

Mental Health Commission of Canada

Commission de la santé mentale du Canada

Finding New Pathways

An action plan for criminal justice and mental health in Canada

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The head office of the Mental Health Commission of Canada (the Commission) is located on the unceded traditional territory of the Algonquin Anishinaabe Nation, in what is now called Ottawa, Ontario. As a national organization, the Commission works on the traditional lands of many different nations. The Commission gives credit to their stewardship and sacrifices and is committed to recognizing and contributing to a new and equitable relationship with the First Peoples.

This action plan has been many years in the making. Hundreds of voices were involved in informing, developing and reviewing drafts of this report.

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Choosing our words

The intention of this action plan is to use safe and respectful language when describing people's experiences of the criminal justice and forensic mental health systems, mental health challenges, substance use, and personal and intergenerational trauma. Even so, the authors recognize that language and concepts in these areas are fluid and subject to change, and not every usage may be considered personally appropriate by all readers. We also acknowledge that some cited sources use terminology that may not be generally preferred.



Methodology

This action plan has been many years in the making. Hundreds of voices were involved in informing, developing, and reviewing drafts of it. Formal development of the plan began in 2021, following a structured four-phase process led by the Mental Health Commission of Canada (the Commission). Key steps included the following:

Phase one (2021–2022)

The initial phase of the project focused on identifying subject-matter experts to advise and direct development. A Developmental Advisory Committee, including four project advisers, was established, including people with lived and living experience of criminal justice involvement, individuals working within or adjacent to the criminal justice and forensic mental health systems, and others to guide and refine the action plan including its vision, mission, guiding principles, key priorities, and cross-cutting considerations.

Phase two (2022–2024)

Development then proceeded into research and engagement activities to inform the action plan, including

- two research reports looking at almost 400 articles, national and international frameworks, and strategies, one of which focused on the mental health needs of justice-involved individuals, and the other of which focused on the psychological health and safety of individuals who work within the criminal justice system
- a national survey of Commission network members (1,164 responses were received)
- creation of advisory committee working groups to identify issues and opportunities and to share relevant resources and promising practices
- law reform work to identify priority legislative changes
- knowledge exchanges (e.g., conference presentations) to build awareness of the action plan and hear from various groups.

Phase three (2024–2025)

Findings of the research stage were synthesized into a first-draft plan, shaped by feedback from more than 100 reviewers. Two engagement sessions with First Nations, Inuit, and Métis contributors were held to ensure the draft content was relevant and appropriate. A second draft was then prepared and shared with select reviewers to revalidate the content before the action plan was finalized. This phase also involved engaging with interest holders and several governmental bodies to provide briefings on the action plan to build awareness, hear insights, and discuss implementation.

Phase four (2025–2026 and beyond)

This final phase includes preparing for the release of the action plan, developing a communications strategy to support its dissemination, and creating implementation guidance to encourage adoption. During this phase, the action plan will be released, supported by a variety of ongoing knowledge exchange activities.

This phased approach ensured the action plan was evidence-based, shaped by expert insights including lived experience, and aligned with the needs of justice-involved individuals and justice system professionals.

NOTE ABOUT SOURCES

Citations for specific references throughout the action plan are indicated numerically and presented as endnotes in Appendix D. Importantly, many of the issues and recommended actions were derived from a synthesis of information from multiple sources, such as policy and research reports, input from experts (including people with living and lived experience), and survey findings. Sources containing information that has been synthesized in this way are listed in Appendix C for those interested in further reading.

Executive summary

People experiencing mental health challenges and mental illnesses are overrepresented in Canada's criminal justice system, with those belonging to equity-deserving populations especially at risk[1]. The recognition that negative contact with the criminal justice and forensic systems can have harmful and even fatal consequences for people living with mental health challenges has sparked calls for more equitable, rights-based, and recovery-oriented justice processes.

Two intersecting systems play a role in the story of mental health and criminal justice in Canada. One is the criminal justice system itself: police, courts, and federal, provincial, and territorial correctional facilities and community supervision programs. Parallel to that, with various points of intersection, is the forensic mental health system, which is designed to assess the mental health of people involved with the legal system and provide treatment as required.

While ideally the two systems would work together, today they tend to lack integration and coordination, resulting in gaps and inefficiencies. This action plan aims in part to help close some of those gaps.

A particular area of challenge and core focus of this plan relates to the lack of specialized mental health care services for justice-involved people. These include intermediate and acute services designed to address needs that can't be met by primary mental health care services—and that can't be met adequately within most correctional environments today.

This is not only a matter of capacity but also due to a lack of systemic structures and standards of care. It requires action on mental health and collaboration among responsible parties including Correctional Service Canada, Public Safety Canada, provincial and territorial correctional bodies, forensic mental health providers, community mental health care providers, and others. As stated by Canada's former correctional investigator in November 2025, Dr. Ivan Zinger, that commitment to action and collaboration currently does not exist[2].

About the action plan

The mission of the action plan is to contribute to the mental health and well-being of all individuals who interact with the criminal justice and forensic mental health systems. It recommends actionable changes at all levels — individual, community, institutional, systemic, and societal — with accountability and continuous monitoring to ensure meaningful impact.

As the action plan was being developed, the realities of crime and its impacts on people, and the importance of public safety to people living in Canada, were also kept in mind. One of its underlying premises is that greater support for mental health promotion and investment in mental health care strengthen public safety for the benefit of all.

The action plan includes 68 recommendations for creating more compassionate, responsive, and supportive criminal justice and forensic mental health systems. It prioritizes prevention, diversion, end-to-end supports, and continuity of care, and it calls for critical legislative and system-level reforms — both to improve existing systems and to develop viable alternatives, paving the way for meaningful and sustainable transformation. Making a greater variety of diversion programs more widely available along with access to treatment is essential to helping people exit the criminal justice system or avoid it entirely.

The plan recognizes that stigma and discrimination tied to mental illness, substance use, and criminal justice involvement must be dismantled. It also recognizes the critical importance of supporting the psychological health and safety of workers in the criminal justice and forensic mental health systems.

Priority populations

Some groups' distinct mental health needs deserve unique consideration. These are referred to as priority populations in this action plan and include First Nations, Inuit, and Métis Peoples; African, Caribbean, and Black people; women; people with intellectual, physical, and developmental disabilities; older adults; 2SLGBTQI+ individuals; racially marginalized communities; and newcomers and refugees. The action plan takes a justice-oriented, intersectional, and anti-oppressive approach to understanding and representing the unique needs of these priority populations within the systems.

Action plan goals

Specifically, the action plan aims to drive action that will:

1. Divert people living with mental illnesses from the criminal justice system whenever possible
2. Support the mental health of people no matter where or how they come into contact with the criminal justice and/or forensic mental health systems
3. Provide continuity of care and support for people after they are released from either system
4. Support the psychological health and safety of professionals who work within these two systems
5. Enact the legislative and other system-level changes that are needed for reform and to implement the other recommendations of the action plan

Structure of the action plan

At the highest level, this action plan stands on three strategic pillars:



Care, not criminalization

All people in Canada should have access to health and mental health services and supports that help prevent their involvement with the criminal justice system. People living with mental illnesses should be diverted from the criminal justice system whenever and wherever possible.



Care during criminal justice involvement

People who do become involved with the criminal justice and forensic mental health systems should have access to high-quality, evidence-based care and supports (health, mental health, substance use, and social supports) where and when they need them. Services should be trauma informed and culturally safe. Where evidence-based care is not available, evidence-*informed* care should be prioritized.



Care after criminal justice involvement

People leaving the criminal justice and forensic mental health systems who still require treatment deserve continuity of care after their release, along with access to seamless and integrated mental health, substance use, and social services in the community.

Each pillar also relates to a set of "**junctures**"—points of contact between people and the criminal justice or forensic mental health systems. A core premise of this action plan is that wherever someone makes contact with the system they should receive the best possible treatment, care, services, and supports.

At each juncture different **issues** arise. These issues must be addressed through different **actions**. The plan recommends specific actions to be taken in each case and lists the various changes that may need to be made and/or success factors required to be effective. Issues that cut across all junctures in a given pillar appear at the start of each pillar section.

Part 4 of the action plan outlines recommendations for **people otherwise impacted** by the justice system, namely workers in the criminal justice and forensic mental health systems, victims and survivors of crime, and families and communities.



Cross-cutting considerations

Certain themes reoccur throughout the action plan, emerging out of analysis of the literature, from insights from our advisers, and through stories and personal reflections shared by individuals with lived experience during consultations and focus groups across the country. Many of these cross-cutting considerations are restated throughout the following sections on issues and actions: this repetition is intentional for emphasis and to frame specific recommendations.

- Social determinants and justice involvement
- Access to care and support
- Lack of standardized practices and training
- Needs of priority populations
- Stigma and discrimination
- Poor information sharing
- System-related trauma
- Workforce considerations
- Victims and survivors of crime

Action plan at a glance

Pillar 1 — Care, not criminalization

Juncture	Issues
Cross-cutting — all junctures	**Issue 1: Mental health knowledge and competencies in the criminal justice system**
Juncture 1: Pre-contact	Issue 2: Social determinants and adverse childhood experiences
Juncture 2: Contact	Issue 3: Responder knowledge and skills
	Issue 4: Community-based crisis response
	Issue 5: Assessment and treatment at the moment of crisis
Juncture 3: Preliminary proceedings	Issue 6: Access to pre-trial screenings and programs
	Issue 7: Pre-trial release conditions
Juncture 4: Court proceedings	Issue 8: Diversion and alternatives to criminal court
	Issue 9: Diversion best practices
	Issue 10: Interests of children
	Issue 11: Fitness to stand trial
	Issue 12: Gladue reports

Pillar 2 — Care during criminal justice involvement

Juncture	Issues
Cross-cutting — all junctures	**Issue 13: Information sharing**
Juncture 5: Community-based sentences and supervision	Issue 14: Training for professionals involved with conditional releases, parole, and community sentences
	Issue 15: Service alignment
	Issue 16: Compliance with release conditions
	Issue 17: Use of temporary absences
Juncture 6(a): Institutional custody — Health care	Issue 18: Health care in correctional systems
	Issue 19: Inconsistent health-care standards
	Issue 20: Oversight and accountability
	Issue 21: Access to primary mental health care
	Issue 22: Access to intermediate mental health care
	Issue 23: Access to intensive mental health care
	Issue 24: Suicide and self-harm
	Issue 25: Use of medication
Juncture 6(b): Institutional custody — Barriers	Issue 26: Mental health screening on intake
	Issue 27: Physical environment
	Issue 28: Consequences of confinement in correctional facilities
Juncture 6(c): Institutional custody — Connection and rehabilitation	Issue 29: Community participation
	Issue 30: Maintaining connections
	Issue 31: Access to education and self-improvement

Juncture	Issues
Juncture 7: Forensic mental health	Issue 32: Forensic mental health capacity
	Issue 33: Length of hospitalization
	Issue 34: Recovery-oriented models of care
	Issue 35: Forensic Review Boards and cultural safety
	Issue 36: Reflecting lived experience on forensic Review Boards
	Issue 37: Patients' social networks

Pillar 3

Care after criminal justice involvement



Juncture	Issues
Cross-cutting — all junctures	**Issue 38: Discharge planning and transitions**
Juncture 8: Community living and follow-up	Issue 39: Health-Care transitions
	Issue 40: Access to transitional/supportive housing
	Issue 41: Impact of a criminal record

Part 4

Recommendations for those otherwise impacted: workers, victims, and families

Issues
Issue 42: Workers in the criminal justice and mental health systems
Issue 43: Victims and survivors of crime
Issue 44: Families and communities



Part 1

Why an action plan is needed

This action plan includes 68 recommendations for creating a more compassionate, responsive, and supportive criminal justice system. It prioritizes prevention, diversion, end-to-end supports, and continuity of care, and it calls for critical legislative and system-level reforms—both to improve existing systems and to develop viable alternatives, paving the way for meaningful and sustainable transformation.

Introduction

People experiencing mental health challenges and mental illnesses are overrepresented in Canada's criminal justice system, with those belonging to equity-deserving populations especially at risk.[3] Many factors contribute to this, ranging from social determinants and insufficient access to early-stage mental health supports, to systemic biases and inequities in the criminal justice system.

In 2020, 73% of men who were federally incarcerated[4,5,6] and 79% of women who were federally incarcerated met the criteria for one or more mental illnesses.[7,8] This mirrors the rates in provincial and territorial facilities[9] and is two to three times higher than in the general population.[10]

Since the early days of the COVID-19 pandemic, the incidence of mental health challenges among people involved with the criminal justice system in Canada has increased significantly.[11] The pandemic intensified inequities such as heightened infection risks, inadequate conditions, and loss of support systems — all of which had a negative effect on mental health and substance use health among justice-involved individuals.[12]

As this action plan shows, incarceration can have harmful and even fatal consequences for people living with mental health challenges. This has sparked calls for more equitable, rights-based, and recovery-oriented processes. Incarceration also has a high economic price tag, with the average daily cost of incarcerating a single person exceeding the typical annual Canadian family income and significantly more expensive than community alternatives such as supervision through parole.[13] Recent data estimates the cost to incarcerate one person in the federal system lingers around $428 per day, or $156,220 per year.[14]

The need for change

Incarceration is not the only negative justice-related outcome faced by people living with mental health challenges. Before and after release, many encounter structural and systemic barriers to their health, well-being, and security such as a lack of access to their social supports, housing, employment, and necessary treatments. These barriers interfere with recovery and increase the risk of reoffence, contributing in many cases to a cycle of rapid recidivism.

The current criminal justice system also places stress on those who work within it, which has an impact on their mental health. Generally, public safety personnel are almost 4.5 times more likely than the general population to show significant symptoms "consistent with one or more mental disorders including post-traumatic stress disorder, major depressive disorder, generalized anxiety disorder, social anxiety disorder, panic disorder, and alcohol abuse."[15]

This action plan was developed to propose ways of addressing these inequities and injustices and establish more supportive systems focused on recovery and rehabilitation, which contribute to public safety and consider the well-being of those who work in criminal justice and forensic mental health. As the plan was being developed, the realities of crime and its impacts on people, and the importance of public safety to people living in Canada, were also kept in mind. One of the underlying premises of the plan is that greater support for mental health promotion and investment in mental health care strengthen public safety for the benefit of all.

Multiple visions

While the need for change in Canada's criminal justice and health systems is widely recognized, there are many different views on what should be done. Some people advocate for improving the current systems to bring immediate relief and more compassionate treatment to justice-involved people; others emphasize the importance of larger scale and longer term changes, including reshaping society so that correctional facilities are no longer needed. This action plan acknowledges the full range of perspectives. It includes recommendations for immediate changes to the system as well as longer term actions that could be more deeply transformational. In all cases, its starting point is to understand the current state of things.

A particular area of challenge and a core focus of this plan is the lack of specialized mental health care services for justice-involved people. These include intermediate and acute services designed to address needs that can't be met by primary mental health care services — and that can't be met adequately within most correctional environments today.

The challenges associated with providing mental health care to justice-involved people are not only due to capacity issues; they are also due to a lack of systemic structures and standards of care. Addressing the challenges requires action and collaboration among responsible parties including Correctional Service Canada, Public Safety Canada, provincial and territorial correctional bodies, forensic mental health providers, community mental health care providers, and others. As stated by Canada's former correctional investigator, Dr. Ivan Zinger, the required commitment to action and collaboration currently does not exist.[16]

Finally, it must be said that many, many factors contributing to people's involvement with the criminal justice system originate outside the system itself (such as poverty and racism). Given this plan's focus on change *within* the system, it is necessarily limited in scope. However, it recognizes and welcomes all efforts to improve conditions more broadly, improve access to care, and reduce or eliminate people's criminal justice involvement.

Developing the action plan

The roots of this action plan reach back to Priority 2.4 of the 2012 Mental Health Strategy for Canada,[17] which proposed ways to reduce the overrepresentation in the criminal justice system of people experiencing mental health challenges. Published by the Mental Health Commission of Canada (the Commission), it called for appropriate services, treatment, and supports to be available within the criminal justice system for individuals who need them.

Other touchstones include the 2014 *TEMPO: Police Interactions Report*,[18] the National Trajectory Project's research on the "not criminally responsible on account of mental disorder" (NCRMD) designation, and the Commission's 2020 scoping review[19] of the mental health needs of individuals involved with the justice system, which led to a national forum where people with lived and living experience (PWLLE)* of justice system involvement, individuals working in the criminal justice system, and other experts urgently called for meaningful change.

* Lived experience in this context means many things: experience of mental health challenges or a mental illness, experience of difficulty accessing mental health services or supports, experience of the criminal justice system, and any combination of two or more of these.

Development of the action plan was also informed by 2021's *National Inventory of Mental Health and Substance Use Services,*[20] the Commission's policy brief on the impact of COVID-19 in correctional settings, input from various partners and collaborators, and insights drawn from real-world mental health reform efforts.

The action plan includes 68 recommendations for creating more compassionate, responsive, and supportive criminal justice and forensic mental health systems. It prioritizes prevention, diversion, end-to-end supports, and continuity of care, and it calls for critical legislative and system-level reforms — both to improve existing systems and to develop viable alternatives, paving the way for meaningful and sustainable transformation. In doing so, it recognizes the critical importance of supporting the psychological health and safety of workers in the criminal justice and forensic mental health systems.

CASE STUDY: The Need For Change

Soleiman Faqiri

Soleiman Faqiri came to Canada from Afghanistan with his family when he was seven years old. He was involved in a car crash at 19 and later diagnosed with schizoaffective disorder. In December 2016, at age 30, Soleiman was arrested for allegedly stabbing a neighbour while experiencing a mental health crisis. Awaiting a mental health assessment at the Ontario Shores Centre for Mental Health Sciences, he was held at the Central East Correctional Centre in Lindsay, Ontario.

Soleiman was placed in segregation, where his mental health further deteriorated. After 11 days in temporary custody, he was brought to the shower. Correctional officers alleged Soleiman squirted them with water and shampoo. He was removed from the shower, handcuffed, and escorted back to his cell by five to seven correctional officers. An officer claimed Soleiman spat at him and attempted to slap him in response. Seconds later, another officer ran toward the group from the rear, reached around, and pepper sprayed Soleiman in the face. He was then pushed into his cell, taken to the ground with a spit hood over his face, and shackled. A medical emergency was declared shortly after, and within minutes Soleiman was pronounced dead. The pathology report documented more than 50 bruises consistent with blunt impact trauma. The inquest found guards had committed 60 policy breaches in connection with his death, and the Chief Pathologist ruled his death was directly linked to the actions of the correctional officers. A 2023 inquest deemed his death a homicide. No criminal charges were ever laid.

Soleiman's death revealed a serious breakdown between the health-care and justice systems, highlighting systemic failures that contributed to his death. The inquest jury made 57 recommendations to the Government of Ontario to prevent similar tragedies from happening in the future.[21] These included immediate hospital admission for anyone in custody experiencing an acute mental health crisis, for assessment and, if needed, treatment in a suitable, secure, and safe setting. The jury also recommended system-level reforms: special units in correctional facilities for people experiencing mental health challenges, formal partnerships between correctional facilities and psychiatric hospitals, and transitioning correctional health-care administration to the provincial Ministry of Health.

Soleiman faced challenges common to many immigrants, refugees, and members of ethnocultural groups related to discrimination, excessive force, and generally high levels of mental health risk.[22] A shortage of mental health care resources and community supports led to his initial contact with the criminal justice system, and he was left with no guarantee of continuity of care.

Criminal justice and forensic mental health in Canada

Two intersecting systems play a role in the story of mental health and criminal justice in Canada. One is the **criminal justice system** itself: police and courts; federal, provincial, and territorial prisons and correctional facilities; and professionals responsible for overseeing individuals accused or convicted of crimes.

Parallel to the criminal justice system, with various points of intersection, is the **forensic mental health system**, which is designed to assess the mental health of people involved with the legal system and provide treatment as required.

Forensic mental health services are rooted in a health-care approach and guided by the principle that people who lack criminal intent because of mental illness, or who are unable to understand legal proceedings, should not be subject to punitive measures.[23] Forensic mental health care is delivered both in hospital settings and through community-based services.

While ideally the two systems would work together, today they tend to lack integration and coordination, resulting in gaps and inefficiencies.

The criminal justice system

In Canada, criminal justice responsibilities are shared by the federal, provincial, and territorial governments across 14 jurisdictions (one federal, 10 provincial, and three territorial). The *Constitution Act* of 1867 details how those responsibilities are divided. Prosecutions, corrections, crime prevention programming, criminal records coordination, and policing are carried out variously by federal, provincial, territorial, municipal, and Indigenous bodies.

At the federal level

The federal government (Government of Canada) enacts criminal laws across the country through the *Criminal Code*, defines some of the procedures to be followed in court for criminal matters, operates prisons, is responsible for conditional releases (parole) for individuals serving sentences of two years or more, and develops national criminal justice policy.

Correctional Service Canada (CSC) administers federal incarcerations. It also supervises individuals who are released into the community on mandatory supervision and those granted conditional release (parole) by the **Parole Board of Canada.**

CSC consists of eight functional divisions called sectors, one of which is the **Health Services Sector**, responsible for delivering health-care services. Under Section 86 of the *Corrections and Conditional Release Act*, CSC must provide essential health care and ensure individuals who are incarcerated have access to non-essential care as well, in keeping with professionally accepted standards.

CSC's mental health services are provided along a continuum across five integrated service domains:

1. Mental health screening at intake
2. Primary mental health care
3. Intermediate mental health care
4. Psychiatric hospital care at regional treatment centres
5. Clinical discharge planning and community mental health services[24]

CSC also operates five **regional treatment centres** (RTCs) for federally sentenced individuals, including some who have been found NCRMD. With the exception of the RTC located in Quebec, these centres are dually designated as federal penitentiaries and provincial psychiatric facilities.

The **Public Prosecution Service of Canada (PPSC)** prosecutes offences under federal statutes, such as the *Controlled Drugs and Substances Act* (CDSA). In Canada's three territories (Yukon, Northwest Territories, and Nunavut), PPSC handles all criminal matters under the *Criminal Code*.

The forensic mental health system is legislated federally, although its services are mainly delivered under the jurisdiction of the provinces and territories.

In the provinces and territories

Provincial and territorial governments enforce national and provincial statutes, prosecute most *Criminal Code* offences, operate correctional facilities that house individuals serving sentences shorter than two years or who are being held on remand (pre-trial), and provide youth custody.

The provinces and territories are also responsible for victim services, conditional releases from provincial and territorial facilities, and the broader administration of justice including policing and court procedures.

Correctional health care is delivered with a fair bit of variability from one province or territory to the next. In Alberta, British Columbia, Quebec, Nova Scotia, New Brunswick, and Newfoundland and Labrador, provincial health ministries oversee correctional health care. In the Northwest Territories, Nunavut, Yukon, Saskatchewan, Manitoba, Ontario, and Prince Edward Island, correctional health care is managed by their respective ministries of corrections.

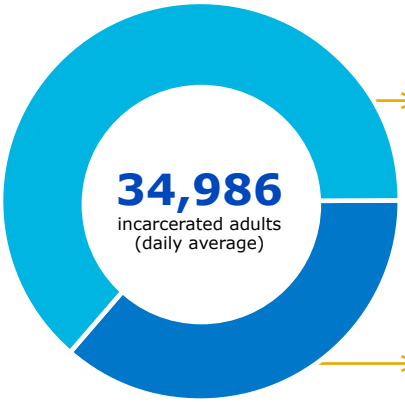
Criminal justice: **Key stats**

Canada's correctional system includes **43 federal adult prisons** with various levels of security operated by CSC and **173 provincial/territorial facilities.**[25]

CSC also manages **14 community correctional centres** for people with long-term involvement in the criminal justice system due to serious offences, contracts services from approximately **200 community residential facilities** (halfway houses), and operates or funds **10 Indigenous healing lodges** designed to provide culturally safe services grounded in Indigenous values, such as Elder services, contact with nature, and ceremonies.[26]

According to Statistics Canada, in 2022–2023 **just under 34,986 individuals were** incarcerated in federal and provincial/territorial institutions on an average daily basis. More than 12,600 were in federal custody and some 22,319 were in provincial/territorial custody.[27]

2022/2023



22,319
provincial territorial facilities

- **73%** on remand
- **27%** sentenced
- **1%** "other"

12,667
federal custody

Canada's correctional system includes:

216 adult correction institutions

173 provincial/territorial facilities

- **5** women's institutions
- **5** regional treatment centres

43 federal prisons operated by CSC

CSC manages...

>200 community residential facilities + **14** community correctional centres for dangerous and long-term offenders + **10** Indigenous healing lodges

Mental health

Federally incarcerated individuals with at least **one** diagnosis.

73% of men

79% of women

Over-representation

32% of federal prison population are **Indigenous people**

9.2% are **Black people**

14% of provincial/territorial prison population are **women**

Almost two-thirds (73%) of those in provincial/territorial custody were on remand, meaning they were being held while awaiting trial or sentencing; the number of people in custody held on remand is rising.[28] Just under one-third (27%) of the people in custody had been sentenced, and 1% were classified as "other."[29]

Overrepresentation and inequities

Despite making up just 5% of Canadian adults, **First Nations, Inuit, and Métis people** constitute 32% of all individuals who are federally incarcerated.[30] They are also incarcerated at younger ages, spend more time in custody, are more frequently denied parole, and are overrepresented in segregation and in receiving high-risk designations than non-Indigenous individuals.[31]

Data from 2021–2022 show that **Black people** make up 9.2% of the overall population in federal custody, despite totalling just 4.3% of the general Canadian population.[32,33,34]

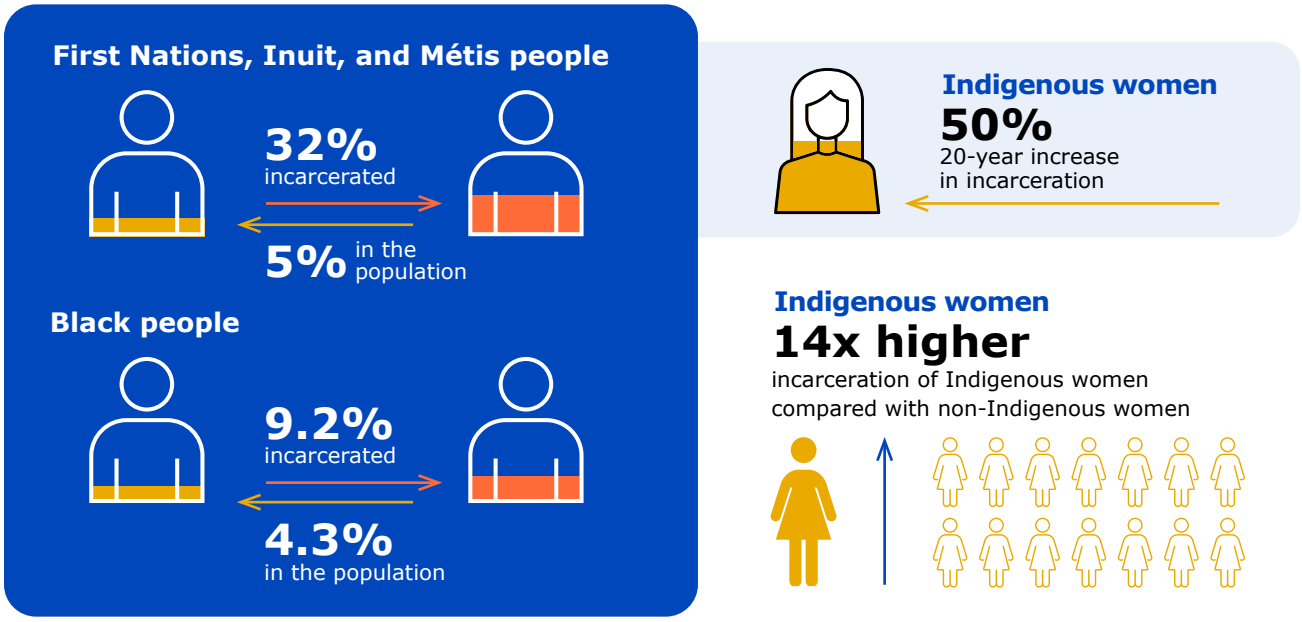
Women represent a rapidly growing population in federal correctional settings in Canada. While overall federal incarceration has been trending downward, incarceration of women has been increasing. Between 2006 and 2016, the incarceration rate of Indigenous women in particular grew by 16%. The rate for non-Indigenous women grew by 32%.[35]

People with intersectional identities are also significantly overrepresented. Indigenous women represent 50% of all women who are federally incarcerated (in Ontario, the relative rate of detention or incarceration is 14 times higher for Indigenous women than white women).[36] Nearly half (47%) of gender-diverse individuals involved with the criminal justice system identify as First Nations, Inuit, or Métis.[37]

More **older individuals** are also in federal custody. In 1993, fewer than 1% of people who were federally incarcerated were 65 or older; by 2021 the proportion had risen to 5%.[38]

Individuals with concurrent mental health and substance use diagnoses are also overrepresented in every part of the criminal justice system.[39]

Systemic overrepresentation



Mental health and the correctional system

Research consistently shows that mental health and substance use problems are more prevalent among individuals involved with the criminal justice system than among the general population[40]. These issues are often linked to high rates of trauma and adverse childhood experiences, as well as negative impacts on mental health of the correctional system itself.[41]

Significant mental illnesses occur at two to three times the rate of the general population, and substance use disorders affect as many as four out of five individuals in custody.[42] The prevalence of mental illnesses such as psychosis and major depression is two to four times higher in individuals who are incarcerated than in the community, and the prevalence of antisocial personality disorder is 10 times higher.[43]

Mental health challenges are especially pronounced among Indigenous people who are incarcerated. Among Indigenous people who are federally incarcerated, roughly 95% of women and 83% of men meet the criteria for at least one current mental health disorder.[44] Substance use rates among Indigenous women who are federally incarcerated are also notably higher than among the broader incarcerated population.[45]

Data on the mental health needs of racially marginalized and Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and other-gendered populations (2SLGBTQI+) in the criminal justice system are limited. Few studies explore the experiences of African, Caribbean, Black, or Asian Canadians, or of 2SLGBTQI+ individuals in the correctional context.

Some psychiatric diagnoses are associated more closely with recidivism than others. Individuals diagnosed with borderline personality disorder or attention deficit hyperactivity disorder (ADHD) have been found to be significantly more likely to reoffend or have their parole or probation suspended during their correctional involvement.[46]

Developmental disabilities are also disproportionately common in correctional settings. In Ontario, for example, they occur in less in than 1% of the general population but at rates of 2.2% in provincial correctional facilities and 2.1% in federal facilities.[47]

The estimated prevalence of **fetal alcohol spectrum disorder** in criminal legal system settings in Canada is up to 46% among adults, with many individuals remaining undiagnosed or misdiagnosed.[48] These individuals face unique challenges because of impaired impulse control, executive functioning deficits, and difficulty understanding legal proceedings.

The prevalence of brain injuries among justice-involved populations is also considerable. One Ontario study found that men and women with a history of brain injury were about 2.5 times more likely to be incarcerated than those without such injuries.[49]

Diversion programs and pathways to justice reform

The current criminal justice system is designed to determine culpability and provide consequences for criminal acts rather than address the root causes of offences. This action plan emphasizes the importance of expanding recovery-focused diversion programs that provide meaningful alternatives and are grounded in informed consent for people living with challenges related to mental health or substance use. Making a greater variety of diversion programs more widely available — along with access to treatment — is essential to helping people exit the criminal justice system or avoid it entirely.

Diversion programs provide "off-ramps" from criminal justice proceedings and sentencing at different points or "junctures" — from pre-contact to contact with police, pre-charge, post-charge, and so on. If an individual enters a diversion program, their charges may be resolved or suspended, or they might have alternative sentencing with access to needed services, treatments, and support. Specialized **mental health courts** are one mechanism by which individuals can be diverted and access alternatives to incarceration such as community service, counselling, and restorative justice programs.

While diversion programs are important to facilitate access to care once involved in the criminal justice system, the increasing need for such programs demonstrates insufficient care resources in the community. Adequately supported community mental health services paired with programs that address social determinants of health and substance use are also needed to reduce a person's likelihood of offending and avoiding initial contact with the criminal justice system.



The forensic mental health system

The forensic mental health system serves individuals being assessed for fitness to stand trial as well as those who have been found either **unfit to stand trial (UST)** — meaning they are unable to participate in a criminal proceeding as a result of a severe mental illness or other mental disability — or **not criminally responsible on account of mental disorder (NCRMD)**.

As defined in Section 16 of the *Criminal Code:*

> *No person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong.*

Most individuals receiving long-term forensic mental health care in Canada have been found NCRMD,[50] as the stays of those deemed UST tend to be brief. That said, some patients who have been deemed UST do remain in hospital for extended periods of time. These include patients with significant developmental disabilities that contribute to their UST status and patients able to consent to or refuse treatment.

The forensic mental health system typically includes

- provincial and territorial Review Boards (independent tribunals that decide on placements and conditions for individuals found UST or NCRMD)
- specialized psychiatric hospitals
- forensic mental health units in general hospitals
- community-based forensic mental health services.

The organization of forensic mental health systems varies from jurisdiction to jurisdiction. Some are highly distributed and involve many non-forensic mental health professionals (as in Quebec), while others are centrally coordinated and specialized (as in British Columbia). Services are further shaped by local legal contexts, available resources, attitudes about mental health and criminal justice involvement, and risk management.[51]

Forensic Review Boards and their role

Forensic Review Boards review the status of individuals under their jurisdiction and make decisions about their placement, aiming to apply the least onerous and least restrictive conditions to ensure public safety and address the individual's treatment and rehabilitation needs. Decisions are based on the level of threat a person may pose to the community, with threat meaning a serious risk of physical or psychological harm.[52]

Review Boards meet once a year to evaluate individual patients' progress and choose one of three possible "dispositions" for each person for the year to come:

1. *Detention order:* An individual receiving this disposition will receive an order for detention in a facility with set parameters for passes and privileges outside the facility, including community living.
2. *Conditional discharge:* Under this disposition, an individual will live in the community per specified conditions such as travel restrictions, curfews, and/or prohibited use of non-prescribed substances.
3. *Absolute discharge:* This disposition ends a person's forensic patient status and their Review Board supervision.[53]

Critical knowledge gaps

There is currently a lack of population-level data on forensic mental health patients in Canada. Sample sizes in the existing research are often small, focusing on one or a few forensic psychiatry institutions.[54] This creates knowledge gaps about the number of individuals being treated at a given time and the nature of their needs, number of beds, and types of services provided. Further research is urgently needed to gain a holistic understanding of the system.

Canada has seen an overall increase in the number of people found NCRMD, although there are regional differences. Quebec and Ontario have experienced steady increases, for example, while British Columbia has recorded a steady gradual decline.[55]

The growing number of admissions to forensic mental health services suggests that the criminal justice system has become a gateway or a default entry point to specialized mental health care for many people experiencing severe mental illness. A Quebec study of 1,014 individuals declared NCRMD between 2000 and 2005 found that about half had no consistent care the year before their offence, even though services for severe mental illness knew about them.[56]

When discharged from psychiatric hospitals, individuals report gaps in care, a lack of scheduled follow-up care, and poor service engagement.

Roughly a third of people living with severe mental illnesses disengage from services.[57] Having a forensic mental health history increases this risk. Service users frequently cite negative provider attitudes, feeling unheard, and lack of service continuity as key barriers to effective care.[58]

Forensic mental health: **Key stats**

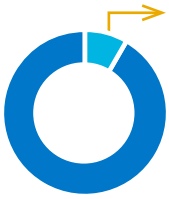
As mentioned above, there is a lack of population-level data. Most of the following statistics are specific to Ontario.

A study of 7,635 forensic admissions from 2013 to 2025 found that nearly half of all individuals (3,720) were admitted for an assessment of fitness to stand trial or of NCRMD; one in five were admitted "on an NCR warrant of committal or intra-hospital transfer" and a further one in five were admitted for a treatment order or "keep fit" order.[59†] Two per cent of patients were admitted or transferred from another hospital after being found NCR, and 482 admissions were for "other reasons."

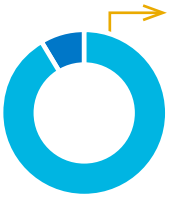
The main diagnoses found in the study were psychotic disorders, substance use disorders, and neurodevelopmental disorders. Those with neurodevelopmental disorders were most likely to be restrained. Seven per cent of admissions in the study period were people of Indigenous heritage and fewer than 20% had immigrated to Canada.

An earlier (2014–2015) study found that 91.6% of individuals admitted to forensic mental health facilities or supervised by such facilities in Ontario had been found NCRMD and 8.4% were deemed UST. Most (81.6%) had a psychotic spectrum disorder, and more than half (57.2%)

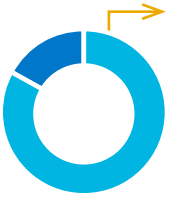
2014/2015



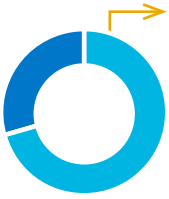
8.4%
Found unfit to stand trial (UST)



91.6%
Found not criminally responsible on account of mental disorder (NCRMD)



83.1%
Prior contact with psychiatric services



70.6%
Prior contact with criminal justice system



81.6%
Diagnosed with a psychotic spectrum disorder



57.2%
Diagnosed with a substance use disorder

Prevalence of developmental disorders



16.7%
People in forensic inpatient program

8.3%
People in community mental health justice programs

0.7%–0.9%
General population

† "Keep fit" orders apply to individuals who have been found fit to stand trial but are at risk of becoming unfit and so are required to receive treatment.

had a substance use disorder.[60] The majority (85.7%) were men and unemployed (63.6%). Developmental disabilities were far more common among people in forensic inpatient programs (16.7%) and community mental health justice programs (8.3%) than in the general population (0.7% to 0.9%).

Most of the patients in forensic mental health facilities included in the 2014–2015 study were on a detention order, and almost half were living in the community at the time. The majority had had contact with psychiatric services (83.1%) and/or the criminal justice system (70.6%) before entering the forensic mental health system.

A population-based study of forensic mental health admissions in Ontario between 1987 and 2012 found a growing proportion of people from African, Caribbean, Middle Eastern, and Asian backgrounds under Ontario Review Board supervision.[61] The proportion of Indigenous individuals remained stable and low, averaging about 2.9% of the total sample.[62] This suggests Indigenous individuals may be overlooked for forensic mental health care and end up in the correctional system despite having mental health challenges, partly because of systemic failures to identify Gladue eligibility or apply Gladue principles‡ consistently.[63]

Race, ethnicity, and country of birth can also affect people's experiences of forensic mental health care. Implicit biases in health-care documentation and decision making have been shown to contribute to disparities in diagnosis, risk assessment, use of emergency security responses during hospital stays, and discharge planning.[64] A sample of 109 individuals found NCRMD in Alberta showed non-white patients were significantly more likely to be detained longer under Review Board supervision than white patients, with a mean difference of almost three years.[65] Recent findings also suggest people who identify as Indigenous tend to receive more restrictive dispositions than other NCRMD patients.[66,67]

Many of the disparities observed in the forensic mental health system arise because individuals often come into contact with the system after long periods of unmet need. When people lack timely and sustained access to social supports and mental health services, their conditions may go untreated, worsen, and become more complex by the time they reach forensic care. These gaps are frequently rooted in broader social determinants of health.

Racially marginalized individuals are more likely to access mental health services through coercive pathways than by choice, including police and ambulance referral and involuntary detention under mental health legislation.[68,69]

Studies of correctional and forensic inpatient settings have reinforced the overlapping influence of social determinants on health, mental health, and criminal justice involvement, including high rates of unemployment and homelessness among people with intellectual and developmental disabilities.[70]

Other factors affecting people's ability to navigate upstream services and the forensic mental health system include language proficiency, citizenship status, and the availability of culturally safe services. In Canada, people who are not fluent in either English or French experience significantly longer periods between NCRMD verdicts and conditional discharges than those who are fluent.[71] Outside of large metropolitan areas, a lack of culturally safe care combined with social determinants such as unemployment, poverty, and limited social supports exacerbates inequities in accessing care.[72]

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‡ For information on the Gladue principles and Gladue reports, see Issue 12 on **page 90**.

Priority populations across both systems

Research shows clearly that racially marginalized and Indigenous populations are overrepresented and experience unequal treatment in the criminal justice and forensic mental health systems. They are more likely to be arrested, less likely to be offered diversion options, and more likely to be hospitalized indefinitely and/or experience increased use of restraints or seclusion in the forensic mental health system.[73,74,75]

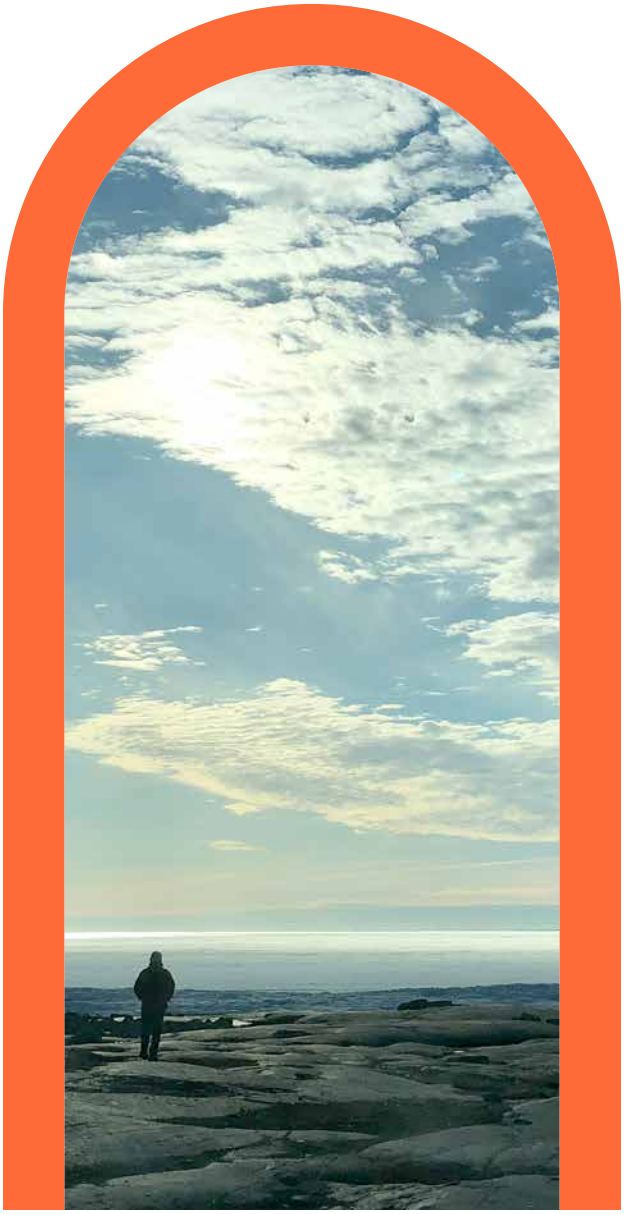
Some groups' distinct mental health needs deserve unique consideration. These are referred to as **priority populations** in this action plan and include First Nations, Inuit, and Métis people; African, Caribbean, and Black people; women; people with intellectual, physical, and developmental disabilities; older adults; 2SLGBTQI+ individuals; racially marginalized communities; and newcomers and refugees. The action plan takes a justice-oriented, intersectional, and anti-oppressive approach to understanding and representing the unique needs of these priority populations within the systems.

Overrepresentation of Indigenous Peoples

The Government of Canada recognizes Indigenous Peoples as rights holders with constitutionally protected rights under Section 35 of the *Constitution Act*, 1982, which affirms and protects the existing Indigenous and treaty rights of First Nations, Inuit, and Métis Peoples. Each of these groups has its own culture, demographics, language, traditions, history, and distinct rights established through treaties, legislation, self-government agreements, and other means.

Yet Indigenous people in Canada continue to face systemic discrimination and significant mental health challenges related to racism, economic inequities, health disparities, land and resource rights, unsafe drinking water, ongoing impacts of colonization, and more.[76]

Indigenous people living in northern, remote, and isolated communities often face barriers to accessing services and supports that affect their experience of the criminal justice system. Indigenous people in urban centres also often struggle to access services and supports. While there is a growing Indigenous middle class, poverty remains high for urban Indigenous people. The need for culturally safe and accessible urban Indigenous-specific and -led community supports is acute and growing.[77]



Indigenous people continue to suffer intergenerational trauma from assimilation and marginalization. The notorious Indian residential school system and "Sixties Scoop" are just two examples of the events and circumstances that have caused trauma. Others include the *Indian Act*; the reserve system; nutritional and medical experimentation; forced sterilization; enforced isolation, oppression, and deprivation; prohibition of cultural ceremonies; restricted access to legal recourse; imposition of the Chief and Council system; road allowance communities; and scrip systems. The last of the so-called Indian hospitals, which often forced Indigenous people into treatment, was decommissioned only in 1996.

This history has fostered Indigenous people's distrust in medical professionals and contributed to the overrepresentation of Indigenous people in the criminal justice system.[78]

As non-Indigenous researchers, the authors of this action plan acknowledge the urgent need for Indigenous-led initiatives to respond to persistent systemic discrimination and for broader, more creative thinking about incorporating Indigenous practices and interventions as alternatives to colonial criminal justice approaches. This necessarily makes law reform part of the discussion.

The plan itself may provide a platform to address some issues with recommendations specific to Indigenous communities and to amplify initiatives and practices already being led by Indigenous people for Indigenous people. It is also acknowledged that this action plan reads as being First Nations focused because there are limited data on Métis and Inuit Peoples — and that much more distinction-based work is needed.

Calls for change

In 2015, the Truth and Reconciliation Commission of Canada issued a series of Calls to Action, several of which were about justice-related issues. Many of these calls have been ignored or seen slow responses, such as Call to Action 30, which the Government of Canada committed to, and which aimed to eliminate the overrepresentation of Indigenous people in custody within a decade (i.e., by the end of 2025).[79]

Other bodies have also called for change to improve the lives of Indigenous people in Canada and around the world. In 2007, the United Nations issued its *Declaration on the Rights of Indigenous Peoples* (UNDRIP), an action-oriented framework designed for federal-level implementation in collaboration with Indigenous Peoples. UNDRIP's articles address rights that "constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world."

Grounded in the principles of justice, democracy, human rights, and anti-discrimination, UNDRIP provides a foundation for reconciliation, healing, and peace. Appendix B highlights the key articles of UNDRIP that are most relevant to this action plan. The Government of Canada embraced UNDRIP fully in 2016,[80] and there are efforts underway to have UNDRIP recognized at the provincial and territorial levels as well.

In line with UNDRIP, which aims to ensure Indigenous leadership is at the forefront of developing and guiding initiatives that advance Indigenous rights-based justice, Justice Canada developed the Indigenous Justice Strategy (IJS) in collaboration with First Nations, Inuit, and Métis communities. Published in 2025, the IJS seeks holistic, progressive, and transformative reforms throughout the criminal justice system to address systemic discrimination and the overrepresentation of Indigenous people — including greater consideration of the experiences of Indigenous people, particularly regarding mental health.

Toward an Indigenous criminal justice system

One early output of the IJS was a document setting priorities for future federal work. Given its high-level nature, that document benefits from being read alongside more targeted plans such as the Assembly of First Nations' National First Nations Justice Strategy, which was developed through years of engagement, and which calls for action to address issues related to policing, corrections, and systemic racism in the legal system.

A key acknowledgment of the IJS is that current criminal justice systems do not work for Indigenous people — and are in fact designed intentionally to harm them. As such, existing criminal justice systems cannot be adapted or decolonized and developing Indigenous strategies within them should not be the final goal of equity and reconciliation processes. Instead, the ongoing power imbalances that contribute to Indigenous people's mental health disparities and to their overrepresentation in the criminal justice system must be challenged and dismantled.

What's needed instead are new, anti-colonial Indigenous justice laws and systems developed by and for Indigenous people, free from colonial influences. Such laws and systems would provide a sustainable and comprehensive solution to systemic challenges. Aligned with the UNDRIP, they would allow Indigenous communities to take control of justice matters and tailor mental health supports to the needs of their people on the basis of their cultural values and experiences.

Prison abolition has been recognized as one potential tool for dismantling the systems that have caused harm to Indigenous people. Canadian governments have an obligation to do better, not only by adopting an anti-colonial approach within current systems but also by supporting the development and promotion of alternatives to incarceration that are developed by and for Indigenous people.

> *A final note: this document is not intended to be a comprehensive, Indigenous-focused action plan. Readers are encouraged to refer to Indigenous-led initiatives, both past and ongoing, that continue to drive meaningful change.*



Part 2

Navigating the action plan

A core premise of this action plan is that wherever someone makes contact with the criminal justice or forensic mental health systems they should receive the best possible treatment, care, services, and supports.

Intent and scope

The mission of this action plan is to contribute to the mental health and well-being of all individuals who work within or otherwise interact with the criminal justice and forensic mental health systems. It does so by recommending actionable changes at all levels — individual, community, institutional, systemic, and societal — with accountability and continuous monitoring to ensure meaningful impact.

The recommended actions support the vision of a transformed Canada where everyone has access to safe, culturally informed services that respect diverse experiences, and where everyone has opportunities to learn and grow — all of which are needed to achieve and maintain optimal mental health.

As part of that vision, the stigma and discrimination tied to mental illness, substance use, and criminal justice involvement will be dismantled. Society and its systems will focus on upstream prevention, early intervention, and diversion from the criminal justice system. People with lived and living experiences of mental health challenges will be treated with the same respect as other members of society and have access to appropriate care during all interactions with the criminal justice and forensic mental health systems.

Informed by those goals, the action plan recommends ways to:

1. Divert people living with mental illnesses from the criminal justice system whenever possible
2. Support the mental health of people no matter where or how they come into contact with the criminal justice and/or forensic mental health systems
3. Provide continuity of care and support for people after they are released from either system
4. Support the psychological health and safety of professionals who work within these two systems
5. Enact the legislative and other system-level changes that are needed for reform and to implement the other recommendations of the action plan

What the action plan covers

The action plan is based on a high-level recognition of the connections between the criminal justice and forensic mental health systems — and of the need for integrated, system-level responses.

While it focuses mainly on mental health, the plan recognizes the interrelationship between mental health and substance use, which is clear in the high rates of concurrent concerns related to mental health and substance use, the number of risk and protective factors shared by mental health and substance use concerns, and the integration of many mental health and substance use service systems.

Even though the action plan cannot address the full range of justice-system issues related to substance use, it incorporates substance use considerations throughout where they go hand in hand with mental health considerations.

In scope	Out of scope
• Adult corrections (age 18 years and up) • Individuals involved with the criminal justice system from first contact to release and reintegration • Mental health needs of criminal justice and forensic mental health workers • All junctures across the criminal justice and forensic mental health continuum — from pre-contact to where mental health, substance use, and social services and supports are needed • Community mental health, substance use, and social services that support diversion and reintegration across all junctures between the criminal justice and forensic mental health systems • Federal, provincial, and territorial ministries responsible for the delivery of custodial care and mental health and substance use services in correctional settings, including community-based correctional and forensic mental health services • Mental health needs of priority populations • Provincial, territorial, and federal services and supports for victims and survivors of crime, including families	• Youth criminal justice (age 12–17 years) • Recommendations and actions specific to the civilian mental health system, except where health ministries are responsible for the delivery of mental health services at the pre-contact juncture or during and after criminal justice involvement • Issues and actions specific exclusively to substance use

Guiding principles

The action plan is guided by a set of principles that emphasize the values and approaches needed to meet the mental health needs of people who:

a) have interacted with police, criminal courts, correctional services and/or been accused, charged, or convicted of a crime

b) are involved in the forensic mental health system — receiving assessment, treatment, or care in a legal context

c) work in or in relation to the criminal justice and forensic mental health systems

d) are victims and survivors of crime

e) are otherwise impacted by the criminal justice and forensic mental health systems, such as children and other family members of individuals involved with the criminal justice system

Specifically, the action plan aims to be:

- **Grounded in lived experience** — Valuing the experiences and perspectives of people who interact with the criminal justice and forensic mental health systems, including those with lived and living experience of mental illness, and recommending actions informed by the experiences of individuals involved with or working in those systems.
- **Respectful of human and legal rights** — Ensuring people's dignity, autonomy, and equality without bias, acknowledging the importance of self-determination and inclusive practices, and emphasizing interventions that are *least restrictive* and *most appropriate*.
- **Respectful and reflective of the individual and collective rights of Indigenous Peoples** — Honouring and upholding these rights, including the right to self-governance as affirmed by the United Nations *Declaration on the Rights of Indigenous Peoples* and the Truth and Reconciliation Commission of Canada Calls to Action, and valuing the perspectives of Indigenous people. This principle also acknowledges the need to address the harmful impact of colonization and the overrepresentation of Indigenous Peoples in the correctional system — and the importance of creating Indigenous criminal justice systems with sustainable funding, capacity, and infrastructure.
- **Anti-racist and anti-oppressive** — Challenging unequal power dynamics and dismantling institutionalized discrimination within social systems, laws, policies, and norms, including systemic racism and oppression, particularly the overrepresentation of Black people in the criminal justice system. It also recognizes the lack of supports currently available to meet the needs of all racially marginalized individuals.
- **Culturally appropriate, safe, and meaningful** — Aware and respectful of people's cultural identities, ensuring mental health services are adapted to the needs of equity-deserving populations and accounting for cultural considerations in reducing recidivism and improving people's engagement with reintegration programs.
- **Equitable** — Ensuring that all people have direct and immediate access to appropriate health services and support to achieve their full health potential, recognizing the greater risk of poor health outcomes for individuals engaged with the criminal justice system and the impact of criminal justice involvement on health and health-care access.

- **Access-oriented** — Emphasizing the importance of access to services, supports, and interventions based on individual needs, free from barriers including harassment or retribution, and the importance of removing accessibility barriers within the criminal justice system.
- **Informed by evidence-based practices** — Promoting the implementation of trauma-informed, recovery-oriented practices, including promising and best practices, that have demonstrated positive outcomes through empirical research and evaluation to ensure standardized and effective care.
- **Holistic** — Taking a comprehensive view of individuals, recognizing the many aspects of their lives, and helping to build on their strengths, with consideration for the individual, interpersonal, community, policy, and cultural factors that affect both individuals involved with the criminal justice system and those working in the criminal justice system.
- **Integrated** — Championing a coordinated approach across the health and criminal justice systems, and across community and government agencies involved in poverty, literacy, housing, income security, and other social determinants, ensuring continuity of care from community to health systems to courts and prosecutions to corrections, with appropriate services and care at all junctures.
- **Accountable and transparent** — Stressing the importance of transparency, ownership, responsibility, and accountability, both in correctional and forensic mental health practices and in implementing the action plan recommendations, with clear roles, measurable outcomes, and mechanisms that ensure obligations are upheld.
- **Collaborative and intersectoral** — Promoting collaboration among police, courts, corrections, health, community mental health and others to improve outcomes, provide high-quality care, and address systemic lack of integration and coordination.
- **Feasible and implementable** — Formulating strategies and recommendations that can be implemented and measured successfully, accounting for the support and resources required.



How the action plan is organized

At the highest level, this action plan stands on three strategic **pillars**:

1. **Care, not criminalization:** All people in Canada should have access to health and mental health services and supports that help prevent their involvement with the criminal justice system. People living with mental illnesses should be diverted from the criminal justice system whenever and wherever possible.

2. **Care during criminal justice involvement:** People who do become involved with the criminal justice and forensic mental health systems should have access to high-quality, evidence-based care and supports (health, mental health, substance use, and social supports) where and when they need them. Services should be trauma *informed* and culturally safe. Where evidence-based care is not available, evidence-*informed* care* should be prioritized.

3. **Care after criminal justice involvement:** People leaving the criminal justice and forensic mental health systems who still require treatment deserve continuity of care after their release, along with access to seamless and integrated mental health, substance use, and social services in the community.

These pillars, which are discussed in detail in Part 3, help define a comprehensive approach to addressing the overrepresentation of people living with mental illnesses in the criminal justice system.

Each pillar is also associated with a set of "**junctures**" — points of contact between people and the criminal justice or forensic mental health systems. A core premise of this action plan is that wherever someone makes contact with the system they should receive the best possible treatment, care, services, and supports.

At each juncture different **issues** arise. These issues must be addressed through different **actions**. The plan recommends specific actions to be taken in each case and lists the various changes that may need to be made and/or the success factors that are required for an action to be effective. Issues that cut across all junctures in a given pillar appear at the start of each pillar section in the text below.

Part 4 of the action plan outlines recommendations for others impacted by the justice system, including workers in the criminal justice and forensic mental health systems, victims and survivors of crime, and families and communities.

Sample real-world practices and resources are provided for most of the recommended actions as starting points and as proof that what's being called for can be — and in fact is being — done.

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* Evidence-informed care draws on the best available research along with insights from people's lived and living experiences, practical clinical knowledge, and other sources. In contrast, "evidence-based" care relies solely on research-proven practices.

The full set of pillars, junctures, issues, and recommended actions is as follows:

Pillar 1 — Care, not criminalization

Juncture	Issues	Recommended Actions
Cross-cutting – all junctures	**Issue 1: Mental health knowledge and competencies in the criminal justice system**	**Recommended action 1** Develop and implement cross-sector training for legal, judicial, and mental health professionals on mental health, cultural safety, and diversion options.
Juncture 1: Pre-contact	Issue 2: Social determinants and adverse childhood experiences	**Recommended action 2** Expand access to trauma-informed early interventions that address systemic inequities by improving mental health care, education, housing, financial security, and social supports.
Juncture 2: Contact	Issue 3: Responder knowledge and skills	**Recommended action 3** Provide comprehensive and ongoing mental health and substance use education and skills development for police, first responders, and public safety communicators.
	Issue 4: Community-based crisis response	**Recommended action 4** Create and scale up specialized mental health crisis intervention teams to respond to mental health and substance use crises in the community.
	Issue 5: Assessment and treatment at the moment of crisis	**Recommended action 5** Establish specialized crisis response centres in collaboration with community-based mental health and social service agencies — with "no refusal" policies that ensure individuals in need of care are not turned away.

Juncture	Issues	Recommended Actions
Juncture 3: Preliminary proceedings	Issue 6: Access to pre-trial screenings and programs	**Recommended action 6** Ensure access to and capacity for routine early mental health screening and for expert pre-trial assessments in the criminal justice and forensic mental health systems. **Recommended action 7** Expand access to pre-trial diversion programs that align with individual needs.
	Issue 7: Pre-trial release conditions	**Recommended action 8** Set appropriate pre-trial release conditions and provide supports so people living with mental illnesses or mental health challenges can comply with them.
Juncture 4: Court proceedings	Issue 8: Diversion and alternatives to criminal court	**Recommended action 9** Prioritize sustained provincial/territorial funding for mental health courts, mental health dockets, community justice centres, and other diversion approaches. **Recommended action 10** Create and fund a national program to set restorative justice standards and train related professionals.
	Issue 9: Diversion best practices	**Recommended action 11** Ensure ongoing cross-sector planning and collaboration on diversion best practices. **Recommended action 12** Clearly define the target population and eligibility criteria for diversion processes in collaboration with interdisciplinary criminal justice system workers. **Recommended action 13** Outline clear terms of participation in diversion processes that require informed consent and have no cost for the participant.

Juncture	Issues	Recommended Actions
Juncture 4: Court proceedings	Issue 10: Interests of children	**Recommended action 14** Implement guidelines that require consideration of children's best interests in sentencing decisions involving parents, with expanded support programs for children and families impacted by incarceration.
	Issue 11: Fitness to stand trial	**Recommended action 15** Create consistent criteria for fitness to stand trial (FST) assessments across jurisdictions. **Recommended action 16** Allow forensic psychologists to perform fitness to stand trial (FST) and not criminally responsible (NCR) assessments.
	Issue 12: Gladue reports	**Recommended action 17** Improve access to, resourcing of, and mandatory justice professional training for the creation and use of Gladue reports.

Pillar 2

Care during criminal justice involvement

Juncture	Issues	Recommended Actions
Cross-cutting – all junctures	**Issue 13: Information sharing**	**Recommended action 18** Establish clear, privacy-compliant processes for sharing information among both community-based and institutional health-care providers and correctional staff, aligned with the broader goal of improved continuity of care.
Juncture 5: Community-based sentences and supervision	Issue 14: Training for professionals Involved with conditional releases, parole, and community sentences	**Recommended action 19** Implement targeted mental health training for conditional release decision makers, parole board members, and community supervision personnel to effectively identify and respond to symptoms of mental illnesses and refer clients to appropriate services.

Juncture	Issues	Recommended Actions
Juncture 5: Community-based sentences and supervision	Issue 15: Service alignment	**Recommended action 20** Establish intensive, specialized, interdisciplinary case management teams to ensure services are matched to individual needs.
	Issue 16: Compliance with release conditions	**Recommended action 21** Eliminate mandatory release conditions and manage minor violations in person-centred and least-restrictive ways to avoid unnecessary reincarceration.
	Issue 17: Use of temporary absences	**Recommended action 22** Expand eligibility requirements for temporary absences (TAs), including while individuals are on remand. **Recommended action 23** Provide support to help individuals complete TA applications.
Juncture 6(a): Institutional custody—Health care	Issue 18: Health care in correctional systems	**Recommended action 24** Transfer health-care delivery from provincial and territorial correctional ministries to ministries responsible for health care, with arrangements between Correctional Service Canada and provincial/territorial health-care ministries to provide fully integrated health services for individuals who are federally incarcerated.
	Issue 19: Inconsistent health-care standards	**Recommended action 25** Work with all levels of government to develop common health-care standards for people while incarcerated.
	Issue 20: Oversight and accountability	**Recommended action 26** Establish independent oversight and accountability bodies led by health professionals to ensure consistent, high-quality health care in Canadian correctional facilities.

Juncture	Issues	Recommended Actions
Juncture 6(a): Institutional custody—Health care	Issue 21: Access to primary mental health care	**Recommended action 27** Strengthen primary care in correctional facilities so interventions are least restrictive, least intensive, least intrusive, and equivalent to the care available in the wider community, as the first step in a progression to intermediate and acute care when needed.
	Issue 22: Access to intermediate mental health care	**Recommended action 28** Expand the availability of intermediate mental health care services for all people who are incarcerated in Canada, at all levels, both within corrections and in collaboration with community service providers.
	Issue 23: Access to intensive mental health care	**Recommended action 29** Ensure timely transfer of individuals in custody to appropriate intensive mental health services on the basis of their individual needs.
	Issue 24: Suicide and self-harm	**Recommended action 30** Refer individuals at risk of suicide or self-harm to a mental health professional for assessment and timely access to services. **Recommended action 31** Monitor individuals at risk of suicide or self-harm according to their level of risk and provide them with appropriate services in a timely manner. **Recommended action 32** House individuals at risk of suicide or self-harm in safe environments that maximize interaction with health-care professionals and other service providers and minimize isolation.
	Issue 25: Use of medication	**Recommended action 33** Use recovery-oriented, patient-centred, non-pharmacological mental health interventions whenever possible and appropriate, according to individual needs.

Juncture	Issues	Recommended Actions
Juncture 6(b): Institutional custody—Barriers	Issue 26: Mental health screening on intake	**Recommended action 34** Implement standardized, quality-controlled mental health screenings and assessments both on intake and on an ongoing basis, with mechanisms for ensuring compliance and consequences when standards are not met.
	Issue 27: Physical environment	**Recommended action 35** Modernize existing correctional facility infrastructure to align with contemporary standards of care.
	Issue 28: Consequences of confinement in correctional facilities	**Recommended action 36** End indefinite segregation and isolation in Canadian correctional facilities. **Recommended action 37** Fully implement recommendations from external reviews, auditor general reports, inquest juries, and parliamentary committees and publicly justify non-implementation. **Recommended action 38** Establish legislated independent review processes for, and external oversight of, the use of isolating conditions of confinement.
Juncture 6(c): Institutional custody—Connection and rehabilitation	Issue 29: Community participation	**Recommended action 39** Foster partnerships to integrate community organizations with correctional facilities, strengthening continuity of care and improving access to transition planning and support, rehabilitation services, and housing.
	Issue 30: Maintaining connections	**Recommended action 40** Encourage family visits and connection with family, friends, and community for individuals who are incarcerated. **Recommended action 41** Implement peer support programs across all junctures of the criminal justice system.

Juncture	Issues	Recommended Actions
Juncture 6(c): Institutional custody—Connection and rehabilitation	Issue 31: Access to education and self-improvement	**Recommended action 42** Provide individuals in custody with access to library materials, post-secondary education, email, and online personal well-being and mental health content.
Juncture 7: Forensic mental health	Issue 32: Forensic mental health capacity	**Recommended action 43** Focus hospital-based forensic mental health services on addressing the needs of clients who are higher risk and increase the availability of alternative forensic mental health supports for clients who are lower risk, such as inpatient beds and greater community integration.
	Issue 33: Length of hospitalization	**Recommended action 44** Develop consistent, individualized discharge plans for forensic mental health patients when they are admitted, with clear treatment goals, milestones toward release, and steps for achieving community reintegration. **Recommended action 45** Evaluate the high-risk accused (HRA) designation for people deemed NCRMD and amend Canada's *Criminal Code* to include specific limitations on use of this term.
	Issue 34: Recovery-oriented models of care	**Recommended action 46** Implement recovery-oriented models of care in forensic mental health settings to support rehabilitation and reintegration.
	Issue 35: Forensic Review Boards and cultural safety	**Recommended action 47** Mandate cultural competency training for all forensic Review Board members.
	Issue 36: Reflecting lived experience on forensic Review Boards	**Recommended action 48** Mandate the inclusion of people with lived and living experience (PWLLE) as members of forensic Review Boards.
	Issue 37: Patients' social networks	**Recommended action 49** Use mentoring and peer support programs in forensic mental health settings to improve the self-confidence and social skills of patients with mental health challenges, contributing to greater social participation.

Pillar 3 — Care after criminal justice involvement



Juncture	Issues	Recommended Actions
Cross-cutting – all junctures	**Issue 38: Discharge planning and transitions**	**Recommended action 50** Require case managers to be assigned to people who are incarcerated or under forensic mental health care before their release. **Recommended action 51** Improve capacity to support discharge planning by involving institutional, community correctional, and forensic health-care workers as well as non-governmental and volunteer-sector partners in planning for discharges and transitions. **Recommended action 52** Develop and maintain an ongoing inventory of discharge-related community-based services, and build partnerships between institutions, programs, and service providers.
Juncture 8: Community living and follow-up	Issue 39: Health-care transitions	**Recommended action 53** Expand capacity for and availability of community-based social services, mental health services, and substance use health services for individuals when discharged. **Recommended action 54** Ensure continuity of care for people entering correctional and forensic facilities, throughout incarceration or hospitalization, and after release, by maintaining their connections to community-based health-care providers. **Recommended action 55** Enhance access to personal electronic health records (EHRs) for individuals involved with the criminal justice system. **Recommended action 56** Ensure individuals have prompt access to appropriate medications upon discharge and after release.

Juncture	Issues	Recommended Actions
Juncture 8: Community living and follow-up	Issue 40: Access to transitional/supportive housing	**Recommended action 57** Improve post-release access to housing and related supportive services.
	Issue 41: Impact of a criminal record	**Recommended action 58** Remove administrative barriers, establish clear eligibility criteria for automation, and implement an automatic record suspension regime for non-violent convictions.

Part 4 Recommendations for those otherwise impacted: workers, victims, and families

Issues	Recommended Actions
Issue 42: Workers in the criminal justice and mental health systems	**Recommended action 59** Implement comprehensive workforce development plans for correctional and forensic settings to improve recruitment, retention, and staff effectiveness. **Recommended action 60** Address the staff shortages and high turnover that create stressful work environments and compromise care in both correctional and forensic mental health settings. **Recommended action 61** Upgrade or replace aging infrastructure to reduce overcrowding, avoid safety risks for workers and individuals in custody or care, and eliminate tensions that interfere with effective mental health care. **Recommended action 62** Protect workers' psychological health and safety through legal safeguards, policies, and best-practice management approaches, improving job satisfaction by bringing recovery- and rehabilitation-focused approaches to criminal justice and forensic mental health.

Issues	Recommended Actions
Issue 43: Victims and survivors of crime	**Recommended action 63** Ensure victims and survivors have opportunities to participate actively in court proceedings, parole board hearings, and other forums as appropriate and allowed by law, fostering a sense of closure and involvement. **Recommended action 64** Ensure victims and survivors receive clear and timely information to move confidently through the criminal justice system. **Recommended action 65** Incorporate victim and survivor voices into relevant stages of the judicial process. **Recommended action 66** Improve resourcing and accessibility of victim and survivor support services to aid in recovery and participation in the justice process. **Recommended action 67** Ensure victims and survivors feel safe throughout their involvement in the justice process.
Issue 44: Families and communities	**Recommended action 68** Recognize the interconnections between victims of crime, families, and communities, and ensure distinction-based programs and services exist to address their needs.

Cross-cutting considerations

Certain themes reoccur throughout the action plan, emerging out of our analysis of the literature, the insights of our advisers, and the stories and personal reflections shared by individuals with lived experience during consultations and focus groups across the country. Many of these cross-cutting considerations are restated throughout the following sections on issues and actions: this repetition is intentional for emphasis and to frame specific recommendations.

Social determinants and justice involvement

Early childhood development, socio-economic status, housing, education, physical environment, employment, social support networks, and access to health care are among the social determinants that affect people's mental health and overall well-being. Many of them overlap with or are linked closely to social determinants of justice, influencing the likelihood of a person's involvement with the criminal justice system and affecting their ability to reintegrate into the community after incarceration.

Many individuals experiencing mental health challenges have gone through adverse events in childhood, including childhood abuse.[81] People who have these early experiences often feel anxious about their personal safety, lack coping strategies, and live in situations in which they face survival deficits (i.e., insufficient nutrition) and have other unmet basic needs, all of which can increase their risk of criminal justice interactions.

Mental health challenges are also associated with higher rates of uncompleted education and employment barriers.[82] Gaps in work history, limited work experience, workplace discrimination, and negative stereotypes in the workplace can all result in income instability or financial insecurity. This is exacerbated by Canada's affordability crisis — one of the country's major social and economic challenges — which increases the risk that people will experience poor housing conditions, homelessness, and, ultimately, contact with the criminal justice system. Homelessness is a major risk factor for incarceration.[83]

People who lack social support networks and experience loneliness or social isolation are also vulnerable to criminal justice involvement as well as detrimental long-term health effects.[84] These issues are especially pronounced in remote, isolated, or rural areas where resources are scarce and access to employment, housing, and social supports is more limited than in larger centres.

People often struggle to find safe and stable housing when re-entering the community after incarceration or hospitalization in a forensic mental health facility and may even become chronically homeless. Unemployment is common, and having a criminal record is an additional barrier to finding housing and work. The lack of continuity of care and communication between isolated systems further complicates the situation. Without a safety net, individuals find themselves in environments where they are prone to criminal justice involvement — often living in worse conditions than before they were incarcerated.[85]

Where data are available, this action plan explores how addressing social determinants of health can facilitate upstream prevention of criminal justice involvement, reduce the likelihood of reoffending, and support long-term mental health and well-being.

Access to care and support

Access to mental health services for individuals involved with the criminal justice system at all points in the system remains inconsistent because of inadequate integration of services. Ideally, mental health services and treatments should be the responsibility of provincial or territorial ministries of health and be readily accessible in correctional settings and in the community. As this plan details, the ideal in many cases is to increase support for community-based services, expand individuals' access to those services, and shift responsibility for mental health care away from correctional institutions.

Without effective collaboration and communication between criminal justice systems, mental health services, and community organizations, people often receive insufficient care, increasing the likelihood of recidivism. The integration of mental health services depends heavily on the availability of resources both in correctional facilities and in the community.

Canada's period of "deinstitutionalization" in the 1960s and 1970s saw individuals living with mental illnesses move from psychiatric facilities and institutions to community-based care. Yet severe underfunding of community resources and mental health services since then — combined with an inability to meet growing demand — has left people vulnerable to interactions with the criminal justice system.[86]

While research and best practices show that diversion programs and community-based treatments are effective for people when they first come into contact with the criminal justice system, these interventions are underused (and under-available) because of insufficient funding of community supports.[87]

Mental health screenings and assessments are routine, although not nationally standardized, for people charged with criminal offences or serving pre-trial time in custody. Yet relatively few individuals are referred to appropriate community services because the capacity to support them does not exist.

In more severe cases, when individuals are deemed to be at risk for self-harm and suicide, treatment options are limited, and isolating conditions of confinement often become the default response. In provincial and territorial jails, this can take the form of placement in segregation; in federal penitentiaries where segregation is no longer permitted, structured intervention units (SIUs) may be used.

Successful reintegration into the community is challenging for people who aren't supported with proper continuity of care, leading to high rates of recidivism and the "revolving door" phenomenon of repeated cycling through the criminal justice system.

Many recommendations in this action plan address the shortage of mental health resources, the need for better coordination and integration of services, and the need to improve access to services across the criminal justice and forensic mental health systems. Also essential is building community capacity, particularly in rural, remote, and underserved communities.



Lack of standardized practices and training

Lack of standardization across the criminal justice and mental health systems leads to inconsistent access, care, support, treatments, and outcomes for individuals with mental health challenges involved in legal processes.

Provinces and territories manage health services differently. Discrepancies in policies and procedures across jurisdictions further contribute to the lack of standardization and inconsistent outcomes.

Diversion programs are also not standardized, differing in availability and effectiveness depending on the ways local resources are allocated. Some jurisdictions dedicate resources to diversion programs such as pre-charge screening or mental health courts, making them more accessible and better tailored to individual needs than programs offered elsewhere. Eligibility for diversion programs varies across jurisdictions as well.

Awareness of and training in mental health varies vastly among criminal justice professionals, including law enforcement officers, correctional staff, lawyers, and judges, affecting everything from police interactions to lawyers' and judges' handling of cases and individuals' experiences of incarceration. As noted above, mental health screening and assessment practices also vary widely between jurisdictions, and inconsistent protocols for responding to mental health challenges can result in variable outcomes.

The action plan addresses these issues by emphasizing the need for consistent care at all levels of service delivery, including standardized protocols, infrastructure, and access, with the goal being to strive to ensure that people receive equitable treatment regardless of their location or specific circumstances. The action plan simultaneously recognizes the need for individualized care approaches that respect the diverse needs and experiences of individuals involved with the criminal justice system.

Needs of priority populations

This action plan identifies a number of priority populations including First Nations, Inuit, and Métis people; African, Caribbean, and Black people; women; people with intellectual, physical, and developmental disabilities; older adults; 2SLGBTQI+ individuals; racially marginalized persons; and newcomers and refugees.

People belonging to these groups are more likely than others to lack the benefit of positive social determinants of health including stable housing, employment, adequate food, income supports, and social services. Historical and societally embedded factors such as colonialism, racism, colonial governance, residential schools, and systemic discrimination continue to have harmful effects, along with the residue of so-called "get tough on crime" and "war on drugs" policies.

Many racially marginalized communities lack adequate mental health infrastructure, including culturally safe and community-based services, creating additional barriers to early intervention and appropriate care. Services and supports are often inadequately tailored to meet the cultural needs of priority populations, and racism and systemic discrimination limit access to education and other support services. These issues also foster mistrust and can discourage people from seeking help.

When individuals from these priority populations find themselves in conflict with the law or in correctional or mental health settings, they face more obstacles and experience worse outcomes than others. Services may be retraumatizing. Individuals may find themselves needing to navigate persistent racism.

When people from priority populations return to the community after criminal justice involvement or forensic mental health treatment, many have limited access to community resources or positive social determinants of health, heightening their risk of recidivism. They can also face stigmatization and isolation.

Where applicable, this action plan addresses the unique needs of priority populations with recommendations for enhancing their access to social determinants of health and culturally adapted services, improving research and data collection, and reducing systemic inequalities related to racism, discrimination, and stigma.

Stigma and discrimination

For the purposes of this action plan, the terms "stigma" and "discrimination" refer to negative attitudes and behaviours directed at individuals with mental illnesses and/or involved with the criminal justice system. They can be social, structural, or self-imposed, and they can severely impact a person's quality of life.

Stigma and discrimination affect both people who are justice involved and those who work within criminal justice, health, and mental health systems. In practice, this means individuals may encounter stigma from the public, from the service providers they interact with, or even within their own workplaces.

While people from priority populations are particularly vulnerable in the ways described above, anyone who is justice involved and living with mental health challenges may experience stigma and/or discrimination. The consequences can include avoiding help due to fear of judgment or facing harmful assumptions that link mental illness with violence. These biased attitudes can also influence police responses, making excessive force or restrictive measures more common during initial encounters.

Individuals are often not aware of the stigmatizing views they harbour. For instance, judges, lawyers, and prosecutors may harbour views that reduce an individual's chances of being diverted from the criminal justice system into appropriate services. Health-care providers may also have biases toward certain mental health conditions, such as borderline personality disorder, autism, fetal alcohol syndrome disorder, or substance use disorders, or they may not acknowledge the reality of post-traumatic stress disorder (PTSD) or symptoms of solitary confinement.

Stigma and discrimination hamper reintegration efforts as well. Labels related to mental illness, justice involvement, or belonging to a priority population can make it challenging for an individual to secure employment, housing, social supports, or access to programs and services. Widespread community misunderstanding about incarceration and mental health are isolating factors that increase the risk of recidivism and continued involvement with the criminal justice system.

Several recommendations of this action plan address stigma and discrimination to reduce the overrepresentation of individuals with mental illness in the criminal justice system and promote a stigma-informed approach to care and support.[88]

Poor information sharing

Service providers need to share information in a timely way to ensure effective care for people experiencing mental health challenges, especially in justice and forensic mental health settings. Collaboration among organizations, facilities, and government ministries is essential.

Inconsistent information sharing often means individuals are subjected to multiple mental health screenings and assessments at different junctures, an inefficient process that interferes with continuity of care and diverts resources that could be dedicated to diversion programs and treatments.

Barriers to effective information sharing include lack of access to appropriate technology, professional cultural differences (values, ethics, communication styles, record-keeping practices, and more), systemic issues, gaps between policies and oversight, poor worker understanding of appropriate information sharing, and concerns about patient confidentiality. These can produce mistrust among professionals, uncertainty, and ideological friction (for example, over whether to prioritize security or care) and can result in roles being unclear and policies and training being inconsistent. Siloed medical records, incompatible electronic medical records, and complex consent procedures are additional complications.

Overcoming these obstacles requires building trust, fostering a culture of collaboration, implementing standardized procedures for collecting and sharing information, applying legislation consistently, and requiring all levels of service providers to undergo mandatory training. Supporting cultural change within organizations will also promote a smoother and more automatic flow of information.

At the same time, proper safeguards must be in place to ensure sensitive and confidential information is shared responsibly and only in the best interests of the individual to whom it relates.

Improving information sharing between providers within and outside of hospitals and correctional facilities enables more effective interdisciplinary care and improves outcomes for individuals negatively involved with the criminal justice system. Data collection will be facilitated (e.g., transparent, standardized race-based data as a measure of accountability and to help to develop policies and practices that mitigate inequities), service delivery will improve, recidivism will decrease, and criminal justice involvement will be prevented overall.

This action plan addresses the need for improved information sharing among service providers to support continuity of care, collaboration, and prevention.

System-related trauma

The issue of system-related trauma is complex and difficult. Being held involuntarily in a place of custody and forced to undergo treatment can cause physical and psychological trauma, particularly for people from priority populations. Incarceration or being committed to a forensic mental health facility can deepen people's existing trauma through punitive practices that emphasize control over treatment and rehabilitation.

Procedures such as strip searches, seclusion, segregation and other forms of isolation, use of force, forced treatment and injections, and punitive behavioural protocols are dehumanizing and can be retraumatizing, frequently triggering severe psychological distress in people who have histories of sexual abuse or violence.[89]

While it is vitally important for individuals to maintain personal agency in criminal justice or forensic mental health settings, tensions can and do arise between protecting that agency and ensuring individuals' safety and the safety of others. As is reinforced throughout this action plan, the crucial principle should always be for interventions to be least restrictive and most appropriate.

When conditions are not optimal, such as in overcrowded and under-resourced facilities or where decisions are punitive rather than centred on compassion, recovery, and rehabilitation, individuals may experience ongoing harm without support.

Additionally, it must be recognized that criminal justice practices today are often not trauma informed. Staff who are not trained to manage trauma may respond inappropriately to trauma-induced behaviours—for instance, by imposing excessive restraints or isolation. Isolating conditions of confinement have been shown to cause significant mental health deterioration, including hallucinations and self-harm, with especially dire consequences for people already coping with a mental illness.[90,91,92] As noted previously, traumatizing practices can cause people to avoid seeking the care they need.

Systemic failures are also deeply intertwined with broader societal inequities that funnel equity-deserving people into the justice and forensic mental health systems. Symptoms of anxiety-, depressive-, and trauma-related disorders can't be addressed effectively when individuals remain in settings that perpetuate harm or are excluded from supports that might promote recovery, such as community-based services and the company of friends and family.

Finally, because the conditions and length of stay of a forensic hospitalization are generally uncertain and open ended, some individuals prefer to choose finite incarceration in a correctional institution, which may deprive them of necessary and rehabilitative care.[93]

In light of the above, this action plan applies a trauma-informed approach. By considering individuals' experiences inside and outside the criminal justice and forensic mental health systems, it seeks to mitigate harm and promote healing.

Meaningful change requires collaboration across multiple actors and levels, from policy reform to staff training and the provision of adequate mental health care. Trauma-informed systems must move away from punitive and overly controlled approaches and toward accountability, rehabilitation, and patient-centred and community-based solutions to reduce harm and foster safety and equity.

Workforce considerations

Prioritizing the psychological health and safety of workers in the criminal justice and forensic mental health systems can have a direct positive impact on the emotional and social well-being of individuals involved with those systems.

Workers' psychological health and safety are tightly interconnected with the culture of workplaces themselves. Policies and support systems can either mitigate or intensify psychological health challenges faced by staff — for example, by promoting positive interactions, fostering mutual respect, or providing opportunities for workers to encourage rehabilitation and have a positive impact.

Psychological health and safety are not always easy to guarantee in criminal justice and forensic mental health settings. Workers are frequently the victims of violence, including verbal assaults and threats, some of which may be gender- or race/ethnicity-based.[94,95] Workers from priority populations, particularly Indigenous people, women, racially marginalized individuals, and 2SLGBTQI+ people, can face discrimination, harassment, and stereotyping.

In correctional settings specifically, where correctional officers and health-care professionals work side by side, high rates of stress and burnout occur for a wide range of reasons including power imbalances between the two types of staff; lower salaries for health-care workers than in other health sectors; centralized human resources management; insensitivity to local needs; outdated infrastructure; reliance on paper records; and limited professional development opportunities.[96]

The *National Standard of Canada for Psychological Health and Safety in the Workplace* outlines a systematic approach to promoting and protecting workers, emphasizing the importance of organizational policies, strategic interventions, support systems, evaluation, and continuous improvement for psychological health and safety.[97] This action plan builds on the Standard, applying its principles to criminal justice and forensic mental health contexts at the individual, interpersonal, and institutional levels while recognizing the need for broader system-level and policy changes.



Victims and survivors of crime

The complexities of navigating the criminal justice and forensic mental health systems can compound the significant harms experienced by victims of criminal acts, including psychological and emotional distress. *The Canadian Victims Bill of Rights* (CVBR) adopted in 2015 declares that victims of crime should be treated with fairness, dignity, and respect throughout legal proceedings.[98] The CVBR strengthens victims' rights to information, protection, participation, and restitution and identifies when victims may pursue certain remedies when they have been wronged.

Crime and punitive approaches to dealing with crime also have profound impacts on families and communities, including emotional, psychological, financial, and social disruption, which erode people's sense of safety and security and contribute to feelings of vulnerability and mistrust.[99] Children who witness or experience crime, who are victims of childhood abuse, or whose parents are incarcerated are especially vulnerable, potentially facing developmental issues, academic challenges, and trauma-related outcomes.[100]

The provinces and territories have their own legislation for victims of criminal acts. These laws govern compensation regimes and victim services, including who is entitled to access those services, with "victims" defined as individuals and their families in cases where a person has been identified, apprehended, or prosecuted for a crime. Specific services offered to victims vary but include the provision of information, referrals to community services, short-term counselling, court preparation and accompaniment, assistance completing victim impact statements, and corrections information.

Each province and territory has its own model for delivering victim services on the basis of the needs of people in the jurisdiction.[101] Some are police based and are provided at the time of a crime by victim services teams working with law enforcement; some are court based, assisting victims and witnesses during court proceedings; and others are system based, extending across all stages of the criminal justice continuum.

Efforts to support victims' mental health and well-being must be balanced with the legal rights and well-being of individuals involved with the criminal justice system, ensuring that recommendations for victims align with the broader vision of a criminal justice system rooted in the principles of least restrictive measures, recovery, diversion, rehabilitation, and care. Restorative justice programs such as victim–offender mediation (VOM)† programs represent efforts to involve victims, communities, and individuals involved with the criminal justice system to balance dialogue, empowerment, healing, and reconciliation for all parties involved.

This action plan acknowledges that individuals involved with the criminal justice system are very likely to also be survivors of crime. Mechanisms that recognize and respond to this dual experience must be accessible and available to them. Resources and support should reflect their perspectives and be delivered by trauma-informed personnel.

The plan also acknowledges that people injured or killed by police, correctional staff, or health-care personnel are often not classified as victims of crime, limiting their or their families' eligibility for victim services or reimbursement programs. A conversation focused on victims, families, and communities must include those harmed by governments and their employees.

† Victim–offender mediation (VOM) is a process that prepares interested victims and individuals involved with the criminal justice system for structured and safe meetings with the help of a trained mediator. These meetings provide an opportunity for victims to tell the person accused about the crime's impact on their lives, gain closure from unanswered questions, and actively participate in developing reparative options. Individuals involved with the criminal justice system have the opportunity to apologize, provide information, help develop reparative plans, and prioritize personal growth.



Part 3

The action plan in detail

The prevalence of mental health issues in correctional facilities is significantly higher than in the general population, making effective care coordination between correctional staff and health-care professionals critical.

Pillar 1
Care, not criminalization

All people in Canada should have access to services and supports that help prevent criminal justice system involvement. People living with mental illnesses should be diverted from the criminal justice system whenever and wherever possible.

Issue 1: Mental health knowledge and competencies in the criminal justice system (all junctures)

When people experience mental health challenges, the criminal justice system is rarely equipped to meet their needs. This makes it important to divert such individuals toward alternatives to incarceration.

Diversion requires broad awareness of available programs — and of the Crown and court's legal responsibilities to consider incarceration alternatives. Calls are growing for judges, prosecutors, defence attorneys, and other legal professionals to receive mental health training so they can seize on opportunities to divert people from criminal justice proceedings at the pre-charge and pre-trial stages.

Legal and judicial professionals should understand the spectrum of mental illness, co-occurring disorders, cultural safety, and trauma-informed care — including public safety factors — and be able to recognize mental health symptoms that are likely to affect pre-trial success. They also need to be aware of diversion options, confidentiality rules, program costs, admission criteria, and lengths of stay for diversion programs, among other considerations.

While Crown and defence lawyers are typically trained in pre-trial release considerations and alternative disposition options, in many cases the use of those alternatives needs to be better supported by organizational policies and practices.

There is also a need to train mental health professionals (e.g., psychiatrists, psychologists, social workers, nurses, psychotherapists, occupational therapists) and community-based treatment providers in police and court procedures and diversion practices as well as about the rights of victims and the accused, the importance of family engagement as a support for those accused, and ways of communicating with clients to help them follow release and discharge conditions. They also need to appreciate the individual and systemic factors that can lead someone to fail to comply with pre-trial requirements.

Developing professionals' knowledge, awareness, and skills could prevent escalation, reduce recidivism, and improve health outcomes by directing people to culturally appropriate, trauma-informed care as early as possible. Structured guidelines and training — accessible to participants in rural, remote, and isolated areas — are needed to ensure a more consistent, fair, and wellness-oriented approach to specific diversion opportunities.

About the recommendations

Every issue identified includes one or more recommended actions as well as key success factors ("What's needed to succeed") and real-world models. Success factors are grouped under standardized headings. These groupings are meant to help make the information digestible and are not rigid or absolute. In many cases, a success factor may fit under more than one heading and has simply been placed where it seems most useful.

Recommended Action 1

Develop and implement cross-sector training for legal, judicial, and mental health professionals on mental health, cultural safety, and diversion options.

What's needed to succeed

Training and awareness

- Tailored, evidence-based education and training on mental health and criminal justice diversion — for legal, judicial, and mental health professionals — developed and delivered with the help of people with lived and living experience.
- Regular cross-disciplinary training that familiarizes legal, judicial, and mental health professionals with each other's systems, missions, and values.
- Micro-credentials in mental health for legal and judicial professionals already working in their fields, and comprehensive coursework for undergraduates intending to pursue careers in mental health.
- Culturally relevant training co-developed and delivered by appropriate individuals on cultural safety, how to identify culturally safe service providers, bias reduction, and historical and systemic factors that contribute to the overrepresentation of specific populations in the justice system.
- Implementation and monitoring of the Truth and Reconciliation Commission of Canada Calls to Action 27 and 28, which urge the Federation of Law Societies of Canada to ensure lawyers receive cultural competency training and for law schools to mandate courses on Indigenous Peoples and the law for all students (as advocated for by groups such as the Ontario Federation of Indigenous Friendships Centres).
- Greater awareness of evidence-based diversion programs for priority populations including newcomers to Canada, with consideration for interpretation services, translation resources, and family supports and navigators.

Oversight	• Public oversight of, and reporting on, curriculum development and implementation by representatives from communities affected by systemic discrimination and bias; training providers; resource professionals; and trainees — to keep training current and address identified training needs.
Measurement	• Evaluation and feedback mechanisms to assess the impact of training, with performance metrics linked to practical applicability. • Application of evaluation/feedback results to ensure programs remain evidence informed, culturally safe, and responsive to system needs.
Real-world practices and resources	• **Community Advocacy & Legal Centre Justice Health Partnership (Ontario):** Training for health-care professionals in how to identify legal issues and make referrals for legal assistance. • **Justice Institute of British Columbia's Trauma-Informed Practice Curriculum:** Training that equips legal professionals to recognize trauma, apply de-escalation techniques, and work compassionately with clients experiencing mental health challenges. • **Legal Aid Ontario resources for lawyers (Ontario):** Resources to help lawyers represent clients with mental health issues, including courses on trauma-informed legal practices. • **Trauma-Informed Law Project (U.S.):** Courses for legal professionals focused on resilience and trauma-informed practices.

Juncture 1: Pre-contact

Issue 2: Social determinants and adverse childhood experiences

People should have access to supports and life structures that prevent them from ever coming into contact with the criminal justice system. While the bulk of this action plan deals with post-contact issues and recommendations, it must be acknowledged that much more can be done to prevent contact in the first place.

Research shows that structural inequities such as unstable housing, unemployment, poverty, food insecurity, low educational attainment, and a lack of access to community supports often play a role in people's involvement with the criminal justice system.[102] Adverse childhood experiences including trauma, neglect, and parental incarceration are also common, increasing the risk of mental health and behavioural issues as well as substance use disorders that can lead to criminal justice involvement.

Certain populations face additional challenges. For example, Indigenous people are affected by intergenerational trauma and if they live on reservations they may have to contend with a lack of basic necessities such as clean drinking water.[103] At the same time, stigma and discrimination have reduced Indigenous people's access to traditional healing practices and have resulted in culturally inappropriate care from non-Indigenous providers.

Black communities face their own systemic challenges including over policing, racial profiling, and a lack of neighbourhood mental health care infrastructure, all of which contribute to overrepresentation in the criminal justice system.

For newcomers to Canada, trauma before or during their migration may have mental health effects that are compounded by the socially determining factors outlined above.[104]

While these circumstances are well known, mental health and social services often fail to meet the needs of people who are denied social and economic equity. Long wait times, limited access to specialized care, and insufficient community-based crisis intervention services can result in people encountering a law enforcement response in times of distress, perpetuating cycles of justice involvement.

Breaking those cycles requires a holistic, coordinated approach that engages families, schools, health-care providers, and social services in addressing root causes from childhood onward. Dealing with social and economic determinants collaboratively creates opportunities to mitigate the risks of justice involvement, build more equitable systems, and contribute directly to greater public safety.

Potential research topic: Strategies for increasing access to effective interventions

Systemic inequities limit access to effective interventions. Research involving people with lived and living experience, their informal support networks, service providers, and policy makers is needed to: a) identify how systemic inequities such as unstable housing, unemployment, poverty, food insecurity, and low educational attainment affect service provision; and b) co-design and evaluate strategies for overcoming systemic barriers.

Recommended Action 2

Expand access to trauma-informed early interventions that address systemic inequities by improving mental health care, education, housing, financial security, and social supports.

What's needed to succeed

Alternatives and options

- Alternatives to involuntary psychiatric admission, including voluntary crisis supports and community-based services, as well as alternatives to the criminal mental health system.

Equitable and safe approaches

- Safeguards against strong carceral responses to homelessness.
- Safe approaches, preventive measures, programs, and services developed in partnership with Indigenous communities to support the healing of intergenerational trauma.
- Access to distinctions-based, Indigenous-specific health and mental health, substance use, and social services and programs on- and off-reserve across all levels of the health, mental health, and criminal justice systems.
- Approaches that address calls to action from the Truth and Reconciliation Commission of Canada's report:
  - *Call to Action 21*: "[Sustainable federal] funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority."

Equitable and safe approaches

- *Call to Action 22* and Article 24 of the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP): "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."
- *Call to Action 23*: "We call upon all levels of government to:
  - Increase the number of Aboriginal professionals working in the health-care field.
  - Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
  - Provide cultural competency training for all health-care professionals."

- Distinctions-based services and programs responsive to the specific needs of priority populations.
- Access to culturally safe programs and health, mental health, substance use, and social services for Black communities.
- Implementation of recommendations 9 through 33 of Canada's Black Justice Strategy in alignment with the social determinants of justice, recognizing the systemic challenges faced by Black communities.

Focused supports

- Support for young people and their families to mitigate long-term, cyclical effects of adverse childhood experiences and criminal justice involvement.

Funding

- Adequate funding and resources for programs that address mental health, housing, food security, financial security, access to post-secondary education, and employment services for people at risk of criminal justice system involvement.
- Increased funding for mental health support, addiction treatment, primary care, vocational preparation, housing support, and education services.

Training and awareness

- Mental health and life-skills education in school curricula to support youth resilience.
- Public awareness of supports to encourage help-seeking before crises escalate.
- Involvement of people with lived and living experience in the design, delivery, and evaluation of programs to ensure interventions are equitable, relevant, and effective.
- Training to help health-care, justice, and social service professionals address social determinants of health and structural discrimination in their work.

Real-world practices and resources

- **Alberta Family Wellness Initiative and CUPS Calgary:** Integrates trauma-informed care and early intervention to address the social determinants of justice involvement.
- **Community Court (Calgary, Alberta):** A pilot program that connects unhoused individuals who have multiple bylaw fines to resources so they can address priorities of their own choosing (such as housing, obtaining ID, clothing, food, or speaking with an Elder) and have their tickets and fines withdrawn. The program's success has led it to be offered weekly instead of once a month.
- **Growing Great Kids Parenting Course (Elizabeth Fry Society, Greater Vancouver, British Columbia):** Supports secure attachment and provides parental education to reduce adverse childhood experiences.
- **Guaranteed Livable Basic Income Model (national):** An upstream approach to fight poverty and homelessness by ensuring a livable basic income for all. While not currently implemented in Canada, there are proposals to legislate this model.
- **Icelandic Prevention Model:** Actively involves parents, schools, youth organizations, and local governments in creating supportive environments for young people.
- **Red Fish Healing Centre (British Columbia):** A purpose-built facility offering holistic mental health and addiction services.
- **Social prescribing (Public Health and Clinical Liaison Team, U.K.):** Connects people to community-based, non-clinical activities such as arts, gardening, and sports.

Juncture 2: Contact

Issue 3: Responder knowledge and skills

Police, other first responders, public safety communicators, and child welfare agents often encounter people in crisis or are the initial point of contact during emergencies.

The more these professionals understand about mental health and substance use — and the more they know about available community-based services — the better they can manage and respond to crises with less use of force. Mental health knowledge also helps public safety professionals build stronger community relationships and divert people from the criminal justice and forensic mental health systems. This is particularly so when working with people from Black, Indigenous, and other equity-deserving populations, whose difficulties in crisis can be intensified by systemic racism and cultural insensitivities.

Some advocates have proposed establishing alternative police services that are representative of specific communities as a way of addressing these challenges.

In light of the above, comprehensive, standardized, evidence-based training is a key preventive measure and one of the earliest interventions available. Anti-racism and cultural safety training must be integrated into curricula to deepen professionals' understanding of systemic racism and should be co-developed or co-adapted with people from Black, Indigenous, and other equity-deserving populations.

The ideal would be not simply to reduce police involvement but instead to fully reshape crisis intervention by scaling up health-based, community-led alternatives that have already been demonstrated to be safe and effective. Despite their proven success, access to these services remains uneven across Canada, reinforcing the urgency of broader implementation to ensure equitable, non-carceral responses to people experiencing distress.

Recommended Action 3

Provide comprehensive and ongoing mental health and substance use education and skills development for police, first responders, and public safety communicators.

What's needed to succeed

Training and awareness

- Comprehensive, accessible, trauma-informed, anti-racist, and culturally safe training programs developed collaboratively by people with lived and living experience and mental health professionals.
- Training specific to the unique requirements of people affected by fetal alcohol spectrum disorder and related conditions.

Consistency and standardization

- Standards (national, provincial, territorial) that include monitoring and accountability mechanisms.

Leadership

- Strong leadership to integrate mental health training into policing, first responder, and public safety communicators' practices.

Community involvement

- Community involvement to ensure training addresses local issues and builds trust.

Real-world practices and resources

- **College of Policing (U.K.):** Provides guidelines for conflict management including situational awareness, emotional awareness and self-regulation, active listening, verbal and non-verbal communication, and negotiation skills. The guidelines help officers avoid the use of force where possible.
- **Crisis intervention and de-escalation training (British Columbia):** Teaches police officers how to use crisis intervention and de-escalation techniques.
- **Crisis response and intervention training (international):** Training focused on identifying mental health issues to inform appropriate responses, touching on topics such as mental illness, de-escalation, and cultural competence.
- **Nishnawbe Aski Police Service (Ontario):** The first legislated Indigenous police service in Ontario, mandated as an essential service with sustainable and equitable resources that support the safety of its members and communities.
- **Pre-deployment training:** A two-week pre-deployment program for all Regular Members of the RCMP being transferred to Nunavut, conducted as a partnership between the RCMP's V Division and the Inuit Pirurvik Centre, which is dedicated to Inuit well-being. The program focuses on Inuit cultural training and the history of the Inuit. The RCMP also delivers Mental Health First Aid training to members on specific issues faced by the Inuit, supporting trauma-informed, quality policing.
- **Tracking (In)Justice (national):** A law enforcement, criminal legal data, and transparency project that tracks police-involved deaths and deaths in custody across Canada so individuals, organizations, and communities can advocate, shape policy, and create accountability.

Potential research topic:
Effectiveness of police mental health training

Many policing organizations already provide mental health and substance use awareness training, yet a lack of the necessary knowledge and skills persists. Even as efforts are made to shift mental health crisis interventions away from police entirely, research may be needed to determine how to make police training more effective.

Issue 4: Community-based crisis response

Often today when people experience a mental health crisis, police are the first professionals to respond, with outcomes for the individual including arrest and detention or involuntary hospitalization — in other words, entry into either the criminal justice or forensic mental health system.

Police-led interventions, unfortunately, have been shown to escalate crises,[105] resulting in injury, arrest, and even death, with negative consequences especially for people from racially marginalized communities. A tragic example is the death of Abdirahman Abdi on July 25, 2016 (see the case study below).

Such experiences underscore the need for community-based alternatives to police-led crisis response, whether led by a community mental health service provider or a hospital.[106]

The effectiveness of such alternatives lies in their ability to provide trauma-informed, mental health-first responses, whether in collaboration with or independent of law enforcement. While training police to respond to mental health crises is important in our current system, some organizations, such as the East Coast Prison Justice Society (ECPJS), PATH Legal, and the Elizabeth Fry Society of Mainland Nova Scotia, have called for a complete transition to non-police response units.

One challenge for community-based approaches is ensuring quick response times. Even so, shifting to community-based crisis response teams is considered crucial to diverting people from the criminal justice system and connecting them to services and care in the community.

CASE STUDY: The Need for Change

Abdirahman Abdi

Abdirahman Abdi died in July 2016 after an encounter with Ottawa Police Service (OPS) officers responding to 911 calls about a man allegedly sexually assaulting women in a coffee shop. Multiple bystanders told the police Abdirahman was experiencing distress and symptoms of mental illness. A violent struggle ensued.

Abdirahman was pepper-sprayed for not complying with police instructions to wear handcuffs. An officer wearing gloves with hard plastic knuckle coverings hit Abdirahman several times in the head. Abdirahman's family members and other bystanders shouted that he was mentally ill but went unacknowledged. As Abdirahman ran to his apartment building, an officer struck him with a baton and kicked him repeatedly. A second officer joined. As Abdirahman continued to be beaten an officer knelt on his back to pin him down. Abdirahman lay motionless on the ground for several moments. A bystander recorded the incident on video. Paramedics arrived and performed CPR. Abdirahman died a day later in hospital.

Ontario's civilian police watchdog charged one of the officers with manslaughter, aggravated assault, and assault with a weapon. That same officer was accused of using excessive force for punching Abdirahman in the face, which prosecutors argued contributed to his death. The officer was acquitted of all charges.

A 2024 inquest held resulted in a total of 57 recommendations to improve police interactions with individuals experiencing mental health crises.[107] These included:

- mandatory and effective training for OPS members on issues relating to mental health and the intersections of race, social identity, and mental health, with special recognition of the unique challenges Black people face
- referral of mental health calls to Alternate Neighbourhood Crisis Response ("ANCHOR") when suitable
- ensuring the Mental Health Advisory Council facilitates effective information sharing between OPS and other mental health agencies and service providers in Ottawa to maximize coordination.

Recommended Action 4

Create and scale up specialized mental health crisis intervention teams to respond to mental health and substance use crises in the community.

What's needed to succeed

New models and tools	• Prioritized use of mental health professionals as first responders to connect individuals to community services, either independently or in collaboration with law enforcement when appropriate — with clearly defined roles for police and mental health professionals.
Funding and investment	• Investment in community-based alternatives to police responses for mental health and substance use crises — reallocating provincial, territorial, and municipal funds to community-based organizations.
Training and awareness	• Training police in de-escalation, anti-racism, and anti-discrimination.
Clear pathways	• Clear pathways to mental health facilities and wraparound community services, with a "no refusal" policy.
Equitable and safe approaches	• Collaboration with Indigenous Elders, community leaders, communities, and others to develop culturally specific mental health crisis intervention teams that address community needs.

Real-world practices and resources

- **Alternate Neighbourhood Crisis Response (ANCHOR) (Ottawa, Ontario):** Non-police community-based response teams for residents experiencing mental health and/or substance use crises.
- **Crisis Assistance Helping out on the Streets (CAHOOTS) (Eugene, Oregon, U.S.):** Two-person teams consisting of a crisis worker and medic respond to 911 and non-emergency calls involving people in behavioural health crisis. Units deliver voluntary crisis intervention, counselling, mediation, information, and referral services as well as basic emergency medical care and other services. Police are engaged if a crime is in progress or a situation is life-threatening.
- **Client-specific Intervention Team, Delta Police Department and Tsawwassen First Nation Community:** Pairing of a police officer and an Indigenous counsellor to support individuals experiencing substance use issues.
- **Crisis Intervention Team (CIT) Model (international):** Program staffed by officers with 40 hours of special training in mental health and de-escalation.

Issue 5: Assessment and treatment at the moment of crisis

Following initial contact with police or a crisis response team, people experiencing challenges related to a mental health concern or substance use need timely assessments and access to immediate stabilization and short-term treatment that includes providing medication and therapeutic interventions as well as planning and coordinating care. Whenever possible, individuals should co-determine their treatment plan.

This kind of early intervention combined with streamlined hand-offs to community-based services (such as Toronto's Gerstein Crisis Centre) and community care pathways can contribute to diversion from the criminal justice system and minimize the need for later stage legal mechanisms such as mental health courts (MHCs). But these require that robust treatments be available in the community, with smooth ways of transitioning people into and out of hospital when needed.

Unfortunately, several factors pose obstacles to timely assessment and treatment at the crisis response stage: inconsistent crisis response approaches and regulations across Canada, a lack of integrated crisis response centres to bring together mental health treatment and social supports, and uneven availability of community services.

Recommended Action 5

Establish specialized crisis response centres in collaboration with community-based mental health and social service agencies — with "no refusal" policies that ensure individuals in need of care are not turned away.

What's needed to succeed

Capacity

- At least one specialized crisis response centre per community health centre.
- Integrated team-based crisis response for timely assessment and immediate stabilization and treatment interventions.
- Availability of nurses, crisis intervention counsellors, psychotherapists, and other mental health specialists to offer immediate treatment and support.

Collaboration and partnership

- Strengthened collaboration between police and mental health services to improve crisis response, reduce arrests, and ensure timely referrals.
- Joint response models, such as co-responder teams, to facilitate access to appropriate care and minimize criminal justice system involvement for people experiencing mental health challenges.

Consistency and standardization

- A standardized crisis service continuum that allows for individualized practices according to the needs of the person.
- Protocols for linkages to outpatient and community-based treatment services immediately following discharge from hospital.

Equitable and safe approaches

- Culturally safe support for racially marginalized and Indigenous communities.
- Adapted response protocols to minimize barriers for people with co-occurring mental health and substance use disorders.

Focused supports

- Meaningful system navigation supports for family, friends, and caregivers.

Funding and investment

- Increased funding for additional beds and community-based mental health supports.

Real-world practices and resources

- **Crisis Outreach and Support Team (Hamilton, Ontario):** Crisis response and connections to mental health services, supporting community safety.
- **Gerstein Crisis Centre (Toronto, Ontario):** Non-police community-based crisis response service with a no-refusal policy. Offers immediate support to individuals.
- **interRAI Brief Mental Health Screener (international):** Tool to assess mental health needs and facilitate better communication between law enforcement and health professionals.
- **Mental Health Support Team (Tucson, Arizona, U.S.):** Established by the Tucson Police Department and Pima County Sheriff to proactively address mental health crises through early intervention.

Juncture 3: Preliminary proceedings

Issue 6: Access to pre-trial screenings and programs

The pre-trial period is a crucial opportunity for early intervention, support, and treatment, but people living with mental health challenges often enter this phase without timely, standardized mental health screenings, appropriate mental health and risk assessments, or access to tailored pre-trial diversion programs. These gaps can leave treatment needs unmet or overburden individuals with unnecessary treatments, unrecognized concurrent diagnoses, inappropriate placements, challenges accessing necessary supports, or inappropriate dispositions, ultimately resulting in criminalization instead of care.

Strengthening early screening protocols, ensuring thorough assessments, expanding tools for courts to order timely mental health assessments, and increasing access to both qualified assessors and suitable pre-trial diversion programs are all essential. These would help identify candidates for diversion, provide effective pathways, and improve compliance with imposed conditions, potentially preventing further escalation in the criminal justice system, reducing recidivism, enhancing public safety, eliminating the stigma of a criminal record, and conserving criminal justice system resources.

Recommended Action 6

Ensure access to and capacity for routine early mental health screening and for expert pre-trial assessments in the criminal justice and forensic mental health systems.

What's needed to succeed

Consistency and standardization

- Expanded use of judicial orders for mental health assessments to reduce overreliance on not criminally responsible (NCR) assessments (similar to section 21 of the Ontario *Mental Health Act*).
- Timely mental health assessments (within 48 hours) for all individuals screened and considered at risk when they enter the criminal justice system.
- Regular reassessment of individuals over time to track their mental health needs and risks, ensure services and treatments remain appropriate, and contribute to positive pre-trial outcomes.

Training and awareness

- Training in cultural safety for mental health assessors so they can evaluate people from diverse backgrounds fairly, particularly racially marginalized and Indigenous individuals.
- Targeted, continuous professional development in identified gap areas alongside investment in training of new forensic psychiatrists.
- A pipeline of trained forensic mental health service providers across Canada.

Capacity

- Increased mental health staffing in jails and courts, including nurses, psychologists, and psychiatrists.
- More justice workers trained in mental health screening and mental health professionals available for pre-trial assessments, including nurses, psychologists, and psychiatrists trained in forensic mental health evaluation.
- Increased pool of forensic psychiatrists and psychologists to meet needs of, and relieve strain on, the forensic mental health system.

Clear pathways	• Clear referral pathways to mental health diversion programs, treatment options, and community supports.
Collaboration and partnership	• Partnerships with culturally safe mental health service providers for referrals of people from priority populations to reduce disparities in access to mental health diversion.
Real-world practices and resources	• **Forensic Early Intervention Service (FEIS), Toronto South Detention Centre:** Provides early mental health assessments and connects individuals involved with the criminal justice system to treatment on initial contact with the legal system. • **Brief Jail Mental Health Screen (BJMHS) (international):** An evidence-based tool for identifying individuals with serious mental health needs on admission to a correctional facility. The BJMHS can enhance early identification of mental health needs, reduce unnecessary incarceration, and improve referral or diversion pathways to mental health services. • **Enhanced Pre-Arraignment Screening Unit (New York City, U.S.):** A staffing and process approach that improves the screening system by serving the health needs of people who are arrested and awaiting arraignment.

Potential research topic: Enhancing pre-trial mental health screening and training

Increasing pre-trial assessments and diversions will require additional capacity to conduct and interpret mental health screening assessments by a wider range of criminal justice professionals. Research is needed on how best to incorporate this into criminal justice work, evaluate the implementation of screening in criminal justice contexts, understand judges' and other professionals' perceptions of mental health and related decision making, and evaluate the effectiveness of training.

Recommended Action 7

Expand access to pre-trial diversion programs that align with individual needs.

What's needed to succeed

Clear guidance

- Policies that mandate diversion as a standard practice when specific conditions are met (e.g., mental illness, trauma history), ensuring uniform application across jurisdictions.
- Explicit eligibility criteria for diversion, with structured treatment protocols and service guidelines to expedite access to care for diverted individuals.

Consistency and standardization

- Comprehensive screening and assessment to determine appropriate programming.
- Early defence counsel appointments to assess clients' mental health needs and pre-trial diversion potential and to support individualized diversion strategies.
- Informed planning and decision making that considers available community resources and individual needs, with a focus on minimizing pre-trial detention.
- Transition plans to ensure continuity of care after treatment and supervision.

Equitable and safe approaches

- Training in Indigenous cultural safety for integrated teams to ensure a respectful and relevant diversion approach.
- Consideration of practical barriers to access for individuals living in remote and isolated communities with facilitation of remote access to diversion and support services where possible.

Measurement

- Continuous evaluation of program outcomes.

Real-world practices and resources

- **JED™ platform (US):** Pre-trial supervision platform offering tri-level monitoring for accused individuals and separate resources for victims.*

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* This platform would need to be adapted to comply with Canadian privacy laws, regulations, and institutional policies.

Issue 7: Pre-trial release conditions

Pre-trial supervision, mandatory programs, and conditional releases restrict people's liberty. For those reasons, such conditions should be imposed only when necessary to prevent flight and ensure public safety, and they should be set at the minimum levels needed to achieve those goals.

Pre-trial release (bail) conditions also need to be based on individualized determinations of pre-trial risk and mental health to avoid inappropriate placements, unnecessary treatments, or other excessive requirements that have a negative impact on pre-trial outcomes (such as missed court appearances).

Recommended Action 8

Set appropriate pre-trial release conditions and provide supports so people living with mental illnesses or mental health challenges can comply with them.

What's needed to succeed

Focused supports

- Compliance supports for individuals living in rural, remote, or isolated areas such as text-based court date reminders and location-based mobile apps with visual check-ins and live chats.

Consistency and standardization

- Comprehensive screening and assessments.
- Conditions that are least restrictive for the individual while ensuring public safety.
- Assessments to determine if non-compliance is intentional, due to symptoms of a mental health challenge, or the result of unintended challenges related to treatment plans — *before* terminating bail.
- Periodic reassessment of the individual's needs and risks, as factors impacting pre-trial compliance and success may change over time.
- Return of cases to court without prejudice when bail is terminated or an individual withdraws, allowing for fair reassessment.
- Regular reassessments to ensure conditions remain suitable over time.

Clear guidance	• Policies and legislative guidance for judges on how to apply conditions of release. • Documented guidelines for compliance conditions and termination policies written in awareness of the needs and capabilities of individuals with mental health challenges.
Equitable and safe approaches	• Accessible alternatives for individuals living in rural, remote, or isolated communities, such as the option to make virtual court appearances. • Culturally safe, gender-responsive, and trauma-informed conditions and supervision that consider people's diverse learning styles and neurodivergence (e.g., if a person struggles with organization and keeping appointments or experiences serious symptoms of mental illness when off medication).
Training and awareness	• Training for judges and Crown attorneys on how conditions affect people experiencing mental health challenges and how they can prevent successful rehabilitation.
Funding and investment	• Investment in community organizations that can help prepare individualized rehabilitative release plans.

Real-world practices and resources

- **Bail Verification and Supervision Program (Ontario):** Provides supervision of individuals released on bail conditions to help reduce the risk that they will fail to appear in court and minimize the number of people remanded into over-crowded correctional facilities while awaiting trial. Supports address issues such as lack of employment, unstable housing, and mental illness.
- **Court Appearance Support Project (New York City, U.S.):** Post-arraignment meetings with pre-trial staff to discuss barriers that might prevent people from returning to court, such as transportation and child care, and identify possible solutions. Associated with a 32% reduction in missed court appearances.
- **Motivational interviewing (international):** Goal-oriented conversations about change that can help increase participation and completion rates in treatment, based on the understanding that identifying and addressing factors associated with likelihood of offending helps reduce the risk of recidivism.
- **Indigenous Courtwork Program (national):** Helps clients navigate the criminal justice system, with reminders about court appearances and conditions and offers of support with compliance.
- **Montreal Community Court Programme d'Accompagnement Justice et Santé Mentale (PAJ-SM):** Offers an alternative to incarceration for people experiencing mental health challenges through close monitoring in the community and facilitates links between the justice network and health and social services. Recognizes that mental illness can lead to socially unacceptable behaviour.
- **Unlocking The Gates Services Society Probation/ Bail Resolution Program (British Columbia):** Peer mentors help individuals complete probation/bail orders to limit breaches and subsequent charges for people serving community sentences. Connects individuals with probation/ bail supervisors, provides accompaniment to probation/bail appointments or court appearances, and provides links to housing, treatment and recovery centres, and community resources and services.

Juncture 4: Court proceedings

Issue 8: Diversion and alternatives to criminal court

Diversion from the criminal justice system and alternatives to regular criminal courts help meet the needs of people experiencing mental health challenges while acknowledging the consequences of their actions. These alternatives recognize that criminalization can occur when the symptoms of mental illness are unmanaged because treatment plans aren't followed or because community mental health services are inadequate or inaccessible.

Diversion and alternatives to criminal court focus on treatment and rehabilitation instead of criminalization. They prioritize empathy over condemnation, are trauma informed, address root causes, and aim to facilitate success in the community.

Diversion programs are tailored to people for whom voluntary mental health treatment and support services are a reasonable alternative to criminal justice consequences. Most diversion programs focus on people experiencing identifiable mental health challenges who have committed minor, non-violent chargeable offences, although in some instances, people charged with more serious offences are also eligible for diversion opportunities.

Anecdotal information suggests racially marginalized populations may not be offered mental health diversion as often as people from other groups.

Examples of diversion and court alternatives include:

Mental health courts (MHCs) and specialized mental health dockets

In MHCs, support workers typically develop diversion plans with input from the client, Crown attorney, defence counsel, and other service providers. These plans include court schedules and treatments, medications, and other supports. Clients attend MHC and report on their progress. When the diversion program is completed, charges may be withdrawn or an alternative to incarceration may be issued as a sentence. MHCs exist in Canada but vary across jurisdictions and often lack dedicated funding streams, which can lead to inconsistent implementation and resource shortages. MHCs have been found most effective when they monitor compliance and provide supportive services.

Community justice centres (CJCs)

CJCs focus on strengthening relationships between communities and the criminal justice system. They address the underlying causes that contribute to criminality and prevent social disconnection, co-locating community services, treatment options, and individual supports with courtrooms. Introduced in more than 80 communities worldwide, the CJC model has been shown to decrease recidivism and over-reliance on incarceration while increasing public safety, community well-being, and confidence in the criminal justice system.

Recommended Action 9	*Prioritize sustained provincial/territorial funding for mental health courts, mental health dockets, community justice centres, and other diversion approaches.*

What's needed to succeed

Culture change

- A shift from adversarial, non-inclusive criminal justice to a rehabilitative, inclusive system.

Funding and investment

- Dedicated funding and support for the creation and sustainment of MHCs and mental health dockets, including in jurisdictions where they don't currently exist.
- Funding to facilitate expansion of CJCs across the country, with appropriate allocation of resources.
- Increased legal aid funding so clients contemplating alternative processes can access representation.
- Dedicated funding for the establishment and operation of Gladue Courts/Indigenous Peoples Courts in alignment with the Assembly of First Nations' National First Nations Justice Strategy — including administrative, operational, and infrastructure supports as well as funding and/or grant allocations.
- Increased funding and authority to establish Indigenous-operated healing lodges that can provide mental health services for Indigenous people under the *Corrections and Community Release Act* in keeping with the renewed Truth and Reconciliation Commission of Canada Call to Action 35 (*Ten Years Since Spirit Matters* (Part II)).

Capacity

- A dedicated rotation of legal professionals with specialized understanding of mental disorders and the law, including judges and Crown and defence lawyers.
- Dedicated timeslots for mental health dockets (e.g., one afternoon per week, biweekly).

Clear pathways

- Strong links between Gladue Courts and holistic, community-based justice pathways per the National First Nations Justice Strategy.

Consistency and standardization	• Standardized and consistent MHC models across provinces and territories that allow for adaptations to meet local needs and resources.
Collaboration and partnership	• Community–justice system collaboration with integrated/co-located processes and supports, such as primary health care, mental health services, employment and skills training, and peer counselling for community reintegration.
Focused supports	• Direct engagement with defendants to develop individualized and appropriate court orders.
Training and awareness	• Adequate training for judges, sheriffs, and other legal professionals so they are aware of community services and treatment options.
Equitable and safe approaches	• Development and implementation of CJCs in cooperation with Friendship Centres to ensure services are holistic and wraparound. • Culturally safe services to decrease the overrepresentation of racially marginalized populations in the criminal justice system. • Collection of race-based data to gather evidence on how racially marginalized populations access diversion opportunities. • Prioritization of Indigenous restorative justice programs over conventional court processes for Indigenous Peoples, in keeping with Truth and Reconciliation Commission of Canada Call to Action 31 — including access to Indigenous alternative dispute resolution mechanisms. • Remote access to diversion programs and related services so people from remote or isolated communities can maintain community ties.
Real-world practices and resources	• **Fetal alcohol syndrome disorder (FASD) disposition dockets (Manitoba):** Established by the Provincial Court of Manitoba for youth and adults diagnosed with FASD to provide a court environment that accounts for the specific needs identified in the FASD assessment and how those may relate to an individual's degree of responsibility for an offence.

Real-world practices and resources

- **Indigenous Justice Centres (British Columbia):** Culturally safe wraparound services (legal support, housing, food, after-care services and supports, employment services) provided directly to Indigenous people in conflict with the law.
- **Indigenous People's Court (Thunder Bay, Ontario):** A restorative justice circle involving a judge, Elders, accused persons and their supports, lawyers, and, in some cases, victims and their supports in which accused persons share their stories. Includes a range of community-based and culturally appropriate programs and services.
- **Justice Centres (Ontario):** Innovative community courts that integrate criminal court proceedings with supports, treatment, and wraparound services for individuals who are justice involved (many of whom present with intersecting mental health and substance use challenges) to increase community safety, reduce recidivism, and address the root causes of crime.
- **Mental health court best practice frameworks (regional):** Essential resources for MHC programs in jurisdictions such as **Nova Scotia** and **Peterborough**, Ontario, including steering committee terms of reference, best practice frameworks, and cultural competency guides.
- **Ontario Mental Health Courts:** One of several types of specialized or therapeutic courts operated by the Ontario Court of Justice to provide non-traditional alternative justice processes for people experiencing mental health challenges.
- **Justice and Mental Health Support Program + (PAJ-SM+) (Quebec):** Aims to provide judicial treatment tailored to the needs of individual with vulnerabilities, such as mental health struggles. PAJ-SM+ was originally introduced in the Montréal Municipal Court and now operates in over 40 districts in the province, allowing broad access to the program.
- **Start Court (Australia):** A therapeutic court for adults experiencing mental health challenges that consists of a multidisciplinary team including people from the departments of health and justice working to improve participants' health and well-being and reduce their likelihood of future contact with the justice system.

Real-world practices and resources

- **Therapeutic Justice Program (Nunavut):** Offers Inuit-led cultural and mental health programming and supports that address the root causes of criminal behaviour. Includes traditional practices such as tool-making, land hunting, and clothes-making to assist with rehabilitation and healing.
- **Vancouver Mental Health Court and MPA Society partnership:** Assists individuals experiencing mental illness and addiction who have become involved in the criminal justice system, acting as friends of the court inside and outside the courthouse.

Recommended Action 10

Create and fund a national program to set restorative justice standards and train related professionals.

What's needed to succeed

Oversight

- Transparent oversight and regular evaluation of the recommended national program.

Training and awareness

- Development of national training standards for all professionals involved in restorative justice programs to ensure quality and consistency, with regional flexibility to suit local needs and community strengths.

Equitable and safe approaches

- Collaboration with Indigenous leaders and communities to ensure standards align with the calls to action of the Truth and Reconciliation Commission of Canada.
- Development of standards that are trauma informed and anti-racist and that reflect culturally and gender-appropriate practices.

Real-world practices and resources

- **Handbook on Restorative Justice Programmes (United Nations Office on Drugs and Crime):** Guidelines and frameworks for restorative criminal justice systems designed for use by all criminal justice system actors including policy makers, legislators, criminal justice professionals, community groups, restorative justice practitioners, members of civil society and other individuals, and entities in the field of criminal justice reform. For use in conjunction with the UNODC Training Curriculum on Restorative Justice.
- **The Nova Scotia Restorative Justice Program:** A program that brings together those affected by criminal harms and those responsible or who contributed with others who can help them consider the contexts, causes, circumstances, and impacts of the incident.
- **Restorative Justice Council (U.K.):** An independent national membership body for the restorative sector that promotes and advances the use of restorative practice in all its forms for the betterment of the public.

Potential research topic: Optimizing supports for special populations

Recommended new practices such as expanding assessments for Indigenous individuals, potentially unfit persons, and children in a growing system of diversion will require a broader evidence base and ongoing evaluation. Studies of service providers' perceptions of Gladue reports, fitness assessments by psychiatrists and other mental health professionals, considerations of children's best interests, and judicial decisions following such assessments within diversion and traditional criminal legal system paths are needed to build that evidence base and to inform training and evaluation.

Issue 9: Diversion best practices

To succeed, diversion initiatives must be carefully planned, funded, and coordinated across multiple systems including criminal justice, health and mental health, and social services. The diversion process must be transparent and well defined, and everyone involved — justice-involved people living with mental illnesses and the various professionals who interact with them — needs to be aware of diversion options.

Culturally responsive approaches for Indigenous and racially marginalized populations are essential. These can be aided by Gladue reports and Impact of Race and Culture Assessments (IRCAs), which help judges consider how racism, discrimination, and various social determinants may have contributed to a person's involvement with the justice system. Gladue reports are discussed further in Issue 12.

Recommended Action 11

Ensure ongoing cross-sector planning and collaboration on diversion best practices.

What's needed to succeed

New models and tools

- A multidisciplinary team approach including judges (to lead design and administration), police, Crown and defence counsel, court administrators, pre-trial staff, corrections officials, mental health service providers, substance use treatment providers, housing and other service providers, mental health advocates, victim services organizations, individual candidates for diversion, and their family members/supports.
- Integration of services through inter-agency and intergovernmental collaboration supported by regular meetings with equity, anti-discrimination, and anti-racism as core principles.

Clear guidance

- Clear, documented eligibility criteria, monitoring mechanisms, information-sharing protocols, realizable goals, and agency leaders and policy makers serving as advisers.
- Robust policy guidance for judges on using community sentences and imposing conditions, especially for people experiencing mental health challenges.
- Encouragement of Crown attorneys to recommend diversion in all eligible matters as a default.

Training and awareness

- Mental health literacy and cultural sensitivity training for all involved to enhance decision making at every step of the diversion process.

Equitable and safe approaches	• Cross-sector participation and diversity in planning groups to reflect the complexity of the issues.
Funding and investment	• Investment in community organizations that can support plans for individuals serving a sentence in the community.
Measurement	• Ongoing data collection, monitoring, evaluation, and public reporting.

Recommended Action 12

Clearly define the target population and eligibility criteria for diversion processes in collaboration with interdisciplinary criminal justice system workers.

What's needed to succeed

Clear guidance	• Legislative amendments that clarify deterrence and denunciation can be achieved through community sentences.
Consistency and standardization	• Clear, consistent criteria and requirements across jurisdictions to facilitate the diversion of eligible individuals from the criminal justice system. • Promotion of eligibility criteria to those who could recommend individuals for diversion and ensure diversion referrals are appropriate. • Routine initial screening for mental illnesses and co-occurring substance use to identify candidates for diversion. • Acceptance of diversion requests from multiple sources including police, jail and pre-trial services, service providers, Crown and defence counsel, family members, court staff, and personal advocates or supporters. • Comprehensive implementation of Impact of Race and Culture Assessments (IRCAs) by increasing the number of IRCA writers and related resources to meet demand.

Equitable and safe approaches	• Prioritization of housing placements over incarceration when housing instability or homelessness is a key factor in justice involvement. • Establishment of resource centres that can provide information on alternatives to incarceration for people experiencing mental health challenges. • Increased access to Gladue and IRCA reports to support culturally informed diversion decisions. • Involvement of Indigenous and racially marginalized communities as well as individuals with lived experiences in identifying target populations for diversion and defining eligibility criteria.
Training and awareness	• Raised awareness of diversion alternatives and mental health court support services.
Real-world practices and resources	• **ConnexOntario directory:** Online directory with 24/7 support connecting individuals to mental health, addiction, and problem gambling services across Ontario. A model for localized, accessible, regularly updated mental health service directories that can be used for justice diversion. • **Provincial mental health diversion frameworks (Ontario, BC, Alberta):** Frameworks that incorporate training for legal and justice professionals. • **Sound Times (Ontario):** Mental health and addiction services supported by people with experiential knowledge of the mental health, addiction, and criminal justice systems. Support is based on what a person thinks would be helpful to them. Includes mental health court support and release-from-custody services.

Recommended Action 13

Outline clear terms of participation in diversion processes that require informed consent and have no cost for the participant.

What's needed to succeed

Clear guidance

- Detailed written diversion process including terms of participation (compliance and termination conditions) for review by the defendant and their counsel.
- Clarity that diversion programs should not be longer than the maximum incarceration or probation period a defendant could have received if found guilty in a traditional court process.
- Clear termination process for voluntary, willful non-compliance (i.e., when non-compliance does not result from a mental illness or unintended difficulties with the treatment plan). If diversion is terminated or the individual withdraws, the case should be returned to court without prejudice.

Consistency and standardization

- Least-restrictive supervision conditions, especially for minor offences, to avoid violations that could return people to traditional criminal justice system involvement.

Funding

- Increased legal aid funding through the federal Canada Social Transfer and provincial and territorial legal aid funding (by policy or legislation).

Focused support

- Adequate support for people as they navigate the system — including expanded access to legal aid by adding resources — to contribute to the success of diversion alternatives.
- Accessible, available resources for family members and friends of people experiencing mental health challenges to help them navigate the criminal justice system.
- Availability of well-supported culturally specific system navigators who know the local community to share resources with individuals involved with the criminal justice system.

Training and awareness	• Training and awareness-raising among all involved in diversion processes and options, terms of participation, and resources available to family members. • Specific mental health training for legal aid lawyers.
Real-world practices and resources	• **Communication intermediaries (Ontario):** Offered under the *Accessibility for Ontarians with Disabilities Act* (AODA) to provide equitable access to justice for individuals with communication disabilities, enabling meaningful participation in court proceedings and supporting successful diversion efforts.

Issue 10: Interests of children

Children whose parents are involved with the criminal justice system face profound emotional, social, and economic challenges.[108] Adverse childhood experiences related to the criminal justice system can have a lasting impact and can be a factor in children's future involvement with the justice system.

Yet current sentencing practices often minimize the impact of parental incarceration on children's well-being. This is despite international human rights frameworks that emphasize the importance of considering children's welfare in all judicial processes.

The United Nations Convention on the Rights of the Child (CRC) mandates that a child's best interests should be a primary consideration in legal actions involving their parents. Article 9 of the CRC stresses that children should not be separated from their parents unless it is necessary for their well-being.[109] Similar principles are embedded in the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, both of which uphold the protection of the family.

The United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) highlight the importance of maintaining family ties, reinforcing that protecting family connections helps reduce trauma for children. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) note that gender-specific sentencing alternatives can help ensure women are not separated from their families without due consideration of their parenting responsibilities. These alternatives must not be undermined by an institution's emphasis on security and should be designed with meaningful consideration of cultural backgrounds and individual needs.

Reforms are required to ensure children's needs are considered in judicial decisions, favouring approaches that do not increase the risk of harm.

Recommended Action 14

Implement guidelines that require consideration of children's best interests in sentencing decisions involving parents, with expanded support programs for children and families impacted by incarceration.

What's needed to succeed

Consistency and standardization

- Child impact assessments at sentencing to minimize adverse effects of parental incarceration and alternatives, and to help judges better assess how children may be affected by court decisions.
- Compassionate sentencing practices that address children's welfare, including non-custodial sentences and diversion options where appropriate.
- Clear strategies to give children a voice in determining their best interests.

Focused supports

- Targeted, coordinated, easily accessible support programs that offer emotional, educational, and social assistance to children and families.
- Family liaison officers equipped to provide timely and accurate responses to family inquiries and referrals to local programs and supports.
- Comprehensive training programs for judges, lawyers, and other legal professionals focusing on applying the principles of "best interest of the child" in all relevant legal scenarios.
- Improving participation rates in parent–child programs, which can be low because of strict eligibility requirements (especially for Indigenous women) and the surveillance systems imposed by Correctional Service Canada and provincial/territorial child protection services.

Funding and investment

- Directed funding for community-based alternatives to custody that allow parents to remain with their children and access appropriate support services.

Equitable and safe approaches

- Use of Gladue principles, which recognize the historical and ongoing systemic discrimination experienced by Indigenous people, when sentencing Indigenous parents. (Gladue reports can address the wider impact of an individual's sentence on dependent children.)
- Inclusion of Impact of Race and Culture Assessments (IRCAs) in court proceedings and sentencing decisions.

Real-world practices and resources

- **Correctional Service Canada Mother-Child Program (national):** Enables young children to live with their mothers in federal correctional institutions on a full- or part-time basis.†
- **Halfway houses:** Many community-based non-profit organizations provide housing in several provinces and territories for women serving the remainder of their sentence in the community. These facilities allow overnight visits with children and include community residential facilities where women on parole can reside with their children.
- **JustKids Initiative (British Columbia):** Programs include summer camps and a Saturday Club for children with parents who are incarcerated, fostering coping skills through social activities.
- **South Africa:** Judiciary explicitly recognizes the best interests of children in sentencing decisions involving their parents.

Issue 11: Fitness to stand trial

Mental health conditions can hinder a person's ability to understand court processes and participate in their own defence. When fitness to stand trial (FST) is in question, a judge can require a court-ordered assessment, which may consider cognitive capacity, psychiatric symptoms, a person's ability to have "meaningful presence to participate" in the court process, and treatment needs.

FST assessments determine if a trial can proceed but do not inform sentencing decisions. In Canada, FST assessments focus narrowly on cognitive capacity, which some say overlooks the broader impacts of mental illnesses and may result in fewer individuals being deemed unfit for trial. Individuals found unfit to stand trial are typically referred to forensic psychiatric facilities for further assessment and/or receive treatment orders to restore fitness.

Canadian FST assessments are performed exclusively by psychiatrists, although there has been advocacy to amend this restriction.[110] Limiting the type of professionals who can perform these assessments may delay timely access—despite the federal mandate for assessments to be conducted within seven days. Delays of up to 23 days are common, often resulting in individuals being detained in jail or hospitals.[111]

† Ideally, this program would be reimagined to move toward alternative forms of custody in the community that are culturally appropriate and may be more conducive to raising a child.

Increased demand can also add to the backlog. In some jurisdictions, fitness referrals increased by 80% from 2015 to 2019, raising concerns about long wait times for mental health assessment services.[112]

Racial bias, stigma, and systemic challenges further complicate the FST process.

It should be noted as well that some individuals refuse to speak to a fitness assessor, which then necessitates observation and engagement over a longer period in a forensic mental health facility. This often leads to 30-day fitness assessment orders from the courts.

Recommended Action 15

Create consistent criteria for fitness to stand trial (FST) assessments across jurisdictions.

What's needed to succeed

Consistency and standardization

- Transparent mechanism to review implementation of FST criteria across jurisdictions.

Clear guidance

- Clear national criteria for assessing FST that go beyond cognitive capacity and consider the impact of mental illnesses on behaviour and motivation.
- Remote and outpatient evaluations to divert avoidable inpatient hospital admissions where possible.
- Guidance to ensure that fitness is reassessed regularly for individuals who are detained in hospital after being found unfit to stand trial—to ensure hospitalizations are not longer than necessary.

Capacity

- Greater access to resources so individuals can undergo evaluations and treatment as soon as possible and avoid long wait times or delays.

Equitable and safe approaches

- Alignment of FST assessment practices with Indigenous cultural perspectives.

Real-world practices and resources

- **Community-based models of mental health evaluation (national):** Rapid assessments conducted outside of hospitals (e.g., in court or custody), which have been shown to reduce costs.

Recommended Action 16

Allow forensic psychologists to perform fitness to stand trial (FST) and not criminally responsible (NCR) assessments.

What's needed to succeed

Capacity

As called for by the Canadian Psychological Association in its position paper on FST evaluations:

- *Expanded scope of practice for forensic psychologists through an amendment of Section 672.1 of the Canadian* Criminal Code *to read: "assessment means an assessment by a qualified mental health professional through any* incidental *observation or examination of the accused."*
- *Definition of a qualified mental health professional similar to the one in the* Youth Criminal Justice Act, *as follows: "a person duly qualified by provincial law to practice psychiatry or a person duly qualified by law to practice psychology."*
- *Established means of ensuring the qualified mental health professional, whether a psychiatrist or psychologist, has specialized knowledge and expertise in forensic mental health assessment to conduct evaluations under section 672 of the Canadian* Criminal Code.
- *Increase in the number of training psychology programs/ seats, especially specializing in forensics, and improvement in the working conditions for psychologists to interest them in working in the public sector.*

Real-world practices and resources

- **Psychologist-conducted FST assessments (U.S., the Netherlands, Australia, U.K.):** Criminal proceedings allow psychologists or psychiatrists to perform forensic mental health evaluations.

Potential research topic: Remote assessment

While remote/virtual assessments could increase access and help divert individuals from hospital admissions, more research is needed into the effectiveness of these online alternatives and their equivalency to in-person assessments.

Issue 12: Gladue reports

Rates of incarceration for Indigenous persons continue to climb relative to those of the general population.[113] The 1999 Supreme Court of Canada *R. v. Gladue*[114] ruling brought a change to Canada's *Criminal Code*, with section 718.2(e) indicating that special considerations should be made for the unique circumstances of Indigenous accused and that incarceration should be avoided if reasonable. Yet mandatory minimum penalties often prevent judges from being able to apply such considerations.

The Supreme Court of Canada concluded judges must consider the unique circumstances arising from or specific to Indigenous heritage (e.g., systemic inequities, residential school, overt racism, chronic substance use in someone's family or community, isolation, community relocation, dislocation from Indigenous communities given adoption and/or product of child welfare system, etc.),[115] which contribute to mental health challenges, trauma, and substance use that can manifest in criminal behaviours. These are described as social determinants of justice in the National First Nations Justice Strategy.[116]

A key tool for considering those unique circumstances is a Gladue report: a pre-sentencing or bail hearing report that provides background on an Indigenous person accused of a crime, including any mental health conditions.

Gladue reports are different from other pre-sentence reports because they provide broader context and offer advice to the court about culturally safe sentences that avoid incarceration. They can also help identify mental health service gaps faced by Indigenous people in their communities and can be used after sentencing as well to inform bail, parole, child welfare, and other hearings while including safeguards, in the words of the National First Nations Justice Strategy, "to ensure information is not weaponized against First Nations." These same safeguards should be extended to Inuit and Métis people.

Gladue reports should ideally be paired with Indigenous justice and self-determination processes and take a distinction-based approach, ensuring practices and services are tailored to First Nations, Inuit, and Métis people across various jurisdictions.

Because Gladue writers are scarce, report development can take time and can delay sentencing. This leads many accused to choose not to request one. As well, Gladue reports are often underused or used inappropriately, and they are only effective if supported by adequate resources and judges who understand them.

Recommended Action 17

Improve access to, resourcing of, and mandatory justice professional training for the creation and use of Gladue reports.

What's needed to succeed

Clear guidance

- National standards for Gladue report writing and use, established under a co-developed national Gladue framework strategy as recommended in the National First Nations Justice Strategy to ensure consistency and quality.
- Distinctions-based Gladue implementation across Canada to meet the unique needs of First Nations, Inuit, and Métis people.
- Use of Gladue report information solely for its intended purpose or other statutory purposes, or with the consent of the individual at the centre of the report.

Capacity

- Access to Gladue reports when requested and when diversion options have been exhausted for Indigenous persons entering a court.
- More Gladue writers — requiring recruitment, higher salaries, and adequate resources for gathering information.

Oversight

- Establishment of an independent oversight mechanism to record and assess when, how, and how often Gladue reports are applied in judicial proceedings.
- Accountability measures to monitor, evaluate, and ensure that any increase in criminal legal aid certificates corresponds with adequate and appropriate access to Gladue reports.

Funding	• Core funding for a national program to standardize the Gladue report process — including Gladue aftercare services — ensuring timeliness and responsiveness and an approach that is distinctions based, culturally safe, and trauma informed. • Core funding so that the preparation, writing, and legal review of Gladue reports are available to every eligible Indigenous person. • Dedicated funding to establish and operate Gladue Courts/Indigenous Peoples' Courts, including support for administration, infrastructure, and research. • Funding for Indigenous-led, community-based programming that provides alternatives to custody, access to cultural supports, and an opportunity to address the root causes of criminal behaviour.
Training and awareness	• Increased awareness of Gladue reports, and mandatory, ongoing training for anyone requesting or receiving such reports (lawyers, judges, probation, parole workers) about how to apply Gladue principles throughout criminal justice and forensic mental health pathways. • Indigenous-specific training for Gladue writers and opportunities to build rapport with accused individuals to develop deeper understanding of their needs and relevant available programs and supports.
Measurement	• Data collection on the effectiveness of Gladue reports.

Real-world practices and resources

- **Gladue Program (Aboriginal Legal Services of Toronto):** Develops Gladue reports and Gladue letters. Reports are prepared by Gladue writers when the Crown's position is a custodial sentence of more than 120 days; letters are prepared by Gladue caseworkers when the Crown's position is 120 days or less. In some circumstances, a Gladue letter can be prepared instead of a report when the Crown's position is over 120 days if specifically requested or time is a factor.
- **Support for Gladue Principles (Quebec):** In Quebec, interim release plans before trial do not need to be prepared by a trained Gladue report writer. They can be completed by a court worker or justice committee coordinator. This makes Gladue-aligned planning more accessible and more likely to be used at the bail stage.
- ***The Gladue Principles: A Guide to the Jurisprudence* (BC First Nations Justice Council):** A comprehensive and freely available resource on Gladue principles and report writing by Benjamin A. Ralston with accompanying guides for judges, Crown counsel, defence counsel, and Gladue report writers.
- **Indigenous Perspectives Society Centre of Excellence in Community Education (British Columbia):** Comprehensive training in Gladue report writing within Canada's criminal justice system; topics include storytelling as healing and responses to historic trauma.

Pillar 2
Care during criminal justice involvement

People involved with the criminal justice and forensic mental health systems should have access to high-quality, evidence-based mental health, substance use, and social supports where and when they need them. These supports should be trauma informed and culturally adapted to serve each person's unique mental health needs.

Issue 13: Information sharing (all junctures)

While privacy laws and policies are essential to protecting personal health information and confidentiality, they can make it difficult for professionals to share information, potentially inhibiting the access of people who are incarcerated to services and continuous care, and creating significant barriers to reintegration.

In correctional settings, it is often important for information to be shared among health-care professionals for the purpose of providing and coordinating care.

Barriers to information sharing have a number of causes. Privacy legislation restricts access to mental health information, limiting the ability of police and service providers to make informed decisions during crises and making it harder to coordinate care. Information-sharing protocols and the periodic deletion of mental health records required by regulations introduce further complications.

Information sharing may also be constrained by health-care providers' desire to maintain a therapeutic alliance with patients, security concerns, and issues with sharing electronic health records (EHRs). The fundamentally different mandates of correctional officers and health-care providers can also be a hindrance.

A further contributing factor is poor communication between institutions and community-led services, and poor understanding of legislation and privacy practices. These often cause treatment delays and gaps, especially for people living with serious mental illnesses, increasing their risk of recidivism or reoffending.

Finally, it may also be that the necessary information is not being collected in the first place. This is often true for racially marginalized populations, who face systemic inequities because standardized race-based data are not routinely collected by the justice and forensic mental health systems.

At the same time, increased information sharing can bring risks of misuse or overexposure, especially in situations where information about an individual's mental health could be used to make other determinations, such as ones affecting their employability. The key is to share information with relevant providers purely to improve the care that person receives.

Recommended Action 18

Establish clear, privacy-compliant processes for sharing information among both community-based and institutional health-care providers and correctional staff, aligned with the broader goal of improved continuity of care.

What's needed to succeed

New models and tools

- A national framework for secure information sharing that:
  - a) complies with privacy laws such as the *Personal Information Protection and Electronic Documents Act;*
  - b) is accessible to all service providers in forensic mental health and correctional institutions; and
  - c) incorporates feedback from correctional and community service providers to identify barriers and assess the efficacy of the framework.
- Increased use of multidisciplinary teams engaged in case management.
- Knowledge-sharing opportunities for health-care professionals and correctional staff.
- Debriefing sessions following serious health-care or trauma incidents in which correctional officers served as first responders.

Collaboration and partnership

- Formal agreements among community-based and institutional service providers and agencies in mental health, forensic mental health, and corrections to coordinate information sharing and outline roles, responsibilities, and expectations for those involved.

Consistency and standardization

- Addressing of information-sharing issues identified in incident reviews and inquest findings.
- Greater use of electronic health records within correctional facilities for secure and controlled information exchanges among health-care staff to help individuals.
- Data-sharing agreements among correctional institutions, forensic mental health facilities, and community services to track patient outcomes without compromising privacy.

Clear pathways	• Clear pathways for post-release continuity of care, recognizing that improvements in health outcomes require coordination between corrections and the community.
Training and awareness	• Training for correctional staff and health-care professionals on care coordination, communication protocols, and legal requirements related to information sharing. • Enhanced orientation processes for contract and external health-care providers who treat correctional patients. • Targeted training for correctional staff and health-care professionals on racial and gender biases and how they may affect information sharing and collaborative care coordination. • Ongoing training for community service providers and forensic mental health facility staff to ensure information-sharing requirements and legislation are well understood, and to impart best practices for meeting privacy obligations.
Equitable and safe approaches	• Shared understanding of consent, confidentiality, privacy standards, and laws among health-care staff, correctional officers, and individuals in custody. • Enhanced patient access to mental health records when appropriate. • Standardized race-based data collection that complies with privacy laws to target inequities and promote accurate information sharing. • Use of Indigenous principles for data sovereignty and governance related to information about Indigenous individuals, including OCAP® (ownership, control, access, and possession) for First Nations people, OCAS (ownership, control, access, and stewardship) for Manitoba Métis people, and Qaujimajatuqangit ("that which Inuit have always known to be true") for Inuit people, granting individuals and communities control over health-care and mental health data to foster culturally safe care, align with Indigenous values, and build trust through transparency and informed consent.
Measurement	• Metrics to evaluate the effectiveness of training on communication and information sharing, including as they relate to equity considerations.
Oversight	• Regular independent auditing of information-sharing practices.

Real-world practices and resources

- ***Information Sharing in Criminal Justice–Mental Health Collaborations: Working with HIPAA and Other Privacy Laws*** **(U.S.):** Developed by the Council of State Governments Justice Center's Criminal Justice/Mental Health Consensus Project, these collaborations provide tools to enhance information sharing and privacy law compliance across the criminal justice and mental health systems. With support from the U.S. Department of Justice Bureau of Justice Assistance.
- **VitalHub TREAT EHR (Ontario):** Tracks essential medical information needed to treat individuals effectively in provincially run adult correctional institutions across Ontario.

Juncture 5: Community-based sentences and supervision

Issue 14: Training for professionals involved with conditional releases, parole, and community sentences

People experiencing mental health challenges, substance use disorders, and concurrent disorders are especially susceptible to breaching probation or parole terms, often resulting in revocation of conditional release and/or community sentences.[117] Yet many parole board members, parole and probation officers (PPOs), and other community supervision personnel lack the specialized training or resources to respond appropriately to symptoms of mental illness and facilitate pathways to rehabilitation and recovery, potentially contributing instead to increased recidivism and public safety challenges.

To effectively supervise people experiencing mental health challenges, decision makers and PPOs need to be trained to recognize mental health challenges, support treatment options, and connect people to community-based services while ensuring their own well-being and safety.

Potential research topic: Treatment needs and outcomes of community supervision

Emerging research suggests that people under community supervision do not receive treatment services matched to their mental health or other offending-related needs. Research involving people with lived and living experience and their community supervision service providers is needed to determine how treatment needs assessments can best be conducted and tied to services, and to evaluate outcomes following appropriate treatment.

Recommended Action 19

Implement targeted mental health training for conditional release decision makers, parole board members, and community supervision personnel to effectively identify and respond to symptoms of mental illnesses and refer clients to appropriate services.

What's needed to succeed

Training and awareness

- Greater availability of training and supporting resources to ensure parole board members and PPOs maintain up-to-date knowledge and skills so they can work effectively with individuals who have mental health needs.
- Annual or biannual refresher training for parole board members and PPOs.
- Greater knowledge of community mental health services and support networks so community supervision personnel can facilitate seamless pathways, timely interventions, and holistic care for individuals under supervision.

Equitable and safe approaches

- Trauma-informed and culturally safe training tailored to reflect the experiences of Indigenous and racially marginalized communities, rooted in the understanding that access to one's culture is vital for mental health and wellness.

Real-world practices and resources

- **Crisis Prevention Institute training (North America):** Offers a variety of courses for crisis prevention, including nonverbal crisis intervention, across the United States and Canada.
- **Parole Board of Canada Decision-Making Policy Manual for Board Members (national):** Created to help board members exercise their discretionary authority and meet statutory objectives while complying with the duty to act fairly, respect the rights of those convicted of criminal offences and of victims of crime, and respond to the diverse backgrounds and needs of individuals who have been convicted of a crime.

Real-world practices and resources

- **Mental Health First Aid for Corrections Professionals (national):** Provides PPOs with skills to assist people showing signs of mental health challenges or crises.
- **Opening Mind – Working Mind Proactive Training and Custom Training Solutions (national):** Evidence-based program designed to promote mental health and reduce the stigma around mental illness, with tailored courses for specific audiences.

Issue 15: Service alignment

People serving community sentences often need access to appropriate community services to meet reintegration and rehabilitation goals. Yet specialized services may not be available or able to adequately meet individual needs, reducing the effectiveness of community sentencing and contributing to recidivism.

These service gaps are often due to insufficient capacity, a severe lack of funding, poor case management, insufficient mental health awareness among parole and probation officers (PPOs), and misunderstanding or inconsistent use of mental health screening tools. Typical case management practices also tend to overlook Indigenous culture, values, beliefs, and traditions.

Instead, a new case management approach is needed to support people on probation or parole — specifically one that is collaborative, intensive, specialized, and built around an interdisciplinary team. This team should be designed to connect individuals to appropriate services (ideally in a non-coercive way), track their progress, and assess their needs continuously throughout the rehabilitation and reintegration journey.

Recommended Action 20

Establish intensive, specialized, interdisciplinary case management teams to ensure services are matched to individual needs.

What's needed to succeed

New models and tools

- Multidisciplinary cross-sector collaboration among service providers to ensure holistic support and continuity of care.

Consistency and standardization

- Standardized, quality-controlled mental health screening on intake followed by routine follow-ups and continuous needs assessments.

Capacity	• Hiring of more parole and probation officers who receive specialized mental health training and are assigned clear performance metrics to support more care driven by individuals' mental health needs. • Mechanisms to address staffing shortages in community services.
Focused supports	• Early and regular assessments of criminogenic needs, with services matched to meet them. • Involvement of individuals in decisions about their mental health when appropriate and to the best of their abilities.
Equitable and safe approaches	• Trauma-informed, person-centred, culturally responsive case management. • Inclusion of an Indigenous liaison officer and/or Elders to provide appropriate support and guidance to case management teams responsible for Indigenous individuals. • Referrals to services, programs, and/or treatment options that include child care for mothers and primary caregivers.
Funding and investment	• Funding for community resources and the hiring of more parole and probation officers.
Real-world practices and resources	• **Assertive Community Treatment (ACT) (international):** Multidisciplinary, shared responsibility team approach with a low staff-to-client ratio (typically 1:10), delivering individualized services, full-time coverage, and proactive outreach primarily in the community. Includes case management and psychiatric care. Particularly effective for individuals with serious mental illnesses and high service needs (e.g., extensive hospitalization histories). • **Correctional Service Canada Indigenous Community Corrections Initiative 2023 (national):** Supports custody alternatives and reintegration projects responsive to the unique circumstances of Indigenous Peoples, including culturally safe counselling, treatment, life skills coaching, and family reunification services, and addressing the effects of residential schools and child welfare systems.

Real-world practices and resources

- **Flexible Assertive Community Treatment (FACT) (Netherlands):** Dutch version of ACT that allows people to move between ACT and intensive case management (ICM) on the basis of their needs.
- **Justice Hoodstique (Quebec):** Restorative justice project addressing healing and social determinants of health through targeted parole services for Black people.

Issue 16: Compliance with release conditions

People serving community-based sentences or part of their sentence in the community after incarceration are subject to statutory or court-imposed conditions that can include mandatory treatments and programs, frequent contact and communication with a parole or probation officer, curfews, and avoiding certain locations, people, or classes of people.

There is a strong relationship between social determinants of health and a person's ability to succeed on bail, probation, or parole, or when serving a conditional or intermittent sentence.[118] For example, individuals released without access to appropriate housing or supportive services are at greater risk of breaching their release conditions. Older adults are more likely to develop health problems and have difficulty adapting to complex, restrictive release conditions and difficult living situations.[119]

Individuals with serious mental illnesses specifically may find it difficult to meet mandatory conditions, especially those involving a high degree of administrative effort, such as reporting to parole or probation officers on a schedule.[120] This can leave them susceptible to re-arrest and reincarceration. Indeed, many people experiencing mental health challenges have to appear in court because they've breached their conditions.

As a result, stricter conditions or further charges may be imposed, including new arrests, sentences, and even incarceration. This has prompted organizations such as the Ontario Federation of Indigenous Friendship Centres[121] to advocate for alternative ways of handling "administration of justice" offences and against the laying of additional criminal charges because of technical violations. This requires non-conventional management of breaches — non-justice responses that recognize people's mental health needs while holding them accountable for their actions.

CASE STUDY: The Need for Change

Bradley Raymond Perrott

In a June 2011 court-ordered forensic mental health assessment, Bradley Raymond Perrott was diagnosed with bipolar mood disorder and substance abuse. His probation terms included a requirement to comply with treatment conditions. In 2014, Bradley was prescribed a biweekly medication injection. He missed a few scheduled injections in early 2015. On April 23 of that year, he was asked to wait when he showed up for his shot and left angrily before receiving the injection. Issues arose between the Provincial Forensic Assessment and Community Services (FACS), which had provided his diagnosis, and the Probation Office regarding Bradley's missed injections and the miscommunication that followed.

On May 22, 2015, Bradley's sister called the local RCMP to say her brother was being destructive at their father's home. She knew he was not allowed to be there and was unaware if he was taking his medications or was under the influence of drugs. She believed there might have been firearms in the residence but was unsure. The RCMP arrived at the residence and confronted Bradley, who was holding a rifle. He was shot by an RCMP officer.

A 2021 coroner's inquest[122] delivered recommendations to prevent similar deaths, including:

- establishing a process to inform the Probation Office of prescriptions, treatments, assessments and/or counselling prescribed to an individual
- clarifying the method of communication to be used to notify the Probation Office of non-compliance
- defining the timeline within which FACS must notify the Probation Office after a non-compliance event.

Recommended Action 21

Eliminate mandatory release conditions and manage minor violations in person-centred and least-restrictive ways to avoid unnecessary reincarceration.

What's needed to succeed

New models and tools

- Eliminate criminal charges for non-compliance with release conditions.
- Ensure release conditions are individualized, risk based, least restrictive, and aligned with individuals' mental health needs.
- Flexibility for community sentence officers to adjust conditions if they don't initially succeed, such as referring people to more intensive treatments or services instead of court hearings and additional punishments.

Clear guidance

- Agreements with service providers and written guidelines for the support they will provide and actions they will take if an individual fails to participate in treatment or other problems arise.

Focused supports

- Help from mental health providers so probationers and parolees can better understand the consequences of their behaviour and potential sanctions.

Training and awareness

- Training for judges on how to set out conditions that are least restrictive and aligned with individuals' mental health needs.
- Training for judges on how to order and properly use Gladue reports and Impact of Race and Culture Assessments (IRCAs) to avoid racial biases when sentencing Indigenous and Black people.
- Training on non-conventional ways to address minor violations of conditions for individuals serving community sentences.
- Greater awareness among service providers of the consequences if individuals do not comply with conditions, so that they can advise their clients.

Real-world practices and resources

- **BC Probation Strategic Training in Community Supervision (STICS):** An internationally recognized approach to community supervision that can reduce recidivism by as much as 30%.
- **Parole Restoration Project, Center for Alternative Sentencing and Employment Services (New York City Council of State Governments, U.S.):** A program that links parole-violating individuals who have mental illnesses, substance use health problems, and other special needs with case management and mental health and social services to return them to the community more quickly.

Issue 17: Use of temporary absences

Temporary absences (TAs) afford temporary release to people who are incarcerated for medical, administrative, community, family, or compassionate reasons. They may be escorted (ETA) or unescorted (UTA).

TAs can help reduce reliance on correctional institutions, alleviate the trauma experienced by children whose parents are incarcerated, and support the reintegration of individuals who are incarcerated with access to community resources and faster release into the community. Successful TAs help reduce recidivism and save millions of dollars annually.

Despite these benefits, the use of TAs declined between 2012–13 and 2019–20.[123] While the overall number of people who were incarcerated also declined in that period, the reduction in TA use has been closely linked to restrictive policies, application periods that can outlast a person's time in custody, limited community resources, and the safety measures enacted with COVID-19 in 2020-21. The Office of the Correctional Investigator has noted that TAs continue to be underutilized in federal corrections.[124]

TA policies differ significantly by province and territory. Even so, as a general rule, most individuals held in provincial/territorial remand are largely ineligible for temporary absences. The main types of TAs granted are for medical absences (for examinations or treatments not available within corrections) and non-medical administrative, parental, compassionate, community service, family contact, personal development, or rehabilitative absences.

Non-medical TAs often come with exclusionary criteria, and correctional policies tend to impose standard conditions without tailoring the TAs to individual needs. Policies significantly restrict access to TAs for immigrants, refugees, and asylum seekers.

Recommended Action 22

Expand eligibility requirements for temporary absences (TAs), including while individuals are on remand.

What's needed to succeed

New models and tools

- Expanded TA eligibility for medical, humanitarian, personal development, and rehabilitative purposes, including for individuals in remand.
- Individually tailored conditions for TAs.
- Consider using TAs for individuals in pre-trial custody.

Consistency and standardization

- Automatic TA consideration for all eligible individuals serving sentences of three years or more once they have served one-sixth of their sentence, in accordance with regulations.
- Regular meetings between correctional, justice, health, and community sector partners to explore ways of enhancing access to TAs.

Equitable and safe approaches

- Reconsideration of eligibility for immigrants, refugees, and asylum-seekers to access TAs for reasons other than medical ones.
- Proactive use of TAs for Indigenous people to facilitate access to culturally safe community-based services and programs, including participating in rehabilitative cultural and spiritual ceremonies, attending to terminally ill family members, and attending family funerals.
- Allowance for Indigenous people to apply for release to an Indigenous community under any type of conditional release including for TAs, and to meet with an Indigenous community development officer or community or institutional liaison officer who helps with the TA application process and with establishing community support.
- Implementation of Recommendation 99 of Canada's Black Justice Strategy to mitigate the impact of systemic racial inequalities on access to TAs (e.g., in risk assessments and security classifications, disciplinary practices, and assessments of institutional adjustment and attitudes toward the criminal justice system) and to ensure decisions about TAs are based on objective criteria and not influenced by racial bias.

Funding and investment

- Increased funding for community resources, such as community residential centres that provide housing, supervision, and/or residential treatment or programming.

Real-world practices and resources

- **Alberta Attendance Centres:** TA program that helps people involved in the criminal justice system transition back into the community after serving part of their sentence through participation in community work and supervision.
- **Prison leave (Finland):** Allowance under Finnish law for a person who is incarcerated to leave their institution with permission for a short period of time to maintain outside contacts, reintegrate into society, and reduce the harmful effects of loss of liberty. Rules were clarified in the *Imprisonment Act* and *Remand Imprisonment Act*, with leave integrated into individualized sentence plans for each incarcerated person. In 2018, approximately 17,000 prison leave applications were submitted, with 79% approved and conditions breached only 3.5% of the time.

Recommended Action 23

Provide support to help individuals complete TA applications.

What's needed to succeed

Capacity

- Hiring of administrative support staff to help initiate the TA process and compile the necessary documentation for a TA application.

Focused supports

- TA application support sessions for individuals in custody, provided by trained staff.

Collaboration and partnership

- Collaboration with external organizations that specialize in administrative and/or legal support.

Clear guidance

- Guidance for a structured complaints mechanism to appeal TA decisions, supported by awareness raising that such appeals are possible.

Real-world practices and resources

- **Nova Scotia Legal Aid (NSLA):** Summary advice and assistance for individuals requesting TAs from provincial institutions.
- **Summary advice clinics (Calgary Legal Guidance):** Free legal advice, information, and guidance for anyone who cannot afford paid legal services and does not qualify for Legal Aid Alberta.
- **Temporary absence coordinators (Ontario):** Help for justice-involved people with completing TA application forms and determining travel arrangements, costs, etc., in cooperation with records staff.

Juncture 6(a): Institutional custody — Health care

As demonstrated in Pillar 1, all people in Canada should have access to services and supports that prevent criminal justice system involvement. People living with mental illnesses should be diverted from the criminal justice system whenever and wherever possible.

For those who do enter custody, whether they arrive with a mental illness or develop one while incarcerated, access to quality mental health care is essential. This includes care within custody for lower needs and timely transfers to specialized services for higher needs.

Issue 18: Health care in correctional systems

People involved in the criminal justice system who also live with mental health challenges often experience worsening health conditions while in custody.

Under Rule 24 of the United Nations' Nelson Mandela Rules,[125] correctional institutions have a moral and legal obligation to provide health care equivalent to community standards, ideally in collaboration with public health systems to ensure continuity of care.

The World Health Organization's Health in Prisons Programme recommends that health care in correctional facilities be managed by a ministry of health rather than a ministry of justice or corrections to reduce inequities and improve outcomes.[126]

In Canada, sections 86 (1) and (2) of the *Corrections and Conditional Release Act* requires as "obligations of service" that Correctional Service Canada provide individuals who are incarcerated with "essential health care" and "reasonable access to non-essential health care" and that such care must "conform to professionally accepted standards."[127]

Principles of accessibility and comprehensiveness built into the *Canada Health Act* are often unmet in correctional health care. Six provinces — British Columbia, Alberta, Nova Scotia, Quebec, New Brunswick, and Newfoundland and Labrador — have transferred or are in the process of transferring the responsibility for correctional health care to their ministries of health, bringing their systems closer to *Canada Health Act* standards. In the rest of Canada, justice-related health services remain under non-health ministries for provincial and territorial facilities and under Correctional Service Canada for federal institutions. This creates a separate, disconnected, and, at times, inferior system of care lacking adequate resources, consistent clinical standards, and continuity with community health services.

Challenges associated with federal correctional health care managed by Correctional Service Canada include high complaint rates and limited clinical independence for health-care providers. These are mirrored in provincial and territorial correctional facilities managed by non-health ministries.

Transferring correctional health-care responsibilities to health ministries could help address systemic gaps, support continuity of care, enhance clinical autonomy, and ensure individuals who are incarcerated receive ethical, equitable care consistent with the standards available to people in the community.[128,129]

Potential research topic: Screening tools and alternatives to confinement

Screening tools for institutional violence and risk of seclusion exist but require further testing to systematically evaluate their utility and appropriateness for identifying mental illnesses and related risks among women, Indigenous Peoples, and racially marginalized groups. Research is also needed into how such tools may be used to reduce the use of confinement, including by offering tailored interventions to mitigate risks and reviewing and developing literature on humane and safe alternatives to isolation. Peer support may also play a role in reducing harms of custody. Further research and evidence-based guidelines could resolve some existing complexities around peer support and help standardize approaches.

Recommended Action 24

Transfer health-care delivery from provincial and territorial correctional ministries to ministries responsible for health care, with arrangements between Correctional Service Canada and provincial/territorial health-care ministries to provide fully integrated health services for individuals who are federally incarcerated.

What's needed to succeed

New models and tools

- Legislative and policy options to shift health-care services from justice systems to health systems, ensuring alignment with the *Canada Health Act*.
- Governance of Correctional Service Canada's five regional treatment centres according to the laws of the jurisdictions where they are located.
- Maximized clinical independence for all other health-care-related services, programs, and interventions offered by Correctional Service Canada.
- New governance models for health-care services and enhanced independent monitoring and reporting.

Consistency and standardization

- Consistent, evidence-based, patient-centred standards across provinces and territories for corrections-related health-care services.
- Centralized governance led by health ministries to standardize policies, procedures, and accountability measures, ensuring consistent and high-quality care across all provinces and territories.

Collaboration and partnership

- Partnerships and information-sharing systems among correctional facilities, community health providers, and the broader health system to support seamless continuity of care, particularly during individuals' transitions to the community.
- Updated information-sharing agreements and protocols between Correctional Service Canada and Indigenous communities supported by standards to ensure they work effectively.
- Strong partnerships among correctional facilities, regional health authorities, Indigenous health-care providers and organizations, and Indigenous communities in all provinces and territories.

Measurement	• Robust and transparent monitoring, reporting, data collection, and data sharing about the health outcomes and needs of individuals in custody to ensure accountability and appropriate resource allocation; evaluate progress; and better understand the relationship between mental health, physical health, and contact with the criminal justice system. • Greater race-based data collection to ensure needs-based resource allocation, identify gaps, and improve service delivery.
Capacity	• Hiring of trained, well-compensated personnel to form interdisciplinary teams that can provide health-care services with full clinical independence.
Equitable and safe approaches	• Health policies for Indigenous populations that are designed, developed, and delivered by Indigenous people. • Implementation of strategic recruitment to increase the numbers of Indigenous decision makers and service providers delivering care within the criminal justice and forensic mental health systems.
Funding and investment	• Adequate funding for Indigenous-led health and mental health services within correctional facilities, prioritizing Indigenous healing programs and spaces.

Real-world practices and resources

- **Acute care stabilization (ACS) beds (Ontario):** Developed by the Forensic Early Intervention Service in collaboration with the Centre for Addiction and Mental Health and the Toronto South Detention Centre. Identifies and provides inpatient care and treatment to the individuals who are incarcerated and experiencing treatable serious mental conditions who will most benefit from short-term admission to the structured and secure ACS inpatient setting.
- **Eastern Health Correctional Health Services (Newfoundland and Labrador):** Provides primary health care and mental health and addictions services in numerous settings including correctional institutions and detention facilities. Services include nursing assessments and interventions, medication management and delivery, diagnostic services, health promotion and prevention, opioid dependence therapy, and counselling, psychological, and psychiatric services.
- ***Impact of Prison Health Policy* (British Columbia):** A study finding that the transfer of health care from corrections to BC's Ministry of Health had a positive impact on job satisfaction among health-care providers and that people released after the transfer were more likely to access health care and substance use services in the community.

Issue 19: Inconsistent health-care standards

Individuals in federal custody in Canada are legally entitled to health services under the *Corrections and Conditional Release Act*, but at the provincial and territorial level, correctional health care is not consistently governed by the ministries of health or aligned with community standards of care.

This creates parallel but unequal systems. Combined with overcrowding, staffing shortages, and inadequate oversight, the results are health inequities for people who have been incarcerated and substandard health care in many correctional facilities.

Standardizing health care across correctional facilities through policy and legislation would improve health promotion, optimize staffing, reduce costs through bulk purchasing, and foster collaboration with government health agencies. These common standards of care should be aligned with community services, supported by quality assurance plans, and upheld with clinical independence by health-care providers.

Recommended Action 25

Work with all levels of government to develop common health-care standards for people while incarcerated.

What's needed to succeed

New models and tools

- Transfer of health-care responsibility from correctional authorities to health authorities.
- Creation of a national oversight body to monitor conditions and services and ensure transparency and accountability.

Consistency and standardization

- Explicit health-care quality legislation for all jurisdictions.
- Greater federal involvement in setting minimum standards of care for provincial and territorial corrections facilities.
- Development of an Accreditation Canada standard for correctional health services.

Equitable and safe approaches

- Direct, ongoing consultation with people who are incarcerated, who have lived experience of the criminal justice system, and who work as front-line correctional staff to ensure standards and practices respect their rights and serve them adequately.
- Standards for transgender individuals based on the World Professional Association for Transgender Health's Standards of Care.
- Establishment of standards for Indigenous people in collaboration with Elders and Indigenous health liaisons to ensure cultural safety, appropriate services, access to rehabilitation programs, and stronger partnerships.

Training and awareness	• Access to continuous learning for correctional staff (including mental health professionals) based on National Training Standards, including principles of equity and non-discrimination in relation to race, ethnicity, sex, sexual orientation, and gender identity and expression. • Assistance to help staff develop the knowledge, skills, abilities, attitudes, and behaviours they need to provide high-quality and safe care in a correctional environment and to stay current with best practices and evolving standards.
Collaboration and partnership	• Collaboration among community service providers, health and mental health professionals, and correctional facilities, with avenues for information sharing, to align correctional care with adequately resourced community services.
Real-world practices and resources	• **Correctional Health Services Standard (national):** Co-published by Correctional Service Canada and Accreditation Canada to help organizations assess quality at the point of service delivery and embed a culture of quality, safety, and client-centred care into all aspects of service delivery.

Issue 20: Oversight and accountability

Mental and physical health care in Canadian correctional facilities is often inconsistent and marred by systemic neglect, heightening the vulnerabilities of people who are incarcerated. The lack of national care standards described in Issue 19 is a contributing factor alongside poorly integrated correctional and provincial/territorial health systems, low accountability, and the absence of binding oversight mechanisms.

Experts such as Canada's federal Correctional Investigator and the Ombudsman of Ontario have repeatedly called for enforceable oversight of health care in correctional systems.[130] Today, oversight is largely reactive, triggered by serious incidents, complaints, inquests, or formal grievances. Accountability is complicated by the fact that responsibility for overseeing health care in correctional facilities often crosses multiple agencies, depending on the nature and severity of the complaint.

An independent oversight mechanism for culturally safe, trauma-informed care—grounded in social determinants of health and the realities of those directly affected by the system—would help mitigate the particular health disparities faced by equity-deserving populations including Indigenous Peoples and racially marginalized people. Such an independent body could advocate for improved access to specialized care for Indigenous Peoples, notably mental health services rooted in Indigenous traditions and Elder-driven healing initiatives.

Recommended Action 26

Establish independent oversight and accountability bodies led by health professionals to ensure consistent, high-quality health care in Canadian correctional facilities.

What's needed to succeed

New models and tools

- Transfer of responsibility for health care from correctional authorities to health authorities.
- Investment of authority in the oversight body to enforce standards, conduct audits, investigate complaints, and mandate corrective actions, supported by proactive data collection and feedback mechanisms.
- Clear selection criteria and accountabilities for oversight body members, with transparent qualification requirements and freedom from correctional and government influence.
- Inclusion of individuals with lived experiences of incarceration as members of the oversight body.
- Establishment of independent monitoring bodies in each jurisdiction, which would be responsible for oversight, accountability, and promotion of transparency.

Oversight

- Regular accreditation review by Accreditation Canada of health-care services in all correctional institutions in Canada.
- Routine audits for quality assurance with transparent public reporting on health-care quality and complaint resolutions in correctional facilities.

Real-world practices and resources

- **SPOR Evidence Alliance Health Services Reviews in Canadian Federal Correctional Institutions and Healthcare Models in Correctional Institutions Internationally: An Environmental Scan (national):** Report identifying completed reviews of health services in Canadian federal correctional facilities. Includes health services-related recommendations and correctional health-care models in other countries.
- **John Howard Society of Saskatchewan, Public Legal Counsel:** Represents clients in prison administrative proceedings, including those affecting security ratings, discipline, conditions of confinement, and access to medical care. Also conducts systemic litigation and advocacy to encourage the humane treatment of people held in Saskatchewan prisons.
- **National Resource Center for Correctional Oversight (U.S.):** Provides guidance and research to policy makers, officials, and advocates interested in developing or strengthening correctional oversight mechanisms in their state or local jurisdiction.

Issue 21: Access to primary mental health care

The World Health Organization has identified primary care as the most effective and efficient component of any public health system and the ideal foundation for health services in correctional facilities.[131] Yet correctional facilities struggle to provide primary health care and mental health care consistently, equitably, and with sufficient quality. This has been attributed to a range of factors including underfunding, tensions between providing care and securing the environment, and insufficient skill sets within correctional health-care teams. These factors have driven overreliance on more intensive mental health services to address relatively common needs, burdening intermediate and acute care providers in ways that compromise quality of care and system capacity.[132]

Issues are often compounded for Indigenous and racially marginalized people because culturally safe, aware, and appropriate programming and care are often lacking. Cross-cultural biases affect assessment and treatment practices, and staff often have limited understanding of Indigenous history and the impacts of intergenerational trauma.[133] Large gaps in care also exist for neurodivergent individuals, especially those with speech and communication differences.[134,135]

A few conclusions can be drawn from these realities. First, the capacity and capability of correctional facilities to provide high-quality primary health care and mental health care needs to be built up at all levels: federal, provincial, and territorial. This should be done not in isolation but in consideration of correctional primary care as part of a collaborative model in partnership with specialized forensic mental health and community care providers.

Second, the focus of correctional primary care should be to identify and address common mental health needs, both to prevent individuals' symptoms from worsening and to reduce the need for more intensive mental health services.

Third, primary mental health care must be seen as the first step along a continuum of care that includes — and is tightly integrated with — intermediate and intensive care so that when individuals require more involved care, it is available and accessible via well-established pathways.

Specific to mental health, primary care services in correctional facilities should include group and individual interventions related to mental health promotion, the prevention of mental health issues, early intervention, assessments, and individualized, trauma-informed, evidence-based treatments that meet defined standards of care.[136]

Recommended Action 27

Strengthen primary care in correctional facilities so interventions are least restrictive, least intensive, least intrusive, and equivalent to the care available in the wider community, as the first step in a progression to intermediate and intensive care when needed.

What's needed to succeed

Capacity	• Building up a robust primary care workforce as the foundation of stepped and collaborative care models.
New models and tools	• Timely, comprehensive, ongoing screening and assessment. • Individualized treatment plans that address people's unique needs.
Collaboration and partnership	• Enhanced collaboration among service providers through interdisciplinary teams, effective information sharing, and defined responsibilities and access points.
Funding and investment	• Increased funding for better allocation of resources, including for community-based options and care specific to neurodivergent individuals.
Focused supports	• Access to less intensive services and programs (e.g., self-management of well-being and health, peer support, mental health coaching, and group therapy) with stepping up to higher intensity care (including being transferred to a hospital) when needed and as system capacity allows. • Access to a range of therapeutic activities including creative arts, yoga, meditation, horticulture, and animal-assisted therapy.

Equitable and safe approaches	• For women, a holistic, integrated, trauma-informed primary mental health care approach to address issues related to parenting, mental health, substance use, trauma, violence, and abuse. • For Indigenous people, access to traditional leaders and teachings, healing practices, and healing lodges that are open to individuals at all security classification levels to support health and wellness. • Hiring of Elders with appropriate resourcing and support to collaborate with Indigenous communities and provide culturally safe services to Indigenous people who are incarcerated in alignment with Call to Action 36 from the Truth and Reconciliation Commission of Canada's report: *"We call upon the federal, provincial, and territorial governments to work with Aboriginal communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused."*
Training and awareness	• Mandatory assistive and augmentative communication (AAC) training for all primary care staff. • Training to help more Indigenous people become service providers. • Mandatory cultural competency training for all primary care staff. • Mandatory training (including medical curricula and ongoing professional development) in transgender and gender-diverse health-care issues, including mental health disparities and gender-affirming interventions.
Measurement	• Measures for regular evaluation and monitoring to ensure services and programs are effective and meet people's needs.

Real-world practices and resources

- **Correctional Service of Canada Patient-Person Health Care Home (national):** Promotes equitable, integrated, person-centred care in federal prisons to address inconsistent health-care standards across provinces and territories and reduce systemic health inequities in correctional settings. Includes implementing a patient advocacy framework to help maintain continuity of care within institutional settings and between institutions and the community.
- **STAIR (Screening, Triage, Assessment, Intervention, Re-integration) model (international):** An evidence-based framework to organize and deliver essential mental health services in correctional settings. The STAIR model views correctional mental health care as a clinical pathway with linked, measurable steps.
- **Stepped Care 2.0 (Canada):** Person-centred approach that improves access to mental health services with supports and interventions on a stepped scale of lesser or greater intensity as needed, including digital/online options. Aims to support people to become active participants in their care journeys and provide individuals with the support that works best for them when they need it.
- **NHS stepped care model (U.K.):** Incrementally intensifying mental health care model with self-help as step one and progressively specialized mental health services for those with greater mental health needs.

Issue 22: Access to intermediate mental health care

In this action plan, "intermediate care" means mental health services that are more structured than primary care services but less intensive than the acute care services provided at a psychiatric facility.

At the federal level in Canada, Correctional Service Canada (CSC) began introducing intermediate mental health service units (IMHSUs) in 2015. These units have the potential to serve as appropriate diversion options when security risks and care are well managed and when close monitoring is available to ensure individuals in IMHSUs have sufficient time out of their units. CSC has more recently made intermediate mental health care a key pillar of its 2024 Mental Health Strategy.[137]

According to the Office of the Correctional Investigator, CSC's regional treatment centres should be regarded as intermediate mental health care facilities, as they are "...not positioned to provide specialized, psychiatric hospital care, particularly to those with severe levels of mental and physical needs. At best, they are offering what would be expected of intermediate levels of care for the purposes of stabilization, not longer-term treatment or care."[138]

There appears to be disparities between the availability of intermediate mental health care in maximum-security facilities and medium-security institutions. For example, intermediate mental health care units do not exist in maximum-security facilities in Quebec. Capacity may be a key barrier. That said, the Office of the Correctional Investigator has noted that "...it appears some progress has been made in the delivery of [intermediate mental health care] at medium-security institutions.... [though] challenges and significant gaps remain."[139]

Increasing access to intermediate mental health care services both within correctional facilities and in partnership between correctional facilities and community-based service providers could be an effective support for justice-involved people who would benefit from a recovery-oriented, therapeutic setting but don't require treatment in a psychiatric hospital.

Equitable access to intermediate mental health services is particularly important for overrepresented and underserved groups in correctional settings including Black and Indigenous Peoples and women in custody. Intermediate services provided to women in settings such as structured living environments may require distinct standards and monitoring.

Greater access to intermediate care at all levels — federal, provincial, and territorial, and within maximum-, medium-, and minimum-security facilities — stands to improve conditions for individuals who are incarcerated and help reduce pressures on both primary care and acute service providers.

Recommended Action 28

Expand the availability of intermediate mental health care services for all people who are incarcerated in Canada, at all levels, both within corrections and in collaboration with community service providers.

What's needed to succeed

Capacity

- Adequate capacity to meet demand in federal and provincial/territorial correctional facilities based on continuously collected health status data about individuals who are incarcerated.

Consistency and standardization

- Clear standards for service delivery including:
  - intensity of clinical and rehabilitative services
  - appropriate staffing levels and competencies
  - equitable distribution of services across underserved groups
  - clear differentiation between therapeutically focused intermediate mental health units and isolating conditions of confinement
  - clear referral pathways between primary care, treatment in psychiatric hospitals, and other services.
- Health-care staff authority over mental health living units.
- No routine presence of correctional officers on therapeutic living units, which can be triggering for individuals who have had force used against them.

Oversight

- Independent monitoring and evaluation of intermediate mental health services against the above standards and an established evaluation framework that includes both individual- and system-level outcomes.

Alternatives and options

- Access to phones to improve access to intermediate mental health services, including external professionals and support services.

Real-world practices and resources

- **Correctional Service Canada Mental Health Continuum of Care Model (national):** Strategy outlining the need for and components of an approach to mental health care and supports in federal correctional settings, along the full continuum from intake screening and assessment to primary, intermediate, intensive, and transitional care as well as related management practices.
- **Intermediate care programs (New York State, U.S.):** Programs for individuals with psychiatric disorders; have been found to significantly reduce disruptive behaviours and improve mental health outcomes.

Issue 23: Access to intensive mental health care

The services and supports required by people living with serious mental illnesses are referred to as intensive or acute mental health care. This action plan notes several recommendations to divert people living with mental illnesses from the criminal justice system whenever and wherever possible. However, if people enter the correctional system with serious pre-existing mental illnesses or substance use disorders, limited access to intensive care poses a significant challenge to effective rehabilitation.

Currently, treatment for acute mental health concerns may be available only in federal correctional facilities. Intensive mental health care in provincial/territorial facilities tends to be accessed through hospitals and community-based services, with capacity limiting how many people can be transferred to these services.

Many advocates have concluded that correctional facilities are not appropriate environments for meeting intensive mental health care needs and recommend redirecting investments in correctional infrastructure toward building up capacity and facilities in the community to provide treatment and care for people experiencing serious mental health challenges.[140]

The Office of the Correctional Investigator's 2025 annual report calls for the transfer of "individuals with acute and long-term psychiatric complex needs... to specialized, external facilities capable of delivering the appropriate level and quality of care."[141]

Section 29 of the *Corrections and Conditional Release Act* (CCRA)[142] currently allows individuals in federal custody to be transferred to external mental health facilities for specialized treatment. However, there is no standardized corresponding approach for people in provincial or territorial custody. Even where transfer protocols exist, gaps in awareness and training, untimely referrals, and structural and procedural barriers limit how often they are used.

A legislated solution may help. For example, Bill S-205 proposes to amend the *Corrections and Conditional Release Act* and aims to address certain shortfalls by requiring that anyone sentenced, transferred, or committed to a correctional facility who experiences a disabling mental health issue be transferred to a hospital to receive high-quality care.[143]

Recommended Action 29

Ensure timely transfer of individuals in custody to appropriate intensive mental health services on the basis of their individual needs.

What's needed to succeed

Capacity	• Qualified staff and dedicated resources along the mental health care continuum from primary to intensive care, with evidence-based therapies and streamlined referrals for those with high needs.
Funding	• Dedicated funding to increase capacity and access to specialized mental health care in the community.
Consistency and standardization	• Effective application of Section 29 of the CCRA through regular reviews and an oversight mechanism to monitor its use. • Use of Section 29 of the CCRA as a foundational model for developing provincial and territorial frameworks that facilitate transfers to intensive, specialized community-based hospitals.
Collaboration and partnership	• Establishment of intensive mental health services beyond federal facilities through partnerships with provincial/territorial and community mental health centres and hospitals, creating a broader network for timely intensive treatment. • Partnerships focused on correctional health supported by information-sharing agreements for smooth, continuous mental health care.

Training and awareness

- Increased training on Section 29 of the CCRA for corrections staff as well as dedicated resources to enable prompt, appropriate mental health referrals.

Equitable and safe approaches

- Culturally safe and trauma-informed care for Indigenous, ethnoculturally diverse, and female individuals who face unique challenges accessing appropriate mental health services, including traditional healing practices for Indigenous people; gender-responsive mental health services particularly for women with trauma histories; and services that address both mental health and substance use for individuals involved with the criminal justice system who have co-occurring disorders.

Real-world practices and resources

- **Correctional Service Canada Intensive Intervention Strategy for Women Offenders (national):** Addresses the needs of incarcerated women with complex mental health challenges through a collaborative, interdisciplinary approach that emphasizes individualized, structured support to enhance safety, reduce incidents, and facilitate rehabilitative outcomes.
- **Saskatchewan Hospital North Battleford:** A 284-bed integrated psychiatric hospital and correctional facility operated by the Saskatchewan Health Authority on behalf of the province's Ministry of Health to serve patients whose need for longer term psychiatric rehabilitation cannot be met by local inpatient mental health facilities. Includes 188 psychiatric rehabilitation beds and a 96-room secure wing for individuals living with mental health issues.

Issue 24: Suicide and self-harm

Rates of suicide and self-harm are high among individuals involved with the criminal justice system — with prevalence as high as 53% compared with 4% in the general population — especially among those receiving psychiatric care.[144] An integrated approach to preventing and managing suicide and self-harm is crucial to addressing elevated risks, particularly within forensic mental health settings.

Certain populations may be more acutely at risk. Indigenous women in custody have higher rates of suicide and self-harm than non-Indigenous women.[145] Women from all backgrounds who self-harm in correctional settings often have extensive offence histories.[146] Transgender and gender-diverse people report higher rates of depression and suicidal ideation that are often exacerbated by their treatment in correctional settings.[147]

CASE STUDY: The Need for Change

Ashley Smith

Adopted at the age of five, Ashley Smith was incarcerated at 15 after breaching probation for throwing crab apples at a letter carrier. Her one-month sentence was extended to four years for numerous infractions while in custody. She was charged repeatedly with threatening behaviour and assaulting staff when they attempted to physically subdue her.

On entering the federal prison system, Ashley was placed in segregation. She continued to be held in segregation during most of the 11 months she spent in federal prison. She filed a series of formal grievances to draw attention to the unjust conditions she was subjected to, including being deprived of basic hygiene necessities, being denied release from her cell for up to four days at a time, and excessive use of force. In response to these conditions of confinement, Ashley began to self-harm using a ligature around her neck. Correctional staff intervened dozens of times to remove the ligatures.

On October 19, 2007, Ashely died from ligature strangulation and positional asphyxia after front-line staff adopted a "wait-and-see approach" and failed to enter her cell to remove a visible ligature until it was too late.

A 2013 inquest[148] resulted in 104 recommendations to avoid such a tragedy happening again, including:

- psychological assessment of all incarcerated women within 72 hours of admission, with ongoing follow-up assessments over time
- provision of effective, individualized, therapeutic interventions that are trauma-, age-, and gender-informed and developmentally appropriate
- arrangements with provincial health-care facilities to provide long-term treatment to individuals who chronically engage in self-injurious behaviour or display other serious mental health challenges.
- partnerships with external mental health experts to increase access to community mental health services.
- restriction of segregation and seclusion to 15 consecutive, uninterrupted days, with a mandatory period outside segregation or seclusion of five consecutive days
- restriction of segregation or seclusion to a maximum of 60 days in a calendar year, including across institutions and treatment facilities if an individual is transferred.

Recommended Action 30

Refer individuals at risk of suicide or self-harm to a mental health professional for assessment and timely access to services.

What's needed to succeed

Consistency and standardization	• Early risk identification to support timely care, monitoring, and safe housing decisions. • Effective and evidence-based screening tools for use on intake. • Prompt provision of mental health services in safe environments that foster interaction and minimize isolation.
Capacity	• Availability of mental health supports including psychologists and mental health clinicians who can respond to crises and provide ongoing care, help individuals develop distress tolerance and emotional regulation skills, and more.
Training and awareness	• Comprehensive staff training focused on recognizing and responding to cues of suicide and self-harm risk, enabling proactive intervention and support. • Staff training in trauma, cultural, and gender competency with accountability mechanisms to address disparities.
Equitable and safe approaches	• Trauma-informed, culturally- and gender-sensitive care to address the root causes of self-harm and suicide, particularly in high-risk populations. • Culturally safe interventions that include self-harm — for example, by further adapting Correctional Service Canada's Indigenous programs, which integrate Indigenous ceremonies, teachings, and Elder support.

Real-world practices and resources

- **Columbia Suicide Severity Rating Scale (U.S.):** A short questionnaire that can be administered quickly by responders with no formal mental health training, relevant to individuals of all ages. Also known as the Columbia Protocol.
- **Electronic Hamilton Anatomy of Risk Management (eHARM) (Ontario):** Clinical judgment tool that supports regular monitoring of suicide and self-harm risks.
- **safeTALK (national):** A workshop offered by the Canadian Mental Health Association that prepares workers to become suicide-alert helpers.
- **Suicide Concerns for Offenders in Prison Environment (SCOPE) scale (U.S.):** Structured self-report method for assessing past and future risk.
- **Zero Suicide framework (international):** Operationalizes seven elements identified by suicide prevention experts as core to safe care for individuals with suicidal thoughts and urges. A holistic approach to suicide prevention within health and behavioural health care systems.

Recommended Action 31

Monitor individuals at risk of suicide or self-harm according to their level of risk and provide them with appropriate services in a timely manner.

What's needed to succeed

Focused support

- Tailored psychotherapies adapted to and addressing the unique challenges of correctional settings.
- Further empirical studies to identify targeted, evidence-based approaches.

Capacity

- Capacity for ongoing risk assessment.

Real-world practices and resources

- **Correctional Service Canada Commissioner's Directive 843 (national):** Interventions to preserve life and prevent serious bodily harm including enhanced observation levels (high watch, modified watch, and mental health monitoring) when alternative, less restrictive measures and de-escalation strategies have been considered or implemented and assessed as not effective.
- **Correctional Service Canada Structured Living Environment (SLE) Program (national):** A program based on dialectic behavioural therapy (DBT) that offers 24/7 support, skills integration, and therapy for women with emotional dysregulation.
- **RUSH (Real Understanding of Self-Help) Program (Australia):** Adaptation of DBT for individuals in correctional settings with borderline personality characteristics who exhibit suicidal ideation and self-harming behaviours.
- ***Trauma-informed care for incarcerated offenders who engage in chronic self-injurious behaviour: A rapid evidence assessment*, Correctional Service Canada (national):** A rapid evidence assessment that identifies principles of trauma-informed care and the evidence base that supports their use for individuals who are incarcerated who engage in chronic self-injurious behaviour.

Recommended Action 32

House individuals at risk of suicide or self-harm in safe environments that maximize interaction with health-care professionals and other service providers and minimize isolation.

What's needed to succeed

Focused support

- Evidence-based, stratified assessments to recognize risk factors.
- Support during incarceration, with accessible resources such as counselling and peer support, especially for individuals under safety observation.
- Support during community reintegration, with accessible resources including counselling and crisis intervention.

New models and tools	• Health-care services and mental health care services with governance and administration independent of corrections.
Collaboration and partnership	• Stronger links between correctional facilities and community health providers.
Funding and investment	• Funding for modern, person-centred environments and infrastructure. • Resources allocated for monitoring, staffing, and targeted research.
Training and awareness	• Public education to help families and caregivers understand risk factors.
Oversight	• External oversight, increased monitoring, and enhanced public reporting on use of force, use of restraints, and use of isolating conditions or confinement. • Following through on the long-overdue parliamentary review of legislation on structured intervention units. • Accountability systems and structures related to the implementation of recommendations from inquests and medical examiner reports.
Real-world practices and resources	• **Multicomponent suicide prevention programs (international):** Staff training, supervision, and communication approaches proven to substantially reduce suicide rates, incidents of self-harm, and suicidal thoughts among individuals who are incarcerated. • **Peer-delivered suicide prevention work (international):** Initiatives that train individuals in custody to be peer supporters who can identify signs of distress and offer resources. • **Safewards (international):** Model to reduce conflict and the need for restrictive practices in mental health settings by creating a more supportive environment.

Issue 25: Use of medication

Appropriate medications can be an important component of an individual's mental health treatment along with appropriate psychological services. Yet many individuals involved with the criminal justice system in Canada, especially women, feel medications are prescribed more to control behaviour than to support recovery. Research has found that women in custody are more likely to be given psychiatric medications than men, and with higher frequency.[149]

Medications can become the default mode of treatment for individuals in correctional institutions, in part because systemic factors such as understaffing and high turnover rates limit other options. While available staff are largely occupied with substance use, suicide risk, and adjustment issues related to incarceration, other serious mental health challenges can go undetected and undertreated.

What's needed is an increase in available psychological services, complemented by appropriately prescribed medication as required. Medication should not be used to manage behaviour or control individuals. More non-pharmacological interventions should be made available to address root causes and provide high-quality, recovery-oriented care. This is particularly important for addressing gender-specific circumstances such as motherhood and histories of sexual and physical abuse, and for people in rural, remote, or isolated locations who deserve access to a mix of treatment options.

Research shows that non-pharmacological approaches lead to improved mental health outcomes such as reduced depression and anxiety while reducing rates of violence and victimization.[150]

Recommended Action 33

Use recovery-oriented, patient-centred, non-pharmacological mental health interventions whenever possible and appropriate, according to individual needs.

What's needed to succeed

Consistency and standardization

- Standardized, quality-controlled mental health screening at intake followed by timely assessment and specialized case management for those with identified needs.

Clear pathways

- Access to high-quality primary care with the capacity to step individuals up to higher intensity care as needed.
- Access to other therapeutic and holistic health activities that are proven to improve emotional regulation and behaviour management, including the use of behaviour management specialists to educate and guide staff and individuals who are incarcerated as well as holistic therapeutic activities such as yoga, meditation, creative art, horticulture, and animal therapy.

Funding and investment	• Proper investment in intermediate care and increased resources for the intensive care provided by regional treatment centres to decrease the load on primary care in corrections.
New models and tools	• Promotion of interdisciplinary teams and collaborative care models.
Training and awareness	• Training for all correctional staff in recovery-oriented approaches, with processes to systematically identify training needs and ensure ongoing professional development.
Oversight	• Consistent tracking of health-care indicators including the proportion of people who are incarcerated who access pharmacological and non-pharmacological treatments.
Real-world practices and resources	• **Changing Lives and Changing Outcomes (international):** A unified, interdisciplinary treatment program composed of nine therapeutic modules. • **Dialectic Behavioural Therapy, correctional adaptation (international):** Psychotherapeutic approach for treating people who experience difficulty regulating their emotions and behaviours. • **Reasoning and Rehabilitation Mental Health Program (international):** Designed to accommodate the cognitive limitations associated with mental illness.

Juncture 6(b): Institutional custody — Barriers

Issue 26: Mental health screening on intake

Many people serving sentences in the criminal justice system have unaddressed or improperly assessed needs related to their mental health or substance use, especially if their mental health challenges were not related directly to their offence or evident before sentencing. This makes effective intake screening by trained staff essential.

Screenings and assessments provide the basis for individualized service, ongoing evaluation, referral plans, and discharge planning. (Screening helps identify if a person is experiencing basic physical and mental health issues; assessments are more comprehensive.) The Faqiri inquest‡ highlighted the importance of ensuring screenings and assessments are standardized and accompanied by consequential compliance mechanisms to enhance patient safety and establish a continuum of care.

Today, policies across Canada typically emphasize the need for screening within 24 and 48 hours of intake and prioritize early assessments,[151] but the approaches taken can vary. Federal facilities, for example, currently use the Computerized Mental Health Intake Screening System while in many provincial and territorial facilities, the Brief Jail Mental Health Screen (BJMHS) is used and administered by a Correctional Officer. If the BJMHS indicates a concern, a registered nurse then administers the Jail Screening Assessment Tool during the mandated intake health assessment (within 24 hours).[152]

Screenings and assessments are often delayed because of compliance failures and insufficient human resources. These delays, combined with disparate tool use, result in untimely access and unmet service needs.

For greater continuity of care, progress tracking, and appropriate, timely referrals to mental health professionals, there is a need for standardized, quality-controlled screening on a person's intake into a correctional facility.

‡ See **page 14**

Recommended Action 34

Implement standardized, quality-controlled mental health screenings and assessments both on intake and on an ongoing basis, with mechanisms for ensuring compliance and consequences when standards are not met.

What's needed to succeed

Consistency and standardization

- Identification of barriers to timely mental health screenings and assessments at intake, and implementation of measures — including legislative changes — to address them.
- Use of the same validated, reliable, and standardized screening and assessment tools federally, provincially, and territorially.
- Administration of screening tools by trained health professionals (e.g., registered nurses).

Collaboration and partnership

- Collaboration among multidisciplinary teams of psychologists, correctional officers, and nurses to ensure routine follow-up, ongoing needs assessments, progress tracking, and continuity of care.

Training and awareness

- Training and ongoing refreshers for correctional officers in testing, measurement, and psychological test interpretation so they can carry out at least some parts of intake screening, independently or under the supervision of a trained individual.

Equitable and safe approaches

- Development of inclusive and appropriate alternatives when existing screening tools do not apply or are less effective for people from a specific population (e.g., Indigenous people, women, 2SLGBTQI+ people, and racially marginalized groups).
- Availability of screening tools in different languages (requiring translation, adaptation, and revision).
- Tools to accurately identify people with intellectual disabilities and/or neurodivergence so they can be referred to appropriate services.
- Use of technology to connect individuals in custody in remote or isolated locations with psychologists, psychiatrists, or forensic mental health nurses in other regions to facilitate access to mental health screening.

Oversight

- Independent compliance and accountability mechanisms to ensure intake screening and assessment are implemented consistently, with follow-through consequences for non-compliance.
- Monitoring and reporting to ensure that timelines improve.

Funding and investment

- Increased funding to address staff shortages and allow for in-depth assessments and interventions.

Real-world practices and resources

While there are many jurisdictional models of screening and assessment at intake, the rarity of standardized national models underscores the need for change.

- **Correctional Health Services (British Columbia):** Individuals are interviewed by a mental health screener within 24 hours of admission to a correctional facility using the Jail Screening Assessment Tool and Columbia–Suicide Severity Rating Scale to identify appropriate intervention strategies on the basis of the person's needs and strengths.
- **NICE guidelines (U.K.):** Cover assessment, diagnosis, and management of mental health challenges in people age 18 or older who are in contact with the criminal justice system, aiming to improve their mental health and well-being through principled assessment and management and by promoting more coordinated care planning and service organization across the criminal justice system.
- **Provincial correctional centres (British Columbia):** Use trauma-informed, gender-specific mental health screening as part of intake.
- **Provincial Health Services Authority (British Columbia):** Uses an electronic health record system to generate health records and ensure continuity of care for individuals in the province's correctional system. Corrections staff also have some connectivity to broader provincial health records systems.

Potential research topic: Screening tools for specific populations

Some screening tools may be less effective at identifying mental illnesses among women, Indigenous Peoples, and racially marginalized groups, with risk of harm to these individuals. This should be addressed systemically, requiring careful research and peer-reviewed processes.

Issue 27: Physical environment

Although the ultimate goal is societal change that prevents individuals from becoming involved with the justice system and being incarcerated, while people are placed in correctional facilities, those facilities should be modern and prioritize dignity, recovery, trauma-informed care, and cultural safety. They should emphasize recovery and rehabilitation over mere containment.

This goal is out of step with the fact that most correctional facilities in Canada are more than 50 years old. Many are overcrowded and lack adequate lighting, ventilation, and natural space. While efforts have been made at some facilities to repurpose spaces, such as converting meal areas into rooms for Indigenous programming, these adaptations are often limited by existing infrastructure and physical constraints.

The infrastructure of maximum-security institutions in particular reflects outdated philosophies, with layouts that restrict access to rehabilitative activities like work, education, and counselling. Cell layouts with double bunks, open toilets, and open showers contribute to stress and trauma, while static security measures hinder positive interactions between staff and the individuals under their care or supervision, contributing to safety issues.

Investment is needed to modernize correctional facilities so they can support rehabilitative outcomes and align with contemporary standards of correctional care. These investments should not, however, inhibit funding of prevention and community supports to reduce the number of incarcerations in the first place.

Recommended Action 35

Modernize existing correctional facility infrastructure to align with contemporary standards of care.

What's needed to succeed

Funding and investment

- Dedicated funding to modernize correctional facilities without diverting money from prevention and community supports.
- Funding that targets the integration of technology, network infrastructure, and connectivity to support rehabilitation.

New models and tools

- Rehabilitation-focused designs based on consultations with people in custody and corrections staff, including artwork, coloured walls, skylights, lighting that mimics natural light, outdoor spaces, and sensory-friendly environments with low-stimulation features such as low light and low noise.

Equitable and safe approaches

- Safe, private spaces to dress/undress, use the toilet, and shower.
- Removal of mould and rodents.
- Consideration of unique needs of older adults.
- Spaces that allow for smudging and other Indigenous cultural practices (e.g., access to rooms with doors and fans for ventilation).
- Designs that consider the needs of individuals with intellectual disabilities and/or neurodivergence who may experience distress because of environmental factors such as noise, light, crowding, etc.
- Staff spaces that foster well-being, such as wellness centres, staff-only dining areas, and indoor/outdoor areas within a secure perimeter but separate from the correctional facility.

Real-world practices and resources

- **Guthrie Therapeutic Community at Nanaimo Correctional Centre (British Columbia):** A 48-bed program separate from the rest of the correctional facility that integrates work, treatment, counselling, and 24/7 behavioural modelling.
- **Rankin Inlet Healing Facility (Nunavut):** A culturally grounded facility that incorporates Inuit traditions and community-based healing.
- **Saskatchewan Hospital North Battleford:** A hybrid mental health and correctional facility that integrates therapeutic design with secure care.

Issue 28: Consequences of confinement in correctional facilities

Isolation is inherently harmful. The United Nations Standard Minimum Rules for the Treatment of Prisoners ("Mandela Rules") consider the isolation of individuals in custody beyond 15 days a violation of human rights.[153] The Mandela Rules prohibit the use of solitary confinement for individuals with mental or physical disabilities when their conditions would be exacerbated by such measures. Yet the use of segregation ("solitary confinement") and other forms of isolation remain widespread in federal, provincial, and territorial correctional facilities, particularly for individuals experiencing mental health challenges.

In Canada in 2019, Bill C-83[154] abolished *segregation* and introduced structured intervention units (SIUs) as an alternative. The law mandates that individuals in SIUs be reintegrated as soon as possible and that, while they are housed in an SIU, they spend at least four hours out of their cells each day, at least two of which must involve meaningful human interaction. However, this policy change did not end *isolation* in federal prisons. Too many people are transferred to SIUs, do not leave their cells for these specified minimums, and spend far longer than 15 days in conditions of confinement.[155]

Individuals with mental illnesses continue to be placed disproportionately in isolating conditions, which contributes to the worsening of their mental health. People from equity-deserving populations, including Indigenous and Black individuals, are also more likely to face isolation.[156] Pregnant women are vulnerable to harm from isolating conditions.[157]

Overuse of isolation persists despite oversight mechanisms such as the Office of the Correctional Investigator, independent external decision makers, and provincial and territorial ombuds offices and human rights bodies.[158] Even though non-compliance can trigger investigations, lawsuits, or judicial challenges for an institution, there is a lack of accountability or assurance that standards are being met.

Factors contributing to the continued use of isolation include insufficient access to mental health care services, understaffing, lack of training, inadequate resources and infrastructure, discrimination, and a lack of alternatives.[159,160,161,162]

Given all this, the need to fully eliminate indefinite isolating conditions of confinement, including SIUs, is urgent. Isolating conditions of confinement must also be eliminated fully for individuals experiencing mental health challenges. If isolation is needed for security reasons, it should be used in accordance with evidence-based best practices as well as international laws and benchmarks,[163] as proposed in Bill S-205, *An Act to amend the Corrections and Conditional Release Act,* submitted to the Senate of Canada in May 2025.

Correctional facilities at all levels need to follow expert recommendations, develop true alternatives to isolating conditions of confinement, ensure transparency and accountability, train staff on the harms of isolation, adopt person-centred approaches, implement independent oversight and monitoring, and ensure consistency between the intent of all relevant legislation and current practices. In principle, as emphasized throughout this action plan, interventions should always be least restrictive and most appropriate.

Recommended Action 36

End indefinite segregation and isolation in Canadian correctional facilities.

What's needed to succeed

Legislative or regulatory change

- Prohibition on solitary confinement for any amount of time for people with mental health disabilities per Mandela Rule 32.
- Use of the Yukon's amended *Corrections Act* and *Corrections Regulations* of 2020 as platforms for correctional health reform and to regulate the use of segregation and isolation in provincial and territorial correctional systems.
- Setting into force of Ontario's *Correctional Services Transformation Act* of 2018.
- Implementation of the recommendations of Public Safety Canada's Structured Intervention Unit Implementation Advisory Panel.

Alternatives and options

- Research and development of safe alternatives to isolating conditions of confinement supported by improved correctional facility designs, staff training, and enhanced access to treatment.

Oversight

- Establishment of independent oversight and review mechanisms to monitor and publicly report on matters related to isolating conditions of confinement.

Engagement

- Engagement with advocacy groups, people with lived and living experience, and grassroots organizations to provide guidance and monitor reforms.
- Required consultation and agreements with Indigenous, Black, and 2SLGBTQI+ communities.

Equitable and safe approaches

- Special consideration for:
  - Indigenous women (whose rates of self-harm are higher than any other group following isolation)
  - pregnant women, women with infants, and breast-feeding mothers per Bangkok Rule 22, which states that punishment by close confinement or disciplinary segregation shall not be applied to such individuals
  - transgender individuals (who are often placed in isolation as a form of protection from other individuals who are incarcerated)
- Development of a specific plan to reduce the high number of Black and Indigenous people experiencing isolating conditions of confinement.

Real-world practices and resources

- **Canadian Civil Liberties Education Trust professional and community groups workshops (national):** Workshops, seminars, and in-class sessions for schools, school boards, faculties of education, and community groups and nonprofit agencies that educate people in Canada about their rights and freedoms.
- **New York City Council ban on solitary confinement in city jails:** 2023 legislation proposed to ban solitary confinement in city jails, stipulating that all people in city custody have at least 14 hours of out-of-cell time in shared spaces.
- **Treating Incarcerated Patients in Isolation, College of Physicians and Surgeons of British Columbia:** A 2025 practice standard that addresses the "ethical challenges regarding the persistent use of segregation or solitary confinement... despite evidence of its detrimental impact on mental health."
- **The University College of Norwegian Correctional Service (KRUS):** Course addressing critical issues related to solitary confinement. Participants engage in projects aimed at preventing solitary confinement within their workplaces.
- **Yukon Segregation Policy:** 2021 policy that defines segregation, outlines categories of individuals prohibited from being held in conditions that meet the definition of segregation, sets statutory limits on the number of days an individual may be held in segregation, and describes processes for segregation placements and placement reviews. Also sets out the rights of individuals held in segregation, their daily routine and procedures to be followed in managing them, as well as standards of supervision and requisite documentation.

Potential research topic: Alternatives to isolating conditions of confinement

Research is needed to better understand what may be used as humane and safe alternatives to isolation, including design changes to correctional facilities, staff protocols, access to treatment, and more.

Recommended Action 37

Fully implement recommendations from external reviews, auditor general reports, inquest juries, and parliamentary committees and publicly justify non-implementation.

What's needed to succeed

Leadership	• Commitment from elected governments to implement expert recommendations. • Publication of time-specific action plans with regular status reports and/or progress updates.
Collaboration and partnership	• Collaboration between federal, provincial, and territorial governments.
Legislative or regulatory change	• Legal and policy adjustments to accommodate for system change.
Funding and investment	• Targeted funding to support specific policy recommendations, including infrastructure improvements.

Real-world practices and resources

The following reports include recommendations to reform the system and address historical and systemic inequities affecting Black and Indigenous populations. Correctional authorities across jurisdictions should implement these recommendations to reduce the overrepresentation of Indigenous, Black, and other racially marginalized individuals in isolating confinement:

- **Canada's Black Justice Strategy (national):** 2024 federal report focused on addressing systemic discrimination and inequalities faced by Black Canadians in the criminal justice system.
- **National First Nations Justice Strategy:** Developed by the Assembly of First Nations, includes calls for action to address issues related to policing, corrections, and systemic racism in the legal system.
- **Ten Years Since Spirit Matters: A Roadmap for the Reform of Indigenous Corrections in Canada, Office of the Correctional Investigator (national):** Recommends essential directions for transformational reform of Indigenous corrections in Canada.
- **Re-Inventing Criminal Justice: The Fifteenth National Symposium (national):** Final report on a national symposium focused on reforming the criminal justice system in Canada. Includes recommendations for healing, wellness, and justice.

Recommended Action 38

Establish legislated independent review processes for, and external oversight of, the use of isolating conditions of confinement.

What's needed to succeed

Consistency and standardization

- Shared definition of "isolating conditions of confinement," expanded to include any form of carceral accommodation that restricts movement and association beyond what's permitted in general population accommodation.
- Guidance for health-care providers on when and how to recommend against solitary confinement and report its use to a higher authority.

Alternatives and options	• Alternatives to confinement outside of maximum security, including transfers to mental health facilities.
Funding	• Funding to increase the capacity of forensic mental health facilities so alternatives to confinement can be supported.
Clear guidance	• A mechanism to review the use of isolating confinement and advise on conditions and duration of confinement, with binding powers to order an end to confinement. • A mechanism to monitor correctional operations, advise responsible ministers about compliance concerns, and make recommendations to heads of corrections on operational matters.
Legislative or regulatory change	• Legislated time frames that ensure isolating confinement stays are as brief as possible and do not exceed 15 consecutive days.
Oversight	• Independent, permanent bodies such as independent disciplinary court adjudicators with authority over disciplinary matters that are not reliant on correctional authorities. • Independent oversight of every isolation placement (of any type) within 48 hours of placement. • Policies for the disclosure of transfer decisions, oversight and review findings, and the ability of affected individuals to challenge the accuracy of the information shared.
Collaboration and partnership	• Collaboration with Indigenous-led groups to address overrepresentation of Indigenous men and women in isolating conditions of confinement. • Collaboration with Black Canadian-led groups to address overrepresentation of Black men and women in isolating conditions of confinement.
Measurement	• Enhanced collection of, and full public access to, data on the age, sex, race, Indigenous status, mental health, and sentence administration (including placement in isolating conditions of confinement) for all individuals who are incarcerated.

Real-world practices and resources

- **Office of the Correctional Investigator (national):** Tasked with ensuring the fair and humane treatment of people serving federal sentences by drawing attention to human rights obligations and holding Correctional Service Canada accountable for administering federal corrections in compliance with law, policy, and fair decision making.
- **Structured Intervention Unit Implementation Advisory Panel (national):** Appointed to monitor, assess, and report on the implementation of structured intervention units; advises the Minister of Public Safety and Emergency Preparedness.
- **Yukon segregation review process:** Independent external oversight and accountability measures established in 2020 for the Yukon corrections system.

Juncture 6(c): Institutional custody — Connection and rehabilitation

Issue 29: Community participation

Involuntary removal from the community disrupts the lives of people serving sentences in correctional facilities, even when — as is often the case — their sentences are of relatively short duration. To maintain community ties while incarcerated, and to facilitate reintegration once their sentence is completed, they need seamless, wraparound services that provide social supports and maintain continuity of health care.

This kind of continuity, referred to as "prison in-reach" (as opposed to "outreach"), requires correctional services and community-based providers to work together. Yet community organizations are often unable to participate in institutional settings because of low staffing levels, limited funding, systemic barriers, stigma, distrust, conflicting loyalties, and access restrictions imposed out of perceived security concerns.

Building strong partnerships among corrections, health-care services, and community agencies is essential to meet people's needs — and especially among corrections, community health services, and Indigenous communities, with stronger ties to Elders, community healing practices, and Indigenous-run health-care services.

Recommended Action 39

Foster partnerships to integrate community organizations with correctional facilities, strengthening continuity of care and improving access to transition planning and support, rehabilitation services, and housing.

What's needed to succeed

Funding and investment	• Increased funding by the federal and provincial and territorial governments to ensure community organizations can provide access to care, rehabilitation services, and supports.
Culture change	• Culture change fostered through government policies and funding.
Capacity	• Increased staffing within correctional facilities and community-based service organizations.
Clear pathways	• Clear processes and criteria so community providers can access correctional facilities and provide care in a timely manner, with shorter wait times for obtaining clearances.
Collaboration and partnership	• Greater collaboration and stronger professional relationships among correctional staff, health-care providers, and community organizations based on credibility, respect, and cooperation.
Training and awareness	• Briefings for corrections staff on community programs and services and their expected impacts on institutional conduct, safety, and post-release outcomes. • Cross-training opportunities to enhance collaboration with clear understanding of the rights and responsibilities of correctional staff and community organizations as they pertain to prison in-reach.

Real-world practices and resources

- **7th Step Society of Newfoundland and Labrador – Peer Support:** A peer-led organization supporting people with histories of incarceration or justice involvement rooted in personal accountability and lived experience; offers regular peer meetings that focus on rehabilitation through honesty, goal setting, and mutual support.
- **Corrections Literacy Initiative (Toronto, Ontario):** Supports people involved with the justice system by helping them build and strengthen essential skills needed for post-secondary education, rooted in culturally responsive pedagogy and enhanced student support.
- **Interagency meetings (Norway):** Cooperative gatherings that bring agencies together to discuss and improve existing and future services for individuals in custody.
- **Mental health in-reach teams (England):** Mental health services equivalent to those provided by community mental health teams, delivered in correctional facilities.
- **Walls to Bridges (Ontario):** Educational program that brings together incarcerated and non-incarcerated students for post-secondary study in jails and prisons across Canada. Based out of the McMaster Indigenous Research Institute (MIRI) at McMaster University in partnership with Grand Valley Institution for Women in Kitchener.

Issue 30: Maintaining connections

For people who are incarcerated, maintaining strong relationships with their families and communities is essential to rehabilitation and reintegration. The degree to which communities play a pivotal role in prevention and re-entry is often not fully recognized.

Yet involvement with correctional systems tends to create barriers to these connections. Many institutions limit family visits to brief, controlled sessions, sometimes behind barriers. Some have replaced in-person visits with video calls — even when the parties are in the same building.[164]

Increasing in-person visits has the potential to foster family and community reconnection, aid rehabilitation, and reduce recidivism. Peer support programs are also key, allowing individuals currently and formerly involved with the criminal justice system to share experiences, access emotional support, and enjoy a sense of belonging and empowerment.

Visits are particularly important for people in equity-deserving populations, including women, 2SLGBTQI+ people, Black people, and Indigenous Peoples. For example, incarceration often disconnects Indigenous people from the land, community, and culture that are central to their identity. Visits can help them cope with this disconnection.

Recommended Action 40

Encourage family visits and connection with family, friends, and community for individuals who are incarcerated.

What's needed to succeed

New models and tools

- Longer, more frequent in-person visits for people who are incarcerated.
- Open visitation areas where physical contact is allowed.
- Access to free telephones so people who are incarcerated can easily speak with their families, community organizations, and other social or medical supports.
- Access to tablets or other digital devices for video calls, especially for people in remote or underserved areas.
- Family visiting houses in correctional facilities with child-friendly spaces.
- Mother–child programs in provincial and territorial facilities that consider the mother's cultural background and needs.
- Dedicated child protection resources within correctional facilities to support family reunification.

Training and awareness

- Understanding among corrections staff, health and mental health professionals working in correctional facilities, people who are incarcerated, and their families and friends that loneliness is a determinant of mental health and well-being.

Focused supports

- Travel support or virtual access for families living far from facilities, particularly those in remote, rural, or isolated areas.

Equitable and safe approaches

- Funding for and access to Indigenous community liaisons, Elders, and Knowledge Keepers so people who are incarcerated can stay connected to their communities and ensure their cultural needs are met, in keeping with the United Nations *Declaration on the Rights of Indigenous Peoples* (UNDRIP) Articles 11.1 and 12.1.
- Establish Indigenous family contact officers or family support officers to facilitate links to family, friends, and community.
- Ensure funding for existing Indigenous peer support programs such as the Indigenous Peer Support Program to provide mentorship, supports, and cultural and community connections for Indigenous people reintegrating into urban and rural areas.

Real-world practices and resources

- **Canadian Families and Corrections Network Dad HERO Project (national):** Helps fathers who are incarcerated maintain relationships with their children.
- **Kids with Incarcerated Parents (KIP) Canada – Family Visitation (southern Ontario):** Provides free transportation and support for children visiting parents who are incarcerated.
- **Correctional Service Canada Mother–Child Program (national):** A continuum of services and supports aiming to foster positive relationships between mothers who are incarcerated and their children in a supportive environment that promotes stability and continuity.
- **Smart Prison (Finland):** Gives individuals in custody personal devices with specialized software for limited external communication through video calls and email.
- **Unlocking the Gates (British Columbia):** Helps people plan for reintegration and provides peer mentorship support, including rebuilding relationships with family and friends.

Recommended Action 41	*Implement peer support programs across all junctures of the criminal justice system.*

What's needed to succeed

Consistency and standardization	• Peer support programs in all correctional institutions and probation offices.
Funding	• Adequate and consistent funding to ensure peer support programs can operate and to ensure peer support workers are compensated fairly.
Training and awareness	• Training of peer mentors to provide mental health and reintegration support.
Measurement	• Regular monitoring of peer support programs for effectiveness and adaptability.
Equitable and safe approaches	• Recognition of lived experience as a source of expertise. • Removal of barriers for people to become support workers (e.g., policies allowing individuals with criminal records to participate in peer programs within correctional facilities). • Peer support programs to meet the needs of priority populations (women, 2SLGBTQI+, Indigenous Peoples).

Real-world practices and resources

- **7th Step Society of Newfoundland and Labrador – Peer Support:** A peer-led organization supporting people with histories of incarceration or justice involvement rooted in personal accountability and lived experience; offers regular peer meetings that focus on rehabilitation through honesty, goal setting, and mutual support.
- **Elizabeth Fry Toronto Reintegration and Trauma Recovery:** Peer-led programs for women and gender-diverse individuals impacted by criminalization. Supports include housing, counselling, community reintegration, and culturally relevant healing, aimed at reducing barriers and promoting dignity.
- **John Howard Society Mental Health and Addictions Peer Support (MAPS):** One-on-one support to help people explore recovery goals and connect with community supports.
- **Peer Offender Prevention Service (Manitoba):** Introduced in 2009 at the multi-security Stony Mountain Institution to offer confidential 24/7 peer-based crisis intervention for all security levels and populations.
- **Peer support guidelines for Veterans, military, public safety personnel, and their families (national):** Developed by the Atlas Institute for Veterans and Families to provide direction on best practices for formal peer support programs offered in workplace or community settings.
- **Sound Times (Toronto):** A peer-led mental health and justice resource centre offering direct support to individuals with mental health or addiction challenges and criminal justice involvement. Services include housing advocacy, court support, legal aid, and daily SMART (Self Management and Recovery Training) recovery groups, available without referral.

Potential research topic: Peer support

Today's conversations about peer support can become quite complex. Further research and/or guidelines would be useful to resolve some of those complexities and help standardize approaches.

Issue 31: Access to education and self-improvement

Justice-involved people often have low levels of education and experience chronic under-employment,[165] with limited access to post-secondary education and self-improvement resources disproportionately affecting Indigenous Peoples.

While the international community recognizes the right of people who are incarcerated to education and internet access,[166] Canadian institutions lag behind. In correctional facilities, access to basic learning materials such as library resources, the internet, and pens is severely restricted.

Expanding access to resources, including critical thinking and skills training, would better support recovery and reintegration.

Recommended Action 42

Provide individuals in custody with access to library materials, post-secondary education, email, and online personal well-being and mental health content.

What's needed to succeed

Training and awareness

- Access to educational programs during incarceration.
- Increased access to technology, including computers and digital platforms, for distance learning, research, course completion, employment, online applications for housing, and access to community-based mental health resources.
- Availability of socio-culturally relevant education.
- Initiatives that enable Indigenous people who are incarcerated to develop technical skills and obtain training and accreditation, while also maintaining their ties to their Indigenous community during incarceration.

Funding and investment

- Investment in spaces for teaching and learning, such as libraries.
- Funding, bursaries, and scholarships for individuals who are incarcerated to pursue post-secondary studies.

Collaboration and partnership

- Partnerships between correctional facilities and local colleges and universities for post-secondary education and skills training.

Capacity

- Expanded capacity to provide special education and tailored support for individuals in custody with intellectual disabilities or neurodivergence.

Real-world practices and resources

- **Inside-Out Prison Exchange Program (British Columbia):** A partnership with Victoria Island University based on the idea that people who are incarcerated and university students can benefit from studying and taking university courses together.
- **Laughing Gull Foundation (U.S.):** National funding organization supporting higher education in prisons.
- **OntarioLearn:** Online platform offering post-secondary courses and credit transfers to individuals who are incarcerated.
- **Walls to Bridges (Ontario):** Educational program that brings together incarcerated and non-incarcerated students for post-secondary study in jails and prisons across Canada. Based out of the McMaster Indigenous Research Institute at McMaster University in partnership with Grand Valley Institution for Women in Kitchener.

Juncture 7: Forensic mental health

Issue 32: Forensic mental health capacity

The forensic mental health system operates at the intersection of the mental health and criminal justice systems. Increased demand combined with other factors (such as an inadequate supply of supportive housing to receive individuals after discharge) has strained inpatient bed availability for people who pose a real risk of serious physical or psychological harm to others.

One consequence of this is that the wait for transfers between hospitals can often be months or years, leaving individuals in highly restrictive settings waiting to move to medium-secure or lower-level facilities. It also delays access to forensic mental health assessments for individuals held in correctional facilities.

Forensic mental health inpatient services disproportionately serve racially marginalized and Indigenous populations[167] as well as people with intellectual and developmental disabilities (IDD).[168] Failure to effectively diagnose and treat these populations earlier in their course of mental illness contributes to unnecessary hospitalizations, restrictive dispositions, and escalating costs.

Forensic mental health care could come under even greater strain with 2014's Bill C-14 to amend the *Not Criminally Responsible Reform Act*.[169] Emphasizing public safety as primary in decisions involving people deemed not criminally responsible (NCR) on account of a mental disorder (NCRMD), the bill focused on risk-management measures such as designating individuals "high-risk accused" (HRA) while at the same time committing to treatment and rehabilitation. HRA designations include strict limits on community passes and allow for 36-month intervals between Review Board hearings, complicating efforts to treat the growing number of people in the forensic mental health system.

Community resources are also pressured when it comes to providing treatment to lower risk individuals through hospital–community partnerships.

Given all of this, there is a pressing need for more dedicated forensic mental health beds in Canada. These need to focus on recovery as well as patient and staff safety: while recidivism rates under the NCRMD regime are lower than in federal prisons,[170] rehabilitation is still a critical focus. Adequate resources can ensure tailored care, treatment, and rehabilitation while maintaining public safety. Adequate resources include additional infrastructure such as programs and housing to support transitions, rehabilitation, and specialized concurrent diagnoses.

Addressing disparities requires more investment in community-based resources, as well as systemic reforms including procedural changes, education and training, and active engagement efforts.

Potential research topic: Reducing length of stay in forensic institutions

Systemic inequities contribute to longer stays for some individuals and may affect high-risk designations. Research is needed to better understand social determinants of length of stay and risk judgments along with the mechanisms by which they influence detention decisions.

Recommended Action 43

Focus hospital-based forensic mental health services on addressing the needs of clients who are higher risk and increase the availability of alternative forensic mental health supports for clients who are lower risk, such as inpatient beds and greater community integration.

What's needed to succeed

Funding and investment	• Increased investment in hospital-based forensic mental health beds and services. • Increased investment in supportive and community-based housing and long-term care beds geared to forensic mental health populations.
Capacity	• A larger forensic mental health workforce with more capacity to meet demand.
Consistency and standardization	• Standardized screening and assessment to match clients with supports and minimize providers' risk-related refusals.

Measurement

- Monitoring court and Review Board demand for forensic mental health services, including trends related to inpatient bed and other service requirements.

Collaboration and partnership

- Coordination between hospitals, Review Boards, and community housing providers to assist with hospital-to-community transitions.

Real-world practices and resources

- **LOFT–CAMH partnership (Ontario):** Community service provider LOFT operates four integrated housing sites in partnership with the Centre for Addiction and Mental Health (CAMH) for seniors and patients who have been involved with the criminal justice system, and it is now retrofitting a seven-room home for young people (age 18–26 years) receiving early psychosis intervention and requiring a period of more intensive supports and stable housing.
- **CMHA Ottawa Condo Program:** 40 condominium units in general-population buildings across Ottawa for rent by the Canadian Mental Health Association (CMHA) to clients with severe and persistent mental illnesses who have been chronically homeless or vulnerably housed, in keeping with Housing First principles. Tenants receive health and social supports, including intensive case management.
- **Forensic Transitional Housing Rehabilitation Program model (Ontario):** Helps forensic mental health patients with low to moderate risk to transition from hospital to community settings; provides 24-hour support along with case management as needed.
- **Home and Community Care Support Services (Ontario):** Funded by the provincial Ministry of Health and Long-Term Care to improve access to home and community care and strengthen access to mental health and addictions services.

Issue 33: Length of hospitalization

When someone is designated not criminally responsible on account of mental disorder (NCRMD), they may be hospitalized until they are deemed safe for community reintegration, sometimes longer than they would be incarcerated if sentenced through the criminal justice system.[171] Unclear discharge planning or pathways also contribute to disproportionately lengthy stays, even for low-severity offences.

Bill C-14 introduced the high-risk accused (HRA) designation in 2014, further restricting discharge and community access for individuals designated NCRMD who were involved in serious personal injury offences.[172] HRA provisions tend to emphasize the nature of an offence over a person's current risk level, which can result in overly conservative case management and prolonged hospitalization.

In Ontario, only about one in five people are discharged after their first Review Board hearing, and nearly one in four remain hospitalized for a decade or longer.[173] This possibility of indefinite hospitalization can deter individuals from raising mental illness as a defence, especially when hospitalization is not matched with recovery-oriented, individualized care planning.

Indigenous Peoples make up a small portion of NCRMD cases but have higher rates of substance use and personality disorders than non-Indigenous individuals and frequently face longer detention and supervision.[174] They may also receive unequal consideration for NCRMD defences.

Although the Ontario Court of Appeal has affirmed that Gladue principles should inform NCRMD and fitness hearings for Indigenous people who are accused,[175] application of these principles is inconsistent.

Recommended Action 44

Develop consistent, individualized discharge plans for forensic mental health patients when they are admitted, with clear treatment goals, milestones toward release, and steps for achieving community reintegration.

What's needed to succeed

Collaboration and partnership

- Effective collaboration between forensic mental health care facilities, legal representatives, mental health professionals, and community services to promote long-term, person-centred planning and support, especially for individuals whose mental health challenges may make it harder to stop harmful behaviours.

New models and tools

- Automated systems to manage victim notifications about an individual's release, per the requirements of Canada's *Criminal Code*, alleviating the burden on Review Boards.

Consistency and standardization	• Greater use of pre-hearing conferences to streamline hearings by narrowing issues, reducing the need for adjournments, and minimizing delays in decision making. • Shorter intervals between Review Board assessments of individuals' progress and suitability for reintegration while attending to issues of risk and public safety.
Clear pathways	• Review processes that distinguish between hospital discharge and Review Board discharge, with supports for both pathways. • Pathways to transitional models with appropriate psychological supports and resources that allow individuals to continue under Review Board jurisdiction while progressing to voluntary treatment and greater autonomy.
Funding and investment	• Adequate legal aid funding to ensure accused individuals have full legal representation at both pre-hearing and Review Board stages.
Equitable and safe approaches	• Consistent use of Gladue principles, which require Review Boards to consider systemic and historical factors affecting Indigenous individuals.
Real-world practices and resources	• **Best Practice Guidance for Discharge Planning Using the RAND/UCLA Appropriateness Method (international):** Method for developing multi-component best practice guidance for discharge planning to support patient transitions from mental health hospitals into the community. • **Ontario Review Board 2022-2023 Annual Report:** Highlights efficiency gains and cost savings from pre-hearing conferences, electronic distribution of materials, and remote hearing technology, ensuring fair and timely hearings despite increasing case complexity. • **Waypoint Brébeuf Program for Regional Forensics (Ontario):** A 20-bed, co-ed, minimum-secure forensic inpatient hospital program with transitional outpatient services that provides treatment and rehabilitation for people who have come into conflict with the law as a result of a serious mental illness.

Recommended Action 45

Evaluate the high-risk accused (HRA) designation for people deemed NCRMD and amend Canada's Criminal Code to include specific limitations on use of this term.

What's needed to succeed

Legislative or regulatory change

- Amendment of Canada's *Criminal Code of Canada* to introduce maximum term limits for HRA designations, ensuring they are not extended indefinitely without justification.

Consistency and standardization

- Consistent, evidence-based criteria for HRA designations, prioritizing individualized risk factors over offence severity alone.
- Mandatory review intervals of less than three years for all individuals with HRA designations to assess their rehabilitation progress and readiness for reintegration.

Clear guidelines

- Clearer guidelines for applying article 672.54(3)(a) of Canada's *Criminal Code* regarding hospital outings for individuals with HRA designations, including a more precise definition of "treatment needs."

Equitable and safe approaches

- Oversight to prevent biased or disproportionate application of HRA designations for equity-deserving populations including Indigenous, racially marginalized, and 2SLGBTQI+ people.
- Culturally informed assessments for Indigenous people, consistent with Gladue principles.

Clear pathways

- Clear, transparent pathways for transitioning out of high-risk status through demonstrated progress and compliance with treatment plans.
- Clear information on discharge pathways and criteria to ensure individuals from priority populations understand the steps required to have their risk status reduced.

Issue 34: Recovery-oriented models of care

Inpatient forensic mental health settings have frequently been described in research as restrictive, risk-averse, and focused more heavily on security than recovery-oriented care, with limited opportunities for collaborative decision making or therapeutic engagement.[176] Seclusion and the use of physical and chemical restraints remain common despite international calls for least-onerous, least-restrictive principles.

A quarter of all psychiatric inpatients in Ontario — not only those within the forensic mental health system — experience restraint and/or seclusion during hospitalization,[177] despite the fact such interventions are physically and emotionally harmful to the person who is secluded or restrained, and often to those who witness or deliver the intervention. These interventions can violate patient rights, especially if used routinely or without transparent oversight.

Black, Indigenous, and other racially marginalized patients in forensic mental health systems face greater use of restraint and seclusion, reflecting among other factors systemic inequities and implicit bias in these systems.[178] These disparities may be experienced as coercive, retraumatizing individuals and reducing trust in staff in ways that impede therapeutic relationships and recovery.

Positively, a shift is underway toward co-designed and recovery-oriented models and the involvement of patients in decisions about their care. One such model is CHIME, which stands for connectedness, hope and optimism about the future, identity, meaning in life, and empowerment, and which was recently extended to include safety and security (CHIME-S) for forensic mental health settings.[179] While frameworks like shared decision making are underdeveloped in the forensic mental health system, their potential to enhance recovery outcomes is increasingly being recognized.

Embedding relational security practices and supported co-design with patient and staff safety in mind offers a path away from rigid, risk-dominated cultures. Many changes are needed to ensure forensic mental health hospitals prioritize autonomy, dignity, and recovery and better support patients' reintegration into the community, including improved training, equity-focused reforms, accountability structures, and updated physical environments.

Recommended Action 46

Implement recovery-oriented models of care in forensic mental health settings to support rehabilitation and reintegration.

What's needed to succeed

Culture change

- Relational security practices that anchor a facility's culture in mutual respect and listening to the patient voice.
- Active patient involvement in treatment decisions and care plan design whenever possible.

Consistency and standardization

- Continuous risk assessment to tailor interventions, ensure individual needs are met, reduce risks, limit restrictive measures to only when absolutely necessary, and prioritize individualized care plans.
- Incorporation of standardized recovery assessment tools such as DUNDRUM program completion items.

New models and tools

- Avoidance of seclusion and/or physical and chemical restraints.
- Increased use of non-pharmacological therapeutic approaches and trauma-informed interventions.
- Shared protocols for de-escalation, communication, and support.
- Training for security staff to understand patient experience and to interact with patients using relational security practices.

Focused supports

- Individualized care plans that incorporate non-pharmacological interventions such as cognitive behavioural therapy and group therapy, tailored to each patient's needs and trauma history to support long-term recovery.

Training and awareness	• De-escalation and recovery-oriented training for providers, with a focus on interventions that minimize potential harms to individuals. • Anti-racism and anti-discrimination training to increase cultural safety. • Staff training in non-pharmacological therapeutic techniques and trauma-informed care.
Funding	• Increased government investment in forensic mental health staffing to optimize the experience of individuals in forensic mental health care and expand access to treatment.
Clear guidance	• Plain-language decision aids such as educational brochures, videos, easy-to-read visuals, and interactive tools as well as literacy supports and other techniques to make complex health information and treatment plans understandable for individuals who are experiencing serious mental illnesses, developmental disabilities, or dual diagnoses.
Equitable and safe approaches	• Equitable, diverse, and inclusive approaches to developing forensic mental health services implemented in a therapeutic environment that prioritizes safety and trust. • Purpose-built environments designed to reinforce dignity and personal autonomy. • Integration of cultural and gender competency with shared decision making to support anti-racism and trauma-informed care.
Measurement	• Evaluation strategies that measure personal, functional, symptomatic, and forensic mental health recovery outcomes. • Transparent race-based data collection on use of restraint and seclusion in forensic mental health settings.
Oversight	• Consistently transparent public reporting on and independent oversight of the use of restraints, seclusion, and other restrictive practices across the country.

Real-world practices and resources

- **Six Core Strategies for Reducing Seclusion and Restraint (international):** Evidence-based approach that includes data-informed practices, workforce development, prevention tools, patient inclusion in treatment decisions, and debriefing after incidents.
- **Safewards (international):** Model to reduce conflict and the need for restrictive practices in mental health settings by creating a more supportive environment.
- **Forensic Model of Care structured pathways and dashboards (Ontario):** Specific care pathways for people experiencing psychotic disorders, neurodevelopmental disorders, or concurrent substance use, with tailored therapeutic components, transition support, and real-time tools. Developed by the Centre for Addiction and Mental Health.
- **Prosocial modelling, The Royal (Brockville, Ontario):** A structured, evidence-based approach that helps staff work with involuntary patients (patients who need mental health treatment but would not seek care if given the choice), grounded in established behavioural principles used successfully in correctional and custodial settings in Canada, the U.S., Australia, and elsewhere. Equips staff with skills in role clarification, relationship building, positive reinforcement, and effective problem solving.
- **Trauma-informed De-escalation Education for Safety and Self-protection (TIDES) (Ontario):** A Centre for Addiction and Mental Health program that trains individuals to respond safely and collaboratively during psychiatric or behavioural crises. Grounded in trauma-informed care, it helps de-escalate situations involving agitation or distress while prioritizing safety and dignity.
- **Risk-Need-Responsivity (RNR) (international):** Evidence-based model that tailors interventions on the basis of an individual's risk level, criminogenic needs, and responsiveness to treatment to improve rehabilitation outcomes and reduce recidivism.
- **HKT-R Spider App for shared decision making (international):** Visually presents risk assessments in an accessible format that helps patients understand, discuss, and participate in decisions about their treatment and risk management.

Issue 35: Forensic Review Boards and cultural safety

Forensic Review Boards (Review Boards) in Canada assess the status of people who have been found not criminally responsible and/or unfit to stand trial. They make decisions about the level of security a person requires and the kinds of freedoms or privileges that can be safely assigned.

Review Boards have a minimum of five members, including a chairperson who is typically a judge or retired judge and at least one member who is qualified to practise psychiatry.[180] If a board has only one psychiatrist, it must also have at least one other member who is licensed to practise medicine or psychology and has training and experience in mental health. Review Boards have been critiqued for their lack of social and cultural diversity, creating a risk of biased or culturally misinformed decisions.[181]

Canada's Black Justice Strategy and other advocacy efforts highlight the need for mandatory anti-racism and cultural safety training for judges, lawyers, and court staff: this should be extended to Review Board members to ensure culturally competent and trauma-informed decisions.[182]

Recommended Action 47

Mandate cultural competency training for all forensic Review Board members.

What's needed to succeed

New models and tools

- A continuous professional development program for forensic Review Board members that includes regular training on topics such as cultural safety and anti-racism.
- More culturally diverse forensic Review Boards that reflect the populations they oversee.

Consistency and standardization

- Use of Impact of Race and Culture reports by forensic Review Boards.

Oversight

- Regular evaluation and oversight of Review Board training programs with clear performance metrics, feedback for training providers, and leadership accountability for the training provided.

Real-world practices and resources

- ***Black Health Primer* (national):** Resource certified by the College of Family Physicians of Canada that informs learners about anti-Black racism, Black health, how to identify anti-Black racism in health care, and how to implement racially just practices that improve the health of Black people and communities.
- **Public Health Agency of Canada *Indigenous Cultural Competency Learning Road Map* (national):** A structured learning road map with annual mandatory training on Indigenous cultural competency and humility for agency employees.
- **Mental Health Review Tribunal induction process (New Zealand):** Includes observation of hearings, readings, and access to court and tribunal decisions, with ongoing support through biannual plenary sessions offering updates on cases, research, and legislative changes.
- **San'yas Indigenous Cultural Safety Training (national):** Widely adopted training designed to improve cultural safety and promote anti-racism.

Issue 36: Reflecting lived experience on forensic Review Boards

People with lived and living experience (PWLLE) of forensic mental health and correctional institutions have invaluable insights and perspectives to share. Including them on relevant Review Boards can help ensure decisions are well informed, pragmatic, and appropriately nuanced—improving outcomes for individuals under review and contributing to more equitable, person-centred approaches.

The value of experience-based perspectives has been well proven in practice. The Canadian Agency for Drugs and Technologies in Health (now called Canada's Drug Agency), for example, has a Patient and Community Advisory Committee that incorporates the insights of PWLLE in policy and procedural decisions for greater relevance and impact.

Despite this, there is currently no requirement to involve PWLLE directly on forensic mental health or correctional Review Boards.

Recommended Action 48

Mandate the inclusion of people with lived and living experience (PWLLE) as members of forensic Review Boards.

What's needed to succeed

Equitable and safe approaches

- Involvement of people with diverse experiences and backgrounds including Indigenous Peoples, people from racially marginalized communities, and women.

Funding and investment

- Allocated funding to create Review Board positions for PWLLE and provide training for eligible candidates.

Clear guidance

- Specific guidelines defining roles and responsibilities on Review Boards, ensuring PWLLE are involved meaningfully, with appropriate measures in place to ensure their participation is safe and free from conflicts of interest.

Real-world practices and resources

- **Black Inmates and Friends Association (Ontario):** Body committed to dismantling anti-Black racism within institutions by increasing people's connections to culturally safe supports, comprised of individuals who directly understand the challenges of navigating the criminal justice system and community reintegration.
- **Canadian Mental Health Association National Council of Persons with Lived Experience (national):** Advisory council of volunteers with knowledge and insight gained from living or lived experience of mental illness and/or addiction.
- **Correctional Service Canada citizen advisory committees (national):** Legally mandated to provide a public presence in federal corrections, helping build stronger links between individuals who are incarcerated and communities. Members are citizens from different cultures and backgrounds.§

§ It has been recommended that similar committees should be established for all provincial and territorial jails.

Real-world practices and resources

- **Elevating Lived Experience Voices, Advocacy, Training, and Expertise in the Criminal Justice System (U.K.):** Aims to help emerging leaders with lived experience progress into rewarding careers where they can influence change in the criminal justice system or other social justice areas.
- **Correctional Service Canada inmate committees (national):** Forums for engagement that give individuals who are incarcerated the opportunity to provide input into the operations of federal institutions outside of security matters. Committees are meant to reflect and represent the full incarcerated population, including people in secure or structured intervention units.

Issue 37: Patients' social networks

Social support protects people's mental health, reduces violence, and limits interactions with the criminal justice system. As discussed in Issue 30, peer support is recommended across all junctures of the criminal justice system. Because patients in the forensic mental health system often have less support and may struggle with social skills, strengthening social support is a particular priority for forensic mental health care.

Peer supports can play an important role in achieving this. Research shows that peer engagement and participatory approaches enhance social connectedness and community reintegration.[183]

In forensic mental health settings, peer support workers often play a variety of roles. They may lead recovery groups, take part in ward rounds, and offer one-on-one support to discuss patients' substance use history, therapeutic challenges, and future goals. This peer-driven engagement is well accepted and helps address the unique social and therapeutic needs of people in forensic mental health settings. Peer support is therefore a promising model for improving outcomes through social and community integration.

In the community, peer navigators can act as positive role models, helping recently released individuals feel less isolated while building community connections that mitigate risks associated with reintegration.

Recommended Action 49

Use mentoring and peer support programs in forensic mental health settings to improve the self-confidence and social skills of patients with mental health challenges, contributing to greater social participation.

What's needed to succeed

Measurement

- Research and evaluation to improve participation rates and strengthen the evidence base related to social connection, including peer involvement with patients with substance use disorders in the forensic mental health system.
- Impact monitoring for priority populations such as people with complex needs and substance use disorders who are being treated as outpatients in the forensic mental health system; Indigenous Peoples, racially marginalized, 2SLGBTQI+ people; and others—tailoring programs to their unique needs.

Collaboration and partnership

- Partnerships between forensic mental health institutions, criminal justice institutions, and community organizations that can provide social network and peer support interventions.

Clear guidance

- Clear policy statements regarding peer support in forensic mental health settings.

Real-world practices and resources

- **Ontario Shores Centre for Mental Health Sciences Forensic Peer Support Program (Toronto, Ontario):** Two full-time peer support specialists offer a range of services including one-on-one goal-focused conversations, advocacy for recovery-oriented choices, life skills development, help with Ontario Review Board processes, and support transitioning from medium- to minimum-security facilities or into the community.
- **Royal Ottawa Mental Health Centre Forensic Peer Support Services (Ottawa, Ontario):** Provides inpatients receiving forensic mental health care with personalized peer-led support to aid in their recovery journey.
- **Substance Abuse and Mental Health Services Administration (U.S.):** Provides peer mentoring and support programs that enhance self-confidence and social skills by fostering trust, modelling recovery, and building community.
- **Waypoint Patient/Client Family Council (Ontario):** A non-profit organization of staff and volunteers with personal experience of the mental health or addictions systems. Partners with regional mental health and addiction service providers to support patients and families, assist with system navigation, provide advocacy and support, and more.

Pillar 3
Care after criminal justice involvement

People released from the criminal justice and forensic mental health systems can benefit from post-release continuity of care as well as seamless and integrated access to mental health, substance use, and social services in the community, such as those related to housing, employment, and income supports.

Issue 38: Discharge planning and transitions (all junctures)

Comprehensive, early, and structured discharge planning can improve reintegration outcomes and reduce recidivism for individuals involved with the criminal justice system.[184] Current guidelines, however, are unclear about when planning should begin or how to connect people with community resources after their release.

Ideally, discharge planning for sentenced individuals should begin on the first day of custody and include an assessment of their needs related to housing, mental health, substance use, and other issues. Individuals on remand for shorter or indeterminate stays may require immediate stabilization, short-term supports, and rapid connection with community services on release.

Despite efforts such as the Community Mental Health Initiative to improve discharges and release transitions as part of Correctional Service Canada's Mental Health Strategy,[185] challenges persist. Community service providers and physicians may be unwilling to accept referrals for individuals involved with the criminal justice system. Reintegration resources are often lacking for justice-involved people, especially those on short sentences or in remand, creating barriers to housing, income, employment, and health care that can contribute to the "revolving door" of re-arrest and reincarceration.

Indigenous Peoples face their own specific challenges. Ensuring Indigenous case managers, service providers, and organizations are included in discharge planning and notifying them when an Indigenous individual is released from incarceration is crucial. Engaging urban Indigenous organizations can help develop inventories of available services and ensure individuals have access to tailored supports and improved service delivery modes.

While telehealth technologies are often promoted as key tools for increasing access to services, they cannot fully meet all needs on their own and should be complemented by broader strategic action to grow and further develop the mental health workforce.

Recommended Action 50

Require case managers to be assigned to people who are incarcerated or under forensic mental health care before their release.

What's needed to succeed

New models and tools

- Assignment of case managers within six weeks of incarceration or admittance to mental health care when possible.

Clear guidance

- Policies requiring the development of clear discharge plans at least three weeks before the discharge date for sentenced individuals and allowing sufficient time for pre-release planning and urgent post-release assistance for all others.

Real-world practices and resources

- **APIC model (Assess, Plan, Identify, Coordinate) (Ontario):** Structured approach to discharge planning that ensures individuals transitioning from correctional facilities receive comprehensive support for reintegration.
- **Centre for Addiction and Mental Health (CAMH)/ Ontario Corrections Forensic Early Intervention Service (Ontario):** Ongoing assessment of and support for individuals at risk of being found unfit to stand trial or who pursue a not criminally responsible defence, including collaboration with correctional services and partner agencies to facilitate discharge plans.
- **Collaborative case management (New Brunswick):** Effort co-led by the Saint John Human Development Council and Turning Leaf to prevent discharges from turning into homelessness by improving case management, with resources directed to Indigenous programming, piloting a systems navigator role, and testing early intervention approaches for people at risk of homelessness.
- **New Day Program (Newfoundland):** Intensive case management for people who are incarcerated and living with mental health disorders whereby case managers work both in prisons and in the community for follow-through during and after release.

Real-world practices and resources

- **Waypoint Brébeuf Program for Regional Forensics (Ontario):** A 20-bed, co-ed, minimum-secure forensic inpatient hospital program with transitional outpatient services that provides treatment and rehabilitation for people who have come into conflict with the law as a result of a serious mental illness.

Recommended Action 51

Improve capacity to support discharge planning by involving institutional, community correctional, and forensic health-care workers as well as non-governmental and volunteer-sector partners in planning for discharges and transitions.

What's needed to succeed

Funding and investment

- Dedicated, long-term federal and provincial/territorial funding for all involved organizations to hire and retain additional staff and provide ongoing training.

Engagement

- Increased engagement of non-governmental and not-for-profit service providers.

Training and awareness

- Specialized training for workers involved, focused on effective discharge planning practices and community health service allocations.

Equitable and safe approaches

- Culturally appropriate training to meet the needs of racially marginalized and Indigenous individuals after release.

Real-world practices and resources

- **Canadian Association of Elizabeth Fry Societies (national):** Works to address the persistent ways in which women and gender-diverse people affected by criminalization are denied humanity and excluded from community.
- **Friendship Centres (national):** Community-based centres providing culturally safe services to Indigenous people across Canada.
- **John Howard Society (national):** Canadian national organization dedicated to reintegration support for individuals involved with the criminal justice system.
- **St. Leonard's Society of Canada (national):** A membership-based charitable organization that brings individuals and organizations together to address the needs of people involved in the criminal justice system and advocate for safer, healthier, more inclusive communities.

Recommended Action 52

Develop and maintain an ongoing inventory of discharge-related community-based services, and build partnerships between institutions, programs, and service providers.

What's needed to succeed

Collaboration and partnership

- Strengthened partnerships and collaboration across different parts of government (ministries of health, Solicitors General offices, child and community services, etc.)
- Partnerships with community-based organizations offering holistic, culturally safe, and gender-responsive services.
- Partnerships between institutions and trauma-informed mental health care and addiction service providers.

Equitable and safe approaches

- Low-cost or subsidized services for housing, health care, and employment to support low-income individuals after release.
- Telehealth and mobile services to reach individuals in rural, remote, or isolated areas.
- Multilingual, accessible resources for people with language needs or literacy challenges.

Real-world practices and resources

- ***National Inventory of Mental Health and Substance Use Services and Supports for People Transitioning Out of the Criminal Justice System*:** Inventory of services available across Canada developed in 2020–21. The resources included are based on what services and supports were available at the time of publication.
- **Hapi AI (national):** An AI-powered digital companion that supports discharge planning and reintegration from correctional and supervised settings. It bridges the gap between incarceration or hospitalization and community re-entry by offering 24/7 personalized support via SMS or tablet-based web access.

Juncture 8: Community living and follow-up

Issue 39: Health-care transitions

Supportive transitions from correctional and forensic mental health care settings to community health-care services are critical to individuals' success at reintegration and ongoing rehabilitation. These transitions tend to be managed inconsistently from jurisdiction to jurisdiction.

Where transitions are not well managed, individuals can experience disruptions in access to health care and medications, lack of continuity in treatment planning, and discrimination for having been involved with the criminal justice system. Many also face social-determinant challenges related to housing and employment that can have further impacts on their well-being and access to health care.

Disruptive health-care transitions are particularly concerning for people experiencing chronic physical health conditions, mental health challenges, and substance use issues, who are at higher risk of recidivism, hospitalization, suicide, or reoffence if not provided with adequate support.[186] Effective transition planning and coordination between correctional, forensic, and community health services is essential to improve outcomes and reduce recidivism.

Indigenous Peoples have poorer post-release outcomes than their non-Indigenous counterparts. They have higher rates of death by suicide, post-release mental health hospitalizations, and re-incarceration.[187] *Ten Years Since Spirit Matters: A Roadmap for the Reform of Indigenous Corrections in Canada* notes that these poor outcomes are not due to intrinsic factors but rather to social determinants such as lack of access to adequate housing, employment, and health care.

CASE STUDY: The Need for Change

Myles Sanderson

On September 4, 2022, while violating the conditions of his statutory release, a 32-year-old Indigenous man named Myles Sanderson killed 11 people and injured 17 others in the communities of James Smith Cree Nation and Weldon, Saskatchewan. Myles had grown up in an abusive environment and displayed violent and aggressive behaviour early on, accumulating 59 convictions in adulthood. Parole board documents suggest drugs, violence, despair, neglect, and "intergenerational impacts of residential schools" as ingredients contributing to his behaviour.

On September 7, 2022, after a three-day manhunt, Myles overdosed on cocaine and was driven off the highway by RCMP officers. He died in a Saskatoon hospital shortly afterward.

A 2024 inquest[188] yielded 29 recommendations, including:

- having Correctional Service Canada (CSC) ensure that community parole officers follow up on individuals' access to medical care once they leave prison
- having RCMP detachment commanders advise and work with First Nations leadership when a person of "most wanted" status is affiliated with or a member of a particular First Nation
- having CSC proactively engage with First Nations communities to expand its Elder-supported programming
- developing and offering CSC programs that enable support personnel to provide a healthy and successful environment for individuals to be released into, with active encouragement of supporters such as immediate family and community members to participate in these programs when safe.

Recommended Action 53

Expand capacity for and availability of community-based social services, mental health services, and substance use health services for individuals when discharged.

What's needed to succeed

Funding and investment

- Dedicated funding to support community-based mental health and substance use care and basic social services that are readily accessible with minimal wait times.
- Integration of mental health and substance use care and services for delivery together by the same providers.
- Funding of services to support employment and housing stability for individuals after their release or discharge.
- Expansion of community-based support services for populations in rural, remote, and isolated areas, including Indigenous Peoples, including but not only through telehealth or mobile services.
- Investment in Indigenous-specific programs and services to support transitions from corrections back to the community, including within probation and parole services and half-way houses, as called for in the Truth and Reconciliation Commission of Canada's Call to Action 37.

Equitable and safe approaches

- Programs addressing the intersectional harms of poverty, racism, stigma, mental health challenges, and problematic substance use.

Real-world practices and resources

- **Assertive Community Treatment (ACT) model (international):** Offers comprehensive community-based psychiatric treatment, rehabilitation, and support for people living with serious, persistent mental illness, focusing on patient-centred treatment plans.
- **Flexible Assertive Community Treatment (FACT) teams (Ontario):** Builds on ACT by providing recovery-oriented support for those with severe mental illness.
- **Forensic Assertive Community Treatment (FACT) (British Columbia):** Also adapted from ACT. Bridges health-care and criminal justice services to enhance continuity of care and reduce re-entry into the criminal justice system.
- **Flexible Assertive Community Treatment (FACT) (Quebec):** aims to help adults and young adults with severe mental illness to recover, integrate into the community and increase their autonomy.
- **Health–justice partnerships (international):** Collaborations between health-care and legal services that help patients benefit from positive social determinants of health in a non-coercive way that emphasizes human rights and self-advocacy.
- **Human Services & Justice Coordinating Committee (Ontario):** Provides a provincial leadership mechanism for implementing Ontario's 1997 policy framework for individuals involved with the justice system who have needs that can be met by provincial human services systems.
- **Substance Abuse and Mental Health Services Administration – Recovery Housing (U.S.):** Provides a stable, supportive environment that bridges the gap between institutional care and independent living, promoting continuity of care and reducing risk of recidivism during reintegration.

Recommended Action 54

Ensure continuity of care for people entering correctional and forensic facilities, throughout incarceration or hospitalization, and after release, by maintaining their connections to community-based health-care providers.

What's needed to succeed

Capacity

- Sufficient community mental health staffing and resourcing to meet demand for transitions from correctional and forensic mental health facilities.

Focused supports

- A health insurance card and continued access to prescriptions for individuals transitioning out of the corrections/forensic mental health systems.
- Integrated services for individuals with concurrent disorders.

Collaboration and partnership

- Provision of correctional health services by health-care organizations that are integrated with community health services.

Equitable and safe approaches

- Equitable access to services for people in rural, remote, or isolated areas.
- Connection of mental health care providers with equity-deserving priority populations during incarceration or hospitalization and reintegration.

Real-world practices and resources

- **British Columbia Provincial Health Services Authority Correctional Health Services:** Equitable, community-standard health care including mental health and addiction services for individuals in BC provincial correctional centres; focused on continuity of care and supporting clients through incarceration and reintegration to reduce health disparities and recidivism.
- **Community Reintegration Planning Tables Project (Ontario):** Supports reintegration planning for high-needs individuals released from correctional institutions.

Real-world practices and resources

- **Critical Time Intervention (international):** Case management approach designed to enhance individuals' connections with service providers and social supports, including friends and family.
- **Community Transition Teams (British Columbia):** Provided by BC Mental Health & Substance Use Services, these teams offer comprehensive care coordination and peer support to individuals on release from provincial custody, supporting those with substance use disorders and complex mental health and/or substance use needs.
- **Risk-Need-Responsivity (RNR) model (international):** Evidence-based model that improves rehabilitation outcomes and reduces recidivism by tailoring interventions on the basis of an individual's risk level, criminogenic needs, and responsiveness to treatment.
- **Waypoint Mobile Treatment and Support team (Ontario):** A specialty transitional service that provides ongoing assessment and treatment for individuals recently discharged from Waypoint until appropriate community resources are located that can provide the required ongoing support. Also supports individuals who may be ordered for treatment by the Ontario Review Board and require follow-up in the community.

Recommended Action 55

Enhance access to personal electronic health records (EHRs) for individuals involved with the criminal justice system.

What's needed to succeed

New models

- Establishment of an electronic system that allows people to access their own EHRs and facilitates data sharing between teams.
- Secure systems to transfer EHRs and patient outcomes between providers.

Measurement

- Health continuity metrics to monitor how quickly people are connected to appropriate community health-care providers after release.

Equitable and safe approaches	• Culturally safe approaches to data access and outcome tracking for priority populations.

Recommended Action 56

Ensure individuals have prompt access to appropriate medications upon discharge and after release.

What's needed to succeed

New models	• Immediate prescription medication coverage with no waiting periods for released individuals, including no-cost or low-cost access for low-income individuals to prevent health setbacks.
Consistency and standardization	• Reliable access to necessary medications for individuals in the first 30 days after they are released. • Timely transfer of prescriptions and medications from correctional facilities and forensic mental health programs to community services.
Equitable and safe approaches	• Use of mobile health units and telemedicine to maintain medication access in rural and Indigenous communities.
Real-world practices and resources	• **CSC Commissioner's Directive (national):** Provides a supply of essential medications for individuals upon release, in line with CSC National Formulary medications listing. • **Dispension lockers (national):** Provide biometrically secured access to prescription medications without the need for staff intervention so individuals can maintain personal autonomy.

Issue 40: Access to transitional/supportive housing

While stable housing and supportive resources are essential for successful reintegration after being released from correctional facilities, these supports are not available for many people in Canada. Approximately 30% of individuals released from federal and provincial or territorial institutions experience homelessness within two years, reflecting broader structural gaps in housing availability and system coordination.[189]

These barriers are especially acute for people experiencing mental health challenges, co-occurring substance use disorders, or complex health needs. Long wait times for subsidized housing, sometimes extending up to a decade,[190] alongside limited access to intensive community-based supports such as Assertive Community Treatment, can delay discharge and prolong hospital stays, even where housing stock exists but funding, service availability, or coordination are insufficient.[191]

Models such as Housing First that prioritize immediate housing without requiring sobriety or treatment adherence have been shown to quickly stabilize people and connect them to the resources they need.[192] Halfway houses like those provided by the John Howard Society of Ottawa are also critical supports, enabling medication adherence and helping released individuals with employment and daily life skills.

Expanding access to safe, temporary, supportive housing immediately on release and supporting it with adequate staffing to meet people's individual mental health and cognitive needs is crucial for effective reintegration — and for preventing bias and discrimination against people from forensic mental health populations specifically.

As with virtually every other issue addressed in this action plan, people belonging to more vulnerable groups experience the lack of supports more acutely and require even greater attention. This is true for women and 2SLGBTQI+ people experiencing post-release homelessness, who critically need effective treatments and services, and for Indigenous people who experience challenges accessing social assistance, educational programs, and employment opportunities.[193]

Potential research topic: Improving transitions into the community

Relatively little forensic and correctional research follows individuals who have been institutionalized through their transitions back into the community. Qualitative studies involving people with lived and living experience, their informal support networks, and service providers, and quantitative research examining pre-transition indicators of successful transitions would be valuable foundations to build on and improve transition support services.

Recommended Action 57

Improve post-release access to housing and related supportive services.

What's needed to succeed

Focused supports	• Individualized discharge plans that address people's specific housing needs.
Funding and investment	• Long-term federal, provincial, and territorial funding to expand housing options. • Expansion of funding to address section 84 of the *Corrections and Conditional Release Act* relating to Indigenous halfway houses and community support for reintegration.
Collaboration and partnership	• Multi-sectoral partnerships among correctional and community supervision agencies, forensic mental health programs, and housing providers for continuity of care. • Partnerships between correctional/forensic mental health facilities and providers of targeted housing and wraparound services for individuals with complex needs.
Clear pathways	• A centralized, up-to-date inventory of transitional and supportive housing options to streamline placements and reduce wait times—accessible to correctional and forensic mental health staff and community agencies.
Consistency and standardization	• Enforcement of prohibitions against landlords asking for criminal record checks as a requirement for applying for housing.
Measurement	• Collection of housing status data when people are admitted to prison, including those who have no fixed address.

Real-world practices and resources

- **Dunn House (Toronto, Ontario):** First hospital-led supportive housing initiative in Canada with capacity to house 51 individuals, providing safe, permanent, accessible, and affordable housing to patients with medically and socially complex needs. A partnership between University Health Network's Gattuso Centre for Social Medicine, the City of Toronto, United Way of Greater Toronto and Fred Victor.
- **Elizabeth Fry Society of Saskatchewan:** Provides safe, stable, and sober living with personalized wellness plans for women and gender-diverse adults.
- **Housing First model (national):** A transformative harm-reduction approach that provides transitional housing and comprehensive support to unhoused individuals on release, diverting them from shelters and linking them to stable, recovery-oriented housing.
- **Restorative Justice Housing Ontario:** Safe, secure housing for individuals transitioning after being released from incarceration.
- **Supervised Housing and Reintegration Program (Yukon):** A first-of-its-kind program in Canada providing safe, secure, 24/7 housing and wraparound supports to people on conditional release from federal and territorial institutions, funded by Correctional Service Canada.

Issue 41: Impact of a criminal record

After completing their sentences, people with criminal records experience ongoing discrimination relating to employment, housing, and education — all of which are key to reintegration. Nearly four million Canadians have criminal records, almost 90% of which remain open, meaning those records can be disclosed publicly.[194]

Individuals can shed the stigma of a criminal record by having it suspended or expunged, although this is not always a simple process. Recent legislative changes have made obtaining pardons or record suspensions difficult and costly.[195] However, Public Safety Canada has funded 18 community organizations since 2022 to support the record-suspension process, and a suspension-application portal is planned for launch in 2026 along with a reduction in application fees.[196]

Suspensions restrict public access to criminal records; expungement, on the other hand, permanently removes them. Today, expungements address the unjust criminalization of people in the 2SLGBTQI+ community, for example. With the legalization of cannabis in 2018, many are advocating for the expungement of cannabis-related convictions.197 (Approximately 250,000 Canadians still have criminal records for personal cannabis possession, with disproportionate representation among Black and Indigenous individuals.198) Bill C-5 (passed in 2022) requires automated record expiries for simple drug possession convictions.

Implementing a system for automatically suspending criminal records after a given period of time would be ideal, recognizing that some offences or categories of individuals who have committed certain offences may not qualify. This is particularly important for Indigenous Peoples, who face a legacy of systemic abuse, impacts of colonialism, overrepresentation in the criminal justice system, lower rates of education and employment, and disproportionate eligibility restrictions based on an individual's number of convictions.

Recommended Action 58

Remove administrative barriers, establish clear eligibility criteria for automation, and implement an automatic record suspension regime for non-violent convictions.

What's needed to succeed

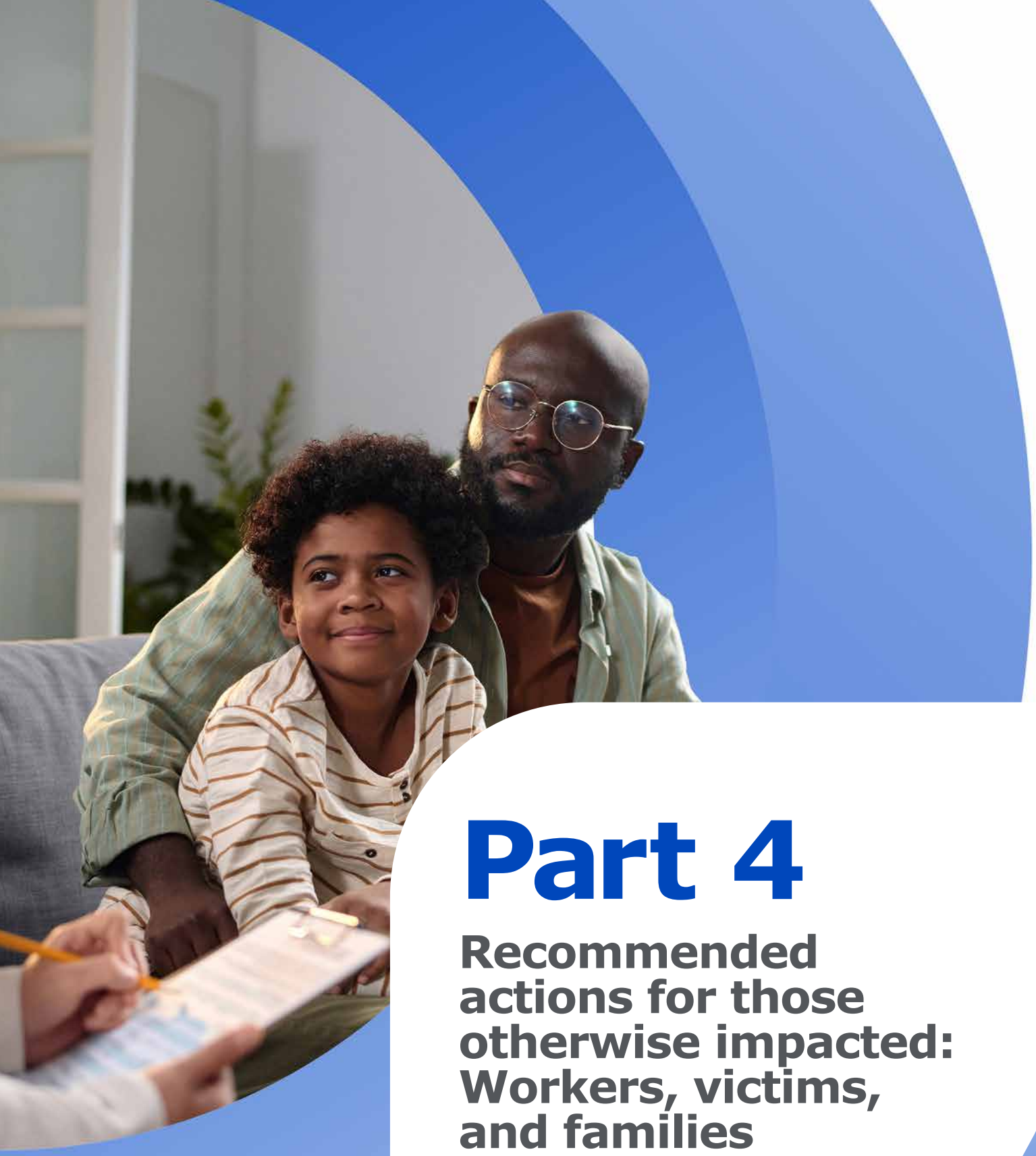
Equitable and safe approaches

- Integration of Gladue principles into the record suspension process, aligned with broader reconciliation efforts.
- Consideration of systemic and background factors that may have contributed to an individual's involvement with the criminal justice system, particularly when reviewing cases of Indigenous or Black individuals.
- Prioritized expungement of criminal records related to sex work for women and gender-diverse individuals.

Legislative or regulatory change

- Review and amend the *Criminal Records Act* and the *Expungement of Historically Unjust Convictions Act* to add simple cannabis possession to the list of offences eligible for expungement.
- Amendment of Bill C-93 to automate expungement of criminal records for simple cannabis possession, prioritizing Black and Indigenous individuals to repair the harm to the communities most affected by drug possession convictions.
- Legislation to automate the suspension of non-violent criminal records to reduce arbitrariness, inequalities in access, and administrative burdens.

Clear guidance	• Incorporation of existing treatment records and risk assessment tools into the Parole Board of Canada decision-making process for suspensions. • Development of criteria for automatic records suspensions (e.g., completion of all parts of a sentence and remaining crime-free for a set period of time).
Consistency and standardization	• Shortened waiting periods to apply for non-violent record suspensions.
New models and tools	• Establishment of an electronic filing/application system to streamline the suspension process. • Reduced fees to apply for record suspension.
Collaboration and partnership	• Involvement of Public Safety Canada in record suspensions.
Real-world practices and resources	• **Ban the Box movements (international):** Legislation banning employers from asking if an applicant has a criminal record, particularly when the position does not involve access to vulnerable populations such as children, individuals with disabilities, and the elderly. • **Automated sequestering of criminal records (national):** Program designed to automatically separate eligible summary offence convictions from other records. • **Senate Bill S-207 (national):** Formerly Bill S-212, introduced November 24, 2021; proposes automatic criminal record expiry. • **Fresh Start Coalition (national):** Collective advocacy by 60 civil society groups calling on the federal government to implement a "spent regime" that would automatically seal the criminal record of anyone who has successfully completed their sentence and lived in the community without further criminal convictions.



Part 4

Recommended actions for those otherwise impacted: Workers, victims, and families

By addressing recommendations at all levels and ensuring equity for priority populations, we can create a holistic approach to achieving psychological health and safety for all.

Recommendations for those otherwise impacted: workers, victims, and families

Issue 42: Workers in the criminal justice and mental health systems

As noted in Part 2 under "Cross-cutting considerations," the psychological health and safety of workers in criminal justice and forensic mental health settings have a direct impact on the mental health of individuals involved with the criminal justice system.

Resource shortages and heavy workloads, competing priorities, policy incoherence, outdated infrastructure, administrative burdens, and insufficient supports all often compound workplace stresses for criminal justice and forensic mental health professionals, intensifying the impact of traumatic events when they occur.[199] The consequences range from anxiety, depression, and trauma-related disorders to burnout and compassion fatigue among staff.[200]

To address these issues, there is a critical need to rethink workforce development for both corrections and forensic mental health. This must include concrete recruitment and retention strategies as well as improved training for correctional officers, health-care professionals, and forensic mental health professionals. Workforce plans should also ensure representative and inclusive hiring practices are in place, and investment is needed to increase the size of the forensic mental health workforce.

The following recommendations seek to address the issues facing workers in criminal justice and forensic mental health settings and improve conditions for all, covering:

- workforce development
- staff capacity and turnover
- overcrowding and aging infrastructure
- physical and psychological safety

Recommended Action 59

Implement comprehensive workforce development plans for correctional and forensic settings to improve recruitment, retention, and staff effectiveness.

What's needed to succeed

Funding and investment	• Increased hiring of correctional officers and correctional health-care personnel to meet demand, prevent burnout, and foster a safer environment. • Increased investment in correctional officer recruitment, training, compensation, and mental health supports. • Compensation for correctional health-care professionals that is comparable to the salaries and benefits earned by professionals working in private practice (considering premium shift pay, appropriate bonuses for charge nurses, and better vacation entitlements).
Capacity	• Hiring of more correctional officers and correctional health-care professionals to meet demand, prevent burnout, and foster a safer environment.
Consistency and standardization	• National training standards for correctional officers and health-care professionals. • Recognition of the varying labour standards across professions. • Use of unionized nursing staff (including members of the Canadian Federation of Nurses Union and provincial unions) contracted by provincial or territorial ministries of health rather than correctional authorities.
Focused supports	• Support for staff to address increased risk of stress and burnout, including evidence-based, trauma-informed debriefing techniques and employee assistance programs.
Clear pathways	• Career progression opportunities for correctional officers and health-care staff working in corrections.

Oversight	• Regular evaluation, audit, and oversight of training programs, with clear performance metrics. • Improved supervision to ensure knowledge and skills learned in training are put into practice, with accountability for compliance. • Public access to the training curriculum for correctional officers.
Training and awareness	• Training for correctional health-care professionals that addresses security awareness, de-escalation, de-stigmatization, trauma-informed and culturally safe care, and working with people who have dual diagnoses—emphasizing harm reduction, privacy, and patient confidentiality. • Training to ensure correctional officers can operate as effective supporters of health-care teams. • Mandatory annual training to reinforce safety and ensure practices are up to date.
Real-world practices and resources	• **Black Health Primer (national):** Guidance on how to identify anti-Black racism in health care and implement racially just practices to improve the health of Black people and communities, certified by the College Family Physicians of Canada. • **Mental Health Training for Correctional Officers, Centre for Addiction and Mental Health (Ontario):** Addresses mental health awareness, psychotic, personality, and substance use disorders, assessment of suicide and violence risk, how to communicate with individuals who are incarcerated who are in distress, and how to maintain one's own mental health. • **National Commission on Correctional Health Care Mental Health Accreditation (U.S.):** Introduces new efficiencies and standard practices, recognizes staff excellence, improves morale, aids in recruitment, and helps secure community support and justify budget requests.

Recommended Action 60

Address the staff shortages and high turnover that create stressful work environments and compromise care in both correctional and forensic mental health settings.

What's needed to succeed

Capacity

- Expanded, well-developed forensic mental health and correctional workforces to meet the needs for care and security.

Funding and investment

- Increased funding to attract talent to corrections and forensic mental health and hire more staff with competitive pay and benefits.
- Recruiting, hiring, and training of staff to build interdisciplinary teams that can help provide and oversee adequate mental health care services.
- Creation of funded peer networks for workers at all levels (provincial/territorial, national, and international) to reduce feelings of isolation.

Focused supports

- Enhanced access to peer support, team building, and mentorship programs.
- Increased access to on-site psychological health services along a continuum of care, including:
  - comprehensive wraparound support services (e.g., fitness, nutrition, spiritual care)
  - resilience programs
  - employee assistance programs
  - internet-based cognitive behavioural therapy (iCBT)
  - in-house or external psychotherapy
  - in-house or external psychological assessments and treatment of trauma- and stress-related disorders (including interventions such as CBT and eye movement desensitizing and reprocessing
- Gradual reintroductions to stressful environments after exposure to traumatic events.

Training and awareness

- Continuous, mandatory, up-to-date training:
  - within and across sectors, so criminal justice and forensic mental health professionals gain familiarity with each other's systems, missions, and values — fostering trust and enhancing cross-sector collaboration
  - for leaders on organizational well-being, including culture overall and culture related to psychological health and safety specifically
  - in trauma-informed practices and de-escalation techniques, anti-racism, anti-bullying, and anti-harassment (among and between workers and individuals involved with the criminal justice system), and culturally safe practices
  - in effective communication and conflict intervention
  - in compassionate support and identifying signs of trauma and burnout
- Substantial "shadowing" period so workers can safely gain a deep understanding of the demands of the job they've been hired to do.
- Ongoing opportunities for professional development.
- Promotion and development of healthy lifestyle habits, positive work relationships, respect, and coping skills including exercise/physical activity and cognitive strategies such as reframing, acceptance, and problem solving.

Equitable and safe approaches

- Psychological health and safety services that prioritize confidentiality and are separate from employers and the unions.
- Human resource strategies that recruit more individuals from priority populations at all levels of the system.
- Formal, organization-wide policies, programs, and services that support equity-seeking populations in the workforce.
- Access to religious, spiritual, or chaplaincy care.
- Support and recognition of staff via on-site celebrations, employee recognition events, opportunities to socialize, and more.

New models and tools

- Transfer of the responsibility for providing health care to workers from corrections to provincial/territorial health ministries.
- Active efforts to address workload management and pre-empt burnout.
- Anonymous reporting mechanisms that allow staff to identify problematic behaviours in themselves or in coworkers with follow up procedures to provide help and support tailored to individual needs.

Oversight

- Evaluation and enforcement of annual refresher training.

Real-world practices and resources

- **Road to Mental Readiness training (R2MR) (national):** A performance and mental health training and education program developed originally for the Canadian Armed Forces, focused on improving well-being and short-term performance while mitigating long-term mental health challenges. Has been adapted for correctional workers in Canada and supports stigma reduction, mental health awareness, and open dialogue.
- **Guiding Principles for the Support of and Commitment to Staff Wellness (U.S.):** The Correctional Leaders Association (CLA) Staff Wellness Committee seeks to promote and improve the health and well-being of correctional professionals' lives through health education and workplace health promotion activities that will support positive lifestyle changes.
- **La Vigile (Quebec):** Provides an anonymous and confidential 24-hour telephone service for women and men in uniform, as well as psychoeducational workshops on nutrition, defence mechanisms, self-affirmation, self-esteem, stress prevention, basic needs, resilience, and other topics.
- **Peer Health Mentoring Program (U.S.):** Study conducted by Kotejoshyer and colleagues on the impact of a peer health mentoring program on physical health measures and self-reported health perceptions among correctional officers, as well as behaviours and health outcomes. Results showed that mentoring frequency was associated with reduced exhaustion-burnout among mentees.
- **Desert Waters Correctional Outreach (U.S.):** Nonprofit organization seeking to address the psychological and spiritual needs of correctional staff and their families. The founding director is co-author of the book *Building Bridges with Corrections Staff: Spiritually, Practically, Relationally* for correctional chaplains and volunteers.

Real-world practices and resources

- **Trauma among Psychiatric Workers Project (Ontario):** A Research and Knowledge Translation Project aimed at understanding and reducing post-traumatic stress injuries among psychiatric workers. The project offers practical recommendations to improve workplace safety and support staff well-being.

Recognizing victims' service workers

Victims' service (VS) workers perform important work yet are often overlooked as part of the continuum of professionals in the criminal justice and forensic mental health systems. This is despite the fact that many VS workers are overburdened from providing long-term emotional support to victims because of extensive wait lists or lack of personnel for other services. By recognizing VS professionals as a specific group of workers, the action plan aims to motivate improvements in access to support for these professionals when needed.

Recommended Action 61

Upgrade or replace aging infrastructure to reduce overcrowding, avoid safety risks for workers and individuals in custody or care, and eliminate tensions that interfere with effective mental health care.

What's needed to succeed

Funding and investment

- Investment in modern infrastructure that is safe, encourages meaningful, culturally safe interactions, and supports workers' psychological health and the rehabilitation of individuals in custody or care, including wellness centres, staff-only dining areas, and indoor/outdoor spaces within the secure perimeter but separate from the custodial facility.
- Investment in the integration of technology, network infrastructure, and connectivity to enhance training and recruitment, facilitate information-sharing, support psychological health, and promote collaboration.

Recommended Action 62

Protect workers' psychological health and safety through legal safeguards, policies, and best-practice management approaches, improving job satisfaction by bringing recovery- and rehabilitation-focused approaches to criminal justice and forensic mental health.

What's needed to succeed

Culture change	• Promotion of positive organizational cultures that emphasize empathy, collaboration, and mutual respect, with supportive management structures, open communication, and efforts to ensure workers feel valued and heard.
Leadership	• Demonstrated concern for psychological health and safety reinforced by positive and collaborative labour relations that forge strong relationships between employers and unions. • Policies that support research on psychological health and safety in the criminal justice and forensic mental health fields.
Training and awareness	• Training for all workers in de-escalation, on how to challenge stigmatizing attitudes and behaviours, and in trauma-informed care, harm reduction, cultural safety, privacy, and patient confidentiality to shift workplace culture and promote safety. • Increased awareness among workers of psychological health and safety through a national psychological health strategy, knowledge mobilization, advisory councils, and public outreach, promoting a focus on personal well-being. • Promotion of mental health diversion programs¶ and raising staff awareness of diversion options.
Focused supports	• Mediation between staff and individuals involved with the criminal justice system to establish communication in conflict situations.

¶ Alternatives to incarceration that are embedded in consent and autonomy for people living with mental health challenges.

Legislative or regulatory change

- Updates to Canada's *Government Employees Compensation Act* to ensure federal public safety personnel have adequate compensation and support.
- Presumptive coverage policies for occupational stress injuries to ensure timely, equitable access to mental health supports for criminal justice and forensic mental health workers.

Oversight

- Quality improvement committees for custody, policing, and forensic mental health to keep practices up to date, made up of multidisciplinary staff members, families, and people with lived and living experience.

Real-world practices and resources

- **Amendment to the Workers Compensation Act (British Columbia):** Expands presumptive coverage for psychological injuries to a range of workers in criminal justice and related roles, providing easier access to treatment and compensation for psychological injuries once a formal diagnosis has been made.
- **Canadian Institute for Public Safety Research and Treatment (national):** A hub for knowledge synthesis, translation, and exchange that relies on the best research evidence to support, maintain, and improve the psychological health and safety of public safety personnel.
- **Correctional Service Canada engagement and intervention model (national):** A risk-based model designed to help security and health-care staff respond to and resolve institutional incidents using the most reasonable interventions.
- **Five-Minute Intervention (FMI) (Australia):** A two-day training program aimed at building a rehabilitative environment by transforming everyday conversations between custodial staff and those under their supervision into meaningful interactions that inspire hope and motivate change. Evidence shows FMI improves relations, increases individuals' engagement with supports, and increases staff confidence in rehabilitation.

Issue 43: Victims and survivors of crime

Victims' and survivors' concerns are also outlined in Part 2 under "Cross-cutting considerations." The following recommendations seek to ensure that these concerns are recognized and that the mental health of victims and survivors is addressed in a more coordinated and recovery-oriented approach.

Services provided to victims and survivors of crime should prioritize inclusivity, accessibility, cultural safety, and systemic reform to ensure they receive comprehensive support — including support that is tailored to victims with neurodevelopmental conditions. Incorporating feedback and prioritizing the needs of both the victims and those charged with offences is critical to fostering a fair, equitable, and trauma-informed criminal justice system.

Victims' experiences of the criminal justice system reveal structural deficits and a lack of resources. Problems of access to, and funding for, victim support resources are common and particularly acute in rural, remote, and isolated areas.

Those working in the criminal justice field tend to have inadequate training in victim support and care and trauma recovery. As well, there is a general overreliance on informal support systems for people from racially marginalized and equity-deserving populations, highlighting the need for formal and sustainable culturally safe services.

This action plan calls for coordinated efforts between federal, provincial, and territorial governments to address these issues. It is essential to establish minimum standards for victim support services across all levels of government and to increase funding to strengthen responses to victims in underserved communities and regions.

The recommended actions below touch on five key areas:

- participation in proceedings
- clear and timely information sharing
- incorporation of victims' voices
- victim support services
- victim safety

Recommended Action 63

Ensure victims and survivors have opportunities to participate actively in court proceedings, parole board hearings, and other forums as appropriate and allowed by law, fostering a sense of closure and involvement.

What's needed to succeed

Focused supports

- Easily accessible court hearings via teleconference or videoconference to accommodate and facilitate participation.
- Options to be accompanied by a victim support resource person or other support person when victims and survivors attend hearings.
- Access to testimonial aids to facilitate participation in proceedings, particularly for minors.

New models and tools

- Mechanisms to support the participation of victims, survivors, and witnesses from vulnerable and/or stigmatized groups, including:
  - Trauma-informed and culturally safe training for defence lawyers, judges, and crown attorneys.
  - Engagement of people with lived and living experience of mental health and or criminal justice challenges as consultants and peer supports in courts for victims, witnesses, and court workers preparing for trial.
  - Mock trials for vulnerable groups to ensure they are ready and prepared.
  - Immediate financial support for individuals to attend hearings, including prompt reimbursement of lost wages.
  - Unbiased, trained translators.
  - Safe spaces outside courtrooms for individuals who want to participate but not share space with a justice-involved person.

Clear guidance

- Explanations when hearings are cancelled or postponed so as not to cause further distress to victims.
- Communication about hearings held by forensic mental health Review Boards, with opportunities for victims and survivors to attend and participate.

Real-world practices and resources

- **Parole Board of Canada videoconferencing pilot project (Ontario and Quebec):** Allowed victims to take part in hearings during the COVID-19 pandemic (2020) and has remained available to victims since.
- **Public safety portfolio Canadian Victims Bill of Rights complaints process:** Allows victims to file complaints if they believe their rights have been infringed on or denied by a federal department or agency as part of an interaction with the criminal justice system. The National Office for Victims acts as a central information resource to improve victims' experiences of the federal corrections and conditional release system, by responding to complaints, providing information, and handling general information requests about the federal corrections and conditional release system and the victims' role within it, and even about the Office itself.

Recommended Action 64

Ensure victims and survivors receive clear and timely information to move confidently through the criminal justice system.

What's needed to succeed

Clear guidance

- Clear information for victims and survivors about their rights and available recourse mechanisms when those rights are not respected. Mechanisms must be accessible and communicated clearly at the federal and provincial/territorial levels.
- Clear, prompt communication about eligibility for financial aid through jurisdiction-specific programs, along with access to any relevant application forms.

Clear pathways

- Access to legal services and community resources to help victims and survivors understand how the criminal justice system works and facilitate their participation in justice processes.

New models and tools

- Automated systems to inform victims and survivors proactively or on request about the steps and stages of the justice process, set up on a jurisdictional basis to cover pre-trial and trial proceedings (hearings, case status, decisions), post-sentencing procedures (corrections and release conditions for people experiencing mental health challenges), and processes to register for notifications about the status and progress of a case registrations (e.g., with Correctional Service Canada and the Parole Board of Canada).
- Easy-to-navigate online portals that provide access to information and answers to common questions, including how to report a crime, what to expect when engaging with different levels of government, and supports available at every step.

Real-world practices and resources

- **Bill S-12, An Act to amend the Criminal Code, the Sex Offender Information Registration Act and the International Transfer of Offenders Act:** A model for improving victims' rights to information that requires sentencing judges to ask victims if they would like to receive post-sentence information about the case and facilitates the provision of information to victims by Correctional Service Canada.

Recommended Action 65

Incorporate victim and survivor voices into relevant stages of the judicial process.

What's needed to succeed

Consistency and standardization

Provision of:

- victim impact statements at sentencing
- victim statements during correctional and conditional release phases

to support judgments and decisions that recognize the psychological, financial, and physical impacts of crimes; also giving victims the opportunity to express safety concerns and to ask for measures of protection.

Measurement

- Systematic collection of data on how and how often victim statements (oral and written) are submitted at sentencing and at forensic mental health and parole board hearings.
- Evaluation surveys after various stages of the judicial process, with findings used to improve experiences for victims and witnesses.

Real-world practices and resources

- **Victim Impact Statement Program (Nova Scotia):** Provides victims a structured opportunity to describe the financial, physical, and psychological impacts of crime at sentencing, supported by Victim Services officers throughout the process.

Recommended Action 66

Improve resourcing and accessibility of victim and survivor support services to aid in recovery and participation in the justice process.

What's needed to succeed

Focused supports

- Sufficient, holistic mental health care with adaptations for cultural safety, the severity of the crime, and its potential long-term emotional impact.
- Experienced, safe child care must be available at court to ensure victims and witnesses can focus on proceedings and meet with support workers.

Funding and investment

Sustainable funding for:

- psychological and legal victim support services — including financial assistance — particularly those in underserved areas such as racially marginalized communities and rural areas
- victim service organizations, whether system based, police based, court based, community based, volunteer, or non-governmental, to ensure consistent access to resources
- provincial coordinators to lead community collaborative action groups, develop accessible resources, and keep them continuously updated

Real-world practices and resources

- **Black Legal Action Centre (Ontario):** Provides legal support to individuals who have been treated unfairly because of their race, with services that can relate to employment, education, housing, human rights, and other issues.
- **Six Nations Justice Department Indigenous Victim Services (Ontario):** Assists and advocates for Indigenous victims by providing a cultural and historical understanding of Indigenous people, communities, and nations.
- **South Asian Legal Clinic of Ontario:** Supports low-income South Asian people in Ontario with legal advice on gender-based violence, employment, immigration, income, and more.
- **Victim Notification System (Ontario):** Provides victims with automated telephone notifications when there are changes in status of provincially incarcerated adults under community supervision.

Recommended Action 67

Ensure victims and survivors feel safe throughout their involvement in the justice process.

What's needed to succeed

Consistency and standardization

- Strengthened anonymity and confidentiality measures to protect identities in legal records and impact statements that become public once filed in open court.
- Prioritization of safety planning and no-contact orders when needed to protect victims and survivors and ensure public safety.

Funding and investment

- Increased investment in community-based victim/survivor support organizations, with a focus on sustainable core funding.

Issue 44: Families and communities

Families of crime victims and the communities they live in are also affected by the consequences of criminal acts, experience trauma, and have a role to play in the rehabilitation and reintegration of individuals experiencing mental health challenges who have committed criminal offences.

Recommended Action 68

Recognize the interconnections between victims of crime, families, and communities, and ensure distinction-based programs and services exist to address their needs.

What's needed to succeed

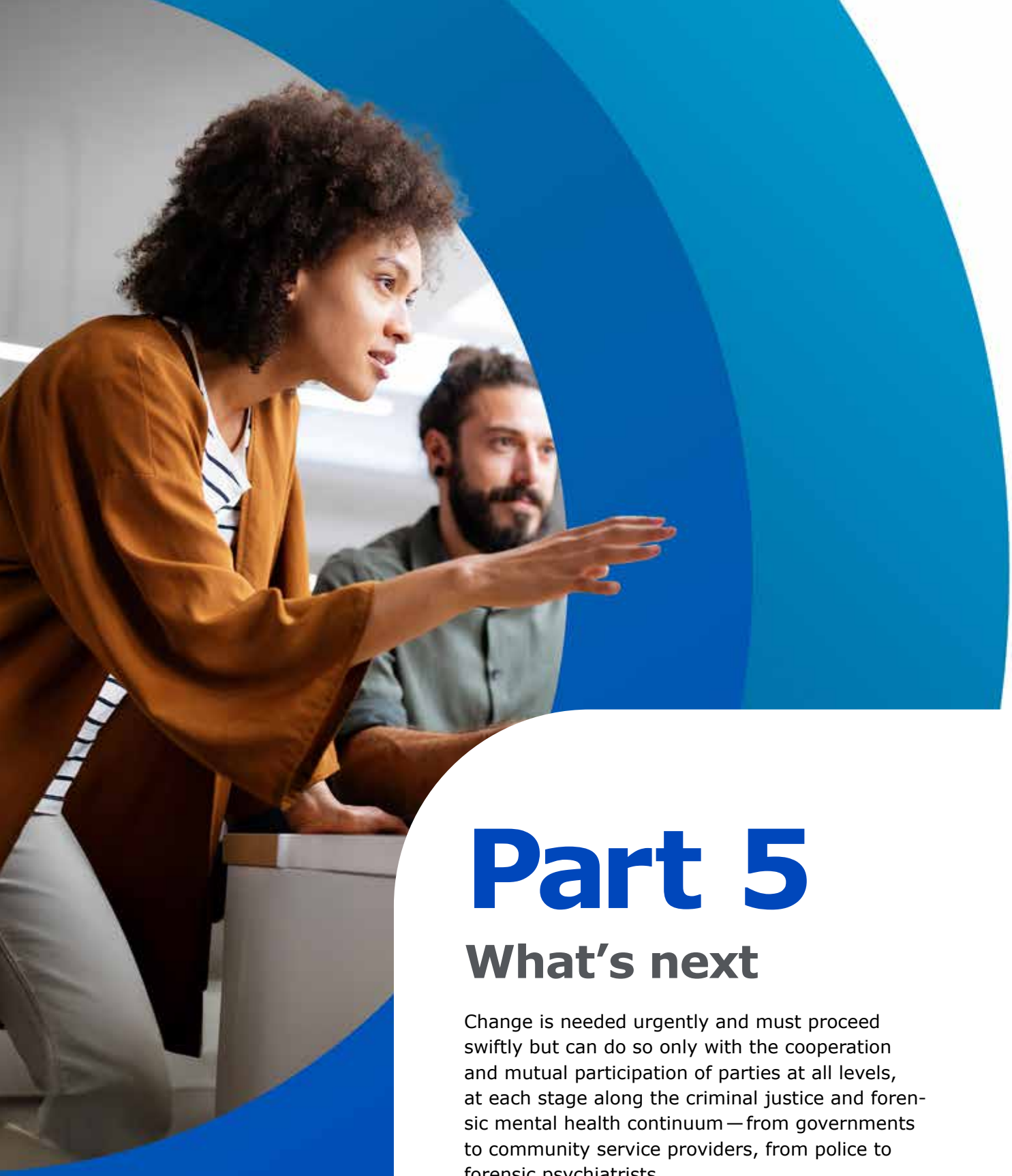
New models and tools	• Holistic approaches that integrate mental, physical, emotional, and spiritual health, economic stability, education, and restorative practices to create safer, healthier environments for families and children affected by crime.
Collaboration and partnership	• Intersectoral collaboration among law enforcement agencies, social service providers, and community organizations to provide support and enact preventive measures. • Collaboration between community-based organizations and provinces/territories to expand the availability and use of restorative justice options, with a special focus on priority populations. • Outreach programs, relationship building, and proactive efforts to address community concerns and create safer and more supportive environments. • Collaboration with schools to identify supports available to children and raise awareness around crime prevention.

Equitable and safe approaches

- Culturally, socially, and demographically diverse forensic mental health Review Boards and parole boards to represent individuals involved with the criminal justice system and their families, ensuring fair and informed hearings with due consideration of cultural and race-based nuances.
- Acknowledgment of the many roles family members of individuals involved with the criminal justice system may play — including security guard, caretaker, information keeper, advocate, and supporter — as well as the intra-personal, interpersonal, and intra-familial tension this multiplicity of roles can cause, with increased access to holistic care to alleviate tension on all fronts.
- Increased adherence to family-centred care models and engagement of families and communities in their relative's justice and care journey.

Real-world practices and resources

- **Big Brothers Big Sisters (national):** No-cost programs that provide professionally trained mentors for young people facing adversity as well as professional caseworkers to support mentees, their families, and their mentors.
- **Service de Police de la Ville de Montréal Community Relations:** Engages in a variety of bridge-building activities with different cultural communities, including information sessions for newcomers, sports, cultural, and community activities, police sponsorship programs for youth, police internships, intercultural initiation sessions for police officers, theatre activities involving new arrivals, and community consultation processes.
- **Community Safety and Wellbeing Program for Black Families (Ontario):** Program offered by Ifarada: Centre for Excellence that recognizes the unique challenges faced by families today and provides a range of services, resources, and Africentric supports to empower Black families, support mental health, promote safety, and foster positive community connections.



Part 5

What's next

Change is needed urgently and must proceed swiftly but can do so only with the cooperation and mutual participation of parties at all levels, at each stage along the criminal justice and forensic mental health continuum—from governments to community service providers, from police to forensic psychiatrists.

Research and future directions

As this action plan has established, there is need for profound and extensive changes to Canada's criminal justice and forensic mental health systems. These changes must be undertaken in an informed, coherent, evidence-based way, which means that research is required to close knowledge gaps and improve understanding in the following key areas.

Equity-deserving priority populations

Gaps persist in understanding and addressing the unique mental health needs of Indigenous, Black, 2SLGBTQI+, and other priority populations currently overrepresented in the criminal justice system.

Justice-involved women require gender-sensitive and responsive care. Black people are often retained longer and receive harsher treatment. The prevalence of fetal alcohol syndrome disorder in individuals involved with the criminal justice system is poorly understood, as many individuals remain undiagnosed when they enter the system. And research continues to overlook how race and ethnicity, gender, sexual orientation, and/or disability, and other identities intersect.

To address these gaps, national strategies must prioritize collection of race- and disability-based data as well as research networks focused on diversion, equitable care, and the intersections of race, gender, disability, sexual orientation, and other factors.

Research should assess which screening tools are most effective in diagnosis and which tailored diversion models are best at preventing reoffence. Gender-responsive forensic mental health treatments and evaluations of care models in corrections have demonstrated the potential for research to drive change. Expanding these efforts will provide the evidence needed to inform inclusive practices, reduce systemic inequities, and deliver equitable mental health care across criminal justice systems.

Early intervention and prevention

Early intervention is critical to improving outcomes for individuals involved with the criminal justice system who have mental health challenges. Research should prioritize evaluating the efficacy of diversion programs and mental health courts, as well as studying early interactions between individuals with mental illnesses and criminal justice personnel. These insights can inform strategies to prevent escalation and improve long-term outcomes.

Understanding the factors contributing to crime and recidivism among individuals with mental illnesses is essential for developing targeted interventions, while research into risk assessments and their real-world applications can enhance prevention.

Law enforcement practices also warrant focused study, particularly regarding police-driven fatalities involving people experiencing mental health challenges. Expanding research on evidence-based de-escalation practices and front-line service provider training is vital for reducing harm and fostering prevention at the earliest stages of criminal justice system involvement.

Treatment and assessment

Research has highlighted critical gaps in forensic mental health services related to the diverse needs of individuals found not criminally responsible on account of mental disorder (NCRMD). While the National Trajectory Project[201] provided a profile of individuals found NCRMD, there is a pressing need to examine the effects of gender and race on risk assessment, community reintegration, and access to gender-specific mental health and criminogenic treatments. Long-term outcomes, recovery-oriented care, and effective communication between service users and providers all remain underexplored, limiting opportunities to improve assessment and treatment approaches.

Future research should focus on evaluating the relationships between recovery-oriented care and recidivism and on developing tools to measure the recovery orientation of services while ensuring public safety. Rigorous cost–benefit analyses of mental health interventions, studies on alternatives to restrictive practices, and the identification of core elements in effective recidivism-reduction programming are critical. So is expanding research on supportive housing and service models to advance community reintegration and ensure treatments are holistic and equitable and that they acknowledge the diverse needs of justice-involved populations.

Criminal justice and forensic mental health workforce

The psychological health and safety of people who work in the criminal justice system and forensic mental health system is profoundly impacted by occupational stressors, yet interventions — especially for workers from priority populations — remain underexplored. Importantly, the relationship between workers' psychological well-being and the mental health of individuals in custody or care is often overlooked.

Future research should focus on implementing and evaluating interventions and measures to improve workers' psychological health and safety, including those focused on building resilience, reducing burnout, and promoting psychological safety. This will not only improve worker well-being but also enhance the effectiveness and sustainability of the broader criminal justice and forensic mental health systems.

Continuity of care

Fragmented care remains a critical issue in the criminal justice system, particularly during transitions between mental health, correctional, forensic mental health, and community settings. Studies on housing solutions and integrated support services can provide evidence on how to best facilitate successful transitions and long-term stability. Research into collective impact models can help identify effective strategies for addressing the interconnected challenges of mental health recovery and housing instability.

Longitudinal studies tracking individuals involved with the criminal justice system across key transitions are particularly needed. Research can support a seamless continuum of care that promotes recovery, prevents recidivism, and improves outcomes for individuals involved with the criminal justice system.

Data sharing and collaboration

Transforming mental health care in justice settings hinges on effective data sharing and collaboration across jurisdictions. Research-driven platforms can facilitate the exchange of mental health data between provinces and territories, enabling robust comparative studies that reveal inter-jurisdictional differences and best practices. Such research can inform standardized treatment approaches at the provincial, territorial, and national levels, including alternatives to segregation, comprehensive staff training, and evidence-based care practices. Investigating the efficacy and cost-effectiveness of institutional policies and practices will provide governance reform initiatives with the data needed to address the intersection of mental health and justice issues.

A national research coalition dedicated to mental health and justice could further advance collaboration by uniting diverse disciplines, supporting knowledge sharing, and driving innovation. Central to this would be a national database with standardized indicators to track outcomes for individuals involved with the criminal justice system and evaluate the impact of interventions. Amplifying the voices of individuals involved with the criminal justice system through participatory and co-design research is also essential. Incorporating lived experience can enhance program evaluation, increase research impact, reduce stigma, and create actionable pathways for improved services.

Substance use

More research is needed to identify specific issues and required actions related to the complex relationships between substance use, mental health, and justice involvement. Substance use must be considered alongside mental health to ensure comprehensive understanding of, and appropriate responses to, the needs of people managing multi-layered challenges.

Research and initiatives should focus on access to care, diversion pathways, and continuity of care, and address stigma and discrimination related to substance use. They should also adopt an intersectional lens to address substance use in priority populations and among those with intersecting identities and consider the implications for justice involvement and overrepresentation.

Toward implementation

The national scope of this action plan — which covers federal corrections, provincial and territorial corrections, and forensic mental health services — requires a multisectoral, collaborative, and all-of-government approach. Transformative change is needed urgently, and while the recommended actions laid out here cannot be taken all at once or implemented overnight, it is imperative that coordinated, cooperative efforts begin today.

Sustained commitment from champions across sectors is essential: from community service providers to police, from forensic psychiatrists to judges and lawyers, and, of course, Indigenous communities and Elders. Individuals involved with the criminal justice system, their families and loved ones, victims and survivors of crime, and people with lived and living experience must also be active participants to ensure the success of any changes made.

To spur uptake, the Mental Health Commission of Canada and its partners have developed a reference guide to help readers understand how the parts of the action plan work together and begin to think about how the various recommended actions might be implemented. Anyone interested in actioning the recommendations in this plan can download that resource here: **https://mentalhealthcommission.ca/justicenap**



Appendix A: Glossary

Abbreviations

ACT – Assertive community treatment

CCRA – *Corrections and Conditional Release Act*

CJC – Community justice centre

CSC – Correctional Service Canada

EHR – Electronic health record

ETA – Escorted temporary absence

FASD – Fetal alcohol spectrum disorder

FST – Fitness to stand trial

HRA – High-risk accused

IRCA – Impact of Race and Culture Assessment

IMHSU – Intermediate mental health service unit

MHC – Mental health court

NCRMD – Not criminally responsible on account of mental disorder

PPOs – Parole and probation officers

PWLLE – People with lived and living experience

SUI – Structured intervention unit

TA - Temporary absence

UNDRIP – United Nations *Declaration on the Rights of Indigenous Peoples*

UST – Unfit to stand trial

UTA – Unescorted temporary absence

Key terms

Action-oriented framework – An approach to making changes or implementing practices with clear steps toward achieving defined goals.

Alternative sentencing – Any sentence that does not involve imprisonment; often community based and focused on rehabilitation and reintegration.

Anti-colonialism – The practice of acknowledging and pushing back against the harms of past and present colonial systems that oppress certain groups, especially Indigenous Peoples.

Community corrections – Correctional services provided in the community, such as parole.

Correctional institution – A prison, rehabilitation centre, group home, or other custodial facility that houses people serving a sentence for a criminal conviction.

Criminal justice system – The system tasked with upholding the law and reducing crime in Canada through policing, the courts, correction, and reintegration at the federal, provincial/territorial, and municipal levels.

Criminogenic – Factors that can be linked directly to someone's likelihood to commit or recommit a crime.

Cultural competence – The capacity to understand, respect, and connect with people from different cultures, recognizing their values, attitudes, and beliefs.

Cultural safety – An individual's sense that their cultural identity is understood and valued by people in power, achieved in part by eliminating power imbalances and barriers as well as by implementing processes and procedures that respect a person's cultural heritage and beliefs.

Culturally adapted – Programs, interventions, or services that are changed to be more in line with the values, beliefs, practices, and distinct needs of a specific cultural group.

Denunciation – The public declaration that a charged person's behaviour is harmful and unacceptable by the court system during the sentencing process.

Deterrence – The theory that criminal penalties keep people from committing crimes.

Distinctions-based – Approaches, programs, or services that recognize and are tailored to the unique needs and circumstances of distinct populations such as First Nations, Inuit, and Métis Peoples.

Diversion program – A program that provides alternative pathways (off-ramps) to criminal justice consequences for individuals involved with the criminal justice system, such as community service or counselling. Usually offered to individuals who are seen as low risk, such as those charged with minor crimes.

Dual diagnosis – A coinciding diagnosis of both a mental health challenge and either a developmental disability (a significant limitation in cognitive function) or a substance use disorder.

Early intervention – Identifying and responding to people's mental health, developmental/cognitive, substance use, and other needs at a point in time when they can be managed and any potential harmful effects can be minimized.

Forensic inpatient – An individual living with a mental illness who resides in a forensic mental health facility.

Forensic mental health – A field of mental health practice that works with individuals who have become involved with the criminal justice system because of behaviours related to mental health challenges and have been found either unfit to stand trial or not criminally responsible on account of a mental health disorder.

Gladue principles – Principles established by the Supreme Court of Canada in 1999 that require courts to consider the unique experiences and circumstances of Indigenous Peoples during sentencing.

Intellectual/developmental disability – A condition or set of conditions that limits a person's intellectual functions and adaptive skills, beginning before the age of 18 and continuing throughout life.

Intergenerational trauma – Historical or individual trauma passed down through generations.

Intersectional identities – Recognition of the multiple identities that characterize people, such as race, gender, socio-economic status, and ethnicity, and that exist together to create individual perspectives and experiences. Looking at these identities as they intersect acknowledges that discrimination and disadvantage are experienced differently by different groups.

Justice-involved person – Someone who has been accused of, involved in, or witnessed a criminal offence and had contact with the criminal justice system through the police, the courts, the correctional system, and/or community reintegration mechanisms.

Justice-oriented – A deliberate focus on fairness, equity, and the protection of rights in both the legal system and society.

Mental health – A person's general state of psychological and emotional well-being.

Mental illness – Any of a range of mental health conditions that affect mood, thinking, and behaviour including depression, anxiety disorders, schizophrenia, and bipolar disorder. Mental illnesses can affect a person's ability to function in daily life and may require therapy, medication, lifestyle changes, or other forms of treatment. The terms mental illness and mental disorder are often used interchangeably.

Neurodivergence – A way of neurological functioning that is different from what is considered typical, including conditions such as attention deficit hyperactivity disorder, autism, and dyslexia.

Non-carceral – Any sentence served outside of the prison system, such as the payment of a fine, bail release, or community program.

Non-conventional management – Responses to criminal offences that do not involve the criminal justice system, recognizing a person's mental health needs while holding them accountable for their actions. Related to diversion programs, community corrections, and alternative sentencing.

Parole and probation officers – Officers appointed to monitor and help individuals released from prison serve the remainder of their sentences on parole or probation.

Priority population – In this action plan, any population at increased risk of physical and/or mental illness that lacks access to services and supports and therefore requires prioritized attention.

Psychological health and safety – The mental well-being of workers in a workplace, rooted in factors such as preventing workplace harassment, managing stress, and providing adequate support to employees.

Psychotherapy – The treatment of emotional, behavioural, or cognitive challenges through an ongoing therapist–client relationship.

Recidivism – The tendency of people who have been involved with the criminal justice system to become re-involved.

Reintegration – The process of readapting to civilian life after serving a criminal justice sentence or receiving treatment in a forensic mental health facility.

Remand – Being held in custody or bail until a court date. Also referred to as pre-trial detention.

Restorative justice – The process of addressing and, to the extent possible, healing the harms caused by crime for those who have committed criminal offences, victims, and communities.

Restrictive practices – Practices in a custodial institution (such as a prison or forensic mental health facility) that limit individuals' rights or freedom of movement, such as physical restraints, sedative medications, or seclusion.

Substance use disorder – A disorder causing problematic use and/or dependence on substances such as alcohol and drugs.

Testimonial aid – Supports and accommodations for victims and witnesses in court proceedings, including testifying behind a screen, being accompanied by a support person or animal, emptying the courtroom of members of the public during testimony, and more.

Trauma-informed – An approach that recognizes the negative health and behavioural effects of trauma on individuals and groups and aims to prioritize trust and safety for those seeking services related to their experiences.

Upstream services – Services and strategies that focus on social, economic, and policy conditions that shape people's lives, with the goal of preventing problems before they occur. Upstream services aim to address the root causes of health and social inequities by improving the systems and environments that influence mental health.

Appendix B: Alignment with UNDRIP

For reference, the following table shows where and how this action plan aligns with the United Nations *Declaration on the Rights of Indigenous Peoples*, which is critical to respecting and upholding the rights of Indigenous Peoples.

Article	Description
Article 2	Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.
Article 3	Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.
Article 4	Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.
Article 5	Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in political, economic, social and cultural life of the State.
Article 7	**1.** Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.
Article 8	**1.** Indigenous peoples and individuals have the right not to be subjected to forced assimilation or destruction of their culture.
Article 18	Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.
Article 19	States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

Article 21	**1.** Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security. **2.** States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities
Article 23	Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.
Article 24	**1.** Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. **2.** Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
Article 34	Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and, in the cases where they exist, juridical systems or customs, in accordance with international human rights standards.
Article 43	The rights recognized herein constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world.
Article 44	All the rights and freedoms recognized herein are equally guaranteed to male and female indigenous individuals.

Appendix C: References

This appendix includes an alphabetical listing of references drawn on generally and synthesized with others to form the perspectives within the pillars, junctures, issues, and recommended actions.

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