

Some women, who have experienced the CSC's mental health system first-hand, have reported staff attempts to force them to submit "voluntarily" to chemical restraints. In these cases, the women were given a choice between remaining in segregation or maximum security units unmedicated, or agreeing to take "bug juice" – pharmaceutical sedatives – and be allowed to rejoin their peers in "gen pop." Such an approach to social control is entirely unacceptable.

Limits on Options

Services and treatment options offered in the community are virtually impossible to replicate in the prison setting. Assisting prisoners to gain the holistic and realistic understandings required to confront real causes and the mental health issues involved in their own actions is antithetical to the goal of the "correctional" system. Rather, programming and treatment is geared toward having prisoners take 100% responsibility (that is, blame) for the "freely made choices" that have landed them in prison. Any acknowledgement of the contextual factors that lead to their incarceration, the factors they will have to deal with once their liberty is restored, is interpreted as avoidance of responsibility, and conditional releases are denied accordingly.

Likewise, the Harper government has soundly rejected the use of a harm reduction approach in dealing with addiction issues behind the walls. Moreover, prisoners may not participate openly and honestly even in programs based on the abstinence principle in that they run obvious risks of severe repercussions if they admit to given actions, feelings or thoughts.

Indeed, there is substantial agreement among prisoners, activists, and some independent researchers that the best the prison system can do is follow the many recommendations it has received to ensure that it respects prisoners' rights and follows the rule of law.

**STOP THE CRIMINALIZATION OF
MENTALLY ILL PEOPLE**

**RESTORE AND ENHANCE PUBLIC
FUNDING OF A COMMUNITY-
BASED MENTAL HEALTH CARE
SYSTEM**

**ABOLISH SEGREGATION OF
PEOPLE WITH MENTAL HEALTH
DISABILITIES**

**ABOLISH INVOLUNTARY
PHARMACEUTICAL RESTRAINTS**



ABOLISH PRISONS

**Prison Justice Day Committee
PO Box 78005, 1755 E. Broadway
Vancouver, B. C. V5N 5W1
Phone 604-682-3269 ext. 3019
Fax 604-872-0509
pjd@prisonjustice.ca
www.prisonjustice.ca**



Criminalizing Mental Illness: The New Disaster in the Prison System

Most people agree that shutting down the old *One-Flew-Over-the-Cuckoo's-Nest*-style mental institutions some years ago was a good idea. And, for a time, the community-based alternatives that were supposed to replace them – the supportive living housing projects, the outpatient services at hospitals and clinics, and the inpatient services on regular public hospital wards, among other services – worked reasonably well. However, the non-stop trend toward evermore government budget cuts has now gutted what was meant to be Canada's new mental health care system.

By default, the public response to mental health issues has been transferred to the criminal justice system. A recent Vancouver Police Department study (2008) estimates that up to 49% of all calls which result in actual police contact with citizens involve a person with a mental illness. The result is that an ever-increasing number of people suffering from mental disabilities – adults and youth - are winding up in Canada's prisons, jails and youth detention centres.

The New Numbers

According to this year's Correctional Investigator's report, the proportion of adult prisoners with "identified mental health needs has nearly doubled over the past decade." In 2007, the number of incarcerated men who self-identified as having "current mental health diagnoses" was 12%, up from 7% in 1997. For women, the increase was even more drastic. In 2007, 21% of the women newly sentenced to prison identified themselves as having such diagnoses, up from 13% only ten years earlier.

One in four women and one in ten men have mental health problems at the time they are sent to prison. Compared to a decade ago, these numbers represent increases of 100% and 71% respectively.

OCI Annual Report

2006-07

The Correctional Investigator's report goes on to observe that "the mental health services offered by the Correctional Service have not kept up with this dramatic increase and, in some instances, the services have deteriorated." As lawyer Kim Pate of the Canadian Association of Elizabeth Fry Societies (CAEFS) explains, "the Correctional Service of Canada has failed to demonstrate that it meets its statutory obligation to provide essential mental health care and reasonable access to non-essential mental health care in accordance with 'professionally accepted standards.'"

Prisons Aren't Treatment Centres

Independent researchers, activists, and prisoners themselves have all been critical of the use of prison as a place to treat people with mental health issues. There are several key reasons for this:

Cost Effectiveness

Using prisons as substitutes for treatment centres and other types of mental health care facilities has been described as being the most expensive means of achieving the poorest possible results. If even a fraction of what it costs to keep virtually harmless people with mental disabilities in prison were to be invested in community-based services provided by mental health care professionals, it is thought that outcomes for the patients would be significantly better.

For people struggling to overcome addiction issues, a greater commitment to public funding for support services and residential treatment centres would help to reduce the strains which often exacerbate or cause mental health problems for which people are currently being criminalized. Furthermore, addressing the poverty and homelessness often associated with individuals suffering from mental health problems would be cheaper and much more effective than incarceration.

Prisons Are Counter-Productive

This year's Correctional Investigator's Report notes that prisoners "with mental health illnesses continue to be segregated when they display symptoms of their illnesses." Yet it is clear that, in many cases, segregation itself is harmful to the person suffering the mental health problem. Every support normally available to prisoners through interaction with their peers is removed. Moreover, the isolation and complete dependence on guards that segregation creates often have an extremely negative impact on prisoners' well-being.

In some cases, the effects are devastating – and irreparable. Just this year, the Correctional Investigator completed two separate reports concerning the deaths of two prisoners in federal custody – an Aboriginal man and a very young woman. As is commonly the case, both

prisoners were in segregation at the time of their deaths. In each instance, the CSC initially reported the deaths as suicides. While it is clear that self-harm spurred on by the desperation segregation causes played a role in each of these tragedies, it later came to light that negligence on the part of guards was involved in both cases. With respect to the death of Ashley Smith, investigations into the criminal actions of CSC staff continue.



The "Bug Juice" Approach to the Control of Mental Health

Particularly with respect to women in prison, research indicates that the vast majority come from backgrounds of poverty and have histories of having suffered abuse – physical, sexual, or both. These and other socio-economic circumstances that correspond to women's criminalization are often also associated with any mental health issues they may have. With regard to Aboriginal women, Kim Pate explains that imprisonment and mental health problems are commonly associated with "legacies of colonization, such as residential schooling, [which] have resulted in cultural discontinuity and oppression in Aboriginal communities that have been tied to high rates of depression, alcoholism, suicide, and violence against Aboriginal women." Yet, Pate points out that "mental health systems" in general, and the CSC's mental health system in particular, "continue to emphasize bio-medical over social factors in women's lives."