

## OPINION EDITORIAL

# Care or Punishment: A Critique of the Treatment of Mentally Ill Persons in Canadian Prisons

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## INTRODUCTION

In the 18th-Century, John Howard, High Sheriff of Bedfordshire, travelled around Europe to study firsthand the conditions in prisons and made the following observation: "*The insane, when they are not kept separate, disturb and terrify other prisoners. No care is taken of them, although it is probable that by medicines, and proper regimen, some of them might be restored to their senses, and usefulness in life*" [1].

Although Howard's description of people with mental illness as "insane" and "terrifying" was harsh, he clearly saw that prisons were unsuitable for incarcerating people with mental illnesses who had broken the law. Little has changed today with regard to the situation of those living with mental illness in prisons. Each year thousands of mentally ill people are locked up, often in segregation, as punishment for crimes which they committed due to their medical condition. Rather than caring for them, we punish them. Prisons are not the place for people with mental illness; instead they should be placed in forensic psychiatric facilities, or, if possible, rehabilitated in their communities.

## MENTAL ILLNESS IN PRISONS

The World Health Organization defines mental illness as a disorder causing some combination of "abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug use" [2]. High rates of mental illness among incarcerated people is an

issue in correctional facilities worldwide. A 2012 review of 33 000 incarcerated people globally showed that one in seven suffered from major depression and psychotic illness [3]. A 2017 Correctional Services Canada study found that 79.9% of women in federal prisons suffer from various mental health disorders, most commonly alcohol/substance use (76%), anxiety (54.2%), and antisocial personality disorder (33.3%) [4]. One study of incarcerated youth (under 18) in British Columbia found that 79.3% of males and 93.9% of females had at least two diagnoses of mental illness [5]. Clearly, those with mental illness are over-represented in correctional facilities globally.

## CAUSES AND CONSEQUENCES OF INCARCERATION

A major cause of the over-representation of people with mental illness is the revolving door between Canadian prisons and the streets. An American systematic review of studies examining the relationship between homelessness and the criminal justice system found that people who are mentally ill experience more challenges finding work, housing, and healthcare [6]. Individuals living on the street and without work, in turn, are more likely to end up in prison [7].

Once incarcerated, the correctional system places mentally ill individuals into strict and stressful environments that leave them struggling to survive. Individuals who break facility rules may end up with extended sentences or be placed in solitary confinement. A 2002 survey estimated that 19% of mentally ill incarcerated people in state prisons in

the United States had been charged with violating a facility rule, compared to only 9% in the general incarcerated population [8]. A study of state prisons in the United States, found that incarcerated people with mental illness were twice as likely as those without mental illness to have been injured in an altercation while in prison [6]. Mentally ill people whose illnesses may cause manic behavior, depressive episodes, or other symptoms incompatible with strict prison behavioral requirements often end up in segregation [9].

The story of incarceration is all too common for mentally ill individuals, who often find themselves first on the streets, then in courts, and then in prisons when they should be in treatment centers or healing in their communities. This systemic problem has severe human consequences, which will become clear in the following case studies.

### **CASE STUDIES**

Take the example of Soleiman Faqiri, a 30-year old man with schizophrenia who was incarcerated at the Central East Correctional Centre in Lindsay, Ontario on December 4th, 2016. On December 12th, court prosecutors ordered that he have a mental health assessment done. Before this could occur, his condition deteriorated; he smeared feces over himself and refused to eat. Instead of ordering his transfer to a hospital, prison leadership sent him to the prison's maximum-security segregation unit on December 15th. That same day, he was killed by 20-30 correctional officers who were called in when he refused to re-enter his cell [10]. A video shows the officers restraining his wrists and ankles and covering his head with a spit hood before beating him and spraying him with pepper spray. Minutes later, guards returned to his cell to find him dead [11].

Another infamous case is that of 19-year old Ashely Smith. A seriously ill young woman, Smith had been transferred to various facilities across Canada since age 15, always in solitary confinement with little opportunity to see her family [12]. Smith eventually died by suicide while on high suicide watch. Though cameras clearly show her tie a

ligature around her neck, no guards entered her cell because they had been ordered by senior management to not intervene while she was still breathing [13]. A jury ruled her death a homicide, recommending that severely mentally ill women no longer be held in prisons [13]. The jury cited a lack of training of staff as a cause of her death, recommending that a case study of her death be used in all further staff mental health training [13].

### **ALTERNATIVE OPTIONS FOR CARE**

These lives could have been saved if these individuals had been placed in secure treatment facilities—or, if possible, had been allowed to return to their communities—instead of prisons, where staff are clearly unequipped to deal with mentally ill patients. Canada's correctional system has failed to prioritize the basic human rights of those with mental illness in its 'care' [14]. Abusive treatment by guards and lack of sensory stimulation may serve to worsen their conditions and lengthen the time it will take them to reintegrate safely into the community [15].

The alternatives to keeping a mentally ill offender in custody are: 1) treating them at a specialized secure treatment facility, or 2) treating them in the community. Secure treatment facilities, such as British Columbia's Forensic Psychiatric Facility, provide specialized psychiatric support to people found by a court to be not criminally responsible for their actions [16]. Unfortunately, only the most severely ill patients are sent to psychiatric facilities. The rest end up in prisons, where they often face any number of the challenges described above. Alternatively, mentally ill offenders could be sentenced to probationary periods in their home communities. One such program, the Community Mental Health Initiative, assigns mental health specialists to monitor mentally ill individuals released from correctional facilities, while providing specialized mental health training to half-way house staff and parole officers [17]. Although this program was designed to reintegrate patients after their imprisonment, it could potentially be used as a means for preventing mentally ill people from entering prison in the first place.

## FINANCIAL COSTS

Canada's over-reliance on incarceration as opposed to rehabilitation is not only unjust, but also financially inefficient because the government must pay for those with mental illness to be institutionalized long-term. The government spends, on average, \$114 587 per year for each person in custody (and more than \$463 045 per year for a person in segregation), while the government spends only \$31 000 per person rehabilitating in the community [18]. Instead of allocating funds to pay for lifetime suicide watch (e.g., surveillance, extra security personnel), they could be used for rehabilitative resources such as home-based psychiatric care and specialized halfway homes which would help treat mentally ill offenders in their communities. For those who must remain institutionalized, the Canadian government needs to provide funding to expand prisons and better train staff to accommodate severely mentally ill people [11].

## CONCLUSIONS

It is morally incumbent on The Correctional Service of Canada to take radical steps to improve the treatment of mentally ill people in the criminal justice system. Mental illness is a medical problem, not a problem of bad judgment. Punishment merely prolongs the endless cycle of violence that sustains the penal industry at the expense of individuals' well-being. The current system sets up severely mentally ill people for failure by placing them in highly stressful and often isolated environments, worsening their conditions, and lengthening their time in high-security environments. Financially, the system is inefficient, as it pours millions of dollars into security and observation, which worsens the situation and makes even more security 'necessary'. It disposes of people, punishing them for actions which are often symptoms of illnesses out of their control. Whichever way you look at it, we must change the system so that there are no more Soleiman Faqiris or Ashley Smiths. Every life is important, and every life deserves a chance at healing.

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