



Correctional Service Canada
Service correctionnel Canada

Commissioner
Ottawa, Canada
K1A 0P9

Commissaire

SEP 08 2014

Ms. Lisa Lapointe
Chief Coroner
Metrotower II Suite 800 - 4720 Kingsway
Burnaby, B.C.
V5H 4N2

Your file Votre référence

2012:0228:0091

Our file Notre référence

1410-2-2012-34

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SEP 17 2014

MINISTRY OF SOLICITOR GENERAL
OFFICE OF THE CHIEF CORONER

Re: Death of Darcy Richard BERTRAND at Abbotsford Regional Hospital on August 16, 2012

Dear Ms. Lapointe:

Thank you for your report dated May 14th, 2014 stemming from the Inquest held from May 12th, 2014 to May 14th, 2014 into the death of the above-captioned inmate at Abbotsford Regional Hospital. I would like to inform you of the measures that the Correctional Service of Canada (CSC) has in place to address the recommendations listed hereunder.

Recommendation #1:

Provide increased resources of psychological services for inmates with a particular focus on recruitment and retention of qualified clinicians.

Presiding Coroner's Comments: The Jury heard testimony that at Mission Institution there are over 350 inmates. The daily mental health care of this high needs population is performed by one Clinical Psychologist and one Registered Psychiatric Nurse. Evidence was provided that available resources were insufficient for a population of this size and complexity, and that there was a difficulty with recruitment and retention of qualified mental health providers.

The overall goal of institutional mental health services is to provide coordinated and comprehensive mental health care to offenders with a variety of mental health needs in order to promote their well-being and successful reintegration. As such, CSC's current

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mental health service delivery model is being refined to a more optimal mix of mental health services (including acute, intermediate and primary care) consistent with other community and correctional models of care.

The *Institutional Mental Health Services Guidelines*, updated in May 2014, outline the provision of Primary Mental Health services to offenders in CSC's institutions. Mental health services are organized and coordinated based on a Level of Need structure to ensure that offenders have access to the services that best meet their needs, as well as ensuring that those offenders with serious mental disorders are given priority for service. Furthermore, Interdisciplinary Mental Health Teams are established in all federal institutions to coordinate the provision of mental health services to offenders. These teams are responsible for identifying needs and service requirements, prioritizing mental health services, and monitoring and documenting clinical progress. The teams work with other institutional sectors and resources such as Case Management, Correctional Programs, Operations, Health Services, Aboriginal Initiatives, Employment Initiatives, Chaplaincy, peer support groups and volunteers.

As well, there are on-going efforts to recruit trained and qualified Psychologists and Mental Health Professionals within British Columbia and nationally, through external advertized processes and by CSC's attendance at conferences and workshops related to mental health.

In order to ensure increased accountability, Health Services has adopted Psychological Resource Indicators which aid in indentifying the services required to assess, intervene, prepare treatment plans, and complete assessments on inmates. The current ratio is one psychologist per 152 inmates; every maximum and medium level security facility also has a Chief of Psychology. Specifically, Mission Institution currently has a Chief of Psychology, three registered Psychologists and one Institutional Mental Health Nurse. Since this incident, Mission has become a clustered site, absorbing the inmate population from what was formally known as Ferndale Institution. The current resource allocations meet the standards of care for mental health. However, following finalization of the Health Services Human Resources Plan, CSC will review specific recruitment needs by institution and group/level and develop a strategy to address any specific concerns.

Recommendation #2:

Review current practices and develop a national strategy to address the issue of bullying and harassment in prisons, with particular reference to sexual orientation and gender identity. Monitor and upgrade this strategy on a regular basis.

Presiding Coroner's Comments: *The Jury heard testimony that Mr. BERTRAND had been the victim of ongoing harassment and bullying based on his sexual orientation.*

The Jury stated that available avenues to get help and services could be improved.

CSC recognizes the importance of addressing bullying and harassment in prisons and as such, has established policy requirements that address the spirit and intent of the Recommendation, such as, CSC's Commissioner's Directives (CDs) 700, *Correctional Interventions*, 710, *Institutional Supervision Framework*, 710-1, *Progress Against the Correctional Plan* and 560, *Dynamic Security and Supervision*. As well, CSC offers a Gender Identity Disorder (GID) Staff Awareness Package to provide staff with information regarding the specific needs of this population, consistent with legislative requirements (*Canadian Charter of Rights and Freedoms* and *Corrections and Conditional Release Act*), Human Rights decisions, and CSC's Mission Statement and policies. The GID Staff Awareness Package provides staff with an increased awareness of GID in order to facilitate appropriate understanding, interactions, and interventions with this population, as well as assists staff in identifying the needs associated with GID, and their implications within a correctional environment.

Presently, bullying and harassment – related or not to sexual orientation and gender identity – is dealt with on a case-by-case basis in order to assure that appropriate intervention is offered to implicated inmates. Similar to the management of other dynamic security related issues, the information pertaining to harassment and bullying among inmates is shared with the inmate's Case Management Team, whose role is, amongst others, to assist and support the inmate throughout his/her sentence. The Security Intelligence Officer plays a major role in gathering intelligence to assist the team with the management of the offender by identifying dynamic security related issues such as harassment. Once staff members have observed and/or obtained intelligence information, it is shared and discussed with the inmate to assess the level of risk within the institution, his/her needs and safety concerns. Once all relevant information is gathered, an action plan is established to address any issues.

CSC also offers the Peer Education Course (PEC) and the Aboriginal Peer Education Course (APEC) programs, which are facilitated by Health Services to train selected inmates to provide support and health information to other inmates as 'peer educators'. These programs are based upon core principles including unconditional positive regard, empathy, sincerity and confidentiality. Within these programs there are discussions related to stigma and discrimination, as well as the importance of accepting and valuing individuals. This training provides peer educators with information and skills to support individual inmates, as well as diminish stigma and discrimination in CSC institutions.

Overall, every CSC staff member has a responsibility to ensure that the safety and security of an offender is not jeopardized, whether from threats, assaults, harassment or any other form of mistreatment. Accordingly, the Grievance system is also available to inmates as a formal option for them to make staff, inclusive of the Institutional Head, aware of the occurrence of bullying and/or harassment.

Recommendation #3:

Suicide is a crime of opportunity. Implement procedures that reduce inmate isolation, eliminate hanging points in cells, unsupervised access to potentially lethal tools and prevent placing one inmate in a double bunk cell.

Presiding Coroner's Comments: Suicide is not literally a crime. The Jury's use of this figure of speech emphasized that Mr. BERTRAND had the opportunity and the means to hang himself while he was alone in his cell. The Jury was concerned over the availability of the means to harm himself – access to scissors in order to make the ligature, and a place to attach it in order to hang himself. Furthermore, they stated that he might have changed his mind that day if he had been sharing his cell and thus could have talked to another person.

CSC policy (CD 550, *Inmate Accommodation*) mandates that cell inspections are completed prior to accommodating an inmate in any cell. These cell inspections include the detection and documentation (as per the National Cell Condition Checklist) of all potential points of suspension in order to minimize risk. The Service continues to review the infrastructure and fixtures within its facilities and explore solutions to lessen the number of suspension points that exist in order to ensure that all facilities provide a correctional environment that is safe, secure and conducive to both inmate rehabilitation and public safety. It is not possible to eliminate all suspension points. However, over the past several years, CSC has continued efforts to reduce and eliminate suspension points through various means such as utilizing collapsible coat hooks, removing conduit and introducing new furnishings that limit suspension points. Regarding unsupervised access to potentially lethal tools, CSC maintains policy and procedures to prevent access to these potentially harmful items. CD 573, *Control of Items Critical to the Security and Safety of Institutions* sets out the requirement that institutions must establish procedures for security classification of all tools. At the time of this incident, scissors were not approved inmate property and therefore considered an unauthorized item if found during the routine searching of a cell. CSC utilizes routine security procedures such as searching of cells, vehicles and other areas of institutions to help prevent inmates from introducing, possessing and exchanging unauthorized items within our facilities. In cases where staff discover unauthorized items, an established procedure is in place for the seizure and control of the unauthorized items (CDs 566-9, *Searching of Cells, Vehicles and Other Areas*, and 568-5, *Management of Seized Items*).

In reference to placement of an inmate in a double bunk cell, it should be recognized that this type of placement is a temporary accommodation measure which assists CSC in managing the offender population within its cell capacity. For CSC, Double Bunking

refers to two inmates sharing a single occupancy cell. Single occupancy accommodation is seen by CSC as the most desirable method of housing offenders during their incarceration, as it supports the overall safety and security of the institution, as well as the reintegration efforts made by the inmate. While cell placement is based on cell availability, there are several policies, guidelines and procedures that CSC takes into consideration when accommodating an inmate in a cell. All inmates are assessed for risk of suicide and self-injury upon admission. The objective is to provide reasonable, safe, secure and humane accommodation that supports correctional interventions. If an inmate wishes to speak to someone, several correctional staff, trained in suicide prevention, are available for open communication with the inmate.

The safety and security of staff and offenders is paramount to our organization, and the Service is always working to ensure that these issues remain a priority by implementing the available tools, skills and training and providing information to assess any potential safety and security risks, while taking appropriate action to mitigate those risks.

Recommendation #4:

Review current practices to improve the quality of suicide prevention training. All corrections staff should receive mandatory, one-day, in-class suicide prevention training. Monitor and upgrade this strategy on an annual basis.

Presiding Coroner's Comments: The Jury expressed the need not only for mandatory one day classroom based suicide prevention training for all staff, but for the yearly monitoring and upgrading of this training. The Jury heard testimony that a day long classroom based suicide prevention training had just been provided in addition to the previous one hour online training.

Currently, the Service mandates Suicide and Self-Injury Prevention *Initial* Training to all staff members who interact with offenders through orientation training programs including the Correctional Training Program, the Parole Officer Induction Training and the New Employee Orientation Training. All CSC staff members enter the Service through one of these three training programs, within which the content specific to suicide and self-injury is consistent and adapted for the specific training target audience. This initial training involves approximately four hours of online/self-directed material followed by a half day in-class session, equaling one full day of training. It was determined that knowledge pieces related to these topics could be delivered effectively online to maximize in-class time for the reinforcement of key concepts and skill development related to effective intervention and response to offender suicidal and self-injurious behaviours.

CSC offers Suicide and Self-Injury Intervention *Refresher* Training, which is mandated for all staff members that have regular contact with offenders as well as offering other training sessions to staff members that also include the topics of suicide and self-injury.

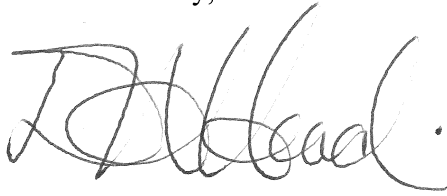
The Service recently updated and improved the Suicide and Self-Injury Intervention *Refresher* Training based on a jurisdictional review of correctional and health agencies and current standards and research on the provision of suicide training. As an example, the World Health Organization report entitled “*Preventing Suicide in Jails and Prisons, 2007*” identifies that all correctional staff, as well as health care and mental health personnel, should receive initial suicide prevention training, followed by refresher training every year. Subsequently, to meet international standards, CSC’s Suicide and Self-Injury Intervention *Refresher* Training was changed from a two-hour online module to be taken every two years, to two newly created components: a one-hour online module to be taken yearly, as well as a two-hour, scenario-based, in-class module to be taken every two years. Both the quality and frequency of the training were improved by way of being more interactive and skill-based, as well as being inclusive of an interdisciplinary approach. CSC’s Suicide and Self-Injury Prevention *Initial* Training is currently under review. On an as-needed basis, the Service reviews and revises the online component of this training while the in-class component is updated with new content every two years based on an ever-greening approach.

Additionally, in 2012, CSC completed revisions to its two-day Fundamentals of Mental Health Training (FMHT), which is now part of the orientation training for newly hired Correctional Officers. The identified learning objectives for the FMHT are to “*increase participants’ knowledge of mental disorders and of CSC’s Mental Health Continuum of Care and; increase ability to effectively interact with offenders with mental disorders*”. The FMHT also includes a training session specific to suicide and self-injury.

Furthermore, given that inmates can also interact regularly with contractors, the Service has developed *The Information Guide for Contractors* to assist them in meeting their contractual obligations. This guide provides key principles and strategies that contractors should follow to ensure the health and safety of offenders, as well as staff working in institutions and the operational units. For example, *The Information Guide for Contractors* requires contractors to be alert to safety issues by actively observing, listening to and interacting with offenders, reporting and documenting unusual behaviour, and acting in a timely manner to maintain everyone’s safety and well-being. Additionally, the guide raises awareness about the link between mental health disorders and suicide and self-injury, and requests contractors to seek advice from CSC employees when needed or when unsure of the proper course of action to be taken.

On behalf of CSC, I thank you for your contribution to improving our efforts to protect the safety of those under our charge.

Yours sincerely,

A handwritten signature in black ink, appearing to read "D. Head", with a period at the end. The signature is written in a cursive, flowing style.

Don Head

c.c.: Regional Deputy Commissioner, Pacific Region
Warden, Mission Institution, Pacific Region
Executive Director and General Counsel, Legal Services, National Headquarters
Assistant Commissioner, Correctional Operations and Programs, National
Headquarters
Assistant Commissioner, Health Services, National Headquarters
Assistant Commissioner, Corporate Services, National Headquarters
Assistant Commissioner, Human Resources Management, National
Headquarters
Assistant Commissioner, Policy, National Headquarters
A/Director General, Incident Investigations Branch, National Headquarters
Office of the Correctional Investigator