

Provincial HSJCC Quarterly Newsletter

August 2011

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Provincial HSJCC News 

Provincial HSJCC Co-Chairs Update

With the release of the Police and Mental Health Report, the provincial HSJCC has now focused on ways to move forward in addressing the next steps in dealing with the information in the document.

Regretfully there was limited response to the request for regional and local identification of priorities with only thirteen submissions. The provincial group has moved ahead and the following priorities were identified:

1. Clients with complex needs, including individuals with dual diagnosis, concurrent disorders, individuals considered “high risk” and the “common client”
2. Access to and availability of psychiatrists and psychiatric assessments
3. Youth
4. Release from court custody, including bail support programs, access to transportation and retrieving prisoner belongings
5. Mental health courts

Project charters have been designed for two initiatives and groups are working on completing these tools:

- A Police/mental health education directory
- An information guide on communicating with correction centres. This is a response to a Coroner’s Jury Inquest.

There are many items of interest and the only restriction is the time to address all of them! Research is being done on the issue of the retrieval of prisoners’ belongings. Also, a request has been made to the Ministry of Health and Long Term for consideration of funding for current committees who were not

established at the time of the original funding for the initiative. Of course, there is considerable interest in the provincial conference which is being held in November 2011.

The next provincial meeting is scheduled for September 19, 2011. The appointed representatives of each regional group are urged to be in attendance so that the work of the provincial group can move ahead with great representation from across the province!

Vicky Huehn
Co-chair

The 2011 HSJCC Conference is Coming Your Way!

The 2011 HSJCC Conference: “Human Services and Justice: Accomplishments, Changes and Opportunities” will be held on November 21-23, 2011 at the Marriott Hotel, Toronto Eaton Centre.

Good news: The registration fees have been kept low! They are the same as those for the 2009 conference. There is an early bird reduced registration rate if you register by September 9, 2011.

The program is diverse: There is something for everyone—youth workers, lawyers and justices, correctional staff, police, people with lived experience, developmental services staff, mental health workers and forensic staff, to name a few.

We have four outstanding keynote speakers: Ron Ellis, former NHL player and a person with lived experience will kick off the event, Police Chief Mike Ewles of the Durham Regional Police Service which has established a dedicated mental health response unit partnering with a community mental health agency and a mental health facility, Sandy Simpson, a clinician and international expert on mental health and justice and forensic issues, and to close the conference, Louise Bradley,

Mental Health Commission of Canada, who will bring us the national perspective.

New this year: Poster presentations, feature presentations, and networking events for people with similar jobs working in different communities in Ontario, as well as 28 concurrent sessions.

PLEASE NOTE: We are extending the deadline for poster submissions! Opportunities remain open for more poster presentations if you would like to submit your abstracts! Please submit your abstracts to sherry@innovative4you.com by August 12th!

Professional Development: We are pursuing approval for continuing education credits from professional associations and licensing boards.

I look forward to seeing you at the conference. Click on this link to access the registration site: <http://www.innovative4you.com/hsjccutoronto/conference.htm>

Jim Cyr
Conference Chair

Regional and Local News



Coast Coming to Niagara Region

CMHA Niagara has been officially approved for a COAST Niagara. We are projecting a go live date of November 30th 2011. The project is a unique partnership led by CMHA Niagara, including the Niagara Health System, Niagara Regional Police and the Distress Centre of Niagara. The program will operate a mobile team on the road from 12:00 p.m. to 12:00 a.m., most days except Sunday (4:00 p.m. to 12:00 p.m.) and will take calls 24/7. Staff will operate the call centre during the days 8:00 a.m. to 12:00 a.m. and the Distress Centre volunteers will take over during the slower early morning hours. The program was unanimously endorsed by the local and regional Hsjcc's as well local and regional mental health and addictions committees.

George Kurzawa
Executive Director
Canadian Mental Health Association, Niagara
Branch



Therapeutic Jurisprudence Renfrew County Style: A Brief Run Down

Catchy title? I thought so. It will be difficult to capture in one page the challenges, successes and path forward in one page but I can start by writing that as far as problem solving courts go, we have some of the most dedicated and compassionate people involved. We may not be operating a full Mental Health Court yet, but this program is certainly on its way.

In late March of this year, as a result of a maternity leave, I took over as Court Diversion and Support Worker with the Pembroke Regional Hospital's Community Mental Health Program. It seems like it was the perfect alignment of stars. At around the same time, one of the assistant Crown Attorney's returned after a well-deserved sabbatical. Adding to that, the legal aid office was able to bring aboard some top-notch staff to fill some big gaps in service that had been plaguing them for quite some time.

For the first time, Renfrew County now has a Mental Health designated Crown Attorney, Elizabeth Ives-Ruyter. Luckily for Renfrew County, Ms Ives-Ruyter has a background as a psychiatric nurse (among a myriad of other backgrounds) so there is really no better fit. She has been instrumental in the past few months of pushing forth a mental health agenda in her office and shown an incredible capacity to look past the surface "criminal action" and examine, on a case-by-case basis, the role of mental illness and its impact on behavior. Since April 1st, 2011, there have been 10 new Mental Health diversion plans put in place. That equals the entirety of 2010 in just three months; definitely a step in the right direction. Many plans are implemented agreed to and ready to implement at first appearance

and some of these aren't simple breaches or public mischief. Many of the diversions are for class two offences that on first glance seem rather serious. It's the willingness of Ms Ives-Ruyter and her office to look at the details of the case, and more importantly the individual, rather than the charge, in determining suitability for diversion. Certainly her door is always open to myself to discuss these cases. Her approach embodies therapeutic jurisprudence to a tee.

The support and dedication from our Legal Aid services have been no less impressive. Kevin Thompson, who heads the legal aid service in Renfrew County also has an open door policy and is quick to offer what ever support, advice and "outside the box" ideas as needed. Each member of his team are devout problem solvers who have a wonderful grasp of mental illness and its impact on the justice system. They are a steady source of great referrals and work collaboratively to ensure the best possible outcomes in what are often dire circumstances.

As the Court Diversion worker, my job is made easy and enjoyable with the flexibility and openness of the parties involved. The police, the crown, duty counsel, private lawyers, and those on the bench, have all been at the very least, willing to listen, and most often ready to act. If I can continue to help keep the channels of communication open between the players in criminal justice system and the civic mental health system, I believe therapeutic outcomes are more likely and the justice system may well be less burdened.

I would expect big things for Court Diversion in the county in the months and years to come. It would appear that the philosophy of therapeutic jurisprudence has taken hold and with the right amount of nurturing from the right people, it will grow into an example for other large rural areas struggling to meet the needs of the seriously mentally ill who find themselves involved with the criminal justice system.

Ann Lanthier
Secretary, HSJCC Champlain Region



New Toronto Community Youth Court Announced. May 2011.

Nearly two years ago, Turning Point Youth Services proposed establishing a mental health court for youth at the Ontario Court of Justice at 311 Jarvis Street. As a result of a lot of hard work by representatives from key stakeholders, the Community Youth Court will open June 16, 2011. Modeled after similar courts in Ottawa and London, the Community Youth Court is a 'problem solving court' wherein uncontested matters involving youth with diagnosed and suspected mental health and/or substance use problems can be resolved, either through mental health diversion or sentences that are tailored to their unique needs. More than conventional youth courts, this court is intended to serve as a bridge between the youth justice system and the network of services for youth with mental health and substance use problems. The team comprised of the Justice, Crown Attorneys, Duty Counsel, Youth Mental Health Court Worker, and other staff will collaborate in the development of plans for the youth that will insure that they get the supports and services they need in their community.

For a more detailed description of the Community Youth Court click here:

<http://www.hsicc.on.ca/Uploads/Community%20Youth%20Court%20Description%20-%20May%204%202011.pdf>

Articles, Research and Media



Being One's Own Worst Enemy: Criminality and Suicide Risk. *Journal Watch Psychiatry*, July 11, 2011.

Having any criminal justice history, even one that ended with dropped charges, carries an increased risk for suicide. It is well known that many people who have been charged with criminal behaviours have mental disorders. To determine the likelihood that people who died by suicide had a history of criminal charges, researchers used Danish national databases to compare 27,219 people who committed suicide in 1981–2006 with 524,899 sex- and age-

matched controls who were alive on the day that the probands died. Criminal charges included sexual crimes, violence (from homicide to violent threats), property crimes, and traffic offenses. Outcomes were also examined (e.g., imprisonment, suspended sentence, fines, dropped charges, psychiatric treatment, acquittal). Of those who died by suicide, 35% of men and 13% of women had criminal justice histories. Compared with having no criminal justice history, having received any verdict was associated with significantly increased risks for suicide in men and women (odds ratios, 2.27 and 3.31, respectively). After adjustment for other types of outcomes, incarceration significantly increased suicide risk (ORs: men, 3.79; women, 6.45). Sentencing to psychiatric treatment was strongly associated with increased risk for suicide (ORs: men, 11.37; women 13.15). Even acquittals were associated with a doubled risk for suicide. In those with criminal justice histories, suicide risk was greatest in women and in those younger than age 35 or with recent verdicts, multiple verdicts, or charges of violent offenses.

 **Webinar and Forum Discussion on the Importance of Juvenile Risk/Needs Assessment. *Consensus Project.***

The U.S. based Consensus Project recently hosted a webinar on the key concepts of risk assessment and its implementation in juvenile justice agencies. The information in the webinar appears to be relevant to our jurisdiction as well. The recorded webinar is now [available online](#) as a recording or as a downloadable PowerPoint presentation.

 **Ontario Police to seal mental health records: Patients, advocates object to disclosure of information in background checks on job seekers or would-be volunteers. *Globe and Mail*, July 25, 2011.**

Ontario police chiefs are moving to seal off sensitive mental health information from being disclosed when their

forces provide background checks for job seekers or would-be volunteers.

The change is part of new guidelines to be unveiled Monday by the Ontario Association of Chiefs of Police to address the patchwork of procedures used by forces across the province.

<http://www.hsjcc.on.ca/Uploads/ONTARIO%20Police%20to%20seal%20mental%20health%20records.pdf>

 **Police leaders call for ‘de-emphasizing’ the role of police in mental health and addiction issues. News release – Ontario Association of Chiefs of Police. June 30, 2011.**

Ontario’s police leaders have passed a resolution which calls for “de-emphasizing” the role of police in mental health/addiction cases, support for health care professionals in the community, and a robust mental health and addiction system as the way to address mental health issues.

[http://www.hsjcc.on.ca/Uploads/11-06-30%20Police%20call%20for%20de-emphasizing%20the%20role%20of%20police%20in%20MH%20and%20Addiction%20issues%20\(OACP\).pdf](http://www.hsjcc.on.ca/Uploads/11-06-30%20Police%20call%20for%20de-emphasizing%20the%20role%20of%20police%20in%20MH%20and%20Addiction%20issues%20(OACP).pdf)

 **Backgrounder - What does ‘not criminally insane’ really mean. CBC News. July 6, 2011.**

A backgrounder looks at the Criminal Code designation dealing with mental disorder. External links to the Criminal Code, Ontario Review Board and the Law and Mental Health Program at CAMH are provided.

[http://www.hsjcc.on.ca/Uploads/11-07-06%20What%20does%20not%20criminally%20responsible%20really%20mean%20\(CBC%20News\).pdf](http://www.hsjcc.on.ca/Uploads/11-07-06%20What%20does%20not%20criminally%20responsible%20really%20mean%20(CBC%20News).pdf)

 **Inmate health costs soar to \$198M with spike to come as prisons expand. iPolitics. July 14, 2011.**

Correctional Service of Canada figures show that total costs for health care have climbed up to \$198M in 2011, skyrocketing more than 46% in the last five years.

[http://www.hsjcc.on.ca/Uploads/11-07-14%20Inmate%20health%20costs%20soar%20to%20\\$198M%20\(%20iPolitics\).pdf](http://www.hsjcc.on.ca/Uploads/11-07-14%20Inmate%20health%20costs%20soar%20to%20$198M%20(%20iPolitics).pdf)

 **Psychiatric morbidity in prisoners with intellectual disabilities: analysis of prison survey data for England and Wales.**

The British Journal of Psychiatry
2011;199: 156-157.

A recent British study explored the presence of psychiatric co-morbidity in prisoners with an intellectual disability. The study's authors found a significantly higher prevalence of probable psychosis, attempted suicide and cannabis use in prisoners with intellectual disabilities.

Presence of intellectual disability was twice as likely to be associated with probable psychosis but the relationship was fully mediated by self-rated health status. The study highlights the importance of identifying this population as early as possible in order to provide timely interventions to cope in adverse environments and manage substance misuse.

<http://www.hsjcc.on.ca/Uploads/The%20British%20Journal%20of%20Psychiatry%202011.pdf>

 **Mental Health Court a move toward treatment, not a prison cell 'Jails are not built for people with mental illness,' says Manitoba judge who pushed for special court in Winnipeg. *Globe and Mail*. July 27, 2011.**

Peering at Ontario Court Justice Leslie Chapin from the prisoner's box, Christopher Parkinson took less than a minute to escalate from simmering anger to bellicose fury.

"Cut me a little bit of respect and tell me where I'm going to be sleeping tonight," yelled Mr. Parkinson, one of a stream of petty offenders paraded through the city's Mental Health Court one day last week. "You think this is funny?" he

asked, before unleashing a stream of obscenities at the judge.

To read the rest of the article, click here:

<http://www.hsjcc.on.ca/Uploads/MENTAL%20HEALTH%20COURT%20A%20move%20toward%20treatment.pdf>



Urban Institute Report Looks at the Role of Judges in Client Success in Drug Courts. *Tribal Juvenile Detention & Re-entry Resource Centre*. July 29, 2011.

The most extensive study of drug courts to date—a five-year examination of 23 courts and six comparison jurisdictions in eight states—found that these court programs can significantly decrease drug use and criminal behavior. Furthermore, positive outcomes increased when participants sensed their judge treated them more fairly, showed greater respect and interest in them, and gave them more chances to talk during courtroom proceedings.

To learn more about this evaluation, click [here](#).



***A Ten Step Guide to Transforming Probation Departments to Reduce Recidivism*. Council of State Governments Justice Center.**

The Council of State Governments (CSG) Justice Center announced today the release of a guide for policymakers committed to reducing the likelihood that probationers will reoffend. *A Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism* provides probation leaders with a roadmap to overhaul the operations of their agencies so they can increase public safety in their communities and improve rates of compliance among people they are supervising.

http://www.hsjcc.on.ca/Uploads/A_Ten-Step_Guide_Reduce_Recidivism.pdf



Long Beach police program seeks to help, not jail homeless. *Press-Telegram*, July 23, 2011.

This article provides an account of the day-to-day work of police officers in an innovative program in Long Beach, California which links homeless individuals to social services and treatment resources in an effort to reduce the criminalization of homelessness.

<http://www.hsjcc.on.ca/Uploads/11-07%20Long%20Beach%20police%20program%20seeks%20to%20help.pdf>



Links

<http://www.hsjcc.on.ca>

