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SUMMARY REPORT

SYMPOSIUM:

MENTAL HEALTH

IN THE

CRIMINAL JUSTICE SYSTEM

October 17, 2015

Morris J. Wosk Centre for Dialogue
Vancouver, BC



INTERNATIONAL CENTRE FOR
CRIMINAL LAW REFORM
AND CRIMINAL JUSTICE POLICY



VANCOUVER POLICE DEPARTMENT
Beyond the Call



INTERNATIONAL SOCIETY FOR THE REFORM OF CRIMINAL LAW

ACKNOWLEDGEMENTS

The Planning Committee would like to thank our generous donors, who made this event possible: The Vancouver Police Foundation, The British Columbia Ministry of Justice, and Miller Thomson Lawyers.



We would like to thank all of our panelists and attendees for their thoughtful contributions to the discussion and their commitment to improve mental health services in the criminal justice system, it is truly inspiring.

Finally, we would like to thank Ritika Rai, Connor Bildfell, and our event volunteers, Jessica Jahn and Dane Reavie.

Photographs courtesy of Valerie Durant.

Hon. Anne Rowles, Chair of the Board

International Centre for Criminal Law Reform and Criminal Justice Policy

Donald J. Sorochan, Q.C., Treasurer

International Society for the Reform of Criminal Law

Brian Tkachuk, Executive Director

International Centre for Criminal Law Reform and Criminal Justice Policy

Sgt. Fiona Wilson

Vancouver Police Department



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EXECUTIVE SUMMARY

Society historically has struggled to meet the needs of those with a mental illness. Furthermore, the recent deinstitutionalization of persons with mental illness and the limited services for mental health in the community have increasingly left the criminal justice system to deal with those who have a mental disorder. In large part because of this, people with various forms of mental illness are now highly over-represented in the criminal justice system.

Although the various criminal justice sectors have made significant efforts to deal with this issue, these have occurred very much in sectoral isolation. Furthermore there have been few, if any, opportunities for the various agencies including the judiciary, health authorities, police, corrections, academia and civic organizations to discuss this issue, share information and identify opportunities for collaboration.

In an effort to create a forum for dialogue between the various stakeholders, the International Society for the Reform of Criminal Law (ISRCL), the International Centre for Criminal Law Reform and Criminal Justice Policy (ICCLR), and the Vancouver Police Department (VPD) jointly hosted a one day event, *Symposium: Mental Health in the Criminal Justice System* at the Morris J. Wosk Centre for Dialogue. The day brought together over 175 justice professionals from the assortment of criminal justice sectors and professional backgrounds in British Columbia to discuss the complexities of working with individuals who are mentally ill and who come into contact with the criminal justice system. It provided an opportunity to deliberate some of the challenges and successes of addressing mental illness within the justice system from the perspective of a variety of participating agencies and provoked discussion, collaboration and understanding about this very important topic.

The Symposium addressed current provisions that are improving outcomes for mentally ill individuals in the criminal justice system and recommended steps to achieve greater progress. This includes the need to increase information sharing between all involved parties, establish greater partnerships and collaboration, engage society in community initiatives to amend public stigma revolving around the mentally ill, increase involvement of families and encourage peer support networks, reintegrate mentally ill individuals into their communities, effectively remove other social problems such as financial stress and a lack of housing to improve treatment results, focus on preventative and early intervention care, ease the navigation of the current system to increase its accessibility, refocus sentencing of mentally ill individuals to aid in their treatment and not perceived public safety, and the need to create mechanisms for the health and criminal justice system to work as one integrated and complementary system.

INTRODUCTION TO MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM

Welcoming Remarks

Donald Sorochan Q.C. opened the Symposium by encouraging participants and panelists to think beyond individual cases and consider broader policies and potential positive actions for mental illness in the criminal justice system.

Keynote Address

Deputy Chief Constable Doug LePard expanded upon his experiences with mentally ill individuals and gave a thoughtful overview of the challenges faced by the Vancouver Police Department in addressing the issue of people who are in mental health crises and come into contact with the police. He spoke about the lack of resources to address problems that these individuals face, such as the lack of health support in the community, the impact on police officers to act as front line mental health workers and the resulting criminalization of individuals for whom jail is not the appropriate institution, but end up there nonetheless. He highlighted front-line initiatives dedicated to best responding to this vulnerable population, and promoted a proactive approach where preventative care is central and resources are refocused to better meet the needs of the mentally ill.



Deputy Chief Constable Doug Le Pard

Deputy LePard reminded the audience that when everyone is motivated to do a better job for the mentally ill, great strides can be made. He commented on the broad range of organizations that were represented at the conference and expressed hope that participants would use the day to collaborate, network and foster relationships with the common goal of improving lives.

POINTS OF FIRST CONTACT

Panelists: Dr. William MacEwan, Mr. Jonny Morris, Sgt. Lynn Nofle, Dr. Jana Davidson, Mr. Jonathan Oldman, Mr. Jamie Graham

Summary

The first panel discussed the points of first contact and the relative successes of partnerships to improve the current system. Dr. MacEwan, a Clinical Professor in the Department of Psychiatry at UBC, chaired this first discussion and throughout the session asked a number of provocative questions to both the audience and the panelists that resulted in considerable audience participation.

Sgt. Lynn Nofle from the Vancouver Police Department noted that for the first time, police apprehensions under Section 28 of the Mental Health Act are stabilizing and attributed this to the increase in creative partnerships involving the Vancouver Police Department, such as the Assertive Outreach Team (AOT) and the Assertive Community Treatment (ACT) team. She noted that the inclusion of the police in the ACT team is an attribute unique to Vancouver, in all of North America, which likely contributes to better outcomes for the mentally ill individuals. All panelists agreed that further collaboration amongst various service providers is a key way forward.

Mr. Jonathan Oldman, Executive Director of The Bloom Group, asserted that the current state of the mental health system demonstrates the limits of separate systems planning, and advocated for joint planning, and the creation of an integrated mental health system. He noted that in order to achieve quantum changes, the broader systems level must replicate the successes at the individual system level.

Another key theme that emerged was the importance of early interventions and a greater emphasis on preventative care in order to avoid crisis driven, police involved incidents, which can result in the use of force. All panelists agreed that service provisions need to start earlier, preferably before confrontation with the police, and stressed the importance of families as a key support system. Panelists noted the need to remove the feeling of impenetrability of the system in order to ease the accessibility of system navigation. This can influence individuals in a positive way through community connectedness and a greater sense of belonging.

Dr. Jana Davidson, Clinical Professor and Head of the Division of Child and Adolescent Psychiatry at UBC and BC Children's Hospital, had a clear message: start even earlier, at adolescence and childhood. She advised that greater attention needs to focus on ensuring the Criminal Justice System isn't the first point of contact for youth with a mental illness as it is often traumatizing, and to close the service gap of youth transitioning into an adult care system. She provoked a number of comments from the audience when she spoke about children acting offensively with the purpose of being charged in order to receive mental health support and treatment. This continued to spark discussion throughout the day.

Mr. Jonny Morris, Senior Director for Policy, Research and Planning at the Canadian Mental Health Association B.C. Division, discussed privacy advocacy. He noted that while some agencies argue for the mentally ill's individual rights to self-determination, others advise that the mentally ill cannot make decisions for themselves. This creates a tension between creating a system that does not infringe upon an individual's right to self-determination, yet is navigable. This sparked further discussion about patient and family rights, another prevalent theme throughout the day.

Mr. Jamie Graham, Board Member of the BC Schizophrenia Society and former Chief of the Vancouver Police Department and Victoria Police Department, continued this discussion of privacy issues and the challenges of prohibiting the sharing of information due to privacy legislation. He reminded police officers that their interactions with a mentally ill individual in a crisis state is often their first systemic encounter and is the first stage of treatment. He further stressed the importance of mental health training for police and commended the provincial government for its implementation of mandatory mental health training for police officers.



Key Observations

Continue to shift away from an individualistic treatment approach to put greater emphasis on families as a key support system and ease access and navigation to community mental health services, in order to prevent crises.

Encourage greater collaboration and partnerships among different sectors to achieve greater progress, and replicate the collaboration at the individual level, to the broader, systemic level.

Integrate the criminal justice and mental health systems into one holistic and complementary system, and promote integration of data across all systems levels and service providers.

Ensure that the criminal justice system is not the first point of contact for youth, and provide greater support to youth mental health needs by facilitating the transition from youth to adult services.

JUDICIARY & COMMUNITY COURTS

Panelists: Associate Chief Justice Austin Cullen, Mr. Jack Bibby, Mr. Lyle D. Hillaby, Ms. Patti E. Stark, Mr. Andrew Cochrane, Associate Chief Judge Gurmail S. Gill

Summary

The second panel discussed the role of judiciary and community courts and their interactions with the mentally ill facing criminal charges. Associate Chief Justice Austin Cullen commented that in the wake of deinstitutionalization, the proportion of offenders suffering from mental illness is 80-90% according to a paper by MacPhail and Jones, and of those, it is often other issues such as social personality disorders, substance abuse, and disorganized living conditions that contribute to offending.

He raised the issue of the law's relatively austere approach when dealing with the complexities of mental illness and the confining consideration of mental illness to extremes of unfitness through defenses such as Not Criminally Responsible by Reason of Mental Disorder (NCRMD) and involuntariness. Hence, a major barrier is the poor recognition of diminished responsibility or diminished capacity due to mental illness in sentencing provisions, which places an increased responsibility on trial judges.

Panelists agreed that judges can positively influence cases involving mentally ill individuals by accounting for the interplay of many issues, including substance abuse, living conditions, and personality disorders when issuing sentences. Consequently, better information and evidence concerning the context of the mentally ill can aid judges to craft more appropriate and proportionate sentences.

Mr. Lyle Hillaby, Crown Counsel, discussed the state of the law from the prosecutor's perspective. He commented on the major reform in the early 1990s that created a natural justice model where individuals deemed a potential risk to the public are reassessed annually. He discussed NCRMD at length and provided his personal experience where the defense of NCRMD is responsibly reserved for those who truly warrant this degree of restriction. An audience member noted the differentiation with public perception, where the verdict of NCRMD invites public ire and is perceived as avoiding punishment. Mr. Hillaby assured that the defense is sought carefully, most often in agreement with both Defense and Crown Counsel and the population seeking NCRMD is, in reality, very small.

Defense counsel, Ms. Patti E. Stark contributed to this discussion of NCRMD and commented that defense counsel wants to avoid NCRMD at all costs. Since the review board is extremely cautious about allowing the individual to re-enter the community without thorough consideration, the defense can have devastating effects on the individual.

Ms. Stark further linked the undue burden on the justice system to the closure of Riverview Hospital and the lack of replacement services. She emphasized this victimization of the mentally ill through narratives and her experience representing the mentally ill as a defense counsel.

Mr. Jack Bibby, Forensic Liaison at the Forensic Psychiatric Services Commission, echoed earlier comments to dramatically improve communication between the health care system and the criminal justice system. He noted the disenfranchisement of these individuals which must be remediated in a meaningful and collaborative manner.

Mr. Andrew Cochrane, Crown Counsel, transitioned the discussion to the challenges of Community Court. He stated the differing objectives of the justice systems role to respond to behavior and the health systems need to improve health outcomes, as a real tension Community Court must address and ameliorate.

Associate Chief Judge Gurmail Gill continued this discussion by commenting on the successes of the downtown community court. Through the redesign of the traditional court model where now all parties are in the same room, and a shift in focus to treating the individual — not only adjudicating the crime, Community Court has made great strides in providing a more supportive model. Panelists agreed that although more progress is yet to be made, community courts have reduced recidivism by removing the underlying social issues contributing to offending behavior, facilitating the sharing of information and are key aspects to a sustainable solution.



**Associate Chief Justice Austin Cullen &
Associate Chief Judge Gurmail Gill**

Key Observations

Establish more appropriate ways for the criminal justice system to respond to the varying needs of individuals with mental illnesses and not only those at the extreme end of the spectrum.

Encourage judges to seek and parties to provide, better information and evidence concerning the context of the mentally ill in order to aid judge's in crafting more appropriate and proportionate sentences.

Address the differentiating tensions between the criminal justice system and the health system through greater and improved communication.

Focus on problem solving and removing the underlying social issues to stabilize and treat the individual through community court-like processes, where involved parties regularly collaborate.

CORRECTIONS & TREATMENT

Panelists: Ms. Amanda Butler, Dr. Ruth Elwood Martin, Dr. Maureen Olley, Dr. Arthur Gordon, Mr. Eric Gottardi, Ms. Darlene Jamieson

Summary

The third panel discussed correctional services and treatment and raised the issue of prisons as the new de facto mental health care provider. Panelists agreed that this has placed a disproportionate burden on the role of correctional staff to be both correctional officers and therapeutic forces. Dr. Arthur Gordon, Psychologist and the former Executive Director of CSC Regional Treatment Centre and Dr. Ruth Martin, Clinical Professor at UBC in the School of Population and Public Health and Collaborating Centre for Prison Health and Education, noted



Dr. Arthur Gordon & Mr. Eric Gottardi

that a key part of the solution is for correctional staff to understand the point of view of the mentally ill. This can be instilled by the leaders of the correctional centre, particularly the Wardens. Through narratives, we recognized the ability of Wardens and senior management to set the vision of rehabilitation and therapy in correctional facilities, and the resulting positive impact for inmates.

Ms. Amanda Butler, researcher and sessional instructor at the School of Criminology at Simon Fraser University (SFU) raised the question of what rights and services are individuals entitled to once they are in the corrections system? She noted the lack of national standards concerning health care guidelines and stated the issue may be one of systems management.

Ms. Butler's comments spurred discussion about solitary confinement. She acknowledged an inherent tension between treatment and punishment and noted the paramount consideration of sentencing is public safety, not treatment.

Dr. Martin asserted that the standard of medical care provided in a correctional facility should be equivalent to those outside correctional facilities and that correctional health care facilities should be under the jurisdiction of the Minister of Health, not the Minister of Justice. She cited an international call to action driven by the World Health Organization to make this transfer.

Dr. Martin raised the issues of women who are incarcerated, and the intersectionality between their womanhood, motherhood and for 50% of inmates, their indigenous background. She stressed the resulting trauma endured by both these women and their babies as a result of early separation as mother's return to prison cells without their baby's right after birth. Not only are they "bad women" because of their criminal behavior, but are now also "bad mothers." Increasingly, evidence demonstrates that the best health outcomes for the baby occur when the baby is left in the mother's care and the baby is able to bond with the mother.

Dr. Maureen Olley, Director of Mental Health Services at BC Corrections spoke about the positive efforts that BC Corrections has made to address these matters through mechanisms such as mental health screening at the intake stage. This information is used to ensure proper follow-up and to ensure inmates can be housed in units that minimize risks. Another positive step is that corrections staff receive training for recognizing and responding to mental health issues similar to the training provided to police officers.

Dr. Olley noted that further challenges arise at the intake and release, transition phases. Another significant challenge is that there is a small population in the custody centers who decline treatment or have deteriorated to the point of needing involuntary care. Correctional facilities are not designated as involuntary care facilities, and combined with the lack of resources; there is a huge barrier to accessing appropriate care.

Information sharing emerged as another major challenge impeding adequate treatment for mentally ill individuals, and was a resonant topic of discussion throughout the day. Participants and panelists agreed that a lack of communication between the police, health, corrections and judiciary sectors is a major impediment to the current system, and can be strengthened to improve current provisions. Discussion with Judge Flewelling revealed the importance of Judge's and Lawyer's sending comments and documents to aid correctional staff, such as their reasons for decisions, in order to better treat mentally ill patients at correctional facilities.

Defense Counsel, Mr. Eric Gottardi expanded upon his own experiences as a lawyer who often files medical and professional reports. He noted a lack of consistency in terms of the material that are sent to corrections, and encouraged judiciary to comment on reports to enhance their credibility. Mr. Gottardi emphasized that we need to understand that punishment, retribution, and other such goals of the criminal justice system do not have application to mentally ill individuals. He advised for the need to look for other ways to address mental health issues and greater political will to realize change.

Key Observations

Encourage correctional staff, especially those in leadership roles, to understand the point of view of the mentally ill, set the vision of rehabilitation and therapy, not just correction, and reprioritize mental illness as a key consideration when developing overall policy in correctional facilities.

Give consideration to the international call to action driven by the World Health Organization to transfer Correctional health care facilities under the jurisdiction of the Minister of Health, not the Minister of Justice, in order to improve outcomes.

Encourage judiciary and other legal professionals to provide as much context and reason for sentencing to allow for more appropriate treatment when individuals arrive at correctional facilities.

Encourage Mother-Baby prison units to allow women to nurse their babies while incarcerated.

Promote information sharing both within and across systems, and improve the mechanisms by which this information is transferred.

PUBLIC PERCEPTIONS & COMMUNITY ENGAGEMENT

Panelists: Sgt. Randy Fincham, Ms. Mary Clare Zak, Dr. Rob Turnbull, Councillor Kerry Jang, Ms. Anne Drennan

Summary

The final panel addressed the intersectionality of mental illness and homelessness and both public and private sector initiatives to ameliorate this issue. Vancouver City Councillor Kerry Jang discussed the various programs that the city has initiated and the importance of creating peer support systems by carefully matching inhabitants to units and building. He pointed out the change in public perception once people were permitted to look around the shelters and realized that those inhabiting the shelters were deserving of equal respect. Panelists agreed that public involvement is a crucial aspect for successful initiatives.

Councillor Kerry Jang shared his key concern about the overall accessibility of the system. He suggested an integrated solution through the creation of new mental health hubs to adequately treat individuals suffering from mental illnesses, while allowing police, and transit workers to return to the streets where they are most needed.

Ms. Mary Clare Zak, Managing Director of Social Policy for the City of Vancouver, detailed the city's strategy to address issues of homelessness and mental health. She advocated for a national housing strategy and national child care strategy to better help these individuals.



Councillor Kerry Jang & Dr. Rob Turnbull

Dr. Rob Turnbull, President and CEO of Streethome offered insight into the successes of private initiatives in mitigating homelessness. He discussed the importance of improving self-esteem of the inhabitants by creating employment opportunities, and the provision of interest-free funding to aid individuals through tough periods, as key factors in sustaining community housing results.

Lyle Richardson, an individual diagnosed with schizoaffective disorder, offered his lived experiences to the panel. Mr. Richardson spoke about the four pillars of recovery: being stabilized, reconnecting with family, being involved in community activities, and getting back into the workforce. He reinforced the importance of resolving financial stress, and finding a sense of purpose as necessary steps for recovery through his narrative. He advised that some wonderful stories of great courage and accounts of success need to exist in public dialogue, along with the predominant stories that highlight failure, to provide a more holistic public image.

Sgt. Randy Fincham, Spokesperson of the Vancouver Police Department, raised the dilemma of balancing the privacy rights of individuals with the need for transparency and ensuring public safety when crises occur. He echoed the recommendations of many other panelists to create partnerships and connect with individuals before a 9 1 1 call occurs.

The theme of early intervention continued as Anne Drennan, Media Advisor of the Metro Vancouver Transit Police, discussed the success of a text message system that allows transit users to report any unsafe behavior immediately. Not only does this allow officers to intervene early and prevent crises, but also serves to calm any uneasiness experienced by other transit users.



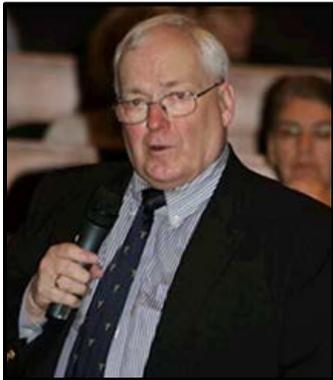
Sgt. Randy Fincham & Ms. Anne Drennan

Key Observations

Engage society at large to amend public perceptions, address stigma, establish mutual respect and gain support and recognition for the successes of programs that target homelessness and other social barriers faced by the mentally ill.

Create new mental health hubs where individuals can access all kinds of help and services they may need in one location.

Focus efforts on community reintegration and employment, to allow mentally ill individuals to benefit from peer support, gain a sense of financial stability and discover a sense of purpose to improve treatment and recovery outcomes.



Mr. Donald Sorochan, QC

CLOSING REMARKS

Sergeant Fiona Wilson provided a rapporteur's summary of the day that was followed by closing remarks by Mr. Donald Sorochan. Mr. Sorochan expressed that he was heartened by the humanity of the participants throughout the day and was encouraged that this very important issue could be addressed through collaboration, inclusiveness and communication.

MEDIA

Efforts were made to draw attention to the event through social and conventional media. Former VPD Chief Jamie Graham, and current Board of Director for the BC Schizophrenic Society, kindly advertised the event through radio interviews. The results were positive and fulfilled an objective of the conference – to shine a light on the issue of mental health and the criminal justice system. Some of the media outcomes are recorded below:





Sergeant Fiona Wilson- CBC Television Interview

SUNDAY, OCTOBER 18, 2015

THEPROVINCE.COM | NEWS | 5

Mental-health arrest rate stabilizing

VPD reports 'creative' new outreach team has reduced repeat offences, kept ill connected to care

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Vancouver police say they are finally seeing a plateau in the number of mental-health related arrests following years of rising numbers.

That was the big finding reported at the Symposium for Mental Health in the Criminal Justice System, where professionals and advocates met in Vancouver Saturday to discuss the complex issues at play when mentally ill people come into contact with the various sectors of B.C.'s justice system.

Sgt. Lynn Nofle of the VPD's mental health unit said that, for police, that first contact involves apprehending someone under Section 28 of the B.C. Mental Health Act, which allows officers to take a person facing a mental health crisis into custody before escorting them to a physician.

From 2010 to 2014, police reported a 32-per-cent increase in Section 28 apprehensions, which totalled about 3,000 in 2014, Nofle said.

But data suggests a program introduced last year, the Assertive Outreach Team, has been effective in reducing repeat offences and keeping people with mental illnesses connected with treatment and care.

"Year-to-date to September, (for) the very first time — this is huge — our police apprehensions are stabilizing," Nofle said.

"We're hoping that that's due to collaborations we have in community and working with these pro-



The symposium at the Morris J. Wosk Centre for Dialogue in Vancouver brought together professionals from across the justice system to discuss mental health issues. Sgt. Lynn Nofle, below, reported on the success of the Vancouver Police Department's Assertive Outreach Team. PHOTOS: RICHARD LAM/PING



grams that have creatively assisted people in need."

Nofle said police data shows that in the first four weeks following clients' participation in the AOT program, they experienced reductions of 68 per cent in apprehensions, 45 per cent in negative police contacts, 87 per cent in emergency room visits and continued improvements during a four-week follow-up period months later.

"We're hoping, since this is a new program, that those changes are consistent," Nofle said.

The AOT was formed in March 2014 in response to recommendations made in the B.C. Ministry of Health's mental health action plan.

The multidisciplinary team — a collaboration between Vancouver

Coastal Health and the VPD — consists of a nurse, social worker, police officer and administrative support, along with specialist support when needed.

Nofle described the AOT as a "quick-flying team" that's "highly police-intensive" compared to other programs, and it was created to provide clients with short-term transitional care along with long-term care provided by one of five Assertive Community Treatment teams.

"We see someone at hospital, we make sure that person has all their needs met, whether it's housing, whether it's picking up medication, whether it's taking care of a dog," Nofle said.

"This is a creative team that doesn't say 'No.' They're inclusive and I think that's part of the response that we have to take."

Jonny Morris, senior director of public policy, research and planning for the Canadian Mental Health Association's B.C. division, said he wanted to acknowledge the VPD's efforts to improve mental-health training for its officers.

"From the outside I think police departments often attract a lot of critique around how they handle things," Morris said.

"I think VPD ... around that training piece, they've really been very progressive."

He said he was pleased to see a police board document showing the VPD is now looking at its recruitment process to ensure recruits have past experience of serving people with mental illnesses and addictions.

"I think that's an example of bold, progressive leadership at the level within our police department," he said.

The one-day symposium took place at the Morris J. Wosk Centre for Dialogue in downtown Vancouver.

SUMMARY OF KEY OBSERVATIONS

Continue to shift away from an individualistic treatment approach to put greater emphasis on families as a key support system and ease access and navigation to community mental health services, in order to prevent crises.

Encourage greater collaboration and partnerships among different sectors to achieve greater progress, and replicate the collaboration at the individual level, to the broader, systemic level.

Integrate the criminal justice and mental health systems into one holistic and complementary system, and promote integration of data across all systems levels and service providers.

Ensure that the criminal justice system is not the first point of contact for youth, and provide greater support to youth mental health needs by facilitating the transition from youth to adult services.

Establish more appropriate ways for the criminal justice system to respond to the varying needs of individuals with mental illnesses and not only those at the extreme end of the spectrum.

Encourage judges to seek and parties to provide, better information and evidence concerning the context of the mentally ill in order to aid judges craft more appropriate and proportionate sentences.

Address the differentiating tensions between the criminal justice system and the health system through greater and improved communication.

Focus on problem solving and removing the underlying social issues to stabilize and treat the individual through community court-like processes, where involved parties regularly collaborate.

Encourage correctional staff, especially those in leadership roles, to understand the point of view of the mentally ill, set the vision of rehabilitation and therapy, not just correction, and reprioritize mental illness as a key consideration when developing overall policy in correctional facilities.

Give consideration to the international call to action driven by the World Health Organization to transfer Correctional health care facilities under the jurisdiction of the Minister of Health, not the Minister of Justice, in order to improve outcomes.

Encourage judiciary and other legal professionals to provide as much context and reason for sentencing to allow for more appropriate treatment when individuals arrive at correctional facilities.

Encourage Mother-Baby prison units to allow women to nurse their babies while incarcerated.

Promote information sharing both within and across systems, and improve the mechanisms by which this information is transferred.

Engage society at large to amend public perceptions, address stigma, establish mutual respect and gain support and recognition for the successes of programs that target homelessness and other social barriers faced by the mentally ill.

Create new mental health hubs where individuals can access all kinds of help and services they may need in one location.

Focus efforts on community reintegration and employment, to allow mentally ill individuals to benefit from peer support, gain a sense of financial stability and discover a sense of purpose to improve treatment and recovery outcomes.

LIST OF PANELISTS

Amanda Butler, Researcher and Sessional Instructor, School of Criminology, SFU

Andrew Cochrane, Crown Counsel

Anne Drennan, Media Advisor, Metro Vancouver Transit Police

Associate Chief Judge Gurmail S. Gill, Provincial Court of British Columbia

Associate Chief Justice Austin F. Cullen, Supreme Court of British Columbia

Councillor Kerry Jang, City of Vancouver

Darlene Jamieson, Chair, Fraser/Metro Vancouver Mental Health Needs Networking Committee

Deputy Chief Constable Doug LePard, O.O.M., Vancouver Police Department

Donald Sorochan, Q.C., International Society for the Reform of Criminal Law

Dr. Arthur Gordon, Psychologist, Former Executive Director, CSC Regional Treatment Centre

Dr. Jana Davidson, Clinical Professor and Head, Division of Child and Adolescent Psychiatry, UBC, Psychiatrist-in-Chief, BC Children's Hospital

Dr. Maureen Olley, Director, Mental Health Services, BC Corrections

Dr. Rob Turnbull, President, CEO, Streetohome

Dr. Ruth Elwood Martin, Clinical Professor, UBC, School of Population and Public Health and CPHE

Dr. William MacEwan, Clinical Professor, Department of Psychiatry, UBC

Eric Gottardi, Defense Counsel, Peck and Company

Jack Bibby, Forensic Liaison, Forensic Psychiatric Services

Jamie Graham, O.O.M., B.C. Schizophrenia Society, Former Chief, Victoria Police Department

Jonathan Oldman, Executive Director, The Bloom Group

Jonny Morris, Senior Director, Policy, Research, and Planning, Canadian Mental Health Association, BC

Lyle D. Hillaby, Crown Counsel

Lyle Richardson, Canadian Mental Health Association Volunteer, Lecturer, Justice Institute of B.C.

Mary Clare Zak, Managing Director, Social Policy, City of Vancouver

Patti E. Stark, Defense Counsel

Sgt. Fiona Wilson, Vancouver Police Department

Sgt. Lynn Noftle, Vancouver Police Department

Sgt. Randy Fincham, Spokesperson, Vancouver Police Department

LIST OF PARTICIPANTS

Participant	Title	Organization/ Company
Mr. Wesley Adams	Program Officer	Correctional Service Canada
Mrs. Phillippa Adams	Sergeant (WSE)	Vancouver Police Department
Mr. Sebastian Baglole	Research Assistant	Hotel Study
Miss. Neetu Bains	Parole Officer	Correctional Service of Canada
Judge Elizabeth Bayliff		Provincial Court of BC
Ms. Michelle Bell	Probation Officer	Surrey East Community Corrections
Justice Elizabeth Bennett		Court of Appeal of BC
Mr. Connor Bildfell	Student	UBC Faculty of Law
Ms. Dawn Boblin	Crown Counsel	Ministry of Justice
Ms. Jessica Bristowe	Mental Health Screener	Chiron Health
Ms. Marian K. Brown	Senior Crown Counsel	BC Ministry of Justice
Ms. Natalie Brugge	Probation Officer	Surrey East Community Corrections
Ms. Ritz Buchwitz	Victim Services and Outreach	Family Services of Greater Vancouver, Domestic Violence Unit
Ms. Amy Caine	Parole Officer	Correctional Services Canada
Dr. Allan Castle	Executive Lead, Justice & Public Safety Secretariat	BC Ministry of Justice
Mr. Jason Chan	Sergeant	Vancouver Police Department
Mr. Simon Cheung	Legal Advocate	Prisoners' Legal Services
Dr. Jeff Coleman	Consulting Physician; Emergency Physician	Ministry of Health and St. Paul's Hospital
Mr. John Conroy	Barrister	Conroy & Company

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Judge Peter Leask		Supreme Court of BC
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Judge Paul Meyers		Provincial Court of BC
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Judge Jennifer Oulton		Provincial Court of BC
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