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Report on the 2010 Joint Workshop of the
National Associations Active in Criminal Justice,
The Department of Justice Canada and
The Department of Public Safety Canada

Mental Health in Canada's Justice System: Connecting the Dots

Thursday March 11, 2010

Cambridge Room • Holiday Inn Hotel and Suites • 111 Cooper St. • Ottawa

NAACJ
ANIJC



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Prepared by the National Associations Active in Criminal Justice

May 2010

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Introduction

The National Associations Active in Criminal Justice (NAACJ) is pleased to present this report on the workshop held in collaboration with the Departments of Justice and Public Safety Canada on 11 March 2010, ***Mental Health in Canada's Justice System: Connecting the Dots***.

When the transfer of funds to community services did not take place after the deinstitutionalization of mental health facilities in the 1950s and 1960s, inadequate investments to develop community supports for mental health left vulnerable people lost between the social welfare, health and justice systems. Sadly, prisons have become the asylum of the 21st century.

Speakers and panelists came together to contribute to a meaningful day that embraced both evidence and humanity. After hearing broad-ranging perspectives, break-out sessions allowed participants to generate ideas in order to address justice and mental health issues with a particular focus on: policy and legislative Initiatives; community interventions; and jurisdictional challenges.

Despite prolonged concerns to address the complex intersections between the mental health and justice systems in Canada, feedback from participants indicate that they are encouraged by emerging knowledge and the recent establishment of the Mental Health Commission of Canada. Having learned from the unintended consequences of the past, we are at a pivotal time to challenge ourselves and develop creative, integrated solutions across sectors, jurisdictions and fields by remembering the people who are touched by mental illness – the family, the caretakers, and the networks of supports, centering around the needs of the person who suffers directly.



Throughout the day, we learned that:

- Diverse stakeholders must be brought together across fields, jurisdictions, sectors and backgrounds.
- An integrated and coordinated approach, which recognizes that people and families are in crisis, must be developed.
- An effective approach requires:
 - Awareness and understanding;
 - Communication;
 - Connections;
 - Overcoming stigma;
- The Mental Health Commission of Canada and other positive initiatives signal hope for people and for Canada.

In her refreshing summary of the day, Oni the Haitian Sensation said it best herself:

“When we can talk honestly and candidly about the lack of support services that we need, Canada’s justice system will finally be improved.”

We are delighted that participants were satisfied with ***Connecting the Dots***, as indicated by feedback from completed evaluation forms. Comments highlighted the value of hearing from

Justice Ted Ormston, Kim Pate, Phil Upshall and Elizabeth White, and gleaned two suggestions: allow more time for discussions; and expand the workshop's participation to Provincial jurisdictions, the health sector and diverse minority groups.

Please refer to the List of Participants included as Appendix A as well as Appendix B, the Summary of Evaluations, for further details.

Acknowledgments

We are grateful to the Planning Committee for organizing this event:

Julie Besner, Michael Gauvreau, Bonnie Lidstone and Lise Thibert, *Department of Justice*

Dariusz Galczynski and Cliff Yumansky, *Public Safety Canada*

Patrick Altimas, Dave Farthing, Susan Haines and Irving Kulik, *National Associations Active in Criminal Justice*

NAACJ would like to thank everyone who attended, in particular the Co-chairs and those who served as speakers, moderators, facilitators, dialogue leaders, note-takers and photographers:

☞ **Allen Benson**

☞ **Jim Bonta**

☞ **Mary Campbell**

☞ **Tim Fleming**

☞ **Craig Jones**

☞ **Catherine Kane**

☞ **Cathy Ann Kelly**

☞ **Oni the Haitian Sensation**

☞ **Justice Edward Ormston**

☞ **Kim Pate**

☞ **Howard Sapers**

☞ **Pauline Sauvé**

☞ **Brian Strom**

☞ **Phil Upshall**

☞ **Elizabeth White**

☞ **Sandra Zagon**

☞ **Ivan Zinger**

We could not have had such a successful event without your active engagement, and we look forward to another meaningful joint workshop in 2011.



Please contact NAACJ if you would like copies of the PowerPoint presentations, where available, or this Report.

Questions, comments and suggestions can be made to:

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Welcome and Opening Remarks

The day began with a warm welcome from conference co-chairs; **Allen Benson**, Executive Director of Native Counselling Services of Alberta and Vice-President of NAACJ; **Mary Campbell**, Director General, Corrections directorate, Public Safety Canada and **Catherine Kane**, Assistant Director and Senior General Counsel, Criminal Law Policy Section, Justice Canada.

Emerging Research and Trends

The Principles of Risk-Need-Responsivity and the Mentally Disordered Offender

Jim Bonta, Director, Corrections Research Unit, Public Safety Canada



Dr. Jim Bonta began by noting that forensic models and limited research to date have contributed to society's misperceptions about mental disorder. After reviewing meta-analysis as a tool to develop the Risk-Need Responsivity model (RNR),¹

Dr. Bonta presented the "big four" key correlates of criminal behaviour, arguing that the best means to respond to criminal behaviour is to address these 8 factors (Figure 1). He went on to highlight these research findings, and emphasized that more research on treatment programs which incorporate all three RNR principles was crucial:

- Compared to general offenders, mentally disordered offenders (MDOs) have higher arrest rates.
- Compared to general offenders, MDOs are less likely to recidivate, generally and violently.
- Antisocial personality is the primary predictor.
- Antisocial supports and attitudes are the predictors more often neglected.

The "Central Eight" Risk Factors	The "Big Four" Risk Factors	History of antisocial behaviour
		Antisocial personality pattern
		Antisocial attitudes/ cognition
		Antisocial associates
	↑	Family and/or marital
		School and/or work
		Leisure and/or recreation
		Substance abuse

Figure 1

¹ [Risk-need-responsivity model for offender assessment and rehabilitation, 2007-06](#) summarizes the three principles as follows:

1. **Risk principle:** Match the level of services to the risk level of the offender. Provide intensive services to higher risk clients and minimal services to lower risk clients.
2. **Need principle:** In treatment, set criminogenic needs as the target of intervention. Criminogenic needs are the dynamic risk factors associated with criminal behaviour (e.g., procriminal attitudes, substance abuse, criminal associates). Non-criminogenic needs (e.g., vague complaints of emotional distress, self-esteem without consideration of procriminal attitudes) are relevant only in that they may act as obstacles to changes in criminogenic needs.
3. **Responsivity principle:** Match the style and mode of intervention to the ability and learning style of the offender. Social learning and cognitive-behavioural styles of influence (e.g., role playing, prosocial modeling, cognitive restructuring) generally work best with offenders.

- Schizophrenia and mood disorders are unrelated to general offending and even less to violent offending.

Dr. Bonta stressed the importance of training front line staff to apply the model as demonstrated by results from the *Strategic Training Initiative in Community Supervision (STICS)*, a training program recently evaluated by the Corrections Research Unit “to assist [probation officers] in the direct supervision of offenders under a probation order” in real life.² He shared results demonstrating that clients had lower recidivism rates when their probation officer evidenced more of the RNR principles and skills from the training.

The STICS Model consists of:

- RNR Principles;
- Replacing prosocial criminal attitudes with prosocial attitudes;
- Relationship building;
- Prosocial modeling and reinforcement;
- Specific techniques (e.g. problem-solving); and,
- Monthly supervision meetings.

In closing, Dr. Bonta reminded participants to focus on long-term reductions in recidivism, in the face of immediate challenges when working with mentally disordered offenders.

Video Presentation: The New Mentality

Two videos produced by [The New Mentality](#), a joint project of Children’s Mental Health Ontario and the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO that aim to “disable the label,” were viewed during the morning break.

The first video focused on the stigma, fear and sense of alienation felt by youth who have a mental illness.

The second video looked at helping younger people by listening, showing respect and engaging in open dialogue.

Looking Ahead: A National Strategy for Mental Health and Corrections

Ivan Zinger, Executive Director and General Counsel, Correctional Investigator of Canada

In his snapshot of mental illness in the Canadian criminal justice system on behalf of Howard Sapers, Dr. Zinger highlighted that:

- Twenty percent of all Canadians will experience a mental illness in their lifetime;³
- Depression is the most common cause of hospitalization for mental illness in Canada; approximately 1 in 10 adults experience major depression in their lifetime.

² See James Bonta, Guy Bourgon, Tanya Rugge, Terri-Lynne Scott, Annie K. Yessine, Leticia Gutierrez & Jobina Li, [The Strategic Training Initiative in Community Supervision: Risk-Need-Responsivity in the Real World, 2010-10](#), Public Safety Canada, 2010.

³ The Canadian Mental Health Association (CMHA)

- Mental health problems are 2 to 3 times more prevalent in prisons than in the general population.
- Acting out behaviours associated with mental illness are often viewed as a problem of institutional adjustment.
- Health care is the most common area of complaint to the OCI.
- Prisons have become the new asylums of the 21st century.

Dr. Zinger acknowledged the perpetual stigmatization and marginalization of people with a mental illness and upheld that:

- Indicators for violence among prisoners suffering from mental illness are the same as for the general public⁴;
- Within the past ten years, the proportion of federal offenders with significant, identified mental health needs has more than doubled;
- Intake assessments show 11% of male offenders have significant mental health diagnosis with over 20% taking prescribed medication;

Institutional environments exacerbate mental illness. Prisons are often crowded, noisy, violent, isolated, stressful and unpredictable by nature.

People suffering from mental illness are more often:

- unable to complete programs;
- preyed upon or exploited by others;
- placed in segregation;
- classified at higher security levels; and
- released later in their sentence.

Prisoners suffering from mentally illness who may exhibit symptoms of their illness are often viewed as problem inmates due to disruptive behaviours.

Prisoners suffering from mental illness are:

- no more violent than any other group when they are adequately treated and supported;
- 2.5 times more likely to be victims of violence than be violent; and,
- significantly less likely to commit a new offence after release than other prisoners.

- Women are twice as likely to have a mental health diagnosis at admission, with 30% having a previous history of psychiatric hospitalization; and,
- The rate of suicide is 7 to 10 times higher in prison than the national average.
- These realities are compounded by complex issues such as co-morbidity and self-harm, thereby presenting tremendous challenges for front-line staff.

Dr. Zinger commended four initiatives undertaken by the Correctional Service of Canada in an effort to improve:

1. It has made one of its five corporate priorities “to improve the capacity to address the mental health needs of offenders.”
2. It has secured dedicated funding and programming in recent years.
3. It has committed funding to:
 - improving screening and assessment;
 - enhancing primary care in institutions;
 - introducing basic mental health training for front-line employees;

⁴ Indicators for violence are gender (male), childhood abuse, socioeconomic status, age, substance abuse, and predictable environment.

- creating inter-disciplinary mental health care teams;
 - strengthening discharge planning; and,
 - collaborating with community mental health specialists.
4. It has initiated an external review of the inmate grievance system as well as an examination of mental health placements in long-term segregation.

Before closing, he suggested a national strategy for mental health and corrections that:

1. Recognizes the need to link justice, health and social welfare systems;
2. Includes protocols for managing multiple jurisdictions;
3. Builds on lessons learned from high profile cases and systems-wide failures;
4. Acknowledges that prison is not an entry point for access to mental health services and supports; and,
5. Supports information sharing across jurisdictions, sectors and professions.



Dr. Zinger applauded positive developments such as Senator Kirby’s Committee on mental health, the Mental Health Commission of Canada (MHCC), the St. Leonard’s Society of Canada (SLSC), the Canadian Criminal Justice Association (CCJA), the Standing Committee on Public Safety and National Security (SECU) and the Correctional Service of Canada (CSC).

NAACJ Member Panel: Voluntary Sector Experiences

Dave Farthing, Executive Director of YOUNCAN, Youth Canada Association introduced and moderated the panel.

Towards a National Strategy for Mental Health and Community Corrections

Elizabeth White, Executive Director, St. Leonard’s Society of Canada

Ms. White introduced SLSC and its interest in a national mental health strategy before recounting its research partnership with CCJA to publish *Towards an Integrated Network: Working Together to Avoid Criminalization of People with Mental Health Problems* in 2008. She shared the following promising practices, gleaned through consultations with community organizations across the country:

- First Responders: Police, service providers and community groups work together to provide integrated, person-centred services;
- Youth interventions: Youth Mental Health Courts;
- The Inside story: building capacity in institutions;
- Circles of Support and Accountability (CoSA) wraparound approach; and,
- Creating choice, giving voice: Connections Clubhouse in Halifax relies on mental health clients to design and deliver community supports, thereby promoting responsibility and confidence.

“It starts with having a place to stay, having support, and then trying to find the balance to make sure they don’t fall through the cracks.”

She outlined SLSC's current project, *Community Connections*, which seeks to build bridges in the community to support individuals with mental illness. Ms. White's research to date demonstrates that when communities work collaboratively, when organizations meet people at their point of need and when support staff actively go into the community to provide services where needed, progress is made. Echoing earlier presentations, SLSC's findings further confirm that front-line staff needs increased training and support.

After providing recommendations to inform a national mental health strategy, Ms. White urged participants to recognize front-line employees as an important piece of the conversation as these very complex connections are addressed.

In working towards a national mental health strategy, Ms. White suggested:

1. **Having a plan**
2. **Focussing on human rights**
3. **Basing programs and policy on evidence**
4. **Including shelter/housing**
5. **Centering on the individual**

She further recommended four approaches for consideration:

- **Focus on a perspective of change**
- **Encourage initiatives that focus on reducing stigma and discrimination**
- **Develop community capacity**
- **Promote a continuum of care**

Craig Jones, Executive Director, John Howard Society of Canada

Dr. Jones discussed the political orientation of his work with the John Howard Society of Canada (JHSC) and the focus on future planning for vulnerable populations. He agreed with those before him that front-line staff are often under pressure and unable to help connect the dots with and for their clients.

After emphasizing the individual and organizational capacities that are required to address the complexities presented today, Dr. Jones challenged participants to consider the potential long-term impacts of policy decisions and directions over ten, twenty and thirty years. He referred to the Canadian Mental Health Association (CMHA) as a prominent leader in policy development, and encouraged policy-making to be much more visionary and strategic in the future.

Kate Pate, Executive Director, Canadian Association of Elizabeth Fry Societies

Ms. Pate situated her presentation by reporting CAEFS that the federal Aboriginal female prisoner population now stands at staggering one-third. Noting the current federal climate and a departure away from conditional release, she reminded participants that people with behavioural issues due to mental illness in particular need a supportive, supervised, gradual release into the community.

She shed a more personal light on the issues by sharing the experiences of these Aboriginal women in particular, the three "L"s:

1. "L" had her dangerous offender designation revoked after demonstrating that her mental illness had been misinterpreted.
2. "L" is unable to practice Aboriginal spirituality since tobacco used for smudging is contraband. She continues to practice her traditional methods despite being charged by institutional staff.
3. "L" was not born in Canada but has lived in Canada all of her adult life; she faces deportation to a country that is not equipped to provide adequate mental health services upon her release.

We must not underestimate the impact that properly educated, trained and financially compensated staff can have on keeping people with mental illness out of prison.

Ms. Pate also mentioned these remarkable cases:

- A woman stabbed what she believed was a robot. After her arrest and subsequent hospitalization, with time and medication, she became stable. Sadly, the Judge later found her fit to stand trial and handed down a quadruple sentence.

- Considered one of the five most dangerous female offenders in Canada, “A” was released from a segregation unit to the street without support. She had become nervous, broke into a convenience store seeking shelter, and was found crying in the foetal position on the floor having stolen nothing.
- “B” seeks a long term supervision order (LTSO) because she believes it will provide her with better treatment and supports.

Having seen the benefits of community-based approaches and the relative failures of penal responses, Ms. Pate maintained that providing adequate community supports and services could help avoid the often unintentional and inevitable criminalization of people who need help.

Building upon an emerging conference theme, Ms. Pate urged everyone to work together more creatively.

Question and Answer Session

Q: Why is there such a disconnect between federal agencies and community intervention organizations?

A: Fear and money.

The Mental Health Commission of Canada is working at Federal, Provincial and territorial levels to alleviate negative jurisdictional impacts.

Q: There is a lack of understanding of Aboriginal-specific tenets: Healing and reconciliation must be understood and incorporated into programs and services after having vital, frank discussions about Aboriginal-specific approaches.

A: Jim Bonta would like to explore these connections to the RNR model in future research.

Q: If mental health were better funded, would we still see people with mental health issues in the criminal justice system?

A: We still need early interventions to keep people out of the justice system.

Q: What traditional healing methods are available and accessible in prison?

A: Tobacco and smoking bans are in effect federally.

Kim Pate reported that one woman in particular felt that her spirit was imprisoned with her because traditional healing practices were regulated behind the walls.

Q: The Youth Services Bureau of Ottawa was highlighted as a very helpful resource to one participant and mother of a child with mental health issues. Given her difficulties in locating appropriate community resources, she asked panellists where they would direct the money if they won the lottery.

A: Education and prevention.

Q: What role does art therapy play in prison, and is there access to such forms of alternative therapy?

A: Arts therapy is sometimes available, but not generally viewed as beneficial by the criminal justice system. Education is needed, as are partnerships with the arts community.

Q: What are we doing in rural Canada to meet the needs of the mentally ill?

A: Unfortunately, not enough is being done for rural and northern Canadians.

Avoiding Criminalization through Mental Health Courts

Justice Edward (Ted) Ormston, Chair, Mental Health and the Law Advisory Committee, Mental Health Commission of Canada



Justice Ormston shared some of the experiences that contributed to the development of Canada's first mental health court and proposed several factors that have contributed to its success.

Recognizing that a courtroom specializing in mental health cases was necessary in order to respond more effectively to the almost 200 mental health cases processed each day in Toronto, he saw the opportunity, in his role, to assign cases to a specialized courtroom.

He highlighted that the now Mental Health Court was a place where professionals worked outside of silos, together, and noted an immediate and significant change because of this collaboration: the determination of fitness to stand trial cases were no longer rushed through a plea bargain system, but rather sought resolution.

Participants were inspired to learn that such a celebrated success was created without funding and was now being replicated across the country. Indeed, he emphasized that political will remains critical to the courtroom's survival.

As Chair of the *Mental Health and the Law Advisory Committee (LAC)* of the [Mental Health Commission of Canada](#) Justice Ormston outlined the Commission's structure and updated the group on LAC activities, research and training projects:

- *Psychiatrists in Blue* brings together police and psychologists to educate and train police officers about more effectively interacting with people suffering from mental disorders. Success stories and lessons learned are being compiled into best practices.
- A major research project is slated to examine the conformity of legislation to human rights.
- A Positive Rights document will articulate and assert the right of the mentally ill to proper housing, support and services.
- The Trajectory Project is reviewing 10,000 court and police cases that were found not criminally responsible (NCR) from British Columbia and Ontario. Researchers aim to understand the disturbing upward trend of incarceration despite the intentions of the legislation.
- The Committee has been invited to join five federal/provincial/territorial (FPT) Committees involving corrections. Justice Ormston is working with them to address

issues within the FPT correctional systems. He asserted that the process must be inclusive to effect positive change.

Before closing, Justice Ormston made the following points:

- We must ensure that cases of police contact due to self-harm are not criminalized.
 - The Barry Police Force in Ontario is a leading example; they have chosen, systematically, not to report civil apprehensions.
- We must decrease our reliance on medication and listen to people in crisis.

Finally, he noted these areas for policy development in Canada:

- Deaths in custody, to advance the great work of the Correctional Investigator of Canada;
- Housing for mentally ill people;
- Refugee and immigration status for individuals who are at risk of being deported to countries that persecute people based on mental illness;
- The rights of children and parents, in particular the rights of parents to access information about their child's mental health.

We "simply must do better," Justice Ormston closed.

A Lived Experience

Phil Upshall, Executive Director, Mood Disorder Society of Canada

Mr. Upshall introduced the Mood Disorders Society of Canada (MDSC) and shared his personal experience, a unique and vital account from the inside of the justice system, with us.



Mr. Upshall's courageous story began in the "dark days" of incarceration and an unsuccessful suicide attempt, during which time he felt overwhelmed by the cycle of mania and depression that was controlling his life.

He spoke about the practical support and encouragement he received from family and friends, and described how they helped him to accept his illness and seek treatment despite the stigma and shame they too suffered through hospitalization and incarceration.

It was during his provincial sentence that Mr. Upshall met and befriended young men who were suffering from mental illnesses. He described unreasonable wait times to see the institutional psychiatrists, infrequent appointments and a hostile relationship between guards and inmates. Seeing young men who had been brutally victimized by their parents as children, who had been schooled in crime by their caregivers, had him question: When did they stop being victims?

He encouraged participants to engage in conversation with others and to seek understanding. He argued that collaboration is key to ensuring that everyone has a voice to shape a healthier and more respectful future for mentally ill Canadians.

Facilitated Small Group Sessions

Breakout sessions in the afternoon allowed participants to reflect on what they hear throughout the day, share their thoughts and stimulate ideas to address the unique and complex connections between mental health, criminal justice and law. Professional dialogue leaders volunteered to facilitate small group discussions focused on three areas of discussion:

Policy and Legislative Initiatives

Facilitated by Brian Strom and Pauline Sauv 

Community Interventions

Facilitated by Tim Fleming

F/P/T Jurisdictional Challenges

Facilitated by Sandra Zagon

Feedback from participants demonstrated their satisfaction with, and the value of, these dialogue sessions.

It is worth noting that the fourth group, scheduled to focus on institutional interventions, was cancelled due to a lack of interest.

Summary of the Day

Oni the Haitian Sensation

Dave Farthing invited writer and poet Oni the Haitian Sensation to deliver a refreshing summation of what we heard throughout the day:



*Who are in our prisons in a major disproportion?
Who missed out on an early diagnosis and on major intervention?
Who suffers most from poverty and from social marginalization?
Are these people the best candidates for a long-term incarceration?
Disable the label, reach IN to reach out!
Once on one arts therapy can curb the likeliness of a psychotic bout.
What is being done in terms of prevention BEFORE someone ends up in the
system?
The cracks in the system need MORE than Botox.
And when I count to three, I need you to say that Oni the Haitian Sensation
rocks...
One, two, three...
There are 100 billion neurons in the brain; our universe has the same amount
of stars
Women are twice as likely to be diagnosed with depression as men in a day –
and this depression gets worse behind bars.
Fact sheets and rap sheets are studies done in blue and in grey – mental illness
has doubled society's scars.*

Your mind generated MORE electronic impulses in one day, THAN all the cell phones found on planet Mars.

Psychiatrists in blue, my hat goes off to you for understanding what needs to be understood.

I am a poet, thank you for inviting me today; and my intention is to work for the greater good.

Institutional racism is when you do not allow someone from another race or culture see what they say – when all is said and done – without anything being said.

Yes, much more research needs to be done; my curiosity loves to be fed.

People need to feel empowered, the time has arrived!

Youth experience mental health in a gendered fashion; girls have more eating disorders, men face high rates of suicide – most are found prematurely dead – when they should be alive.

Youth need to feel included – The absence of people who look like Youth, act like Youth, think like Youth, dream like Youth, talk like youth, walk like youth in a curriculum – in a society – make Youth feel very excluded.

In Canada, one individual out of five will experience a mental disorder at any one time – therefore undiagnosed depression can leave us feeling polluted.

Work hard, do your best, face your fears if you're depressed.

Life begins when you breathe – with a clean state of dream, people feel uptight when they are wrongfully accused – When we can talk honestly and candidly about the lack of support services that we need, Canada's justice system will finally be improved.

Concluding Remarks

The co-chairs thanked the Planning Committee for their dedication and vision to create a rich day of learning for employees of Public Safety Canada and Justice Canada and for Members of the National Associations Active in Criminal Justice.



They concluded by thanking participants for actively attending and encouraged them to continue their work on the development of a collaborative mental health strategy within Canada's justice system.

Appendix A

List of Participants

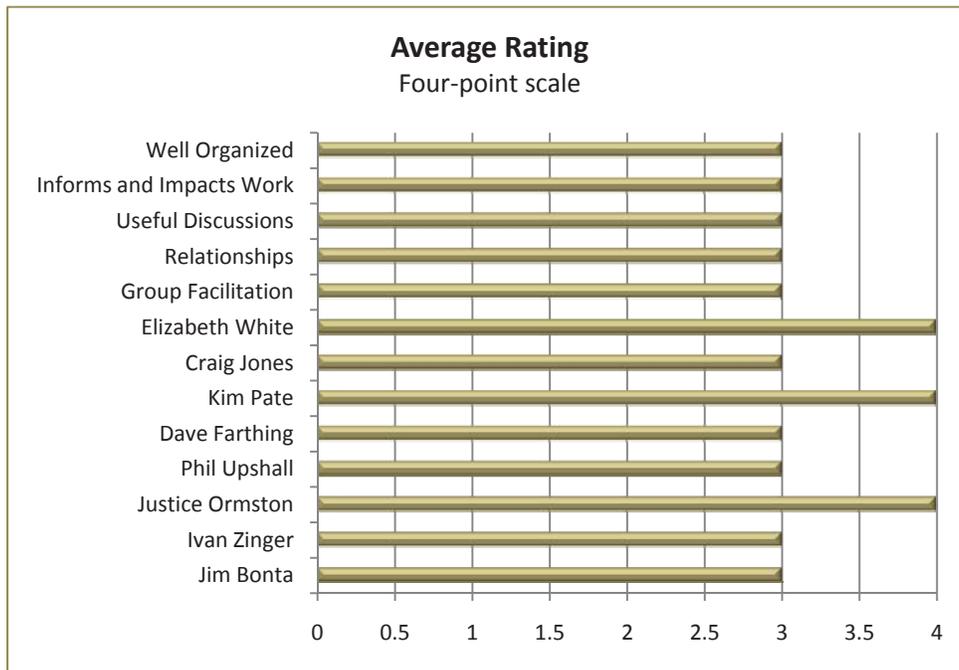
1.	Jennifer Ashton	Corrections Research Unit	Public Safety Canada
2.	Caitlin Bancroft	The Salvation Army	Member of NAACJ
3.	Allen Benson	Native Counselling Services of Alberta	Member of NAACJ
4.	Julie Besner	Criminal Law Policy Section	Department of Justice
5.	Julie Blais	Corrections Research Unit	Public Safety Canada
6.	Marilyn Bongard	Family Children and Youth Section	Department of Justice
7.	Jim Bonta	Corrections Research Unit	Public Safety Canada
8.	Jack Botwinik	Correctional Service Canada	Public Safety Canada
9.	Christine Braun	National Crime Prevention Centre	Public Safety Canada
10.	Mary Campbell	Office of the DG, Corrections Directorate	Public Safety Canada
11.	Maristela Carrara	Church Council on Justice and Corrections	Member of NAACJ
12.	Claudia Cirlan	National Crime Prevention Centre	Public Safety Canada
13.	Laurent Champagne	The Church Council on Justice and Corrections	Member of NAACJ
14.	Diane Charbonneau	Aboriginal Policing Directorate	Public Safety Canada
15.	Daryl Churney	Corrections Policy Division	Public Safety Canada
16.	Carol Ann Crockett	Correctional Service Canada	Public Safety Canada
17.	Nancy DeClerq	Public Law Policy Section	Department of Justice
18.	Dave Farthing	YOUCAN Youth Canada Association	Member of NAACJ
19.	Patti Fisher	Alberta Seventh Step Society	Member of NAACJ
20.	Francine Francoeur	Office for Integrity and Conflict Management in the Workplace	Department of Justice
21.	Charlotte Fraser	Research and Statistics Division	Department of Justice
22.	Dariusz Galczynski	Corrections Programs & Community Development	Public Safety Canada
23.	Michael Gauvreau	Intergovernmental and External Relations Division	Department of Justice
24.	Laura Gamwell	National Parole Board	Public Safety Canada
25.	Jennifer Goldstone	Priorities and Planning Division	Department of Justice
26.	Louise Grace	Evaluation Division	Department of Justice
27.	Susan Haines	Executive Director (staff)	NAACJ
28.	Christy Hitchcock	Corrections Policy Division	Public Safety Canada
29.	Eileen Henderson	Mennonite Central Committee Canada	Member of NAACJ
30.	Frank Hogel	Programs Branch	Department of Justice
31.	David Hooley	Office of the Correctional Investigator of Canada	Public Safety Canada
32.	Sarah Johnston	Office of the Federal Ombudsman for Victims of Crime	Department of Justice
33.	Craig Jones	The John Howard Society	Member of NAACJ
34.	Catherine Kane	Criminal Law Policy Section	Department of Justice
35.	Cathy Ann Kelly	Volunteer	NAACJ
36.	Crystal Kertland	Aboriginal Law and Strategic Policy	Department of Justice

37. Irving Kulik	Canadian Criminal Justice Association	Member of NAACJ
38. Laurie Lannin	Community Safety and Partnerships Branch	Public Safety Canada
39. George Leclair	Volunteer	NAACJ
40. Kellie Leclerc	National Parole Board	Public Safety Canada
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42. Bonnie Lidstone	Intergovernmental and External Relations Division	Department of Justice
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46. Joe Mileto	Intergovernmental and External Relations Division	Department of Justice
47. George Myette	Seventh Step Society of Canada	Member of NAACJ
48. Oni "The Haitian Sensation"		Canadian Slam Poet
49. Justice Edward (Ted) Ormston	Mental Health Commission of Canada	Chair
50. Kim Pate	Canadian Association of Elizabeth Fry Societies	Member of NAACJ
51. Marilou Reeve	Family, Children and Youth Section	Department of Justice
52. Brooke Roberge	Office of the DG, Corrections Directorate	Public Safety Canada
53. Carmen Robertson	National Office for Victims	Public Safety Canada
54. Alexia Roure	Legislative Service Bureau	Department of Justice
55. Marie Ross	Intergovernmental and External Relations Division	Department of Justice
56. Justine Scriver	Office of the Federal Ombudsman for Victims of Crime	Department of Justice
57. Liz Smith	Office of the Correctional Investigator of Canada	Public Safety Canada
58. Angelica Stewart	Corrections Policy Division	Public Safety Canada
59. Suzanne Wallace-Capretta	Corrections Policy Division	Public Safety Canada
60. Jennifer Wheatley	Correctional Service Canada	Public Safety Canada
61. Elizabeth White	St. Leonard's Society of Canada	Member of NAACJ
62. Lloyd Withers	Canadian Families and Corrections Network	Member of NAACJ
63. J. Stephen Wormith	Canadian Psychological Association	Member of NAACJ
64. Phil Upshall	Mood Disorders Canada	Executive Director
65. Cliff Yumansky	Corrections Programs & Community Development	Public Safety Canada
66. Ivan Zinger	Office of the Correctional Investigator of Canada	Correctional Investigator of Canada

Appendix B

Summary of Evaluations

Feedback from participants demonstrates a high level of satisfaction with the 14th annual workshop. Thanks to their comments, NAACJ and its partners are better able to learn and improve each year.⁵



Comments included:

- Very well organized, really enjoyed today.
- They were all captivating speakers who delivered very interesting and intriguing presentations.
- Very knowledgeable, charismatic, passionate and insightful panelists. Great views, great answers to questions.
- Wealth of knowledge and experience evident; fine balance and representation between several offices/societies.
- Humanizing the mental health issue through Phil Upshall's experience was wise.
- Wonderful openness, great learning.
- Thank you for the opportunity to have NGO and government officials meet and collaborate!
- I appreciate the Forum greatly. Ormston & Upshall were highlights!
- More cultural diversity to ensure everyone is at the table.
- If provincial reps could be a part of the discussion it would be useful.
- Overall a very meaningful and challenging day. Inspiring to keep working at the issues.

⁵ Twenty-five (25) completed evaluations were received; of them: five were received from Members of NAACJ; 7 from Public Safety Canada representatives; 10 from Justice Canada officials; and two self-disclosed as "other."