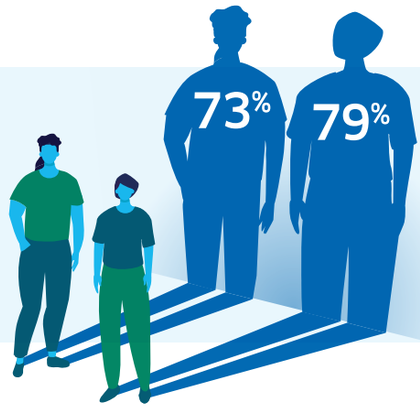
Mental Health Commission of Canada | Commission de la santé mentale du Canada

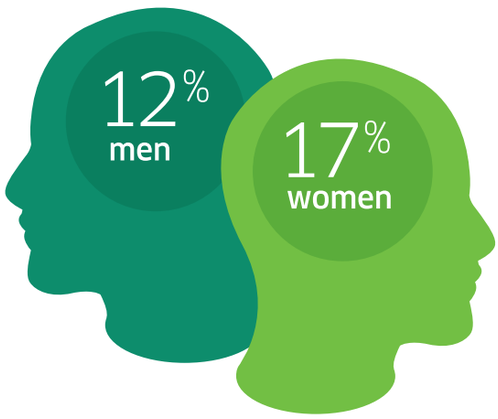
Who Experiences Mental Health Problems in the Criminal Justice System?

Academic researchers and policy-makers agree that people who live with mental health problems and illnesses are overrepresented in criminal justice systems, in Canada and globally.

The prevalence of mental health problems and illnesses among justice-involved people outpaces rates in the community:

73% of federally incarcerated men and 79% of federally incarcerated women met the criteria for one or more current mental disorders.





Rates of serious mental illness, such as major depressive disorder, bipolar disorder and psychotic disorders, are anywhere from two to three times higher for incarcerated persons in comparison to the community:

12% of federally incarcerated men and 17% of federally incarcerated women met the criteria for a current major mental illness.

Justice-involved persons who are incarcerated are nearly three times more likely to use psychotropic medications.

There is a concern that high rates of active psychotropic prescription, relative to those in the community (30% vs. 8%), may be a sign of its use for the purposes of behavioural control, rather than for therapeutic reasons.

Experiences and histories of trauma, including sexual, physical and mental abuse, are more common among justice-involved persons than non-justice-involved persons.

This is especially true among First Nations, Inuit and Métis (FNIM) men and women, and non-FNIM women.

In federal institutions, instances of self-injurious behaviour or non-suicidal self-injury more than doubled between 2008 and 2013 with fewer individuals having more experiences.

Men are more likely to self-injure because of feelings arising directly from being incarcerated, whereas women are more likely to self-injure because of feelings arising from emotional pain and past trauma.

The Mental Health Needs of Justice-Involved Persons: A Rapid Scoping Review of the Literature (2020) - Key Messages

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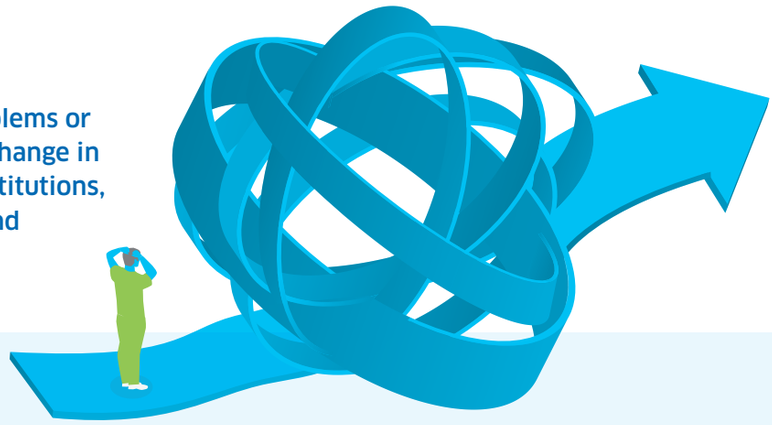
What are the Experiences and Needs of People with Mental Health Problems or Illnesses who are Involved in the Justice System?

Justice-involved people with mental health problems or illnesses repeatedly experience disruption and change in their lives, as they are often moved between institutions, courts, available services, precarious housing, and homelessness.



Justice-involved people with mental health problems or illnesses often face a dual stigma, where mental health stigma causes them to be perceived as a risk, and justice involvement excludes them from social supports and services.

Justice-involved persons are more likely to be declined supportive housing by housing providers than other applicants, often because their "support needs are too high."

In the context of under-resourced community mental health services, justice involvement may be one of the few ways people can access mental health care in Canada. But this access often comes with the cost of being criminalized and experiencing a loss of freedom.

Incarcerated people with mental health problems or illnesses are placed in segregation or solitary confinement far more often compared to those without a mental illness.

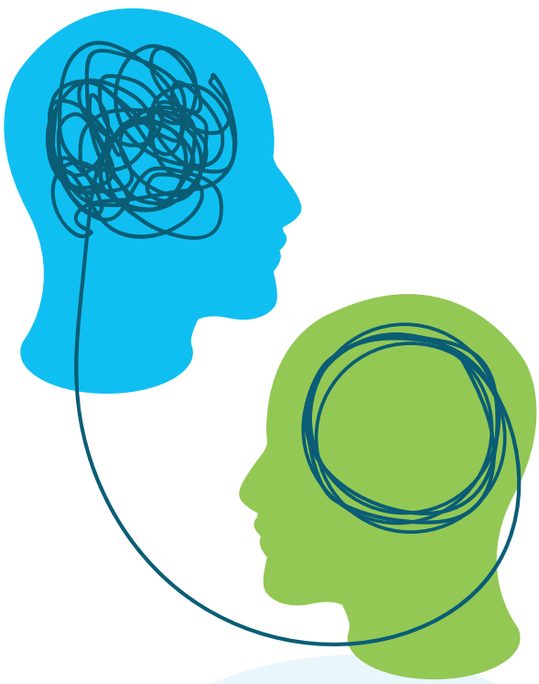
Segregation is the most common response to a mental illness, in particular to suicidal ideation, which is often due to inadequately resourced care.

Incarcerated people who attempt suicide or who self-injure are often perceived as manipulative and subjected to escalating cycles of discipline that worsen mental health.

Correctional mental health care in Canada is consistently understaffed and has very high turnover rates; primary care is overloaded because intermediate and specialized care are not adequately resourced.

What Evidence-Based and Promising Practices Address Mental Health Needs in the Criminal Justice System and the Community After Release?

Mental health courts and other forms of court-based diversion have been positively evaluated in Canada, though they continue to evolve and depend on the availability of appropriate mental health care resources in the community.



Cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT) are evidence-based practices that can effectively address some mental health needs within corrections.

CBT and DBT have also been adapted to address the high rates of non-suicidal self-injury among incarcerated persons, but criticism remains of the context in which these interventions are implemented, given the challenge of providing therapeutic services in, what some experts deem, an inherently nontherapeutic environment.

Best-practice models for correctional mental health care exist, such as STAIR. However, they are not universally implemented in Canada.

The STAIR model consists of:

- **Screening**
- **Triage**
- **Assessment**
- **Intervention**
- **Reintegration**

The APIC model is the best-practice approach to release and community-supervision planning.

The key components of the APIC model are:

- **Assess**
- **Plan**
- **Identify**
- **Coordinate**

Improving mental health care within justice and corrections may require recognizing that no one stakeholder group has the expertise, resources, and authority to act effectively on their own. Intersectoral collaborations, such as Ontario's Human Services and Justice Coordinating Committees, are developing promising models.

What Principles and Concepts Should Inform the Development of Programs and Policies Tailored to Justice-Involved Persons?

Current and former justice-involved persons do not receive care comparable to their counterparts in the community and regularly face barriers to high-quality mental health care.

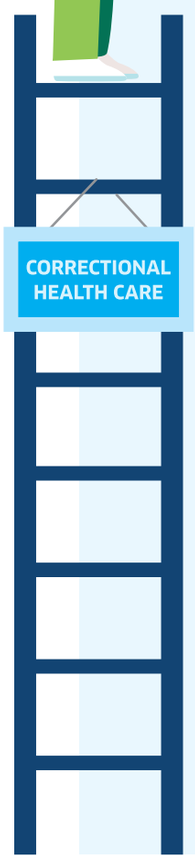
Correctional institutions across the country are experiencing a severe shortage of mental health care professionals. For those that are in place, a lack of clinical independence makes it difficult for autonomy in decision-making.

Recovery-oriented treatment approaches are associated with positive outcomes for justice-involved persons overall.

The principles of recovery-oriented treatment include:

- A sense of connectedness to supportive networks
- Trust in oneself to overcome stigma
- A sense of purpose and meaning in life, etc.

Integration between correctional health care, non-correctional health care, and broader social services is critical to reducing interruptions in mental health care between the system and the community.



Canadian jurisdictions are encouraged to make significant progress toward system reform, including restrictions on the use of segregation and integration between the health and justice sectors.

Investments in community mental health care services are essential to ensure they are accessible and adequately equipped to support justice-involved clients, while linking to wrap-around services and supports.

What Do We Know and What Do We Need to Know?

This scoping review affirms the following recommendations set out in a 2015 consultation by mental health and justice stakeholders and published by Crocker et al.

Support families caring for loved ones who experience mental health problems or illnesses and become justice-involved

Support community mental health services attending to aggressive behaviour and offering coordinated services that address mental health needs

Have a unified model of care and discharge planning that spans the gap between corrections and mental health services in the community

Establish a consistent, high-quality standard of specialized resources for mental health in correctional settings

Address inadequate reintegration, including promoting inclusive community mental health services, safe and adequate housing, etc.

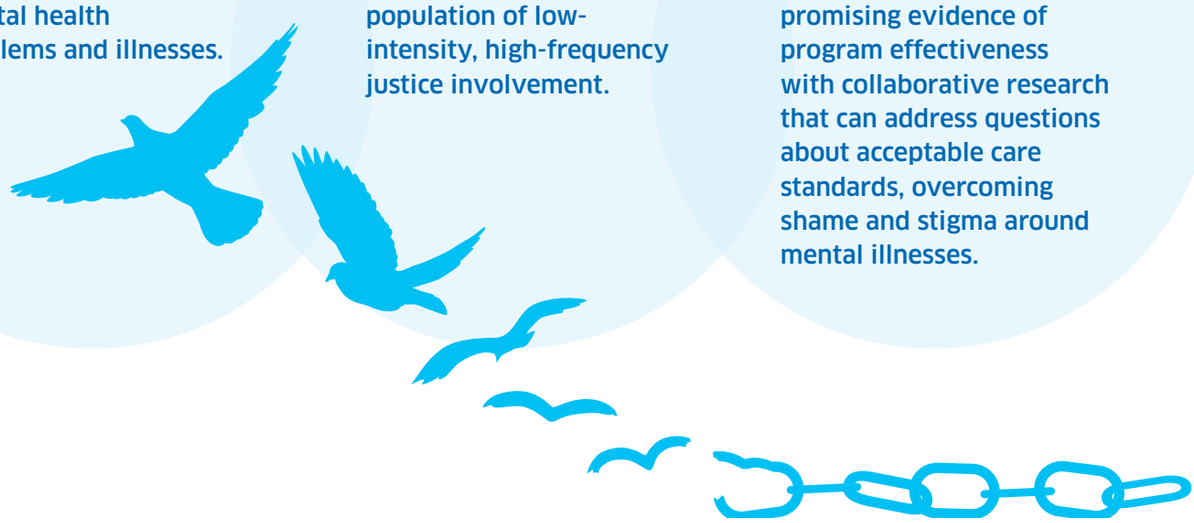
Address the stigma of justice involvement and mental illness in the media and public discourse

The scoping review sets out three additional recommendations for further efforts:

Development of longitudinal studies of justice-involved populations with mental health problems and illnesses.

Development of a collective impact model for mental health recovery in the "revolving door" population of low-intensity, high-frequency justice involvement.

Explore the perspectives of mental health care users who are justice-involved, combining promising evidence of program effectiveness with collaborative research that can address questions about acceptable care standards, overcoming shame and stigma around mental illnesses.

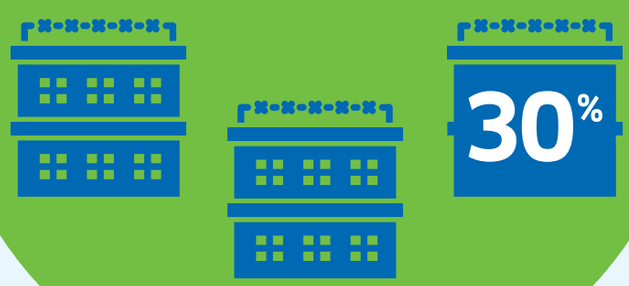


What are the Mental Health Needs of Priority Populations that are Justice-Involved?

The term “priority populations” is used as a term for populations who are more at risk of having unmet social determinants of health. This includes First Nations, Inuit, or Métis (FNIM) persons; women and girls; people with disabilities; older adults; two-spirit, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) individuals; gender minorities; and immigrant, refugee, ethnocultural and racialized (IRER) populations.

Marginalization, histories of oppression, racism, sexism and patriarchy, continued colonization, and systemic discrimination all contribute to the over representation of priority populations with mental health problems and illnesses in the criminal justice system.

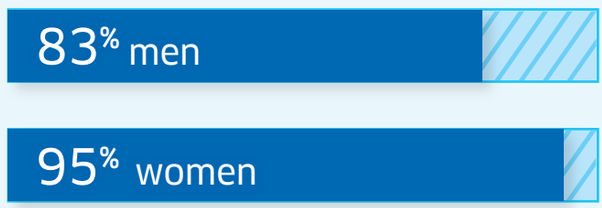
First Nations, Inuit and Métis are disproportionately overrepresented in Canada’s federal corrections system where they represent 30% of incarcerated persons, despite being 4.9% of Canada’s population.



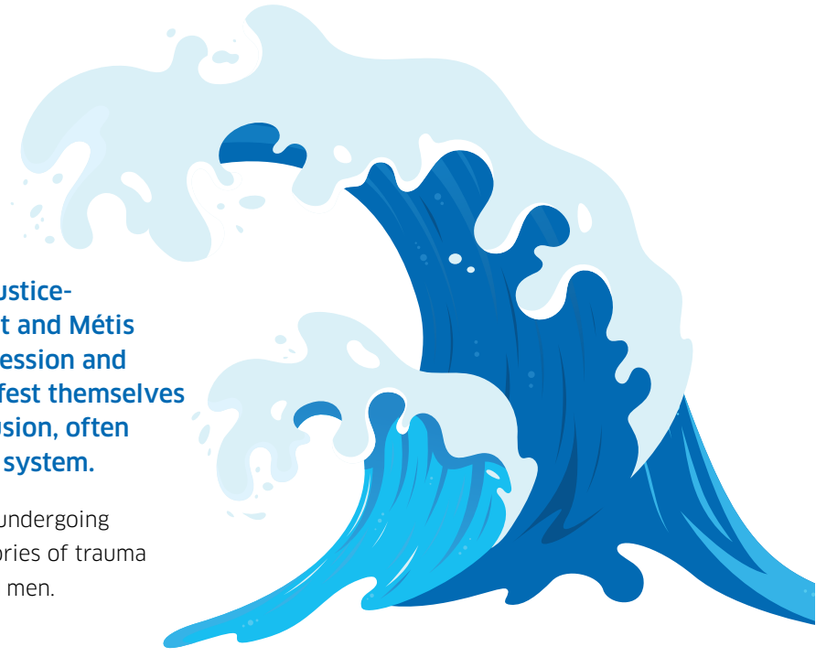
Prevalence rates of mental health problems or illnesses are high among incarcerated First Nations, Inuit and Métis persons:

83% of federally incarcerated FNIM men met the criteria for one or more current mental disorders.

95% of federally incarcerated FNIM women met the criteria for a current mental disorder.

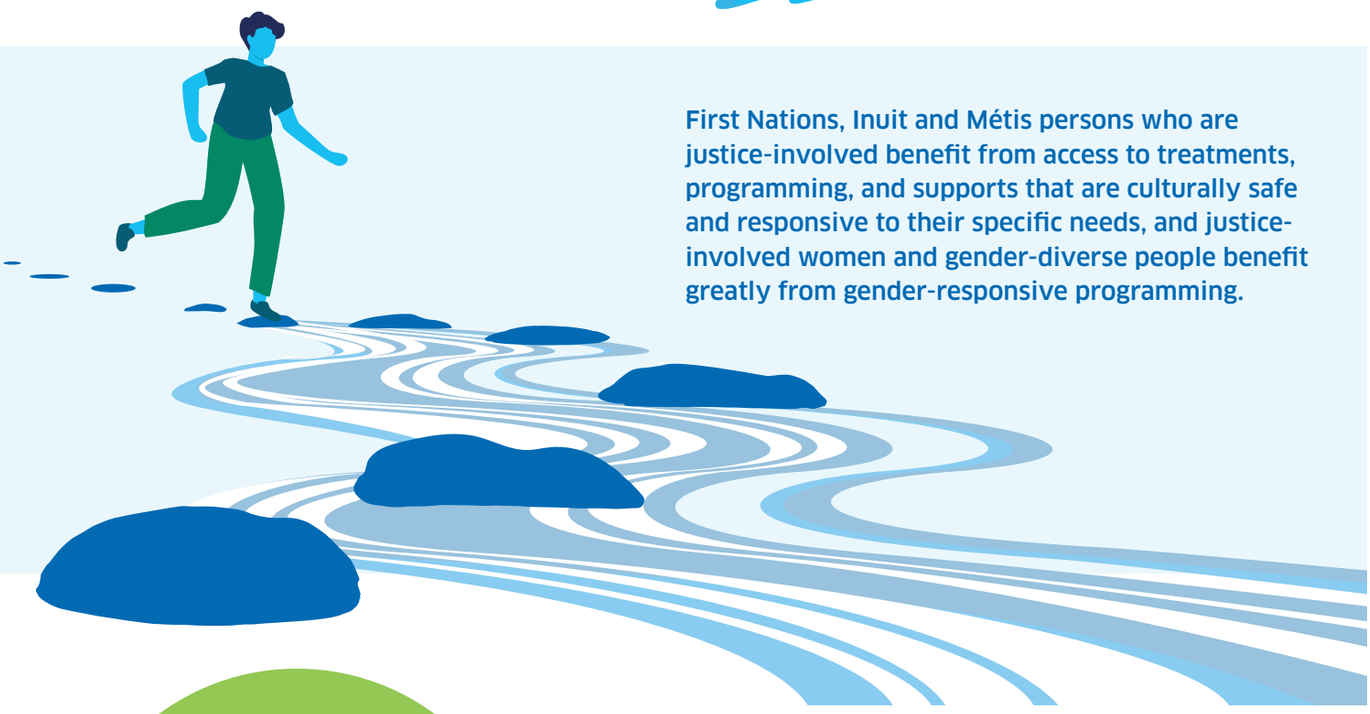


Rates of attempted suicide and suicidal ideation are high in Canadian prisons, ranging from 3 to 11 times that of the community, with First Nations, Inuit, and Métis persons being disproportionally affected.



Trauma is well implicated in the pathway to justice-involvement, especially for First Nations, Inuit and Métis persons, women, and youth. Histories of oppression and violence (e.g. residential school system) manifest themselves in lived experience of trauma and social exclusion, often leading to involvement in the criminal justice system.

A Canadian sample of federally-incarcerated persons undergoing methadone therapy showed FNIM men reporting histories of trauma and abuse at significantly higher rates than non-FNIM men.



First Nations, Inuit and Métis persons who are justice-involved benefit from access to treatments, programming, and supports that are culturally safe and responsive to their specific needs, and justice-involved women and gender-diverse people benefit greatly from gender-responsive programming.

There were significant gaps in the literature on the mental health needs of certain priority populations involved in the criminal justice system.

While there is strong literature on the specific experiences of women and First Nations, Inuit and Métis persons, there is an absence of attention paid to racialized groups, such as African, Caribbean, Black or Asian Canadians, with respect to mental health in the justice system context.

2SLGBTQ+ populations are also underrepresented in research involving mental health and criminal justice involvement and statistics were not available for the full range of gender identities.

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