high gains in confidence in their ability to identify inmates with mental health disorders across all areas

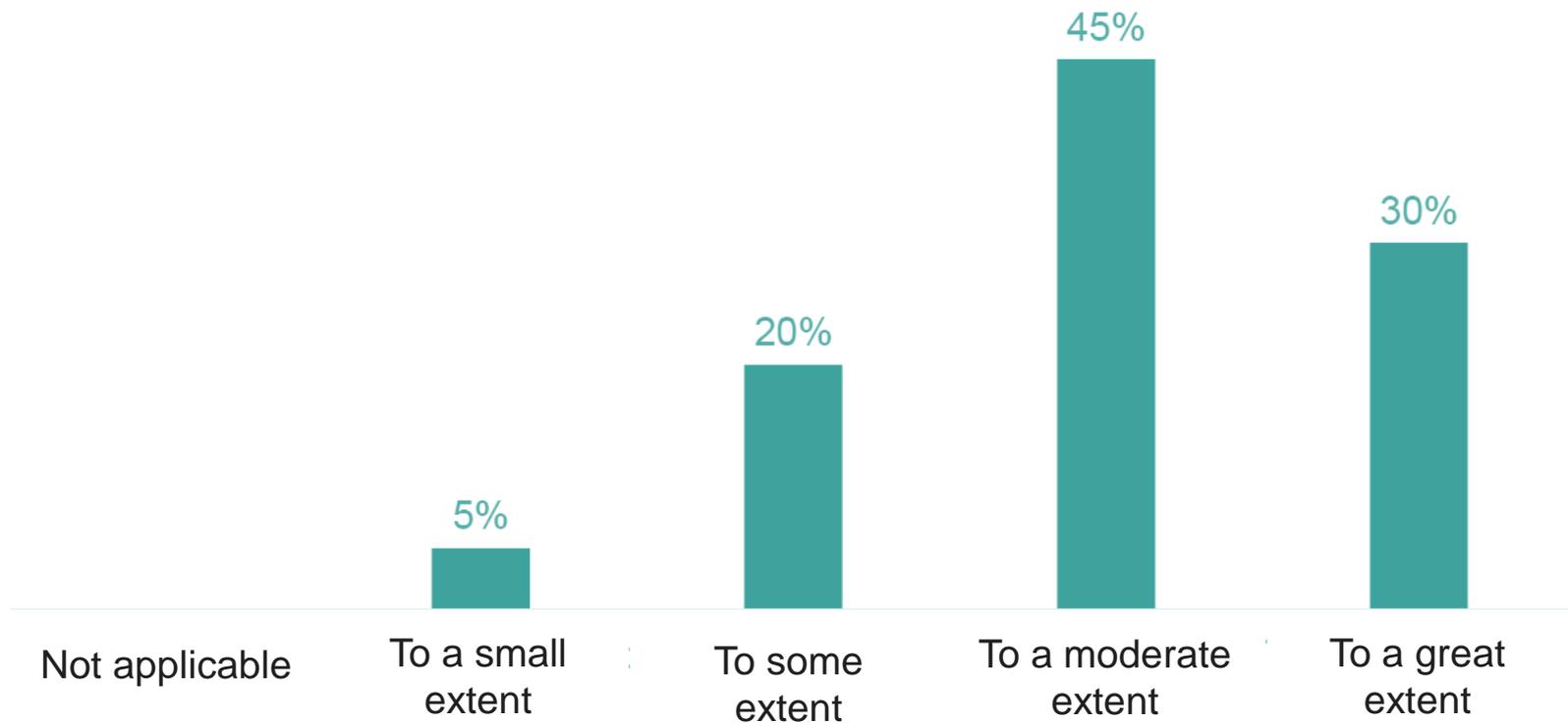
# Confidence in ability to assist and work with inmates who have mental health issues

## Finding # 3:

- Comparing 3 month follow-up to baseline, respondents indicated high gains in confidence in their ability to identify inmates with mental health disorders across all areas

## Finding # 4:

**75%** of respondents indicated that they have applied what they had learned from the training to a 'moderate or great extent'



## Responses from open-ended questions:

*“The training expanded my knowledge base and led to an increase in confidence in working with people in crisis.”*

***“My de-escalation skills are better because I can change my way of handling a situation based on the client and what I see”***

*“For myself after reflecting on the training, I make a conscious effort to accept our human limitations in high pressure times **take care of my own mental health.** ”*

## Responses from open-ended questions:

*"Although the CAMH mental health training was enjoyable and insightful, **we lack so many resources tools to be able to successfully deal with inmates with special needs.**"*

*"Better result will be seen with follow-up training, further roll out, more co-operation. More time is also needed to properly gauge impact... **Best training I've had as a CO**"*

*"Most staff training is instructed by correctional staff; this often comes with bias and through their lens. It was refreshing to have instructors with new ideas..."*

# Vanier Evaluation:

*3 month follow-up*

# 4

## **Mental Health Training at TSDC** *Follow-up focus groups*

## Methodology

Final component of evaluation was a nine-month follow-up assessment to gain a deeper understanding of officers' needs, learning and application of training

- **2** one-hour focus groups conducted at the TSDC in July 2019
- **12** correctional officers in attendance
  - 3 at first focus group, 9 at the second
- **2** broad questions asked

# Focus Group Questions

## Question 1

- Think about any changes you had planned to make in your work as a result of the training:
  - Which ones have you made?
  - Which ones have you not (or not yet) made?
    - What would help you implement these?
- Did your practice change after the training in any ways that were not planned?
- If your practice has not changed, did the training provide any other benefit?

## Question 2

- Since the training, what needs do you feel remain unmet with regard to:
  - Your knowledge, skills and confidence in working with inmates with mental health concerns?
  - Your own mental health or that of your team?

# 12 Key Themes Identified

## Making Changes to their Work

- Changes that correctional officers have made in their work

**# 1** Officers have better understanding of and are able to identify symptoms/behaviours related to mental health challenge/illnesses

*“We were preciously trained to treat behaviours not illness”*

**# 2** Officers’ attitudes towards inmates with mental health challenges has improved (feeling more patient, understanding)

**# 3** Officers are using different approaches when working with inmates who present symptoms or behaviours related to mental health challenges

**Sub-theme:** Some officers have trained staff who did not get the training to adopt new approaches when working with inmates with mental health challenges

**# 4** Officers have improved information sharing and continuity of care with their partners (e.g., other officers, nurses)

# 12 Key Themes Identified

## Making Changes to their Work

- Addressing challenges to implementing changes that have not yet been made

# 5	More frequent or regular mental health training would support officers in implementing changes to their work
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# 6	Having all frontline and management staff attend mental health trainings supports the implementation of practice changes within the organization
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## Needs that Remain Unmet

- Needs related to officers' knowledge, skills and confidence in working with inmates with mental health concerns

# 7	Officers would like to gain more specific clinical knowledge about mental health challenges/mental illnesses (i.e., terminology), treatments available, and strategies to use when working with inmates with such challenges
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# 12 Key Themes Identified

## Needs that Remain Unmet (continued)

- Needs related to officers' knowledge, skills and confidence in working with inmates with mental health concerns

**# 8** Officers want to better understand organizational processes and decision-making around how inmates with mental health challenges are triaged and treated

*"I don't understand why it takes weeks and weeks for an inmate to see a psychiatrist to get treatment – it's frustrating especially when you know you will have to deal with the outcomes of it."*

- Needs related to officers' own mental health or that of their team

**# 9** Officers would like formal debriefing or follow-up processes in place to support their own mental health

*"[Specialized population units] – Every single day, we deal with what no one will have to but no one follows up with situations, we report it and file it, and it's done."*

## 12 Key Themes Identified

### Needs that Remain Unmet (continued)

- Needs related to officers' own mental health or that of their team

<b># 10</b>	Officers would like to learn how to recognize possible indicators of mental health deterioration among each other, and how they can support each other's mental well-being
<b># 11</b>	Ensure that both frontline staff and management who work in mental health units have the appropriate training and support
<b># 12</b>	Officers would like more organizational awareness of mental exhaustion and how to mitigate its effects

# Next Steps

## Moving Forward

1. Create opportunities for formal collaboration between correctional officers and clinical staff to share information about inmates' illness, displayed behaviours, and related-psychotropic interventions (i.e., continuity of care among clinical staff and correctional officers).
2. Continuing interest in correctional officer well-being and training program development
3. Foster organizational buy-in and shared goals among management and frontline staff to recognize the importance of addressing mental health in the workplace.
4. Consider greater psychological supports and resources that can be provided by the workplace to address short- and long-term health outcomes among staff and management, related to repeated exposure to difficult situations.

# THANK YOU



# **Q&A Session**

Correctional Officer Training Presentation

## References

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