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Chair

Mr. Garry Breitkreuz

Standing Committee on Public Safety and National Security

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● (1105)

[*English*]

The Clerk of the Committee (Mr. Roger Préfontaine): Honourable members, I see a quorum.

We can now proceed to the election of the chair. I am ready to receive motions to that effect.

Mr. Holland.

Mr. Mark Holland (Ajax—Pickering, Lib.): After being heavily lobbied by many different candidates, I've decided to nominate Garry Breitkreuz for the position of chair.

The Clerk: It has been moved by Mr. Holland that Garry Breitkreuz be elected as chair of the committee.

Are there any further motions?

Is it the pleasure of the committee to adopt the motion?

Some hon. members: Agreed.

The Clerk: I declare the motion carried and Mr. Breitkreuz duly elected chair of the committee.

Some hon. members: Hear, hear!

The Clerk: I am also prepared to receive motions for the first vice-chair.

Mr. Breitkreuz.

The Chair (Mr. Garry Breitkreuz (Yorkton—Melville, CPC)): I'd like to nominate Mr. Mark Holland for that position, please.

The Clerk: It has been moved by Mr. Breitkreuz that Mark Holland be elected as first vice-chair of the committee.

Are there further motions?

Monsieur Ménard.

[*Translation*]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): I nominate Don Davies for the position of second vice-chair.

The Clerk: This is the election for the position of first vice-chair.

Mr. Serge Ménard: I thought it was done.

[*English*]

The Clerk: There being no further motions, is it the pleasure of the committee to adopt the motion?

Some hon. members: Agreed.

The Clerk: I declare the motion carried and Mark Holland duly elected first vice-chair of the committee.

Some hon. members: Hear, hear!

The Clerk: For election as second vice-chair, it has been moved by Mr. Ménard that Don Davies be elected as second vice-chair of the committee.

Are there any further motions?

There being no further motions, is it the pleasure of the committee to adopt the motion?

Some hon. members: Agreed.

The Clerk: I declare the motion carried and Don Davies duly elected second vice-chair of the committee.

Some hon. members: Hear, hear!

The Clerk: I would invite the chair, Mr. Breitkreuz, to take the chair.

The Chair: I would like to thank the committee again for their confidence in placing me in this position. I pledge to do my best, and if you ever have any concerns or anything you need to discuss with me, please contact me. I'm here to serve the committee. Again, I appreciate your support in that endeavour.

I'd like at this point to invite our analysts, Lyne Casavant and Tanya Dupuis, to please join me at the front here.

We have always enjoyed your services. You have done an excellent job, and thank you for being here.

Some hon. members: Hear, hear!

The Chair: We did not send out a notice that we could do a few things at this meeting, maybe just to get on with our agenda, so I have suggested that we invite Mr. Sapers, the correctional investigator, to the committee. One of the things we wanted to do was discuss future travel. We had decided something earlier this year, and because of other events beyond our control, it was put off. He could talk to us about our itinerary and our plans.

If you wish to do that, we could do it. If you wish to go in camera to do it, we can do that as well. I leave it up to the committee at this point.

First of all, would you like to do some business this morning? Do you have other commitments, or can we continue with our meeting and maybe talk about this?

● (1110)

Mr. Mark Holland: Mr. Chair, because we didn't have the knowledge that Mr. Sapers was going to be available to speak to it today, because you obviously weren't chair and therefore couldn't send out a notice, I think it would make sense to talk today about the trip, and perhaps, if Mr. Sapers were willing, to get his input on it.

My suggestion, however, because I think there are a lot of matters referring to our study, would be that with more notice and more opportunity to prepare, we ask, if he's willing, to have Mr. Sapers back on a different occasion to speak to do that, because committee members really haven't had the opportunity to be aware this was going to happen, and neither has the public. There was obviously no public notice given of the fact that Mr. Sapers was going to be here today, and I think there's a significant amount of public interest in both the issue and also the question surrounding the things we're going to be studying.

The Chair: Would the committee agree that we should limit ourselves, then, to simply discussing future travel plans?

Mr. Rathgeber.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): I agree with Mr. Holland. Mr. Sapers is here and can provide us with some thoughts and input regarding our future trip. But I also agree it would be unfortunate if this were a one-time-only shot with Mr. Sapers and we were to use it without any advance notice or any prep time. He lives in Ottawa; presumably it's not too much of an inconvenience to visit us here on Parliament Hill. If he can come back, then I agree with the suggestion of Mr. Holland.

The Chair: Does everyone agree with that?

I'd like to invite Mr. Sapers forward, then, and we can spend some time discussing the trip. After that, I see this meeting as maybe going in camera, if you wish, to plan future business of the committee, such as travel.

Do you have a question, Mr. Holland?

Let's let Mr. Sapers assume his seat.

I would like to thank you and Nathalie Neault for coming before the committee and being on standby as needed. We appreciate it, and I appreciate the committee's being willing to discuss this on such short notice.

Do you have any opening comments, sir, that you might like to make?

Go ahead, sir.

Mr. Howard Sapers (Correctional Investigator, Office of the Correctional Investigator): Thank you very much, Mr. Chairman. Congratulations on being reappointed chair of this committee.

I'll start off by saying that certainly I and my office will be available to the committee as you pursue your studies in regard to corrections, mental health, and addictions. We look forward to the opportunity not only to provide you with some direct input but also to respond to any questions or queries you have. At your pleasure, we'd be happy to come back.

This morning I'm joined by Nathalie Neault, who is one of two directors of investigations for the Office of the Correctional Investigator. Ms. Neault will speak shortly about addictions issues and will address some points regarding your proposed visits to the Correctional Service regional treatment centres, which are, in fact, designated psychiatric hospitals.

When we last appeared before this committee, in early June, we covered a number of issues with you regarding the delivery of mental health services and addiction programs for federal offenders. Institutional visits will provide an excellent opportunity for committee members to gain an operational perspective to support your study on mental health and addiction. I strongly endorse your intention to conduct site visits.

At the chair's initiative, I was provided a copy of the proposed itinerary that has been set out for the committee's June trip. Assuming that this June itinerary remains largely in play, I would like to offer a few comments and suggestions on the proposed schedule of visits. I'd also like to contextualize these comments by saying that I am fully appreciative of your time constraints. I find it remarkable that at this point you're committing up to a week of travel. I would encourage you to do even more. The best time I've ever spent was time spent in jail. So I think in terms of learning about the issues, I would encourage you to spend more time if you could. But I do appreciate your time constraints. And I would suggest, perhaps, that while it may not be possible to do everything in one trip, you may think about opportunities to go on other one-off site visits.

I'd like to say that the proposed itinerary does represent a good balance between the regional treatment centres and the regular penitentiaries. But keep in mind that these penitentiaries also house a large portion of offenders who have significant mental health issues. I suggest that members may want to capitalize on their visit to the Shepody Healing Centre in the Atlantic region by also touring the Dorchester Penitentiary. In visiting Dorchester, members will gain an appreciation of some of the physical limitations the Correctional Service faces in trying to provide modern, accessible, quality health services.

Members should be mindful of the fact that Canada's prison estate is showing its age. Many of the older penitentiaries in this country, some of which were built in the mid to late 19th century, simply lack the design and infrastructure capacity to meet the needs and challenges of a rapidly expanding population of mentally disordered offenders. Staff cannot do their best, nor are offenders suffering from mental illness well served when they are housed in conditions that are decrepit, crowded, noisy, and devoid of natural light. The impact of these conditions of confinement on offenders whose thinking, learning, and/or emotional responses are impaired, delayed, or damaged can have deleterious and degrading effects on their mental functioning over time.

We no longer live in a time when penitentiaries are designed to be solitary and confining places with minimum human contact. Modern correctional practice requires modern infrastructure. Places of confinement should not purposely add to the pain of incarceration, nor should their design hinder the delivery of correctional interventions.

Ideally, committee members should also visit one of the five institutions for women, and Nova Institution in Nova Scotia may be a good choice in this regard. As I said, I'm mindful of your time constraints, but given the high prevalence of women offenders with serious mental health issues, I believe that such a visit would be beneficial.

I would recommend visiting one of the secure units of a women's facility to gain a better appreciation of the dynamic tension between security and treatment perspectives. Some of the higher-need women offenders, many of whom suffer severe mental or behavioural disorders, endure conditions of confinement in secure units that are even more restrictive than those at the male offender special handling unit, which I know you'll be visiting in Quebec.

● (1115)

I have serious concerns about the impact of overly harsh and punitive conditions on the mental health and emotional well-being of special high-needs women offenders. If this committee has the inclination to look at or compare best practices from other countries, I might recommend a closer examination of the experience of three jurisdictions in particular.

In the United States, the State of Ohio has some experience with court-appointed monitors for mental health in its state prison system. Keep in mind that Ohio is the fifth-largest correctional system in the United States and currently houses about twice the offender population of the federal correctional system in Canada. It may interest the committee to discover why the courts became involved in the first place and how that state system has responded.

The United Kingdom's Prison Service has recently adopted their country's national health service delivery model for providing health care to offenders in England and Wales. In Australia, the New South Wales Justice Health system provides dedicated services for all persons in the criminal justice system, including corrections, pretrial detention, police custody, and those with forensic mental health needs.

In light of the fact that federal offenders are excluded from the Canada Health Act and are not covered by Health Canada or provincial health systems, these jurisdictions may offer some promising developments in terms of alternative health care governance and accountability.

In terms of the issues, concerns, and questions that committee members might be advised to take under consideration when conducting site visits and meeting with staff, I would offer the following.

In all cases, it is important to inquire about the level of front-line training in mental health issues and the sharing of information between health care professionals and correctional staff. The experience of my office suggests that front-line staff members are not always well supported or trained to manage and respond to offenders exhibiting mental health and/or addiction problems.

Offenders may exhibit their illness through disruptive behaviour, aggression, violence, self-mutilation, or refusal to follow prison rules. They may act out in ways that prison officials consider manipulative or otherwise contrary to correctional authority. In too many cases, underlying mental health behaviours are met by security-driven interventions: use of force, segregation, and self-confinement.

It is especially critical that specialized training be provided for correctional officers working in mental health and psychiatric centres.

It's equally important to inquire about the programs and health care staff complement at each of the institutions the committee visits, including vacancies and under-filled positions. Although the service is well aware of its recruitment and retention challenges, the fact remains that many institutions are currently not staffed, funded, or equipped to deal adequately with the needs of mentally disordered offenders.

As I have stated before, this issue is one of focus and priority as much as it is one of numbers. For example, CSC psychologists are primarily engaged in risk assessment as opposed to treatment and rehabilitation. Interdisciplinary mental health teams are supposed to be on site, but in many facilities these teams exist in name only.

It is disappointing that the service has not been able to move forward on the creation of intermediate mental health care units. The lack of this kind of option is increasingly problematic. Many offenders struggle to make the transition between the clinical services offered at the regional psychiatric facilities and their return to the regular institution. Without some form of intermediate care, segregation becomes the default option for too many.

I very much encourage members to visit and walk the segregation ranges of the facilities that you visit. You would be well advised to visit other areas of the institution that closely resemble segregation but are often designated by other names, such as “special needs”, “transition”, or “structured living” units. In many respects, these units are segregation by any other name, and they have become particularly ubiquitous population management strategies, especially at the highest security levels.

However, these are primarily measures of convenience and expediency, as they have very little to do with providing clinical treatment or rehabilitative programming. Members are encouraged to meet with long-term segregated offenders and make inquiries about their access to treatment, service, and programs.

Finally, I'm pleased to see that the committee will be visiting the special handling unit. Many members may be surprised to learn about the increasing number of offenders suffering from mental illness being held in “supermax” conditions.

● (1120)

The highly controlled and secure environment of the SHU is not favourable to treatment of mental illness, yet an alarming number of offenders requiring acute clinical intervention are being warehoused there. According to the service, there is an upsurge in the number of offenders with serious mental health problems who do not meet the admission criteria for the regional treatment centres. Some of these offenders cannot be medically certified, or they refuse to consent to treatment. A percentage of this group of offenders is extremely difficult to manage in regular institutions because of aggressive, disruptive, or self-injurious behaviour.

All that considered, the special handling unit is meant to be a facility of absolute last resort. It is not meant to house mentally ill offenders who seemingly cannot be managed elsewhere. It is certainly not the least restrictive option nor the most humane option for those with a diagnosed mental illness.

I'll now ask Ms. Neault to provide a few additional comments.

[*Translation*]

Mrs. Nathalie Neault (Director of Investigations, Office of the Correctional Investigator): As Mr. Sapers noted in his remarks, federal offenders are excluded from the Canada Health Act. By virtue of this exclusion, the Correctional Service of Canada must directly provide essential health care services to offenders in federal institutions in conformity with professionally accepted standards. However, because the Regional Treatment Centres are governed by provincial legislation, committee members are encouraged to examine the differences in the physical structure, admission criteria, professional accreditation, consent to treatment guidelines and conditions of confinement at the regional psychiatric facilities across the country.

In that respect, the Pacific region stands out in that their treatment centre has the modern, open-concept architecture that promotes staff interaction with patients and offers more resemblance to a hospital environment. While the treatment centre in the Prairie region may not be as modern, committee members may notice that its infrastructure is more conducive to treatment than, for example, the medieval-like treatment unit that houses mentally ill offenders within the walls of Kingston Penitentiary. Committee members would be furthermore encouraged to speak directly and frankly with the Correctional Service of Canada staff psychologists and psychiatrists to gain their insights regarding the tension between clinical and professional practices on the one hand and security imperatives on the other.

On the addictions front, committee members may wish to inquire about specific harm reduction measures, including programs, services, treatments and supports offered to offenders struggling with substance abuse issues. In recent years, the Correctional Service of Canada has received millions of dollars in new investments targeting drug interdiction, operational intelligence, visitor screening, and monitoring and surveillance measures. Despite the fact that upon admission to federal custody, approximately four out of five offenders have a history of substance abuse, there has not been an equivalent focus of effort or commensurate infusion of professional resources for treatment, harm reduction and prevention strategies.

Committee members may want to inquire about waiting lists for substance abuse programs and the frequency of delivery of these programs as offenders approach their conditional release points.

In terms of the committee's examination of best practices, members of the committee may want to build on their visit of the Atlantic region by touring the Central Nova Scotia Correctional Facility, which is co-located with the Capital District Health Authority's East Coast Forensic Hospital. While each of these provincial facilities is independently operated, and offenders and forensic patients are separate at all times, it is interesting to note that the provincial health authority provides all the primary health services via clinics on the corrections side as needed, and corrections staff provide security for the forensic hospital. This exchange of professional services model could provide some instructive lessons and efficiencies in managing federal facilities.

Finally, I also encourage committee members to learn more about the Regional Reception and Assessment Centres, as it would provide some insight into how the Correctional Service of Canada currently assesses the needs and mental health status of offenders upon admission to the federal system. Early assessment and diagnosis of mental health and addictions issues is critical in creating a clinically sound treatment and appropriately sequenced correctional plan for every offender.

● (1125)

We trust our comments and suggestions will be helpful to committee members as you embark upon your study tour.

We welcome your questions. Thank you.

[*English*]

The Chair: Thank you very much for that.

I just want to advise the committee at this point that I don't know if we can add, as has been suggested, anything to our travel. We are actually at the maximum amount. Also, our time that week is just about taken up. Anyway we can discuss it and maybe a lot of it will be in camera.

Are there any questions or comments?

Mr. Holland, please.

Mr. Mark Holland: Thank you very much to both of you for appearing before the committee today and helping us with this important trip.

There are a couple of questions I'd like to pose.

First, I've toured a number of facilities before, and obviously one can understand that the best face is always put forward when you're there. So you're taken to the very best elements of the facility. Obviously, we want to see what's working and what's successful; I don't think we want to avoid that and just see what's bad. But similarly, we don't just want to see what's good. How do you suggest we see both sides? You made some suggestions there, but in a more concrete way, how do you suggest we ensure this study is balanced and that we see both sides?

Second, we don't have anything in our schedule at all around talking with people from, say, the John Howard Society or Elizabeth Fry Society. Would you recommend that we have conversations with them as well when we're there, particularly given the fact that they might be easier to incorporate into our schedule because they would obviously be available to meet at the locations we would be at?

● (1130)

Mr. Howard Sapers: Thank you for your questions, Mr. Holland.

On your first point as to whether you're only going to see where they've recently painted the walls and polished the floors, I suppose that might be the case, but I can tell you that running a correctional facility is complicated and that it changes from moment to moment. The Correctional Service will be interested in showing you, certainly, the best they offer, but I believe they'll also give you a fair showing of what their challenges and problems are as well. The institutions you're visiting do represent the range of institutions in terms of their age, capacity, population counts, and program availability, etc.

I would recommend that you perhaps ask to talk to the chair of an inmate committee if you don't feel you're being told everything or shown everything. I'd recommend that you seek out the native brotherhoods or sisterhoods, depending on the institutions you're in. The elders who come into the institutions to provide aboriginal spiritual guidance are also good sources of information. Walk the segregation ranges and go through the areas where there is inmate employment and I think you'll get a pretty fair showing.

In terms of engagement with the NGOs, certainly I would endorse that. Many of these organizations have staff and volunteers who spend hours and hours inside institutions right across the country at all levels, and they're a tremendous source, I think, of invaluable information. There are umbrella groups, such as the National Associations Active in Criminal Justice of the Canadian Criminal Justice Association, which may provide you with very good access to local contacts as you're travelling across the country.

Mr. Mark Holland: Could you say there is any one critical thing missing from our travel schedule? I know you mentioned we should visit Dorchester Penitentiary when we're visiting another facility there. There's also the suggestion of visiting a facility in Nova Scotia. We're not visiting anything in the Pacific, which is a bit of a concern.

What do you feel is most glaringly missing, or is it a nicety that we could add something else? Obviously, given our desire to see everything, but within the constraints we have, is there something here that's glaring to you that you really feel we need to see to do this justice?

Mr. Howard Sapers: As I recall, your itinerary currently does not involve a visit to a women's institution. I think that is probably the largest gap, and the fact that your itinerary also does not take you to the Pacific region is something of interest, because there are some particular challenges in the west that are unique.

One suggestion I would have for the committee is—and again, I do recognize your time constraints, etc.—is that if you have the opportunity for a short second trip to the Pacific region, you could probably accomplish quite a bit because of the way their institutions are clustered. So you would be able to see a treatment centre, a women's facility, and a men's medium security facility all in the same cluster.

The Chair: Can I just interrupt here for a minute? Is the institution at Maple Creek not a women's institution, an aboriginal women's institution, or were you not aware that we are going there?

Mrs. Nathalie Neault: From an earlier discussion, we were informed just prior to the meeting that you will be visiting Maple Creek. You're absolutely right, sir, it is a women's institution. I think that would be a good portrayal of what is a best practice or working well within the service.

To equally balance that, I think it would as well be very important for the members of this committee to see one of the women's facilities that is definitely more challenged in terms of its infrastructure, the number of women who suffer from severe mental health issues, and the conditions in which they are being maintained. That's why we recommended Nova. Joliette would fit into that as well.

● (1135)

The Chair: Okay.

Mr. Holland, did you have any other questions?

Mr. Mark Holland: No. Well, I do actually have something else —nothing on that specifically.

I guess the last question I'll ask is this. You made some recommendations. We've talked as a committee about contrasting the Canadian experience with examples in other jurisdictions that are worth looking at, where there are best practices to examine. This is not necessarily so that we visit them, but perhaps we might have them come here. We haven't exactly worked out what that would be. Of the three examples that you state there, is there one in particular that stands out that would be worthy of our really delving in to contrast against our own situation?

Mr. Howard Sapers: I'm very intrigued by the experience of Australia's justice prison health service, which is a stand-alone health-providing agency that provides comprehensive health care to those who are involved with that country's, that state's, criminal justice system. The reference to the Nova Scotia model that Ms. Neault spoke of is a proxy for that, where they've actually changed the manner in which they have a relationship—the justice system with the health system—in that province.

The other one that's of interest, I think, is the experience of Ohio. The reason I recommend Ohio to the committee in terms of at least understanding how they got to where they are is that it started off as a result of a riot. The changes started off as a result of a riot where eight inmates and one staff member were killed in a large correctional facility at the beginning of 1993. At the end of 1993 there was a lawsuit brought, which resulted in the court appointing a monitor for five years to ensure access to health care services. The combination of loss of life and litigation that resulted forced some changes in that system. I think that some of the conditions that were in place in Ohio are beginning to develop in our system, and I think we can learn from their experience and get ahead of that curve.

So I think the combination of the administrative and governance changes in Nova Scotia and what's going on in Australia and also the unfortunate experience of our neighbours to the south would be instructive for the committee.

Mr. Mark Holland: Sorry, I have just one last question, and I meant to ask it with respect to your suggestion on visiting the Pacific and also the suggestion that we visit a women's facility that is more challenged in terms of its infrastructure. Is there a facility in the Pacific that you'd specifically recommend in that regard? I know you were mentioning the Nova institution in the Atlantic, but is there a facility that would represent that well in the Pacific region?

Mrs. Nathalie Neault: There is a women's institution in every region, and there's one in the Pacific that's called the Fraser Valley Institution. It has some challenges as well. All of them, I would say, except the healing lodge, Maple Creek, are suffering from lack of bed space to accommodate and be able to meet the needs of the special needs women especially. It's one of the better ones, I would say, but visiting Fraser Valley would give you at least some insight into some of those realities.

Mr. Mark Holland: Thank you.

The Chair: Okay.

Ms. Mourani, you had indicated you wanted to ask some questions.

[*Translation*]

Mrs. Maria Mourani (Ahuntsic, BQ): Thank you, Mr. Chair.

Good morning. According to our schedule, we will be visiting the regional mental health centre. The main contact person is Ms. Paquette, Warden of the Archambault Institution. Would it not be a better idea to have the head of the regional mental health centre accompany us rather than the head of the whole Archambault Institution?

Mrs. Nathalie Neault: In my opinion, it will be important for committee members to spend time with both of these people. Ms. Paquette will be able to give you an overview of the operational challenges of managing a treatment centre located in a penitentiary. In addition, I advise you to meet with the clinical director of the regional mental health centre. He may be able to shed a different light on the challenges of managing and delivering professional mental health services, given that security imperatives always seem to take precedence over mental health treatment services.

● (1140)

Mrs. Maria Mourani: Is Mr. Lévesque still the clinical director?

Mrs. Nathalie Neault: No, Pierre Landry is the clinical director.

Mrs. Maria Mourani: So he will be able to explain how things work in terms of security, clinical management and so on.

Mrs. Nathalie Neault: Yes.

Mrs. Maria Mourani: Do you think it would be a good idea to meet with the head psychiatrist, if we have time? I believe it is Mr. Da Silva.

Mrs. Nathalie Neault: In this particular case, I would strongly encourage you to meet with Ms. Roy, a psychiatrist. She provides services on a priority basis to the Special Handling Unit, which you will be visiting, and the regional reception centre. She will be able to give you a very good idea of the needs of offenders upon admission and of the Special Handling Unit.

Mrs. Maria Mourani: Since the regional mental health centre is part of the facility and since we will be at the Sainte-Anne-des-Plaines site, perhaps we could see the regional reception centre.

Mrs. Nathalie Neault: Absolutely. The regional reception centre is in the same facility as the Special Handling Unit. Each of those organizations occupies about half of the facility. It will give you an opportunity to get a sense of both realities.

Mrs. Maria Mourani: The SHU is really the only super maximum facility in Canada, correct?

Mrs. Nathalie Neault: That is correct.

Mrs. Maria Mourani: At one point, I heard that they were trying to set up another one.

Mrs. Nathalie Neault: The Correctional Service of Canada did indeed suggest that a special handling unit could be opened again. It was a unit in the Saskatchewan penitentiary that existed more than 10 years ago but was closed. There was no need for extra bed space. In the past two years, there was talk of re-opening a special handling unit. Funding was even set aside. But we were told that the idea had since been rejected.

Mrs. Maria Mourani: Thank you very much, Ms. Neault.

[*English*]

The Chair: Are there any more questions from the Bloc?

Mr. Davies, do you have any comments or questions?

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chairman. Just a couple; a lot has been answered already through the previous questions, so I'll be brief.

Thank you again for coming and giving us the benefit of your expertise. I have a few questions. I think one of the reasons that sparked the committee's interest in the issue of studying the provisions of mental health services and addiction services in prisons was the Ashley Smith death. If I'm not mistaken, she died in the Kitchener facility. That's a women's institution as well. I'm wondering if you think that might be an appropriate place for us to visit.

Mr. Howard Sapers: Grand Valley Institution for Women is in some ways typical of the other women's centres across the country. They were all based on the same program model. They were all built around the same time. Some things are unique. I wouldn't say not to go to Grand Valley Institution, but I wouldn't suggest you'll gain a unique insight there. I think the important thing is to go into women's centres and recognize how they have evolved: the secure units that have been added to them, the extra security that has been added, the population dynamics that have developed in the last half a dozen years. I think you'll find that at any of the centres.

As you can appreciate, the death of Ashley Smith almost two years ago to the day was a very tragic experience and a very traumatic experience for the men and women who work at that institution as well. So there's still some recovery going on at that institution.

Mr. Don Davies: Yes, that's one of the reasons I thought it might be symbolic for our committee to actually go there. That's maybe a question the other committee members can talk about.

Similarly, just because it happens to be current, I'm wondering what your thoughts would be on visiting Warkworth, or whether or not the issues that are going on there are unrelated to the subject of the committee report. Do you have any comment on that?

● (1145)

Mr. Howard Sapers: Warkworth, again, is recovering from a major incident, an extended period of lockdown. I believe they're just in the last couple of weeks back to a normal routine. There are some ongoing issues at Warkworth.

Mr. Davies, I could take you across the country, region by region, institution by institution, and share with you my concerns. Warkworth is certainly on our radar, but as I said at the outset, I believe the Correctional Service has provided you with a pretty fair itinerary. I think if you could incorporate perhaps some of the changes or additions we've suggested, you'll get a pretty well-rounded experience. Going into a place that is just recovering from a major incident is absolutely worth your while, but that's also not necessarily representative.

Mr. Don Davies: Thank you for that. I think I'm comfortable with the selection we have.

I think in every community we're going to there are, if I'm not mistaken, typically local John Howard Society and Elizabeth Fry Society members. Would you recommend that the committee would benefit from having a local representative of each of those—I guess it depends on the institution you're in—accompanying us on our tour of the prison? Would that be helpful or not?

Mr. Howard Sapers: I certainly don't think it would hurt. I don't think you would necessarily see anything different. What you would gain is some analysis and interpretation of what you're seeing and what you're being told by somebody who has spent a considerable amount of time in the institution.

There's another resource that you may want to contact while you're visiting institutions. Every institution is mandated to have a citizens' advisory committee. There's a range of experiences with these so-called CACs, but certainly citizens' advisory committee members or chairs could also be of benefit to the committee.

Mr. Don Davies: Thank you, Mr. Chairman. Those are my questions.

The Chair: Thank you, Mr. Davies.

We'll go over to Mr. MacKenzie now, please.

Mr. Dave MacKenzie (Oxford, CPC): Thank you, Chair, and thank you to the two people here today.

As I'm sure you're aware, the minister has been very clear that he wants to see some change for the better, or great change for the better, with respect to mental health in the prison system. I'm wondering, so that we better understand what we should be doing, if we should not look at the path that got us here. It seems to me that a great deal of what's going on now is a change in the treatment of people with mental health issues; it has sort of gone away at one level, but it's ended up now that we're dealing with it in the federal correctional system, which may not be the appropriate place for it to be dealt with. This becomes the catchment for something the federal Correctional Service was never designed for, never built for, and now we are trying to do a huge catch-up in a relatively short period of time when we look at it.

Shouldn't we be looking at some system to better deal with the mentally ill, so that they're not in the criminal justice system to start with, or if they are they get diverted to something other than corrections? Is there somewhere we should look at that? Is there somewhere, even in a different jurisdiction, that's dealing better with it?

Mr. Howard Sapers: One of the recommendations that came out of our investigation into the death of Ashley Smith was that we should quickly develop a national strategy for mental health in corrections that would build bridges between the federal Correctional Service and provincial health and correctional systems.

Such a strategy doesn't exist. There are inadequate linkages between all of those systems, and people fall through what aren't cracks but gaping holes. I wish I could name a place in which they have it figured out. I haven't discovered one yet, although there are some places that are doing better than we are. But it is a matter of urgency that such a national strategy be developed. We need to begin working with organizations like the Mental Health Commission of Canada to bring all of the right partners together to develop this strategy. And we need to start right now.

The more often mentally ill offenders go into federal institutions, the more challenged those institutions are to provide appropriate care, custody, and treatment for the rest of the inmate population. Not everybody inside is mentally ill or brain-injured, but those folks take up a lot of time and resources, and the system is not well prepared to meet their needs.

As recently as today, I was monitoring the case of a woman who has been exhibiting behaviour that would suggest she is significantly mentally ill. In her acting out, she is now beginning to attract charges for her behaviour inside the institution. It is a dangerous mirror of what happened with Ashley Smith. We need to figure out a way to identify these people earlier and find an alternative method of managing them.

● (1150)

Mr. Dave MacKenzie: Looking at the last 20 years or so that we've been on this path, it seems that we don't have the tools to deal with the problem. It's dealt with only when mentally ill individuals act out to the point that they're placed in the federal corrections system. We can point fingers and know that we don't have things right today, but how do we get things fixed for tomorrow? That's what I'm asking. I wonder who we'd best talk to about moving to that stage.

From my observation, as narrow as it is, you're right that putting resources into dealing with the mentally ill in our correctional facilities may cause us to lose the resources we need to deal with addicted individuals, who need our help to change their behaviour. It seems that it should be a health issue, almost, as opposed to a corrections issue. I wonder if that is the right thing. Do we need to find another solution out there?

Mr. Howard Sapers: Any national strategy would have to include involvement from the police, the courts, and the health providers. It would have to look at resources available in local communities. This will not be an easy or a quick change. By the time the Correctional Service of Canada receives a mentally ill offender at one of their reception and assessment centres, we've already lost a whole bunch of opportunities. It then becomes my business to see how the Correctional Service responds to that challenge. But there are a whole host of things that should have happened before it got to that point, and that's well beyond my competence.

Mr. Dave MacKenzie: Thank you. I'd like to explore that more the next time we have you back, and I'm sure you'll have some suggestions.

The Chair: Mr. Rathgeber.

Mr. Brent Rathgeber: Mr. Sapers, in response to the inquiry of my friend Mr. Davies, you said that one particular institution might not offer us any unique insight. I'm curious whether, in your opinion, any of the institutions we are scheduled to see would also fail under that test. I'm not confident that we're going to be able to make additional visits, but we might still make an exchange. Do any of the institutions we're visiting fail that test? I think “offering a unique insight” is a good test.

Mr. Howard Sapers: Well, let me go back to your....

● (1155)

Mr. Brent Rathgeber: Maple Creek, Saskatoon, Kingston, Dorchester, Laval.

Mr. Howard Sapers: Yes. I'm just trying to find your schedule.

Maple Creek is a unique institution in the country, operating as a healing lodge. I think, as my colleague indicated, you'll see a best practice. I would ask what are the limitations to this best practice expanding? What are the limitations in terms of offenders accessing this kind of program?

Certainly the time spent at Maple Creek will give you some unique insights, as will the time spent at the regional treatment centres—*any* of the regional treatment centres. CSC operates these five hospitals, and all five have very different characters. If you had the time, I would say just go to the five treatment centres and then we could have a conversation. You will see such a variety of structures, governance, management, staffing, and programs that you will be left questioning whether or not this represents a coherent system or five different approaches.

Kingston Penitentiary is always an eye-opener, in part because of the age of the perimeter. You also have to understand that within that facility there have been many upgrades and many changes. But the contrast between Kingston as a built institution and then what goes on in the treatment centre there will also be very stark.

I think it will also be a very unique experience for you to go from that regional treatment centre to perhaps the regional psychiatric centre in Saskatoon, and just hold those two images in your mind.

I guess what I'm saying, in response, is that everywhere you go, the nature and the character of every institution will provide you with some unique insights.

Mr. Brent Rathgeber: Nothing jumps out on the list as a duplication?

Mr. Howard Sapers: Nothing is a waste of time.

Mr. Brent Rathgeber: Okay. That's really all I wanted to know.

Thank you, Mr. Chair.

The Chair: Does anybody else have any comments or questions?

Mr. Kania.

Mr. Andrew Kania (Brampton West, Lib.): Briefly, only because the witness will be coming back.

When you do come back, would you provide us with a recommendation—I'm not saying this is realistic, but sort of a recommendation—for two additional trips? One would be domestic—what you think we have missed, what we should be seeing, and why—and one would be international—again, where you think we should go and why.

I know you've made comments concerning Ohio in the U.S., and Australia and the U.K., but perhaps you can just construct two different things for us to do so that we can think about that as a comparison.

Mr. Howard Sapers: We'll certainly do our best. I think our insights will be of more value to you in terms of the domestic scene, but certainly we'll share with you our knowledge, as limited as it may be, of the international community as well.

Mr. Andrew Kania: All right.

Thank you, Mr. Chair.

The Chair: Any more comments or questions? Okay.

Mr. Sapers, I'd like to thank you very much for appearing before the committee.

Ms. Neault, thank you very much.

We appreciate your insights and your help in what we have planned here.

With the permission of the committee, we will pause for a moment and then go in camera to discuss a few things.

Thank you.

[*Proceedings continue in camera*]

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