



Research at a glance

The Impact of the Community Mental Health Initiative (CMHI)

KEY WORDS: *Community Mental Health Initiative (CMHI), offenders with mental disorders, recidivism, forensic mental health services*

What it means

The Community Mental Health Initiative (CMHI) is successful in meeting the Correctional Service of Canada's (CSC's) public safety goals by assisting participating men with mental disorders to reduce their rates of return to custody and their rates of reoffending after release. The community clinical specialized services segment of the CMHI appears to be the most effective component of the initiative. There is also a positive trend for the CMHI to reduce rates of recidivism for participating women offenders but future research would be required to allow more reliable conclusions.

What we found

Overall, men who participated in the community mental health specialist services (CMHS) returned to federal custody and reoffended significantly less frequently than either the clinical discharge planning (CDP)-only or the non-CMHI comparison groups. When controlling for key risk factors, analyses confirmed the effectiveness of the CMHI. Women who participated in the CMHS also had lower recidivism rates than the comparison group, but sample size did not allow for reliable conclusions. The finding that the CDP services alone did not impact on returns to custody or reoffending for men or women merits further investigation. Although the differences between groups were controlled for men, unexplored variables may explain this result. Women in the CDP group were higher risk and higher need, which may have contributed to this finding.

Why we did this study

CSC implemented the CMHI in 2005. The initiative is mandated to prepare offenders with serious mental disorders for release into the community by strengthening the continuum of specialized mental health support and providing continuity of support from institutions to the community. A preliminary study in 2010 found evidence for the initiative's short-term effectiveness in reducing returns to custody and reoffending for participants¹. Rates were too low to

allow for a separate analysis of these outcomes for women. Therefore, an update for offenders included in the original sample was required to determine whether the CMHI reduces reoffending in the longer term.

What we did

The following three CMHI treatment groups were compared to offenders who met the criteria for participation in CMHI, but were released prior to implementation of the initiative: (1) participated in CDP only; (2) participated in CMHS only; and (3) participated in both CDP and CMHS. Results for men ($n = 646$) and women ($n = 123$) were analyzed separately.

Two methods were used to examine readmissions to custody and recidivism. First, OMS data were examined to determine the rates of return to federal custody while offenders were under CSC supervision. Second, Canadian Police Information Centre (CPIC) data were used to identify rates of general, violent, and sexual recidivism. For returns to custody, three and six month follow-up periods were used for women, and for men, results at twelve months were also examined. For recidivism outcomes, two and four year follow-up periods were examined. For men, the results were also analyzed using survival analyses that controlled for key risk factors; sample size precluded this analysis for women.

For more information

Farrell MacDonald, S., Stewart, L. A., & Feeley, S. (2014). *The impact of the Community Mental Health Initiative (CMHI)* (Research Report R-337). Ottawa, ON: Correctional Service of Canada.

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¹ Both men and women offenders were included in these analyses.