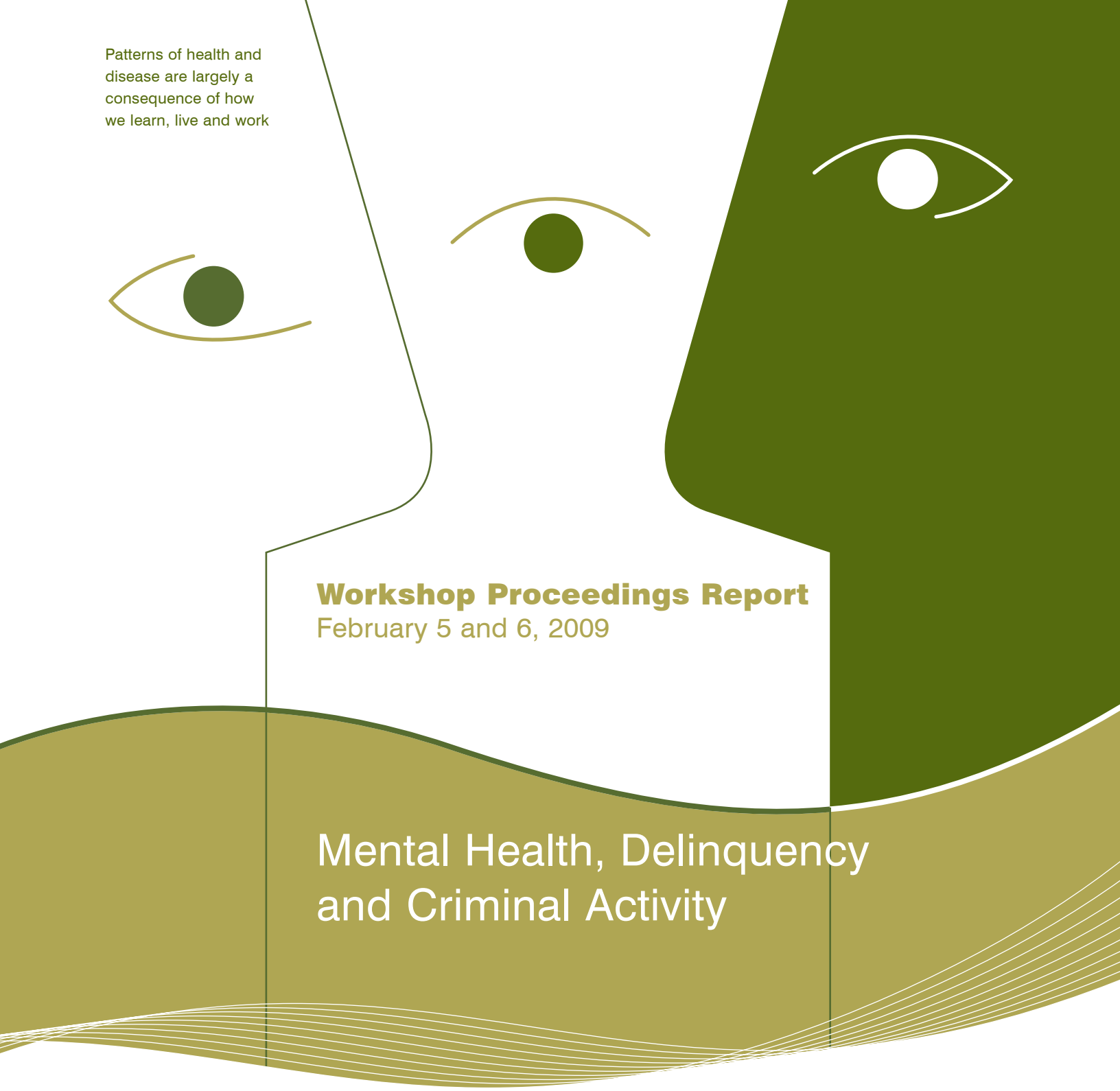
Patterns of health and disease are largely a consequence of how we learn, live and work



Workshop Proceedings Report
February 5 and 6, 2009

Mental Health, Delinquency and Criminal Activity

Canadian Population Health Initiative

Alberta Health Services

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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Mental Health, Delinquency and Criminal Activity—Workshop Proceedings Report, February 5 and 6, 2009

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Section 1: Background and Information

Background

On February 5 and 6, 2009, the Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), hosted a one-and-half-day invitational workshop in Calgary, Alberta, to focus on issues related to the links between mental health, delinquency and criminal activity. The workshop was a collaborative initiative between CPHI and Alberta Health Services.

The overarching goal of the workshop was to foster and promote inter-sectoral collaboration and knowledge exchange to improve the mental health of Canadians, particularly among those involved with or at risk of being involved with the criminal justice system.

The workshop had three objectives:

1. To share some of the current research focused on mental health, delinquency and criminal activity, including CPHI's *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity* report.
2. To share promising practices and experiences with grassroots initiatives and other types of policies and programs that examine the role of mental health in delinquency and criminal activity.
3. To provide a new networking opportunity for a diverse set of stakeholders working in a variety of areas, including mental health, crime and delinquency prevention, as well as mental health diversion, treatment and rehabilitation.

There were approximately 55 participants comprising a varied group of academics, researchers, clinicians and representatives of community organizations, national/provincial non-governmental associations and federal-, provincial- and territorial-level governments. Participants worked in the broad fields of public health, mental health, mental health promotion, delinquency prevention, the justice system and mental health diversion. There were also leaders from First Nations and Inuit communities. Representatives from various youth and mental health consumer groups were invited but unable to attend. A full list of participants is available in Appendix A.

Divided into five sections, this document summarizes the workshop discussions.

- **Section 1: Background and Information**
- **Section 2: Reviewing CPHI's Report, and Research and Practice in Action** includes a summary of CPHI's report, *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*, and the multiple presentations that were used to highlight examples of current research and promising practices across Canada related to mental health, delinquency and criminal activity.
- **Section 3: Identifying Challenges and Successes** presents what participants identified as the challenges in addressing these issues and common themes in success stories.
- **Section 4: Inter-Sectoral Collaboration** provides an overview from three speakers forming a discussion panel to share examples of inter-sectoral collaboration as well as participants' reflections on the topic during an open forum.

- **Section 5: Creating a Plan for Action** highlights key messages that emerged over the course of the workshop as well as suggested ideas for organizations to move forward on addressing mental health, delinquency and criminal activity issues in Canada.

Welcome and Opening Remarks

Jean Harvey, Director, CPHI, welcomed everyone to the workshop. She highlighted CPHI's functions in supporting evidence-based decision-making and policy development, including knowledge generation and synthesis, policy synthesis, knowledge transfer and reporting, and knowledge exchange. Ms. Harvey explained that CPHI is not an advocacy organization; as such, its role is to synthesize evidence that stakeholders, such as those assembled at the workshop, could use to inform their programs, actions and decisions. Ms. Harvey concluded by thanking the stakeholder groups who helped put together the workshop, including Alberta Health Services.

Jim Merchant, Interim Lead, Mental Health and Addictions Services Calgary, a part of Alberta Health Services, also provided opening remarks. He reiterated that these kinds of workshops have been successful in having an action-oriented and solution-based focus. In addition, he drew attention to the various stakeholder groups at the workshop such as clinical practitioners, researchers, the Mental Health Commission of Canada and Alberta Health and Wellness, underscoring the success in engaging such diverse representation of leaders to work toward common solutions. He concluded with well wishes and excitement to see the plan of action and solutions that would stem from the day.

Opening Prayer and Road Map for the Day

Alex Crowchild, an elder with the Tsuu T'ina First Nations community, provided an opening prayer. Encouraging everyone to also pray in their own way, speaking in his native tongue, Mr. Crowchild spoke prayers to the spirits that look after the participants, their families and loved ones and the larger community. He concluded by noting the importance of people coming together to discuss these issues.

Brin Sharp, the workshop facilitator, reviewed the goal, objectives and process for the workshop. He noted the importance of "conversations, not presentations" throughout the course of the workshop and reiterated that the main focus was to provide evidence, share successes and develop practical steps moving forward. Mr. Sharp concluded by stressing the importance of making connections through the various activities planned during the day and a half and encouraged people to actively engage in building relationships.

Telling Our Stories—Sharing Expectations

The workshop began with an opportunity for participants to connect with others at their tables to share expectations. Each table was asked to have members introduce themselves to each other, based on questions related to their title, role, background and experience. They were also asked what they would like to achieve. The discussion concerning expectations was then brought into an open forum involving the larger group. The main expectations included the following:

1. Gaining a better understanding of evidence generation and the role that data can play.
2. Addressing stigma and myths.
3. Exploring differences between mental health and mental illness.
4. Exploring upstream efforts and prevention.
5. Building relationships and fostering collaboration.
6. Sharing and celebrating promising practices and successes.

Please see Appendix B for a more detailed synthesis of participants' expectations.

Section 2: Reviewing CPHI's Report, and Research and Practice in Action

Reviewing CPHI's Report—A General Overview of *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*

Elizabeth Votta, Senior Researcher, CPHI, provided an overview of CPHI's mission and values as well as CPHI's key themes for 2007 to 2012: place and health, reducing gaps in health, promoting healthy weights and mental health and resilience. She explained that to better explore this last theme, CPHI developed a series of reports on mental health, which focused on the determinants of health and the role they play in mental health. The aim of these reports was not to make recommendations but rather to synthesize key research findings on a given theme, present new data analyses and share evidence on what we know and do not know about what works from a policy and program perspective. The first in this series, *Improving the Health of Canadians: Mental Health and Homelessness in Canada* (released in August 2007), provides an overview of the latest research, surveys and policy initiatives related to mental health, homelessness and various determinants of health, as well as information on hospital use by homeless Canadians. The third and final report in the series, *Improving the Health of Canadians: Exploring Positive Mental Health*, was released a month after the workshop took place, in March 2009.

Dr. Votta went on to further brief participants on the key elements of the second report in the series, *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity*, which was the basis for the workshop. The report examines the links between mental health, delinquency and criminal activity and their various determinants. It is organized into two main sections. The first section examines what factors related to mental health within various contexts are linked to youth delinquency in either a protective or risk capacity. The second section covers two areas: characteristics of people with mental illness who are hospitalized in a mental health bed and have a criminal history, and issues specific to mental illness among individuals involved with the justice system.

Dr. Votta proceeded to present highlights from each section of the report; each section was interspersed with presentations by leading experts in the field who provided examples of programs and practices specific to that report section.

Reviewing CPHI's Report—Delinquency Prevention

To begin her presentation of key findings related to delinquency prevention, Dr. Votta noted that because CPHI does not have its own databases, it relies on CIHI databases or databases managed by external agencies. For this report, analyses were done on data from Statistics Canada's National Longitudinal Survey on Children and Youth (NLSCY). The report used data specific to aggressive behaviour and property offences as a proxy for delinquent behaviour, as the NLSCY does not specifically ask youth if they have committed a delinquent act. The analyses identified several protective and risk factors related to mental health within various contexts (that is, individual, family, school/peer and community) that are linked to delinquent behaviour.

After presenting an overview of various protective and risk factors that emerged in literature and analyses, Dr. Votta noted that one key protective factor that appeared consistently across all levels—as well as in other CPHI reports—was connectedness/sense of belonging. In light of the many protective and risk factors, Dr. Votta also discussed analyses that explored the top five protective and risk factors related to delinquency. The protective factors existed across individual, family and school levels and included emotional capability, ability to handle stress, nurturing parents, liking school and adaptability. The risk factors existed across individual and family levels and included indirect aggression, hyperactivity, parental rejection, anxiousness and punitive parenting.

Dr. Votta concluded with policies and programs related to mental health and delinquency prevention, including their available evaluation outcomes. A common theme was a focus on skills training, applied at the individual, family and school levels.

Exploring the Topic—Banyan Community Services

The Stop Now and Plan (SNAP) Under 12 Outreach and Girls Connection Program was highlighted in the CPHI report as an individual-based program for which evaluations showed effectiveness in preventing delinquency and promoting mental health. Patricia Campbell, Program Manager with Banyan Community Services (BCS), the agency leading the program, provided an overview of this initiative, along with other BCS programming related to relationship-building, early-intervention crime prevention, diversion, self-control, problem-solving and clinical and child welfare supports. She explained that BCS attempts to address crime prevention through a social development model and that it was the only National Crime Prevention Strategy demonstration site to have specialized services specific to meeting the different needs of both boys and girls.

Ms. Campbell explained that the overall goals of various BCS programs were to:

- Reduce offending behaviour in children age 6 to 12;
- Increase social competence and pro-social ties to the community;
- Build resiliency and increase coping ability; and
- Improve academic performance and the child's overall lifespan outcomes.

These goals are achieved through multi-faceted programs and interventions designed to address the many needs of children and youth in a comprehensive and integrated manner. This includes offering assessment, counselling and consultation services and bringing together several sectors in the implementation of clinical services such as peers/mentors, parents, social workers, psychologists and psychiatrists. Ms. Campbell emphasized the importance of having comprehensive strategies that meet the multiple needs of children and youth as well as their families and peers.

Ms. Campbell highlighted the central role of the researcher–practitioner model in BCS service frameworks. BCS works to develop programs based on evidence but also focuses heavily on developing and tracking indicators and outcomes to contribute to the evidence base. The programs at BCS use a number of clinical measures to facilitate both internal and external evaluation. One such example is the Early Assessment and Risk List (EARL) tool, used to ensure standard, consistent and accurate data collection at BCS. It collects information on a number of aspects related to the whole child, including finances and household circumstances, caregiver continuity, social

services/health care use, supports, stressors, parenting style, values/conduct, caregiver interactions and other characteristics specific to each child. It focuses on both home and school settings and measures responsiveness to treatment both at the child and family levels. Ms. Campbell stressed that indicators and assessment tools not only contribute to the evaluation of program outcomes but also allow for tailoring of programs to meet the specific needs of children and youth, exemplifying the importance of data for program planning and evaluation.

Evaluations at BCS indicate that many children (up to 75%) in crime prevention programming face mental health issues and that anger, aggression and property damage are the main problems among populations receiving services. Formal partnerships with academic researchers at McMaster University have also allowed BCS to evaluate the cost of their programs, revealing programming costs to be nominal compared to the $120,000 in typical custody costs.

Ms. Campbell concluded by discussing the aspects of BCS program models that are successful in addressing mental health and delinquency prevention issues:

- Taking into account risk factors at various ecological levels that can lead to an individual's criminal activity.
- Developing an avenue for early identification, assessment and treatment.
- Identifying and enhancing protective factors linked to positive lifespan outcomes by focusing on multiple levels, across sectors and service providers.
- Trying to better understand the prevalence of mental illness among those who have committed an offense or who are on the trajectory to the youth justice system.

Questions and Answers

There were questions from participants related to addictions and family risk factor variables in CPHI reports. Dr. Votta explained that although addictions-related issues are identified as key issues in the literature, they did not emerge in CPHI's analyses of the NLSCY data. With respect to family-specific variables, analyses and literature indicate that family factors were more likely to be identified as protective as opposed to risk factors in several CPHI reports.

There were also questions related to BCS efforts to collaborate with other agencies, address physical needs and involve peers, and the completion rates of program participants. Ms. Campbell emphasized that BCS works extensively with other agencies, police, child welfare services and other appropriate practitioners to connect children and youth to other services and that aspects of programming both directly and indirectly work to meet the physical, social and mental health needs of consumers. She also noted that peers are a core component of their programs, providing services and acting as mentors.

Reviewing CPHI's Report—Characteristics of People Hospitalized With Mental Illness Who Have Involvement With the Justice System

Dr. Votta next provided context around some of the characteristics of people hospitalized with mental illness who have involvement with the justice system. The characteristics examined were primarily related to determinants of health, such as income, education level and employment history, both at admission and discharge.

Analyses were based on data from CIHI's Ontario Mental Health Reporting System (OMHRS), collected from April 2006 to March 2007. Although Ontario-specific, there were almost 31,000 unique patients in mental health beds,[i] of whom 9% were forensic admissions and 28% reported having a criminal history. Dr. Votta highlighted that, consistent with research in this area, compared to non-forensic patients, forensic patients tended to be younger and a higher proportion were male, never married and had lower education levels and less stable housing. When compared to patients with no criminal history, those with a criminal history reported significantly more risk factors at admission (for example, higher victimization rate, family dysfunction) and upon discharge (for example, less likely to have stable living arrangements and social supports).

Exploring the Topic—Ontario Mental Health Reporting System

Kelly-May Moreau, Special Projects Lead, Addictions and Mental Health, CIHI, shared insight and additional background information on the CIHI data collection systems and the process of gathering data and information in clinical settings. The OMHRS database is the result of a partnership between CIHI and the Ontario Ministry of Health and Long-Term Care and contains the currently mandated minimum data set for all inpatient mental health beds in Ontario. It is populated by the Resident Assessment Instrument—Mental Health (RAI-MH©), a standardized data collection tool that ensures consistency in collection. This tool can be used for assessment and clinical purposes, as well as for purposes related to analyzing patient outcomes, monitoring progress and evaluating programming. Thus, this data collection process is relevant to many different stakeholder groups, such as clinicians, unit/facility managers, governments, system-level planners and researchers.

Ms. Moreau discussed the importance of early identification of mental health issues when people engage the health care system to ensure appropriate quality and continuity in care. Using the RAI-MH to create Mental Health Assessment Protocols that immediately identify specific mental health needs of patients earlier on in the process can help service providers support patients while they are inpatients rather than waiting to determine what services are required at discharge. The assessment tool may thus be useful for exploring evaluation outcome scales, identifying quality indicators, educating clinicians and contributing standardized information for patient care that in turn can facilitate client support.

i. Mental health beds consist of information from both specialty psychiatric hospitals, which predominantly provide mental health services, and general hospitals with adult mental health beds, which provide services for a wide variety of health conditions in addition to mental health.

The assessment used to create the minimum data set for mental health is conducted at admission and discharge as well as every 92 days for longer-term patients. It may focus on a recovery/therapeutic model, can be administered by multiple disciplines and captures information that can be used across sectors. Apart from contributing to patient care, the data can also support the evaluation and identification of best practices and quality improvement of both services and data collection. Ms. Moreau reviewed the array of data elements involved in the minimum data set, noting that only a few were presented in the CPHI report (mental health service history, substance use and excessive behaviours, stressors, role functioning and social relations, and resources at discharge) and that further analysis can be done.

Ms. Moreau concluded by describing some of the key strengths of collecting this type of data while underscoring the strengths of the OMHRS database more generally, including the ability to do the following:

- Target and better understand/treat specific populations.
- Explore differences between specialized patient populations, such as forensics patients.
- More accurately understand patient categorizations (for example, being able to distinguish patients occupying forensic beds who may or may not be actual forensic patients).
- Facilitate sharing of resources and better program planning.
- Better assess the needs of patients and ensure continuity of care and comparability of treatment across mental health beds.
- Help debunk myths and better understand information for planning and decision-making (for example, it can dispel the myth of a certain type of person needing more services when there is another with greater need).

Questions and Answers

Questions concerning the OMHRS database were specific to retention, accessibility and type of information in the database. Ms. Moreau believed that the data will be kept indeterminately and that CIHI is currently working on producing publicly available reports analyzing the data collected. She noted that the profile for having a history of involvement with the criminal justice system currently includes either violent or non-violent crimes, although there will be upcoming changes that better distinguish between types of police intervention for violent and non-violent crimes. She also noted that because this is a minimum data set there are gaps in information collected from a clinical perspective, such as spirituality and cultural characteristics of patients.

Other questions concerned the difference between forensic patients versus patients with a criminal history. Ms. Moreau explained that some mental health patients will enter the correctional system without going through the review board system or stages related to court-ordered mental health assessments. Patients with a mental illness who serve their sentence and are released, never having undergone assessment or treatment, may be considered to have a criminal history. Those who are admitted to hospital from the courts with orders for assessment and treatment of mental health issues or those found to be not criminally responsible on account of mental disorder or unfit to stand trial would be referred to as forensic patients.

Reviewing CPHI's Report—Mental Illness and the Justice System and Mental Health Diversion

Dr. Votta next discussed mental illness and the justice system and mental health diversion, explaining that CPHI consulted with many external sources (for example, Correctional Service of Canada and the Office of the Correctional Investigator) for current data on the prevalence of mental illness among offenders; however, data of this nature was not available, primarily because it is not currently being collected. In light of this, the report draws on a variety of published sources. To address stigma issues, Dr. Votta emphasized most individuals with a mental illness will not commit a criminal act. However, existing research indicates that compared to the general population, there is a greater prevalence of mental illness among youth and adults who are in the correctional system. Further, types of mental illness vary between incarcerated adult and youth populations. Dr. Votta also noted that Aboriginal Peoples are over-represented in the Canadian prison system, and that compared to non-Aboriginal inmates, Aboriginal inmates are more likely to have histories of poverty, involving lower rates of education and higher rates of unemployment and unstable housing. Some research has noted that feelings of hopelessness have been linked to suicide among inmates—suicide itself, which does not always occur among people with a mental illness, is also higher among inmates compared to the general population.

Dr. Votta also spoke to the types and effectiveness of mental health diversion programs, which are designed to intervene with persons with a mental illness when they come into contact with the justice system. These programs attempt to divert people with a mental illness into mental health services, community-based treatment and rehabilitation as an alternative to imprisonment. She noted that little is known about long-term health impacts of such programs; existing evaluation information does indicate that people who complete these programs spend less time in jail and have more involvement with mental health professionals and community mental health services than people not involved in such programs.

Exploring the Topic—Police and Crisis Team: Pre-Arrest Diversion

To provide an example of a pre-arrest diversion program—one where police officers assess a situation and at their discretion divert individuals into community services or lay charges—Constable Renée Martynuik and Peter Vermeulen discussed their work with the Police and Crisis Team (PACT) in Edmonton, Alberta. The PACT program, a part of Alberta Health Services (AHS), is a joint partnership between the Regional Mental Health Program, Crisis and Access Services and the Edmonton Police Service (EPS). It involves police officers being paired with multidisciplinary mental health crisis team members, including social workers, psychologists or nurses. The focus of PACT is to provide round-the-clock prevention/early intervention at the time of a crisis with the key goal of stabilizing individuals in the community before behaviour leads to the commission of serious crimes or charges being laid.

PACT can intervene directly with people in the community who have committed an offence but may also work indirectly by serving as a resource for community services to consult when dealing with people who are showing signs of a mental illness. PACT has assisted in providing insight and case histories for people working in police departments and other emergency response workers, as well as acted as a resource for others involved in crisis response, such as therapists, doctors, families, neighbours and landlords. Const. Martynuik and Mr. Vermeulen discussed how this communication

is achieved across such a variety of sectors. They noted the importance of having a memorandum of understanding between EPS and AHS that clearly outlines how best to share information, provided that the client's best interests and well-being are at the forefront. They note that information must be specific to a given situation and would only involve case history and guidance, not the disclosure of non-relevant personal information.

PACT discussed the process of assessing people who meet and do not meet the criteria for diversion. Candidates who meet the criteria would be those whose legal involvement is not significant and whose offence is non-violent in nature; candidates who do not meet the criteria are those who commit a major offence and/or who use a previous mental illness diagnosis as an excuse for criminal behaviour. Const. Martynuik and Mr. Vermeulen stressed that diversion is not about getting people out of taking responsibility for their behaviours; rather, their involvement in the diversion process requires them to show some progress in dealing with the issues that led to the commission of the offence.

Although PACT acts to proactively divert people in the community to avoid criminal charges being laid, if there is an extensive history involved or if prosecution is warranted it can also make recommendations to the courts, thus acting as an advocate for clients. This may involve implementing certain bail packages or assisting in the sentencing of certain conditions, such as abstaining from illicit drugs, attending appointments with a doctor or taking certain medications prescribed by a mental health professional.

Although not formally evaluated for long-term impacts, Const. Martynuik and Mr. Vermeulen noted several advantages to having PACT in place:

- Properly trained mental health personnel deal with offenders to ensure early intervention and appropriate/timely care for people facing mental health issues, thereby reducing potential future costs when problems persist or worsen.
- The police and health connection ensures very high hospital admission rates, which greatly increase accessibility of mental health services and decrease wait times and unnecessary imprisonment, as well as the burden on police officers and the correctional system.
- PACT has extensive history available for medical staff when people are admitted, thus ensuring appropriate care is delivered.
- Police are regaining status as helpers in the community and building trust among community members.
- People with chronic mental illness are better supported by the system, which helps to reduce undue burden on family, friends, the community and police officers.

Const. Martynuik and Mr. Vermeulen concluded with some reasons that pre-arrest diversion can be successful. They noted that having an understanding of each other's roles allows the members of PACT to focus on their specialization, while at the same time it facilitates flexibility and possible interchange of roles when necessary. Finally, the unique connections that each partner brings to the team allow for more comprehensive care since mental health workers act as liaisons to the medical and hospital community, as well as to community services, while police officers bring apprehension power and connections to the justice system.

Questions and Answers

There were questions concerning the populations served by PACT and the origins of the program. Const. Martynuik and Mr. Vermeulen noted that although PACT currently does not serve children and youth, it does have a relationship with the children's crisis team and that this could be further developed in the future. They explained that the origins of the program were grassroots and community-based in nature.

Participants noted significant top-down endorsement for police and health services to work together, emphasizing the importance of having frameworks that outline how the two groups can cooperate. The Canadian Association of Police Chiefs recognizes teams like PACT as the standard benchmark and is working to educate both the police and mental health systems about each other to foster collaboration.

Reviewing CPHI's Report—Mental Health Needs of Offenders

All of CPHI's reports aim to have a section on the availability and effectiveness of related policies and programs. For this report, CPHI looked at the availability of mental health–related programming for offenders with a mental illness. Dr. Votta discussed the fact that many jurisdictions offer mental health–related programming for offenders in institutional settings that is specific to substance abuse treatment, violence prevention and stress and anger management. Although evaluations of the long-term mental health impacts of these programs are lacking, short-term and preliminary evaluations conducted by the research branch within the Correctional Service of Canada indicate the effectiveness of violence prevention and anger management programs in particular. Despite being identified as a barrier by experts in the field, little is known about the accessibility of programs for offenders, particularly those with mental health issues. Dr. Votta concluded by discussing some of the common features of successful community-based programs offered by many jurisdictions upon the release of offenders. They include being intense, highly structured, comprised of multiple components targeting specific problems and set up to allow treating clinicians to take on multiple roles, have the authority to re-hospitalize patients if necessary and obtain court orders to ensure treatment compliance.

Exploring the Topic—Canadian Association of Elizabeth Fry Societies

Kim Pate, Executive Director, Canadian Association of Elizabeth Fry Societies (CAEFS), concluded the morning presentations with a discussion of criminalization and mental health. The work of CAEFS generally involves increasing public awareness around the incarceration of women, reducing the number of women who are criminalized and imprisoned and increasing the availability of resources and services in the community for these populations.

Ms. Pate began her presentation by noting that the arts community is not traditionally engaged in discussions around the mental health and justice systems, even though it can offer some valuable insights. She then showed a short video demonstrating such an example—a visual depiction of marginalized circumstances, resulting from systemic inequalities related to such things as race, gender, mental illness and poverty, which many individuals who are criminalized and imprisoned must endure.

Ms. Pate then explained the importance of discussing the larger context that may lead to criminalization. In order to more fully understand prison issues, she noted issues arising from the deinstitutionalization of people with disabling physical and mental health issues and that in her opinion there is a lack of resources for developing the health and social services needed to handle the increased number of individuals with mental health issues in the community. According to Ms. Pate, cuts to services and a lack of resources have contributed to several problems when trying to secure help for people in the community. These issues can often affect women more profoundly than men, particularly given historic gender-based inequalities such as the greater likelihood that women will have histories of physical and/or sexual abuse, both as children and as adults, compared to men. Ms. Pate further noted that when support for addressing such physical and sexual abuse is not available, women may turn to substance use to cope, which may increase their risk of criminalization and imprisonment. Such examples of marginalization can contribute to the increases in rates of criminalization and imprisonment of women and girls, both in Canada and globally. She thus stressed the importance of looking more upstream to better address the needs of women as opposed to only focusing resources on handling problem behaviour that develops as a result of unmet needs.

Furthermore, Ms. Pate highlighted her belief in the inadequacy of correctional settings to provide sufficient support to individuals with abuse, poverty and mental health issues. She also indicated that, despite these issues, it is the criminal justice system upon which we increasingly rely to respond to social, economic and inequality concerns.

As part of this context, Ms. Pate believed there to be a particular reduction in mental health services in the community in the mid-1990s that contributed to an increase in the number of women being criminalized and institutionalized by the justice system unnecessarily. Ms. Pate noted that once these individuals are in the system, it becomes very difficult for them to exit the criminalization and institutionalization cycles. Ms. Pate explained that once imprisoned those with mental health needs more often become isolated due to their behaviours and tend to be identified as having an increased likelihood of being unable to understand and follow rules. This generally leads to further isolation—usually in segregation—of such individuals. Such isolation can further reduce the likelihood that individuals will be able to access various types of programming and services.

Ms. Pate indicated that, in her opinion, even when they have the best of intentions, correctional staff tend to have limited knowledge of how to deal with mental health issues and have few tools and resources at their disposal. Thus isolating or segregating people while attempting to control prison populations can often take precedence over meeting mental health needs in more adequate ways. She continued by identifying the manner in which the prison environment is a risk factor to women, particularly in relation to issues pertaining to the development or exacerbation of mental health issues and their inability to exit the criminal justice, health and welfare systems.

Ms. Pate noted that it can cost a great deal to keep people in jail, particularly if they face a number of challenges resulting from systemic inequalities. She thus believed it to be more fiscally and socially responsible to invest in resources for prevention and treatment in the community. She highlighted calls from federal, provincial and territorial heads of corrections for a reduction in the number of prisoners in the correctional system and how appropriate decarceration policies, accompanied by adequate supports in the community, may not increase the threat to public safety. She also pointed

out the need to ensure that risk assessments include the risk to the individual and the community if he or she was to continue in the correctional system. Ms. Pate noted that a healthy community investing in health, education, social services and accommodation supports is more likely to result in sound crime prevention approaches. She also identified some examples of the manner in which CAEFS has documented that the prison setting itself is a risk factor for future criminalization, whereas investments in the community are more likely to assist women to escape the cycle of marginalization, victimization, criminalization and institutionalization.

Ms. Pate concluded her discussion by noting the importance of both tertiary care and preventive practices:

- Investing in community-based services.
- Utilizing focused and intensive supports.
- Implementing decriminalization and decarceration strategies.

Questions and Answers

Comments from participants indicated that the Correctional Service of Canada is working toward providing better services and programming in prison settings, including such things as mobile assessment and treatment groups, common intake assessments and specially structured living environments for offenders with mental health issues. Ms. Pate responded that although these are important developments, she felt that continuing to have insufficient resources and lack of accessible programming does little for effective system change.

Section 3: Identifying Challenges and Successes

Identifying the Challenges

Following the morning presentations, participants worked together to identify and prioritize the key challenges encountered in relation to the links between mental health and delinquency/criminal activity. The process involved brainstorming in small working groups around the following question:

> What are the issues we face in understanding and addressing the links between mental health and delinquency/criminal activity?

Participants subsequently worked as a larger group to identify and prioritize themes discussed at each individual table. The following list is a summary of these prioritized themes and represents the consensus of all participants; a more detailed synthesis of the issues identified by participants, including challenges and action needs, is available in Appendix C.

1. Shifting focus to prevention and building protective factors
2. Generating and using data
3. Addressing silos across sectors and levels
4. Ensuring public education and understanding/debunking myths
5. Creating holistic responses
6. Promoting collaboration and integration of systems
7. Clarifying language and definitions/operationalizing terms
8. Ensuring adequate resources and funding
9. Improving programming and service delivery in correctional settings

Open Microphone—Sharing Success Stories

To provide an opportunity to share success stories—both big and small—there was a facilitated session that involved participants taking the microphone and briefly sharing their stories with others in the group. A number of stories were mentioned, involving different areas of research and data collection, programming and service delivery, and policy change.

Data and Research

Success stories involving research and data collection involved a number of different initiatives. Common themes from each of these stories included the benefits of collaboration, building meaningful relationships across sectors and effective system change that can occur when consumers are involved and given a voice in decision-making and evaluation. Examples include the following:

- A workshop that resulted in much innovation and knowledge generation through bringing together a diverse group of researchers to collaboratively develop research projects on community resiliency.

- A research project exploring resiliency among forensic psychiatric service consumers that found safe and affordable housing as well as control over living situations and social contacts were key to being successful in the community.
- A health promotion pilot project that brought together researchers and school boards for evaluation purposes, which resulted in researchers and practitioners more successfully working together to identify and coordinate research needs and activities in schools.
- A large-scale qualitative assessment of a mental health court, where consumers of the program reported an increase in quality of life, reduced risk of reoffending, abstention from criminal behaviour and better mental health and social functioning.
- An applied research project where researchers and custody centre administrators and providers worked together to use evaluation data to create more effective programs and policies that better meet the needs of youth in custody.

Programming and Service Delivery

Success stories involving programs and service delivery were related to initiatives that are implemented in schools, workplaces, playgrounds and criminal courts to address the links between mental health, delinquency and criminal activity. Common themes from each of these stories included addressing stigma and negativity by valuing the contributions of mental health consumers, taking a strength-based approach to child and youth development and coordinating services across sectors so that each group could make meaningful contributions. Examples include the following:

- A collaborative project that brought together social workers, nurses, school administrators, teachers, children and their families to create a coordinated services model for at-risk children and youth with special needs and mental health issues. Agencies report that they are communicating better and using a common language, that they are more transparent and that services are working better to identify and focus on strengths, set goals and address both child and family needs.
- A grassroots consumer-led initiative that worked to develop job skills training for people with a mental illness. The initiative reports a high success rate in terms of job placements and retention. In addition to overcoming several funding and political obstacles, it has gone from being a small organization to a promising practice with seven built network sites across Canada.
- A local soccer program for children and youth that focused on citizenship-building, developing positive self-worth and principles of doing no physical, emotional and psychological harm, whose organizers have since noticed positive anecdotal impacts on school performance, physical activity, participation in the community and crime rates.
- A collaborative/restorative justice program that brought together an offender, a victim and their respective families to negotiate an agreement and closure, which resulted in not only the diversion of a person with mental illness from the justice system but also no further offences and new supportive relationships between all parties involved.

Policy Change

Success stories involving policy change demonstrate effective integration of various systems related to mental health, policing and community safety, and court/correctional institutions. Common themes from each of these stories included collaboration and relationship-building with emphasis on creating successful policy change through consensus-building, having a common voice across sectors and cooperation and sharing of resources. Examples included the following:

- A collaborative initiative that brought together police leaders and experts in education, family services, corrections, youth engagement, health and public health, recreation, literacy, immigrant settlement, seniors and other vulnerable groups to form a coalition related to community safety, health and well-being. The coalition produced several consensus statements and strategies related to promoting social development, addressing the root causes of crime, addressing poverty issues and breaking down existing silos between police and the health and justice ministries.
- A small municipally based post-charge diversion pilot project that developed an evidence-based model in collaboration with community justice, health, mental health and addictions partners. The evaluation results from this pilot project, the simultaneous development of provincial standards and guidelines and the ongoing advocacy by key ministries and consumer groups each contributed to funding by a provincial secretariat for the expansion of the diversion program to several communities across the province.

Key Messages From Day 1—Evaluating Progress So Far

To identify key messages from the first day of the workshop, the facilitator engaged participants in a large-group discussion. Participants noted the following take-away messages from day 1:

- Break down silos.
- Collaborate, share information, tell our stories and use evidence from best and promising practices to support action.
- Focus interventions on engaging the whole individual in varying contexts.
- Realize mental health is an important part of life.
- Focus on preventing crime and improving our communities.
- Build momentum to stop talking and start doing.
- Reach consensus on definitions so that people start speaking a common language and working from the same page.
- Do not be afraid to think outside the box.

Section 4: Inter-Sectoral Collaboration

The objective of this workshop session was to share with participants the potential benefits of and lessons learned from inter-sectoral collaboration. It involved an interactive discussion panel, in which speakers provided examples of how collaboration had been applied. It was followed by an open forum for participants to engage in further dialogue on the topic.

Inter-Sectoral Collaboration—A Discussion Panel

Judge Alfred Brien—Saint John Mental Health Court Program

Alfred Brien is a judge with the provincial court of New Brunswick. He underscored the importance of social support received from both colleagues and other sectors in helping him to overcome the challenges of providing services in the community. He also indicated a need for people in the system to stop focusing their efforts solely on retaining more resources and instead recognize the importance of collaboration, partnerships and taking action with the resources available.

Judge Brien continued discussing his role as one that oversees the operation of a mental health court in Saint John, New Brunswick. The mental health court, which has been in operation for almost eight years, deals with individuals who are fit to stand trial and have come into contact with the law due to their mental illness or disability. It uses a multidisciplinary team of professionals to address underlying causes of behaviour, treat individuals in a holistic manner and help meet a diverse set of needs through principles and goals such as the following:

- Having voluntary participation.
- Using treatment models that favour stabilizing individuals in their communities over punishment, while also holding them accountable for their behaviour.
- Reducing the adversarial nature of courts.
- Tapping into supports and community resources for individuals who otherwise may not be able to access them.
- Working with family and friends of the accused to provide necessary support.
- Aiming to reduce recidivism.

Judge Brien stressed that the mental health court is a good example of collaboration given the multiple disciplines that form the court team—judge, crown prosecutor, defence counsel, probation officers, psychiatrists, nurses, addictions workers, police and community representatives. Having such a multidisciplinary team allows the court to have expertise in-house to provide advice in court and at pre-appearance conferences. These teams, because of their varying perspectives, are better positioned to make thorough assessments of the individual, often acquiring more information about the person and his or her family and community contacts. Teams assess whether an individual has a mental illness, whether treatment is feasible and the best holistic treatment plan to address his or her multiple needs.

Judge Brien also discussed the court's relationship with researchers at the University of New Brunswick, noting three separate evaluations of the program. Evaluations have allowed the court to assess whether they are meeting the needs of offenders and the community and how to provide services in the most effective way. Relationships with universities have also allowed various departments (for example, law, medical and nursing schools) to view the program first hand, thereby increasing awareness of alternatives for individuals with mental illness who come into contact with the law.

Peter Dudding—Child Welfare League of Canada

Peter Dudding is the executive director of the Child Welfare League of Canada (CWLC). The CWLC is dedicated to promoting the protection and well-being of vulnerable young people and best practices among those in the field of child and youth welfare, rights, mental health and justice. Mr. Dudding highlighted the need for evidence-based decision-making and discussed the challenges of shaping public policy with facts, not by instinct or agendas.

Mr. Dudding discussed three basic issues common to young people's experience with health, social service and justice systems:

- Many children and youth have significant problems that cross sectors and disciplines—such as violence, maltreatment, poverty and mental illness—and thus may require multifaceted, coordinated and long-term solutions.
- Young people are often being treated by the child welfare, health and social services systems long before they get involved in the justice system—this can provide a warning for service providers and several points for early intervention.
- Young people who are most at risk for involvement in the justice system also encounter the most discontinuity and difficulties in welfare, health and social service delivery.

According to Mr. Dudding, barriers exist in getting the broader child and youth welfare system to interact and collaborate. Mr. Dudding stressed that in his opinion young people can experience difficulties accessing the additional supports they need across sectors due to a lack of integration and continuity in care. He indicated a need for less emphasis on deterrence and adult sentencing and more focus on improving collaboration in the system and implementation of services.

Mr. Dudding noted that there are larger policy developments contributing to better communication and working relationships across sectors. He spoke to the importance of the Mental Health Commission of Canada and the many provinces and territories that are creating mental health action plans that stress the importance of collaboration in the system. He also reiterated the importance of creating a better system of community-based services.

To reverse negative trends in child welfare and poverty, Mr. Dudding emphasized a need for collaboration among all sectors in three specific areas:

- Creating a vision for children and youth, and investment in this vision.
- Public education on the social contexts and struggles facing younger Canadians and the potential ineffectiveness of the tough-on-crime approach.
- Illness/crime prevention, as well as the promotion of healthy child development.

Patrick Baillie—Alberta Health Services and the Mental Health Commission of Canada

Patrick Baillie is a forensic psychologist with Alberta Health Services and a member of the Advisory Committee on Mental Health and the Law for the Mental Health Commission of Canada (MHCC). Dr. Baillie began by reflecting on the situation for children and youth in a region where he once worked. This region had a high prevalence of ethnic minorities and negative social outcomes, such as early onset of sexual intercourse, high poverty rates and high crime rates. The children in these areas felt they did not have a future, and by the time they entered adulthood they had faced years of having little control over their environment. He believed that mental illness, depression and apathy were major issues in adulthood that may have been avoided by improving the context for these individuals when they were children.

Expanding on this prevention message, Dr. Baillie discussed how Calgary has increasingly shifted from focusing on problems to instead collaboratively exploring solutions. He highlighted the many example initiatives that address crime and mental health issues in Calgary, such as specialized courts for people with a mental illness, for domestic violence and for substance abuse issues, as well as treatment services in each of these areas. He noted that the successful implementation of these cross-sectoral/ multidisciplinary initiatives was a result of three things:

- The region being smaller and practitioners being better able to connect individuals in need to service providers in a timely manner.
- A common strategic vision and commitment among service providers in Calgary that focuses on bringing together different sectors and breaking down silos.
- Fewer barriers and less red tape that prevent sectors from working together.

Dr. Baillie noted these initiatives struggle to provide services because adequate resources are not available. He noted that there is frustration among practitioners over the lack of resources for evidence-based programs that are successfully meeting the needs of individuals. Dr. Baillie noted that there are small groups committed to providing promising practices with few resources, which is further made possible due to the support and sharing that can happen when sectors collaborate and develop working relationships.

Dr. Baillie concluded with a breakdown of MHCC activities. There are several research projects under way to better inform MHCC work. A pan-Canadian anti-stigma campaign is also being developed. The initial targets will be youth and health care workers, and messaging will, among various themes, identify that people with mental illness, unless actively psychotic or under the influence of alcohol or other drugs, are no more likely to engage in criminal misconduct or violence than are other members of the general population. Furthermore, the MHCC is developing a mental health strategy for all Canadians; he encouraged workshop participants to actively engage in the current consultation processes. The MHCC's knowledge exchange network aims to supplement the larger strategy with information that relates specifically to consumers, families and mental health professionals. This network will seek to ensure that empirical evidence is supported by anecdotal, promising and innovative stories and programs.

Inter-Sectoral Collaboration—An Open Question and Answer Forum

The ensuing forum allowed for a larger group discussion of issues raised by the panellists. Discussion involved the need for 1) the MHCC to expand work around relationship-building with similar organizations and the community/voluntary sector; 2) everyone to work toward clarifying the language around different levels of prevention; and 3) governments to invest in making sure adequate numbers of mental health human resources are available in communities across the country. Dr. Baillie spoke to research specific to the work of his advisory committee, including policing mental health issues on the street, corrections programming available across Canada and a trajectory project with individuals under the review board system.

The session concluded with a discussion on resource allocation; there was consensus that more money was not necessarily the answer. Instead many agreed that innovation, action and leadership should be priorities. This could be achieved through the creation of a plan focused on developing resources in communities, engaging families and schools as hubs for action and involving individuals, families and communities in discussions of how to best allocate existing resources. Successful action, effective change and success were seen as being dependent on individuals and communities feeling in control of their environments.

Section 5: Creating a Plan for Action

Next Steps—Creating a Plan for Action

Participants took part in a "world café–style" discussion, which was designed to identify practical and realistic next steps to address issues identified in earlier workshop sessions in regard to the linkages between mental health and delinquency/criminal activity.

The process involved three rounds of discussion, brainstorming potential answers to the following question:

> What are the practical and realistic next steps that we, our organizations and our communities can take that would have a significant and positive impact on the issues we identified yesterday with respect to linkages between mental health and delinquency/criminal activity?

The first round of brainstorming occurred in small groups and involved discussing the above question. The second round involved participants moving to form different small groups, so that they could share and record ideas that appealed to them with others outside of their initial brainstorming. The final round re-convened the initial groups to further share ideas and to identify the top three actions to be taken along with the difficulty and potential impact of implementing these ideas. When the larger group re-convened these actions were presented by each table.

A synthesis of key next steps identified in the larger group discussion is as follows (for a more detailed list of actions see Appendix D):

- Create a better basis for getting and using the proper information and evidence for program and policy development and decision-making.
- Increase education and communication about mental health, delinquency and criminal activity to promote knowledge of protective factors and reduce stigma/myths.
- Advocate for, build, apply and enhance an integrated system that addresses issues across all sectors, is strength-/resiliency-based and ensures continuity of care that focuses on the whole person.
- Work to better align federal, provincial, territorial and municipal agendas and activities in relation to mental health, delinquency and criminal activity.
- Break down silos, collaborate and more actively engage in formal and informal networks of care.

Key Messages—Concluding the Day

In a facilitator-led large-group discussion, participants noted the following key take-away messages:

- It is important to share information, communicate and build relationships.
- There is a need to focus on education and getting the word out on the issues discussed throughout the workshop.
- The workshop was good for breaking down barriers—this must continue.
- Policy-makers and researchers need guidance from the bottom (meaning the consumers who are involved in the health, social and justice systems and the front-line providers and programs that support them).
- It is important to have both prevention and promotion and to develop protective factors.
- There has been enough talking; now is the time to take action.

Closing Remarks

Jean Harvey, Director, CPHI, provided closing remarks and thanked all participants for actively engaging throughout the one and a half days of activity. She noted the enthusiasm that was generated throughout the workshop and reflected on the ways in which objectives were achieved by bringing together a diverse group of individuals to discuss issues and potential next steps related to mental health, delinquency and criminal activity. Her comments concluded with an overview of upcoming events relevant to mental health and next steps for CPHI:

- Release of the final report in CPHI's three-report series on mental health and resilience, *Improving the Health of Canadians: Exploring Positive Mental Health*, at the Expanding Our Horizons: Moving Mental Health and Wellness Promotion Into the Mainstream conference on March 4, 2009, in Toronto—a copy of the report will be disseminated to everyone attending the current workshop.
- An updated list of workshop participants will be finalized and sent out to all participants to encourage further communication, collaboration and relationship-building.
- The notes taken during the course of the workshop will be synthesized into a proceedings report and distributed to all participants via email; the proceedings report will also be posted on CPHI's website.

Closing Prayer

Alex Crowchild, an elder with the Tsuu T'ina First Nations Community, provided a closing prayer to conclude the workshop program. He noted the importance of bringing together so many people from across the country to share information among many different communities. Mr. Crowchild noted that the concept of mental health has typically taken on a negative connotation among First Nations, Inuit and Métis communities because it is often associated with hospitals and non-traditional healing systems. However, over the course of the workshop he came to the conclusion that mental health was not a "bad word" and that he would bring back this learning to his communities. His final comments involved the connection that all participants have to one another and to their surroundings including animals, families, friends, communities and Mother Earth and included a prayer for every one and everything in his traditional native language.

Appendix A: Workshop Participants

List of Participants

Mental Health, Delinquency and Criminal Activity Workshop

February 5 and 6, 2009, Calgary, Alberta

Facilitator

Sharp, Brin
Certified Professional Facilitator
The Intersol Group
Ottawa, Ont.

Guest Speakers

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Mental Health Commission of Canada
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Brien, Alfred
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Campbell, Patricia
Program Manager
Under 12 Outreach and Girls Connection Program
Banyan Community Services
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Crowchild, Alex ***(Opening/Closing Prayers)***
Elder, Tsuu T'ina First Nation
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Dudding, Peter
Executive Director
Child Welfare League of Canada
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Harvey, Jean ***(Welcome/Closing Remarks)***
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Government of Prince Edward Island
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Appendix B: Detailed Listing of Participant Expectations

Gaining a better understanding of evidence generation and the role that data can play by:

- Learning more about mental health reporting systems and how to best use data that covers the full spectrum of an individual's experience before and after he or she develops a mental illness, as well as before and after he or she is in contact with the justice system;
- Better understanding what needs are for data/research and priority issues for those in the field;
- Learning more about CPHI/CIHI, CPHI's report and identifying ways that CIHI can share new information and resources through electronic networks; and
- Exploring opportunities for a pan-Canadian database of best practices focusing on topic areas of this workshop.

Addressing stigma and myths by:

- Exploring ways to address stigma related to mental illness;
- Engaging in strategies to debunk myths, particularly around mental health services; and
- Increasing knowledge and awareness of mental health issues in the justice system.

Exploring differences between mental health and mental illness by:

- Identifying the differences between definitions of mental health and mental illness;
- Exploring how to expand current definitions of mental illness to include addictions issues; and
- Learning how to shift work from mental illness paradigms to mental health and resiliency models.

Exploring upstream efforts and prevention by:

- Exploring how and where to invest in upstream activities, as well as how to effectively shift focus and resources to prevention and early intervention efforts that focus on critical early years;
- Focusing on transitional needs for children and youth across the service continuum, as well as needs specific to various age groups and functional levels;
- Learning more about how to effectively deal with repeat offenders, the role of healthy communities in crime prevention and how to better meet the needs of individuals whose mental health puts them at risk for coming into contact with the justice system; and
- Identifying ways to reduce the criminalization of individuals whose mental health puts them at risk of coming into contact with the justice system.

Building relationships and fostering collaboration by:

- Networking and making new connections/relationships;
- Increasing knowledge of other jurisdictions, learning from each other and exploring ways to work collaboratively, both locally and nationally;
- Learning about what can be done to better link and promote linkages to facilitate partnership/ networks and promote action;
- Learning about how to foster and encourage inter-sectoral collaboration;
- Identifying ways to resolve turf wars, have time for partnership work, break down silos and support people to more effectively advocate for one another;
- Identifying how to both conceptually and practically align the different areas related to health promotion, social determinants of health, social development, mental health, addictions and crime prevention to create synergy as well as a systems approach in addressing complex problems/ solutions; and
- Fostering community and stakeholder engagement to ensure that the right people are involved and that all people within partnerships have the necessary resources and input in the process.

Sharing and celebrating promising practices and successes by:

- Gaining a better sense of the key players in the field and sharing/learning information about current practices and initiatives in other communities and provinces, including unique contexts like the territories and remote regions, to gain a pan-Canadian perspective;
- Engaging in discussion of new ideas, emerging trends, different service delivery models and concrete approaches to gain a better understanding of what works, to encourage support for what works and to create commonality in approaches across Canada;
- Exploring ways to retain flexibility to meet community needs;
- Identifying how to translate knowledge to be relevant to specific contexts; and
- Exploring topic areas related to:
  - Promoting health
  - Child and youth justice issues
  - Delinquency prevention and protective factors for those at risk
  - Police mental health initiatives and diversion programs
  - Mental health courts
  - Service delivery in correctional settings
  - How to support offenders when released from custody and reintroduced into the community

Appendix C: Detailed List of Issues Identified by Participants as Challenges and Action Needs

Shifting Focus to Prevention and Building Protective Factors

- Increasing focus on building protective factors, prevention programs and public education for improved mental well-being.
- Ensuring upstream activities contribute to/integrate with existing service delivery.
- Moving to be more proactive rather than reactive.
- Addressing basic needs like poverty, homelessness, nutrition, etc.
- Thinking (and increasing awareness) of alternatives to incarceration.
- Making well-being a priority.

Generating and Using Data

- Lacking pan-Canadian data and identification of data gaps.
- Lacking common definition of terms and collection of information for comparisons.
- Sharing evidence/data we do have and identifying gaps between what data we have and what we need.
- Including multiple types of data, such as:
  - Qualitative research, consumer voices and real human stories;
  - Longer-term outcome measures and costing/cost-benefit analyses; and
  - Cold hard analysis of gaps in services.
- Using data to demonstrate need and evaluating outcomes to speak to politicians.

Addressing Silos Across Sectors and Levels

- Lacking clear definitions of where responsibility is among federal, provincial, territorial, local, community and individual groups.
- Breaking down barriers between systems (housing, health, criminal justice, income, education, etc.) and at all levels.
- Competing agendas and too much rigidity in systems.
- Lacking champions to break down silos and address these issues.
- Lacking transparency, sharing, talking and communication.

Ensuring Public Education and Understanding/Debunking Myths

- Lacking public knowledge/awareness of complexity of issues related to mental health, delinquency and criminal activity—hard to address mental illness–related stigma issues.
- Making people understand that mental health, delinquency and criminal activity issues are a community's responsibility and not the result of an individual's choice(s) or deficit(s).
- Lacking knowledge of risk and protective factors and population needs and histories.
- Lacking involvement from communities and consumers.
- Not enough action to debunk the myths that influence public perception (and therefore policies) of youth, mental health and crime; examples include:
  - Lacking in understanding that crime rates are actually decreasing; and
  - Combatting social and community pressure for popular but ineffective measures.

Creating Holistic Responses

- Lacking involvement of family and community in the development of programs to provide a holistic perspective and promote change and hope.
- Creating a holistic and whole-person approach.
- Enhancing resiliency and protective factors.
- Coordinating services between transitions from youth to adulthood.

Promoting Collaboration and Integration of Systems

- Lacking in understanding at all levels about how to collaborate.
- Limited knowledge of the next step to integrate work among partners, while respecting each other's core responsibilities.
- Clarifying and understanding roles (who does what?), linking systems together and having leadership in the process.

Clarifying Language and Definitions/Operationalizing Terms

- Lacking consensus on how to use common terms.
- Needing to clarify and properly define terms; issues include:
  - Addictions, fetal alcohol spectrum disorders, developmental delays—these terms may or may not be mental health issues depending on who is defining them;
  - Distinguishing between mental health and mental illness—they are not the same thing although often used synonymously;
  - There are varying ranges used to define youth versus children and differences in other age-related terminology;
  - Defining what forensic means can be difficult; and
  - Defining what self-esteem and mental health mean can be difficult.

Ensuring Adequate Resources and Funding

- Lacking sustainable and sufficient allocation of funding for the various aspects involved in the continuum of services, including prevention efforts, service delivery, collaborative efforts, community-based resources and human resource development (mental health providers).

Improving Programming and Service Delivery in Correctional Settings

- Lacking in sharing, communication and transparency in planning and programs across mental health and correctional services.
- Needing service delivery that is individual-oriented and meets the service needs across mental health and correctional sectors.
- Lacking access to services for those in remand.
- Focusing on continuity of care that crosses federal and provincial barriers.
- Ensuring follow-up in community when transitioning from facilities.
- Fostering various and realistic options for care that are also culturally appropriate.

Appendix D: Complete List of Action Strategies and Ideas Developed by Workshop Participants

Create a better basis for getting and using the proper information and evidence for program and policy development and decision-making by:

- Developing an inventory of the data, resources and community-based programs we have related to mental health, delinquency and criminal activity across international, federal, provincial, territorial and municipal levels;
- Clarifying the definitions we apply to data/resources as well as the language we use in these fields, particularly around mental health versus mental illness;
- Reaching consensus on how to measure and use data to help break down silos; and
- Creating a system of care that is based on evidence and promising practices.

Increase education and communication about mental health, delinquency and criminal activity to promote knowledge of protective factors and reduce stigma/myths by:

- Building on existing communication initiatives (such as the work developed by the Mental Health Commission of Canada) to develop a pan-Canadian communications strategy on mental health and illness literacy;
- Developing messages that communicate the importance of risk and protective factors for youth (for example, get schools to acknowledge the importance of promoting and supporting extracurricular activities and student engagement);
- Ensuring messages are tailored to different audiences such as health care and front-line workers, schools and teachers, cultural groups and the public;
- Taking information discussed at this workshop back to participants' organizations and acting to debunk myths and advocate for changes both in house, in networks and in the larger community;
- Being creative and innovative in communication efforts by engaging the media and using mental health professionals, mental health consumers, social marketing campaigns, social networking internet sites and real-life stories supported by data;
- Engaging in the consultations undertaken by the Mental Health Commission of Canada throughout the development of the Mental Health Strategy for Canada; and
- Identifying and working better with champions in the fields of mental health, delinquency and criminal activity.

Advocate for, build, apply and enhance an integrated system that addresses issues across all sectors, is strength-/resiliency-based and ensures continuity of care that focuses on the whole person by:

- Looking at the system as a whole and making sure each component is addressing mental health issues in all areas such as schools/extracurricular activities, child welfare, health care and social services;
- Developing care models that ensure continuity in meeting the functional and developmental needs of individuals;
- Drawing on community-based care and non-traditional activities, as well as respecting diversity and culture;
- Having supports that focus on social determinants of health, such as a comprehensive pan-Canadian strategy focusing on quality daycare;
- Involving more diverse sets of stakeholders in prevention work, policy development and programming such as consumers, informal networks, daycares and educators; and
- Ensuring that policies, programs and priorities focus on the long term and are strength based and client/family focused.

Work to better align federal, provincial, territorial and municipal agendas and activities in relation to mental health, delinquency and criminal activity by:

- Defining the relationships, roles and responsibilities between the provinces and territories and the Mental Health Commission of Canada, with the MHCC acting to connect provincial/territorial counterparts;
- Linking the pan-Canadian mental health strategy to provincial priorities;
- Having every province better articulate its own mental health strategies;
- Coordinating service providers across jurisdictions by creating formal mechanisms to share information between programs and service providers; and
- Reducing competing coalitions at all levels.

Break down silos, collaborate and more actively engage in formal and informal networks of care by:

- The Public Health Agency of Canada working to support multi-jurisdictional, -sectoral and -disciplinary networks/working groups that focus on sharing information and coordinating across silos;
- Participants following up on their newly established network(s); and
- Participants taking responsibility and practical leadership roles by exploring the development of regional meetings and workshops, having organizational discussions or simply engaging their circle of influence on these issues.

Appendix E: Speaker Biographies

Elizabeth (Lisa) Votta

Lisa Votta holds the position of senior researcher with the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI). Dr. Votta holds a PhD in psychology, which she obtained from Carleton University in 2001.

During her 4.5-year tenure at CPHI, Dr. Votta has been the project manager for the development and production of CPHI's *Improving the Health of Canadians* report series. These reports examine what we know about factors that affect the health of Canadians, ways to improve our health and relevant options for evidence-based policy choices. CPHI's current *Improving the Health of Canadians* reports are a series of three reports on mental health and resilience. The first report in the series, *Mental Health and Homelessness*, was released on August 30, 2007; the second report in the series, *Mental Health, Delinquency and Criminal Activity*, was released on April 30, 2008. *Exploring Positive Mental Health* is the third and final report in the series.

Patricia Campbell

Patricia Campbell is the program manager of the Banyan Community Services Early Intervention and Crime Prevention Initiative—SNAP Under 12 Outreach and Girls Connection Program in Hamilton, Ontario. The Stop Now and Plan (SNAP) Self-Control and Problem Solving Program offers multifaceted clinical supports for children age 6 to 12 who have either come into conflict with the law or are exhibiting significant behaviour difficulties and mental health issues that place them at risk of being on the trajectory to the youth justice system. Ongoing services are available for the children and their families until the child reaches his or her 18th birthday.

She has worked in the youth justice and child welfare sector for the past 20 years, focusing her efforts in this vulnerable sector working with children and families in the highest risk areas in her community, seeking ways to advocate and improve the overall quality of life of this group of marginalized youth, working to improve the overall lifespan outcome of children and families.

Kelly-May Moreau

Kelly-May Moreau is the special projects lead for Mental Health and Addictions and has had the opportunity to work as a clinical specialist with the Ontario Mental Health Reporting System team at the Canadian Institute for Health Information (CIHI). She is a registered nurse and has a wealth of psychiatric experience that includes work with the Resident Assessment Instrument—Mental Health (RAI-MH) implementation, forensics and decision support within a large specialty provincial adult psychiatric facility.

Renée Martynuik

Renée Martynuik has been a constable with the Edmonton Police Service (EPS) for eight years. Prior to joining the Police and Crisis Team (PACT) in November 2007, she served with EPS in downtown and southeast division patrol and worked undercover with the Drug Undercover Street Team. Prior to joining the service, Const. Martynuik obtained her bachelor of science in psychology from the University of Alberta—a long-standing field of interest that drew her to her current posting in PACT. Const. Martynuik is grateful for the opportunity to serve and protect mental health clients in the community as well as educate others regarding mental health through her position as a police officer.

Peter Vermeulen

Peter Vermeulen has been practising as a registered psychiatric nurse since graduating from studies at Alberta Hospital Ponoka in 2003. He began his career working at Alberta Hospital Edmonton as a staff nurse and came to the Crisis Response Team in October 2006. Mr. Vermeulen has experience working in acute adult psychiatry as well as working on the intensive care forensic psychiatry unit at Alberta Hospital Edmonton. In addition, he teaches cardiopulmonary resuscitation (CPR) and a verbal de-escalation and safety awareness course for Alberta Health Services, Regional Mental Health. He has been working as a mental health therapist with the Police and Crisis Team (PACT) since November 2007.

Kim Pate

Kim Pate is mother to Michael and Madison and the executive director of the Canadian Association of Elizabeth Fry Societies. In addition to her current work with and on behalf of marginalized, victimized, criminalized and imprisoned women and girls, Ms. Pate has been a strong advocate working for equality and social justice matters for the past 25 years. A teacher and a lawyer by training, thanks to an Ontario Law Foundation Justice Fellowship, she is also a visiting professor with the Faculty of Law at the University of Ottawa. She is completing post-graduate studies in forensic mental health.

Ms. Pate also has experience working with criminalized and institutionalized youth and men, in addition to grassroots organizing, policy development and legislative formulation and reform at local, regional and national levels. Her interests and expertise include criminal and social justice, mental health and educational reform, community development processes, peer support and advocacy approaches, strategies for addressing individual and systemic discrimination, women's issues generally, Aboriginal and First Nations self-governance, immigration, trafficking and detention issues, women and youth relegated to the street and the sexual exploitation of prostitution, literacy, human rights, restorative justice issues, mediation and other forms of alternate dispute resolution.

Alfred H. Brien

The Honourable Judge Alfred H. Brien has served as a judge of the Provincial Court of New Brunswick since 1988. Prior to this appointment he was a partner in the private practice of law in Saint John and Sussex, New Brunswick, also serving as a special prosecutor for federal offences and the first Saint John area director for Legal Aid New Brunswick. From 1977 to 1981, he took a leave of absence from his practice to serve as legal counsel and assistant deputy minister of Justice and Public Services of the Northwest Territories. He has held directorships on national, provincial and local charity and professional boards.

In 2000, Judge Brien envisioned and implemented the first Mental Health Court in New Brunswick as a program of the New Brunswick Provincial Court. During the past eight years, he has been able to share his enthusiasm and expertise for this successful collaborative treatment model with organizations and delegations interested in alternative methods of dealing with the mentally ill and intellectually disabled in conflict with the law.

He has a background in music, adventure travel and sports. He and his wife have four daughters and six grandchildren.

Peter M. Dudding

With 30 years of senior management experience in child welfare, public health and international development, Peter Dudding serves as the Child Welfare League of Canada's executive director. He brings to this position a passionate interest in children's services and dedication to improving the quality of life for children, youth and families at risk, and with Aboriginal and multicultural communities.

His career has included service as the associate director of the Children's Aid Society of Ottawa, director of finance and administration with the Borough of East York Public Health Unit, project director for the Sri Lanka Soya Project, executive director of the Children's Aid Society of Lanark County and director of social services for the Government of Yukon.

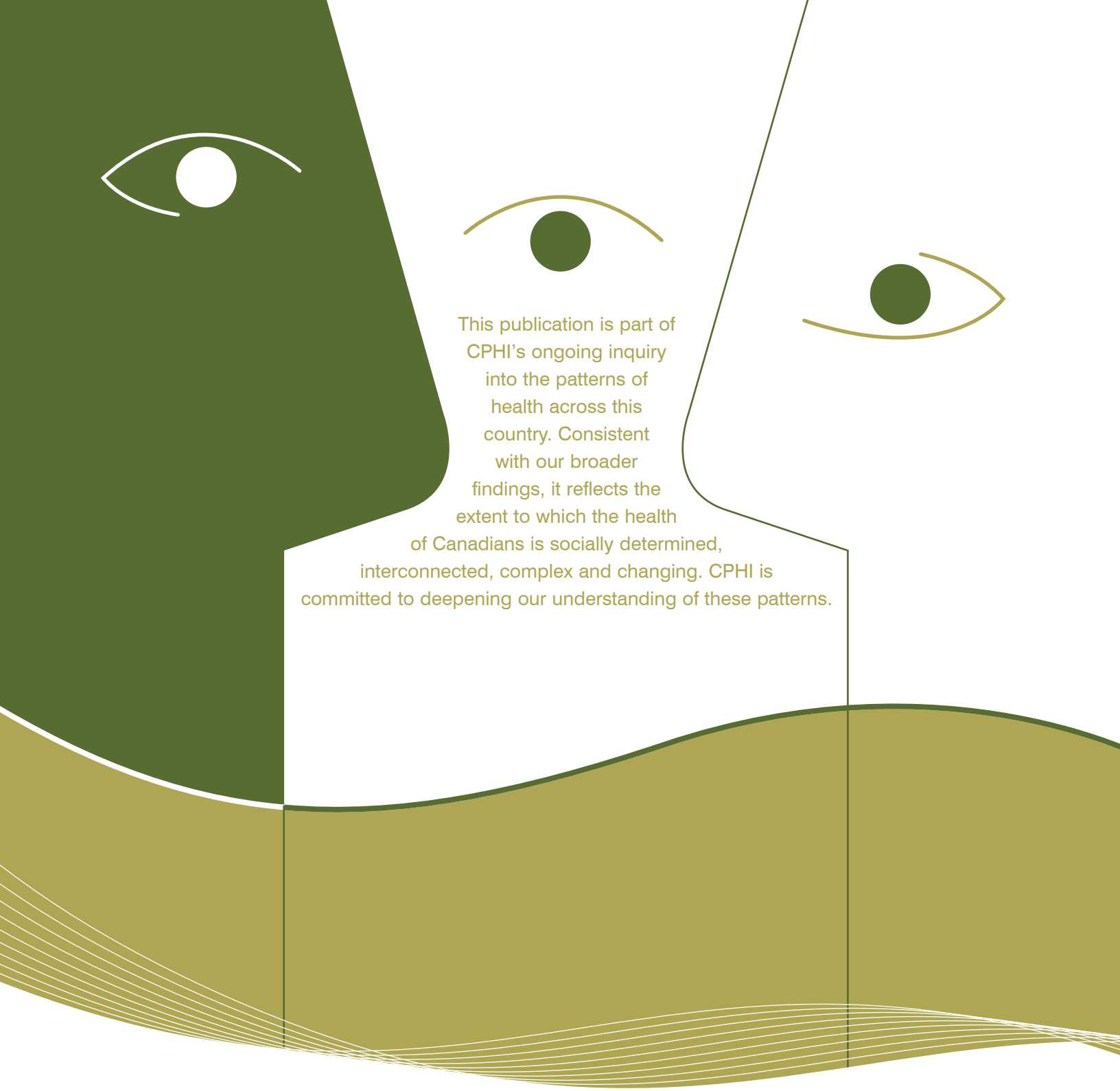
He currently also serves as co-director of the Centre of Excellence for Child Welfare and co-chairs the National Steering Committee for the Canadian Incidence Study on Reported Child Abuse and Neglect. He is a board member of SOS Children's Villages/Canada, Great Kids Incorporated (U.S.) and is on the National Advisory Committee of Invest in Kids Foundation (Canada).

His work includes applied research, best practice models, policy and program development, evaluation of outcomes, advocacy, knowledge building and promotion of child and youth rights.

Patrick Baillie

Patrick Baillie is a senior psychologist with Forensic Assessment and Outpatient Services (FAOS) at the Peter Lougheed Centre of the Calgary General Hospital. In 1998, he was supported by the Calgary Health Region in taking a sabbatical during which he commenced his legal studies. In 2003, he completed his bachelor of law at the University of Calgary, emphasizing issues that surface at the intersection of law and mental health, such as criminal responsibility, principles of deterrence and laws governing the practice of psychology.

He is currently on a partial leave of absence from FAOS, undertaking his law articles with the chief judge of Alberta, the Honourable Gail Vickery, supervised by the Honourable Judge Allan Fradsham. In the fall of 2007, he was invited to join the Mental Health and the Law Advisory Committee of the new Mental Health Commission of Canada. The commission is chaired by former senator Michael Kirby, while the advisory committee is chaired by the Honourable Justice Ted Ormston, who assisted in founding Ontario's Mental Health Court.



This publication is part of CPHI's ongoing inquiry into the patterns of health across this country. Consistent with our broader findings, it reflects the extent to which the health of Canadians is socially determined, interconnected, complex and changing. CPHI is committed to deepening our understanding of these patterns.

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