

**Is Community Treatment Effective for Adult Offenders who are Clinically
Diagnosed with Mental Health?**

By

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MOUNT ROYAL UNIVERSITY

CALGARY, AB. CANADA

Mount Royal University is located in the traditional territories of the Niitsitapi (Blackfoot) and the people of Treaty 7 which includes the Siksika, the Piikani, the Kainai, and the Tsuut'ina, and the Îyârhe Nakoda. We are situated on land where the Bow River meets the Elbow River, and the traditional Blackfoot name of this place is Mohkinstsis, which we now call the City of Calgary. The City of Calgary is also home to the Métis Nation.

Abstract

For a variety of reasons, including the belief that incarceration is an appropriate form of punishment, many individuals with mental disorders are denied access to treatment in their communities. However, by exposing them to other criminals and dangerous conditions, incarceration may actually worsen these people's mental health. Community-based treatment would be a preferable choice because of this. The advantages of these programs for mentally ill individuals who have broken the law are covered in this paper, along with the disadvantages of locking them up. Research indicates that participation in these community programs lowers the likelihood of recidivism and facilitates reintegration into society for those who get treatment. Apart from the negative impact of incarceration on the psychological well-being of those suffering from mental illnesses, community-based therapy provides a more comprehensive strategy for recovery. In addition to addressing the unique requirements of people with mental disorders, these programs offer specialized therapies and support services that enhance their general well-being and lower their recidivism rate.

Keywords: Mental illness, offenders, community-based rehabilitation, incarceration, recidivism

Dedication and Acknowledgement

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Is Community Treatment Effective for Adult Offenders who are Clinically Diagnosed with Mental Health?

The multiple difficulties adult offenders with mental health diagnoses experience give rise to this research question. Particularly in cases when mental health disorders are present, traditional punitive tactics frequently fall short of addressing the underlying reasons of criminal behaviour. This thesis investigates a more comprehensive and rehabilitative strategy that takes into account the criminal and mental health components of the individual by raising the question of whether community therapy is successful.

Rehabilitation programs and reintegration planning constitute essential components for the successful transition of offenders back into society (Paulson, 2013). As acknowledged by Paulson (2013), the majority of individuals detained eventually return to our communities. Efforts by social workers and case workers, both within and outside prison, collaborate to develop suitable services before release, fostering a seamless reintegration process (Paulson, 2013). Community-based initiatives, aimed at lowering recidivism and enhancing offender success, prove effective when individuals actively engage in these programs (Abracen et al., 2015). The rehabilitation of criminals within the community emerges as a critical aspect of criminal justice reform, addressing the root causes that may drive individuals to criminal behaviour (Abracen et al., 2015).

Community corrections play a pivotal role in caring for offenders with mental illness outside of prison, assisting their successful adjustment to new surroundings through rehabilitation efforts (Abracen et al., 2015). The primary objective of community corrections is to reduce recidivism among individuals with mental disorders, facilitating their integration into

society for psychological healing (Abracen et al., 2015). Within community corrections, punishment serves as a foundational element for offenders to recognize their mistakes and regain control of their lives (Abracen et al., 2015).

The research of Roskes et al. (1999) sheds light on the disproportionate number of mentally ill individuals being arrested, with mental illness rates two to three times greater among incarcerated individuals than the general population. Recognizing the neglected mental health needs within the incarceration system, active diversion programs are crucial in identifying mentally ill offenders early in the criminal justice process. Community-based treatment programs address the physical and psychological requirements of offenders, ensuring compliance with public safety standards and significantly decreasing recidivism rates. Despite mutual distrust between mental health providers and the community correctional system, community-based interventions have demonstrated success in reducing recidivism for offenders with mental illness.

The relationship between mental health providers and the community correctional system poses challenges, rooted in perceptions of the mental health system being perceived as "soft" on crime and mutual suspicions. However, both community corrections and mental health professionals play indispensable roles in addressing the social and mental health needs of offenders, contributing to the reduction of recidivism rates (Roskes et al., 1999). The literature underscores the significance of therapy in achieving positive outcomes for individuals within the criminal justice system (Roskes et al., 1999).

Moreover, individuals in need of high-quality community-based treatment may face arrest due to the inability to access effective services, particularly when their actions result from untreated mental illness (Substance Abuse and Mental Health Services Administration, 2019).

This underscores the urgency of ensuring access to mental health services to prevent unnecessary involvement in the criminal justice system.

Defining the Components

First and foremost, it is critical to articulate the essential components of this study's central issue. When discussing "community treatment," it refers to therapeutic treatments and other forms of assistance that are given outside of conventional institutional settings, such as mental hospitals or prisons (National Institute of Justice, 2022). Rather, these community-based programs target adult offenders' criminal behaviour as well as their mental health issues.

Community correctional programs are run by organizations or courts that have the legislative authority to impose penalties on someone found guilty of a crime but are not incarcerated (National Institute of Justice, 2022). Probation, or community-based correctional supervision are two examples of community corrections (National Institute of Justice, 2022).

The term recidivism is an offender's likelihood of reoffending. It is determined by any criminal activity that within the three years after their release that led to their being arrested and found guilty again, or being sent back to prison with or without a fresh sentence (National Institute of Justice, 2022).

Methodology

This research investigates if adults clinically diagnosed with mental illness can receive more effective support through community rehabilitation programs rather than incarceration. Concerns arise about imprisoning individuals already struggling with mental instability, as the prison environment lacks adequate support and exposes them to criminal influences, posing risks to their well-being and that of fellow inmates. These risks persist upon release, impacting public

safety. The goal is to determine if the criminal justice system prioritizes the health and safety of adults with mental illness, or if decisions are influenced by convenience, potentially compromising their best interests.

Research Design

In this study, an explanatory research design is employed to examining the connection between the rise in mental health related inmates in Canada and the development of community-based alternatives is a fitting use for this approach. This explanatory research will allow a thorough exploration of the complexities involved, linking well with the objectives of scrutinizing the consequences of imprisoning mentally ill individuals and assessing the priorities of the criminal justice system.

The methodology involves a literature review with a semi-systematic approach. This will involve systematically search and review existing literature, including peer-reviewed scholarly articles and textbooks. This will allow to gather comprehensive insights into the surge in the prison population and the impact of community-based alternatives. Analyzing peer-reviewed articles helps identify key themes and trends related to the benefits and challenges of community programs.

This thesis faces a potential limitation due to its reliance on existing literature, particularly older sources, which may not effectively capture real-time nuances in the subject. The use of dated literature might not fully encompass the evolving perspectives, attitudes, and circumstances that have emerged in real-time, hindering a comprehensive understanding. This limitation is especially pronounced in the context of mental health, where the profound impact of events such as the COVID-19 pandemic has triggered significant shifts in societal outlook and

policymaker perspectives. Notably, younger generations have become more cognizant of health issues. The nuances that may not be captured include specific changes in public perception, policy responses, and evolving awareness related to mental health. To address this limitation, a diverse and thorough literature search will be conducted to incorporating more recent sources. The study's proactive approach aims to mitigate potential gaps and recognize the transformative impact of recent events on the subject matter.

Data Collection Methods and Sources

Utilizing a semi-systematic literature review approach facilitates a comprehensive examination of existing scholarly works, encompassing peer-reviewed articles and textbooks. This method is selected to delve into the increase in Canada's prison population and the emergence of community-based alternatives, specifically focusing on their implications for individuals facing mental health challenges. Through the analysis of pertinent literature, key themes and trends pertaining to the advantages and obstacles of community programs can be identified. The application of this method is underpinned by the objective of gaining insights into broader frameworks of criminal and social justice, addressing specific research inquiries concerning the efficacy and repercussions of community-based rehabilitation for individuals with mental illness.

For data, secondary sources are mainly used from databases like PsycINFO, SocINDEX, and Google Scholar. Systematic searches are performed using keywords such as "prison population trends," "effectiveness of community-based alternatives," and "challenges faced by mentally ill offenders in Canadian correctional facilities." Additionally, official reports from Correctional Service of Canada, academic publications from reputable Criminology and

Psychology journals, and relevant policy documents from government websites are analyzed. These are available on Google Scholar and in the databases already mentioned, including those offered by the library resources at Mount Royal University. With the help of a wide range of sources, this study seeks to offer a thorough grasp of the variables driving the rise in the prison population, the effects of community-based alternatives, and the particular difficulties experienced by mentally ill offenders inside the Canadian justice system.

This thesis faces a limitation tied to the reliance on older data sources, that may not capture real-time nuances effectively. Utilizing dated data may not fully capture the dynamic shifts in perspectives, attitudes, and circumstances, particularly evident in the realm of mental health, impacted by events like the COVID-19 pandemic. The heightened awareness among younger generations is a notable example. The nuances that might be overlooked involve specific changes in public perception, policy responses, and evolving awareness related to mental health. To address this limitation, a proactive approach was taken, involving a thorough evaluation of current data sources for a diverse and up-to-date representation. This method aims to mitigate potential gaps stemming from the constraints of older data sources and acknowledges the transformative impact of recent events, fostering a more robust and timely exploration of the research questions.

Data Analysis

In conducting the semi-systematic literature review, the data analysis will follow a comprehensive procedure. It involves executing a database search, extracting pertinent information from selected studies, and organizing data based on key themes, such as community treatment types, intervention outcomes, and participant characteristics. The efficacy of

community therapy for this specific demographic will be evaluated by identifying patterns and trends through the synthesis of information. The comparison analysis will highlight variations between interventions, ensuring a nuanced understanding. The validity of the combined data will be ensured through a quality evaluation. This strategy aims to address the study topic and provide insights into the effectiveness of community treatment for adult offenders with mental health disorders, ultimately enabling a thorough assessment of the existing literature.

Required Ethical Approvals

Ethics approval is not required for this thesis as all of the data gathered from primary sources is available to the public, and the secondary sources that are used do not require permission.

Discussion

Overall, this study addresses a critical issue in Canada's judicial system: the growing incarceration of adult offenders with clinically diagnosed mental health disorders. As prisons face increasing numbers, community initiatives have shown promise in reducing crime and preventing reoffending. Managing mentally ill inmates poses challenges for staff, necessitating careful consideration of security and treatment options. The primary focus is on investigating whether community-based rehabilitation is a preferable option for offenders with mental health problems compared to incarceration. The available research underscores the importance of prioritizing mental health offenders in the legal system, prompting a critical examination of whether current procedures prioritize convenience over the actual welfare of those in need.

Dissemination

A wide range of audiences will find value in the research's conclusions. Above all, considering the present issues facing the Canadian criminal justice system, lawmakers and policymakers working in the field of criminal justice would be very interested in learning about the consequences of community-based rehabilitation for mentally ill people. Introducing the findings at seminars and conferences these policy-makers attend would be essential to swaying future laws and regulations. Additionally, as this research directly tackles the difficulties they have in managing mentally ill criminals within correctional institutions, correctional professionals—including administrators and staff—would gain valuable knowledge from it. The research may inform that current correctional practice is immediately impacted by dissemination through seminars and professional training programs within the prison sector. The research would also be beneficial to the general public and advocacy groups that support criminal justice reform and mental health. Sharing research results via easily available media outlets, such as interviews and press releases, can increase public awareness and support well-informed public debate on the subject. Last but not least, scholarly publications in the domains of social justice, psychology, and criminology would offer a forum for interacting with academics and researchers, encouraging continuous discussion, and advancing knowledge of the intricate relationship between mental health and the criminal justice system.

Offenders and Mental Health Needs

In the last decade, Canada has experienced a significant growth in prison population causing overcrowding and an overrepresentation of offenders who suffer mental illness. Today, the size of Canada's general prison population is low and is either stable or dropping. This is due

to community-based alternatives to imprisonment which evidently reduces crime rates, overcrowding and recidivism rates. Not only do community-based programs offer plenty of benefits to the community, but it also benefits the offenders and lets them get their life back on track.

The proportion of mentally ill offenders entering Canadian correctional facilities has increased dramatically in recent years; 38% of newly admitted offenders to the Correctional Service of Canada reported having a history of significant psychological dysfunction (Canada, P. S, 2022). The growing population of offenders with mental disorders introduces various challenges for the staff within the correctional system. They must carefully navigate decisions concerning security and supervision levels, as well as ensuring that the offenders are placed into the most appropriate treatment programs to safeguard their well-being (Canada, P. S, 2022). The implementation of community-based rehabilitation for mentally ill offenders not only reduces stress for correctional staff and enhances the protection of the offenders but also contributes to a reduction in prison overcrowding (Canada, P. S, 2022).

Total Number of Offenders in Canada by Year

There is a clear fluctuating pattern over 2010-2020 in the diagram that shows the overall number of offenders in Canada from 2010 to 2020 (Public Safety Canada, 2022). According to the data, please refer to Table 1, there were fluctuations in the offender population over this time, peaking in 2011 and then progressively falling. By 2020, there were significantly fewer offenders overall than in prior years (Public Safety Canada, 2022). The general trend indicates a decrease in the number of people entering Canada's criminal justice system, notwithstanding variations in crime rates and severity throughout time.

Refer to Table 1, which offers comprehensive information on the number of offenders for each year, for exact numerical numbers.

Table 1

Total Numbers of Offenders in Canada by Year

Year	Number of Offenders
2010	30,000
2011	32,500
2012	33,200
2013	31,800
2014	29,700
2015	28,400
2016	27,900
2017	26,500
2018	25,800
2019	24,600
2020	23,500

Note. Adapted from Corrections and conditional release statistical overview, by Public Safety Canada, 2022a. Copyright 2022 by Public Safety Canada.

Range of Punishments by Percentage for Adult Offenders in Canada

In Canada, the range of punishments for adult offenders encompasses various options, each applied based on the severity of the offence and other contextual factors. According to the provided data, the majority of adult criminal court cases result in convictions, with the proportion increasing slightly over the years (Public Safety Canada, 2022). Among these convictions, the percentage of offenders receiving prison sentences has remained relatively stable, while there has been a notable shift in the distribution of probation and fines (Public Safety Canada, 2022). For a

detailed breakdown of the percentages of punishment over time for adult offenders in Canada, please refer to Table 2. This distribution of punishments reflects the complex interplay between legal statutes, judicial discretion, and societal attitudes towards crime and punishment in Canada's criminal justice system (Public Safety Canada, 2022).

Refer to Table 2 below for the percentages of punishment over time for adult officers in Canada.

Table 2

Percentages of Punishments for Adult Offenders in Canada

Year	Prison Sentence (%)	Probation (%)	Fines (%)
1996-1997	32	41	43
2019-2020	34	44	34

Note. Adapted from Corrections and conditional release statistical overview, by Public Safety Canada, 2022a. Copyright 2022 by Public Safety Canada.

Canada's Correctional Model

Canada's correctional model encompasses federal incarceration, parole, provincial incarceration, and community corrections. Federal incarceration involves the imprisonment of individuals who have committed serious offences, such as homicide, drug trafficking, armed robbery, white-collar crimes (e.g., fraud, embezzlement), and organized crime-related offences (Correctional Service of Canada, 2024). Parole, a key aspect of Canada's correctional system, allows offenders to serve part of their sentence in the community under supervision, promoting their successful reintegration (Correctional Service of Canada, 2024). Offenders eligible for parole may have committed offences like robbery, drug possession, assault causing bodily harm, or fraud. The National Parole Board grants parole and imposes conditions to ensure public safety (Correctional Service of Canada, 2024). Provincial incarceration, managed by provincial/

territorial governments, handles individuals convicted of less serious offences, including theft, assault, drug possession for personal use, property offences (e.g., vandalism, mischief), and public order offences (e.g., disturbing the peace) (Correctional Service of Canada, 2024).

Community corrections, including probation and conditional sentences, offer alternatives to incarceration, allowing offenders to remain in the community while under supervision (Correctional Service of Canada, 2024). Offenders in community corrections programs may have committed minor drug offences, petty theft/shoplifting, non-violent property crimes, driving under the influence (DUI), or disorderly conduct (Correctional Service of Canada, 2024). These programs aim to reduce reoffending and support rehabilitation. Overall, Canada's correctional model emphasizes a balance between punishment, rehabilitation, and community safety.

Incidents of Mental Health Needs Among Canadian Offenders

Everyone goes through phases when their emotions or behaviours change, but for some people, these phases cause problems in their daily lives. A serious mental illness (SMI) is defined as a “mental, behavioural, or emotional disorder (excluding developmental and substance use disorders) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities,” by the American Psychiatric Association (Public Safety Canada, 2023). The incidence of people with SMIs in Canadian prisons and methods for treating mental health in the criminal justice system in general are included in the present review (Public Safety Canada, 2023). The ways in which approaches intersect with the criminal justice system, which includes the police, courts, custody, and community, are arranged in a different order (Public Safety Canada, 2023).

Views on Community-Based Rehabilitation

There is a mutual distrust that exists between mental health providers and the community correctional system (Roskes et al., 1999). It is seen by the corrections that the mental health system is too “soft” on crime and uninterested or concerned for public safety, and as having the tendency to make excuses for criminals with mental illness (Roskes et al., 1999). Community mental health professionals in particular typically assume that community correctional officers frequently seek to get the client's probation or parole revoked. Furthermore, mental health professionals may approach the therapeutic process with the conviction that "forced treatment doesn't work” (Roskes et al., 1999). Many times, providers' reasons for refusing to accept recommendations of clients who have committed crimes are based on simple fear. Because of this fear, some service providers won't accept a referral until they have proof of prior treatment, which the probation officer may not always have. Due to the possibility of court appearances, providers could be reluctant to treat criminals who are suffering from mental illness (Roskes et al., 1999). Along with ensuring public safety, probation officers have a duty to assist their clients in addressing their social needs, which may include meeting their mental health requirements when necessary. In addition, a summary of the literature demonstrating the significance of therapy in reducing recidivism rates is included in their assessment (Roskes et al., 1999).

Moreover, those who require access to high-quality community-based treatment may be arrested instead. People with mental health illnesses are frequently referred to the court system because they are unable to get effective community-based services (Substance Abuse and Mental Health Services Administration, 2019). This can take place if a person is detained due to conduct or acts resulting from an untreated mental illness.

Reintegration From Community-Based Rehabilitation

It is understood that the majority of people who are detained will eventually be released back into our communities (Paulson, 2013). In order to assist offenders to transition successfully back into a community, rehabilitation programs and reintegration planning are strongly advocated. When offenders needs are determined in relation to necessary services and programs that are offered, this transition into the community for reintegration is more successful. By removing obstacles and focusing on the development of suitable services before release, social workers from within and outside the prison collaborate to promote a seamless reintegration (Paulson, 2013). Community-based initiatives that aim to lower recidivism and boost offender success can only help and support if offenders take part in their services. In order to reshape the conduct of those who have committed crimes in the past, rehabilitation programs are essential in any society (Abracen et al., 2015). To ensure that offenders with mental illness are effectively cared for outside of prison, community corrections has played a vital role. For offenders who suffer from mental illness to successfully accustom to their new surroundings, rehabilitation is essential. Rehabilitating criminals in the community is a positive way to invest in criminal justice reform and ensure that those offenders coping with particular issues that might eventually drive them to crime are eradicated (Abracen et al., 2015).

Support for Offenders to Reintegrate Safely

As discussed by Abracen et al. (2015), the majority of offenders are consistently unable to integrate well into the society as a result of hostility from family and friends. Most of them become more isolated as a result of being rejected, and they turn to criminal behaviour or even suicide to satisfy needs and desires that society does not feel are vital (Abracen et al., 2015). The

majority of the sentiments that offenders experience are given validity through counselling, which frees them. This is especially true with mental illness offenders. It is beneficial for the offenders to comprehend that sentiments of hopelessness and helplessness are not always rational in people's lives. In light of the fact that the past cannot be recreated, they should ensure that their attention is on starting over.

Integration Through Community Corrections

Another essential function of community corrections, particularly for those who are mentally ill, is reintegrating offenders into society. Given that they are perceived as different people with no dignity, offenders need assistance fitting into society. Community correction's primary goal is to lower recidivism among offenders with mental disorders (Abracen et al., 2015). Integrating ensures that criminals are perceived favourably by society, expediting the psychological healing of their wounds. Additionally, one of the responsibilities of community corrections programs is to provide punishment. Punishment is never severe, but it serves as the foundation for offenders to see their error and take control of their entire life (Abracen et al., 2015).

Reintegration Challenges that Come from Being Released from Prison

The majority of incarcerated offenders face significant obstacles on their path to a smooth release and successful reintegration into society. Finding secure, reasonably priced housing and obtaining and retaining a job are two of the most pressing issues (Baillargeon, Hoge, & Penn, 2010). The capacity of the returning prisoner to get help from family and social networks is frequently a prerequisite for completing these fundamental rehabilitation tasks. Sadly, most inmates are only given a transportation ticket and a small amount of spending money

when they are released from a prison sentence (Baillargeon, Hoge, & Penn, 2010). When they return, they usually have little chance of finding work, no government benefits or health insurance, and not enough money to rent an apartment in the private sector on their own. Reentering society successfully is especially challenging for former offenders with SMI. Compared to other released inmates, they are less likely to obtain employment and more likely to become homeless (Baillargeon, Hoge, & Penn, 2010). Getting access to the right community-based mental health treatments can present significant obstacles as well, which frequently lead to temporary, fragmented care.

Outcomes Resulting From Community-Based Rehabilitation

According to Roskes et al. (1999), a disproportionate number of people with mental illness are arrested as compared to the general population, and the rate of mental illness is two to three times greater among those who are incarcerated than in the general population. Additionally, this population's mental needs are severely neglected while they are incarcerated. As a result of the "abuse of jails as mental hospitals", active diversion programs are needed. These programs should be able to recognize mentally ill criminals and their need for mental health interventions early on in the criminal justice process. The physical and psychological requirements of the offender will be met by community-based treatment programs, which will also guarantee public safety compliance (Roskes et al., 1999).

Recent research revealed that community-based interventions significantly decreased the recidivism rate of offenders with mental illness (Roskes et al., 1999). In accordance with other research, judicially overseen treatment produced favourable results over a one-year follow-up

period. As reported by the findings of both research, recidivism rates are reduced for offenders with mental illnesses who are assigned to community-based programs.

Effects of Incarceration for Offenders with Mental Health

Every aspect of a person's life, including their housing, health care, work, and social connections, can become unstable after an arrest or incarceration (Substance Abuse and Mental Health Services Administration, 2019). Researchers have discovered that even short periods of incarceration have negative effects, such as lost employment and future employment opportunities, deteriorated physical and mental health due to gaps in medical care and treatment, lost housing and future housing opportunities, and disruptions in social and family ties (Substance Abuse and Mental Health Services Administration, 2019). Individuals suffering from mental and substance use disorders experience more self-harm risks, spend more time in prison after entering the system, and are subjected to more severe punishments. Numerous individuals suffering from mental disorders do not receive the services they need, and their problems frequently deteriorate inside prison settings, as a result of funding and staffing shortages (Substance Abuse and Mental Health Services Administration, 2019). For people who are already receiving medication and therapy in the community, these services may be discontinued while they are incarcerated, leading to treatment gaps and making it difficult to resume treatment after being released and reentering the community.

Community-Based Sentences

The use of community-based alternatives to conviction and prison for some criminal offenders has gained popularity in recent decades. The fact that certain criminal subgroups commit crimes primarily as a result of substance abuse or serious mental illness (SMI) symptoms

is becoming more widely acknowledged (Heilbrun et al., 2015). Evidence of the high percentage of people with SMI in the criminal justice system has contributed significantly to the field's expansion. Research indicates that a large number of these people can receive community-based rehabilitation for a lower cost, without posing a greater risk to public safety, and in methods that directly address their needs related to risk and enhance their chances of recovery (Heilbrun et al., 2015).

It takes research to determine what is most effective for a given category of offender. Among other things, actuarial risk assessment helps to determine which criminals can be managed in the community and what risk factors they need to address to continue living a life without crime (Zubrycki, 2002). Expanded punishment does not result in improved deterrence, which is perhaps the most important lesson that research over the past fifty years or so has shown us (Zubrycki, 2002). Societies that have long built their criminal justice systems on a strong reliance on deterrence, like Canada, seem to find this counterintuitive. That finding is, however, confirmed by recent meta-analyses involving hundreds of research and hundreds of thousands of participants (Zubrycki, 2002). Scholars have examined the effects of imprisonment and intermediate punishments on recidivism. Based to their findings, community sanctions have a bigger effect on recidivism than prison does. In fact, incarceration may potentially increase recidivism later in life by as much as 7% in certain circumstances and by as much as 2-3% overall (Zubrycki, 2002).

Recidivism

It is generally acknowledged that community-based facilities or probation are better suited for treating and supervising mentally ill individuals who violate the law but pose no threat

to others, even though the stressful and confining atmosphere of imprisonment and other penal settings are not well suited to meet the needs of mentally ill offenders (Trotter, 1996). The ongoing discussion surrounding the effectiveness of probation supervision and community based corrections has received contributions from meta analyses. Some studies suggest that certain programs within community based corrections can indeed have an influence on reducing client recidivism rates. Despite doubts expressed by scholars like Trotter (1996) the findings from these analyses offer a nuanced viewpoint. These analyses indicate that there is variability in the effectiveness of programs within community based corrections with some showing potential to contribute to lowering recidivism among participants. This recognition adds complexity to the conversation emphasizing the significance of considering program factors and the diverse range of interventions within community based corrections when evaluating their impact, on recidivism rates (Trotter, 1996).

Professionals in Community Corrections

Community-based correctional programs cannot become a well-established part of a criminal justice system without a network of enabling and supporting criminal justice professionals⁵. While some must be committed to these programs, others must at the very least be open to and supportive of them (Zubrycki, 2002). Numerous authorities (eg. judges, police officers, crown attorneys) along with others, are dedicated to community-based programming because they believe it to be the least detrimental and most successful alternative when compared to other options, including traditional imprisonment. Every province and territory has probation services with the goal of assisting suitable offenders in the community. Typically, they collaborate closely with voluntary sector service providers to link criminals with suitable

programs that will help them limit their illegal activity and reintegrate into society. When it is deemed safe to do so, these same volunteers work in conjunction with institutional and parole authorities to facilitate the reintegration of criminals into society (Zubrycki, 2002).

Custody

Many people with SMIs wind up in correctional facilities despite efforts to steer them from the criminal justice system. In an effort to better meet the needs of those with SMIs incarcerated in the federal system, a Mental Health Strategy for Corrections in Canada was created in 2012 (Public Safety Canada, 2023). It seeks to enhance continuity of treatment and give prompt access to mental health services for those in detention. In addition, client-centred, culturally aware, gender-appropriate mental health treatments and the promotion of mental well-being are guiding principles. All people involved in the criminal justice system should have equitable access to mental health care. Correctional mental health approaches that target the requirements of prisoners with SMIs are built on screening, assessment, and treatment (Public Safety Canada, 2023).

Screening and Assessment

The identification and treatment of people with SMIs depend heavily on mental health screening and evaluation. Provincial Correctional facilities employ the Jail Screening Assessment Tool (JSAT) and the Brief Jail Mental Health Screen (BJMHS) as screening instruments (Public Safety Canada, 2023). Over 60% of people with SMIs and over 65% of those without SMIs are, on average, successfully screened in using both techniques (Public Safety Canada, 2023). The Computerized Mental Health Intake Screening System (CoMHIS) is utilized by Correctional Service Canada in federal prisons. Measures of self-harm, psychological

distress, and past mental health are included in the computerized CoMHISS questionnaire (Public Safety Canada, 2023). It is usually administered within 14 days of arrival to the institution and takes around 45 minutes to complete (Public Safety Canada, 2023). A mental health professional is contacted for additional assessment if an individual self-reports a history of mental health concerns or affirms any of the self-harm risk questions.

It is crucial to remember that screening instruments are overly comprehensive and serve only as a preliminary measure in identifying people with SMIs (Public Safety Canada, 2023). For instance, 29% of prisoners who are not mentally ill or have little mental health requirements are screened in by CoMHISS on average (Public Safety Canada, 2023). In order to guarantee the most effective use of mental health resources, further examination is necessary for people who are identified by mental health screening methods. Research indicates that women, Indigenous persons, and other racialized groups may be harder to screen for SMIs than other groups (Public Safety Canada, 2023). It is crucial that studies look into whether these tools can be used to all people who have been involved in the legal system and, if necessary, create suitable policies. Refer to Table 3 for the summary of CoMHISS screening results and access to mental health services for federal offenders in Canada.

Table 3*CoMHISS Screening and Mental Health Services Overview*

Key Information	Description
CoMHISS Screening Results	Of the 3,983 federal offenders examined with CoMHISS, 27% were recommended for further evaluation (n = 1,081 out of 3,983)
Follow-Up Services for Flagged Offenders	95% of patients who were identified by CoMHISS got follow-up care in accordance with CSC recommendations (40 days after referral or 50 days after admission).
Challenges in Accessing Mental Health Services	In certain facilities, a shortage of human resources (such as psychologists or forensic nurses) may prevent timely access to mental health care.
Promising Approach for Accessing Mental Health Care	Using technology to link prisoners in rural areas with mental health providers

Note. Adapted from Risk and Mentally Disordered Offenders, by Public Safety Canada, 2022b. Copyright 2022 by Public Safety Canada.

Treatment

For those serving sentences of less than two years or awaiting trial, the provincial and territorial governments are in charge of providing mental health care. For those serving sentences of two years or longer, Correctional Service Canada is in charge of providing mental health care. According to minimum standards of care, prisoners need to get the same quality of treatment in jail or prison as citizens do (Public Safety Canada, 2023). Inmates who suffer from mental illnesses should also have access to a range of services tailored to their individual needs. Pharmaceutical and non-pharmaceutical therapy are the two primary categories into which correctional mental health services often fall (Public Safety Canada, 2023).

Pharmaceutical Treatment

For a study on the use of psychiatric drugs among federal criminals incarcerated, local pharmacists throughout Canada conducted a one-day evaluation of all active prescriptions

(Public Safety Canada, 2023). The percentage of active prescriptions among federal inmates was around four times greater than that of the general population. This result corresponds with the conclusion that those who were incarcerated had greater incidence of serious mental disorders (SMIs) than the general community.

According to the study, there were no appreciable variations in the frequency of active prescriptions between convicts who were Indigenous compared to those who were not (Public Safety Canada, 2023). It was observed, nevertheless, that a greater proportion of women than males had active prescriptions.

Additionally, the research revealed that certain prisoners were given prescriptions for various kinds of drugs to treat their struggles with mental health (Public Safety Canada, 2023). The most often given drugs were antidepressants, which were followed by antipsychotics, anxiety/insomnia drugs, CNS stimulants, and anti-manic drugs. Refer to Table 4 for comprehensive facts and percentages.

Table 4

Psychotropic Medication Use Overview

Category	Group	Percentage
Active Prescriptions	Federal Inmate Population	30
Distribution by Gender	Women	46
	Men	30
Types of Medication Prescribed	Antidepressants	23
	Antipsychotics	10
	Anxiety/Insomnia	6
	CNS Stimulants	4
	Anti-manic Agents	<1

Note. Adapted from Risk and Mentally Disordered Offenders, by Public Safety Canada, 2022b. Copyright 2022 by Public Safety Canada.

Non-Pharmaceutical Treatment

In a nationwide study of federal prisons in Canada, it was found that non-pharmaceutical mental health treatment had significant positive impacts on various aspects of inmate behavior and outcomes (Public Safety Canada, 2023). Specifically, after receiving treatment, inmates were less likely to experience involuntary segregation, be charged with serious offences, or be involved in institutional incidents compared to before treatment. Additionally, inmates who underwent therapy had higher chances of successfully completing both penitentiary programs and educational courses (Public Safety Canada, 2023). For detailed numbers and percentages, please refer to Table 5.

In a separate study involving federal prisoners, participation in treatment was not statistically significant for reducing the incidence of institutional health incidents (such as self-harm, attempted suicide, overdose, or death) among those initially identified as possibly having a mental illness by the institution's mental health screening tool. These rates remained low following treatment (Public Safety Canada, 2023). On the other hand, among those with a documented mental illness (i.e., an official record), treatment was linked to a significant decrease in the risk of recurrent health incidents but not a significant increase in the risk of an initial institutional health incident; the risk following treatment also tended to return to initial rates.

Furthermore, obtaining treatment was linked to a significant decrease in violent and victimization episodes for all inmates when compared to pre-treatment rates; after an inmate stopped getting treatment, the rates of violent and victimization incidents began to resemble pre-treatment rates (Public Safety Canada, 2023).

Even while post-release reoffending rates may not always be decreased by mental health therapy alone, it is crucial to address criminogenic demands, especially with Cognitive Behavioral Therapy (CBT) (Public Safety Canada, 2023). Correctional programs have to give special attention to offenders who are at medium or high risk of reoffending and customize treatments to meet their unique needs. The framework for risk, need, and responsivity is a strategy that acknowledges the role that both personal and environmental variables have in lowering recidivism rates (Public Safety Canada, 2023). Furthermore, in order to enhance efficacy, Severe Mental Illnesses (SMIs) may need additional treatment inside correctional programs.

Table 5

Treatment Effects on Federal Inmates in Canada

Treatment Effects	Reduction (%)	Likelihood Increase (%)
Involuntary Segregation	32	
Serious Offences	30	
Institutional Incidents	9	
Program Completion		23
Educational Course Completion		34

Note. Adapted from Canadian Cyber Security Centre, by Public Safety Canada, 2023. Copyright 2023 by Public Safety Canada.

Provision of Mental Health Services

Primary, intermediate, and intensive treatment are the three stages of mental health care offered by Correctional Service Canada (Correctional Service of Canada, 2024). For individuals who do not require hospitalization, intermediate care provides moderate to high intensity therapy, whereas primary care consists of early assessment and intervention. Inmates with serious

medical issues are placed in intensive care. Although extra beds could be required for those with severe mental disorders, the goal of the 2015 introduction of intermediate care was to fill the gaps between primary and intensive care (Public Safety Canada, 2023). The CCRA's section 29 is still rarely used for community hospital transfers.

While the Mental Health Strategy for Corrections is prioritized, healthcare practices differ throughout provincial facilities (Public Safety Canada, 2023). An all-encompassing care strategy that addresses the many needs of inmates is used in British Columbia. However, allocating money is problematic. A large amount is given to inmates who don't require much mental health care, leaving less for those who do (Public Safety Canada, 2023). The accessibility of therapy is influenced by variables such as area, gender, and race.

In the past, an excessive number of people with serious mental disorders were placed in administrative segregation, which made their symptoms worse (Public Safety Canada, 2023). Structured Intervention Units, which are intended to address individual needs, including mental health, took the place of segregation in 2019. Although there has been progress, there are still obstacles in the way of providing convicts with proper mental health treatment, which calls for more study and development work.

Community Corrections

While there are many different components to community corrections, the main elements include community-based programs, community supervision, and transitional planning (Public Safety Canada, 2023). Every one of these tasks has to take mental health requirements into account. Minimum requirements mandate that individuals with mental illnesses who are involved in the criminal justice system receive the same quality of community mental health treatment as

the general public, undergo ongoing mental health assessments, and have prompt access to mental health resources (Public Safety Canada, 2023).

Transitional Planning

Transitional planning, which is essential for a successful post-incarceration community reintegration, entails coordination, monitoring, and identification of mental health services and medications (Public Safety Canada, 2023). The procedure is guided by the APIC paradigm (Assess, Plan, Identify, Coordinate), which emphasizes early planning upon the identification of mental illness. It entails determining which community programs are acceptable and creating a plan with involvement from the prisoners. Pre-release coordinator assignment is advised to ensure continuity of care.

A major obstacle to maintaining the continuity of care for released inmates is the absence of health cards at the time of release (Public Safety Canada, 2023). During their imprisonment, federal offenders forfeit their provincial health care benefits; thus, parole officials must help them get health cards prior to their release. However, this procedure is hindered by problems including pricing and a lack of paperwork, as reported by 51% of staff members at the Correctional Service of Canada. According to Public Safety Canada (2023), research indicates that offenders who receive health card help and transitional planning make greater use of mental health services and are less likely to be reincarcerated. In order to enhance post-release healthcare access and maybe save costs, policies should encourage the keeping of health cards while jail (Public Safety Canada, 2023). Smaller-scale initiatives like Pharmacare in British Columbia also offer medicine access without the need for health cards.

Community Supervision

To identify and treat signs of mental illness, community supervision officers must complete mental health training. It is more common for those with SMIs, especially those who also struggle with drug abuse disorders, to have their community sentences reversed for minor infractions (Public Safety Canada, 2023). In order to determine who would require specialized therapy, screening for SMIs and co-occurring disorders is crucial.

In order to lessen the overrepresentation of people with SMIs in correctional facilities, community supervision officers are encouraged under best-practice standards to use alternative punishments for minor conditional infractions (Public Safety Canada, 2023). Fear of jail, often known as "negative compliance strategies," has been connected to a rise in technical infractions among clients who suffer from mental health disorders (Public Safety Canada, 2023). On the other hand, better rewards and more observation can encourage appropriate conduct. Developing connections between officers and clients that are "firm but fair" by means of fairness, care, trust, and authoritative communication is advised (Public Safety Canada, 2023). Compliance and service consumption may be improved by employing problem-solving techniques and actively coordinating with service providers.

To address the needs of people with serious mental disorders who are involved in the criminal justice system, specialized community supervision models have been established, such as forensic intensive case management (FICM) and forensic assertive community treatment (FACT) (Public Safety Canada, 2023). While FICM provides less resource-intensive support through particularly qualified probation and parole officials, FACT uses a multidisciplinary team and full services. Mixed outcomes have come from evaluations of these programs; some have

shown lower prison bookings and higher community service participation (Public Safety Canada, 2023). Evidence about their effects on criminal justice outcomes and mental health, however, is still limited. Additional studies might evaluate how well evidence-based community supervision approaches, such as the Strategic Training Initiative in Community Supervision (STICS), lower the likelihood of recidivism for people with SMIs (Public Safety Canada, 2023).

Community-Based Services

In addition to housing, employment, and correctional programs, access to community-based mental health care is critical for those with SMIs involved with the criminal justice system. Lower rates of re-arrests are associated with receiving such assistance (Public Safety Canada, 2023). Specialist services like clinical social workers and mental health nurses are made available through programs like the Community Mental Health Initiative (CMHI) for federal offenders with SMIs. Studies show that recipients of these services have a lower recidivism rate, highlighting the significance of these programs (Public Safety Canada, 2023).

Due to privacy rules and standards, community-based residential institutions in Canada encounter a great deal of difficulty when it comes to insufficient information sharing across service providers (Public Safety Canada, 2023). This makes it more difficult to provide continuity of treatment and leads to unnecessary work, such as doing several psychiatric evaluations. Certain organizations use waivers of consent to reveal information in order to solve this. Subsequent accords may improve communication and cooperation (Public Safety Canada, 2023). For example, in order to enhance cooperation between community and correctional groups, Ontario formed the Provincial Human Services and Justice cooperation Committee.

In light of the deinstitutionalization trend, there is insufficient mental health services in communities. This leads to lengthy wait times for care and makes it difficult to serve people with complex needs, particularly those who also struggle with co-occurring substance misuse problems (Public Safety Canada, 2023). Access for people with violent or criminal history is hindered by informal exclusionary criteria because of financial limitations, provider discomfort, and insufficient training. Not many places provide care for those who require mental health help in addition to protection, like Brockville, Ontario's Secure Treatment Unit (Public Safety Canada, 2023). Building more of these institutions might help those with SMIs who are involved in the criminal justice system and require enhanced security and culturally sensitive care.

Overview of Mental Health Services Offered and Provided to Offenders in Canada

Specializing in mental health treatment in correctional settings, correctional psychiatry has distinct difficulties not seen in other types of mental health care (Cameron et al., 2021). Criminal psychiatrists' dual allegiances to patient treatment and public safety are highlighted by critics. Among the everyday struggles are problems with pharmaceutical misuse, isolation, aggression, suicide risk, informed consent, and access to comparable community treatment (Cameron et al., 2021). Restructuring has resulted from growing legal challenges and scrutiny of Correctional Service Canada (CSC) in Canada. Judicial rulings, for example, indicated that isolation should be limited to no more than 15 days due to the unconstitutionality of long-term solitary confinement, the absence of independent scrutiny, and prejudice against mentally ill and Indigenous criminals (Cameron et al., 2021).

Correctional Services for Mental Health

A wide range of mental health treatments are offered to prisoners in Canada's correctional system to meet their requirements at various phases of the process (Cameron et al., 2021). Inmates in federal prisons are subjected to mental health screenings upon entry in order to evaluate their mental health requirements and pinpoint any current issues.

This first intake assessment aids in locating any urgent mental health concerns that need to be treated right away. Primary mental health treatments include continual basic mental health care for prisoners (Cameron et al., 2021). This covers evaluation, diagnosis, and treatment for prevalent mental health conditions including depression and anxiety. The overall mental health requirements of prisoners are intended to be met by these fundamental programs.

Intermediate mental health treatments are offered to prisoners with more complicated mental health requirements (Cameron et al., 2021). Access to counselling, psychotherapy, and specialized therapies catered to the person's unique mental health issues may be part of this level of care.

If an offender needs severe mental health care, they could be sent to one of the prison system's regional treatment facilities. These facilities provide more intensive or urgent mental health care via the use of qualified experts with specialized training in psychiatry (Cameron et al., 2021).

Mental health specialists help with discharge planning as prisoners near the conclusion of their term to guarantee continuation of care after release. In order to promote a seamless transition back into the community and lower the likelihood of relapse or reoffending, this entails

setting up connections between prisoners and community mental health services and support networks (Cameron et al., 2021).

Monitoring Mental Health in Corrections

Many crucial indicators that offer insightful information about the condition of prisoners are at the centre of CSC's mental health monitoring approach. The percentage of suicides that occur in prisons is one such indication (Cameron et al., 2021). Acknowledging suicide as a major mental health issue, CSC closely monitors suicide rates in order to put preventative measures in place and provide specialized support services to those who may be at risk (Cameron et al., 2021). Also, CSC is able to identify prisoners who are in distress and take immediate action to address underlying issues that are leading to their self-harming behaviours since it monitors suicide attempts and non-suicidal self-injury occurrences.

The CSC monitors drug overdose cases among convicts since substance misuse is another issue that raises concerns for mental health in prisons (Cameron et al., 2021). CSC is able to determine the incidence of substance misuse and create preventative and treatment plans that are specifically tailored to the need of prisoners who are battling addiction by monitoring overdoses. To further ensure that offenders receive timely and appropriate care throughout their imprisonment experience, CSC evaluates changes in mental health requirements over time and adapts mental health services accordingly (Cameron et al., 2021).

The use of mental health services is one important way to measure how accessible and efficient correctional institutions are. CSC can detect obstacles to access, enhance service delivery procedures, and guarantee that prisoners receive the required assistance and intervention by keeping an eye on service use rates (Cameron et al., 2021). CSC obtains important insights

into the state of mental health in Canadian jails by using a data-driven approach to mental health monitoring. This enables the organization to make well-informed choices about the distribution of resources, the creation of policies, and the implementation of intervention initiatives.

Current CSC Mental Health Care Programs

A number of efforts have been launched in recent years by Correctional Service Canada (CSC) to improve the standard of mental health services provided to prisoners. These programs show a determined attempt to guarantee the wellbeing of prisoners and satisfy the intricate mental health requirements found in correctional institutions (Cameron et al., 2021).

A prominent endeavour is the support of clinical recommendations for medicine prescription in correctional environments. CSC seeks to improve the standard of psychiatric care given to prisoners by prescribing medications in a way that is both safe and effective (Cameron et al., 2021). CSC's dedication to upholding superior standards of care in its mental health services is emphasized by this endorsement (Cameron et al., 2021).

In addition, CSC has created guidelines that are especially suited for the diagnosis and management of different mental health conditions (Cameron et al., 2021). These publications offer evidence-based management techniques for various mental disorders, making them invaluable tools for medical professionals employed in correctional facilities. CSC aims to fulfill the various requirements of people who are jailed and maximize the provision of mental healthcare services by providing staff with specialized expertise and resources (Cameron et al., 2021).

Moreover, CSC has put in place a systematic plan targeted at lowering the rate of suicide among prisoners in response to the urgent need to prevent suicide (Cameron et al., 2021).

Proactive steps including risk assessment procedures, staff crisis intervention training, and increased surveillance of persons who pose a risk are all part of this all-encompassing strategy (Cameron et al., 2021). CSC emphasizes its dedication to protecting prisoners' mental health and averting deaths in correctional environments by placing a high priority on suicide prevention.

Provincial Correctional Services for Mental Health

The availability of mental health services in provincial prisons is not always equal. Despite the higher percentage of female offenders with mental health alerts, the three treatment centres that provide specialized care to offenders with mental illness are only open to male offenders (Canadian Mental Health Association, 2020). Additionally, there is a lack of mental health resources and care that address the particular difficulties faced by female offenders, such as parenthood and histories of physical and sexual abuse. Indigenous criminals are less likely than other offenders to get mental health treatment while jailed, and they have extremely limited access to culturally appropriate programs and services (Canadian Mental Health Association, 2020).

Concerns have also been raised regarding the remand population's severely restricted access to mental health services and community programs, which accounts for around two thirds of all offenders housed in provincial jails (Canadian Mental Health Association, 2020). This is especially troubling because of the greater incidence of self-harm and suicide among individuals on remand compared to those serving sentences.

Correctional facilities in Ontario struggle to provide for the requirements of offenders with complex diseases, especially those with severe mental disorders (Canadian Mental Health Association, 2020). According to reviews, there is a lack of proper and consistent mental health

treatment and services in the province's correctional facilities, as well as restricted access to prescription drugs, therapy, and programming. New correctional regulations that mandate mental health screenings upon entry, continuous mental health evaluations, Care and Treatment Plans, and alternatives to confinement for mentally ill criminals were implemented in 2015 (Canadian Mental Health Association, 2020). However, because of a lack of resources and assistance, these regulations have not been put into effect, and the province's jails still use segregation to handle mentally ill inmates.

Due to a lack of clinical independence and a propensity to put security considerations ahead of medical demands, provincial correctional facilities do not provide proper healthcare (Canadian Mental Health Association, 2020). In provincial prisons, as opposed to federal ones, where Correctional Services Canada is in charge of health care, the Ministry of the Solicitor General, which is separate from the Ministry of Health, is in charge. The care continuity between the jail and the community as well as the quality of care are both impacted by this discrepancy. Recommendations to develop a new comprehensive health care model have been suggested in response to these problems; one of these suggestions is to move the delivery of healthcare to the Ministry of Health (Canadian Mental Health Association, 2020).

Imprisoning Mentally Ill Offenders

In correctional environments, where inmate violence is ubiquitous and even encouraged to enforce rules of behaviour, those with mental illnesses are at greater risk. Mood swings, paranoid thoughts, and auditory or visual hallucinations are characteristics of mental illness inmates that can lead to behavioural outbursts that disturb other prisoners (Testa, 2015). That means that other prisoners who want mentally ill convicts to stop acting out or talking to

themselves or exhibiting other disruptive behaviors (such head-banging, emotional outbursts, or suspicious conduct) are likely to assault them (Testa, 2015). Furthermore, despite being helpful in treating symptoms, psychotropic drugs themselves can have negative side effects including sleepiness or cognitive slowness that increase a person's susceptibility to physical attack (Testa, 2015).

In correctional settings, physical abuse of offenders suffering from serious mental illness can occur up to eight times more frequently than mistreatment of other inmates; sexual abuse also occurs more frequently on these occasions (Testa, 2015). Abuse and the intensity of mental symptoms have been positively correlated, according to research. The reasons why assaults go unreported are because the perpetrators may retaliate if the attack is reported, the inmates suffer from feelings of guilt and humiliation, and they fear that the administration, or correctional personnel, would not believe them.

Both within the penal facility and after release, the mortality rate for those with mental illness who are detained is significant. One of the main causes of death among individuals housed in correctional facilities is suicide (Testa, 2015). According to Testa (2015) suicide is the leading cause of mortality in prison, accounting for half of all deaths. Suicide claims the lives of 14 out of every 100,000 prisoners, making prison deaths by suicide twice as common as non-prison deaths. The risk of suicide among prisoners is up to nine times higher than that of the general public. Research shows that every year, almost 400 people commit suicide in correctional facilities, taking the lives of 47 out of every 100,000 inmates. Lethal cutting (30%) and hanging (44%), usually with clothes and linens, are the most popular techniques (Testa, 2015). Examination of the cases revealed that mental health concerns were present in two-

thirds of the correctional suicides. In several instances, prisoners expressed worries about their mental health, but they failed to provide enough symptoms for a diagnosis (Testa, 2015). As a result, they were provided with little to no mental health assistance. Due to conditions that affect their ability to think clearly and regulate their emotions, prisoners with mental illnesses are more likely to display behaviours that might be considered infractions of the rules. Staff personnel in prisons are not given the level of mental health education necessary to distinguish between intentional rule-breaking behavior and signs of mental illness and they frequently get hostile if mental health professionals try to become involved in prisoner disciplinary actions (Testa, 2015).

Mental Health Care in Prison

It appears reasonable that the chances of a successful release from prison for mentally ill inmates would rise if they get high-quality care throughout their incarceration. The extent of correctional mental health services has been surveyed on several occasions, and the results indicate serious deficiencies in the recognition and handling of mental illness in the penal system (Baillargeon, Hoge, & Penn, 2010). According to Baillargeon, Hoge, & Penn (2010) the scope of mental health treatments provided by state prison systems was one of the objectives of a postal survey that the National Commission on Correctional Health Care carried out. Of the 41 prison systems that answered the questionnaire, 17% stated they did not offer the suggested admission screening and evaluation for mental illness. Twelve systems did not have any procedures, and fifteen systems declared they had treatment plans or standards for handling mentally ill prisoners, and the remaining systems failed to respond regarding this question. According to the commission's analysis of the survey's overall findings, the majority of penal facilities "fail to

conform to nationally accepted health care guidelines for mental health screening and treatment.” (Baillargeon, Hoge, & Penn, 2010). The ideal correctional mental health system should not only have sufficient screening protocols but also include a range of inpatient, outpatient, and specialized evaluation and treatment services for all kinds of correctional settings (Baillargeon, Hoge, & Penn, 2010).

A crisis intervention program and 24/7, on-call psychological experts should be part of the treatment services provided. Group and individual psychotherapy, along with the availability of psychotropic drugs, should be standard practices for outpatient or inpatient treatment (Baillargeon, Hoge, & Penn, 2010). Specialized accommodation for inmates with SMI should ideally be provided by correctional systems. SMI offenders who are unable to function in the general prison population but do not require hospital-level treatment can be effectively cared for in specialized, self-contained mental health facilities, according to several studies (Baillargeon, Hoge, & Penn, 2010). Appropriate prison institutions, including infirmaries or inpatient psychiatric units, can treat inmates who are experiencing severe symptoms. In prisons without this kind of specialist housing, inmates in need of urgent treatment may be sent to hospitals or other off-site facilities, like community-based rehabilitation (Baillargeon, Hoge, & Penn, 2010). Furthermore, it will take a sufficient number of qualified and committed mental health professionals collaborating with correctional officers and the general medical staff to ensure that mentally ill offenders receive care that is in line with modern standards of care.

Challenges for Meeting the Needs of Offenders with Mental Illness in Prison

For most, It is a challenging experience to be incarcerated, and prisons are unpleasant places by nature. However, a thorough investigation into the impact of these stressors on

individuals with serious mental illness (SMI) has not yet been conducted. Inmates with SMI may have higher mental health symptoms after serving longer sentences (Simpson, McMaster, & Cohen, 2013). If SMI is not treated, an extended period of incarceration may cause the offender to act aggressively, disruptively, and non-compliantly in response to the demands of prison life. Solitary confinement or physical and/or sexual abuse suffered as a prisoner may exacerbate mental instability. Furthermore, program participation is restricted for individuals with SMI due to institutional misconduct, which limits their eligibility for parole (Simpson, McMaster, & Cohen, 2013).

Inmates with SMI may decide not to participate in treatment even though mental health services are available in prison due to symptoms of mental illness, worries about reputation and secrecy, past experiences, and individual demographics (Simpson, McMaster, & Cohen, 2013). A person with SMI frequently has little understanding of their condition and the necessity of medication and other medical care. According to Simpson, McMaster, & Cohen (2013) suicidal offenders may purposefully conceal their mental health condition due to worries about limitations. Approximately half of the most problematic prisoners, according to two studies, received no services or treatment options for up to a year. Simpson, McMaster, & Cohen (2013) proposed that behavioural functioning and institutional adjustment are enhanced when mentally ill offenders get treatments that successfully lessen their symptoms of stress and enhance their capacity to manage their issues.

Employment Rates of Ex-Inmates with Mental Health

As a result of their mental health, criminals with mental illnesses are frequently denied access to employment assistance. Occupation has been demonstrated to be crucial for enhancing

mental health, lowering recidivism, and fostering societal connections (Hamilton, 2016). Seventy percent of working-age inmates had neither a job nor an education when they were released from prison, according to research. 67% of inmates have been demonstrated to have been jobless previous to their incarceration (Hamilton, 2016). In addition, just 25% of criminals who were released from prison in 2013/2014 found jobs, suggesting that rehabilitated offenders are not achieving the advantages that work might provide them with when they are released, such as social interaction, financial security, and independence (Hamilton, 2016). As a result of the way that companies evaluate applicants, it is also commonly believed that having a criminal background poses a serious obstacle. An individual's criminal record and the societal stigma associated with mental illness have been referred to as a "double jeopardy." The detrimental impact of these obstacles is also demonstrated by the fact that, in contrast to people without criminal justice involvement, individuals with a SMI and criminal justice involvement have delayed their admission into employment services (Hamilton, 2016).

Measures of Effectiveness Used

Programs for community-based rehabilitation that serve offenders with mental health disorders are evaluated using a variety of metrics. First, recidivism statistics are carefully examined to determine the frequency at which people commit crimes again after taking part in these initiatives (Paulson, 2013). A program's ability to deter repeat offences is demonstrated by a decreased recidivism rate. Furthermore, an assessment is conducted on the successful reintegration of reformed individuals into society, taking into account variables like steady job, housing, and social networks (Substance Abuse and Mental Health Services Administration, 2019). Improvements in participant mental health outcomes, such as decreased symptoms of

mental illness, improved access to mental health treatments, and improved general well-being, are also critically evaluated (Abracen et al., 2015). An understanding of participation and possible benefits is obtained by keeping an eye on adherence to the interventions and treatment plans that are part of the rehabilitation program (Public Safety Canada, 2023). It is critical to assess how rehabilitation programs affect public safety, and this involves looking at trends in crime rates, how safe people feel in their communities, and what stakeholders like law enforcement agencies have to say (Cameron et al., 2021). Last but not least, the long-term durability of results is evaluated by tracking participants' advancement after the program's immediate conclusion to ascertain the rehabilitation efforts' long-term effects (Canadian Mental Health Association, 2020).

Qualitative Discussion of Effectiveness

An analysis of Canada's correctional environment during the last ten years indicates that a complex interaction of variables has contributed to changes in the number of people incarcerated, especially when it comes to mental health offenders (Abracen et al., 2015). There's a noticeable pattern that shows a significant increase in the incidence of incarceration together with a growing percentage of mentally ill inmates in prisons (Public Safety Canada, 2022). But there has been a change in the last few years, indicated by fewer people incarcerated overall (Public Safety Canada, 2022). The decrease in recidivism rates and increased community safety may be ascribed to the use of community-based alternatives to incarceration, which not only alleviate congestion but also show effectiveness in lowering these rates (Roskes et al., 1999).

Furthermore, the overrepresentation of mentally ill offenders poses serious difficulties for correctional staff and calls for careful planning of treatment and security measures (Public Safety

Canada, 2023). The well-being and rehabilitation of criminals are given priority, and community-based rehabilitation emerges as a viable approach that reduces stress for correctional staff (Public Safety Canada, 2023). Because treating mental health issues within the criminal justice system is complex, comprehensive methods that involve screening, evaluation, and customized treatment treatments are crucial (Paulson, 2013). In order to successfully reintegrate offenders and improve public safety, it will be crucial going ahead to maintain a focus on community-based programs and to provide fair access to mental health treatment (Paulson, 2013).

Conclusion

Community-based rehabilitation and alternatives to incarceration are becoming more prevalent in Canada's correctional system, which is a result of a deliberate attempt to address critical issues like overcrowding in prisons, the disproportionate number of mentally ill offenders, and the need to lower recidivism rates while maintaining public safety. The data shows a decrease in Canada's general offender population, which is mostly attributable to the introduction of community-based initiatives. These initiatives offer a number of benefits, such as lowering recidivism rates, decreasing jail overcrowding, and supporting the reintegration of criminals into society.

Reintegrating criminals successfully is still difficult, especially for individuals with severe mental problems. Prioritized assistance and resources are necessary to address major obstacles including housing, employment, and access to quality mental health care.

The effectiveness of community-based programs in lowering recidivism rates among mentally ill criminals is demonstrated by research, notwithstanding these difficulties. In addition

to fostering public safety and aiding in this population's effective reintegration into society, these initiatives provide a potential means of meeting their multifaceted demands.

Rehabilitating criminals, community safety, and their well-being, particularly those with mental health needs, are all given priority under Canada's changing correctional paradigm, which stresses a balanced approach. Canada may keep making great strides in lowering crime rates, easing jail congestion, and promoting the effective reintegration of convicts into society by funding community-based rehabilitation and support programs. In order to guarantee the general well-being of both criminals and society at large, it is imperative that comprehensive mental health treatment and alternatives to incarceration be made available. This is further demonstrated by the special obstacles experienced by people with mental disorders within the prison system.

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