

Overview of the Forensic Early Intervention Service (FEIS) and Reintegration Opportunities

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AGENDA

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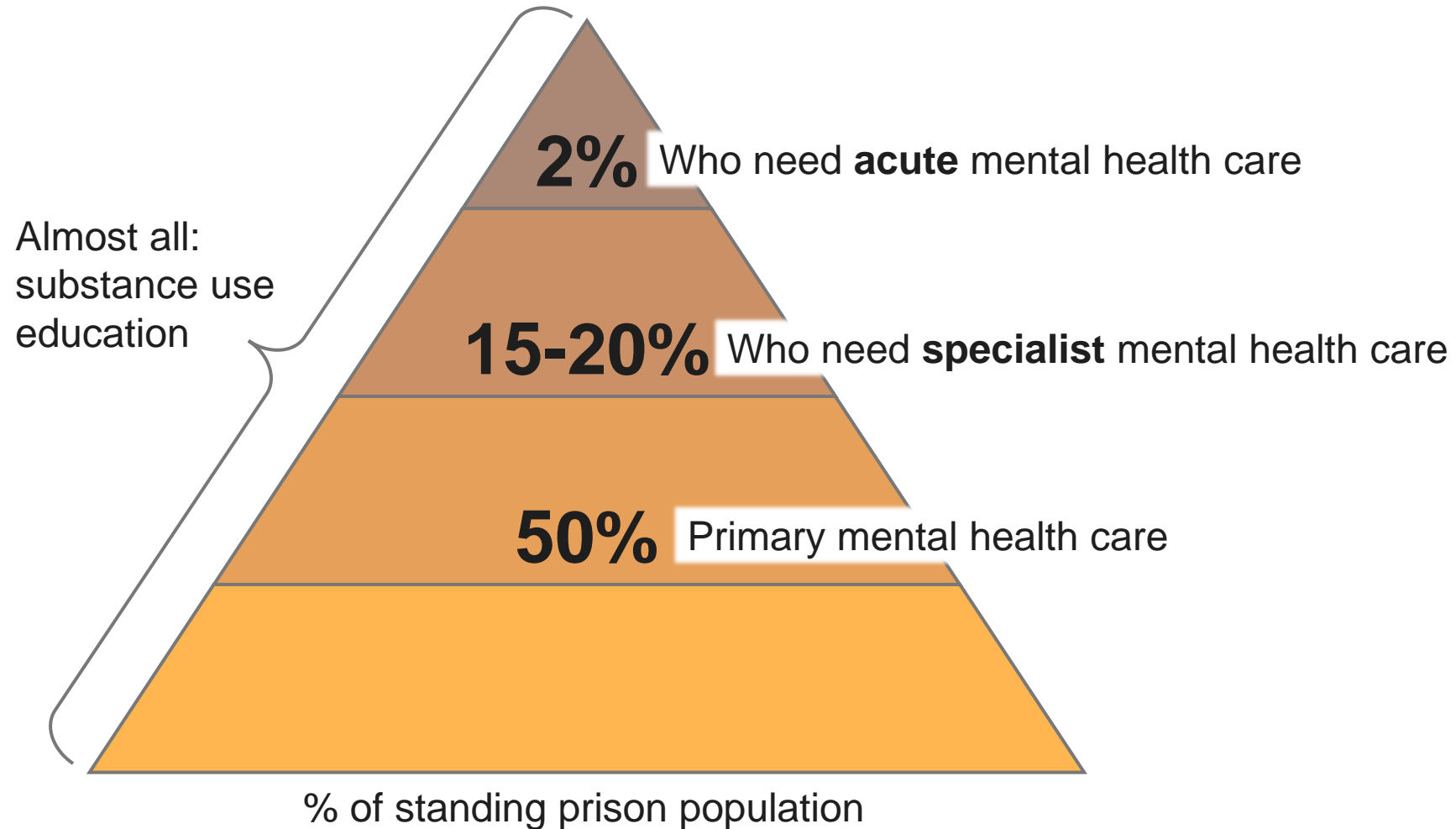
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Next steps

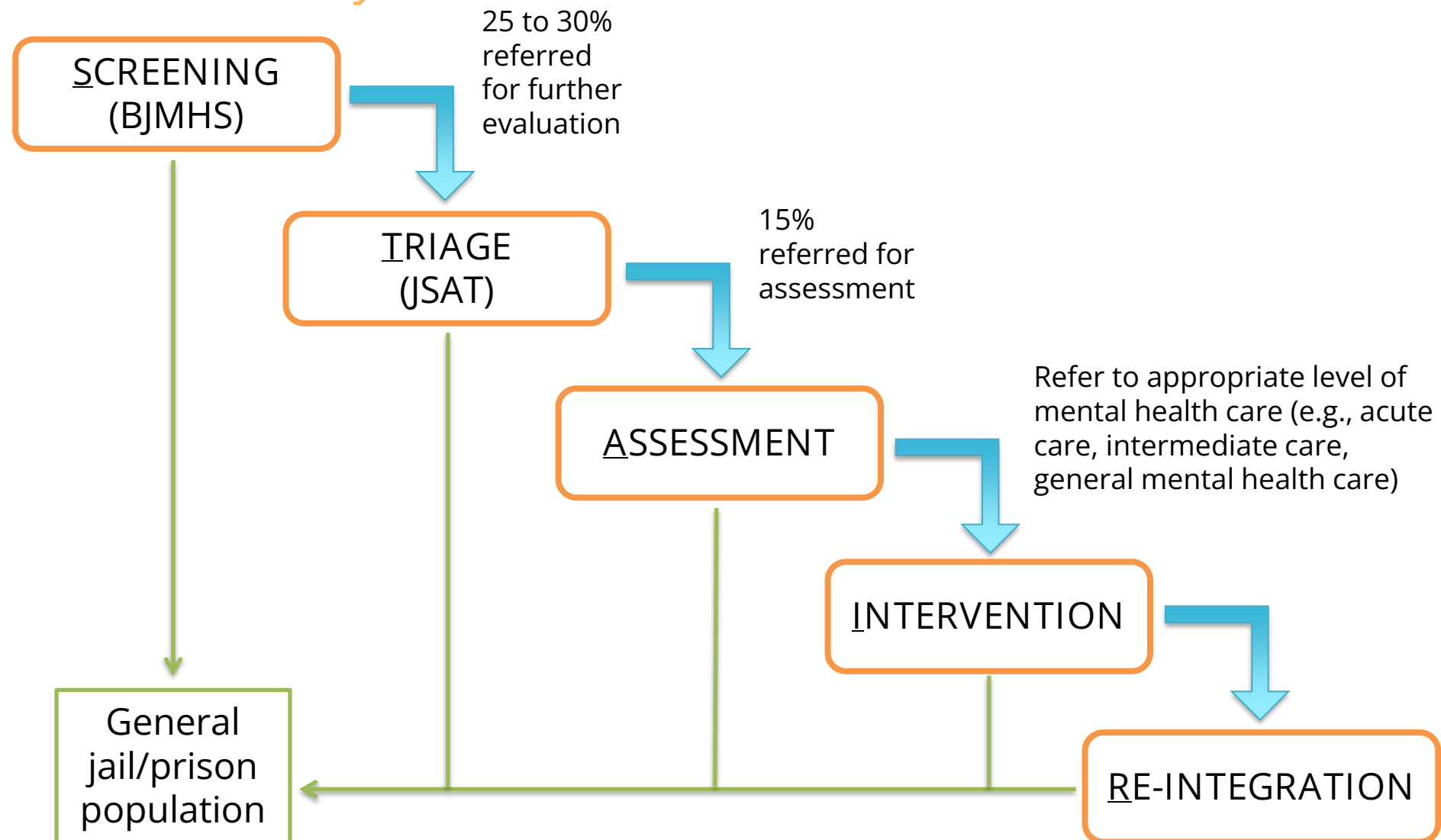
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Background & Development of the STAIR Model

A Pyramid of Mental Health Need



STAIR Pathway



2

FEIS Service Overview

Forensic Early Intervention Service (FEIS)

- A collaboration between the Centre for Addiction and Mental Health (CAMH), and the Ministry of the Solicitor General
- Jail-based forensic mental health service targeting remand populations
- Aims to enhance timely access to acute forensic services for individuals identified with specific forensic mental health needs
- Provides continuity of care (smooth transition/coordination of information between jail, court and forensic hospitals)
- First launched at the Toronto South Detention Centre (male remand facility) in January 2015
- Since opening, FEIS has received over 6,000 referrals and served over 1,000 clients
- Expanded the service to Vanier Centre for Women in April 2017

FEIS Inclusion Criteria

- Found unfit to stand trial by the Court and awaiting transfer to hospital
- Experiencing a mental condition or illness such that fitness to stand trial may be in question
- At risk of becoming unfit to stand trial
- Possibility of a Not Criminally Responsible (NCR) pathway
- Undergoing a criminal responsibility assessment
- Ordered to forensic hospital under the Criminal Code of Canada and awaiting admission.

Screening & Triage Tools

Brief Jail Mental Health Screen (BJMHS)

- First stage of screening conducted by jail mental health nurse
- Eight-item screening tool
- Six symptom-related questions and two questions on medication and past hospitalization
- Validated against the Structured Clinical Interview for DSM-IV in both male and female populations (Steadman, Scott, Osher, Agnese, & Robbins, 2005; Steadman, Robbins, Islam, & Osher, 2007)
- Positive screen: answer yes to either two of six symptom-related items, or answer yes to either question on medication or past hospitalization

Jail Assessment Screening Tool (JSAT)

- Individuals that screen positive on BJMHS receive a second evaluation conducted by FEIS clinicians
- Semi-structure interview that assess current level of functioning and mental health need (Nicholls, Roesch, Olley, Ogloff, & Hemphill, 2005)
- Validated in both men (Ogloff, 2002) and women (Nicholls, Lee, Corrado, & Ogloff, 2004)

FEIS Community Team (FCT)

Model

A pilot expansion of FEIS to provide short-term bridging and reintegration services;

- Provide immediate access to a Psychiatrist in the community on release
- Ensure continuity of care between in-prison FEIS care and community follow-up
- Provide case management focused on ensuring linkage to key community support agencies (housing, social needs, benefit services etc.)
- Refer rapidly for ongoing community supports and mental health services appropriate to need.

Inclusion Criteria

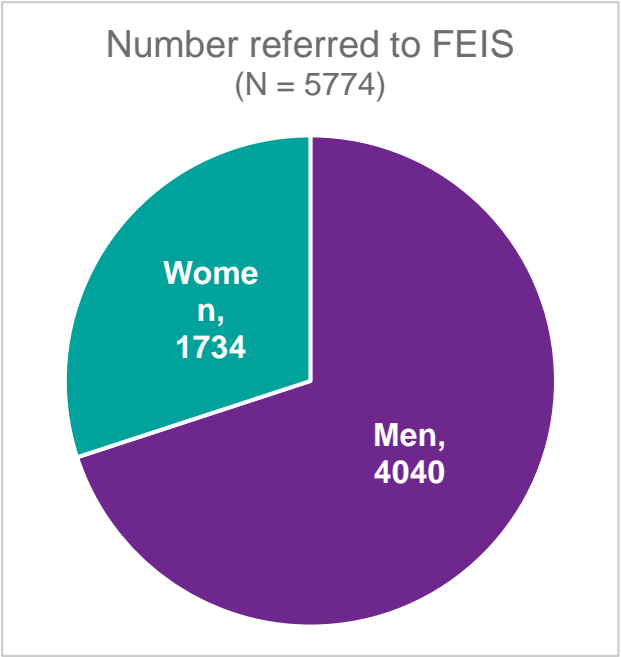
- Currently on FEIS caseload
- Have major mental illness
- Living in Toronto
- Capable with respect to consent to treatment
- Consent to be part of FCT

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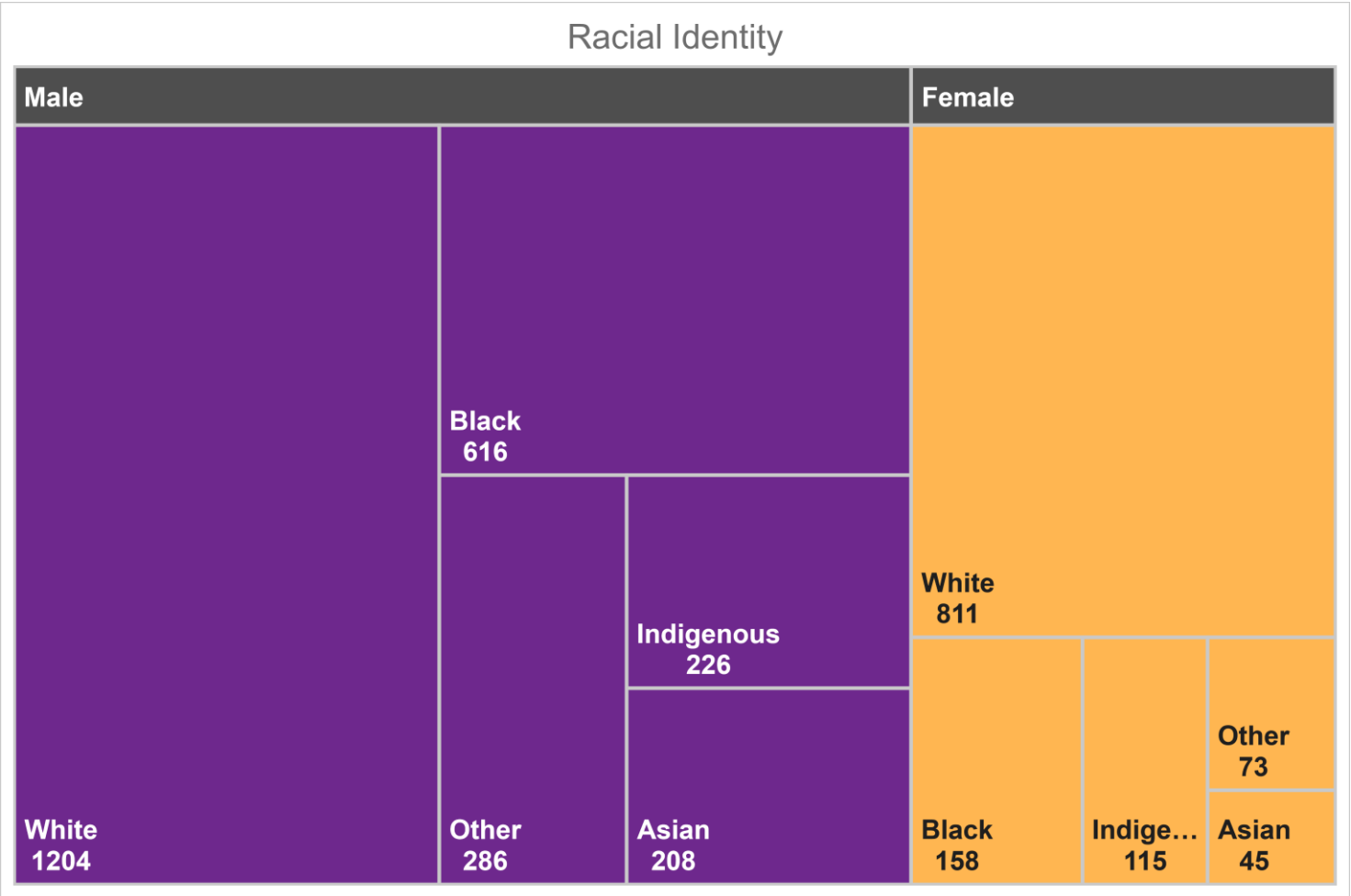
FEIS Sociodemographic Characteristics

Sociodemographic Characteristics – Part 1

Reporting period - January 2016 to November 2020



	Men	Women
Average age	36.2	34.3
Average length of stay in days	13.2	4.5



Sociodemographic Characteristics – Part 2

Reporting period - January 2016 to November 2020

- Only 39% of both men and women had completed a high school education.
- Significantly fewer women were employed (W: 10.5%, M: 18.1%)
- Significantly more were in receipt of disability or welfare payments (W: 60.3%, M: 51.3%)
- Over one-third of women had unstable housing or were homeless, while among men, the proportion was even higher (44%).
- Only 12% of women had ever been married, slightly more than men (9.6%); however, women were no more likely than men to have a current partner (both around 22%).
- More women than men reported having children (W: 62.6%, M: 42.2%), but fewer women reported having any form of social support (W: 41.0%, M: 47.2%).

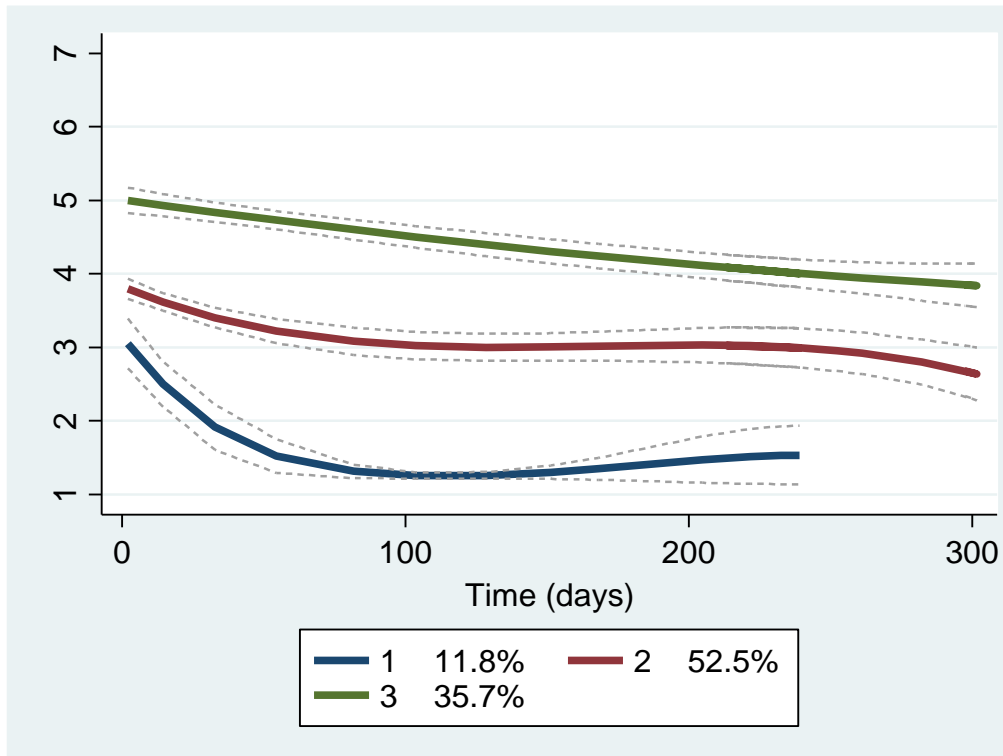
Clinical Variables

Reporting period - January 2016 to November 2020

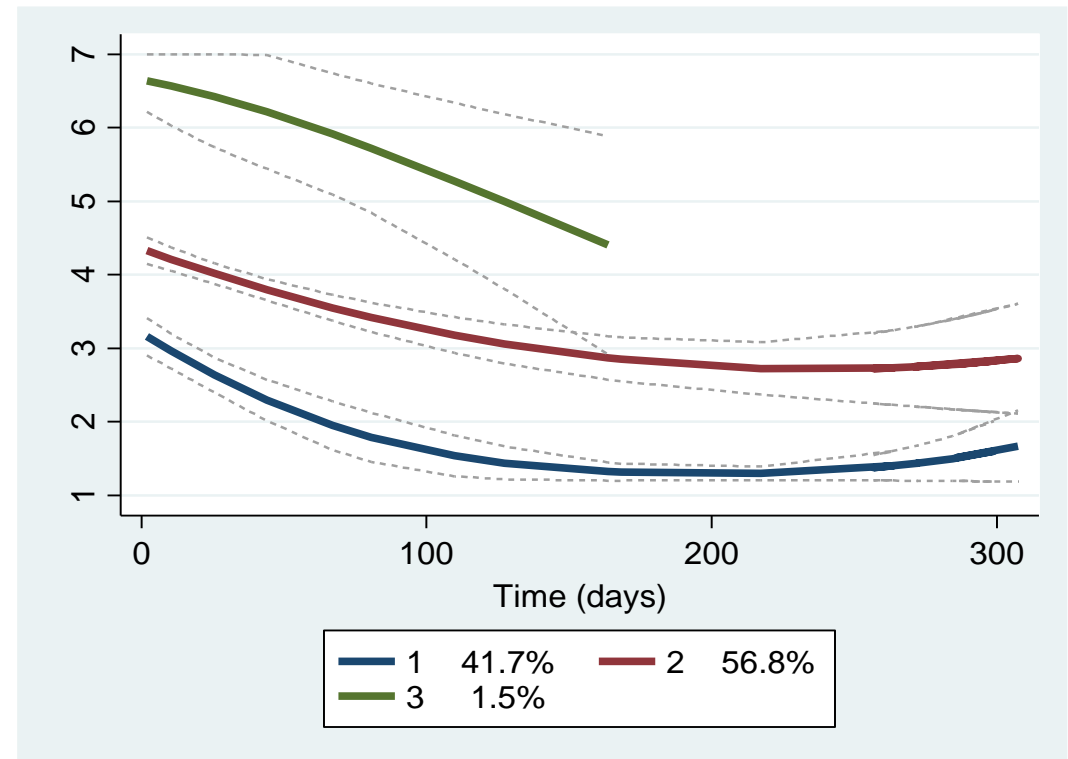
- 88% of both men and women reported having current mental health issues.
- Significantly more women had mood and anxiety issues, though the prevalence was high in both groups (W: 63.3% M: 58.8%).
- Significantly more women had a psychotic illness (W: 29.6%, M: 25.8%), although similar proportions had acute psychotic symptoms (5.7%).
- Higher proportions of women had self-harm issues (W: 22.4%, M: 14.3%), whereas similar proportions (approximately 4.5%) had current suicidal intent.

Change in CGI-C Score – Men and Women

Men

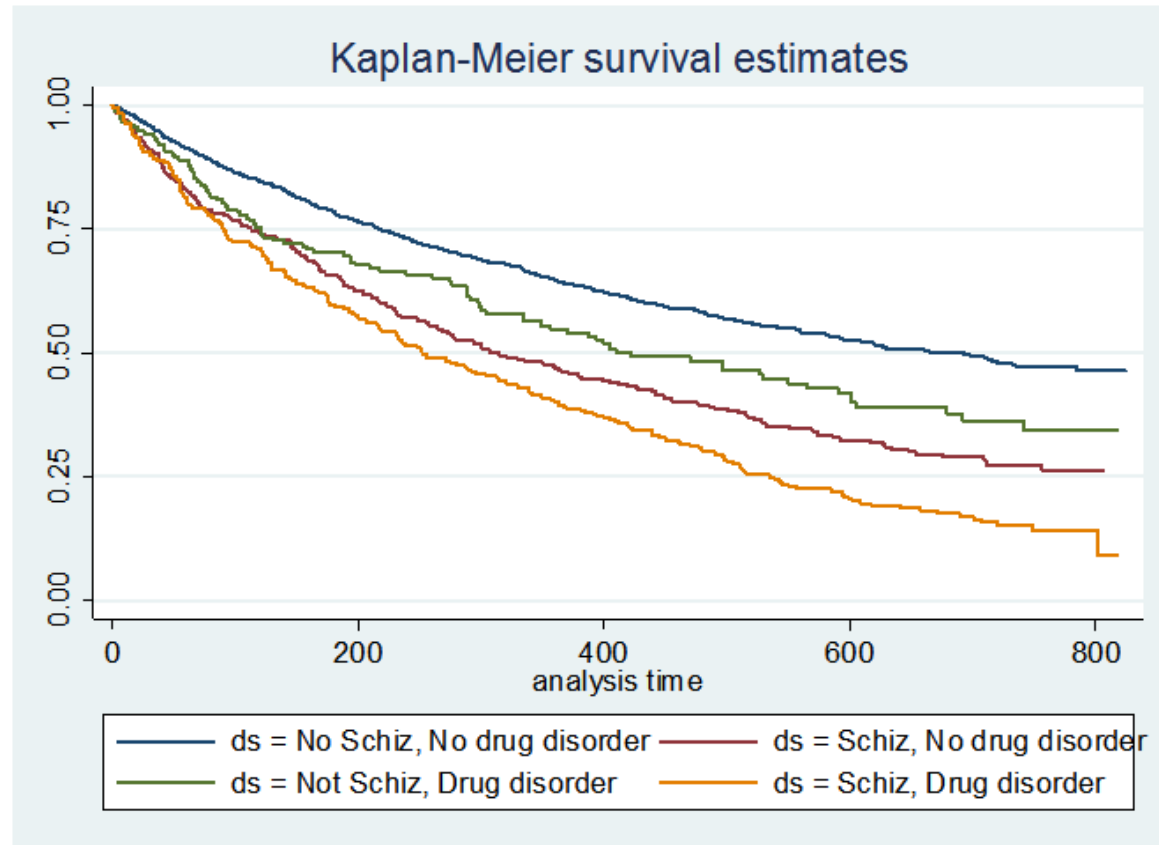


Women



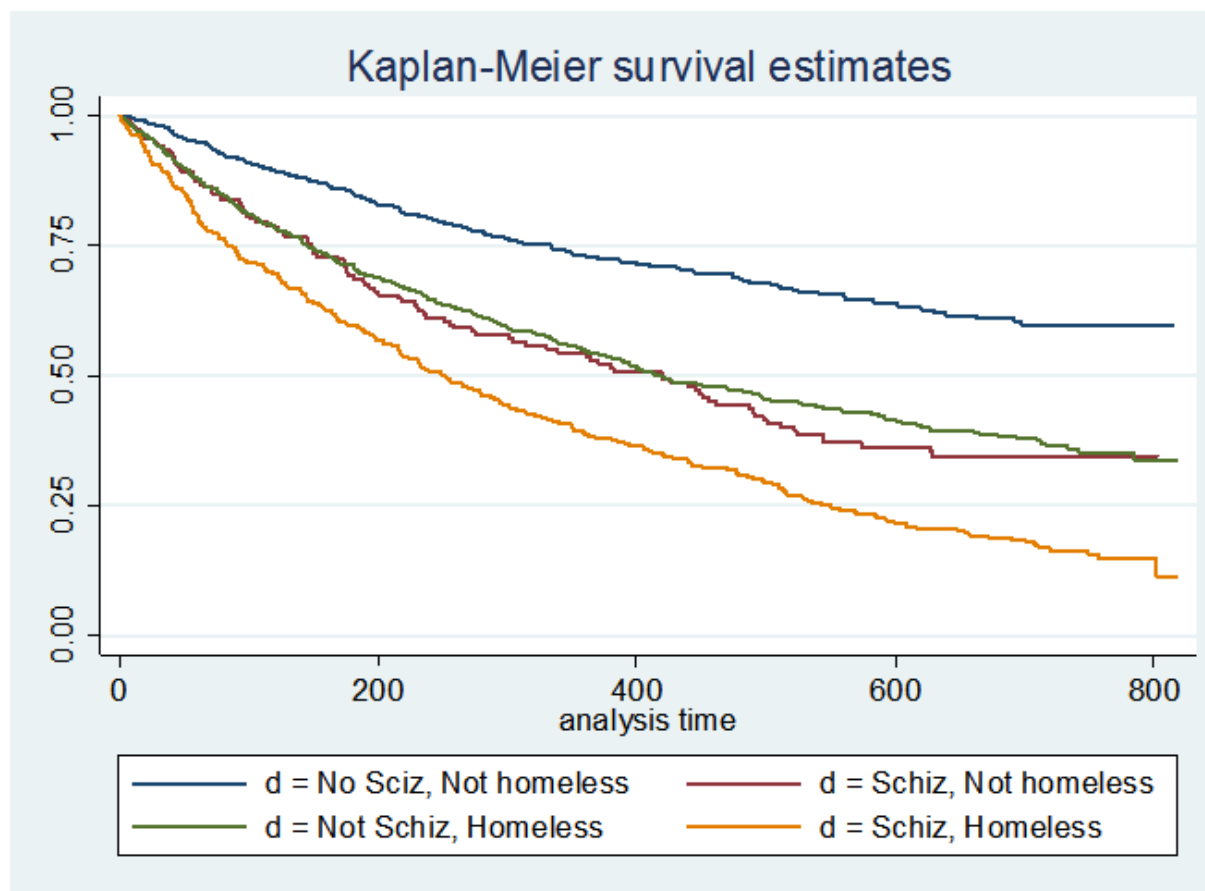
Return to Custody - 1

Additive effect of schizophrenia and drug use disorder associated with rate of re-referral to FEIS



Return to Custody - 2

Additive effect of schizophrenia and homelessness associated with rate of re-referral to FEIS



Reintegration: What is known from the literature

Simpson et al (2022). A systematic review of reviews of correctional mental health services using the STAIR Framework. Frontiers in Psychiatry, 12, 2515.

Most studies are from the US which may not generalize to other parts of the world

Three main types of programs

- Bridging assistance and health benefits (largely US relevant, but also here)
- ACT type models including in-reach prior to release
- Critical time intervention models: focusing transitional resources on the process of release and reintegration

Common features of effectiveness:

- Continuity between pre and post release
- Navigation and linkage central to the success
- More difficult in remand situation with less time for planning, more unpredictable release dates
- We need to judge success from personal, health and CJ perspectives (rearrests etc)
- Co-occurring disorder care crucial.

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Next steps

FEIS Function to date

- Successful implementation of STAIR, demonstrating that the core assumptions of access rates can be achieved in a high volume, shared care setting.
- Have shown effectiveness, but also large areas of unmet need
- The new FESI Community team is a small step in providing continuity pre and post release, but likely this will be a small percentage of the need, but it is a start
- We hope from this we can work with you to:
 - show how this can be done better
 - argue for an “ideal” service design,
 - show where the gaps are
 - Advocate for more comprehensive services in the area.

A request

- And these goals are why we are here today
- To join if we can with those of you who are already expert in this area
- We can develop and demonstrate effective models of practice
- Try and advocate for more widespread adoption of these models

FCT - 2

Structure

- Case load of upto 20 clients
- 1 FTE Case Manager (divided - 50% nurse, 50% social worker)
- Two Physician sessions per week
- Location – CAMH Outpatients
- Provide service for up to 4 months post-release

Discharge

- Mental stability and improvement in social circumstances
- Handover of case to community mental health team / Psychiatrist / Family Physician

FCT - 3

Outline of Interventions

Within custody

- Identification of eligibility
- Meeting with Case Manager for registration, consent, and initial measures
- Brief intervention work (e.g. MI, psychoeducation, medication management)

Outside Custody

- Case Management (liaise & engage with services – addictions, CMHT, housing, GP)
- Medication – prescribed by FEIS Psychiatrist, LAI administered by FEIS Nurse.
- Mental health assessments

Duration

- 1 year

Measurements - 1

Admission:

Camberwell Assessment of Need

WHODAS

Clinical Global Impressions Scale (CGI)

Brief Psychiatric Rating Scale (BPRS)

ASSIST Screening Test

Measurements - 2

Within First Month:

Trauma History Questionnaire (THQ) - if applicable

Adverse Childhood Experience (ACE) Questionnaire - if applicable

Medication Side Effects – BAS / AIMS / SAS

Attitudes to Medication and Adherence

Drug Attitude Inventory - DAI-10

Satisfaction of Life Scale (SWLS)

Single-Item Happiness Questionnaire (SIQ)

Multidimensional Scale of Perceived Social Support

Metabolic Monitoring

Following Each Visit:

Clinical Global Impressions Scale (CGI)

Measurements - 3

Discharge:

Camberwell Assessment of Need

WHODAS

Brief Psychiatric Rating Scale (BPRS)

Clinical Global Impressions Scale (CGI)