



## **Mental Health Services for Children, Youth & Families**

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**The International Institute on Special Needs Offenders and  
Policy Research (Canada)**

**The 2012 International Conference on  
Special Needs Offenders:**

**Turning Vision into Action for Youth and Women Offenders  
Ottawa, Ontario**

**“Seamless Service Reducing Recidivism”**

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## Mental Health Services for Children, Youth & Families

### **Manitoba Adolescent Treatment Centre (MATC) Youth Forensic Services (YFS)**

In **1997** MATC and Manitoba Justice entered into a service agreement. MATC / YFS is a community-based service whose office is located at the Manitoba Youth Centre.

MATC YFS is committed to providing a range of mental health services to adolescents who experience psychiatric and or emotional disorders who are involved in the Youth Criminal Justice System.

We are dedicated in balancing the needs of the client with the protection of the public.



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## **Where is MATC Youth Forensic Services?**

### **Main Office location –**

170 Doncaster – **Manitoba Youth Centre.**

The Manitoba Youth Centre is the largest youth correctional centre in Manitoba.

It provides care, custody and a variety of programs for young people charged with an offence and/or sentenced to a term of custody under The Youth Criminal Justice Act.



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## **Community Office locations:**

Manitoba Justice Community Youth Corrections Offices  
Four youth probation offices in the Winnipeg Region

Two offices are general probation services,

One office is specific to gang related crimes

One office is for female youth only.



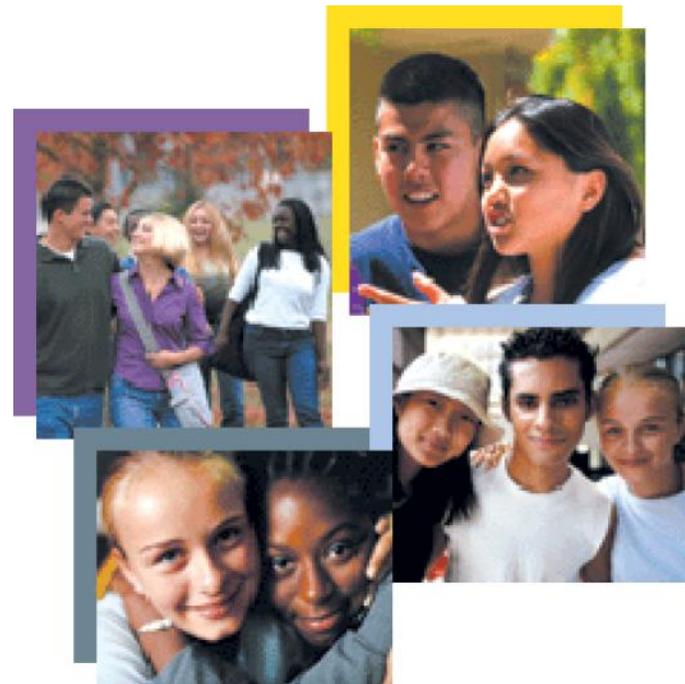
## Service providers at MATC YFS

Dr. Garry Fisher – Psychologist  
Dr. Donna Chubbatt Psychologist  
Dr. Hygiea Casiano Psychiatrist  
Dr. Simon Trepel - Psychiatrist  
Dr. Keith Hildahl – Psychiatrist  
Ms Kelly-Ann Stevenson RPN



## What Treatment Services are provided?

- Psychiatric assessment
- \*Short term psychiatric treatment of youth with unstable mental status.
- Crisis Management – Suicidal Assessment / Consultation.





- Depressive disorders
- Anxiety disorders
- Attention Deficit Hyperactivity
- Substance Abuse
- Fetal Alcohol Spectrum Disorder
- Post Traumatic Stress Disorder
- Personality disorder / symptoms.



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## How or when are services offered by YFS?

Referrals are accepted from

- Youth Courts Court ordered Forensics  
(1990 45 were ordered. In 2011 over 200 were ordered)
- Youth Probation Officers,
- Youth Custody Centres – Manitoba Youth Centre
- WRHA Centralized Intake for Children and Adolescent Mental Health Program
- Self Referrals



## History

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**1996- 2004** Initially YFS was a service based exclusively at the Manitoba Youth Centre.

**2003** - there were significant changes the youth criminal justice acts from the YOA (Youth Offender Act) to the YCJA (to the Youth Criminal Justice Act)

**2004** - There a significant reduction in the number of youth in custody and the focus was more community sentences. This resulted in a change in the focus of YFS

Custody to Community



## History

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**2004** – Mental Health Clinician was now half time in the community. Servicing probation services.

Quickly it became apparent that many clients were returning back to custody on a frequent reoccurring basis. Service was needed in both custody and community.

**2009** – Four mental health nurses were hired to service Manitoba Youth Centre.

**2009** – MATC Mental Health Clinician primary service area becomes community.



## Reducing Recidivism

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More than 30 years of research has produced a body of evidence that clearly demonstrates that rehabilitation programs work. A variety of programs, properly targeted and well-implemented, can reduce recidivism and enhance public safety.



## Reducing Recidivism

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- ✓ Education and vocational programming.
- ✓ Substance abuse treatment
- ✓ Drug courts.
- ✓ Sex offender treatment
- ✓ ***Mental health***
- ✓ Cognitive-behavioural programs
- ✓ Programs for youth offenders



## Mental Health & Recidivism

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Significant change to Youth Criminal Justice Act – that protect young people from being detained if in need of mental health measures.

“Pre-trial detention is not to be used as a substitute for child protection, mental health or other social measures.”



## Mental Health & Recidivism

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- ⑩ Mental health Commission of Canada (2012)– suggests that rates of serious mental health problems among federal offenders upon admission have increased by 60-70 per cent since 1997.
- ⑩ International Society of Psychiatric Mental Health Nurses (2008) reflect that 50-75 % of youth in the justice system possess some form of mental health disorder.
- ⑩ *“Youth involved with the juvenile justice system frequently have more than one co-occurring mental and substance use disorder”* (Leschied 2011)



## Mental Health & Recidivism

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The Massachusetts Youth Screening Instrument (MAYSI) was administered to youth incarcerated at the Manitoba Youth Centre July 17, 2007. Of the 159 adolescents held in the facility on that day, 140 completed the questionnaire. Their participation was voluntary and the youth were informed that the results would be used for program planning purposes.



# Mental Health & Recidivism

## SUMMARY TABLES FOR YFS MAYSI CLINICAL YOUTH SCREENING PROJECT Average Severity Code Percentages (G. Fisher 2007)

	SEVERITY CODE	ALCOHOL DRUG USE	ANGRY / IRRITABLE	DEPRESSION / ANXIETY	SOMATIC COMPLAINTS	SUICIDAL IDEATION	THOUGHT DISTURBANCES
Entire Youth Services Sample (N=140)	<i>% non-clinical</i>	25%	46%	46%	56%	71%	42%
	<i>% caution level</i>	22%	35%	35%	37%	7%	28%
	<i>% warning level</i>	53%	19%	19%	7%	22%	30%

- 90% reported having experienced trauma in their lives
- 75% reported the presence of alcohol or drug usage problems
- 54% reported anger management difficulties and or problems with anxiety or depression.
- 27% reported suicidal ideation



## Mental Health & Recidivism

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- ⑩ Youth offenders with mental illness had higher-than-average recidivism rates. (CMHA Jan. 2004)
- ⑩ Offenders with mental illness had higher-than-average recidivism rates. At three years post-release, return rates to custody were 49% for offenders with a serious mental illness, 58% for offenders with moderately severe to severe mental illness and 47% for those without a mental illness. (Przybylski 2008)



## Mental Health & Recidivism

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- ⑩ Offenders with mental illness have greater needs in a variety of areas, including substance abuse, academic, vocational, sex offense-specific, anger management and medical. (Przybylski 2008)
- ⑩ Studies also show that the diversion of persons with mental illness accused of minor crimes into community-based treatment reduces recidivism. In any correctional setting, early diagnosis and discharge planning are key components of treatment success (Przybylski 2008)



# Seamless Treatment

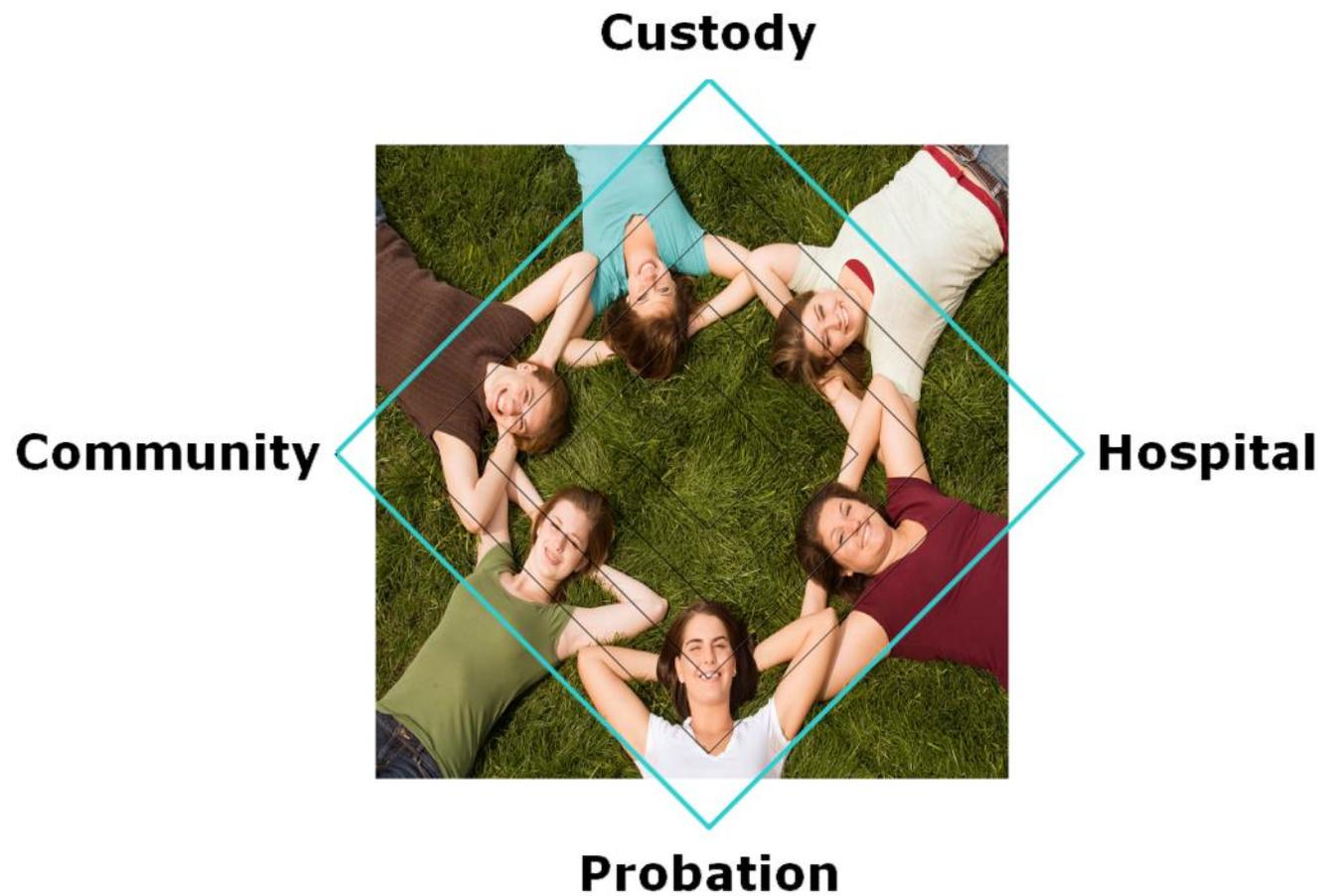
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It is the mutual agreement between Manitoba Justice & MATC - WRHA to create a more integrated, **seamless** and flexible continuum of services for young people in the Winnipeg region that are struggling with **mental health issues** and who have come into contact with the **Youth Criminal Justice System.**





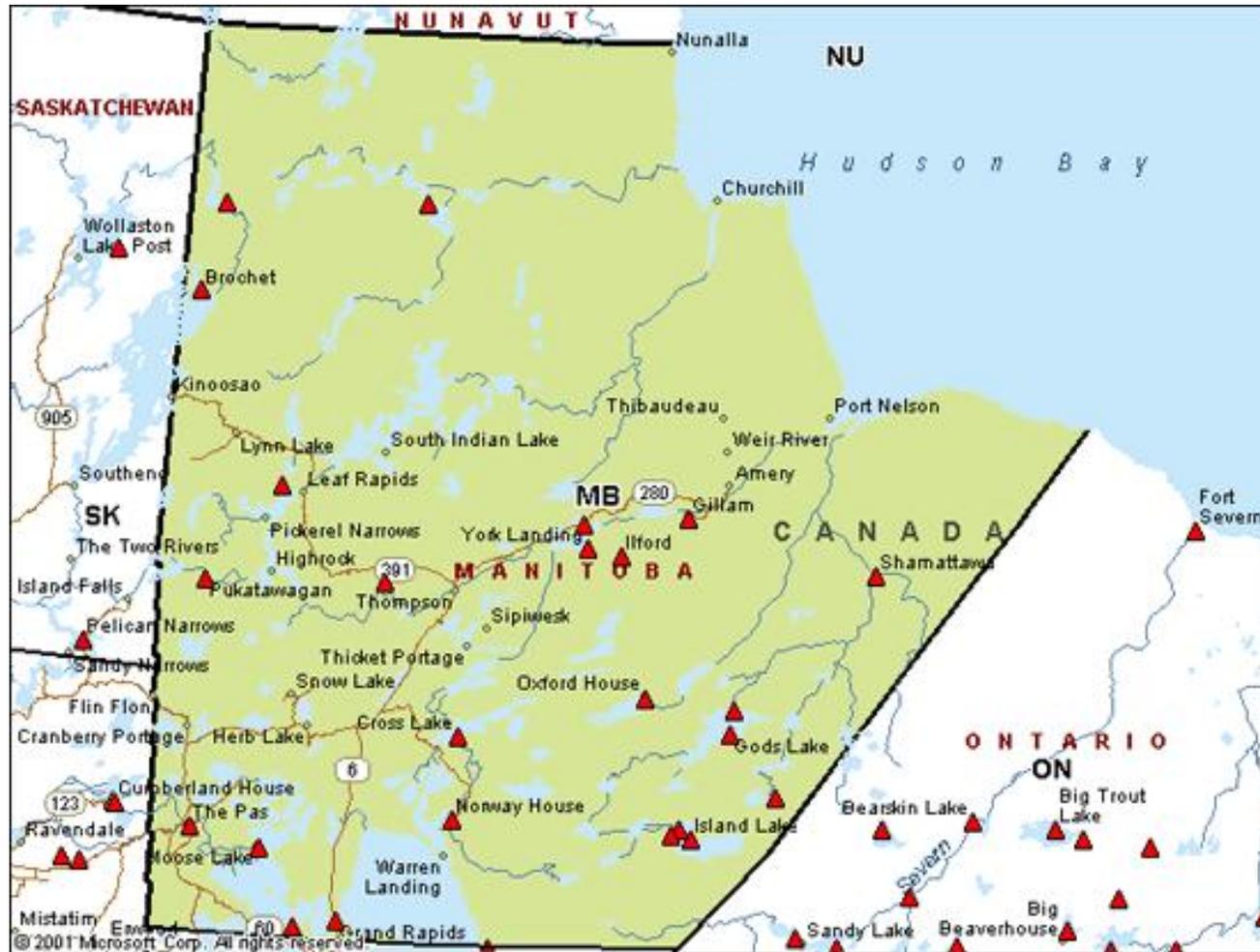
# Seamless Treatment







# Case Review





## Strengths of Seamless Model

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**Early identification** of mental health concerns – timely assessments – uncomplicated access to psychiatric \ psychological services

**Providing prompt** mental health services to other services providers, stakeholders, and to youth and their families





## Strengths of Seamless Model

Providing a “**drop in**” service in the community is more suitable to the youth’s needs

Service delivery outside of normal office hours / after school.





## Barriers to Seamless Model

**Lack of understanding / knowledge regarding mental health – which can lead to the criminalization of mental health.**

**Access to services – geographical & financial**

**Lack of commitment – youth are not very good at keeping their appointments**

**Lack of appropriate / specialized services**



***Justice/ custody vs mental health placement vs residential treatment***



## Barriers to Seamless Model

**Lack of understanding and patience with the therapeutic process and stages of change**

**Lack of full participation and commitment by service providers and family.**

**Missed opportunities initiated treatment late adolescents**

**Opposing goals**

### ***BARRIERS***





## Conclusion Considerations

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That the YCJA emphasizes that the nature of the *offender* is critical in the process as much as the nature of *offense*

Studies also show that the diversion of persons with mental illness accused of minor crimes into community –based treatment reduces recidivism. In any correctional setting, early diagnosis and discharge planning are key components of treatment success.



## Conclusion Considerations

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### Effective Community Programs

- ⑩ The Crisis Intervention Team Model (CIT)
- ⑩ Program of Assertive Community Treatment (PACT)
- ⑩ Partnership of Active Community Engagement (PACE) –
- ⑩ Integrated Mental Health and Substance Abuse Treatment – Co-occurring Disorders
- ⑩ Supportive education, employment and housing.



## Conclusion Considerations

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Most significant advancement in some Canadian youth justice jurisdictions has been the inception of *youth justice mental health courts*.

Which provide inclusive, cross-disciplinary services targeting emotionally disordered youth at all points within the process from policing, through diversion from the courts, to dispositions that include custody.  
(Schneider 2007)



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Thank-you

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