



Report of the Professional Issues Forum on **Occupational Therapy in the Criminal Justice System** Victoria, BC CAOT Conference 2013

Introduction

The number of people with mental health problems entering the criminal justice system has been increasing, and the prevalence of mental illness in prisons is significantly higher than the general population (Diamond, Wang, Holzer, Thomas & Cruser, 2001; Elizabeth Fry Society of Mainland Nova Scotia, 2005; Sampson, Gascon, Glen, Louie & Rosenfeldt, 2007; World Health Organization, 2008). Mental health care in Canadian jails and prisons is insufficient and many offenders with mental health concerns are moved into correctional segregation for protection due to their inability to cope with regular prison settings (Sampson, et al., 2007). Individuals being released from correctional institutions, who report experiencing stigma due to their criminal justice involvement, find themselves being 'bumped' or 'overlooked' by community mental health services (Brown, 2004; Hatcher, 2007). With the available research evidence showing the effectiveness of services for people with mental health problems, and improved mental health reducing involvement with the criminal justice system, "the issue is not whether effective treatment exists but whether it is consistently available to the people who need it, and whether or not these individuals continuously avail themselves of treatment" (Wolff, 2005, p.54).

Occupational therapists offer a unique contribution in supporting individuals through criminal justice processes. This professional issue forum addressed issues related to the occupational needs of individuals with criminal justice involvement and the role of occupational therapy in the criminal justice system.

Who was involved?

The Professional Issue Forum on Occupational Therapy and Criminal Justice was organized and facilitated by Crystal Dieleman (Dalhousie University) and Elizabeth Steggle (Canadian Association of Occupational Therapy). Seventy-four conference delegates participated in the forum, attending the panel presentations and participating in the roundtable discussions.

Panelists were Shawn Bayes (Elizabeth Fry Society of Greater Vancouver); Dr. Patrick Baillie (Albert Health District/Calgary Police Service); Michael Ivany (North Bay Regional Health Service); Crystal Dieleman (Dalhousie University). They made presentations to provide context to the roundtable discussions. Students from University of Ottawa and McMaster University recorded field notes throughout the presentations and roundtable discussions.

Randal Garrison MP who is the Official Opposition Critic for Public Safety was invited to attend but was unable to do so.

What was presented?

Gender differences in the everyday health and occupational needs of people involved with the criminal justice system were highlighted. While both men and women experience complex lives including a history of abuse, substance abuse, low education, and poor employment, relative to men, women generally experience these things to a greater degree. Due to the slighter physical stature of women, they suffer greater physiological consequences from substance abuse including heart and lung damage, joint pain, and impaired cognition. Women also have less opportunity to benefit from correctional programs and services due to shorter criminal sentences.

Canada's jails and penitentiaries are rapidly becoming the largest mental health providers in the country. However, courts and correctional facilities often lack sufficient resources to address the mental health needs of both men and women. The introduction of bills C-10 and C-54 is likely to increase the number of incarcerated people with mental health problems, with reduced access to supports and services that will enable their recovery and community reintegration.

Occupational therapists often struggle to provide services within criminal justice settings. There is, however, the potential to merge the dual mandates of care and custody. Psychosocial rehabilitation and recovery-oriented approaches can be implemented through careful consideration of risk and clear documentation of clinical reasoning.

Sharing evidence regarding the occupational needs of individuals, as well as the health and social benefits of occupational therapy interventions, has the potential to increase availability and access to occupational therapy services. However, occupational therapy specific evidence with criminal justice populations is very limited. There is a need for occupational therapists to embrace the role of clinician-researcher. Building collaborative partnerships with like-minded colleagues will enable the development of evidence specific to occupational therapy and criminal justice.

What was discussed at the roundtables?

Three questions were used to generate discussion at the roundtables:

1. What are the possible ways occupational therapists can meet the needs of people criminal justice involvement?
2. How should occupational therapy be promoted to achieve best outcomes for people with criminal justice involvement?
3. What actions/tools are needed to build capacity for occupational therapists to address criminal justice concerns in Canada?

The primary need identified to build capacity in this area of practice is clarifying the role of occupational therapy. Beyond providing mental health care, the role of occupational therapy was identified to include preventing criminal justice involvement by addressing social

determinants of health, addressing physical health effects of substance abuse, and other lifestyle factors, that significantly impact participation in aspects of life, and bring about social change that enables full participation of people with criminal justice involvement.

It is important to demonstrate the need for occupational therapy positions across the continuum of services. How can we educate/advocate with community services that have criminal justice involvement as an exclusion criteria thereby limiting access to services and supports necessary for successfully living in the community? Occupational therapists paving the way in this challenging area of practice need to be celebrated and supported. As a collective, occupational therapists could participate more fully with their professional associations to build the profile of criminal justice work within the profession and to make use of the skills and resources of our associations in advocating and lobbying for the profession among legislative and decision making bodies.

Introducing the benefits occupational therapy to potential employers can be done through volunteer work, role-emerging student placements, and participation on cross-sector committees and community boards. Occupational information needs to be shared broadly with multi-disciplinary teams who support and enable our daily work, administrators and decision makers who determine availability and access to services, and with a broad range of colleagues through publications in multi-disciplinary journals. Finding allies among like-minded colleagues in other professions will build support for the unique contributions of occupational therapy.

Partnerships between clinicians and researchers are necessary to build the evidence base specific to occupational therapy and criminal justice. The limited existing evidence base prompts consideration of how we measure outcomes. What outcome measure should we be using? What type of information should we be collecting? Being strategic in evaluating our services will provide the best evidence for advocating for the profession. Mentorship for occupational therapists entering criminal justice work will enable strategic collection of occupational outcomes, facilitate workforce retention, and reduce professional isolation.

Additionally, addressing media coverage of mental health issues, particularly their intersection with criminal activity, is a critical component for enabling availability and access to occupational therapy services. There is a critical role for occupational therapists to inform, educate, and advocate with media providers to break down the dual stigma of being both 'mad and bad'.

Small discussion groups:

Question 1: What are the possible ways occupational therapists can meet the needs of people with criminal justice involvement?

- Functional assessments related to e.g. pre-sentencing reports, probation plans, work skills.
- Facilitate transitions e.g. prison to halfway house, half-way house to community.

- Skill building e.g. life, vocational, social, healthy living, peer support groups, self-esteem, handling stigma.
- Early intervention in schools to address needs of those at risk.
- Retention in the community.
- N.B. Scope of practice. Some of these activities currently addressed by social workers and nurses.

Question 2: How should occupational therapy be promoted to achieve best outcomes for people with criminal justice involvement?

- Canadian Association of Occupational Therapists to advocate.
- Collaborate with researchers, clinicians and other agencies to determine best evidence to identify and support the role of occupational therapy.
- Students to engage in community development/role emerging placements.
- Advocate for early intervention.

Question 3: What actions/tools are needed to build capacity for occupational therapists to address criminal justice concerns in Canada?

- Identify and evaluate tools for assessment and capacity building.
- Describe role of occupational therapy.
- Develop networks and collaborations.
- Identify what should be measured.
- Publish occupational therapy research outside occupational therapy publications.
- Train occupational therapists in risk assessment.
- Encourage early intervention with people at risk e.g. in schools.

Follow-up discussion and actions:

During the conference, two opportunities arose that have since been pursued:

1. Crystal Dieleman had a follow-up discussion with the President of The Brazilian Association of Occupational Therapists who was in attendance. He indicated that Brazilian occupational therapists have greater involvement in the criminal justice system than is the case in Canada and that ongoing discussion may be helpful. Crystal has since contacted the President but has had no response. She will follow up again.
2. Elizabeth Steggles has met with Shawn Bayes, Executive Director of the Elizabeth Fry Society of Greater Vancouver. Shawn also chairs the Canadian Association of Residential Options for Criminalized Women (CAROW). There were three main areas of discussion:
 - a. The Federal Government is not currently investing additional funding in Corrections Canada and the political climate is not conducive to lobbying for occupational therapy in this area of the criminal justice system at present. This is reflected in the fact that we have been aware of cuts to occupational therapy service within Corrections Canada.

b. Shawn believes there is a role for occupational therapy in halfway houses that bridge the gap between prison and return to the community. There may be funding available through Employment and Social Development Canada (ESDC formerly HRSDC) to conduct some work in this area. Halfway houses do not receive funding from Corrections Canada. Based on this knowledge and the results of the PIF small discussion groups preliminary discussions have taken place as follows:

- i. Fieldwork coordinators at the Universities of British Columbia, Alberta, Queen's, McMaster and Dalhousie Universities have been contacted about the possibility of student placements. These universities were chosen because they have progressive/supportive halfway houses in their catchment areas. Some university programs already place students in halfway houses (Queen's and University of British Columbia). Fieldwork coordinators are supportive of working with Canadian Association of Occupational Therapists and the halfway housed to identify roles and potential outcomes.
- ii. Crystal Dieleman has agreed to lead a development plan that will ensure that relevant outcome data about the role of occupational therapy is gathered.
- iii. The Canadian Association of Occupational Therapist's Research Fellow has initiated a literature review.
- iv. The Canadian Association of Occupational Therapist's Research Fellow is exploring funding opportunities.
- v. Shawn Bayes is very supportive and is advocating with halfway houses.

3. The needs of the children of criminals are significant. Preliminary research indicates that these children are likely to develop mental health issues, face significant social barriers and are more likely than the general population to engage in criminal activity. Canada is one of the few countries that does not provide any financial resources to support this population. Occupational therapy could have a role.

The above activities are in line with the outcomes of the discussion groups.

A focus on occupational therapy within the criminal justice system is very timely. As has been demonstrated by the panel and small group discussions, criminals face many of the issues that are a priority for Canadian Association of Occupational Therapists. These include but are not limited to concerns related to: mental health, aging, substance abuse, homelessness, HIV/aids, veterans' health, chronic disease, youth and Aboriginal populations.

Recommendations:

1. In view of the political climate it is recommended that Canadian Association of Occupational Therapists not pursue advocacy for the role of occupational therapy within Corrections Canada at present. Evidence may be gathered in other ways for future use.
2. It is recommended that the Canadian Association of Occupational Therapists pursue a grant submission to ESDC in order to identify the role of occupational therapy in halfway houses and provide evidence to support that role. This collaborative project would

draw a number of groups together and provide evidence for ongoing advocacy initiatives.

3. The Research Fellow should explore the role of occupational therapy with the children of criminals in order to identify potential future advocacy initiatives.
4. The development of a position statement may be appropriate but there may not be sufficient evidence at present to engage in this action. It is recommended that further discussion by occupational therapists who work in this area of practice take place in order to consider the timing and validity of the development of a position statement.

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- Practice FAQs (Members) <http://www.caot.ca/default.asp?pageid=76>
- Canadian Framework for Ethical Occupational Therapy Practice <http://www.caot.ca/default.asp?pageid=2090>
- Careers in Canada <http://www.caot.ca/default.asp?pageid=48>
- Code of Ethics <http://www.caot.ca/default.asp?pageid=35>

- Occupational Therapist Assistants <http://www.caot.ca/default.asp?pageid=1013>
- Our networks <http://www.caot.ca/default.asp?pageid=2035>
- PIF Reports <http://www.caot.ca/default.asp?pageid=578>
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