

Regional Psychiatric Centre (Pacific)

Regional Psychiatric Centre (Pacific) was originally opened as a drug treatment centre for female inmates in 1966. In 1972, the facility was converted to a male psychiatric centre. It shares a penitentiary reserve with Matsqui Institution, Sumas Centre and the Materiel Management Centre. RPC (Pacific) is a multilevel facility and now offers a day parole program.

RPC (Pacific) functions as a psychiatric hospital under the British Columbia Hospital Act and is regulated by the British Columbia Mental Health Act. It is accredited by the Canadian Council on Health Facilities Accreditation.

The centre provides for the mental health needs of incarcerated inmates in the Pacific Region, referrals from other Correctional Service of Canada regions, and Order-in-Council patients.

Management Model

The responsibility for the operation of the RPC (Pacific) rests with the Executive Director, who reports to the Deputy Commissioner, Pacific Region. Reporting to the Executive Director are three divisional heads: the Director of Treatment Services, Director of Nursing Services and Director of Operations Services.

Staff Complement

As of March 31, 1990, the staff complement was 193.5 person-years. The person-year base of 193.5 includes 12 person-years for the Regional Hospital Escort Team.

Rated Capacity

Psychiatric beds 146

Segregation beds 4

Total 150

Relationship With Other Facilities

RPC (Pacific) provides an ambulatory service at all Pacific Region institutions for assessment, local intervention, and follow-up care, as well as after-care treatment services until warrant expiry for offenders released in the Pacific Region.

Inmate Profile

As of March 31, 1990, approximately 60% of the inmate population were serving their first term of federal incarceration. While the most common age group (25-29 years) is consistent with the rest of the

region, RPC (Pacific) is unusual in that its most common sentence is a life sentence (29.5% of its population). The most common crimes for which offenders are incarcerated at RPC (Pacific) are sexual offences (26.6%) and murder (14%).

Inmates admitted to RPC (Pacific) suffer from a variety of mental health disorders, at different levels of severity. The patient population comprises several diagnostic groups, and their distribution is limited to the ward space available:

Table 1

	Number of beds available
Acute and chronic psychotic patients	26
Inadequate / marginal social development patients	30
Personality disorder - antisocial patients	30
Personality disorder - sex-offender patients	30
Assessment admission/parole, prerelease, day parole	30
Total	146

Core Program

As RPC (Pacific) is primarily an assessment and treatment facility, core programs and activities are treatment-focused. The centre provides a full range of library services, educational programs, life skills, and substance abuse programs.

Core Activities

The Chief of Occupational and Adjunctive Therapies is responsible for the development and delivery of core activities, which include arts and crafts, visits and correspondence, private family visits, art therapy, recreation, horticulture, and work placement.

Like the core programs, core activities are expected to contribute to the treatment of patients, whose involvement, placement and progress are reported to and shared with the multidisciplinary team.

Inmate Development

As the main focus at RPC (Pacific) is treatment, no patients are employed at full day jobs. Patients are paid at various rates for participation in authorized work and treatment placements. The distribution and deployment of inmates in the various placements is reviewed and evaluated by the multidisciplinary team to ensure that all programs supplement and reinforce the patients' treatment plan.

All patients are expected to occupy their time with treatment, and a "job" may be an adjunct to therapy. A patient's allowance is based on degree of participation in the treatment program and ability to handle work responsibilities.

Admission/Discharge and Treatment Activities

Between 1984 and 1990, RPC (Pacific) admitted and discharged 180 to 195 patients per year. Historically, one third of patients are discharged within six months of admission; one third are discharged after 6 to 12 months of treatment; and another one third remain in treatment for 12 to 24 months. Most of the long-stay patients are those with a primary diagnosis of serious mental disorder (schizophrenia, manic depression) or borderline retardation.

Research and Program Evaluation Activities

The members of the multidisciplinary treatment team (psychiatrists, psychologists and nurses) are very interested in thoroughly evaluating their programs and following up their patients after treatment. The ambulatory services department and other professional staff will actively participate in research and evaluation projects during 1990-91.