

# Building Bridges:

IMPROVING *CARE IN CUSTODY* FOR  
PEOPLE LIVING WITH MENTAL ILLNESS

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# Introduction

The tragic circumstances surrounding the death of Mr. Howard Hyde highlighted the need for change within our health and justice systems to improve care in custody for people living with mental illness.

Change is underway.

Mr. Hyde died on November 22, 2007 after coming in contact with the health and justice systems. An inquiry examining the circumstances surrounding his death was conducted by Provincial Court Judge Anne Derrick. She submitted her report on December 8, 2010. It contained a series of recommendations relating to mental health services and supports; collaboration; training; use of force and supports within the criminal justice system.

We are pleased to advise that progress is being made, that we are building the bridges that continue to improve care in custody for people living with mental illness. We cannot change the past. We can alter our future course. This update charts our progress in key areas on this ongoing journey.

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# Mental Health Services and Supports

Judge Derrick recommended a strategy to coordinate actions and improve care for those with mental health issues. In fact, her first recommendation called for the creation of a provincial mental health strategy. We have delivered.

In March 2010, we announced our intention to develop a Mental Health and Addictions Strategy. In the fall of 2010, an Advisory Committee, comprised of people with personal and professional experience in mental health and addictions was appointed. Over 18 months, they heard from more than 1,200 Nova Scotians and reviewed best practices and research. In April, 2012, their recommendations for improving mental health and addictions services were released. In May 2012, the province responded with its first mental health and addictions strategy.

The five year plan, entitled *Together We Can*, is focused on five priority areas

- Intervening and treating early for better results
- Shorter waits, better care
- Aboriginal and diverse communities
- Working together differently
- Reducing stigma

The plan is designed to ensure there is consistency and equity in mental health and addictions services throughout the province. It is rooted in the principles of accessibility and responsiveness; equality and equity; respect; collaboration; dignity and sustainability. To view the strategy, visit [www.gov.ns.ca/health/mhs/reports/together\\_we\\_can.pdf](http://www.gov.ns.ca/health/mhs/reports/together_we_can.pdf)

In June 2011, the Special Advisor to the Associate Deputy Minister of Health was appointed, to oversee and be accountable for the province's mental health strategy. The Special Advisor is a psychologist with extensive experience in mental health policy.

The province has dedicated \$5.2 million to funding the strategy. The budgets for mental health services have been protected for the past two business planning cycles, underscoring the importance of these areas to the government of Nova Scotia.

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The province is developing a Housing Strategy that will examine housing options, and community supports for a range of individuals with unmet needs. The objective is to increase options for community living, enabling people to live more independently and to ensure support services are available in community-based settings. For those living with mental illness, supportive, inclusive communities can improve access, close gaps in service and help make the transition back to the community a smooth one.

Addressing stigma for the one in five Nova Scotians impacted by mental health issues is critical. Through the Mental Health and Addictions Strategy—and in partnership with the Mental Health Commission of Canada—research is being done on best practices to ensure the programs implemented here at home address our unique needs and advance our efforts to reduce stigma and discrimination.

When we experience cultural change, it is first reflected in language. The mental health and addictions strategy also addresses respectful language to help further reduce stigma and discrimination.

## Collaboration/Information Sharing

All partners have a strong commitment to making life better for people living with mental illness. The inquiry highlighted the importance of forums to improve collaboration and information sharing—particularly during times of crises.

The Mental Health and Justice Liaison Committee continues to meet. Membership now includes the Schizophrenia Society of Nova Scotia; and the Canadian Mental Health Association. These direct links foster understanding and collaboration and includes an emphasis on the dignity and human rights of persons with mental illness and those in conflict with the law. As recommended, the Consensus Project (a U.S. project that brought community and government partners together to improve the response to people with mental illness) helps to inform the work of the committee as does the Mental Health and Addictions Strategy and the Mental Health Commission of Canada.

Corrections and Health staff at the Central Nova Scotia Correctional Facility have new tools and processes to assess for mental illness and risk of self-harm, and to document and improve communication around the health issues of persons in custody.

The Hyde inquiry stressed the importance of sharing health information between agencies to ensure the safety and continuity of care for persons in custody. As a result, the Health Information Transfer (HIT) form, which accompanies anyone in custody when they are being transferred from one facility to another, has been reviewed and revised. The modified form is reflected in training, where the form's importance and purpose is also highlighted.

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# Training

There are more than 4,000 dedicated professionals working across the health and justice systems. Training was identified as a major priority to build awareness of mental illness and related behaviours, crisis intervention techniques and policies and procedures. True to the Hyde report, its overarching purpose is to develop a culture of respect and empathy within the health and criminal justice systems for people living with mental illness.

Several topic areas were identified, curriculum developed and a train-the-trainer approach is being used to create a core group of educators. Given the multiple topic areas, the number of employees and the fact that training must be delivered to ensure the services provided by these individuals continue uninterrupted, a comprehensive approach is needed and is being undertaken. A combination of online and classroom learning is being used and partnerships between health and justice are being fostered as training is delivered.

A key priority stemming from the inquiry is to improve people's understanding of mental illness so they are better prepared to respond appropriately--with respect and empathy.

The development of training materials, both for the classroom and online, was overseen by a Training Sub-Committee which included representatives of the Departments of Justice, Health and Wellness, police agencies and the Capital District Health Authority (CDHA).

The classroom module, *Understanding and Responding to Mental Illness*, represents a collaborative approach in its design and delivery. It was made possible by the significant support and contribution from many individuals and organizations. The course is an example of the increased collaboration between the health and justice sectors, as it is intended to be facilitated by both. This approach supports better outcomes for those living with mental illness and includes a first voice perspective.

With the train-the-trainer approach, and in partnership with CDHA, *Understanding and Responding to Mental Illness* was delivered across the province. A core group of educators are now trained to deliver this course to even more areas, working in partnership with district health authorities. The course encourages understanding, respect and empathy for people with mental illness who come in contact with the justice system. The course provides a description of the signs and symptoms of mental illness, potential behaviours and appropriate responses. The intent is to support culture change and to reduce the stigma associated with mental illness.

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Training is further augmented with three online courses available to health and justice workers throughout the province. They include: the Health Information Transfer (HIT) form; Psychiatric Assessments: Understanding Forensic and Civil Assessments; and Criminal Justice Processes: Arrest, Arraignment, Remand . These courses are now available at [novascotia.ca/just/](https://novascotia.ca/just/).

Training has also been completed for 911 operators and dispatchers, providing a standardized checklist for identifying mental health concerns. ER staff were trained on how individuals with mental illness present, and how to work with the Involuntary Psychiatric Treatment Act.



# Use of Force

A Use of Force coordinator is now in place, and a working group has been operational since 2009. The group includes representatives of municipal police, RCMP, the Atlantic Police Academy, as well as justice and other law enforcement professionals. The group meets regularly to discuss issues around training; supervision; qualifications; weapon selection and standards relating to the use of force. This group helped to develop the provincial policy around Conducted Energy Weapons (CEW) and has also developed a weapons evaluation protocol. The group also acts as a liaison with the federal/provincial/territorial working group ensuring that current information is shared among provincial partners.

The national group includes public safety representatives from across the country, offering an opportunity to develop shared policies and practices. As well, this group has undertaken a number of research projects involving medical experts, relating to the use of CEWs.

A database has been created to track incidents. Use of force training offered to justice staff contains instruction in crises intervention, de-escalation and non-violent intervention techniques. All justice and law enforcement staff receive instruction in these techniques.

Police and justice staff are regularly re-certified regarding the use of force techniques. Training for staff in the use of CEWs has been updated. The revised training program highlights the provincial governance standard on the use of CEWs, including the decision making process in critical situations. The course strongly emphasizes de-escalation and crises intervention techniques. To ensure staff are as current as possible regarding their use, staff must be re-certified every two years (at a minimum) while instructors are re-certified every three years.

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# Supports Within the Criminal Justice System

For those living with mental illness, supports within the criminal justice system must be available for those in conflict with the law.

Opened in November 2009, Nova Scotia's mental health court continues to place a focus on helping people to improve their mental health while reducing the risk to public safety.

The Mental Health Mobile Crisis Team, which includes mental health professionals and police officers, continues to provide intervention and short term crisis management for children, youth and adults experiencing a mental health crisis. Telephone support is expanding and will be offered 24/7 across the province, while a mobile response is offered from 1:00 p.m. to 1:00 a.m. throughout the Capital District Health Authority.

Psychiatrists from the East Coast Forensic Hospital continue to be available to the Halifax and Dartmouth provincial courts to quickly determine if there are grounds to support a request for a forensic assessment.

Assessment tools for individuals entering custody have been reviewed and amended to include a risk screening component and a suicide screening tool.

To more easily identify when someone is in crisis, infrared cameras were installed in health cells at the Central Nova Scotia Correctional Facility. This type of camera provides an environment that encourages sleep during night hours while allowing staff to monitor persons in custody for any behaviours that may raise concerns. In collaboration with the CDHA, Correctional Services has also created a new information exchange form, ensuring staff have all relevant information relating to those in custody as shifts change. As well, tip sheets are posted on health care cell doors which provides information on signs and symptoms to look for and report on.

An independent review of the Involuntary Psychiatric Treatment Act will be conducted by retired Supreme Court of Canada Justice Gerald La Forrest and law professor William Lahey. They will provide their report to the Minister of Health and Wellness in July 2013.

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# Conclusion

Progress is being made, but our work must—and will—continue. Our framework for change is based on Nova Scotia’s first mental health and addictions strategy and of course, on the comprehensive recommendations of the Hyde report.

As outlined in *Together We Can*, our goal is to ensure that:

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*“The stigma and discrimination faced by Nova Scotians living with these illnesses will be reduced, and there will be greater respect, compassion and understanding of these issues throughout our province.”*

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