Mental Health Strategy

For Corrections in Canada

A Federal-Provincial-Territorial Partnership

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This *Strategy* could not have been possible without the continued collaboration of the Mental Health Commission of Canada (MHCC), specifically Terry Coleman and Bernard Starkman.

Last, but certainly not least, we thank Dr. James Livingston for his work in the document entitled: *Mental Health and Substance Use Services in Correctional Settings: A Review of Minimum Standards and Best Practices*, which served as a springboard for the *Mental Health Strategy for Corrections in Canada*.

This Strategy was created in cooperation with:

Correctional Service Canada
Ontario Correctional Services
Nova Scotia Correctional Services
New Brunswick Community and Correctional Services
Manitoba Corrections
British Columbia Corrections
Prince Edward Island Community and Correctional Services
Saskatchewan Corrections
Alberta Correctional Services
Newfoundland and Labrador Corrections and Community Services
Northwest Territories Corrections Service
Yukon Correctional Services
Nunavut Policing and Corrections

The *Mental Health Strategy for Corrections in Canada* is an ambitious multi-year undertaking. Plans will be developed with the understanding that there will be variations in the implementation and expected outcomes dependent on the capacity of the respective correctional jurisdictions.

Preamble

Estimates vary on the prevalence of mental health issues within prison, however the general view is that it is high and has increased in recent years (American Psychiatric Association [APA], 2004; Correctional Service of Canada [CSC], 2009). For example, within the Canadian context, Brink, Doherty & Boer (2001) report that 31.7% of 267 new intakes in federal penitentiaries in British Columbia had a current diagnosis of a mental disorder, with 12% meeting the criteria for a serious mood or psychotic disorder. Fazel and Danesh (2002) found that, "typically about one in seven prisoners in western countries have psychotic illnesses or major depression" (p. 548). While these rates and definitions vary, it is clear that many offenders enter the system with existing mental health problems and/or mental illnesses.

In November 2008, the Heads of Corrections created the Federal-Provincial-Territorial Working Group on Mental Health (FPT WGMH)[1].The WGMH served as an advisory body on mental health to the HOC and was tasked to develop a *Mental Health Strategy for Corrections in Canada* in consultation with the Mental Health Commission of Canada (MHCC). A number of key documents were consulted which informed the need for a *Mental Health Strategy for Corrections in Canada*. In 2006, the Honourable Michael Kirby chaired the Standing Senate Committee on Social Affairs, Science and Technology that released the report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada.* This was the first comprehensive examination of mental health issues in Canadian history. The Committee looked at a number of very important areas, one of which called for an improvement of services and working conditions in the criminal justice field.

The Canadian Mental Health Association (2009) attributes, in part, the expanding rate of incarceration of individuals with mental health problems and/or mental illnesses to the lack of a national mental health strategy for Canada. It stresses the importance of developing a strategy to assist the vulnerable men and women who come into conflict with the law.

British Columbia Mental Health and Addiction Services, an agency of the Provincial Health Services Authority, was commissioned and funded by the International Centre for Criminal Law Reform and Criminal Justice Policy as well as CSC, to undertake a review of minimum standards and best practices in relation to the provision of mental health and substance use services in correctional settings. Livingston (2009) produced a report entitled: *Mental Health and Substance Use Services in Correctional Settings: A Review of Minimum Standards and Best Practices* which identified further work required in relation to mental health practices in the criminal justice system. Although the report isolated mental health and substance use problems, it recognized the importance of using a holistic approach to service delivery. This review revealed a considerable body of literature in relation to service standards and best practices in correctional settings. The conceptual framework used in the review was intended to serve as a guide to

[1]The following correctional jurisdictions were represented: Yukon Territories, Northwest Territories, Nunavut, British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland & Labrador and Correctional Service of Canada.

inform decision-making in correctional settings. This report was instrumental in the development of the *Mental Health Strategy for Corrections in Canada.*

In 2009, the MHCC published a document entitled *Toward Recovery & Well-Being: A Framework for a Mental Health Strategy for Canada.* The purpose of this document was to provide a framework to guide the development of a balanced, comprehensive, and person-centred mental health strategy which can be applied to the many and varied contexts in Canada. The framework set out a plan for building a mental health system that will foster and nourish the strengths, capacities, and resources of individuals and communities, while lessening or removing the obstacles and barriers that stand in the way of achieving the best possible mental health for everyone. This document was influential in leading the way to the production of the *Mental Health Strategy for Corrections in Canada.*

Legal Framework

The *Canada Health Act* (CHA) is federal legislation for publicly funded health care insurance. The CHA sets out the primary objective of Canadian health care policy, which is, "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers" (1984, c.6, s.3.). Canada has a national program that is composed of fourteen interlocking federal, provincial and territorial health insurance plans, all of which share certain common features and basic standards of coverage. As framed by the CHA (1984), the principles governing our health care system are symbols of the underlying Canadian values of equity and solidarity.

Roles and responsibilities for Canada's health care system are shared between the federal and provincial-territorial governments. Under the CHA (1984), provincial and territorial governments are responsible for the management, organization and delivery of health services to residents of their provinces or territories. This includes individuals incarcerated in provincial and territorial institutions, and all individuals serving a sentence in the community; however, inmates in federal penitentiaries are excluded. For these inmates, CSC is required by statute, "to provide essential health care, including medical, dental and mental health care, and reasonable access to non-essential mental health care that will contribute to the inmate's rehabilitation and successful reintegration into the community" (Corrections and Conditional Release Act [CCRA], 1992, c.20, s.86).

As part of this regime, all federal, provincial and territorial correctional jurisdictions are responsible for the care of individuals with mental health problems and/or mental illnesses in their facilities. There are safeguards for individuals in correctional systems to ensure they are provided with access to essential services and supports.

One of these safeguards is the existence of internal redress mechanisms. Correctional jurisdictions in Canada respect the rule of law and the rights of offenders by providing such mechanisms and by recommending corrective action in cases where there is mistreatment or injustice, such as instances with respect to the provision of health care. Although Canada does not have a single national legislative ombudsman, nine Canadian provinces and one territory have parliamentary ombudsmen, who receive and investigate public complaints, including those concerning provincial and territorial correctional systems. In addition, there are Patient Advocates in several Canadian provinces and territories which act as a support structure to ensure optimal delivery of health services and may act as a liaison between a patient and their health care provider(s). In the federal sphere, the Correctional Investigator, mandated by Part III of the CCRA (1992), acts as an Ombudsman for federal offenders. The primary function of the Office of the Correctional Investigator (OCI) is to conduct investigations into the issues raised by offenders that affect them either individually or as a group.

Vision

"Building Wellness along the Continuum of Care: Connecting Services"

Individuals in the correctional system experiencing mental health problems and/or mental illnesses will have timely access to essential services and supports to achieve their best possible mental health and well-being. A focus on continuity of care will enhance the effectiveness of services accessed prior to, during, and after being in the care and custody of a correctional system. This will improve individual health outcomes and ultimately contribute to safe communities.

Introduction

One in five Canadians will experience a mental illness (Health Canada, 2002). Among those, two out of every three adults who need mental health services/treatment do not receive it because of the stigma associated with mental illness (MHCC, 2009). Most people with a mental health problem and/or mental illness do not come into contact with the criminal justice system and thus are not incarcerated. However several populations with higher prevalence rates of mental illnesses such as psychosis, depression, anxiety, and substance-related disorders are over-represented in Canada‟s correctional facilities (Canadian Institute for Health Information [CIHI], 2008).

In Canada, the responsibility for the care and custody of an individual eighteen years of age and older is determined at the time of sentencing. Individuals convicted and sentenced for less than two years and those on remand awaiting trial are referred to custody and/or community supervision programs under the jurisdiction of provincial/territorial authorities, whereas individuals sentenced to two years or more fall under the mandate of CSC. Correctional jurisdictions have a mandate to manage complex populations with varying needs, including individuals with mental health problems and/or mental illnesses.

Whether an individual has been previously diagnosed and/or treated for a mental health problem and/or mental illness, or whether it is their first point of contact for mental health treatment after becoming involved with the correctional system, there is a common desire in the mental health and justice systems provincially, territorially, and federally that correctional jurisdictions will provide timely, appropriate, effective and person-centred mental health services. This is best achieved by using evidence-based practice to promote and support the safe transition and mental health of individuals with a mental health problem and/or mental illness upon return to the community and beyond sentence completion.

Individuals with mental health problems and/or mental illnesses often have previous points of contact with multiple systems, including provincial/territorial and federal correctional jurisdictions, health care institutions, and social services. All systems have a shared mandate to provide an integrated approach of active client engagement, stability, successful community integration, and overall harm reduction in ways which are sensitive to diverse individual and group needs. Integrated efforts with the "common client" will result in fewer justice system contacts and increase public safety.

The *Mental Health Strategy for Corrections in Canada* is comprised of two parts: the *Framework* and the *Strategic Priorities*. The *Framework* forms the foundation for the *Strategic Priorities* (Knowledge Generation and Sharing, Enhanced Service Delivery, Improved Human Resource Management; and Building Community Supports and Partnerships), and the implementation of the actions required to realize the *Expected Outcomes* as described for each of the seven key elements: *Mental Health Promotion, Screening and Assessment, Treatment, Services and Support, Suicide and Self-Injury Prevention and Management, Transitional Services and Support, Staff Education, Training and Support and Community Supports and Partnerships.*

The *Strategic Priorities* are an ambitious multi-year undertaking. There will be variations in the initiation and completion of the identified plans and expected outcomes dependent upon the capacity of the respective correctional jurisdictions. Specific plans for each of the Strategic Priorities will be identified annually.

A Glossary on page 21 provides clarification of terms found throughout the document.

Part I

The Framework

The *Framework* for the *Mental Health Strategy for Corrections in Canada* is consistent with the goals and principles outlined in the 2006 United Nations (UN) *Convention on the Rights of Persons with Disabilities* in particular to, "ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability," which would also extend to individuals within the care/ custody of correctional systems (a.4, s.1). This is consistent with the goals and principles outlined in *Toward Recovery & Well Being: A Framework for a Mental Health Strategy for Canada* (MHCC, 2009).

The focus of the *Framework* is to ensure that when individuals with mental health problems and/or mental illnesses are involved with the correctional system, an emphasis is placed on providing an opportunity to engage these individuals to ensure continuity of established treatment plans, to develop and implement new treatment plans, and to integrate the mental health services received in correctional settings with community-based treatment and follow-up services.

Guiding Principles

The following outlines *Guiding Principles* for the delivery of effective continuity of mental health care for individuals in correctional systems.

- Individuals with mental health problems and/or mental illnesses are provided access to services irrespective of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status and disability (Canadian Human Rights Act, 1977, c.33, s.11).
- Mental health services are client-centred, holistic, culturally sensitive, gender-appropriate, comprehensive, and sustainable.
- Mental health care is consistent with community standards.
- The role and needs of families in promoting well-being and providing care are recognized and supported.
- Prevention, de-escalation of behaviours associated with mental health problems and/or mental illnesses, interventions, and other mental health activities/services are critical to minimizing and managing the manifestations of mental health symptoms and promoting optimal mental well-being.
- Promotion of mental health recovery is a grounding philosophy underpinning the continuum of care.

- Meaningful use of time, including participation in programming for individuals with mental health problems and/or mental illnesses, is critical to their becoming contributing and productive members of the community.

- In addition to their involvement in correctional systems, individuals with mental health problems and/or mental illnesses experience a compounded stigma that creates barriers in their ability to obtain services, and also influences the types of treatment and supports received, reintegration into the community and their general recovery.

- Mechanisms are established to ensure ongoing evaluation of the effectiveness of mental health services throughout the continuum of care.

Key Elements and Expected Outcomes

This section presents the key elements and expected outcomes for an effective continuum of care for individuals with mental health problems and/or mental illnesses within correctional systems.

1. Mental Health Promotion

The effective delivery of mental health services along the continuum of care is realized in an environment that promotes wellness, prevents illness and makes active efforts to reduce stigma.

Expected Outcomes

1. *Information/Resources for Individuals Within Correctional Systems*
   Individuals are provided with information/resources[2] about services and activities within the correctional system to improve their mental, emotional, and social well-being.

2. *Information/Resources for Staff*
   Staff working within correctional systems are provided with information/resources aimed at reducing the stigma associated with individuals with mental health problems and/or mental illnesses, in order to increase meaningful interactions with this population.

3. *Support Network*
   Informal relationships with friends, family, co-workers, and others are supported and fostered, recognizing their vital role in maintaining the individual"s positive mental health.

[2] This could include, but is not limited to the following: fact sheets, guides or toolkits.

2. *Screening and Assessment*

Early identification and ongoing assessment of mental health needs[3] of individuals is essential for providing appropriate support and treatment for those who are at risk of harming themselves or others, for commencing timely treatment, and for informing placement and correctional planning.

Expected Outcomes

1. *Initial Screening*

   Screening is provided by a trained staff member[4] to all individuals upon arrival at the correctional facility in order to identify mental health problems and/or mental illnesses and to assist in identifying placement and supervision needs of individuals.

2. *Ongoing Evaluation*

   Mechanisms are established to ensure the ongoing evaluation and identification of current and emergent mental health problems and/or mental illnesses among individuals along the continuum of care, with particular attention provided to those in more restrictive environments.

3. *Comprehensive Assessment*

   Individuals who are identified as exhibiting behaviours indicative of mental health problems and/or mental illnesses are referred to and followed-up by a qualified and competent health care professional for a comprehensive mental health assessment.

4. *Referral for Service*

   Individuals with mental health problems and/or mental illnesses who request or are assessed as needing treatment will have access to appropriate services in a timely manner; the nature of the illness will determine the urgency of the treatment referral.

[3] Mental health needs would also include cognitive deficits.

[4] The staff member would be trained according to the requirements of the mental health screening protocol being used.

3. Treatment, Services and Supports

A range of appropriate and effective mental health treatment and adjunct services is essential to alleviate symptoms (including risk of self-injury and suicide), enhance recovery and well-being, enable individuals to actively participate in correctional programs, and for safer integration of individuals with mental health problems or mental illnesses into institutional and community environments.

Expected Outcomes

1. *Information about Services*
   Upon admission to a correctional facility, individuals receive timely and accurate information regarding available mental health services.

2. *Staff Qualification*
   Mental health treatment, services, and supports are provided by health professionals who deliver such services.

3. *Treatment Plan*
   Individualized treatment plans are written and regularly reviewed by health professionals for individuals with mental health problems and/or mental illnesses. A collaborative approach is used with individuals to optimize engagement in the treatment process.

4. *Mental Health and Substance Use*
   Individuals with mental health problems and/or mental illnesses as well as a substance-related disorder will have access to a continuum of mental health and substance use services, either in the correctional facility or in another appropriate therapeutic setting.

5. *Access to Medication*
   Individuals with mental health problems and/or mental illnesses have equitable and timely access to medication as clinically appropriate.

6. *Emergency Services*
   Individuals have prompt access to emergency mental health services as required.

7. *Environment*
   Individuals with acute or chronic mental health problems and/or mental illnesses are placed in an environment that offers a therapeutic milieu with the appropriate level of support.

8. *Equivalence of Care*
   Individuals with mental health problems and/or mental illnesses will have access to community standards of care.

4. *Suicide and Self-Injury Prevention and Management*

A comprehensive approach to the prevention and management of suicide and self-injury is essential for managing the increased risk of suicide and self-injurious behaviour among individuals in the correctional system. Early identification of risk for suicide or self-injury is important in establishing mental health treatment, monitoring and support plans, as well as for placement considerations. Staff are trained to identify symptoms and factors that may indicate an elevated risk for suicide or self-injury, and to intervene appropriately.

Expected Outcomes

1. *Screening*
   Potential risk for suicide and self-injury is screened at intake.

2. *Assessment*
   Individuals at risk for suicide or self-injurious behaviours are referred to a mental health professional for assessment.

3. *Monitoring*
   Individuals at risk for suicide or self-injurious behaviours are monitored according to their level of risk.

4. *Treatment*
   Individuals at risk for suicide or self-injurious behaviours receive mental health services in an appropriate and timely manner.

5. *Housing*
   Individuals at risk for suicide or self-injurious behaviours are housed in safe environments that maximize interaction with staff and others, and minimize experiences of isolation.

6. *Suicide Prevention*
   Correctional staff are trained to recognize and intervene when there are verbal and behavioural cues that indicate risk for suicide.

5. Transitional Services and Supports

Dedicated transitional services are required to support a seamless continuity of care from the community to the correctional system and upon return to the community. These services will be provided during the pre-sentence period, at the time of intake, within and between institutions, and upon release to the community, with an emphasis on connecting with community resources.

Expected Outcomes

1. *Transitioning from the Community to the Correctional System*

   Treatment plans are continued, where appropriate, for individuals with mental health problems and/or mental illnesses who are entering the correctional system.

2. *Transition Plan for Reintegrating into the Community*

   Individuals with mental health problems and/or mental illnesses accessing continued care are provided with a written transition plan that identifies appropriate and available community resources prior to their release/transfer from a correctional facility or at completion of sentence. Prior to the end of the sentence, staff establish contacts with community resources to enable a smooth transition to community mental health services.

3. *Continuity of Medication*

   Individuals with mental health problems and/or mental illnesses who have been prescribed psychiatric medications in the community have their treatment plans reviewed when entering a correctional system. When individuals leave a correctional system, those requiring ongoing psychiatric medication are provided with a sufficient amount until they can reasonably be expected to obtain community mental health services.

6. *Staff Education, Training and Support*

Staff require ongoing support as well as comprehensive education and training in mental health to enhance their well-being, knowledge, and skills to interact effectively and provide appropriate support for individuals with mental health problems and/or mental illnesses.

Expected Outcomes

1. *Staff Education/Training*
   Correctional staff are trained to recognize and respond to mental health problems and/or mental illnesses. Mental health staff are supported in their ongoing professional development.

2. *Suicide Prevention*
   Correctional staff are trained to recognize and intervene when there are verbal and behavioural cues that indicate potential suicide risk.

3. *Support*
   Staff support will be available for those working with individuals with mental health problems and/or mental illnesses.

7. Community Supports and Partnerships

Outreach initiatives to build relationships with partners are essential to optimize individual mental health and well-being, enhance continuum of care, and contribute to the shared responsibility of public safety.

Expected Outcomes

1. *Correctional, Government and Non-Government Partners*
   Partnerships are developed between correctional jurisdictions, government partners (including regional health authorities), community service providers and non-government organizations (NGOs) to address factors that may affect individuals‟ mental health and well-being.

2. *Developing Community Capacity*
   Partnerships with local, regional and national stakeholders will be encouraged and supported to be responsive to the needs and interests of individuals with mental health problems and/or mental illnesses.

Part II

Strategic Priorities

Introduction

Part I (the *Framework*) establishes the foundation for the *Mental Health Strategy for Corrections in Canada* and Part II (*Strategic Priorities*) builds on the *Framework* towards the realization of the *Expected Outcomes* associated with each key element. Both the *Framework* and the *Strategic Priorities* reflect national consultations, completed by correctional jurisdictions, with staff, stakeholders and offenders.

Priorities

The *Strategic Priorities* identify the priority areas for work over the next five years in order to improve all jurisdictions‟ performance against the key elements outlined in Part I:

1. *Knowledge Generation and Sharing;*
2. *Enhanced Service Delivery;*
3. *Improved Human Resource Management; and*
4. *Building Community Supports and Partnerships.*

Specific plans for the implementation of each of the *Strategic Priorities* will be identified annually.

1. Knowledge Generation and Sharing

Knowledge is generated through ongoing research of international and national best and promising practices in the area of mental health and the law. The generation and subsequent sharing of knowledge leads to effectiveness in the other areas of this *Strategy*, specifically *Enhancement of Service Delivery*, I*mproved Human Resource Management* and *Building Community Supports and Partnerships*.

2. Enhanced Service Delivery

Service Delivery refers to the activities throughout the continuum of care including: screening and assessment, treatment, support and services, suicide and self-injury prevention and management, transitional services and supports, and community supports and partnerships.

3. Improved Human Resource Management

Human Resource Management refers to the ongoing support, education, and training in mental health to enhance staff well-being, and the knowledge and skills to interact effectively with individuals with mental health problems and/or mental illnesses.

4. Building Community Supports and Partnerships

Community Supports and Partnerships refers to the activities that support a seamless continuum of care through building relationships with partners to optimize individual mental health and well-being while contributing to the shared responsibility of public safety.

Appendix

This summary provides an overview of the consultation responses provided by staff, stakeholders and offenders across federal, provincial and territorial correctional jurisdictions, regarding the *Framework* for a *Mental Health Strategy for Corrections in Canada*. Approximately 1984 consultation responses were recorded. There are seven elements that summarize the scope and intent of this strategy, which include: (1) Mental Health Promotion; (2) Screening and Assessment; (3) Treatment, Services and Supports; (4) Suicide and Self-Injury Prevention and Management; (5) Transitional Services and Supports; (6) Staff Education, Training and Support; and (7) Community Supports and Partnerships. Please note that the consultation process was based on six elements; a seventh element was added to the Strategy resulting from the feedback (i.e., Mental Health Promotion).

All of those who were consulted agreed that the elements outlined in the *Framework* were crucial for a comprehensive *Mental Health Strategy for Corrections in Canada*. Preliminary scans of the consultation data highlight the following themes:

Screening and Assessment	The need for adequate screening and assessment, as illustrated by the number of offenders who are placed with general population without mental health services, was a concern for all those consulted.	Ongoing evaluation of current and emergent mental health problems and/or illness was essential for the mental health and well-being of all those in correctional jurisdictions.		Comprehensive mental health assessments, by qualified mental health professionals lead to proper treatment and intervention.
Treatment, Services and Supports	Individualized mental health treatment plans are important for the mental health and well-being of those individuals with mental health problems and/or mental illnesses.	Individuals benefit from supportive and therapeutic environments that treat mental health concerns.	Those consulted agreed that more resources need to be allotted to clinical mental health services across correctional jurisdictions.	Mental health treatment in correctional systems should be equivalent to community standards. Substance abuse, psychological, psychiatric, and emergency services are all important aspects of mental health treatment.
Suicide and Self-Injury Prevention & Management	Intake screening, assessment, and treatment of mental health problems and/or mental illnesses should include suicide and self-injury identification and prevention.	Frontline staff need and want suicide prevention training.	Safe and therapeutic housing is essential for the management of those who are at risk for suicide and self injury.	
Transitional Services and Supports	Fostering a seamless continuity of care from the community to the correctional systems and back to the community is essential for mental health and well-being of those requiring mental health services.	Having a mental health discharge plan is a very helpful resource for community reintegration.	Transitional services and supports should accommodate special populations within correctional systems, such as women, Aboriginal, and visible minority offenders.	Stakeholders see this principle as the most important aspect of the strategy.
Staff Education, Training & Support	Staff education and training is essential for mental health treatment, according to all those consulted.	Staff support for those who work with individuals with mental health problems and/or mental illnesses is viewed as a significant gap according to correctional staff and stakeholders.	Correctional systems should provide the full continuum of mental health services consistent with community standards; therefore staff education, training and support are essential.	
Community Supports and Partnerships	Partnerships need to be fostered and developed between correctional, governmental, and non-governmental partners.	Developing community capacity is important for ensuring appropriate mental health services are given to individuals when they are reintegrated back in the community.		Stakeholders feel that this strategy will help contribute to a more integrated mental health system for individuals who have come in contact with the law and who have mental problems and/or mental illnesses.

Glossary

Glossary

Acute: Symptoms that persist for less than six months. (DSM-IV-TR)

Chronic: Symptoms that persist for six months or longer. (DSM-IV-TR)

Cognitive Deficits: Also known as an intellectual disability. A condition in which people show significant limitations in their ability to learn and function. The DSM-IV-TR subdivides individuals with intellectual disability into degrees of severity based on their level of impairment (mild, moderate, severe, or profound) in intellectual functioning.

Common Client: Individuals involved with both criminal justice and mental health services.

Community Capacity-Building: With the goal of promoting adequate consideration of the needs of individuals with mental health problems and/or mental illness who come into contact with the law, community capacity-building activities include the following:

- promoting the development of new and additional services;
- working to improve social programs and health services by encouraging communities and organizations to be responsive to identified needs;
- coordinating and working with various organizations to combat relevant social issues through community awareness; and
- attending, organizing and contributing at community meetings to ensure adequate consideration of the needs of individuals with mental health problems and/or mental illnesses.

Community Standards: Community standards will vary between jurisdictions. It is the intent that each correctional jurisdiction will, at a minimum, meet their respective local community standards.

Continuum of Care: Integrated and seamless system of mental health services to meet the needs of individuals as they transition into the correctional system and back to the community.

Correctional Facility: Refers to either a federal, provincial or territorial institution. Provincial and Territorial institutions can be defined as facilities for offenders serving sentences of two years less a day, young offenders and for probationary sentences or community sentences. A federal institution refers to a facility for adult offenders serving sentences of two years or more.

Correctional System: A federal/provincial or territorial law enforcement body that contributes to the maintenance of a just, peaceful and safe society. Correctional systems oversee those remanded while awaiting trial, immigration and security detainees, sentences imposed by the court, as well as those under community supervision.

Custody: A person who is in the care of the federal, provincial or territorial correctional system.

Families: Families can be made up of relatives, such as spouses, parents and siblings or people drawn from a person‟s broader circle of support, which may include extended family, close friends, health professionals, peer support workers, and other individuals (MHCC, 2009).

Health Professional: Any individual who provides health services and who is licensed by a regulatory body.

Individual: In the context of this *Strategy*, an individual refers to those with mental health problems and/or mental illnesses who come into conflict with the law.

Mental Health Problems and/or Mental Illnesses: In the context of this *Strategy*, the definition of mental health problems and/or mental illnesses is drawn from the MHCC (2009) which refers to "clinically significant patterns of behaviour or emotions that are associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interactions or the ability to live independently" (p.11). This definition also notes that:

> This document does not attempt to draw a clear distinction between „problems‟ and „illnesses‟, or to resolve all the controversies surrounding the choice of terminology. There are many views: some people prefer the phrase „mental illness‟ as it emphasizes the seriousness of the conditions experienced by people; others prefer „mental health problem‟ because they see it as less stigmatizing; others prefer mental „disorder‟ as potentially encompassing both „problems‟ and „illnesses‟ while also acknowledging the non-medical dimension; others prefer „mental health issues‟ as being broader and less connected to a purely „biomedical approach‟; others see their symptoms as „gifts‟ rather than „problems‟; and still others would reclaim the term „madness‟. Still, some term needs to be employed consistently to avoid confusion. The phrase „mental health problems and/or mental illnesses‟ was intentionally chosen with a view to being flexible in response to this diversity of opinion and to allow people with a range of views to identify with it to some extent. The use of the term „problem‟ does not imply in any way that „people are a problem‟ but rather that mental health problems and illnesses cause „problems for many people (p.121).

Mental Health Professional: Any individual who provides mental health services and who is licensed by a regulatory body.

Partnership: A voluntary, mutually beneficial relationship between two or more parties.

Prevalence Data: Information about the proportion of individuals in a population having a mental health problem and/or mental illness. Prevalence is a statistical concept referring to the number of cases of an illness that are present in a particular population at a given time.

Recovery: Within this document, recovery, as noted by the MHCC (2009) refers to:

> "A process in which people living with mental health problems and illnesses are empowered and supported to be actively engaged in their own journey of well-being. The recovery process builds on individual, family, cultural and community strengths and enables people to enjoy a meaningful life in their community while striving to achieve their full potential. Fostering recovery for people living with mental health problems and illnesses are central to the approach taken in this document. Recovery does not necessarily mean „cure," although it does acknowledge that „cure" is possible for many people. Recovery principles – including hope, empowerment, self-determination and responsibility – are relevant to everyone experiencing mental health problems or illnesses, but must also be adapted to the realities of the different stages of life" (p. 122).

Stigma: "Stigma is typically a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation that results from experience or reasonable anticipation of an adverse social judgment about a person or group," (Weiss and Ramakrishna, 2004).

Treatment Plan: A treatment plan is a collaborative process between the individual and the health professional and focuses on interventions that will facilitate recovery and the resources required to support the recovery process. A treatment plan generally addresses three areas: identification and exploration of options to address problem areas; matching services to the individual's specific needs; and engagement of the individual in treatment. Non-health professionals also play a significant role in the delivery of the services identified in the treatment plan.

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