Chapter 3
Departments of Health and Justice and Public Safety

Addiction and Mental Health Services in Provincial Adult Correctional Institutions

Contents

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Introduction

3.1 Mental health is defined by The World Health Organization as "*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*"[1]

3.2 In Canada, mental health issues have a significant impact on communities and the health care system. One in five Canadians are affected by mental illness annually.[2] People with a mental illness are three times more likely to have illicit drug problems.[3]

[1] Promoting Mental Health: Concepts, Emerging evidence, Practice. WHO, 2004
[2] Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. and Khan, M. *The Life and Economic Impact of Major Mental Illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada 2011.
[3] Rush et al. (2008). *Prevalence of co-occurring substance use and other mental disorders in the Canadian population*. Canadian Journal of Psychiatry, 53: 800-9.

3.3 Mental health and addiction issues are more prevalent in correctional institutions. International and Canadian studies have found the occurrence of mental health and addiction issues in prison is two to three times higher than in the general population.[4] *"Several populations with higher prevalence rates of mental illnesses such as psychosis, depression, anxiety, and substance-related disorder are over-represented in Canada's correctional facilities."*[5]

3.4 In New Brunswick, there are five adult provincial correctional institutions accommodating close to 500 inmates at any given time. On average, this is costing the Province $66,000 per inmate per year. All inmates will be released back into the community. New Brunswick as a whole will be best served if efforts are made to improve the mental health of inmates so they are able to make a positive contribution to the community.

3.5 The Department of Health is responsible for health care services for all New Brunswick residents. Under the *Canada Health Act (1984),* provincial governments are responsible for the management, organization and delivery of health services to residents. This implicitly includes individuals incarcerated in provincial correctional institutions.

3.6 Under the New Brunswick *Corrections Act*, the Department of Justice and Public Safety has a legislated obligation to assist in the rehabilitation of inmates.

3.7 The *Action Plan for Mental Health in New Brunswick 2011-2018,* called for appropriate response to individuals with a mental health illness who are in conflict with the

[4] Irina R. Soderstrom PhD (2007) *Mental Illness in Offender Populations*, Journal of Offender Rehabilitation, 45:1-2, 1-17,

[5] *Mental Health Strategy for Corrections in Canada, A Federal-Provincial-Territorial Partnership*, Canadian Institute for Health Information (CIHI), 2008

law. Commitment 1.3.1 of this plan states "*Ensure that the departments of Health and Public Safety develop policies and protocols for the delivery of mental-health-care services in the provincial correctional system*".

Why We Did This Audit

3.8 There is a high incidence of addiction and mental health issues in correctional institutions in Canada. Correctional Service Canada research found that over 70%[6] of federally incarcerated inmates suffered addiction and mental health issues. Statistical information specific to New Brunswick is not available.

3.9 We also noted that not treating mental health and addiction issues can increase the vulnerability of individuals to negative outcomes including re-offending which in turn increases the cost to New Brunswickers. A report prepared for the Department of Health stated: *"in a sample of New Brunswick provincially supervised offenders with mental health issues, 48% generally recidivated and 20% did so violently."*[7]

3.10 Further, the Ombud report on the Ashley Smith case and many other independent reports have shed light on the problems and the negative outcomes of current practices related to mental health issues in provincial correctional institutions.

3.11 General consensus from stakeholder feedback obtained by the Department of Health and the Department of Justice and Public Safety in 2016 was that mental health services for those in conflict with the law or at risk of offending need urgent improvement.

[6] Correctional Service Canada Research at a glance, *National Prevalence of Mental Disorders among Incoming Federally-Sentenced Men*, Number R-357, February 2015

[7] Dr. Mary Ann Campbell, *Integrative Response to the Needs of Justice Involved Persons with Mental Health Concerns: An Overview of Research Supported Addiction, Mental Health, and Correctional Service Delivery*, Centre for Criminal Justice Studies, June 30, 2017

3.12 Proactively addressing addiction and mental health issues in prison is in the best interest of inmates, prison staff and the public. It can help save lives, improve inmate and staff well-being, reduce the risk of reoffending, save money and contribute to healthier safer communities.[8]

Audit Objective

3.13 The objective of our audit was:

To determine if the Department of Health and the Department of Justice and Public Safety (the Departments) deliver addiction and mental health services to provincial correctional institution inmates to improve health outcomes and contribute to safer communities.

Conclusions

3.14 Upon completion of our audit we concluded that:

- The Department of Health and the Department of Justice and Public Safety do not deliver addiction and mental health services to adult inmates in provincial correctional institutions, to improve health outcomes and contribute to safer communities. Services provided are reactionary and limited to stabilizing and easing the symptoms of some addiction and mental health issues.
- The responsibilities of entities involved in providing addiction and mental health services in provincial correctional institutions are not clearly defined.
- The Department of Health and the Department of Justice and Public Safety do not have policies and protocols for the delivery of addiction and mental health services in the provincial correctional system.

3.15 For additional information about the conduct of the audit including approach and criteria, see Appendix I.

[8] Irina R. Soderstrom PhD (2007) Mental Illness in Offender Populations, *Journal of Offender Rehabilitation*, 45:1-2, 1-17

Results in Brief

3.16 Results in brief are presented in Exhibit 3.1.

Summary of Key Findings

3.17 Summary of key findings is presented in Exhibit 3.2.

Recommendations

3.18 A summary of recommendations can be found in Exhibit 3.3.

Exhibit 3.1 - Results in Brief

Addiction and Mental Health Services in Provincial Adult Correctional Institutions

Why Is This Important?

- There is a high prevalence of addiction and mental health issues in Canadian correctional institutions, and New Brunswick is among the least effective in providing treatment to inmates.
- Inmates are released back into communities without being adequately treated.
- Without treatment inmates pose a risk to themselves and the public.

Overall Conclusions

- Significant shortfalls exist in addiction and mental health services provided to provincial inmates in New Brunswick.
- Responsibilities in providing addiction and mental health services to inmates are not clearly defined.
- Systems, practices, and resources to promote inmate mental health improvement and assist in reintegration are lacking.

What We Found

No Clear Roles and Responsibilities

In regards to providing mental health and addiction services to provincial inmates, there is:

- No clear mandate
- No defined roles and responsibilities
- No service delivery model
- Currently work being done by the Depts. of Health and Justice and Public Safety on an action plan to improve services

Lack of Treatment for Provincial Inmates

- Limited treatment provided only for immediate crisis stabilization
- No addiction treatment
- No counselling or therapy treatment for mental health issues
- Emergency services not consistently available
- Poor information sharing between government entities affects understanding and treatment

Care Ends When Incarcerated

- Discontinued care when individuals transition into custody
- Once incarcerated, prescribed medication is not always continued
- Lack of coordination between government entities to ensure continuity of care
- NB Corrections does not have mental health resources and relies on Regional Health Authority services

No Addiction and Mental Health Screening or Assessment

- Screening and assessment best practice protocols have not been implemented
- Mental health assessments are not done

Exhibit 3.2 - Summary of Key Findings

Paragraph	Key Finding
Roles and Responsibilities	
3.49	Legislation does not provide a clear mandate for addiction and mental health service delivery in provincial correctional institutions.
3.51	Roles and responsibilities are not defined.
3.59	No service delivery model for addiction and mental health services in provincial correctional institutions.
3.62	Limited Service Agreement between NB Corrections and the Regional Health Authorities.
3.68	No monitoring or performance measurement of service delivery to inmates.
3.69	Data is not shared amongst departments and entities.
Screening and Assessment	
3.74	Mental health screening process does not meet minimum standards.
3.83	No recognized screening tool used.
3.85	Lack of specialized training for mental health screening
3.91	Nursing staff do not have access to mental health records.
3.101	Mental health assessments are not being done.
Treatment	
3.108	Addiction and mental health treatment options are limited.
3.111	New Brunswick is among the least effective in providing treatment to inmates.
3.112	Counselling and therapy services are not available in correctional institutions.
3.120	Inmates in custody do not have access to addiction treatment services.
3.127	Emergency mental health services are not consistently available.
3.131	Discrepancies in the use of prescribed drugs and narcotics between institutions.
3.135	Use of segregation without addiction and mental health support.
Continuity of Service	
3.141	Addiction and mental health services are disrupted when transitioning in and out of custody or transferring between institutions.
3.143	Treatment plans are discontinued and patient files are closed upon incarceration.
3.146	Prescribed medications are denied when patients are placed back in a provincial correctional institution.

Exhibit 3.3 - Summary of Recommendations

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.58 We recommend the Department of Health provide clear direction through legislation and regulation as to who is responsible for health services including addiction and mental health services in provincial correctional institutions.	*The Joint Standing Committee on Forensic Services will develop a Working Committee comprised of representatives from the departments of Health and Justice and Public Safety, and the Regional Health Authorities. The mandate of the Working Committee will include developing comprehensive solutions to the recommendations of this report. These solutions would identify additional legislation or regulation requirements. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit its final report to the Departments of Health and Justice and Public Safety.*	*Implementation of the Working Committee June 30, 2018* *Final report submission June 30, 2019*
3.67 We recommend the Department of Health, in consultation with the Department of Justice and Public Safety and other relevant parties, complete an integrated service delivery model for addictions and mental health services in New Brunswick correctional institutions. Existing agreements should be redrafted to meet the requirements of this service delivery model.	*Through oversight by the Joint Standing Committee on Forensic Services, the Department of Health has funded two Forensic Clinical Liaison positions that are currently being piloted in Moncton and Saint John. The purpose of these positions is that they serve as and demonstrate the benefits of system coordinators for justice involved individuals, facilitating a collaborative and coordinated approach ensuring the person is referred to the appropriate service which best meets their needs.* *The mandate of the Working Committee referenced in recommendation 3.58 will include exploring opportunities for improved interdepartmental coordination and collaboration. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.67 to the Departments of Health and Justice and Public Safety.*	*September, 2017* *Final report submission June 30, 2018*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.72 We recommend the Department of Health and the Department of Justice and Public Safety collaborate to capture and share addiction and mental health data. This data should be used to identify addiction and mental health needs in New Brunswick correctional institutions and develop strategic service delivery plans.	*The mandate of the Working Committee referenced in recommendation 3.58 will include reviewing best practices and assessing opportunities to use data and information to support the provision planning of Addictions and Mental Health services in New Brunswick correctional facilities. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.72 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30, 2019*
3.84 We recommend the Department of Justice and Public Safety (New Brunswick Corrections) in consultation with the Department of Health implement a recognized mental health screening tool in the admissions process.	*The Department of Justice and Public Safety, through consultation with the Department of Health, will implement an evidence informed mental health screening tool as part of its admission process.*	*October 31, 2018*
3.90 We recommend the Department of Health, in coordination with the Department of Justice and Public Safety, provide training on mental health screening to nursing staff and admission officers.	*The Departments of Health and Justice and Public Safety will collaborate as required, delivering training on the selected screening tool.*	*September 30, 2018*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.93 We recommend the Department of Health ensure nursing staff within a correctional institution receive access to, or notification of, client records in the Client Service Delivery System (CSDS). This will allow validation of treatment history and treatment options.	*The Department of Health has begun the process of allowing access to the Addictions and Mental Health Services client database (Client Service Delivery System) for all nursing staff working for the Regional Health Authorities within correctional facilities. This will enhance care for clients by validating treatment history and informing case plans during incarceration.*	*September 30, 2018*
3.100 We recommend the Department of Justice and Public Safety amend its admission process to: • **eliminate duplication of effort in admissions;** • **improve the quality of inmate mental health data; and** • **incorporate best practices in mental health screening.**	*As reflected in recommendation 3.84, the Department of Justice and Public Safety, through consultation with the Department of Health, will implement an evidence informed mental health screening tool as part of its admission process. Proposed changes to the admission process will address the concerns noted in recommendation 3.100.*	*October 31, 2018*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.105 We recommend the Department of Health and the Department of Justice and Public Safety ensure inmates flagged from the screening protocol be referred to a qualified mental health professional for a comprehensive mental health assessment to develop a treatment plan.	*Through oversight by the Joint Standing Committee on Forensic Services, the Departments of Health, Justice and Public Safety and the Regional Health Authorities have been working together to ensure continuity of care for existing clients of Addictions and Mental Health Services while completing their provincially mandated sentence. A pilot project demonstrating the effectiveness of an approach focused specifically on the use of e-health technologies while a client is incarcerated will enhance access to their community based clinician.* *The mandate of the Working Committee referenced in recommendation 3.58 will include reviewing best practices and assessing opportunities to enhance care to all offenders identified as experiencing an addiction and/or mental health problem. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.105 to the Departments of Health and Justice and Public Safety.*	*October 31, 2018* *Final report submission June 30, 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.117 We recommend the Department of Health and the Department of Justice and Public Safety collaborate to ensure addiction and mental health counselling and therapy treatment options are available for inmates in provincial correctional institutions.	*Through oversight by the Joint Standing Committee on Forensic Services, the Departments of Health and Justice and Public Safety and the Regional Health Authorities have been working together to ensure continuity of care for existing clients of Addictions and Mental Health Services while completing their provincially mandated sentence. A pilot project demonstrating the effectiveness of an approach focused specifically on the use of e-health technologies while a client is incarcerated will enhance access to their community based clinician.* *The mandate of the Working Committee referenced in recommendation 3.58 will include reviewing best practices and assessing opportunities to improve access to counseling and therapy to all offenders identified as experiencing an addiction and/or mental health problem. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.117 to the Departments of Health and Justice and Public Safety.*	*September 30, 2018* *Final report submission June 30, 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.118 We recommend the Department of Health and the Department of Justice and Public Safety use integrated clinical teams for assisting adults in custody, similar to the approach taken in the youth facility.	*The mandate of the Working Committee referenced in recommendation 3.58 will also be to review best practices and assess opportunities to enhance care for offenders requiring addiction and/or mental health services. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.118 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30, 2019*
3.119 We recommend the Department of Health and the Department of Justice and Public Safety support community based addiction and mental health programs to treat inmates inside the correctional institution due to the logistical and security challenges of bringing inmates to community treatment centres.	*Through oversight by the Joint Standing Committee on Forensic Services, the Departments of Health, and Justice and Public Safety Regional Health Authorities have been working together to ensure continuity of care for existing clients of Addictions and Mental Health Services while completing their provincially mandated sentence. A pilot project demonstrating the effectiveness of an approach focused specifically on the use of e-health technologies while a client is incarcerated in a correctional facility will enhance access to their community based clinician.* *The mandate of the Working Committee referenced in recommendation 3.58 will include reviewing best practices and assessing opportunities to enhance care to all offenders identified as experiencing an addiction and/or mental health problem. By June 30th 2019 the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.119 to the Departments of Health and Justice and Public Safety.*	*September 2018* *Final report submission June 30, 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.124 We recommend the Department of Health ensure addiction treatment services are made available to inmates in provincial correctional institutions.	*Through oversight by the Joint Standing Committee on Forensic Services, the Departments of Health, and Justice and Public Safety Regional Health Authorities have been working together to ensure continuity of care for existing clients of Addictions and Mental Health Services while completing their provincially mandated sentence. A pilot project demonstrating the effectiveness of an approach focused specifically on the use of e-health technologies while a client is incarcerated in a correctional facility will enhance access to their community based clinician.* *The mandate of the Working Committee referenced in recommendation 3.58 will include reviewing best practices and assessing opportunities to enhance care to all offenders identified as experiencing an addiction and/or mental health problem. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.124 to the Departments of Health and Justice and Public Safety.*	*September 2018* *Final report submission June 30, 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.130 We recommend the Department of Justice and Public Safety and the Department of Health ensure all provincial correctional institutions have continuous access to emergency mental health services.	*The mandate of the Working Committee referenced in recommendation 3.58 will include examining the roles and capacities of existing emergency services, such as mobile mental health services. The Working Committee will also examine the option of centralized placement of those individuals with high/urgent mental health needs who are incarcerated in correctional facilities across the province.* *By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.130 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30, 2019*
3.134 We recommend the Department of Justice and Public Safety implement a formulary for medications for use within all provincial correctional institutions. Where possible the formulary should be aligned with drug protocols in Federal penitentiaries.	*The mandate of the Working Committee referenced in recommendation 3.58 will include examining options for a formulary, specifically psychiatric and opioid replacement therapy medications, that is consistent with provincial practices. The working committee will also evaluate Section-G-Introduction of Clinical Services of the Adult Institutional Policy to assist in ensuring desired consistency. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.134 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30, 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.140 We recommend the Department of Justice and Public Safety implement an individualized protocol approach for inmates with mental health issues in segregation such as is used by Correctional Service Canada. Individualized protocols should be integrated into treatment plans and reviewed by mental health professionals.	*Correctional Services commenced an examination of the use of segregation and the related operational policies and procedures for Adult Offenders during the spring of 2017. The focal point of the review was to determine methods of reducing the use of segregation and identifying less intrusive measures when managing the behaviour of Adult Offenders. Changes to Policy and Procedures were made to reflect these changes in January of 2018.* *In order to reduce the amount of Offenders placed in Administrative Segregation conditions of confinement were identified. Each condition of confinement takes place in an area within the correctional facility that allows the immediate needs of the Offender and the related Offender Management Process to be addressed.* *The Conditions of Confinement are as follows: General Format; Modified Format; Special Privilege Format; Medical Treatment Format; Clinical Intervention Format and High Security Format.* *Administrative Segregation will only be considered after all other placement options are exhausted.* *Segregation was designated to be a distinct classification as a result of a disposition of an Institutional Misconduct Charge and only considered after all alternative options to segregation and less intrusive measures have been exhausted. Segregation placements now include three privilege levels of placement designed to encourage positive behavior and provide options for early return to a Unit placement.*	*January 2019*

Exhibit 3.3 - Summary of Recommendations (continued)

Recommendation	Joint Response from the Department of Health and Justice and Public Safety	Target date for implementation
3.151 We recommend the Department of Health and the Department of Justice and Public Safety map out all services currently available to clients with addiction and mental health issues who are also involved in the criminal justice system. This information should then be used when developing the integrated service delivery model.	*The mandate of the Working Committee referenced in recommendation 3.58 will explore all existing work and resources related to community mapping. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.151 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30, 2019*
3.152 We recommend the Department of Health and the Department of Justice and Public Safety develop appropriate protocols to ensure continued services for addiction and mental health clients who are placed in custody in provincial correctional institutions.	*The mandate of the Working Committee referenced in recommendation 3.58 will include defining protocols to ensure continued services for incarcerated addictions and mental health clients, in support of solutions such as those referenced in recommendations 3.105 and 3.117. By June 30th 2019, the Joint Standing Committee on Forensic Services will submit a report providing comprehensive solutions to recommendation 3.152 to the Departments of Health and Justice and Public Safety.*	*Final report submission June 30,2019*

Background

3.19 Mental health has been termed the "orphan"[9] of health care. A study published in 2008 in the Journal of Chronic Diseases in Canada estimated the overall cost of mental illness to the Canadian economy at $51 billion per year. Funding for mental health care has not been in line with its negative economic impact.[10]

3.20 Inmates in correctional institutions have a disproportionately high occurrence of addiction and mental health issues. They are a particularly vulnerable and marginalized subgroup of the population. Their mental health needs have not been well served in the past. [11]

3.21 Research has also shown that inmates with addiction and mental health issues had worse outcomes while in custody. Addiction and mental health issues reduce inmates' chances of success in the community. Affected inmates were also found more likely to be reconvicted.[12]

3.22 Exhibit 3.4 shows the key entities involved in mental health services for individuals in conflict with the law in New Brunswick.

[9] Province of New Brunswick, *The Action Plan for Mental Health in New Brunswick 2011-18*,
[10] Centre For Addiction and Mental Health, *Mental Illness and Addictions: Facts and Statistics*, http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx
[11] Irina R. Soderstrom PhD (2007) *Mental Illness in Offender Populations*, Journal of Offender Rehabilitation, 45:1-2, 1-17,
[12] Correctional Service of Canada, *Research Results Mental Health, Quick Facts*, Offender Outcomes.

Exhibit 3.4 – Responsible Entities

Responsible Entities	
Entity	**Role**
Department of Justice and Public Safety- New Brunswick Corrections	• Operates provincial correctional institutions • Responsible for safety and security of inmates
Department of Health- Addiction and Mental Health Branch	• Oversees the delivery of addiction and mental health services
RHAs- Community Addiction and Mental Health Services	• Delivers addiction and mental health services in the community
RHAs – Clinical Services	• Employs nursing staff and assigns them to correctional institutions
Source: Table prepared by AGNB	

3.23 The Department of Health and the Department of Justice and Public Safety are the two main entities responsible for providing addiction and mental health services to inmates in provincial correctional institutions.

Exhibit 3.5 - Southeast Regional Correctional Center (SRCC) in Shediac NB

Source: Provided by NB Corrections

NB Corrections

3.24 Within the Department of Justice and Public Safety, New Brunswick Corrections Branch (NB Corrections) is responsible for operating provincial correctional institutions and for the safety and security of inmates.

3.25 The corrections branch operates five adult institutions in the province with a budget of $31 million and a capacity of

546 inmates (See Appendix IV for the location of New Brunswick's correctional institutions). The Department of Justice and Public Safety reported just over 3,600 custodial admissions in 2015-2016 fiscal year. The average sentence (period in custody) in New Brunswick is 76 days.

Exhibit 3.6 - Inside a General Population Unit at SRCC- Shediac, NB

Source: Provided by NB Corrections

3.26 According to the Department of Justice and Public Safety (JPS), there are approximately 500 people in custody at any given point in time. Exhibit 3.7 provides a breakdown of average daily inmate count by institution.

Exhibit 3.7 – Breakdown of New Brunswick's Adult Provincial Correctional Institutions

Breakdown of New Brunswick's Adult Provincial Correctional Institutions			
Provincial Correctional Institutions	**Average daily count 2016-2017**	**2016/2017 Budget ($Millions)**	**Average Annual Cost per Inmate ($000s)**
Saint John Regional Correction Center	132	7.7	58
Southeast Regional Correctional Center (Shediac)	169	8.3	49
Dalhousie Regional Correctional Center	64	6.1	95
Madawaska Regional Correctional Center (near Edmundston)	62	5.4	86
New Brunswick's Women's Correctional Center (Miramichi)	43	3.8	88
Total	**470**	**31.2**	**66**

Source: Table prepared by AGNB with Department of JPS data (unaudited)

3.27 The two main types of custody are sentenced and remand. Sentenced custody is for those who were found guilty and sentenced to incarceration for two years less a day.

3.28 Remand applies to individuals placed into custody but have not been sentenced or are awaiting trial. Some individuals will be released, some will be sentenced to provincial custody (two years less a day) and others will be transferred to a federal penitentiary if they are sentenced to two or more years.

3.29 Exhibit 3.8 shows total admission by custody type.

Exhibit 3.8 – Annual Admissions to NB Provincial Correctional Institutions by Type

Annual Admissions to Provincial Correctional Institutions by Type		
Intake Admissions	**2015-2016**	**2016-2017**
Adult Admissions	3,611	3,685
% sentenced	55%	53%
% remand and other	45%	47%

Source: Table adapted by AGNB from Department of JPS information (unaudited)

Theft $5,000 or under most common cited offence

3.30 The most common reason for incarceration in provincial institutions is for theft under $5,000 and for administrative breaches, such as breaching a court order (Exhibit 3.9 shows the three most common offences cited from five years of New Brunswick admission data).

Exhibit 3.9 – Common Offences in Provincial Corrections (2012 – 2017)

Three Most Common Offences in Provincial Corrections (2012-2017)		
Description- offence	**% of total admissions**	**Average of Days Served**
Theft $5,000 or under	13.2%	71
Failure to Comply with Conditional Sentence	12.5%	28
Breach of Probation	11.0%	37

Source: Table prepared by AGNB from department of Justice and Public Safety data (unaudited)

3.31 The Department of Health oversees New Brunswick's health care system through strategic planning, funding and monitoring of health services.

Addiction and mental health services branch

3.32 The Addiction and Mental Health Services Branch within the Department of Health oversees the delivery of addiction and mental health services provided by the Regional Health Authorities.

Regional Health Authorities

3.33 The two Regional Health Authorities (Horizon and Vitalité) provide these services through four operational sectors:

- community mental health centres;
- psychiatric units;
- psychiatric hospitals; and
- non-profit organizations and consumer-run programs.

3.34 The Department of Health overall budget for the Fiscal Year 2016-2017 was $2.7 billion. The amount allocated to mental health services was $126 million (4.7%).

Mental Health Strategy for Corrections in Canada

3.35 The Mental Health Strategy for Corrections in Canada, a Federal-Provincial-Territorial Corrections partnership, provided a framework and principles for mental health services. It included a list of detailed outcomes for addiction and mental health service delivery.

3.36 The vision of this strategy is: *"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"*.

Action Plan for Mental Health in New Brunswick 2011-2018

3.37 In 2009 a task force led by Judge McKee completed work to assist the Department of Health in the development of strategic priorities for renewing the mental health system in New Brunswick.

3.38 Recommendations from the McKee task force report were used to create the New Brunswick strategy on mental health *(Action Plan for Mental Health in New Brunswick 2011-2018).* This strategy included initiatives for the Department of Health and the Department of Justice and Public Safety to improve addiction and mental health services in New Brunswick.

3.39 One of the commitments made in the Action Plan was to "*Ensure that the departments of Health and Public Safety develop policies and protocols for delivery of mental-health-care services in the provincial correctional system.*"

3.40 According to the Department of Health much progress has been made in the delivery of community mental health services in New Brunswick. For example the Department of Health and the regional health authorities (RHAs) have implemented Flexible Assertive Community Treatment (FACT) services. These services provide co-ordinated intensive team care to individuals with serious mental illness.

3.41 We were informed there have been successful changes with regard to the youth justice system. These include multidisciplinary teams and counselling and therapy services within the institution.

3.42 However these program changes may not have carried over into the adult system. There were indications during our pre-planning that little progress had been made in mental health service for adults involved in the justice system. Particularly for those held in provincial correctional institutions.

Scope and Approach

3.43 The scope of this audit included adults held in custody in provincial correctional institutions, whether sentenced or remanded. The audit covered the 2016 and 2017 calendar years. However, our analysis of admissions data extended back to prior years as required.

3.44 The scope did not include community corrections, federal penitentiaries, youth facilities or the Youth Justice System.

3.45 Our audit approach encompassed interviews, observations, file reviews and analytical procedures.

3.46 We interviewed selected individuals from:

- Department of Justice and Public Safety –NB Corrections Branch;
- Regional Health Authorities (RHAs);
- Contracted physicians; and
- Department of Health Addiction and Mental Health Branch.

3.47 We performed walkthroughs and inspections of correctional facilities covering admissions, clinical services, segregation and special handling units.

3.48 We reviewed necessary files to corroborate evidence gathered from the audit procedures listed above.

Observations and Findings

Governance and Management Arrangements

Legislation does not provide a clear mandate

3.49 New Brunswick legislation and regulations are silent on which entity is ultimately responsible for providing addiction and mental health services in provincial correctional institutions.

3.50 We found no entity had been mandated to provide mental health and addiction services to adults in provincial correctional institutions.

Roles and responsibilities are not defined

3.51 Roles and responsibilities of entities involved in the provision of addiction and mental health services to provincial inmates are not defined, resulting in significant gaps in accountability.

3.52 Our interviews revealed confusion and misunderstanding among the entities involved. Regional Health Authorities believed the delivery of health services was being or should be done by NB Corrections. However, NB Corrections considered it within the purview of each physician contracted by the Department of Justice and Public Safety. The physicians felt clinical operations was the responsibility of nursing staff employed by the RHAs. Staff we interviewed within the Department of Health believed the RHAs had some responsibility under existing agreements with NB Corrections.

3.53 Other provinces such as Nova Scotia have included in their legislation, responsibility for the provision of health services in corrections.

3.54 There has been an international trend to shift responsibility for health care in correctional institutions to health ministries and health authorities. England, Wales, France, Norway and the state of New South Wales in Australia have seen authority for health services in corrections fall under Ministries of Health.[13]

3.55 In Canada, provinces such as British Columbia, Nova Scotia and Newfoundland and Labrador have made or are initiating a legislative change to this effect.

3.56 This trend was influenced by concerns about the number of mentally ill people in prison and the poor quality of treatment they were receiving.

3.57 Addressing addiction and mental health services in a prison environment is complex. No one entity or group can act in isolation. Healthcare and clinical practices must work in conjunction with safety and security constraints. Without clear definition of roles and responsibilities of the

[13] Irina R. Soderstrom PhD (2007) *Mental Illness in Offender Populations*, Journal of Offender Rehabilitation, 45:1-2, 1-17,

entities involved, accountability may not be established and the mental health and addiction needs of inmates will not be met.

Recommendation

3.58 We recommend the Department of Health provide clear direction through legislation and regulation as to who is responsible for health services including addiction and mental health services in provincial correctional institutions.

No service delivery model for addiction and mental health services

3.59 We found no service delivery model was implemented for addiction and mental health services in correctional institutions.

3.60 Although there is a service delivery model in community mental health services, it is not suitable for service delivery within correctional institutions.

3.61 The unique requirements of delivering services inside correctional institutions require a separate model that encompasses health services along with safety and security needs.

Limited service agreement with RHAs

3.62 Existing Memoranda of Understanding (MoUs) between NB Corrections and the RHAs are limited to the provision of nursing staff to correctional institutions. No similar agreements are in place for delivering addiction and mental health services to inmates.

3.63 NB Corrections does not have mental health clinical staff within its adult facilities. Correctional institutions rely on the RHAs for mental health services such as clinical intervention plans, crisis response and intervention.

3.64 NB Corrections signed a separate MoU with each RHA to govern the employment arrangements for nursing staff in the correctional institutions.

MoUs do not address delivery of addiction and mental health services

3.65 The MoUs only cover employment status and performance expectations of nursing staff. They do not cover delivery of addiction and mental health services. RHAs have no direction or mandate to provide such services.

3.66 Traditionally corrections provided healthcare services within the correctional institutions. Nursing staff were employed directly by Justice and Public Safety. When RHAs were reorganized from eight to two in 2008, nursing staff became employees of the RHAs. However, little consideration was given to the broader provision of health

services in provincial correctional institutions as part of this new arrangement.

Recommendation

3.67 We recommend the Department of Health, in consultation with the Department of Justice and Public Safety and other relevant parties, complete an integrated service delivery model for addictions and mental health services in New Brunswick correctional institutions. Existing agreements should be redrafted to meet the requirements of this service delivery model.

No monitoring and performance measurement

3.68 We found no monitoring or performance measurement of addiction and mental health service delivery to inmates in provincial correctional institutions.

Data is not shared

3.69 We found there is a lack of credible data upon which such monitoring and performance measurement could be based. Existing data is of poor quality and not shared amongst departments and entities. For example, it is not possible to determine how many inmates were admitted with schizophrenia without reading each paper medical file.

3.70 The McKee task force report from 2009 recognized the need for integrated data systems and appropriate "front-end" consent processes to expedite the sharing of information across disciplines and settings. However, this was never implemented.

3.71 Capturing and maintaining accurate and reliable inmate data is necessary for service providers to identify addiction and mental health needs, and develop appropriate strategies for service delivery.

Recommendation

3.72 We recommend the Department of Health and the Department of Justice and Public Safety collaborate to capture and share addiction and mental health data. This data should be used to identify addiction and mental health needs in New Brunswick correctional institutions and develop strategic service delivery plans.

Exhibit 3.10 - Admissions area at Southeast Regional Correctional Centre

Source: NB Corrections

Screening and Assessment

Mental health screening process does not meet minimum standards

3.73 We found NB Corrections has not incorporated nationally accepted practices for screening and assessments into their admissions processes.

3.74 Inmates are screened as part of the standard admission process. However, the procedures in place do not meet recommended best practices or the minimum standards found in the Mental Health Strategy for Corrections in Canada. The admission process includes basic questions from both the admissions officer and the nurse, related to history of mental health and addiction and past treatment.

3.75 *The 2011-2018 Action Plan for Mental Health in New Brunswick* committed the Department of Justice and Public Safety to adopt best practices in screening and assessment.

3.76 We believe adopting mental health screening best practices is necessary to ensure mental health issues are flagged consistently and effectively. Adopting best practices will allow a proactive approach whereby previously undiagnosed mental issues can be identified and treated.

Screening not being used to flag potential issues

3.77 Screening is not being used for the purpose of flagging individuals with potential addiction and mental health issues for further in-depth assessment, ultimately leading to a treatment plan.

3.78 Screening done by correctional officers is primarily performed to determine the likelihood of risk to the safety and security of the individual or others within the institution. It also helps determine the classification of the inmate impacting placement in the unit.

3.79 Screening by nursing staff forms part of a general health assessment. It is used to identify addiction and mental health needs such as likelihood of severe withdrawal symptoms which may require immediate or special attention.

3.80 The Corrections Branch currently administers the admissions process within which addiction and mental health screening is conducted. However the Draft Provincial Correctional Nursing Practice Standards requires nurses to provide the addiction and mental health screening.

3.81 A recent review of best practices provided to the Department of Health said "*The use of screening measures allows for triaging of cases in which those flagged with possible concerns are referred for more advanced mental health/addiction evaluation to confirm/clarify presenting concerns. Such knowledge then informs appropriate case management and intervention planning within the institutional setting to address identified concerns and facilitate subsequent discharge planning for transitioning to the community.*"[14]

3.82 Screening is still important for short periods of incarceration even if there may not be enough time in custody for meaningful treatment. With proper screening, institutions can identify addiction and mental health needs and arrange for follow up in the community once released.

[14] Dr. Mary Ann Campbell *Integrative Response to the Needs of Justice Involved Persons with Mental Health Concerns: An Overview of Research Supported Addiction, Mental Health, and Correctional Service Delivery*, Centre for Criminal Justice Studies, June 30, 2017.

No recognized screening tool used

3.83 Neither the admission nor health assessment process uses a recognized mental health screening tool. Use of a standardized screening tool by trained individuals is one of the expected outcomes of the Strategy for Mental Health in Corrections in Canada.

Recommendation

3.84 We recommend the Department of Justice and Public Safety (New Brunswick Corrections) in consultation with the Department of Health implement a recognized mental health screening tool in the admissions process.

Lack of specialized training for mental health screening

3.85 We found neither correctional officers responsible for admissions nor nursing staff receive training in mental health screening.

3.86 An expected outcome of the Strategy for Mental Health in Corrections in Canada is that screening be done by a staff member trained according to the requirements of the mental screening protocol being used.

3.87 This is important to help the person doing the screening identify the potential existence of previously unrecognized or undiagnosed mental health issues. This supports the proactive approach of identifying and treating underlying health issues that may be inhibiting successful reintegration into the community.

3.88 It is encouraging to find that mental health and suicide training is being given to corrections officers. Mental health awareness training has been incorporated into the training academy that all new corrections officers attend. ASIST (Applied Suicide Intervention Skills Training) is provided to all correctional officers. However this does not provide the tools and skillset needed to flag underlying mental health issues during screening interviews.

3.89 However, nursing staff working in the correctional institutions are not included in the mental health and suicide training provided to corrections officers.

Recommendation

3.90 We recommend the Department of Health, in coordination with the Department of Justice and Public Safety, provide training on mental health screening to nursing staff and admission officers.

Nursing staff do not have access to mental health records

3.91 Nursing staff do not have access to mental health databases to validate self-reported information obtained from inmates. Access to, or notification of, related entries in the mental health data base would allow clinical staff to have a more complete picture of mental health issues. It would give them reliable knowledge of past treatment. This would allow for more proactive treatment options.

3.92 Only prescribed medications and methadone are verified with external providers. All other self-reported information by inmates during the admission is not validated against external sources. Other information may be sought after the fact to help respond to acute incidents.

Recommendation

3.93 We recommend the Department of Health ensure nursing staff within a correctional institution receive access to, or notification of, client records in the Client Service Delivery System (CSDS). This will allow validation of treatment history and treatment options.

Inconsistency between institutions

3.94 We found the method for conducting screening interviews differs between institutions. For example, some institutions use an open or public screening area to conduct assessments.

3.95 Exhibit 3.11 below shows the admission screening area in Saint John Regional Correctional Centre (SJRCC). Inmates sit on the fold out bench across from the admission officer's desk and the holding cell. Inmates may feel reluctant to provide private information in such an open setting. Differences in how and where the questions are asked may have an impact on the degree of truthfulness and credibility of information.

Exhibit 3.11 - Admissions area and holding cell at SJRCC

Source: Provided by NB Corrections

Duplication of questions

3.96 The current process followed at all institutions uses an admission checklist form administered by correctional officers. The checklist includes questions such as previous attempted suicides, previous psychiatric treatment and drug use. The medical assessment form used by nursing staff includes similar questions.

Only hard copy information

3.97 Information gathered during the screening processes is kept as hard copy and filed in the respective medical and inmate files. It is not recorded electronically. This makes it difficult to perform any meaningful data analysis for statistical purposes.

3.98 A standalone mental health survey has been added to the process. The survey is administered by the admissions officer conducting the screening. The survey was meant to help address the shortfall in mental health information in corrections.

Survey information unreliable

3.99 However, information obtained has not been used for any further analysis or decision-making. AGNB analysis of the data determined it was not reliable. We found respondents' answers changed between periods of incarceration within the same year. We were informed during our audit that other provinces in Canada have abandoned this survey.

Recommendation

3.100 We recommend the Department of Justice and Public Safety amend its admission process to:

- **eliminate duplication of effort in admissions;**
- **improve the quality of inmate mental health data; and**
- **incorporate best practices in mental health screening.**

Mental health assessments are not being done

3.101 We found mental health assessments are not being done as part of the treatment and reintegration efforts in correctional institutions.

3.102 An expected outcome from the Strategy for Mental Health in Corrections in Canada is that individuals flagged in screening as having potential mental health issues are seen by a qualified health care professional for a comprehensive mental health assessment. The assessment provides a more complete picture of the nature and severity of the inmate's mental health issues.

3.103 A comprehensive assessment includes understanding the interaction between issues and how they may impact behaviour and reintegration efforts. A treatment plan can then recommend the appropriate type of services and supports for the individual.

3.104 A proactive approach to assessments allows potential problems to be addressed before they manifest into acute issues which may pose a higher risk to both staff and inmates.

Recommendation

3.105 We recommend the Department of Health and the Department of Justice and Public Safety ensure inmates flagged from the screening protocol be referred to a qualified mental health professional for a comprehensive mental health assessment to develop a treatment plan.

Exhibit 3.12 - Medical isolation cell at Miramichi Women's Correctional Centre

Source: NB Corrections

Treatment

Treatment not provided

3.106 The Departments do not provide treatment services and supports to meet addiction and mental health needs of adults in custody.

3.107 We believe inmates need to receive the appropriate addiction and mental health treatment in order to improve health outcomes and facilitate their successful reintegration into the community.

Addiction and mental health treatment options are limited

3.108 Treatment options are limited to physician prescribed medications to address the symptoms of addiction and mental health issues. In some acute and difficult cases, intervention may come from informal networks of staff, professionals and volunteers.

3.109 Treatment, services and supports is a key principle of the Mental Health Strategy for Corrections in Canada. The strategy states that a range of appropriate and effective treatment and support 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,
- facilitate safer integration of individuals with mental health problems into institutional and community environments.

Recent jurisdictional scan of addiction and mental health services

3.110 The Department of Health initiated a survey to collect information on addiction and mental health services provided to inmates in other provinces and territories in Canada. This "jurisdictional scan" was done as part of the Department's recent initiative to improve addiction and mental health services in the provincial justice system, including in provincial correctional institutions.

New Brunswick is among the least effective in providing treatment to inmates

3.111 The responses we reviewed were from PEI, Yukon, BC, Alberta, Saskatchewan and Manitoba. All six jurisdictions indicated they provide addiction and mental health treatment services for incarcerated residents. Examples include dedicated mental health and addiction staff providing treatment services inside correctional institutions. We found such services are not provided in New Brunswick.

Counselling and therapy services are not available in correctional institutions

3.112 Correctional institutions rely on community mental health resources, within the respective RHAs, to provide addiction and mental treatment to inmates.

3.113 We found the RHAs do not provide counselling and therapy services within the correctional institutions. Mental health practitioners employed by the RHAs do not visit or provide services within the institutions. We did not find any policy or rule that would prevent them from doing so. Officially patients in custody can access the same community based services as any other resident. In practice, the logistical and security requirements of bringing an inmate to a community treatment center make this unfeasible.

Informal practices inconsistent and not sustainable

3.114 In some acute cases, consultation and services are acquired through informal contacts between corrections, clinical staff and mental health professionals. On rare occasions, dedicated staff and their contacts act on their own to provide assistance. They may also reach out to try and make special arrangements to provide assistance once the patient is released.

3.115 However, we believe such informal practices are not capable of providing consistent and sustained treatment options.

3.116 In contrast, the youth correctional facility has multi-disciplinary teams employed within the institution, which include a social worker and psychiatrist. This was part of the improvements made within the youth criminal justice system over the last decade, part of a response to reports

released on the Ashley Smith case.

Recommendations

3.117 We recommend the Department of Health and the Department of Justice and Public Safety collaborate to ensure addiction and mental health counselling and therapy treatment options are available for inmates in provincial correctional institutions.

3.118 We recommend the Department of Health and the Department of Justice and Public Safety use integrated clinical teams for assisting adults in custody, similar to the approach taken in the youth facility.

3.119 We recommend the Department of Health and the Department of Justice and Public Safety support community based addiction and mental health programs to treat inmates inside the correctional institution due to the logistical and security challenges of bringing inmates to community treatment centres.

No access to addiction services while in custody

3.120 Inmates in custody do not have access to addiction treatment services. Individuals suffering from addiction and substance abuse must wait until released before they can begin any treatment process.

3.121 Requests by corrections staff to have RHA community based addiction staff visit the institution for "pre-contemplative" sessions or information sessions have not been actioned. However, as indicated earlier, there is no framework or service delivery model in place to address this need.

Inmates fear if they are denied help they will likely reoffend

3.122 We found evidence inmates have asked for help with addiction while in custody. They recognized that if they are released without treatment they pose a risk to themselves and the public, and will most likely reoffend in order to obtain drugs.

3.123 Due to their social circumstances and mental health and addiction issues, many inmates are not in a position to initiate treatment after release. Inmates are in a better position to respond to addiction interventions while in custody with their basic needs (shelter, security, and food) being met.

Recommendation

3.124 We recommend the Department of Health ensure addiction treatment services are made available to inmates in provincial correctional institutions.

Reactionary mental health treatment process - acute incident response, stabilization and then nothing until next incident occurs.

3.125 Emergency mental health services and crisis intervention are not consistently available at all provincial correctional institutions. No provincial correctional institution has its own emergency mental health resource. The correctional officers and the nursing staff, when on duty, are the first responders in mental health crisis.

3.126 Correctional institutions can call 911 emergency response and hospital emergency services which include mental health professionals. Data on the number of times they have used this service was not readily available.

Emergency mental health services not consistently available

3.127 However, not all community mental health units in the province provide the same level of emergency response to the regional correctional institution. At the time of our audit, mobile mental health crisis teams were not set up in all areas. Where mobile mental health crisis units were available, there was uncertainty around their ability to respond to calls at the correctional institution.

3.128 Saint John correctional institution (SJRCC) was the only one we found that included use of this community based service as an option and used it. The mobile mental health unit responded to five calls at SJRCC in 2017.

3.129 The forensic team in place to support the mental health court in Saint John is also available to provide emergency support to its clients while they are in custody.

Recommendation

3.130 We recommend the Department of Justice and Public Safety and the Department of Health ensure all provincial correctional institutions have continuous access to emergency mental health services.

Discrepancies in prescription of drugs and narcotics

3.131 We found discrepancies in the use of prescribed drugs and narcotics between institutions including provincial correctional institutions, federal penitentiaries and forensic hospitals. Each practicing physician follows their own judgment and clinical determination for the client. The result is differences in treatments and types of drugs prescribed at the institution.

3.132 There are multiple policies and directives governing the use of medications in correctional institutions. They include: Correction's policies, clinical standards and physician orders. This makes it more difficult for staff to determine which policy to follow.

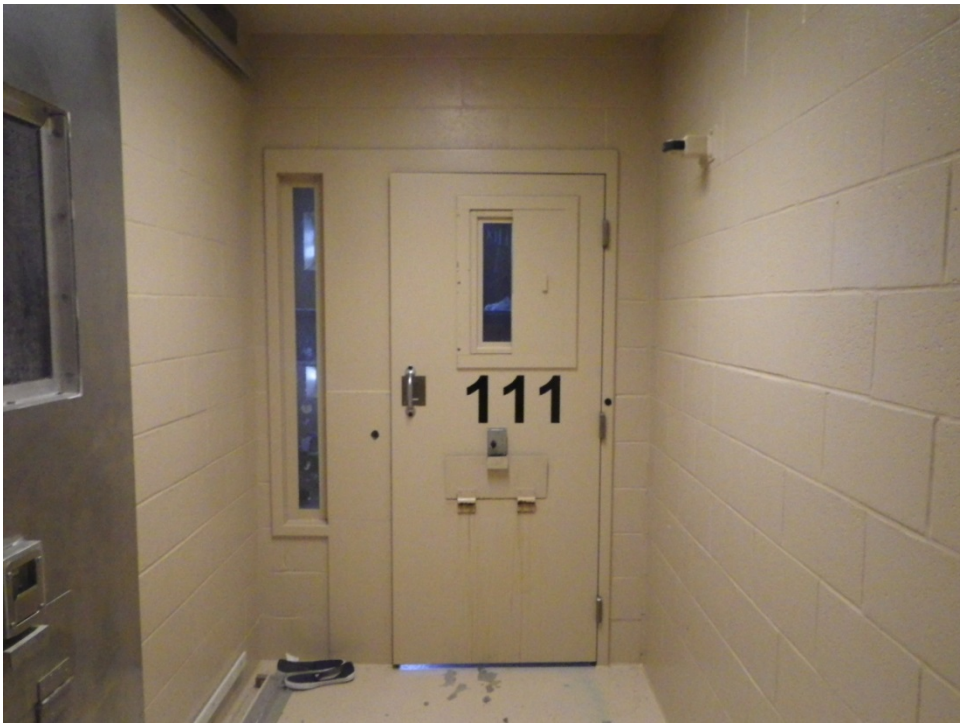
3.133 AGNB's inspection of treatment logs found instances

where patients were told by nursing staff their current medications were not available in prison citing institution policy. However, the physician then later prescribed them that same medication.

Recommendation

3.134 We recommend the Department of Justice and Public Safety implement a formulary for medications for use within all provincial correctional institutions. Where possible the formulary should be aligned with drug protocols in Federal penitentiaries.

Exhibit 3.13 - Outside a Special Handling Unit (segregation) cell at Southeast Regional Correctional Center



Source: Provided by NB Corrections

Use of segregation without addiction and mental health support

3.135 We found a lack of options to support inmates with mental health issues in segregation. Correctional institutions use segregation as an immediate response to manage situations of violent behavior, self-harm, suicide or mental incapacitation. This standard protocol is applied to all inmates regardless of their mental health condition.

3.136 However, once the immediate crisis is stabilized, there is no mental health support available within the correctional institution. The result is often a cycle of segregation causing mentally ill inmates to spend significant time in a segregated environment, further

aggravating the individual's state of mental health.[15]

Incidents of inmates kept in segregation for several months

3.137 We found cycles of segregation occurring with inmates with mental health issues in provincial custody. During interviews, we were informed of incidents where individuals were in segregation for several months because of their mental health condition. See Appendix III for examples of cases we found which lead to cycles of segregation and re-incarceration.

3.138 We found one institution is modifying their standard segregation protocols to better respond to individuals suffering from acute mental health issues. For example, they have allowed segregated inmates extended time for socialization and/or providing them with materials such as colouring books. While we consider this is a positive development, it is informal, undocumented and reliant on individual management and staff discretion.

3.139 However, we were informed that in January 2018, NB Corrections completed an examination of its use of segregation and related operational policies and procedures.

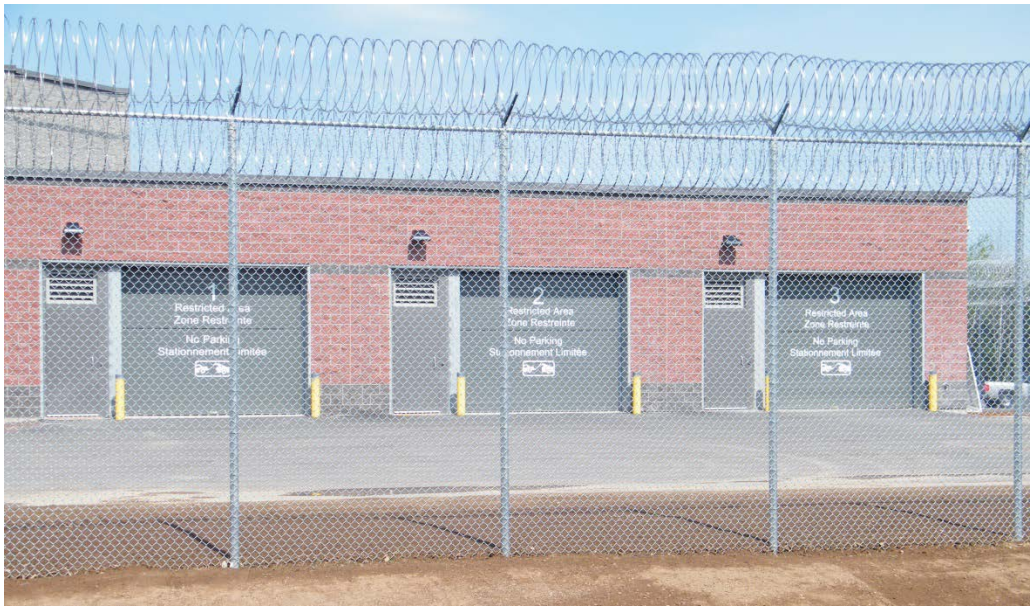
[15] R. Kapoor, MD, *Taking the Solitary Confinement Debate Out of Isolation,* The Journal of the American Academy of Psychiatry and the Law 42:2-6, 2014.

Exhibit 3.14 - View inside a segregation cell at Saint John Regional Correctional Centre

Source: Provided by NB Corrections

Recommendation **3.140 We recommend the Department of Justice and Public Safety implement an individualized protocol approach for inmates with mental health issues in segregation such as is used by Correctional Service Canada. Individualized protocols should be integrated into treatment plans and reviewed by mental health professionals.**

Exhibit 3.15 - Outside admissions entrance Southeast Regional Correctional Centre



Source: provided by NB Corrections

Continuum of Addiction and Mental Health Care

3.141 We found addiction and mental health services are severely disrupted and often discontinued when inmates transition in and out of custody and are transferred between institutions.

Services disrupted and often discontinued

3.142 There are many systemic factors contributing to this service disruption. They include:

Silo nature of service disrupts treatment

- The silo nature of government services along department and organizational boundaries;

Differences in practices between institutions disrupts treatment

- The lack of clear and consistent addiction and mental health policies and practices in correctional institutions;
- Differences in policies, protocols and treatment practices between provincial and Federal correctional institutions and Psychiatric Hospitals;

- Lack of timely sharing of information between community mental health services and NB Corrections clinical services;
- Community mental health service providers do not visit the institutions to offer or continue treatment services; and
- Logistical requirements of transporting an inmate to a community clinic prevent it from happening. Inmates must be shackled and handcuffed and accompanied by two Correctional Officers.

Treatment plans discontinued and files closed upon incarceration

3.143 When individuals are incarcerated, their existing treatment plans are discontinued and patient files are closed. There is a lack of clear policy on file retention by community mental health services for patients who are in custody. This results in inconsistent actions and discrepancies between service providers on when a file will be closed.

3.144 An exception exists for FACT (Flexible Assertive Community Treatment) team and Forensic Team clients. These patients' files remain open even when placed in custody. There were attempts to continue to follow the patient and continue treatment.

3.145 Drug protocols are different in Federal penitentiaries. This means inmates transferred into provincial custody from Federal penitentiaries will not be able to continue certain prescribed medications to treat their mental health issues.

Prescribed medication denied in correctional institution

3.146 We found prescribed medications are denied when patients are placed back in a provincial correctional institution. From our file review, we found medications for attention deficit disorders were not continued upon transfer to a provincial correctional institution from a Federal penitentiary. The patient's condition worsened and behavioural issues re-emerged. This led to increased incidents and more time in segregation. The individual was released into the community in worse condition than when they were admitted.

3.147 At Restigouche Hospital Centre, treatment and drug protocols differ from provincial institutions. This means drug treatments initiated while at Restigouche Hospital Centre for some mental health issues will not be continued once the patient is placed back in a provincial correctional

institution.

3.148 In the case of methadone treatments, we found close coordination between community providers and the institution both on admittance and release to ensure seamless transition and prevent the interruption of methadone dosages.

3.149 Continuity of care between correctional institutions and community mental health services is important because it reduces the chance that a patient will slip through the cracks and stop getting treatment.

3.150 Disruption in the continuity of addiction and mental health care for inmates puts both the public and the individual at risk. Studies have found that a break in care can put individuals at risk of criminal behaviour and the risks of relapse, hospitalization and suicide.[16]

Recommendations

3.151 We recommend the Department of Health and the Department of Justice and Public Safety map out all services currently available to clients with addiction and mental health issues who are also involved in the criminal justice system. This information should then be used when developing the integrated service delivery model.

3.152 We recommend the Department of Health and the Department of Justice and Public Safety develop appropriate protocols to ensure continued services for addiction and mental health clients who are placed in custody in provincial correctional institutions.

[16] Dr. Mary Ann Campbell, *Integrative Response to the Needs of Justice Involved Persons With Mental Health Concerns: An Overview Of Research Supported Addiction, Mental Health, and Correctional Service Delivery*, Centre for Criminal Justice Studies, June 30, 2017.

Appendix I: About the Audit

This independent assurance report was prepared by the Office of the Auditor General of New Brunswick on the Departments of Justice and Public Safety and Health's (the Departments) delivery of addiction and mental health services to adult inmates in custody in provincial correctional institutions. Our responsibility was to provide objective information, advice, and assurance to assist the Legislature in its scrutiny of the government's management of resources and programs, and to conclude on whether the Departments' delivery of addiction and mental health services complies in all significant respects with the applicable criteria.

All work in this audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada (CPA Canada) in the CPA Canada Handbook – Assurance.

AGNB applies Canadian Standard on Quality Control 1 and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of New Brunswick and the Code Professional Conduct of the Office of the Auditor General of New Brunswick. Both the Code of Professional Conduct and the Code are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality, and professional behaviour.

In accordance with our regular audit process, we obtained the following from management:

- confirmation of management's responsibility for the subject under audit;
- acknowledgement of the suitability of the criteria used in the audit;
- confirmation that all known information that has been requested, or that could affect the findings or audit conclusion, has been provided; and
- confirmation that the findings in this report are factually based.

Period covered by the audit:

The audit covered the period between January 1, 2016 and December 31, 2017. This is the period to which the audit conclusion applies. However, to gain a more complete understanding of the subject matter of the audit, we also examined certain matters that preceded the starting date of the audit.

Date of the report

We obtained sufficient and appropriate audit evidence on which to base our conclusion on May 17, 2018, in Fredericton, New Brunswick.

Appendix II: Criteria Used in our Audit

Objective

*To determine if the Department of Health and the Department of Justice and Public Safety (the Departments) deliver addiction and mental health services to provincial correctional institution inmates to improve health outcomes and contribute to safer communities***.**

We used the following criteria:

Source of Criteria	Developed by AGNB based on: • "Mental Health Strategy for Corrections in Canada", key elements and expected outcomes of the framework; • "Mental Health and Substance Use Services in Correctional Settings- A Review of Minimum Standards and Best Practices"; • Legislative audit reports from other jurisdictions; New Zealand- "Assess the effectiveness of systems for delivering mental health services to sentenced and remand prisoners"
Criterion 1 Governance & Management	The Departments should have sound governance and management arrangements with well-defined roles, responsibilities, and accountabilities for providing addiction and mental health services in correctional institutions.
Criterion 2 Screening and Assessment	The Departments should screen and assess inmates' need for addiction and mental health services in a timely manner.
Criterion 3 Treatment	The Departments should provide treatment for identified addiction and mental health needs in accordance with recognized minimum standards
Criterion 4 Transitional Services	The Departments should provide for continued addiction and mental health treatments when admitted into and on release from provincial custody.
Criterion 5 Monitoring and evaluation	The Departments should measure, monitor and report on the performance of addiction and mental health services provided in correctional institutions.

Appendix III: Illustrative Excerpts from Case Reviews

(Warning examples contain graphic details which may be disturbing to some)

In the course of our work we came across numerous examples of individuals in custody with known mental health issues. The cases noted below illustrate the severity of the situation within provincial correctional institutions.

While each situation is unique, these cases are not un-common occurrences. Personal data has been removed or altered to preserve individual privacy.

Inmate A: On remand and released. Records show a history of incarceration. There are existing entries noting mental disability and prior behaviour management problems and suicide attempts.

During current admission the individual admits to having received treatment in the past for mental health issues and previous suicide attempts. Health assessment notes indicate the individual admits to using speed, cocaine, marijuana along with prescriptions for psychiatric medications. Individual reports being diagnosed with schizophrenia.

Individual is sent to Restigouche Hospital Centre for a court ordered 30 day assessment. Copy of assessment shows a diagnosis of paranoid schizophrenia with substance dependency and abuse as well as a history of failure to take medications. The individual is returned from Restigouche Hospital Centre with one prescription for a type of benzodiazepine (a class of psychoactive drug such as diazepam, brand name Valium).

Individual is subsequently released from the provincial correctional institution only to return three months later. Notes indicate the individual is in worse condition and is unsure of what medications or drugs they have taken. The individual is placed in segregation from admissions due to risk of suicide and uncertainty over current state of health.

Inmate B: On remand and released. While in segregation individual was seen naked on the floor, smeared in feces and eating from the toilet. Released a short time after incident.
This individual has been in and out of prison and in and out of several psychiatric hospitals, units in both NB and other provinces. During a previous period in custody the individual attempted to commit suicide and was in and out of segregation repeatedly. Log notes indicate the individual was transferred from a federal penitentiary where the inmate had been seeing a psychologist. File entries note the individual complaining about the lack of counselling and inability to get previously prescribed medications, which helped control their behaviour.

Appendix III: (Continued)

Inmate C: Remand then sentenced. Individual has been homeless and in and out of custody. The individual can't live in society due to the voices in their head and how easy it is to be convinced to commit a crime. The individual wants to stay in segregation because they are easily influenced by others to commit crime. Individual does not want to live like this anymore, they want to die.

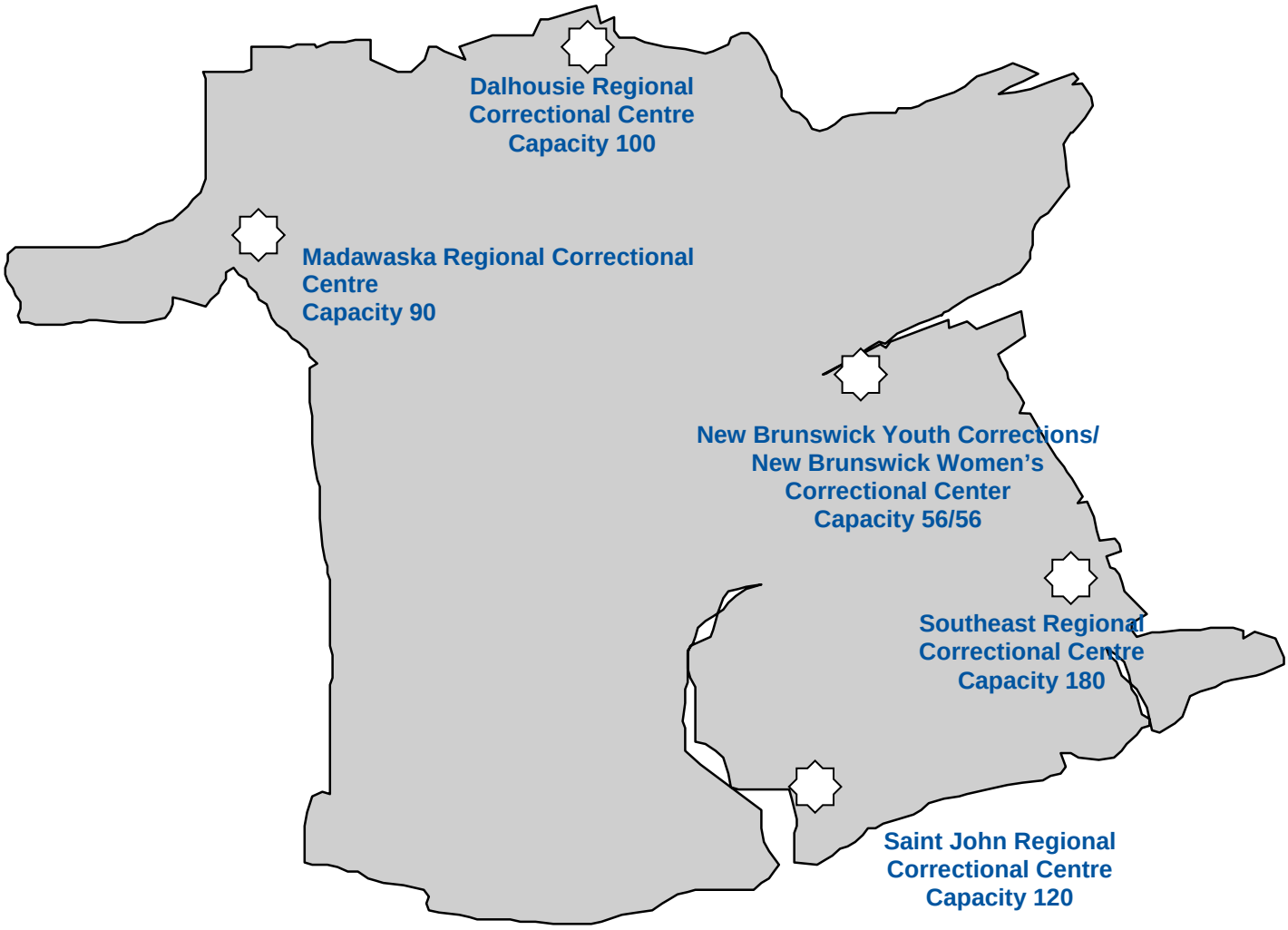
Individual put in segregation and on checks. Cycle repeats of self-harm and suicide attempts whenever taken out of segregation.

In an institution in another province had been put on an anti-psychotic drug that had helped but not able to get it in current NB provincial prison.

Most recent court ordered mental health assessment found they were fit to stand trial and criminally responsible. Although the assessment recommended follow up with mental health and addiction services, this did not happen while in custody.

Inmate D: Diagnosed with paranoid schizophrenia. Inmate was placed in medical segregation. After a few months his condition deteriorated to the extent he could no longer perform basic functions like getting dressed. He was having severe hallucinations. During that one period of custody he spent six months in segregation. File indicates little or no mental health support was provided while in segregation.

Appendix IV: Location of Provincial Correctional Institutions



Source: Provided by NB Corrections