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Chair

Mr. Garry Breitkreuz

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● (1110)

[*English*]

The Chair (Mr. Garry Breitkreuz (Yorkton—Melville, CPC)): I would like to bring this meeting to order. This is the Standing Committee on Public Safety and National Security, meeting 36. It is a study of federal corrections, focusing on the mental health and addiction aspects of that system.

We would like to welcome this morning, from the John Howard Society of Canada, Mr. Craig Jones, the executive director, and the former executive director of the John Howard Society, Mr. Graham Stewart. Welcome, gentlemen.

The usual practice at this committee is to allow each of you an opening statement of approximately ten minutes, and then we'll move to discussion time with questions and comments. We look forward to your presentation.

Who would like to go first? Mr. Stewart. Go ahead, sir.

Mr. Graham Stewart (Former Executive Director of the John Howard Society of Canada, As an Individual): Good morning.

I'm here today as a co-author of *A Flawed Compass: A Human Rights Analysis of the Roadmap to Strengthening Public Safety. A Flawed Compass* is the work of Michael Jackson, professor of law at the University of British Columbia, and me alone.

Having retired over two years ago from the John Howard Society of Canada, I am not a representative of, nor do I speak for, the John Howard Society of Canada. Craig Jones has that responsibility.

Leading up to the adoption of the CCRA in 1992, the office of the Solicitor General produced nine important papers that explored issues facing Canadian prison law, particularly in the context of the new charter. Those papers formed the substance of eight years of active public consultation. It is worth noting that the correctional law review analysis was based on a human rights perspective.

In 2007, the Minister of Public Safety created a panel to advise the minister on various important issues facing the Correctional Service. Chaired by Rob Sampson, the panel's report, along with all its recommendations, was accepted immediately by the government, without public consultation. It is now the transformative agenda for CSC, the Correctional Service of Canada.

I should begin by stating that Michael Jackson and I agree with the recommendations of the Sampson report with respect to mental health. They largely endorse the mental health strategy developed by CSC in 2004, which we also support. The important observation, however, is that mental health services are very much part of, and are influenced by, the overall correctional setting. Other correctional policies and practices can completely undermine the best plans for mental health and the noblest intentions of staff. In that respect, many of the panel's recommendations for mental health are severely compromised by other recommendations. In part, the lack of coherence has occurred because the approach of the panel completely ignored human rights.

Why are human rights essential as the foundation of correctional policy? One reason is that the purpose of human rights is to protect all citizens from abuse by the state. A prison system that is not respectful of human rights is one that necessarily tolerates abuse. We know of no evidence that abusive, arbitrary, or unfair treatment improves a prisoner's prospects for success after release. Abuse teaches that might is right, the very values that often lead to criminal acts in the first place. Effective corrections cannot occur outside a human rights framework.

The road map ignored the report the CSC commissioned in 1997 by Max Yalden, former chief commissioner of the Canadian Human Rights Commission. In doing so, it also ignored his caution. He said:

> It is particularly important to recognize the fundamental nature of Canada's commitments in light of the fact that some members of Canadian society, including some CSC employees, do not necessarily share the values underlying the Service's human rights framework. In that context, it is essential to make it clear that the principles and provisions incorporated in the CCRA derive from universal human rights standards supported by all the advanced democracies with which Canada compares itself, that the Service holds itself accountable to those standards, and that it is actively committed to making them work in federal correctional institutions.

Yet this is the response given in a CFRB interview by Minister Van Loan to questions about the criticism contained in *A Flawed Compass*:

> Prisoners have the full protection of the Charter of Rights. They have the Office of the Correctional Investigator to look into complaints. That's not the issue here. The issue is, how do we protect the rights of the people in the community, Canadians, to be safe from the threat of criminals?

There is no totalitarian regime in the world that does not espouse human rights, so long as they do not threaten whatever they define as public safety.

Our system invests tremendous resources in preserving the right to be free from crime through police, prosecution, courts, imprisonment, supervision, and so on, all without cost to the individual. But there is virtually no publicly supported mechanisms that help us preserve our right to be free from abuse by the state.

● (1115)

In real terms, the charter offers no significant protections in the face of a government that chooses to disregard human rights when it suits them. We need to know that our government understands human rights. We need to know that our leaders believe in human rights. We need to know that they appreciate that defence of our human rights is at the very core of democracy and, as such, it is their fundamental obligation to safeguard them, both in law and in practice. A road map for the future of corrections in Canada and its treatment of prisoners that cannot devote a single footnote to human rights, and a Minister of Public Safety who tells us that human rights are incompatible with public safety, is not a good start.

A human rights analysis of corrections and the treatment of the mentally ill within correctional settings leads to many fundamental questions that might guide the work of this committee. Some of those questions would include the following.

Can a system that is respectful of human rights and the decent treatment of those in its care place the severely mentally ill in segregation for long periods of time without even providing a thorough psychological assessment or treatment activity?

And could it refuse to implement the minimal safeguards of independent adjudication for those placed in administrative segregation or pretend that the charter and the correctional investigator could protect their human rights?

Would we tolerate a system where we pretend that the mentally ill have ready access to effective grievance and redress systems, particularly where their literacy and mental condition often make such grievances impossible to prepare?

Could a system that is respectful of human rights accept that while the Sampson panel is pending its recommendations to remove some of the residual rights for those in segregation, a 19-year-old mentally ill girl in segregation strangles herself to death in front of guards, who have instructions not to intervene unless she stops breathing?

Can we accept a correctional system that acknowledges that most of their population has serious mental health and/or addiction issues, and yet spends only 2% of revenue on programs?

Given that addictions in prisons consume most of the population and commonly co-exist with mental illness, can we accept that none of the Sampson panel recommendations relating to drugs addressed prevention, harm reduction, or treatment, while 13 recommendations would toughen enforcement, often by further restricting visits? Would we accept recommendations that see family and community support only as security problems, without any acknowledgement that both the prisoner and the family are entitled to visit and are dependent on those visits to maintain their crucial relationships?

Would a human rights approach allow for more correctional officers than nursing staff on psychiatric ranges? In contrast are the many community forensic facilities where there are no correctional staff on the ranges at all. Could we accept correctional treatment facilities that have a fraction of the treatment staff-to-patient ratios that community forensic facilities have? Could we accept huge waiting lists for programs while the Sampson panel asserts that we need to deprive people of their rights in order to motivate them to take these programs?

Could we endorse recommendations to abolish statutory release, the only gradual release option that is sometimes available to the mentally ill and the otherwise disadvantaged, while knowing that thousands would be released to the community without support, supervision, resource, or follow-up treatment? Could we tolerate a system that keeps seriously ill or disadvantaged people in prison as long as possible, all the while telling them and the public that they can earn parole?

Would we accept broad-ranging, indeed dramatic, changes to corrections without evidence of effectiveness, and in the face of contrary evidence posted on the ministry's own website?

Would we tolerate the removal from the CCRA of the long-held principle of least restrictive measure for the use of criminal sanctions in administration of prisons?

Would we accept vague promises for improvements to our prisons, when sentencing and gradual release policies will inevitably strangle the capacity of the system to deliver on them through huge population increases, inadequate space, and shortage of adequately trained staff?

● (1120)

Would we accept the recommendations that CSC build super-prisons, a complex of prisons within prisons, containing all levels of security and special populations, without justifying carefully how it is possible to actually deliver diverse environments and programs in such a monolithic structure?

If we were concerned about the decent and effective treatment of people in our institutions, would we turn over the planning for the future of federal corrections to a panel of non-experts chaired by an obviously politically partisan chair, with an all-embracing mandate, minimal resources, an impossible 50-day timeframe, and no provision for public consultation on their recommendations? Would we do that with defence, health, or policing?

Would we accept a correctional transformation agenda that is based on a report that never mentions human rights or acknowledges the necessity for human rights to be at the foundation of effective corrections?

We believe strongly that the important work of this committee will fail if it does not reflect in its principles, decisions, and recommendations an unequivocal endorsement of human rights as the foundation for effective corrections and for the treatment of the mentally ill in prisons.

Thank you for your attention.

The Chair: Thank you.

Mr. Jones, please.

Mr. Craig Jones (Executive Director, John Howard Society of Canada): Thank you, Mr. Chair, and thank you, committee members.

I address my remarks today to two audiences: first to you, the members of this special committee; and second, to the historical record.

Let me say that I appreciate the opportunity to bring before this committee the views of the John Howard Society of Canada. You will know that we are a non-profit charitable society governed by volunteers committed to effective, just, and humane responses to the causes and consequences of crime.

Our 65 front-line offices deliver evidence-based programs and services intended to ensure the safe and effective reintegration of prisoners at the end of their sentences. We also deliver numerous services to young persons to divert them from the criminal justice machinery.

We subscribe to the view that crime is a community issue and that an intelligent response ought to involve the community. So thank you, committee members, on behalf of our front line, our volunteers, and our boards of directors for the chance to bring our message to you.

My second audience is the future. I suffer no illusions that I will be able to alter the course of the government's crime agenda, whose legislative components contradict evidence, logic, effectiveness, history, and humanity. The government has repeatedly signalled that its crime agenda will not be influenced by evidence of what does and does not actually reduce crime and create safer communities. So if we can't persuade on the evidence of effectiveness, justice, or humanity, we will speak to future historians, criminologists, and parliamentarians to show them that we were dissenting voices when the government's crime agenda was being deliberated.

A little context is in order. Prisons are dumping grounds for Canada's mentally ill. It was not supposed to be this way when, in the 1970s and 1980s, the provinces closed their mental hospitals and transferred care to the communities. As is now understood, the resources for community-based care never appeared, and as increasing numbers of people went off their meds or fell through the cracks created by cutbacks to provincial social services, a larger number of them have been criminalized and ended up in federal custody. The federal prison system is the only component of the state apparatus that cannot say "Sorry, we're full", so today we face a crisis of mental illness and substance abuse in our federal prisons.

Simultaneously, governments have been pursuing a utopian experiment in social engineering called "drug prohibition". This policy transforms a public health issue—that is, drug abuse and addiction—into a criminal justice matter and has the effect of filling prisons with people who need medical attention, psychiatric care, and substance abuse treatment.

The government has recommitted to this madness with the national anti-drug strategy. Ignoring the experience and evidence from the United States, the national anti-drug strategy adds, for the first time, mandatory sentences for drug crimes. The historical experience of the United States illustrates that "getting tough" on drug offenders simply stuffs prisons and jails with low-level users, many of whom show clear evidence of mental illness that, in most cases, preceded the onset of their substance abuse problems.

Drug prohibition has had other consequences too. It has produced a hardened cohort of violent young men schooled in ruthless gang violence over drug profits, and this is what has given rise to CSC's changing offender population.

These young men are not necessarily mentally ill—though many of them do suffer the effects of prolonged drug abuse—but they create legitimate management problems for Correctional Service Canada. And prisons have become, in the words of one aboriginal gang member, "gladiator schools" for young men as they cycle in and out of the criminal justice system.

So our federal prisons have become gladiator schools where we train young men in the art of extreme violence or warehouse mentally ill people. All of this was foreseeable by anyone who cared to examine the historical experience of alcohol prohibition, but since we refuse to learn from history we are condemned to repeat it.

● (1125)

That brings us to the present. I call on the federal government to engage the Mental Health Commission of Canada in the development of a national strategy that would achieve collaboration and coordination among federal-provincial-territorial criminal justice, correctional, and mental health systems to, one, promote the seamless and cost-effective delivery of services to offenders with identifiable mental disorders; and two, to initiate innovative community-based service delivery models for these offenders and focus resources in particular on those mentally disordered offenders with co-occurring substance abuse problems who are living in disadvantaged social circumstances, a population that poses the greatest challenges for effective service delivery and social reintegration.

A national strategy to address mental health in the correctional system must grapple with the reality that the great majority of persons in the correctional system suffer from concurrent disorders. They have a mental health condition as well as a substance abuse disorder, which means that both conditions have to be treated simultaneously.

If the government achieves its objectives, estimates are that the current population will grow by as many as 3,000 new beds for men, and as many as 300 for women. These are conservative estimates, because so far no one has made public the anticipated costs and consequences of the crime agenda. But we can make some general projections based on the American experience.

Number one, crowding increases tension among inmates. Among the first noticeable effects of crowding is elevated blood pressure, both systolic and diastolic. Elevated blood pressure is a gateway to metabolic syndromes, including diabetes and heart disease. So the first obvious effect will be to create the conditions for chronic health conditions downstream.

The second immediate effect is that crowding elevates the incidence of viral and bacterial transmission between inmates, so crowded prisons are sicker prisons. Crowded prisons are also less habitable environments, because malodorous air pollutants heighten negative psychological effects and cause behavioural disturbances and depressive symptoms.

Currently, the federal system is running at about 10% double bunking. No one, to my knowledge, has assessed the population health burden of the crime bills once they come into force, but it would be prudent to assume that our prisons, which are already incubators of HIV and hepatitis C, will begin to breed numerous other infectious diseases as they fill up.

To my knowledge, no one has assessed the consequences of this elevated level of infectious conditions for labour requirements across the federal system. People have to work in these places too.

Number two, tension increases stress levels among inmates and staff. As tension increases, staff feel less safe and limit their personal contact with inmates. They adopt a more cautious posture and keep a greater distance from inmates on the ranges. This contributes to increased tension, because it creates a self-escalating cycle as staff and inmates perceive elevated anxiety in each other's non-verbal behaviour. Disputes that might have been resolved with conversation take on a combative quality, and staff—in order to protect themselves—wear heavier apparel, such as stab-resistant vests.

Behaviour symptomatic of mental illness is sometimes treated in prison as a disciplinary rather than medical problem. This cycle rapidly degrades the quality of work for staff and guards, which is an outcome that this committee should examine closely, because among other problems, it will eventually drive good correctional officers out of the profession. As CSC will admit, they already have problems attracting and retaining staff. Rapid growth in the rate of incarceration can only exacerbate this problem.

Number three, as stress levels rise, we can expect to see more incidents of self-harm and suicide attempts. As Alison Liebling has written, prisoner suicide is not exclusively or predominantly a psychiatric problem. There are multiple psychological pathways to suicide in prison, one of which is the social isolation that accompanies the management of a rapidly growing population. Furthermore, there are at least three identifiably different kinds of prison suicides in the literature: life-sentence prisoners, the psychiatrically ill, and the poor copers. These latter are generally younger and non-violent, which is exactly the population that will be caught up in this new binge.

Liebling claims that women far outnumber men in terms of incidence of self-injury per head of population, up to as many as 1.5 incidents per week per woman, and that 20 or 30 incidents of cutting during one sentence is not unusual among women prisoners.

● (1130)

Fourth, elevated stress correlates with population management problems. As populations become harder to manage and control, staff turn to segregation and other forms of offender control. Invariably, these fall disproportionately on those least able to cope with the pace of change and who act out of desperation and frustration. Again symptoms of mental disorder manifest as behavioural misconduct, which are disruptive to the good order of the institution, and mentally ill persons find themselves singled out for special, usually harsher treatment, but also for the hostile attention of other inmates.

So crowding turns into elevated stress, which turns into heightened tension, which manifests as violence.

I'm going to conclude now.

If the government is committed to growing Canada's rate of incarceration, it will impose great costs on the correctional system in the short term—costs that will be felt in the safe management of the population, in staff and inmate stress levels, and in the overall incidence of violence. The service will have to fill many vacancies in its therapeutic complement—social workers, psychologists, and substance abuse specialists—if it wants to prevent the worst effects of overcrowding upon inmates with concurrent disorders. As the correctional investigator told you, "...many institutions are currently not staffed, funded or equipped to deal adequately with the needs of mentally disordered offenders…. Interdisciplinary mental health teams are supposed to be on-site, but in many facilities these teams exist in name only."

The last point is that we could be heading into a very difficult time for the service. It is urgent that the government grow the service's capacity to address these issues with the same alacrity as it seeks to grow the rate of incarceration.

Thank you for your time and attention to this urgent matter.

● (1135)

The Chair: Thank you.

We'll move immediately to questions and comments, beginning with the official opposition.

Mr. Holland, please. You'll have seven minutes.

Mr. Mark Holland (Ajax—Pickering, Lib.): Thank you very much, Chair.

Thank you very much to the witnesses for appearing before our committee today. This is very sobering testimony and I think quite a disturbing picture that's painted of the direction we're currently headed in with this government's policy on crime.

Let me start, Mr. Jones, with a comment you made at the beginning of your statement. You stated that the "government's crime agenda...contradict[s] evidence, logic, effectiveness, justice and humanity". It would be an understatement to say that this is a strong statement. Could you elaborate specifically on how you feel this is so?

Mr. Craig Jones: We have a grand social experiment on incarceration and the consequences for crime to our south, in the United States of America. You will know that the United States is now the largest incarcerator in the world; that one out of every four persons in the entire world—that is, on the planet—who are in prison is in a prison in the United States. Approximately 1% of the American population is under some form of judicial supervision. It has been a catastrophically expensive exercise, but it has not produced the reduction in crime rates that you would expect for that rate of incarceration.

So the evidence from the United States and the evidence from the U.K. is that growing the rate of incarceration does not reduce the rate of crime. In fact, there is emerging evidence, again coming from the United States and the U.K., that growing the rate of incarceration may actually increase the rate of crime because of what's called "prisonization", or the experience of incarceration and the difficulty thereafter of successful reintegration. There is a large body of evidence, and I'm happy to supply it to you—some of it is referenced in this paper—that simply growing the rate of incarceration does not reduce crime.

Mr. Mark Holland: We've seen, in some of the jurisdictions you've mentioned—for example, in the United States, and in California specifically, where the governor now has said that their system is literally collapsing under its own weight; where recently they had to release thousands of prisoners into the streets because they simply had no more room for them, in a jurisdiction that has a rate of recidivism that's now 70%, which is staggering.... Seven out of every ten prisoners are reoffending, while the comparable rate is 36% in Canada.

Is it your assertion, then, that the direction or the trajectory we're following is the same one the Americans began following in the early 1980s? Are we walking that same road, if you will?

Mr. Craig Jones: If the pattern holds—

The Chair: There is a point of order. Let's stop for a minute.

Mr. MacKenzie.

Mr. Dave MacKenzie (Oxford, CPC): The problem with the whole issue here today is that we are not studying the philosophy of Mr. Jones and the John Howard Society; we want to look at the mental health situation and addictions in our prisons.

I understand Mr. Holland's questioning, and I understand Mr. Jones' purpose here, but what we really want to do is study the mental health issues in the corrections system, and the addictions.

The Chair: All right. I made that point at the beginning, and we should continue to focus.

Go ahead, Mr. Holland.

Mr. Mark Holland: I will relate this, if you can give me the time back on the clock.

The Chair: You can have 30 seconds.

Mr. Mark Holland: It is extremely important to understand that when 80%, which is what Mr. Head told us, of individuals who are in prison are facing addiction issues, I think—and Mr. Jones can correct me if I'm wrong here—the way we are dealing with mental health issues and addiction issues is very much at the heart of this matter, and that the Americans tried a particular approach that is now being applied here in Canada.

My question is, is that approach that was tried in the United States, in your opinion, the trajectory we are following now?

I can perhaps ask that same question to Mr. Stewart as well. Are we walking the same road as the Americans walked on this issue, and can we expect the same kind of disastrous results?

● (1140)

Mr. Craig Jones: I think we will do the decaffeinated version of the American experience; I don't think we'll go for hpyerincarceration. But the bottom line is that if we are going to grow the rate of incarceration in Canada, we're going to grow the incidence and the severity of mental illness problems in the correctional system, and if the government's agenda is to grow the rate of incarceration, then the government has to take hold of the fact that we are also growing these other problems as well.

Mr. Graham Stewart: One of the things that are very important is that we can't look at mental health and mental health services in prisons as though they are distinct from the prison they are in or distinct from the other policies that are reflected in our operation of corrections.

The problems that were created in the United States were created essentially through two measures. One was harsh mandatory minimum sentencing, and the other was reductions in the mechanisms of release. It has led increasingly to harsher and harsher penalties. Once one buys the idea that mandatory minimums will stop crime, then crime simply becomes the justification for more of it. And so we ended up, by using those two mechanisms, with a system in the United States that no one predicted, that no one thought was possible.

In 1974 Canada had an incarceration rate of 89 per 100,000. The United States had an incarceration rate of 159 per 100,000. Thirty years later, our incarceration rate had increased from 89 to 109; the American incarceration rate went to 750. It is an astonishing difference.

But the relationship here is that when you have that kind of growth, you turn your gymnasiums into dormitories, so you have eliminated recreation. When you have that kind of growth, you don't have rooms to meet demand. You don't have staff who can provide programs and mental health services.

Mr. Mark Holland: I have another question that logically stems from this. No doubt there were huge social and financial costs to doing that, but comparing crime rates in Canada, which has kept a relatively stable incarceration rate, with those in the United States and the United Kingdom, what impact did it have on actually making communities safer? In other words, with all of those billions of dollars of spending on prisons and all of the social problems that were wrought by doing it, was it the experience that it didn't make the community safer in that same period of time, that in fact the United States became more dangerous?

Mr. Graham Stewart: Canada's property crime rate and the American property crime rate are about the same and always have been. The violent crime rate in the United States, especially involving guns, is about three times the rate in Canada. Through the 30 years I was talking about, trends in crime between Canada and the United States were identical—trends, not levels. We seem to have achieved without incarceration exactly the same benefits as the Americans think they achieved through massive incarceration. In that respect, I think Canada looks pretty smart comparatively. We got the same benefit without relying on incarceration.

In states that now spend more on their prisons than—

The Chair: Maybe we'll save some of these comments for a little later, because we are limited by time.

Monsieur Ménard, please.

[*Translation*]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Thank you very much for coming here.

Unfortunately, we hear people say that we should have adopted the same approach as the United States. I have the exact opposite opinion. I see that your convictions are based on objective knowledge that we can all verify.

However, in terms of this current study on mental health in prisons, I would like to go further. Quebec established the Institut Philippe-Pinel, which is named after the French doctor who was the first to say that the mentally ill should be segregated and treated with compassion. To my way of thinking, this institute has not expanded enough and cannot take in the most difficult cases, that is patients who have committed murder or other extremely violent crimes.

Can you explain to us why there are not more institutions in Canada equipped to take in the mentally ill who exhibit criminal behaviour, and who have presented and continue to present a significant danger to public safety?

● (1145)

[*English*]

Mr. Craig Jones: Thank you for that question. I would like to respond to that.

The commissioner of corrections was before this panel some time ago—I believe it's in my submission—and he made a statement to you that I think shines some light on this. He was here on May 29, 2006, and he told you, and I'm quoting from his testimony:

> About 80% of our offenders have substance abuse problems, either alcohol and/or drugs.... About 12% have a current mental health diagnosis and the challenges that go with that.

That is an understanding that is essentially archaic in our larger, newer understanding of how mental health and substance abuse disorders co-occur. I'm glad you asked this question because it gives me an opportunity to address this point directly, which is that up until very recently it was broadly understood at a popular level of understanding that substance abuse disorders and mental health disorders were essentially separate and could be treated separately, and furthermore, that some substance abuse disorders were failures of personal character and therefore those persons could be in some way stigmatized for bad personal conduct.

Today we understand this situation quite differently. Today the current medicine, the current science, tells us that substance abuse disorders usually occur after the onset of a mental health illness, a mental illness of some kind, often by as much as 10 years. So if we filter the commissioner's understanding through what we know about the co-occurrence of substance abuse and mental health, we can say reasonably that roughly 80% of the current prison population suffers from a concurrent disorder.

So to come directly to your question of why, it's because our understanding of mental illness and substance abuse has come along very slowly. That's why I urge you to bring the Mental Health Commission of Canada into this, because they are bringing forth the best evidence, the best science, and as you move forward in your deliberations you will learn that it's imperative to treat persons with mental illness and substance abuse disorders in an integrated treatment model. My concern is that as we grow the rate of incarceration—I presume the government is serious that it wants to grow the rate of incarceration—we need the resources to address these treatment problems, because currently CSC is unable to fill these positions, to staff these therapeutic positions. So that's the concern I leave before you.

The Chair: Two minutes.

[*Translation*]

Mr. Serge Ménard: In your opinion, are the types of penitentiaries that we have conducive to treating the mentally ill and other individuals whose dangerous behaviour is symptomatic of their mental illness?

You call for radical changes to the way in which facilities house the mentally ill are built. What kind of qualifications would be required of persons called upon to protect the public from persons suffering from a mental illness?

● (1150)

[*English*]

Mr. Craig Jones: As I tour the country, I get to talk to prison psychiatrists and social workers and various other kinds of experts on the front line, and I have a number of contacts in CSC who tell me—and I have every reason to believe them—that CSC is capable of delivering state-of-the-art mental health and substance abuse treatment. It's simply a matter that they cannot fill the positions.

To your first question, prison is not an ideal place to treat mental illness. Let me put that in as understated a manner as I can. As we grow the rate of incarceration, it is likely to become even less hospitable to mental health treatment.

One of the things we're going to see as the population grows is that correctional officers, who engage with inmates on a regular basis, are going to become more standoffish, more cautious, right? It's that kind of personal contact, that modelling of pro-social behaviour, that does good things for people with mental illness and substance abuse problems. There will be less of that as crowding takes hold.

The Chair: Thank you.

Mr. Christopherson, please.

Mr. David Christopherson (Hamilton Centre, NDP): Thank you very much, Chair.

I appreciate the opportunity to speak. I'm obviously filling in for Mr. Davies, who's required in the House to speak.

Thank you for your presentation. I was here for most of it. I read your report. As a former Ontario corrections minister, I'm certainly familiar at the provincial level. At that time the provincial system in Ontario was as big as the federal. I don't know if that's still the case, but I suspect that.... At least so far it's like that. Who knows what will happen now.

But also, prior to that, being on Hamilton city council as an alderman back in the 1980s, I headed up a task force looking at mental health services in the community for those who pretty much were on the street. What we found—and I was referring to what you mentioned on page 2, the revolving door—was that there would be an incident of some sort. The police would be called. They would take them to the hospital. That would hold for a while. They may get out, or they may not. Eventually, they end up in jail for a short period of time. Then they're back out on the street. Then the police, then the hospital, then the jail, and there's just a revolving door. I haven't seen anything since then, either in my time as the minister or since, that suggests that's getting any better.

We know the shame of it, certainly in Ontario. I don't know about the rest of the country, but in Ontario, when the decision was made to deinstitutionalize the psychiatric hospitals in the late 1960s and 1970s, as the back wards were opened up and people were allowed out on the street, that money that was saved was supposed to be reinvested into the services that would be required in the community, since these people were now being removed from those back wards —and they were back wards: locked, dark, forgotten-about places in our society. And that money was just soaked up by the government of the day and taken into general revenue. So what was a problem in the prisons and in the hospitals became a problem on our streets and in what we in Hamilton call second-level lodging homes, which provided services for them. Anyway, all of that is to give a context for the Ontario experience.

The American example is the closest we have in terms of an acceleration of the number of inmates increasing in a short period of time. The American system, as I understand it, is still predicated on private prisons. For a while, in the last decade, the biggest growth industry in the United States was building and operating prisons. If you're running prisons for a profit, it makes sense that the more prisoners there are—guess what?—more profit.

I'm curious: in that system and in that experience that they've gone through, that we're about to head into, are there any lessons at all to be learned in terms of services for drug and other substance abuse programs, the hiring of professional services? In other words, did the privatized system take care of this problem in a way that can provide us with any examples that we want to follow? Or are there some lessons there on the downside that we need to take into account?

● (1155)

Mr. Craig Jones: I have a short answer and then I'd like to turn it over to Graham.

My research on the American example is if the United States does A, Canada should do “not A”.

Mr. Graham Stewart: I think the question of whether a prison can provide a good psychiatric treatment environment has to be answered with a no. First of all, psychiatry is generally referred to across the country, as Senator Kirby said, as the poor cousin. So psychiatry within corrections would be equally low. It's not a high priority. The institutions that we have for psychiatry are prisons first and treatment facilities second.

If you compare our psychiatric facilities in prisons with community psychiatric hospitals like the Philippe Pinel Institute in Montreal—which I hope you could visit—it's a completely different environment. When you go into the Pinel Institute there are no custody staff on the ranges, whereas in our federal institutions there are more custody staff than mental health workers. Staff are assigned to particular inmates and they work with them continuously, in the day, at night, in their yards, and in their recreational areas. It's a completely different model, and I hope you have a chance to see what the difference is when you're a hospital first as opposed to a prison first.

The fact is that a psychiatric institution within a large correctional system is still a small problem. The policies that are going to take precedence deal with the big issues, the budget issues, the working of the federal institutions generally, and very seldom are the mental health issues accommodated. For instance, in the current context we're talking about the abolition of statutory release. Well, statutory release abolition will have a huge disproportionate impact on anyone who's disadvantaged, and particularly the mentally ill. What we will be doing in effect is releasing more and more people into the community with serious mental illnesses and without either support or supervision. That kind of criminal justice approach for the mentally ill is simply incompatible with what we know is the best way to address mental health issues.

We do have examples of different models in this country that I think would be very instructive for you to consider. Otherwise, we end up with systems that simply recycle people, as Mr. Christopherson was mentioning.

If we don't make a change, if we can't bring together the proper treatment, if we don't have the proper reintegration support for people re-entering the community, you can be sure that being as vulnerable as they are, having the difficulty they have day by day in their lives, they will be back at the door in short order—and not necessarily for serious crimes. Interestingly, the research department has shown that actual criminal recidivism is not any higher among those with mental illness than for those who are not designated with mental illness, but it's because of the social environment.

Mr. David Christopherson: Thank you.

The Chair: You have 10 seconds for a closing remark.

Mr. David Christopherson: Thank you very much for that.

I would concur, Mr. Jones, and that's why I mentioned it the way I did, that the whole notion of building prisons—and the more prisoners you have, somebody's making more money—is the exact opposite direction and purpose from what hopefully the Canadian system will be looking at, because that's not what we're about as Canadians.

Thank you, Mr. Chair.

The Chair: Thank you very much.

We'll go over to Mr. Norlock now, please, for seven minutes.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much.

And thank you, witnesses, for coming today.

I'd like to look at this in a positive as opposed to negative vein. If we keep telling ourselves all the negative stuff, we'll never get to the positive stuff; in other words, where we want to be.

I could go through some of the great steps we've taken over the last while, with the Mental Health Commission of Canada and some of our budgets and the amounts of money we have placed there. I could tell you the stories of dealing with some of the folks in my own riding and their comments about the closing of the institutions we referred to—they look at that as a good thing—and how we need to build community support.

I could tell you some of the good stories there, but that's not dealing with the issue today. The issue we're dealing with is as a result of government members wanting to take a look at this, because we do realize it is a problem. I'd like to not look at it from the perspective of whipping the people whose approach you don't necessarily philosophically agree with.

In particular, I'd like to ask Mr. Jones a question, because he's the current representative of the John Howard Society. Would you describe the kind of institution in which there would be what you would consider the appropriate delivery of substance abuse treatments/mental health abuse treatments? Could you describe that? You could describe it under the present context of our system, because we have to start somewhere. I'd like to hear about some of the changes that need to be made, that you believe could be made, and that would be reasonable and accepted by ordinary people on the street. In the end, they're the people every member of Parliament is responsible to.

Could you describe that? I'm not asking for nirvana, just something that's practicable, deliverable, and that has changes from the way we're doing it currently.

● (1200)

Mr. Craig Jones: Thank you for that—

Mr. Rick Norlock: And if it can't be practical, then maybe think outside the box.

Mr. Craig Jones: Thank you for that modest question. There's a three-sentence answer, and there's a three-volume answer.

Mr. Rick Norlock: Give me the five-minute answer.

Mr. Craig Jones: You pose a huge challenge.

Number one, I would have to distinguish between the ordinary person on the street who actually knows something about this and the ordinary person who doesn't know anything about this except what he or she—

Mr. Rick Norlock: Assume he or she is knowledgeable.

Mr. Craig Jones: Okay.

Dollar for dollar, the evidence is that you are going to get much better treatment outcomes, including crime reduction, in community-based settings than in prisons. However, if you have to rely on prisons—and I think by the time you're talking about prisons, it's too late for a lot of these guys—then you have to make prisons as humane and just as possible. That means you have to keep your rate of incarceration low and you have to staff your institutions with state-of-the-art psychiatric and psychological staff.

I have to tell you, that is a huge challenge for the service at this time. The way I've had it explained to me is that the service is unable to pay competitive wages for the people they would like to retain. They are routinely poached by the provinces. I talked to a psychiatrist in Vancouver, who is a young mother. She drives one hour to work and from work every day because her family lives in downtown Vancouver and she works an hour out of town. These are the kinds of routine, but very salient human resource challenges that the service encounters.

I've also talked to people in the service, some with long careers, who claim that Canadian practices are among the best in the world if there are resources to deliver them.

But what I have to come back to is that if you want the best outcomes in terms of crime reduction and the actual recovery model of mental illness, then the prison is not your best institution. Dollar for dollar, community-based settings are the most effective.

The Chair: You have one and a half minutes.

Mr. Rick Norlock: I guess in five minutes you need to be generalized.

There is a system set up currently within prisons whereby *x* number of people see a person, etc. I listened to what you said. You said 80% of the people in our prisons have a substance abuse problem or mental illness issue. For the members of the public who would be reading the blues of this, are you inferring that 80% of the people currently in our prisons should be out receiving community-based treatment rather than be in the current federal penitentiary system?

● (1205)

Mr. Craig Jones: No, I'm not suggesting that.

Mr. Rick Norlock: That is the interpretation that some people will be getting.

Mr. Craig Jones: One can draw that implication.

Certainly part of the problem in Canadian society, and not only in Canadian society, is that we have a long history of stigmatizing the mentally ill. What we know from that experience is that the more we stigmatize the mentally ill, the more we drive them underground. We should not be surprised when some of them are criminalized. We're talking about a cultural change here, which is to greatly ramp down the level of stigmatization in our society.

I just have to draw your attention to the Prime Minister's remarks when he debuted the national anti-drug strategy. He reproduced a form of stigmatization that is at complete variance with the evidence on how we understand the concurrence of mental illness and substance abuse. It comes from the very top. That's the project that we are seeking to turn around and that the Mental Health Commission of Canada is seeking to turn around.

The Chair: We'll end it there.

We've got about six or seven minutes left, we'll try to split that.

Three or four minutes, Mr. Kania, please.

Mr. Andrew Kania (Brampton West, Lib.): Thank you for coming here.

I have a number of propositions that I'd like to take you through based on what you're saying. You indicated that approximately 80% of the population suffers from mental illness or some form of concurrent disorders, correct?

Mr. Craig Jones: Yes.

Mr. Andrew Kania: It goes without saying that these people need to receive adequate treatment in prison before release, correct?

Mr. Craig Jones: Correct.

Mr. Andrew Kania: If they do receive adequate treatment in prison before they're released and then they're released with a form of conditional release so they're supervised and integrated in the community, they ordinarily reintegrate better and—the key here—reoffend less, correct?

Mr. Craig Jones: Correct, right.

Mr. Andrew Kania: The statistics show, I understand, that for every person incarcerated it costs about $101,000 per year for them, and for somebody under conditional release it's approximately $25,000 per year, correct?

Mr. Craig Jones: Considerably less, yes.

Mr. Andrew Kania: Okay.

For the Conservatives' law and order agenda, you would think that if they're going to spend an extra $75,000 per year per person to keep them in jail there should be some positive benefits from that for society at large or for the individuals. Correct?

Mr. Craig Jones: Yes.

Mr. Andrew Kania: What I'd like to know is, are there any positive benefits whatsoever on this current law and order agenda or do you think this is something else?

Mr. Craig Jones: I've heard prisons described as high-wage, non-polluting job factories for prison guards, but not in terms of crime reduction, no.

Mr. Andrew Kania: Okay, so for crime reduction or reintegration of the prisoners, these law and order reforms that they're pushing through Parliament are going to hurt, not help the problem that we currently have. Is that correct?

Mr. Craig Jones: I think you can go even further. You'd have to get this from another person, but you really have to ask about the working conditions in the prisons themselves under conditions of overcrowding.

Mr. Andrew Kania: Right. But once again, these various changes they're putting through, I would suggest to you they're exactly wrong and the opposite of what we should be doing. These will hurt Canadians generally because we will have increased incidents of reoffending, and it will hurt the prisoners because they will not get the treatment they need before they're released.

Do you both agree with that?

Mr. Craig Jones: That's the evidence from the United States and the U.K.

Mr. Graham Stewart: That is the primary problem. As the previous member said, we also have to look at the positives, and there have been some positives. In particular, the mental health strategy started in 2004 by the Correctional Service of Canada has been widely accepted as a good strategy. It certainly doesn't make the psychiatric facilities into ideal places, but it is a logical, systematic approach. It was endorsed by the Sampson committee as well.

The problem is, I think, that there is no hope of that being achieved because of the counter kinds of decisions that are being made and the impact that will have on institutions. We'll never be able to build institutions fast enough to keep up with the growth. That alone, that growth in prison population, will mean that it's almost impossible to deliver on that plan, even though it's a solid plan.

That is the issue. It is the context in which that plan was developed, not the plan itself. I think we've got good ideas, but can we deliver?

● (1210)

Mr. Andrew Kania: My understanding is that right now a large percentage of the populous are not getting the treatment they require, and when they're released they are not able to be released through a conditional mechanism because they haven't received the treatment. So really, what's going to occur with these Conservative changes is that things will get even worse than they are now. Is that correct?

Mr. Graham Stewart: Yes. One of that we talk about is whether they should be in the community or in prison. The reality is that everybody is going to be in the community. Everybody gets released. It's just a question of whether it's now or later. It's a question of the conditions under which they're released. We can leave them there a little longer, because parole will become almost possible for these people to achieve—statutory release would be abolished—and then dump them into the community having had less treatment and no support. That's one option.

We can't talk about improving mental health services in prisons and ignore that context, in my view. We will have them in the community. The question is whether we will hold for ourselves the opportunity to guide that movement into the community and make sure the resources are there to minimize the possibility of reoffending.

The Chair: We'll try to give the government side about two minutes.

Mr. Dave MacKenzie: Mr. Chair, I've sat here and listened to the two witnesses, and I do appreciate their position. Their position is certainly of a more partisan nature. Mr. Jones, I think so often you've mentioned this current government. We understand that. That's not the issue that we're here about. We're here about mental health, and we have the same concerns. A number of us on this side have dealt with the mental health people on the street. We understand that. We know that the provinces withdrew those services. Now, for some reason or other, you have a bent that the federal government's responsible for that.

I take it your solution would be to eliminate federal prisons. If we eliminate federal prisons, we don't have all of these problems you've indicated. I think Mr. Norlock gave you the opportunity to tell us what a facility would look like. How would we fix the institutions that the country has developed over 100 years, through all stripes of government, to get to the point you're talking about here? We understand there's a problem. We're the ones who asked to do this study. I fail to understand exactly what you're talking about.

I think you have paraphrased a little bit of what Mr. Head said in an incorrect way. Mr. Head, as I recall it, said that the government has done a great deal to put mental health at the forefront in the institutions. He's not able to hire the people he needs.

And in the illustration you had, I don't know how we'd get that lady to move closer to the institution. She lives where she lives. The institution is where it is. Short of simply opening the doors, can you tell me what we would do to fix the problem?

The Chair: Do you have a point of order, Mr. Kania?

Mr. Andrew Kania: Very briefly, in terms of your comment that the Conservatives asked for this study. First, that's not accurate, because we asked for it. And second, that would be in camera communication, so I think that's not something you should be indicating.

Let's debate.

The Chair: Yes, that's the debate. Go ahead.

Mr. Dave MacKenzie: I genuinely would like to give the witnesses the opportunity to tell us how we fix the system, short of simply eliminating the facilities.

The Chair: We've gone over one hour.

Mr. Graham Stewart: Well, quickly, we have a set of proposals. There is the mental health strategy. If we could achieve that, we will have gone a long way. That's there. I'm delighted that this committee is formed, that it's looking at this particular problem.

The point we're trying to make is that unless you take the psychiatric facilities right out of the prison system...which I think, by the way, is worth considering. You'll never get everyone with mental health problems out of the system, but for chronic continuing care, I think the question should be whether the federal correction system should be running those facilities at all.

But short of that, then we're left.... The fundamental problem I have is that the direction of corrections is going to undermine any potential to move on that strategy. That strategy is concrete. It has dollars and cents attached to it. There's a recognition generally that this is a positive thing.

My simple point today has been that you cannot look at mental health in isolation from the other directions in criminal justice.

● (1215)

The Chair: Thank you very much. We'll have to end it there. We're a little over time.

Thank you to our witnesses for appearing. We will suspend for a minute or two and then go in camera.

[*Proceedings continue in camera*]

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