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Tuesday, June 2, 2009

Chair

Mr. Garry Breitkreuz

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● (0905)

[*English*]

The Chair (Mr. Garry Breitkreuz (Yorkton—Melville, CPC)): I now bring to order meeting 24 of the Standing Committee on Public Safety and National Security. We are considering and continuing our study of federal corrections: mental health and addiction. Possibly we will be looking at some of these institutions, so I look forward to the testimony we will hear today.

We have, from the Office of the Correctional Investigator, Mr. Howard Sapers, the correctional investigator; and Mr. Ivan Zinger, who is the executive director and general counsel.

Welcome to our committee. We look forward to what you have to share with us. We're sure it's going to be very helpful in our study.

You have informed me that you will likely need extra time in your opening statement. So we will give you that extra time as you need it.

Without any further ado, we will hear from you.

Mr. Howard Sapers (Correctional Investigator, Office of the Correctional Investigator): Thank you very much, Mr. Chairman. I very much value your time. We will try to keep our opening comments concise, but we will definitely go more than the standard ten minutes. I appreciate your indulgence.

I'll get right to it. We sincerely congratulate you on your decision to study this topic at this time. There are considerable challenges facing corrections and the administration of justice in Canada. Of course, today we're going to focus on two particular issues, namely the care and custody of offenders with mental health disorders and access to programs to prepare offenders for their timely and safe release into the community.

Before I go into my more formal, prepared statements, what I want to do is give you a little bit of context. I want to give you a bit of a snapshot of what the Correctional Service of Canada looks like and is facing today.

The Correctional Service of Canada, as you know, is a huge agency. It has a $2.2 billion budget. It employs somewhere around 16,000 men and women. It operates at 58 sites in every part of the country. The workforce, 41% of whom are correctional officers, is represented by six bargaining agents. About 7.1% of the workforce right now are self-identified as aboriginals and about another 5.1% are visible minorities.

The mix of offenders who churn through the system in any given year can be about 25,000, based on admissions and discharges. On any given day such as today, there are about 13,500 men and women in custody in those 58 sites, and perhaps another 8,000 being supervised in the community by parole officers working for the Correctional Service of Canada.

It's a big operation, and it's very complex. The good news is that the majority of the transactions that take place on a day-to-day basis are helpful, appropriate, and lawful. When things work, they work really well. As we'll discuss later in our presentation, unfortunately things don't always go that well, and sometimes they go tragically wrong.

Every day the Correctional Service of Canada produces what's known as a “sit rep” or daily situation report, which highlights significant security or other incidents that have happened in the last 24 hours. This “sit rep” is shared throughout CSC management, and it provides an interesting snapshot and some guidance for the issues that have to be dealt with for the day.

Without breaching any privacy legislation, I want to refer very briefly to the “sit rep” that was issued just a couple of days ago, on May 29. This is just because it was the one that was on the top of my desk; it's not because I picked it in particular.

The first item is labelled as a disciplinary problem at a multi-level women's institution. At approximately 0830 hours, the instigator advised staff that she had taken a large quantity of medication, which she and another inmate had been hoarding. She was assessed by health care and it was determined that at approximately 1730 hours she could be safely managed in her unit. At 1940 hours, the instigator refused to return to her unit. She became verbally resistant and proceeded to lunge at the officers. Physical handling was used to gain compliance. She was escorted to segregation, where she proceeded to self-harm. She ceased her self-injurious behaviour on her own and was subsequently assessed to health care with no injuries. This is noted as a disciplinary issue.

At a regional treatment centre, self-inflicted injuries, May 28: the instigator reopened an existing wound on his arm. Officers observed the instigator on camera and responded with health care. The instigator was uncooperative with staff. Additional staff members attended, and OC—that's pepper spray—was deployed when the instigator became aggressive. First aid was then provided without incident. He was treated by health care and returned to his observation cell.

Here is another self-inflicted injury at yet another regional treatment centre. The instigator was placed in a Pinel system—that's a restraint system—after threatening to self-inflict injuries to an existing wound. The instigator became compliant and was removed from the Pinel system at 1730 hours. That's about three hours in restraints.

● (0910)

Those are just a couple of incidents that happened a couple of days ago that challenged the men and women who work in the institutions and deal with offenders with behavioural and mental health issues.

My purpose in giving you this brief snapshot is that I believe it will help you have a better sense of the rest of the information we are hoping to share with you today. It's one thing to talk in generalities about program access and mental health care; it's something else to understand that we're talking about 13,500 men and women every day—25,000 flowing through the system—challenging a system that is heavily burdened and operating well past its capacity when it comes to mental health and programs.

I'm going to ask my executive director, Dr. Zinger, to provide you with a brief overview and mandate of the role of the office. Following this overview, I'll outline my own concerns regarding the delivery of mental health services to offenders. Then we'll return to Dr. Zinger to talk about access to correctional programs. With that in mind, we'll probably take another 15 minutes and then get into your questions.

Ivan.

[*Translation*]

Dr. Ivan Zinger (Executive Director and General Counsel, Office of the Correctional Investigator): Thank you, Mr. Chairman.

Last year, the Office of the Correctional Investigator celebrated its 35th anniversary. The office was established in 1973 to strengthen the accountability and oversight of the federal correctional system. The office was given a legislative mandate on November 1, 1992 with the enactment of the Corrections and Conditional Release Act.

The office investigates and resolves individual federal offender complaints. As well, it has a responsibility to review and make recommendations on the Correctional Service of Canada's policies and procedures associated with individual complaints. In this way, systemic areas of concern can be identified and appropriately addressed.

The office has 24 staff, and receives between 5,000 and 7,000 offender inquiries and complaints annually. Last year, our investigative staff spent approximately 300 days in federal penitentiaries conducting interviews with more than 2,000 offenders. In addition, our staff met with many other individuals during their penitentiary visits, including wardens, correctional staff, inmate committees, native brotherhoods and sisterhoods, and health care professionals.

Overall, the most common inmate complaints are related to health care, followed by institutional transfers, administrative segregation, and case preparation for conditional release. It should be noted that specific offender complaints related to mental health services are relatively infrequent. However, mental health issues are often a key factor in many complaints received by this office.

For example, offenders may complain about being placed in administrative segregation or transferred into a higher security penitentiary, or having been subject to an unjustified use of force. After investigating, we discover that the placement in administrative segregation or the transfer to a higher security institution or the use of force were the result of a disruptive behaviour due to a pre-existing mental health condition.

● (0915)

[*English*]

Mr. Howard Sapers: Thank you.

I want to focus now on the issue of mental health in corrections.

First, it's important to remember that the Correctional Service of Canada is legislatively mandated to provide health care to offenders through the Corrections and Conditional Release Act. Federal offenders are excluded from the Canada Health Act, and they're not covered by Health Canada or provincial health systems. The Correctional Service must, therefore, provide health care services, including mental health care services, directly to federal offenders, including those residing in community correctional centres. The CCRA states that the health care services provided must conform with professionally accepted standards.

In the last decade, Canada has experienced a significant increase in offenders with mental illnesses entering federal penitentiaries. In fact, federal penitentiaries in Canada probably house the largest populations of the mentally ill in this country. The Correctional Service is now in the position of having to manage offenders who require a high degree of professional mental health service and care. The ability of the Correctional Service to effectively and humanely manage this increasing and challenging population is being tested to its limits.

Mental health problems are up to three times more common amongst inmates in correctional institutions than amongst the general Canadian population. More than one in ten male inmates and one in five female inmates have been identified at admission as having significant mental health problems. That's an increase of 71% and 61% respectively since 1997. A recent snapshot of federally incarcerated offenders in Ontario indicated that 39% of the Ontario offender population was diagnosed with a mental health problem—a staggering challenge for any correctional authority.

The Correctional Service has been aware of this challenge for a long time. In fact, in July of 2004 it approved a mental health strategy that identified serious gaps in services and promoted the adoption of a continuum of care for initial intake through to the safe release of offenders into the community. At that time, my office concurred with the Correctional Service's identification of the gaps in mental health services and endorsed its strategy.

In December 2005, the Correctional Service secured funds to strengthen the community component of this strategy. My office welcomed the news of these new investments—approximately $6 million per year for five years—into community mental health. We also were pleased when the Government of Canada included in its March 2007 budget some new but temporary investments—approximately $21 million over two years—to address the lack of a comprehensive mental health intake assessment process and to improve primary mental health care in CSC institutions. The March 2008 budget provided ongoing funding for these initiatives, another approximately $16 million.

Despite these important investments, totalling over $60 million to date, I continue to be disappointed by the very slow pace of change and by the lack of real, demonstrable improvements in the level of mental health services and support provided to offenders with mental disorders. There's no doubt the Correctional Service has had some success in the last two years—for example, in the implementation of a new mental health training package for front-line staff, the development of a mental health screening system at intake, and the implementation of an enhanced discharge planning initiative. However, the overall situation for offenders suffering from mental health disorders has not significantly changed since my office first reported to Parliament about this troubling situation in 2004.

The problem faced by the Correctional Service is largely one of capacity to respond to an increasing number of offenders with significant mental health issues. This problem is compounded by the inability of the Correctional Service to recruit and retrain and retain trained mental health professionals, and by security staff who are ill-equipped to deal with health-related disruptive behaviours.

Keep in mind that the Correctional Service of Canada is probably the largest employer of psychologists in the country. That said, there are some regions where as many as four out of ten psychology positions remain vacant. There are incredible challenges in recruiting and retaining health professionals.

For example, the majority of a psychologist's day within the Correctional Service of Canada is spent conducting mandatory risk assessments to facilitate security for conditional release requirements rather than treating or interacting with offenders in need of their clinical help.

● (0920)

Those offenders who have acute needs or who require specialized intervention may be sent to one of the five regional treatment centres; however, this is only if they meet the admission criterion that they possess a serious and acute psychiatric illness. Typically, however, the offender is monitored at a regional treatment centre only to be returned to the referring institution after a period of stabilization. Driven by volume, the regional treatment centres have become a revolving door of referrals, admissions, and discharges.

The overwhelming majority of offenders suffering from mental illness in prison do not generally meet the admission criteria that would allow them to benefit from the services provided in the regional treatment centre. They stay in general institutions, and their illnesses are often portrayed as behavioural problems or—if you think back to that situation report I read to you—they are labelled as disciplinary as opposed to health issues. This is especially true for offenders suffering from brain injuries and for those with fetal alcohol spectrum disorder.

I am particularly concerned by the persistent and pervasive use of segregation to manage and isolate offenders with mental disorders in federal penitentiaries. Placing the mentally ill into a system not designed to meet their needs is cruel. It becomes brutal when they are forced to navigate a system that is not only one they do not understand but also one that profoundly misunderstands them.

The mentally ill suffer from illogical thinking, delusions, paranoia, and severe mood swings. In the correctional environment, mentally ill offenders do not always comprehend, conform, or adjust properly to the rules of institutional life. Irrational and compulsive behaviours associated with their individual affliction can result in verbal or physical confrontations with staff or other inmates, which often lead to institutional charges and long periods in administrative or disciplinary segregation. Mental illness can lead to a vicious cycle in correctional settings.

Simply placing an offender in ever more restrictive conditions of confinement and isolation is not an effective correctional or mental health intervention. Prolonged periods of deprivation of human contact cannot but adversely affect the mental health of offenders, and it's counterproductive to their rehabilitation.

After conducting investigations, my office often discovers that placements in segregation are often the result of disruptive behaviour resulting from a prevailing mental health condition. It's a classic Catch-22: when the intervention fails, the response is to do more of the same.

The practice of confining mentally disordered offenders to prolonged isolation and deprivation must end. It is not safe nor is it humane. A case in point is the death of Ms. Ashley Smith. Ashley Smith died on October 19, 2007, at the age of 19 at Grand Valley Institution for Women. She died in segregation, having never been the subject of a comprehensive psychological assessment during her 11 and a half months in federal custody.

In my report of June 20, 2008, amongst my 16 recommendations, I recommended that the Correctional Service immediately review all cases of long-term segregation where mental health issues were a contributing factor to the segregation placement; that it amend its segregation policy to require that a psychological review of an inmate's current mental health status, with a special emphasis on the evaluation of the risk for self-harm, be completed within 24 hours of the inmate's placement in segregation; and that it immediately implement independent adjudication of segregation placements for inmates with mental health concerns.

It's been almost a year since I submitted that report to the correctional services, and while there have been some, there have been too few concrete steps taken to respond to these recommendations. I understand that the Correctional Service will shortly publicly release its response to my 16 recommendations flowing from this investigation into the death of Ashley Smith. I look forward to this detailed and robust action plan. I hope it will address my recommendations and reduce the likelihood of future preventable deaths in federal custody.

I will now ask Dr. Zinger to discuss the issue of program access and substance abuse.

● (0925)

[*Translation*]

Dr. Ivan Zinger: Thank you.

The Correctional Service is mandated by law to provide programs and interventions that address factors related to an offender's risk of reoffending. The act stipulates that the Correctional Service must provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration. The act also includes specific provisions for the delivery of programs to women and aboriginal offenders.

From a series of evaluation reports we know that correctional programs work in contributing to public safety and are a good value for money.

Offenders who complete their programs are significantly more likely to be granted a discretionary release and are less likely to reoffend following their release. In terms of value, internal CSC documentation suggests that for every dollar the service spends on correctional programs it saves, on average, $4 in avoided incarceration costs.

Programs address a number of important issues that when dealt with can significantly reduce the risk of re-offending. The Correctional Service offers numerous very good programs, including in the areas of sex offenders, anger management, family violence and substance abuse.

In terms of addiction issues, about four out of five offenders now arrive at a federal institution with a serious substance abuse problem, with one out of two having committed their crime under the influence of drugs, alcohol or other intoxicants.

The main problem with programming is access. The Correctional Service allocates only 2% of its total annual budget to offender programming. Currently, the service spends $37 million annually on all its core correctional programs (including for women and aboriginals). The program funding envelope, which has remained stable over the last decade, includes training, quality control, management and administrative costs. We do not think 2% of an over $2 billion annual budget is enough. The Correctional Service has indicated to us that it hopes in the next fiscal year to reallocate a significant portion of the $48 million it anticipates receiving as part of its Strategic Review initiative to core programming. We look forward to seeing more programs being provided to more offenders as this reallocation rolls out.

The most recent investments dealing with drugs and addiction in penitentiaries have been limited to interdiction initiatives. In August 2008, the Minister of Public Safety announced a five-year $120 million investment in the CSC's Drug Strategy. All funding went to interdiction initiatives, including drug detector dog teams, increase in security intelligence capacity, ION scanners and X-Ray machines. No new funding was allocated to treatment programs for addiction or harm reduction initiatives.

● (0930)

Drug interdiction alone can only go so far in addressing addiction issues and the spread of infectious diseases. Over the last five years (2004/05 to 2008/09), the Correctional Service has spent significantly more time and money on efforts to prevent drugs from entering its institutions. A measure of the success of these efforts is the percentage of positive urinalysis samples, which indicate drug use. Institutional random urinalysis has shown that drug use declined by one percentage point in the last five years. In the last fiscal year (2008/2009), the rate of positive samples was 10.8% (889 positives out of 7,543 urinalysis samples taken in CSC institutions). Five years earlier, it was 11.8%.

For now, offenders have to contend with long waiting lists for programs, cancelled programs because of insufficient funding or lack of trained facilitators; delayed conditional release because of the service's inability to provide timely programs they require to complete their correctional plans; and longer time served before parole consideration. The situation is becoming critical as more and more offenders are released later in their sentences, and too often having not received the necessary programs and treatment to increase their chance of success in the community.

Thank you.

[*English*]

Mr. Howard Sapers: I last did a quick census on program access for the Correctional Service of Canada on May 10. That day, there were 13,353 men and women inside the 58 facilities. Of those 13,353, only 3,190 were currently assigned to core correctional programs. This means that in every region of the country there were dozens and dozens of offenders waiting for program assignment, with unmet needs in terms of their correctional plan.

A correctional plan is something that is prescribed at admission to deal with the criminogenic factors that have been identified by the Correctional Service and that need to be addressed before they can be safely released into the community. These would be programs such as those dealing with drugs, violence, and sexual offences. What this results in is offenders increasingly spending more and more time in higher security levels before they are eventually released into the community. When they are released at statutory release or at warrant expiry, typically they have not had the benefit of the correctional programs they were prescribed.

On May 10 of this year, of those 13,353 incarcerated offenders, 8,526 were past their day parole eligibility dates and 6,704 of those were also past their full parole eligibility dates. This all speaks to a lack of access for correctional programs.

The health and welfare of our federal inmates is a very important public policy issue. The vast majority of offenders are, one day, released into society. It's beneficial for us all if these offenders return to their communities having received adequate mental health services and rehabilitative programming. All of us have a vested interest in treating offenders with humanity and responding to their clinical and program needs to help them lead productive and law-abiding lives upon their release.

Thank you very much for extending our opening time. I look forward to your questions.

The Chair: Thank you very much.

Without any further wait, we'll turn it over to Mr. Mark Holland.

Mr. Mark Holland (Ajax—Pickering, Lib.): Thank you very much, Mr. Chair, and thank you as well, Mr. Sapers and Mr. Zinger, for appearing before our committee today. It's very much appreciated as we embark upon this study.

I think one of the things we're seized with on this side in examining this issue is the trajectory of where this is all going, if we take a look at policies that have been brought forth over the last while—these "tough on crime" policies that are increasingly doing what the Americans are now undoing, which is more and more mandatory minimums, longer sentences, and more incarceration.

We can paint a picture of where this is heading. You have a situation where the system is overburdened. You've described, really, jails being used as hospitals. You now have more and more inmates coming into the system for longer and longer periods of time. You have things like the two-for-one remand credit being eliminated, which again means additional stresses on the system, yet the underlying conditions, which are so bad in remand and led to those credits existing in the first place, not being dealt with.

So when you look at that and you look at the case of what happened to Ashley Smith, if we continue that, what is your projection for where this is all going and how many more Ashley Smiths there could be or how many more tragedies we could have if we don't fundamentally change the way we're headed right now?

● (0935)

Mr. Howard Sapers: The Correctional Service of Canada right now has empty cell capacity of maybe between 800 and 1,000, scattered across the country. So if you were to take a very high-level look and you say, gee, we've got empty cell space, so if more people come into a penitentiary, we must be able to accommodate them, you might be able to draw that conclusion.

The reality is that with the mix of the offender profile, with the issues to do with gangs, with the mentally ill, with the special concerns of women or aboriginal offenders, that capacity isn't in the right place at the right time; it's not available. We have over-crowding, particularly at medium security, where the vast majority of offenders spend the vast majority of their time. That's where they're stacked up and wait-listed for those programs. That's where there is no intermediary care for their mental health needs. That's when they're not getting into those core correctional programs that were identified in their correctional plan to facilitate their conditional and safe release into the community. We know through research that the safest way to release offenders into the community is gradually under supervision, not just send them out cold turkey at the end of their sentence.

So the concern I have is that without additional capacity, both human and financial, without addressing some infrastructure issues, the Correctional Service of Canada cannot meet an increased burden of offenders, period. If you include in that the realities of operating a correctional system, realities such as the largest medium security institution in the Atlantic region locked down for days on end because there was information that there was a dangerous article in the institution.... Under the Canada Labour Code, quite rightfully, staff decided it was dangerous to work without exceptional searches. The institution becomes locked down; there's interruption in program access and interruption in routine.

There's another medium security institution in the Pacific region locked down going on three weeks now. That means no institutional movement, restriction to cells, and no access to programs. In that particular institution, of course, problems became much worse because it's one of the few and rare correctional institutions in this country where there are no toilet facilities in the cells. So you have inmates locked in their cells, defecating and urinating in their cells when they can't get access to escorts to toilet facilities. These are not the conditions you would want for adequate rehabilitative or mental health services.

Mr. Mark Holland: Could we tie that back to the issue of actually making our community safer?

As you said, inmates are going to be coming out of the system and back into our communities. An overburdened system is already facing the strains of trying to act as a hospital, of not having programs and services available to help inmates deal with addiction issues or mental health issues, and of not being able to give them the assistance they need to ensure that when they are coming back into society, they're ready to contribute as opposed to reoffend. Is it not true that by not making these investments and just dumping more and more people into the system without the solutions to rehabilitate them, we're actually making our communities less safe and increasing the likelihood of recidivism? In fact, we're probably seeing an increased rate of victimization when these individuals come out.

● (0940)

Mr. Howard Sapers: My understanding of the research is that the most effective correctional programs take place when offenders are motivated to be involved in those programs, which is usually earlier in their sentences rather than later in their sentences. Those programs can be effective when offenders have the cognitive abilities to achieve success in them, and that means basic literacy and educational requirements have to be addressed first. Those programs work best when they are tailored to the specific needs or deficits that offenders may have. If they are fetal alcohol-affected or are otherwise brain-injured, or if they have mental health issues, you have to address those underlying issues.

All of that being said, when you're dealing with mentally ill offenders, for example, the best way to prevent future criminality is to treat that mental illness, but we're talking about a prison system and not a health system. The best way to ensure that these folks don't come into conflict with the law, I suppose, is to make sure they're getting adequate services and the treatments they need in the community before they enter corrections. This is an area that's well beyond my scope or mandate, but certainly in other jurisdictions, particularly the United States, there has been a lot of work in looking at how to use increased diversion, mental health treatment courts, and those kinds of initiatives to prevent mentally ill offenders who have come into conflict with the law from being incarcerated .

To conclude, I think it's fair to say, based on the research, that if offenders don't get the benefit of rehabilitative programs while they're incarcerated, then there's no reason to expect that their behaviour will be terribly different upon their release.

Mr. Mark Holland: This is to Mr. Zinger. You may not have this here, but you can get back to us.

In your presentation you said that despite all the money being spent trying to stop drug use in prisons, testing had shown only a 1% decrease over five years in the number of people using drugs. Can you tell me what has happened to HIV, hepatitis, and infectious disease rates over that same five-year period? In other words, the measures that have been put in place have resulted in only a 1% drop in drug use; correspondingly, with the policies that have been put in place, what have we seen in terms of infectious disease?

This isn't just a problem in the prison system. These people are released to the general population, and these infectious diseases then become a major health issue and concern in the broader population outside the prison in that same five-year period. If you don't have that information now, I'd be interested in getting it.

The Chair: Do you have a brief response?

Dr. Ivan Zinger: I would first say that data are actually quite sparse on some of those issues, but I would be more than happy to provide you with the existing data. A study done back in 1999 was quite thorough, and the service has recently replicated some of that data.

In terms of hepatitis C, we're looking at a rate of 30% among the inmate population. In terms of HIV, it's 10 times higher than in the general population. I can provide you with a much more detailed response.

Mr. Mark Holland: Yes, and also please tell us what happened over that five-year period.

The Chair: Monsieur Ménard is next.

[*Translation*]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Thank you, Mr. Chairman.

Thank you for being here. You raise some important problems, which underlie a philosophy of a civilized state with regard to crime.

I learned a lot in reading, first, what you sent us and, second, by listening to you today. I hope these presentations will be given the public distribution they deserve. Some people, who believe that the federal government has and had the resources to release offenders serving sentences of less than life imprisonment, hoped we would take steps to at least undertake the rehabilitation of those individuals. I admit I very much doubt that now.

That being said, I have some specific questions to ask you. I'm not challenging your conclusions in any way, but I would like those who don't share my opinion to have the opportunity to be convinced as well.

You said we could save $4 on every dollar invested in programs. How did you come to that conclusion? Was a study done? If there is one, could you send us a copy of the report?

● (0945)

Dr. Ivan Zinger: That's correct, Mr. Ménard. According to the Correctional Service and its own internal report, the saving is attributable to early releases into the community and to extended stays in the community. Investment pays off, and the service has calculated the ratio.

I'll consult my Correctional Service colleagues, and we'll definitely be able to send you a copy of the report for details on that calculation.

Mr. Serge Ménard: I expected as much, but you'll understand that, for a segment of the public, releasing offenders before their sentence has expired may seem dangerous if we don't ensure that those who are released won't reoffend. Do those reports tell us whether those people reoffend or not?

Dr. Ivan Zinger: I have a lot of sympathy for the position of members of Parliament. I believe there is a considerable lack of understanding among the public regarding crime, and how to reduce recidivism rates and ensure that the public is safe. Studies should thoroughly inform those who determine public policy.

For example, there is the study by Professor Gendreau, of New Brunswick, who clearly states that, when sentences are increased, there is a negative impact on public safety. The recidivism rate does not fall; it increases slightly. We're talking about public policy and reforms of criminal justice, penal justice and the correctional sector. A lot of things must be done, I believe, to ensure that this is guided by the research.

Mr. Serge Ménard: Dr. Zinger, we have two minutes left. I don't believe you clearly understood the question I asked you. I would invite you perhaps to read it. If you can answer it in writing, that would be even better. It called for a more specific answer than the one you gave us. I want to move on to something else.

Your job is probably one of the most frustrating in Ottawa. I believe you've made a lot of recommendations in recent years. Could you tell us what percentage of the recommendations you've made in the past five or 10 years haven't received a satisfactory response?

● (0950)

[*English*]

Mr. Howard Sapers: It's very much a moving target, I know. I can't give you a percentage.

[*Translation*]

Mr. Serge Ménard: Can you give an approximation?

[*English*]

Mr. Howard Sapers: We often make similar recommendations year after year when we're not satisfied with progress. Let me try to be as precise as I can be. We get 6,000 or 7,000 complaints from inmates a year in my office. The majority of those complaints or concerns are addressed very quickly and on site at the institution between my staff and Correctional Service staff by making recommendations to resolve the issues they have raised. Every year thousands of issues are addressed, and they are addressed quickly and appropriately—

[*Translation*]

Mr. Serge Ménard: That's good.

Pardon me for interrupting you. Obviously I wanted to talk about systemic recommendations, not individual recommendations.

[*English*]

Mr. Howard Sapers: Yes, and then there are the system issues, which find their way into my annual report. Progress on those issues is painfully slow. Those issues include special needs of aboriginal offenders, preventing death in custody and institutional violence, the overuse of segregation, the mental health of offenders, the general health care needs. There is a catalogue of those recommendations year after year in my report.

There is always progress, and I'm never quite satisfied.

[*Translation*]

Mr. Serge Ménard: On a more optimistic note, could you give us an example of a systemic recommendation that has been implemented to your satisfaction.

[*English*]

Mr. Howard Sapers: Well, let me do my best.

[*Translation*]

Mr. Serge Ménard: It's not easy. Oh, I knew it.

[*English*]

Mr. Howard Sapers: Yes. For example, we have, over the last several years, been working with the Correctional Service on dealing with use of force and how use of force incidences are reported and investigated. We have made considerable progress. The investigations are more timely. They are more thorough. The information exchange is better. There is still work to be done.

We are constantly engaged with the Correctional Service in terms of systemic issues around their internal grievance process. It gets better, but the work continues.

The nature of the systemic issues makes it very difficult for me to say, “Eureka, we've achieved a success!” But in fairness to the Correctional Service of Canada, the issues that we raise, such as use of force, the investigative process, dealing with the grievance system, are issues to which they are very alive, and we do make progress.

I am optimistic, or else I couldn't be in this somewhat frustrating job.

[*Translation*]

Mr. Serge Ménard: The same progress has been made within the police.

Thank you.

[*English*]

The Chair: Thank you.

Mr. Davies, please.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chairman.

Thank you, Mr. Sapers and Dr. Zinger, for being here today.

I similarly have found your information extremely helpful as we embark on our tour of certain select institutions coming up shortly.

At page 15 of your statement you say:

> The Correctional Service is mandated by law to provide programs and interventions that address factors related to an offenders' risk of reoffending. The Corrections and Conditional Release Act (CCRA) stipulates that the Correctional Service must provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration.

At page 20, your penultimate paragraph says:

> The situation is becoming critical as more and more offenders are released later in their sentences, and too often having not received the necessary programs and treatment to increase their chance of success in the community.

I read that to say the government is breaking the law. I'd like your comment on that.

Mr. Howard Sapers: The Correctional Service of Canada has an array of accredited programs, and to that extent they are compliant with their legislative requirements. Unfortunately, timely access to those programs is a challenge that's not being met, and for the majority of offenders that means more time in custody than they would otherwise serve because they have not benefited from those programs.

● (0955)

Mr. Don Davies: I'm going to press that point a little bit because what I read your comment as saying is that they are released having not received the necessary programs and treatment. If there is a statutory obligation on the state to provide these programs and people are coming out of prisons—and I believe it's a fact that prisoners are being released without ever having received the necessary programs—would you not agree with me that that must mean there is a violation of the statutory requirement to provide those very programs? It's not just a question of timely access; it's a question of no access.

Mr. Howard Sapers: I absolutely understand your point, and I think you're going to have to permit me to answer this way: that question hasn't been tested and I can't give you a legal opinion on that. As a matter of fact, the legislation would prohibit me. It doesn't consider me to be competent. So I think it's a question that is best addressed either in Parliament or by the courts.

I can tell you that, increasingly, we're seeing offenders being released at their statutory release date and fewer and fewer being conditionally released. One of the primary reasons that more and more offenders are being released at the SR date, instead of conditionally released through a decision of the National Parole Board, is their lack of preparation for their parole hearings.

Mr. Don Davies: Fair enough.

I have two versions of your notes. I have the earlier one you provided in advance, and on page 4 of those notes, you had pointed out that despite these important investments—and you totalled them up at over $60 million to date—the overall situation of offenders suffering from mental health disorders has, in your view, not significantly changed since your office first reported back in 2004.

Now, I read those comments to mean that despite $60 million in investment, there's been no real difference. I'm just wondering if you could comment on why that's the case. How is it that we can have spent $60 million in recent years and not seen any improvement in the provision of mental health services?

Mr. Howard Sapers: There are many reasons that progress is slow and hampered. A lot of it has to do with the timing of that money. A lot of it has to do with the recruitment and retention of health care professionals. A lot of it has to do with competing priorities within a prison system. Part of it has to do with that tension I talked about, when I said we're talking about a prison system and not a health system.

It would be very easy to say that the Correctional Service simply failed or mismanaged that file, but that would be easy, and it would be incorrect. The Correctional Service is very alive to this challenge. I know you're going to be meeting with the commissioner of corrections, and I would encourage you to ask him that question.

I'll tell you it's not due to a lack of good intentions, and there are some structural and operational reasons, but I'll also tell you it's a lack of a sense of urgency, immediacy, and priority.

Mr. Don Davies: Okay.

I don't know how much time I have, but I have two quick questions. One is that the Canadian Medical Association has repeatedly passed resolutions at their conventions calling for the provision of clean needle exchanges in prison, both for tattooing, I understand, and for drug use, as a means of controlling the skyrocketing rates of hepatitis and HIV infections. I'm just wondering if you had any comment or recommendation on that as a harm reduction tool.

Mr. Howard Sapers: In the past, my office has made the recommendation, based on the best international scientific evidence available, that the Correctional Service of Canada should implement a prison-based needle exchange program. That recommendation has never been accepted. The issue has been studied by the Correctional Service of Canada as a harm reduction measure or an extension of some of their other harm reduction initiatives, but it hasn't found favour—and that's, as I say, in spite of international scientific evidence. It does pose some operational issues.

The Correctional Service of Canada had a pilot project dealing with safer tattooing practices. I understand the evaluation for that pilot indicated it was effective in preventing the spread of infectious diseases, blood-borne diseases, that arise through needle sharing. But in spite of that evaluation, the decision was made not to extend that pilot project and in fact to shut down those safer tattooing sites.

Those are policy decisions of the Correctional Service. I think there is evidence to suggest there would be reasons to pursue both of those harm reduction initiatives.

● (1000)

Mr. Don Davies: I want to get my last question in. Would you tell us what the three most important recommendations would be that you would give us for improving the provision of mental health services in prisons? If you could wave your magic wand, what are the three things we could do as parliamentarians to assist on this issue?

Mr. Howard Sapers: If it's a large magic wand, it would be full staffing, through recruitment and retention of those health care professionals. Number two, it would be the immediate implementation of intermediate care across the country for those offenders suffering from mental health issues who will not meet admission criteria to the regional treatment centres. Number three, it would be the development of a national strategy that would link mental health in corrections, through all of the provincial health care in correctional systems, with the federal health care in correctional systems.

Ashley Smith's, if I can refer to that tragedy once again, is a textbook example of what goes wrong when you have gaps in systems and real people fall through very arbitrary jurisdictional gaps.

The Chair: Thank you very much.

Mr. Norlock.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair, and thank you to the witnesses for coming this morning.

In my riding we have Canada's largest federal penitentiary, Warkworth Penitentiary, named after the village in which I live. That institution plays a large part in the life of not only my community and my riding but that sector of the province of Ontario.

I know one of the first challenges we have as a government has to do with the morale of people who work in any endeavour, and in this case, of course, the morale of the people who work in our prison system. Of course, they had gone for close to five years without appropriate remuneration, and I was glad to see, after having met with several different representatives from the various bargaining units, that we came to a rather quick correction of that problem.

I was privileged over the last three years to have on three different occasions taken a tour of the prison. We always concentrate on the negative, and I realize that's part of your job, but I think we have to see some of the positives. Some of the positives that I've seen at the prison are the following. Of course, my background is such that I want to know what causes people to commit crime, and two of the biggest reasons that people commit crime are literacy—in other words, a poor education—and what I call respect, and respect as it relates to self-esteem. When we're looking at property crimes, and crime in general in New York, one of the common denominators is that the people who commit property crimes are the people who don't own property; therefore, it's difficult to respect that it belongs to someone. That's the respect aspect.

When I went on the tour of the prison, I wanted to find out how those two issues were being dealt with. As far as I was concerned, or could see, for those who wanted it they did provide literacy. You can further your education. But more importantly, you can obtain a trade there.

One of the two major operations they have.... They have a very robust...I think it's Canada's largest CORCAN operation. I think their sales are in the millions of dollars. The other thing they do there is they repair at a reasonable cost—because you have to provide an ability to gain a trade—some of the larger military trucks. There are the savings to DND, and also the ability to be able to provide an education or a trade. One of those trades is sandblasting. I'm told by the instructor there that most of the people, with the exception.... He mentioned that of those who took the sandblasting portion of the course, or auto restoration or vehicle restoration, he could count on one hand those he saw again. They all had jobs, some of them before they even left, because there's the connection between the teaching staff and the people who need sandblasters. There's a connection there. They were able to retain them, and they don't come back.

One of the other recent developments is the building of a bungalow or a separate dwelling so that our first nations can begin the healing process. I think in that part of eastern Ontario, Warkworth provides the only Pathways to Independence program. That program has received rave reviews in the first nations communities, not only, again, teaching self-respect and self-esteem, which goes a long way to preventing recidivism, but also teaching traditional skills and trades.

I just want to switch over now, because we hear so much about the negative, but those are things that I believe we can build on, and I think Corrections Canada is doing the beginnings of a good job, or a good job at being able to bring those types of programming.

There is a change in that prison population. It's a medium security institution. When it was built, it was built for people who had committed serious property crimes, fraud, those types of things. Today, some of the older population includes murderers who have not caused a problem in the prison system, and it has a large sex crime population.

● (1005)

How does the federal prison system compare with the provincial institutions in the ability to provide programming? How does it compare with regard to the treatment process? Are there any things that we can learn from them? I always like to look at best practices. What about other western countries with societies similar to ours? How are they dealing with similar programs? Can we adopt some of their programs and put them into our system?

Mr. Howard Sapers: Boy, that's a whole bunch of questions. I'll do my best to address them.

The bulk of your comments about the power of those programs, I would endorse 100%. That's part of our message. When the programs are accredited and delivered by appropriate staff at the appropriate time in an offender's sentence, they work well. That part of our system, we should be proud of.

With respect to your last comments about other countries around the world, I can tell you that the Correctional Service of Canada constantly hosts delegations from other places in the world that want to learn about Canadian best practices. I have been fortunate to deal with correctional practitioners from Australia, New Zealand, Great Britain, and the United States, and I can tell you that they look to Canada for a certain leadership.

Please understand: we're not attacking or questioning the quality of the existing programs. What we're questioning is the capacity to deliver those programs, and what we're worried about is the applicability of those programs to a particular group of offenders—those with mental health issues. At Warkworth, for example, the last time I counted, there were 103 sex offenders wait-listed for the core sex offender program. Wait-listed at Warkworth!

Mr. Rick Norlock: I'm only too aware of that issue. When the member of Parliament comes in, everybody is on his best behaviour, and you try to get them to relax and talk to you.

But there's also a lack of these professionals in the rest of the country. How do you attract people to work in a potentially dangerous place that, compared with similar facilities, is narrow in its scope? We need to be careful that we don't put too much emphasis on the reluctance to hire these people. It's also that candidates are reluctant to be hired.

● (1010)

Mr. Howard Sapers: Let me be clear. I never said there was a reluctance to hire them. I understand that the human resources folks at Correctional Service of Canada are working double-time to recruit and retain those people. It is a challenge, and it feeds directly into the capacity issue, notwithstanding that you still have wait-lists at that institution, which is considered a heavily programmed institution. It's part of the landscape that we have to accept.

I think it's fair to say that provinces don't run programs to the same extent the federal system does, and most of that has to do with sentence length. The average length of stay in provincial corrections is less than 30 days. In fact, I think it might even be as low as 14. So it's hard to make program access comparisons between these systems.

You also talked about CORCAN and vocational training. The road map to public safety, the transformation agenda for Correctional Service of Canada, is heavily invested in vocational training. But I must caution you about CORCAN. A big part of CORCAN operations is their agricultural business, and the CORCAN farms are going to be closed as a result of the strategic review that the Correctional Service went through. I'm told that this process identified a potential of about $4 million in savings. That's an impressive number, but only if you think about it in terms of savings. Agricultural programming in corrections has been a feature in Canada for decades, going back at least to the Depression. So the $4 million, I would argue, is an investment in vocational programming, not a cost.

The Chair: We're really out of time.

Mr. Howard Sapers: I'm sorry, Mr. Chair.

The Chair: Just very briefly.

Mr. Rick Norlock: I was going to say it has to do with vocational programs that can be used by the inmates when they leave the institution, and there are no jobs in agriculture. That's the problem. The jobs are in autos, furniture-making, factories, etc.

The Chair: We'll have to come back. I think there's a whole bunch of questions unanswered, but five minutes from now maybe we can tackle them again.

We'll go over to the Liberal Party. Who is next?

Mr. Oliphant.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you both for being here.

I'm not going to make a speech. I could spend a lot of time agreeing with you. What I'm interested in actually is following up on Mr. Davies' line of questioning. He asked most of the questions I would have asked. And I have spent time in jails—never sentenced—working with offenders, working with COs, and working with a number of issues in jails.

Where is the problem? What you say is common sense. We understand programs help people. We understand we need the foundation for those programs to work. We know there is a cycle. We know prisons are a culture and people learn bad habits there, especially if they don't get early treatment and early better habits. They get worse when they come out, instead of getting better. We've switched the name and we call them correctional facilities, but it's like George Orwell's *Nineteen Eighty-four*—we are not correcting; we are imprisoning. And the amount of correcting that is going on is actually very small. We know this.

We know drugs get in, and I always laugh because we can't keep drugs out of jails, yet we think we can keep them from coming across our border from the United States. It's ludicrous. We have people who are addicted before they get in, and if they're not, they're addicted by the time they get out.

Where is the problem? I am making a speech now. We know that $1 spent on programming saves at least $4. And I think that's a very modest estimate because we have the whole judicial system. We have the whole property loss. My car was stolen by an addict who was feeding his friends. He was not on drugs when he stole my car. He was one of the four out of five who are an addict coming into jail, not one out of two who did the crime while addicted.

Everything you have said makes perfect, rational sense, but someone is not getting the point. And I think we can tell who's not getting the point from our lines of questioning. But where is the problem?

● (1015)

Mr. Howard Sapers: I was turning to my counsel for help, and I see that....

Mr. Robert Oliphant: I'm a philosopher; they're lawyers. So where is the problem?

Mr. Howard Sapers: You know, I honestly wish I had a pithy, sharp response to that to say where the problem is. Very little of what we have talked about is new in corrections. These tensions and issues have been a feature of corrections for as long as we've had corrections.

The problem, if I could be so bold, is at least in part with fully embracing the mission of the Correctional Service of Canada and making sure that system has the resources and the political support to implement and discharge its mission. Corrections has always been and will probably always continue to be a bit of a football in the political arena. And that's not a comment on this Parliament; it's a comment on the history of corrections in Canada.

Mr. Robert Oliphant: So the public attitudes underneath this need adjustment, because it seems to me that parliamentarians tend to do what the public is thinking.

I worked hard in the Yukon to build a new jail. It was a territorial facility. And yet continually we needed to build a new elementary school. The elementary school will always take precedence over the correctional facility. Kids are nicer than offenders.

How do we get it out to the public that when we help offenders, we're not only helping them; we're helping us and we're helping our kids and we're helping everybody. It seems to me that's a basic fundamental attitudinal shift that as parliamentarians we have to address.

Mr. Howard Sapers: Yes.

Mr. Robert Oliphant: We're going to spend time agreeing with each other. Fine.

Here's another issue, and this relates to non-corrections facilities, treatment centres. There is a facility in Alberta called Poundmaker's. It's probably one of the best facilities for addictions and mental health for aboriginal people. They will not take sentenced offenders, so judges in the north and with aboriginal communities have this problem where they want them to go to a place like Poundmaker's because they know they'll get treatment, but they have to sentence them to a facility where our judges know they're not going to get treated. This is a huge problem.

How do we integrate these systems so we take our best treatment centres and get their best practices into our jails? Is there a judicial way we can do that?

The Chair: A brief response, please.

Mr. Howard Sapers: Well, I'll give you an example of another program in Alberta that deals with sex offenders. It also won't receive people as a sentence-receiving institution, but it certainly receives people who are on parole.

The issue is that these are people you normally wouldn't necessarily want to take a risk on paroling, but protocols have been put into place so that people can in fact be granted parole to the secure custody of this particular facility, which is a non-carceral facility but still a very secure facility for the purpose of dealing with treatment. So there are mechanisms to achieve that.

Mr. Robert Oliphant: So there could be a way.

Thanks.

The Chair: Thank you.

Mr. Richards.

Mr. Blake Richards (Wild Rose, CPC): Thank you.

I appreciate your being here today.

I want to start off by just pointing out that of course we all know that sometimes we can make statistics say whatever we like. I'd like to point out in your report something that I would call maybe a bit of a misleading statistic. That would be when we talk about the issue of the drug strategy.

Our government announced a pretty significant investment in an important drug strategy back in 2008, just last year, and shortly after that in your report you mentioned that over the last five years—we were talking about our five-year strategy beginning in 2008—you looked back from 2004 to 2009 and indicated that there had been only a 1% decrease in the positive samples in the prisons. I would submit that it may be a bit misleading to talk about the past five years when we're looking at the five years going into the future as far as the drug strategy goes.

I'll tell you that I'm a very strong believer in and a strong supporter of our government's plans in terms of our drug strategy in looking at the things like the drug detector dogs, the ion scanners, and the X-ray machines, etc. I'll tell you the reason I'm such a strong supporter of that. I've been to a number of the prisons, toured them, and talked to the guards on the front lines, the guys who see the measurable differences that strategy has made. What they tell me is that it has made a measurable difference in the prisons. I would submit to you that I would love to see in five years' time the statistics that you would be able to provide, because I believe you would notice a significant decrease in the drugs in our prisons at that time.

It would seem obvious to me that the first step in reducing addictions and drug use would be to eliminate the access to the drugs, so anyone who would argue that the measures we put in place are not important is simply ignoring reality. Of course, there's also a place for treatment programs, and that's an important part of it as well, but we have to remove the access to the drugs as well.

We've all heard the concept that the best social program is a job. I would say that probably applies in our prisons as well. Again, treatment is important, but one of the reasons, and one of the most significant reasons, for recidivism is that prisoners lack skills when they go back out into our society to succeed in the real world. While treatment is important, in order to give the offenders the skills they need to succeed in society, we have to make sure they have employment skills, and we have to make sure that we've been able to create in them the work ethic and habits that are necessary to succeed in those jobs in the real world. It's about giving them the skills to get a good job and to keep that good job.

When I tour the prisons, I often see prisoners spending their time quite idly, sitting around, maybe in their cells, or maybe they're at CORCAN, but they're sitting around and not doing a whole lot. There doesn't seem to be a lot of consequence behind that. As a matter of fact, they're still paid when they're not working. I don't think we're building in them a sense of reality as to how they might succeed in the real world when that's allowed to happen.

I think it's really important that we create those employability skills in our prisoners so that we can help them succeed in the real world. Would you not agree with me that it's important to create those kinds of employability skills, and to make sure we're dealing with the availability of drugs in the prisons so that we can deal with those addiction issues and with giving them the ability to succeed in the real world?

● (1020)

The Chair: There's one minute, Howard.

Mr. Howard Sapers: Thank you, Mr. Chair, and thank you very much for the line of questions.

It would be terrible on our part if we presented anything that was misleading. Of course, we don't have the predictive ability to look at what these new, latest interventions may result in, in terms of reducing drug use inside prisons. What we present to you is the last five years, the most recent information we have. It's in no way meant to mislead. It's simply to give you the most current information that's available.

Mr. Blake Richards: No, I'll just clarify. I certainly wasn't wanting to accuse you of deliberately misleading. I just felt that maybe the way it was presented, it came across that way. I certainly wasn't accusing you of being deliberately misleading.

Mr. Howard Sapers: Thank you.

I think the important point for my office to you as you undertake your study is to consider the limitations of interdiction alone and to consider the limitations of interdiction based on dealing with just the offender population, because there are lots of ways that drugs come into prisons. It's worth looking certainly at getting rid of access, but I'm not sure that this, in an absolute way, is going to be possible. So what you want to do is limit it in the safest way possible.

I also agree with you in terms of programming and vocation.

Do I have the time now just to refer...?

● (1025)

The Chair: We're out of time. I'm trying to provide equality for all the parties.

Mr. Howard Sapers: I want to get back to the CORCAN program, the vocational component.

The Chair: Okay. Well, we'll have another turn on the Conservative side.

We'll now move to the Bloc Québécois.

Monsieur Ménard.

[*Translation*]

Mr. Serge Ménard: Thank you, Mr. Chairman.

Mr. Blake Richards said that prisoners were paid even if they didn't work. I can't help but think that many people feel that, in this respect, we are like prisoners.

Mr. Sapers, I'm going to ask you a very difficult question, and it's related to the esteem in which I hold you. I'm going to ask you to imagine the following situation, which is perhaps not very likely.

The new Minister of Public Safety has just been appointed. He has read some of your reports and summons you to his office. He asks you to advise him and to tell him what his priorities should be. How do you answer him?

[*English*]

Mr. Howard Sapers: I think those priorities would have to include changing the governance structure of the Correctional Service of Canada so that there is the most senior level of attention being paid to the special needs of aboriginal offenders; making women's corrections facilities directly accountable to the deputy warden for women; increasing the attention paid to and the priority put on mental health services, particularly, again, at the intermediate level, and including the need to immediately create and implement a detailed mental health assessment intake. The shopping list that I would present to the minister would really be encapsulated in our last annual report. We identified previously that many of those systemic issues identified in the annual report have been around for a while.

[*Translation*]

Mr. Serge Ménard: One of the things that strikes me in this report is the fact that only 2% of the budget is allocated to programs. What you're suggesting to Mr. Norlock is included in that 2%, I imagine. I'm not surprised at the success he has observed of those programs.

Can you give us an approximate idea of the percentage that should be allocated to programs? I noted that more than 1,000 cells were empty. So it's not the physical facilities that are lacking. Your main problem concerns human resources. Am I wrong?

Dr. Ivan Zinger: I'd like to clarify a few points to ensure the committee is well informed.

When we talk about essential programs designed to reduce the recidivism rate, we're not necessarily talking about employment. The employment envelope is different. The $37 million is intended for programs concerning, for example, anger management, sex offence problems, and so on.

I have enormous respect for the employment programs, but you have to be careful. It's not the simple fact of providing a job that will reduce recidivism rates. If offenders continue to have a criminal attitude, if they still have anger management or mental health problems, they will be unable to hold a job. We have to solve those problems and make sure we give them something that is very beneficial to them, like a job that they'll be able to transfer to the community, which will enable them to support themselves appropriately and to be productive. We absolutely have to ensure that they have solved the problems that push them into crime, including substance abuse problems.

The Correctional Service has a role to play with regard to safety, and enormous investments have been made in that, which is a good thing. I agree with other committee members that the investments designed to prevent drugs from entering institutions are very good. However, you have to strike a balance. We can't simply target security problems without ensuring that the Correctional Service is making massive investments in social rehabilitation. I know very well that Quebec is one of the leaders in this area. We have to support young offenders in their efforts to rehabilitate.

It's a question of balance. Ultimately, simply investing in the static and physical security of the institutions won't improve public safety in an optimum manner.

● (1030)

[*English*]

The Chair: Your time is up. I'm sorry.

We'll now go to Mr. Rathgeber, please, for five minutes.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Thank you, Mr. Chair.

Thank you to both witnesses for your attendance here this morning.

Sticking with Mr. Ménard's questioning regarding programming and human resources, why, in your view, is Corrections Canada having such a difficult time recruiting and retaining psychologists and other competent staff to deal with the programs you say are so sadly missing? Is it a money issue? Is it a professional development issue?

Mr. Howard Sapers: First of all, let me say it's uneven across the country. In some regions and in some areas it's easier than in other areas. You have more problems in the Prairies than you do, for example, in British Columbia; more problems in Ontario than perhaps you do in Quebec. So there are some regional differences.

Part of it is because working conditions and remuneration packages aren't entirely competitive with what else is available to those folks with those skills; part of it is because of the absence of dedicated budgets for professional development and for constant training; part of it is because you've got provincial systems where people need to maintain professional licensing requirements, and they vary, and if folks are being transferred from place to place within the Correctional Service, because it's a federal system, their licences may not transfer with them, and there are different standards of practice. So it's a very complex environment, and it shouldn't be underestimated.

I will say this. It's not for lack of trying. The Correctional Service tries hard to recruit and retrain those people.

● (1035)

Mr. Brent Rathgeber: In your opening comments, Mr. Sapers, you said that the overwhelming majority of offenders suffering from mental illness in prisons do not generally meet the admission criteria that would allow them to benefit from the services provided in the regional treatment centres.

Are there comprehensive and/or precisely defined admission criteria for mental health programs? Who makes that assessment?

Dr. Ivan Zinger: Certainly the regional treatment centres focus on the offenders who are in the most acute and serious state of their mental health illness, to the point that they can be certified under provincial mental health legislation. The challenge is that it is a significant portion of the inmate population. Certainly there is an even larger population that suffers from mental illness that does not meet those criteria. For example, they are not out of touch with reality, but they may have serious anxiety disorders. They may be dealing with depression. They may be dealing with suicidal ideation but are not being suicidal at the immediate time. The treatment centre just tries to target the most acute ones and tries to stabilize them so they can return them to their home institutions.

Mr. Brent Rathgeber: Is the test for having access to a regional treatment centre being certifiable under the appropriate provincial mental health legislation?

Dr. Ivan Zinger: Not necessarily. I believe the committee will be visiting four of those regional treatment centres. Certainly you will be able to talk to the clinical directors of those regional treatment centres.

Mr. Howard Sapers: Maybe I can give a little bit of a quick perspective on that. At the regional treatment centres—there are five of them across the country—the bed space is equal to about 5% or 6% of the population. The Correctional Service of Canada, when it did its own census, estimated that this is enough for about 50% of folks who would meet the definition of a diagnosed, significant mental illness. So if they have 600 beds, they should have 1,200 immediately just to meet the needs of those folks with significant, diagnosed mental illness. They are not necessarily certifiable, but they have significant, acute mental illness and could get the benefit of a hospital setting to deal with or stabilize that mental illness.

Mr. Brent Rathgeber: I think I only have about a minute left.

I want to talk about your concern regarding the pervasive use of segregation to manage and isolate offenders who have mental disorders. Those were your words. I don't disagree that prolonged isolation is not an appropriate mental health intervention and doesn't lead to rehabilitation. But isn't there often a more immediate concern with respect to a mentally ill offender, and that's his or her personal safety? Isn't that why they will often find themselves away from the general population?

Mr. Howard Sapers: If there's a safety issue, there are many interventions. The problem with segregation is that it's a 23-hour lock-up in conditions of deprivation, which are the most austere conditions the Correctional Service has. If people are at significant risk of self-harm, you may also put them on suicide watch. You may put them under direct observation. You may increase the frequency of security rounds for the cell they're in. You may move them into a hospital or health care setting. You may transfer them to an outside hospital. You may put them into one of those regional treatment centre beds we were talking about. There are lots of other options.

Unfortunately, what we see is this cycle. People act out. The behaviour is dealt with, but not the underlying cause. The acting out causes them to be segregated as an administrative or punitive measure to deal with their acting out behaviour. The underlying cause is not dealt with. It doesn't do anything to deal with the behaviour. That's what happened to Ashley Smith for 11 and a half months.

Mr. Brent Rathgeber: Thank you very much.

The Chair: We'll go to Mr. Kania, please.

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

On page 6 of your report, you indicate that one out of ten male inmates and one out of five female inmates have mental health problems. On the next page you indicate that 39% of the people in the Ontario offender population have been diagnosed with mental health problems. In your comments you said that the system is heavily burdened and is operating well past its capacity for mental health problems. In essence, what you're saying is that there's a high percentage of persons with mental health problems. The system cannot provide them with treatment when they're incarcerated. Presumably they're released without such treatment. Is that all accurate?

● (1040)

Dr. Ivan Zinger: There's a bit of a lack of data in terms of the percentage of the inmate population with mental health illnesses. What we do know, based on the data we have, is that over the last decade that number has doubled. There's a more specific definition with respect to how you define mental illnesses. It can be very narrowly defined or broadly defined.

Because there is not such a clear definition, there's certainly recognition that, given that the numbers have increased so dramatically, the services provided to those inmates have not matched that increase over the last decade. My office certainly believes that too many offenders do not receive the appropriate level of care they deserve to manage their illnesses. That's true in regional treatment centres, but even more so in institutions where many of those suffering from mental illnesses do not get the appropriate level of care.

We've been calling for intermediate care units, and just to give you a bit of an idea of what the concept is, it's to have in the institution a unit that provides a therapeutic environment staffed with health care professionals such as psychiatric nurses and psychologists who can monitor and provide support to many offenders, who, again, do not meet the criteria for the regional treatment centre, yet deserve a good follow-up. We have a lot of people who self-injure. Those people can certainly have very high needs and are not necessarily certifiable or in acute phase, but they need some support. Those intermediate units or therapeutic environments would go a long way to address their needs.

Mr. Andrew Kania: So there's a segment of the population that's simply not receiving the treatment they require, based on what you're saying.

My second question follows up on something Mr. Richards said. For those people who are not receiving the treatment they require, what job skills would be appropriate to teach them, to assist them when they are eventually released, if they don't receive the adequate treatment in the first place?

Mr. Howard Sapers: I just visited one of the treatment centres myself and had that very discussion with their management team. Of course, their challenge is that they're trying to prepare people for new vocational work and other institutional work, and these people have cognitive impairments or other mental health issues that prevent them from being able to do that work in a reasonable way.

We're also seeing a growing part of the population that's aging, and the process of incarceration itself exacerbates the aging process. So we're seeing more people who are having age-related cognitive impairments who also have the inability to become fully engaged in the coming regime of vocational training.

The range of skills required are the ones you can imagine, in terms of being able to listen to and follow instructions, timeliness and time management, health and safety—all the range of skills that you would want that would be transferable employment skills, really, in very many employment situations. One of the reasons, though, that this segment of the population has come into conflict with the law to begin with is because they don't have those skills. Many of them don't have the cognitive ability to gain those skills.

Again, you put them into a bit of a cycle where they're not eligible to participate in a program because they don't have the basic literacy or competency to get into the programs, and they don't have the cognitive ability to even get the educational upgrading. They're the ones who end up not progressing through the system and spending more time in higher security levels, and often because they act out, more time in segregation, etc. It's perverse, but often the most needy offenders are the ones who often receive the least intervention.

● (1045)

Mr. Andrew Kania: So you'd agree that they would first require adequate mental health treatment, before they would be able to master the training required to obtain job skills.

The Chair: A brief response, please.

Mr. Howard Sapers: For those where there is a treatable diagnosis, yes, but keep in mind we're not talking about the brain-injured.

The Chair: Thank you.

Our final questioner is Mr. MacKenzie.

Mr. Dave MacKenzie (Oxford, CPC): Thank you, Mr. Chair.

I'd like to thank both of our witnesses today. I think they have provided us with a great deal of information in a very independent way.

I have just a couple of tiny things. We talked about the interdiction efforts to stop drugs coming in. Although it appears to be 1%, it's really a 10% reduction in the population. It's 10.8% versus 11.8%, but if you look at the pure numbers, it's a 10% reduction.

Mr. Howard Sapers: Yes.

Mr. Dave MacKenzie: The other part is this. I think my friend was talking about, and correctly so, the HIV/AIDS and the hepatitis C. Is there not a problem in that the inmate population does not necessarily consent to testing on the way in to the prison, or even during their time in the prison, whether or not they have been infected?

Mr. Howard Sapers: There are issues to do with testing and with stigma and with how that information is used. But even given that, we do know that the current estimate for hepatitis C infection rates across the system is about 30%. In some institutions it's considerably higher.

I must say that the Correctional Service of Canada has implemented an education and awareness program about the importance of testing that seems to be having some positive impact in terms of both HIV and hepatitis C.

Mr. Dave MacKenzie: I didn't mean that in any negative sense. It's just that it is a factor that makes it somewhat difficult to perform that testing.

My other comment, which perhaps you could respond to, is that you've indicated that the change has occurred—or perhaps is more prevalent—in the last ten years. But about perhaps 20 years ago, provincial institutions for mental health issues began to be dismantled across the country, and for good reason, for a variety of reasons.

Are we not now at the point where we're kind of losing the battle, if it is....? These folks might earlier have been treated in a mental health facility. Now they get caught up in a criminal justice system, and ultimately in a federal justice system. It's almost, when we look at it, unfair to those folks; they should have received treatment long before they got to federal corrections.

I don't know the solution, but that to me just seems to be a big part of why we're in the position we're in.

Mr. Howard Sapers: I would agree that a number of policy changes in other jurisdictions have resulted in populations of the mentally ill being in the community. For some of those folks, they come into conflict with the law. For some of those folks, they find their way into federal penitentiaries. In fact, I think you can track some of the growth in the mentally ill being in federal corrections because of other policy changes elsewhere.

But it's not just the de-institutionalization; there are policies around zero tolerance, and engaging the police in situations today that perhaps the police wouldn't have been engaged in a decade or more ago, and using the courts in some ways today that perhaps weren't being used a decade or more ago.

So it's not simply de-institutionalization. A number of policy changes, I think, have contributed.

Mr. Dave MacKenzie: Right, but if you will, the provincial institutions and the other facilities were part of the tool box that police officers used to have. They could use discretion instead of making criminal charges. The mental health act and other tools of that nature have been removed.

I am not blaming any one body, but we as a society have moved those folks who should have been treated probably for mental health issues from the mental health side into the corrections side. Then we're trying to deal with it in a backhanded way, which may be somewhat ineffective.

● (1050)

Mr. Howard Sapers: I certainly support the underlying thesis in your analysis, but of course I have blinders on when I appear before you—

Mr. Dave MacKenzie: No, I understand.

Mr. Howard Sapers: —in terms of talking about what happens now.

The Correctional Service of Canada doesn't have the luxury of picking and choosing who comes through their gate, but they do have a legal responsibility to deal with them once they get them. Really, that's what the focus is. But I agree with you in terms of dealing with a different population than they've been challenged with previously.

Mr. Dave MacKenzie: The other thing is that you have indicated some pure numbers of money going into the system. I think one was an additional $21 million. As a group, we all agree that we need more professional mental health providers, but you've also told us that part of the problem is that they're not available to put into the system to provide the care that folks who need mental health....

Mr. Howard Sapers: Yes. A large part of what we've talked about today, of course, is the challenge the service has in recruiting and retaining mental health professionals. Those folks are being trained, and they are available for employment; it's just a question of getting them to choose the Correctional Service of Canada.

Another aspect that we haven't talked about much is the mental health training that would benefit other workers—the 41% of the workforce, for example, of the Correctional Service of Canada who are correctional officers. They could benefit from such training, which would allow them to do their jobs in a more safe and humane way, recognizing that they're dealing with mental health issues instead of, perhaps, just oppositional or other behaviour-related issues.

Dr. Ivan Zinger: It's a real challenge for society. Clearly we wouldn't want to turn federal corrections into state-of-the-art mental health facilities. This is why Mr. Sapers has called for a national strategy on correction and mental health, because it goes far beyond corrections. If we could ensure that there are preventative measures, that there is support, out-patient services, and then a strengthening of provincial psychiatric hospitals, we would probably not be where we are right now.

Clearly, our dilemma is that we currently have offenders who have severe mental health issues that are not being addressed. As an ombudsman office, we have to raise that issue. At the same time, we don't want to turn federal corrections into state-of-the-art psychiatric facilities. That experiment failed over 30 years ago.

The Chair: Thank you.

Here is one brief question from the chair related to what members have asked: is there any country that does a better job or that we could use as a model for the topic we're dealing with today?

Mr. Howard Sapers: I don't know. We have recommended to the Correctional Service of Canada that they immediately engage in a consultation looking at alternative mechanisms for delivering health care generally and mental health care specifically. We know that there are some very interesting models to look at in New South Wales, Australia, and in some other jurisdictions as well. We've asked that they do that analysis as they move forward. This is in response to our findings from our review of deaths in custody, specifically Ashley Smith's death.

The Chair: It would be helpful if you could, perhaps in writing, give us some indication of where we could look for models in this area.

Mr. Howard Sapers: Yes.

Mr. Serge Ménard: I can answer that question.

The Chair: You can answer that question?

Monsieur Ménard.

Mr. Serge Ménard: There is Sweden, Japan, and some of the European countries.

● (1055)

The Chair: Okay. Well, we'll maybe investigate this.

Thank you very much.

We have to clear this room at 11 o'clock, and I have notice of a motion, so we want to thank you very much.

We're going to suspend for a very brief moment and move into the last part of our meeting for five minutes.

Mr. Howard Sapers: Thank you very much, Mr. Chair, and through you to the members, for the opportunity to have this discussion. I really appreciate the latitude with which you've run this.

Thank you.

The Chair: Very good.

Let's take 30 seconds, if we can just switch over here.

Okay, let's draw ourselves back together. We have to clear the room in four and a half minutes.

We're going into the business of the committee portion of the meeting.

Mr. Holland, please.

Mr. Mark Holland: Mr. Chair, if I could, I'm just giving notice of motion.

Mr. Chair, it was indeed with surprise that I saw the government introduce legislation yesterday on the sex offender registry, probably less than two weeks from when this committee was completing a mandatory review. I know that government members were very anxious to see this done. It was important work and the committee made accommodation for it.

You know, all of that was tossed out of the window. I think it was a completely disrespectful act, and I think the committee needs to voice its displeasure. It was a complete waste of this committee's time and energy, and now we're left with whatever the government legislation is, not having taking into consideration the work that was asked of this committee.

I think any member of this committee should be deeply disappointed with that, particularly given the fact that the government only had to wait a very brief period of time to hear our conclusions. It's one thing to be ignored—certainly, we're used to that—but to not even wait until we say something to ignore it is a whole new level.

We'll be introducing a motion on that to debate, but I wanted to speak to that, to let him know it was coming Thursday, because I was greatly disappointed with the way that was handled.

The Chair: Okay. That's the notice of motion.

On the second issue you have, we'll move in camera.

Mr. Mark Holland: In camera, yes.

The Chair: We'll suspend for 30 seconds, and as soon as we're ready, we'll go in camera.

[*Proceedings continue in camera*]

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