MARGINALIZED & UNDERSERVED:
BOLSTERING CONTINUITY OF CARE FOR CRIMINALIZED POPULATIONS
PRESENTATION OUTLINE

◊ Introduction

◊ Who are we and what type of work do we do?

◊ Social Determinants of Health & Criminal Justice Contact

◊ Mental Health & the Criminal Justice System (1st half)

◊ Physical Health & Improving Access to Care (2nd half)
CENTRE OF RESEARCH, POLICY & PROGRAM DEVELOPMENT

Established in 2003

RESEARCH:
Empirical research to advocate evidence-based best practices
(i.e. On the Record, Help Wanted, Reasonable Bail)

POLICY:
Active engagement with policy makers & stakeholders
Submissions to government

PROGRAM DEVELOPMENT:
Evaluate and co-ordinate the design of local office programs

KNOWLEDGE DISSEMINATION:
Presentations, fact-sheets, counter-point series

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UNLOCKING CHANGE: DECRIMINALIZING MENTAL HEALTH ISSUES IN ONTARIO

#UnlockingChange
SOCIAL DETERMINANTS OF HEALTH & CRIMINAL JUSTICE CONTACT

♢ Two sides of the same coin

♢ Predictors and Consequences of Criminal Justice Contact:
  ♢ Substance use
  ♢ Homelessness
  ♢ Precarious employment or poverty

♢ Criminalization of Mental Health in Ontario (criminal justice contact, institutionalization, release)
DEINSTITUTIONALIZATION & INCREASED CRIMINAL JUSTICE CONTACT

◊ How we got here?
  ◊ Increased visibility and likelihood of contact
  ◊ Mental health crises and police as first responders
  ◊ Lack of early mental health screening
CELLS AS SAFETY NETS:
MENTAL HEALTH SUPPORTS IN PRISON

🔹 Developing and exacerbating pre-existing mental health issues through:
   🔹 Segregation
   🔹 Overcrowding
🔹 Limited access to mental health services for general correctional population
🔹 Most correctional facilities are ill-equipped settings for treatment
CYCLING THROUGH CRIMINALIZATION, STIGMA, & ISOLATED SUPPORTS UPON RELEASE

◊ Conditions upon release further criminalize mental health issues (at bail, probation, or parole)

◊ Criminal and police records further stigmatize and marginalize

◊ The challenges of navigating & accessing the labyrinth of community supports
SOLUTIONS FOR DECRIMINALIZING MENTAL HEALTH

1. Before contact with the criminal justice system
2. Once in contact with the criminal justice system
3. Released from the criminal justice system
FRACTURED CARE:
PUBLIC HEALTH OPPORTUNITIES IN ONTARIO'S CORRECTIONAL INSTITUTIONS

#FracturedCare
THE AIM OF FRACTURED CARE

1. To start a discussion: The health of incarcerated individuals is an intrinsic component of the health of communities

2. To challenge the current model: To highlight the key challenges underlying health care in correctional institutions

3. To suggest opportunities: integration of health care across sectors
OVERVIEW OF CORRECTIONAL HEALTH SYSTEM – THE SPLIT

❖ The delivery of health services in Ontario is split:
  ❖ Correctional Institutions (MCSCS)
  ❖ Everywhere else! (MOHLTC)
❖ The unique challenges in providing health services in correctional institutions
  ❖ Security concerns
  ❖ Staffing limitations
  ❖ Large numbers of individuals who are there for short stays
  ❖ Service planning and expertise
❖ The three key challenges to the current state of health care in Ontario’s Correctional Institutions
CHALLENGE 1:
HIGHER PREVALENCE OF ACUTE AND CHRONIC HEALTH NEEDS

✧ Effects of correctional institutions

✧ Marginalized populations and the barriers to health services
BY THE NUMBERS:

32% NO ACCESS TO PRIMARY CARE PROVIDERS

80% SUBSTANCE ABUSE

28% RATE OF HEPATITIS C:

7–10 TIMES HIGHER RATE OF HIV:

2–3 TIMES HIGHER RATE OF MENTAL HEALTH ISSUES:

64% OVERWEIGHT OR OBESE
CHALLENGE 2: A PARALLEL YET UNEQUAL SYSTEM

◊ Primary reasons for complaints by incarcerated individuals: delivery of and access to health services

◊ Lack of human resources:
  ◇ Isolating persons with physical or mental health issues (segregation)
  ◇ Inability to access medications

◊ Underutilization of health technologies
  ◇ Lack of electronic record keeping by MCSCS
CHALLENGE 3: TRANSIENT POPULATIONS > IMPLICATIONS FOR PUBLIC HEALTH

- Vast majority will be returning to communities – soon
  - 75.5% of sentences < 3 months and average remand stay is ~ 7 days

- Lack of access to health care upon re-entry

- Existing health problems = challenges for re-entry
  - Stable housing
  - Find/maintain employment
AN OPPORTUNITY FOR ONTARIO: A WAY FORWARD

- Integration between ministries of health and correctional services
- Promote health, behaviours that can be carried back to communities
- Best practices from other jurisdictions
Emerging Responses

Fractured Care and Integration of Health

NOVA SCOTIA:
- Improved continuity of care – moving from institution to community
- Reduced health care costs
- Reduced rates of recidivism

ENGLAND AND WALES
- Improvement in clinical safety
- Recruitment and retention of high-quality health-care workers
- Banning solitary for youth in U.S.
- “High Support Unit” (HSU) for prisoners with mental health issues.
- Harm reduction (needle exchange)
Inmate Health & International Norms

◊ Moscow Declaration

◊ Conventions, Treaties

◊ Mandela Rules

“PRISONERS SHALL HAVE ACCESS TO THE HEALTH SERVICES AVAILABLE IN THE COUNTRY WITHOUT DISCRIMINATION ON THE GROUNDS OF THEIR LEGAL SITUATION”

(UN PRINCIPLE 9)
THANK YOU

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