

**A SPECIAL REPORT BY THE QUÉBEC OMBUDSMAN
TOWARD SERVICES THAT ARE BETTER ADJUSTED
TO DETAINEES WITH MENTAL DISORDERS**

Québec City, May 11, 2011 – The Québec Ombudsman’s report on public services for detainees with mental health disorders was tabled this morning in the National Assembly. The report highlights the fact that mental health services in Québec were structured without due consideration for the detention community’s specific features, and identifies major deficiencies in terms of access to and continuity of the health services and social services available to detainees with mental health disorders.

Among other things, Ombudsperson Raymonde Saint-Germain recommends that, as of April 1, 2012, the **Ministère de la Santé et des Services sociaux should take responsibility for dispensing socio-sanitary services in Québec’s 19 detention facilities**. She also recommends that a **coherent clinical vision** should be developed, and that steps should be taken **to ensure more effective preventive action upon admission, during detention and upon release from a detention facility**.

The report is based on an examination of the complaints received and on the Québec Ombudsman’s interventions in detention facilities. At the Québec Ombudsman’s request, a profile was also prepared by the Centre international de criminologie comparée (Université de Montréal) from a sample of 671 detainees’ records. The Québec Ombudsman completed the profile through a series of focus groups composed of representatives from correctional services, the legal community and the health and social services network, as well as a review of the scientific literature.

The report examines the entire process, from the police intervention through incarceration to release, and presents observations together with proposed solutions at each step.

PRIOR TO INCARCERATION: THE POLICE INTERVENTION AND INITIATIVES INVOLVING ALTERNATIVES TO JUDICIAL ACTION

Observations:

- Police officers are regularly called as first responders to situations involving people with mental health disorders. Their role is fundamental. However, they do not always receive either the support or the training they need. Among other things, the crisis intervention services offered by the health and social service network and certain community organizations are used to varying degrees, depending on the police officers and regions concerned.
- In cases where referral to the social services is the most appropriate solution (for example, finding accommodation for people in psychosocial emergencies), the existing resources are simply not sufficient.
- The success of court initiatives offering alternatives to judicial action is dependent to a large extent on the availability of stringent, effective and safe community treatment programs. However, programs such as these are not available in every region.

Recommendations:

The Québec Ombudsman recommends that **police training for interventions involving psychosocial and psychiatric crisis situations should be enriched** and that officers **should have access to appropriate social service resources** for support in such situations.

The Québec Ombudsman also makes a number of recommendations concerning **initiatives offering alternatives to judicial action, adjustments to the legal process and awareness for legal system stakeholders regarding specific issues relating to initiatives offering alternatives to judicial action.**

DURING INCARCERATION

Observations:

- Upon admission, there is no systematic screening for mental health disorders; only the risk of suicide is assessed. If people are not identified through screening, they have little chance of receiving a medical diagnosis and appropriate services.
- Medication continuity is often compromised during the 48 hours following admission to a detention facility. Withdrawal of medication can destabilize a person, and this, combined with the radical change of physical environment caused by incarceration, can lead to serious consequences.
- The large number of transfers from one detention facility to another, along with inadequate exchanges of information, can have particularly serious consequences for people with mental health disorders, especially in terms of regular medication and stability.

- In 2006-2007, only one-quarter of detention facilities had medical care personnel on duty 24 hours per day, to assist and advise correctional services employees during crises.
- Access to psychiatric consultations and certain other services, including rehabilitation and psychosocial monitoring, is lacking.
- The rules governing the confidentiality of medical information exchanges between the medical care team and the correctional team are unclear.
- Legal representatives, including the Public Curator, are not always notified immediately of situations requiring their input.

Recommendations

The needs of people with mental health disorders are complex and variable, and a coherent clinical vision is needed to ensure that appropriate services are provided efficiently throughout the detention period.

The Québec Ombudsman therefore makes a number of recommendations concerning the organization of services, including the necessity to **transfer responsibility for delivering socio-sanitary services in detention facilities to the Ministère de la Santé et des Services sociaux** and, at the same time, introduce an **implementation plan setting out the roles, responsibilities and resources** required by each network (health and social services; correctional services).

The Québec Ombudsman also recommends the introduction of a **clinical structure for detainees**, including **systematic screening for mental health disorders and medication needs, contact with the case manager concerned** if the person was being treated in the community before being detained, **contact with the Public Curator or legal representative** if the person is under protective supervision, an **assessment of the services required during detention and upon release**, and a **training program for correctional services personnel**.

UPON RELEASE FROM THE DETENTION FACILITY

Observations

- Often, the case records of people who were being treated in the community prior to being detained are closed during the detention period.
- In most cases, the clinical personnel who provide socio-sanitary services in detention facilities do not provide follow-up after the person is released.
- People are often left to their own devices when they return to the community, and are not put into contact with the resources that could help them.
- The measures recommended in government plans have not really been built into the daily practice of case workers.

Recommendations

The best results in terms of social reintegration and lower repeat offender rates for former detainees with chronic mental health disorders appear to be obtained by ensuring **continuity of medical, social and control services**.

Accordingly, the Québec Ombudsman recommends that the Ministère de la Santé et des Services sociaux should establish the resource level required to **provide treatment in the community for every person likely to benefit from it**. It also recommends that a **health professional in a detention facility should not be able to terminate a person's treatment until another one from the health and social service network has taken over responsibility** for the person.

According to Ombudsperson Raymonde Saint-Germain, “it would be wrong not to consider the highly positive impact of successful social reintegration in reducing repeat offences, taking into account their considerable financial, human and social costs, not to mention the risk they pose to public safety. Providing appropriate services for detainees with mental health disorders is one way of improving their well-being and helping to build a sustainable sense of safety for their families and for society in general”.

The report may be consulted in the “Cases and Documentation” section of the Québec Ombudsman’s website at: <http://www.protecteurducitoyen.qc.ca/en/major-cases-and-documentation/special-reports/index.html>.

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