



Research Results Mental Health

QUICK FACTS

The Correctional Service of Canada (CSC), through the implementation of its Mental Health Strategy, is actively improving the continuum of mental health care provided to offenders by building capacity in federal institutions and by providing programs to support offenders' safe return to the community.

RATES OF MENTAL HEALTH ISSUES

- Since 2009, incoming offenders in CSC are screened for mental health concerns using a computerized screening assessment known as CoMHISS.
- A national survey of incoming men offenders using a clinical interview has recently been completed to establish rates of diagnoses for mental disorders.¹

Women offenders

- CoMHISS results showed that 62 per cent of incoming woman offenders required further mental health evaluation. Rates for Aboriginal women offenders did not differ from those for non-Aboriginal women.²
- Another study also found few differences in rates of mental health problems of Aboriginal and non-Aboriginal women. Aboriginal women had higher rates of alcohol, marijuana, amphetamine and sedative dependence.³
- All women who exhibited symptoms consistent with lifetime substance dependence also exhibited symptoms of a lifetime diagnosis of another psychiatric disorder (i.e. symptoms severe enough

to be diagnosed with a psychiatric disorder at some point in their lives).⁴

Men offenders

- CoMHISS results show 50 per cent of incoming men offenders require further evaluation, of these 28% have a confirmed mental diagnosis.⁵
- The percentage of Aboriginal men offenders found to require further evaluation was not different from rates found for non-Aboriginal men.⁶
- Based on clinical interviews with incoming men offenders from three regions, the most prevalent problems are substance use disorders. Over 40 per cent of offenders, however, met the criteria for a current diagnosis other than substance abuse or antisocial personality disorder.⁷

- Rates of current mood disorders varied from 15 per cent to 19 per cent, and psychotic disorders varied from two per cent to seven per cent across the three regions.⁸

Attention Deficit Hyperactive Disorder (ADHD)

- Seventeen per cent of male offenders had symptoms consistent with ADHD. Another 25 per

¹ Beaudette (2013). [Prevalence of Mental Health Disorders Among Incoming Federal Offenders: Atlantic, Ontario, & Pacific Regions](#). Emerging Research Result 13-3. Ottawa, ON: CSC.

² Archambault, Stewart, Wilton & Cousineau (2010). [Initial Results of the Computerized Mental Health Intake Screening System \(CoMHISS\) for Federally Sentenced Women](#). Research Report R-230. Ottawa, ON: CSC.

³ Derksen, Booth, McConnell & Taylor (2012). [Mental health needs of federal women offenders](#). Research Report R-267. Ottawa, ON: CSC.

⁴ Derksen, Booth, McConnell & Taylor (2012). [Mental health needs of federal women offenders](#). Research Report R-267. Ottawa, ON: CSC.

⁵ Stewart, Wilton & Malek (2011). [Validation of the Computerised Mental Health Intake Screening System \(CoMHISS\) in a Federal Male Offender Population](#). Research Report R-244. Ottawa, ON: CSC.

⁶ Stewart, Wilton & Malek (2011). [Validation of the Computerised Mental Health Intake Screening System \(CoMHISS\) in a Federal Male Offender Population](#). Research Report R-244. Ottawa, ON: CSC.

⁷ Beaudette (2013). [Prevalence of Mental Health Disorders Among Incoming Federal Offenders: Atlantic, Ontario, & Pacific Regions](#). Emerging Research Result 13-3. Ottawa, ON: CSC.

⁸ Beaudette (2013). [Prevalence of Mental Health Disorders Among Incoming Federal Offenders: Atlantic, Ontario, & Pacific Regions](#). Emerging Research Result 13-3. Ottawa, ON: CSC.





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cent scored in the moderate range of symptoms for this disorder.⁹

- Offenders with the highest levels of ADHD were 2.5 times more likely to receive an institutional charge. Offenders with high levels of ADHD did more poorly on community release, returning to custody more frequently and in a shorter time period than those with low or no symptoms of ADHD.¹⁰

TREATMENT AND INTERVENTIONS

- Women offenders who participated in Dialectical Behaviour Therapy (DBT) showed significant improvements in psychological symptoms and well-being. Also, preliminary results suggest that involvement in DBT may contribute to lower rates of self-injury in women.¹¹
- Of woman offenders surveyed, almost a quarter attended both DBT and the Survivors of Abuse and Trauma program. Survey results showed that program participants had positive comments regarding these programs.¹²

In the community

- Since 2005, the CSC has implemented the Community Mental Health Initiative (CMHI) to facilitate community re-integration for offenders with mental disorders.
- Research examining outcomes of offender participation in the CMHI is currently underway.

⁹ Usher, Stewart, Wilton & Malek (2010). [Profile and Outcomes of Male Offenders with ADHD](#). Research Report R-226. Ottawa, ON: CSC.

¹⁰ Usher, Stewart, Wilton & Malek (2010). [Profile and Outcomes of Male Offenders with ADHD](#). Research Report R-226. Ottawa, ON: CSC.

¹¹ Blanchette, Flight, Verbrugge, Gobeil & Taylor (2011). [Dialectical Behaviour Therapy within a Women's Structured Living Environment](#). Research Report R-241. Ottawa, ON: CSC.

¹² Blanchette, Flight, Verbrugge, Gobeil & Taylor (2011). [Dialectical Behaviour Therapy within a Women's Structured Living Environment](#). Research Report R-241. Ottawa, ON: CSC.

OFFENDER OUTCOMES

- Mental health and substance abuse issues are well worth addressing as they reduce offenders' chances of success in the community.
- When compared to offenders with neither a mental disorder nor a substance abuse disorder, offenders with either or both of those conditions had worse outcomes while incarcerated and in the community.¹³
- Offenders with mental health issues also had significantly more minor and major institutional charges and more transfers to involuntary and voluntary segregation.¹⁴
- Offenders whose parole reviews were delayed or cancelled were more likely to have a past or current mental health diagnosis.¹⁵
- On release, offenders with a mental disorder were more likely to be reconvicted, although this pattern did not hold for Aboriginal offenders with a mental disorder.¹⁶
- Results of a neurological measure of cognitive deficits (Cognistat) established that 25 per cent of incoming offenders in the Pacific region had some level of deficit.¹⁷

¹³ Wilton & Stewart (2012). [Outcomes for Offenders with Concurrent Substance Abuse and Mental Health Disorders](#). Research Report R-277. Ottawa, ON: CSC.

¹⁴ Stewart, Wilton & Cousineau (2012). [Federally Sentenced Offenders with Mental Disorders: Correctional Outcomes and Correctional Response](#). Research Report R-268. Ottawa, ON: CSC.

¹⁵ Cabana, Wilton & Stewart (2011). [Parole Review Delays and Cancellations and Correctional Programs](#). Research Report R-248. Ottawa, ON: CSC.

¹⁶ Stewart, Wilton & Cousineau (2012). [Federally Sentenced Offenders with Mental Disorders: Correctional Outcomes and Correctional Response](#). Research Report R-268. Ottawa, ON: CSC.

¹⁷ Stewart, Sapers, Cousineau, Wilton & August (2014). [Prevalence rates, profile, and outcomes for federally sentenced offenders with cognitive deficits](#). Research Report R-298. Ottawa ON: CSC.



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- Although there was a significant trend for offenders with cognitive deficits to have more admissions to segregation than those without deficits, level of cognitive deficit was not related to institutional charges, completion of correctional programs, or returns to custody for any reason or returns to custody with an offence.¹⁸

SEX OFFENDERS

- At admission, sex offenders with Long Term Supervision Orders (LTSOs) had rates of mental health diagnosis two times higher (40%) than non-sex offenders on statutory release (SR; 18%), four times higher than sex offenders on SR (9%) and six times higher than parolees (7%).¹⁹

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¹⁸ Stewart, Sapers, Cousineau, Wilton & August (2014). *Prevalence rates, profile, and outcomes for federally sentenced offenders with cognitive deficits*. Research Report R-298. Ottawa ON: CSC.

¹⁹ Axford & Abracen (2011). *Sexual Offenders with an LTSO Designation Residing in a Community Correctional Centre (CCC): Comparison to Other Groups Residing in CCCs*. Research Report R-252. Ottawa, ON: CSC.