INQUEST INTO THE DEATH ASHLEY SMITH
RECOMMENDATION PROPOSED BY THE CORONER’S COUNSEL AND OTHER PARTIES

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<th>DEVELOPMENT OF KNOWLEDGE AND TREATMENT INTERVENTIONS FOR PERSONALITY DISORDERED WOMEN</th>
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**WE RECOMMEND:**

1. That CSC partner with other stakeholders including government, academic and professional organizations in developing and conducting research in the area of personality disorders, including antisocial and borderline personality disorders, experienced by federally sentenced women.

2. That CSC partner with other stakeholders including government, academic and professional organizations in developing innovative and effective intervention and treatment strategies for personally disordered federally sentenced women as both inpatients and outpatients.

3. That the development of knowledge concerning personality disorders, and the provision of effective services and treatments, be considered a priority and resourced accordingly by governments and their agencies, including CSC and professional organizations.

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<th>THE PROVISION OF MENTAL HEALTH CARE TO FEDERALLY SENTENCED WOMEN</th>
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**A) ALTERNATIVES TO PENITENTIARY BASED MENTAL HEALTH SERVICES FOR WOMEN**

**WE RECOMMEND:**
4. That women with serious mental health issues serving federal sentences not serve their terms of imprisonment in a penitentiary facility. In particular, it is recommended:

5. That a non-prison-like mental health setting (including provision for community based outpatient supports) be available for federally sentenced women with serious mental health issues.

6. That such a facility or facilities be made available at least on a regional basis, and in particular in Ontario.

7. That CSC negotiate arrangements with provincial health care facilities to provide long-term treatment to women who chronically engage in serious self-harm behaviour or display other complex mental health problems.

8. That the focus of such facilities should be on treatment and/or preparation for treatment, as opposed to a security focused model.

9. That decision-making with respect to management and interventions shall be made by clinicians, in consultation with the woman, rather than by security staff.

10. That staff should be trained and experienced in trauma-informed care.

11. That the proportion of health care staff dedicated to health care roles be significantly higher than security staff.

12. That the facilities should foster and develop working relationships and contacts with, and in close proximity to, academic health sciences centres. This is to ensure that the treatment and therapy is consistent with evolving research and best practices, and to facilitate the recruitment and retention of well-qualified mental health professionals.

13. That the facilities have the capacity to be designated as the home facility of the federally
sentenced women serving sentences therein.

14. That such facilities, or a part thereof, be designated as a Schedule 1 facility under the *Mental Health Act*.

15. That a range of therapeutic interventions and supports be made available in such facilities.

16. That the therapeutic interventions and supports conform to professionally accepted standards.

17. That the therapeutic interventions and supports be reasonably equivalent to what is available in the community.

18. That the capital costs and all operating costs associated with the establishment of such facilities, and the accommodation and treatment of federally sentenced women therein, shall be the responsibility of CSC.

19. That federally sentenced women who have been identified as having serious mental health issues be promptly transferred to such a facility as soon as reasonably practicable.

20. That a severely mentally disordered federally sentenced woman can be in a pre-contemplative therapeutic environment for the purpose of allowing health care professionals to seek her consent to treatment in an appropriate therapeutic environment.

21. That federally sentenced women in such facilities must have access to an independent patient advocate system.

**B) MENTAL HEALTH SERVICES AND SUPPORTS WITHIN PENITENTIARIES**

*WE RECOMMEND:*
22. That CSC provide mental health services and supports in accordance with the principle that mental health care is essential health care.

23. That all federally sentenced women be provided with prompt orientation and assessment upon admission to identify women with mental health issues or vulnerabilities. This process of assessment should be conducted on an ongoing basis.

24. That the range of psychiatric and psychological services and supports in correctional facilities should be enhanced to include a broad range of therapeutic options. The mental health staff should have authority over the types of treatment opportunities available to federally sentenced women, and determine the appropriate services and supports.

25. That the full range of therapeutic interventions should be available to women regardless of their security classification or placement.

26. That CSC ensure the formation of permanent peer support services in each of the women’s institutions and provide ongoing support to facilitate the training and support of women to meet this very important need of federally sentenced women.

27. That CSC should strive to ensure that a trained, qualified and adequately supported peer support worker is available to all women regardless of security level or segregation status upon request, and in particular the request of a woman who is engaging in self-harm or at risk for self-harm.

28. That any therapeutic intervention offered in a woman’s correctional institution must be delivered by a duly qualified service provider with experience working with women and with the provision of trauma-informed care. Anyone providing therapeutic interventions in a women’s institution shall report to and be accountable to the Chief Psychologist.

29. That CSC ensures that nursing care services be present and available to women and staff in the
institutions on a 24 hour basis 7 days per week.

30. That the provision of mental health care services and supports be individualized to the particular needs of each federally sentenced woman, and delivered to every woman in need of such services and supports.

31. That the provision of mental health services and supports to federally sentenced women be trauma-informed, age and developmentally appropriate, and gender informed. Therapy specifically directed at assisting with trauma must be available.

32. That the development of any and all management plans for federally sentenced women take into account past experiences of trauma and potential traumatic effects of being incarcerated, segregated and restrained.

33. That access to community mental health services be made available by enhancing connections with external mental health professionals in close proximity to women's prisons, improving access to community-based women-centred therapists. The importance of establishing and maintaining community connections is in accordance with the principles in *Creating Choices*.

34. That CSC ensures that each woman in need be provided with a consistent and dedicated team of qualified mental health professionals. This team should be available to meet and provide timely and regular care and support to the woman regardless of her security classification or location within the institution, or any change to her classification or location.

35. That CSC organize and fund secondments for the nursing staff employed in each of the Women’s Institutions to the psychiatric wards of local Schedule 1 hospitals, or other specialized mental health institutions, which are to be of sufficient length and completed with sufficient regularity to ensure the continual improvement of their knowledge and skills in the provision of mental health care, services and supports to federally sentenced women, and their knowledge of community nursing practice and standards.
36. That there be adequate staffing of qualified, mental health care providers with expertise in relevant services and supports at every women's institution to provide services and supports to federally sentenced women of all ages, including:

(a) Psychiatric nurses or nurses with significant and specific experience in treating a population with significant mental health issues (in addition to any experience that may be obtained on the job);

(b) The Chief Psychologist (whether working in the position indeterminately or in an acting capacity) must hold a Ph.D. in clinical psychology and be a member in good standing of the Ontario College of Psychologists (or provincial equivalent);

(c) Psychologists with significant experience in providing therapy to people who engage in self-harm, and people who are suicidal;

(d) Social workers with experience in counselling people with mental health issues;

(e) Qualified behavioural and/or recreational counsellors, and;

(f) Other professional service providers.

37. That all temporary or permanent vacancies in the above-noted essential positions must be filled in a timely fashion.

38. That all staff providing mental health care shall report to, and be accountable to, Healthcare, not security.

39. That a treatment team be created at the institutional level to manage patients with complex mental health issues housed within the Women's Institutions, and:
(a) that the contract psychiatrist be a member of the team, and;

(b) that the team meet on an ongoing basis during the psychiatrist’s regular visits to the Institution.

40. That federally sentenced women requiring mental health services and supports are the clients and/or patients of the service provider, regardless of who employs them and/or the form of contractual arrangement. Mental health care providers can seek clarification about their professional responsibilities from their respective colleges.

41. That CSC should ensure that there is a separation between security-focused assessments and the provision of mental health supports and therapy to federally sentenced women. Care should be taken in the assignment of responsibilities to mental health professionals to respect the therapeutic bond between the woman and professional mental health care provider. The therapeutic relationship should not be compromised by the assignment of security-focused assessments.

42. That the decision to disclose information to security by a mental health care provider should be governed by the applicable legislation, and professional and ethical standards, bearing in mind that reporting may affect the therapeutic relationship. The decision to disclose must also take into account the paramount duty of CSC to ensure the safety of prisoners. Service providers should be encouraged to consult with their professional governing bodies or colleagues when determining the necessity of disclosure.

43. That CSC create an institutional social worker position or positions whose responsibility shall include working in consultation with local Elizabeth Fry Societies, and other community groups, to identify coordinate and access available community services including mental health services and supports. The mandate of this position would include the dissemination of information regarding the availability of, and assistance with connecting to, such services and
supports to federally sentenced women and to staff (including contract based clinicians).

44. That the selection of the primary worker(s) assigned to federally sentenced woman should include a consideration of the skill and interest of the primary worker and the wishes of the woman, and may also include input from the therapeutic team. The same criteria should apply to the back-up primary worker.

45. That the principles underlying Creating Choices should inform the creation and membership of the treatment team including seeking input on an ongoing basis from the federally sentenced woman about the efficacy of the therapeutic relationships and interventions.

46. That sustainable financial, operational and staff support be made available for developing, coordinating (with external agencies and professionals) and implementing mental health services and supports for women, for staff training, and for monitoring and evaluating mental health services and supports on a regular basis.

47. That CSC implement mechanisms to ensure that input from the front line staff is communicated to the mental health care team assigned to support the woman with mental health care needs.

48. That continuing education regarding mental health issues should be provided with institutional staff as follows:

   (a) Staff and senior management should be regularly provided with gender, age and developmentally specific education on managing women with mental health issues;

   (b) The curriculum should include the role of trauma in the understanding of mental health problems and self-injurious behaviors;

   (c) The curriculum should include a review of the developing understanding of the
impacts of segregation on mental health including that of young people; and

(d) Reference should be made to best practices in managing mental health issues in other correctional settings/jurisdictions.

49. That the purpose of such training shall be to ensure that staff understand, do not interfere with and complement the therapeutic interventions provided by qualified health care professionals.

50. That CSC organize and fund, on an annual basis, a national meeting of the psychologists and psychiatrists working at the Women's Institutions in order to facilitate the communication and discussion of policy, practices and experiences as between them, and that the psychologists and psychiatrists working with women imprisoned at the provincial institutions be invited to attend as well. CSC should hold the annual conference in a location proximate to one of the treatment centres, i.e., RPC or Pinel, so that all attendees may be provided with a tour and orientation to the existing treatment centres currently available to federally sentenced women.

51. That CSC arrange for contract physicians providing services and care to the women housed in the Women's Institutions to have access to a system for accurately transcribing their clinical notes, which will improve communication with other clinical staff within the Institution and at other Institutions.

52. That CSC be required, on an ongoing basis, to provide all contract physicians with copies of the Commissioner’s Directives that govern their practice within the institution.

REPORTING OF INCIDENTS OF SELF-HARM

WE RECOMMEND:
53. That all incidents of self-harm must be reported as such.

54. That all reports regarding incidents of self-harm, including incident reports and OSORS, must contain a detailed description of the nature of the self-harm and a detailed description of any physical injury or changes in physical well-being of the inmate.

55. That all reports regarding incidents of self-harm must be forthwith distributed to, and read by the following office holders:

   (a) The Warden;

   (b) The Chief of Healthcare;

   (c) The Chief Psychologist;

   (d) RHQ – Regional Complex Mental Health Committee Members;

   (e) NHQ-National Complex Mental Health Committee members, and;

   (f) For additional clarity, the duty to read such reports is not delegable, except in circumstances when the responsible officer is on leave, and even then the responsible officer is to read such reports forthwith upon return to the institution.

56. That following each incident of self-harm a Referral for Consultation Form shall be completed by a member of the nursing staff informing the institutional psychiatrist about the incident and seeking his or her input. A copy of the psychology memorandum or assessment prepared in relation to the incident shall be appended to the form. The Chief of Healthcare will be responsible for ensuring the Form is completed and that a copy and the above-noted documentation is also provided to the institutional physician.

RESPONSES TO SELF-HARMING BEHAVIOUR
**WE RECOMMEND:**

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<td>57.</td>
<td>That CSC recognize that self-injury is a mental health problem and this principle should inform the management of self-harming women.</td>
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<td>That CSC should keep abreast of the development of international best practices on the management of self-injury and have best practice inform policy and practice.</td>
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<td>59.</td>
<td>That security decisions should be informed by clinical opinion when reasonably feasible and safe to do so.</td>
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<td>60.</td>
<td>That if frontline staff determine that immediate intervention is required to preserve life, there can be no requirement that they seek authorization prior to intervening.</td>
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<td>61.</td>
<td>That Healthcare staff shall be available to frontline staff to answer questions about self-harming behaviour. Healthcare staff shall be available 24 hours per day, 7 days per week.</td>
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<td>62.</td>
<td>That the <em>Situation Management Model</em> should not be resorted to in any perceived medical emergency.</td>
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<td>63.</td>
<td>That the <em>Use of Force</em> reporting structure should not be applied to interventions to preserve the life of a woman who has self-harmed. In its place, there should be a reporting system that expedites review. All such incidents should be reviewed, within 48 hours, by:</td>
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<td>(a) The Warden;</td>
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<td>(b) The Chief of Healthcare;</td>
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<td>(f) The review shall focus on the behaviour of the woman, as well as the response of</td>
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correctional staff. The review shall also focus on the mental health needs of the woman, the lethality of the behaviour, and the appropriateness of the response. Feedback to the institution and the correctional staff should be for the purpose of assisting and supporting the efforts of the institution and correctional staff, and developing strategies to manage the woman in a safe manner. Feedback should encourage staff to exercise good judgment.

64. That where correctional staff have reasonable grounds to believe that an inmate will use a specific item to self-harm or to create items with which to self-harm ["instruments of self-harm"], correctional staff must take all reasonable steps to remove the instruments of self-harm from the inmate's possession. The continuum of available responses must include options in addition to a spontaneous use of force and a pre-planned use of force utilizing the IERT and a SMEAC, in order to provide officers with the ability to respond without affording the inmate an opportunity to secrete the instrument of self-harm. At all times, the safety of the staff must be considered in determining the appropriate response.

65. That CSC policy be introduced and/or revised to clarify and clearly articulate that any authorized item that is used, or altered to be used, by a woman for self-injury be considered unauthorized.

66. That body cavity searches for federally sentenced women may only occur in the following circumstances;

67. With the consent of the woman; or

68. In the absence of consent, only in exceptional circumstances. For greater clarity, exceptional circumstances will only exist when, in the opinion of a physician, there is a risk of death or serious bodily harm to the woman or another person and the risk cannot be mitigated through any other available means.

(a) All examinations are to be performed by a licensed medical professional at an external
medical facility, in a manner most compatible with the inherent dignity of the woman. CSC staff escorting the woman to the external facility are to request that the examination be conducted by a female.

69. That if there is a management plan for a woman who is engaging in self-harming behaviours, this plan should address how staff are to respond to incidents of self-harm.

### MANAGEMENT OF COMPLEX HIGH NEEDS WOMEN

**WE RECOMMEND:**

70. That a team of experienced psychologists and psychiatrists be available to provide a second opinion regarding treatment, services, and/or support recommendations when challenging behaviours are identified. This team should be external to and independent of CSC.

71. That an external and independent review should be conducted of the Regional and National Complex Mental Health Committees to determine their efficacy, and identify opportunities for improvements.

72. That CSC diligently pursue accreditation of all mental health services through Accreditation Canada.

### INSTITUTIONAL ASSIGNMENT/TRANSFERS

**WE RECOMMEND:**
73. That federally sentenced women be accommodated in the region most proximate to the woman's family and social supports. This principle has heightened importance for young adult and/or women with significant mental health issues.

74. That non-emergency transfers of mentally ill federally sentenced women shall occur only when it is consistent with the clinical needs of the woman. Transfers of mentally ill women shall not occur for reasons related to constraints within the institution, or challenges related to the management of the woman.

75. That subject to the above, women offenders may be transferred to treatment centres, or therapeutic environments, so long as that transfer has the approval of clinicians in the sending and receiving institutions and an ongoing detailed plan exists for re-integrating the women to her home institution, following discharge from the treating facility or therapeutic environment, keeping in mind the continuing obligation to house the woman near her home.

76. That in the event a transfer of a woman from her home institution occurs, it shall be accompanied by measures to ameliorate the disadvantages that flow from detention in a location far from home. Such measures may include, but not be limited to; longer family visits, tele/videoconferencing and increased access to family via phone, apartment visits, social supports, funds and accommodation for women's families who may have financial impediments to travel, or access by telephone or videoconference.

77. In considering transfer decisions, the definition of “incompatible inmate” shall be amended to include; "and any such inmate who may reasonably be expected to cause deterioration in the mental or physical health of the transferee" and "any proposed transferee who may reasonably be expected to cause deterioration in the mental or physical health of” the woman (i.e., a current inmate).”
78. That in the event of transfer the CSC create systems to ensure that a patient's medical file is immediately forwarded by the sending institution to the receiving institution to ensure better continuity of care. The creation of an electronic medical record should be implemented.

### THE USE OF SEGREGATION IN THE PENITENTIARY FOR SELF-HARMING WOMEN

**WE RECOMMEND:**

79. That Short-term segregation, i.e., for a period not exceeding 30 days, should be used as a last resort for self-harming women and/or women with mental health issues. This segregation should be strictly monitored according to clearly articulated guidelines.

80. That segregation use must be closely monitored internally institutionally, regionally, nationally and externally.

81. That CSC should commission an external review of best practices in the area of alternatives to segregation for self-injurious federally sentenced women, and undertake periodic reviews thereafter.

82. That CSC should appoint an independent patient advocate at each of all treatment centres.

83. That CSC should make every effort to ensure that federally sentenced women, including women in segregation or observation cells, have access to and the opportunity to meet in private with oversight bodies including members of the Office of the Correction Investigator, Citizens Advisory Committees, and non-governmental and community agencies active within the
That the institutional head, i.e. the warden, shall visit the administrative segregation area at least once every day and meet with individual prisoners on request. On days when the institutional head is not in the institution, the segregation visit shall be conducted by the most responsible official in the institution on that day. Any such official must report to the warden regarding the visit upon the warden's return to the institution. This responsibility is not delegable.

That a prisoner in administrative segregation or observation shall meet at least once every day with a registered mental health professional who shall pay particular attention to the mental and physical health of the person held in segregation or observation, and shall be provided with prompt access to medical assistance and treatment. This meeting cannot be accomplished through the food slot.

**TRANSITION PROTOCOL FOR YOUNG ADULTS**

**WE RECOMMEND:**

That CSC develop a transition protocol that begins before the young adult is placed in or transferred to an adult facility, and which has the following features:

(a) Provides clear and structured process for transition which is understood by young adult and staff alike;

(b) Provides guidance on roles and responsibilities for those involved in the transition process;

(c) Provides guidance on identifying needs and sharing information during the transition process;

(d) Helps build relationships between young offender and adult facilities in order to support continuation of care.

**CONTACT WITH FAMILY FOR YOUNG/MENTALLY ILL**
### WE RECOMMEND:

87. That the CSC should secure additional resources to facilitate contact between women who self-harm in its custody and supportive family members. This should include, but not be limited to:

- (a) funding for travel and accommodation to facilitate in person contact;
- (b) the enhanced use of technology, including video conferencing, to facilitate family contact and support;
- (c) the creation of physical spaces to facilitate as direct and unimpeded contact as is reasonable in the circumstances.

88. That the CSC streamline the approval process for families of federally sentenced women. In particular, the approval process should be conducted at a national level such that family members are not subjected to a repeated approval process at each institution in which the woman resides.

89. That health care professionals should be employed to canvass with women who self-harm the potential benefits of providing consent to disclosure of information to family members, where family involvement may be beneficial to the woman.

90. That CSC should facilitate and encourage consensual visits with family members, particularly when the prisoner is a young adult.

### STAFF BURNOUT

#### WE RECOMMEND:

91. That all staff and management should receive training in recognizing burnout in themselves and others and be encouraged to raise concerns when they arise.

92. That CSC immediately commence a short-term
study to determine how best to alleviate the stress-related symptoms caused by long term employment in segregation units and dealing with high needs inmates.

93. That CSC develop staffing models that take into account reasonably anticipated pressures on staffing, such as leaves of absences including parental leaves, accommodation of pregnant staff, and illness/injury related absences.

SAFETY AND SECURITY

WE RECOMMEND:

94. That CSC retrofit all cells, including segregation cells, used to monitor segregation and observation cells used to monitor self-harming women to prevent access to cameras/sprinkler heads/tiles and the destruction of other elements that could inhibit the safety and security of women and staff.

95. That CSC ensures the ongoing maintenance, repair and expeditious inspection of equipment used to monitor women to ensure a safe and secure environment for women and staff.

96. That CSC purchase and make use of innovative equipment, such as moving camera and night vision, to ensure the best available monitoring of women when such monitoring is necessary, and that such equipment is updated as technological improvements occur.

ETHICS/WHISTLEBLOWER PROTECTION

WE RECOMMEND:

97. That an enhanced Code of Ethics be created that explicitly applies to all Correctional Service of Canada employees, from the Commissioner down to front line staff.

98. That the Code of Ethics be utilised in CORE training and management training.
99. That refresher courses be conducted at the institutional level periodically for all staff, contract and otherwise. Integrated training at the institutional level should include case studies, including a study of the case of Ashley Smith, and should provide staff with information about the avenues for consultation, support and redress including options within and external to the Correctional Service of Canada.

100. That the Code of Ethics should include provisions with the following language; “staff should be allowed to refuse to follow orders or directions without fear of discipline or reprisal whether they are right or wrong as long as there was an air of reality to the ethical/legal objection.”

101. That the Code of Ethics should include a provision that addresses the individual accountability of all CSC staff, for example;

(a) “Prison staff at all levels shall be personally responsible for, and assume the consequences of, their own actions, omissions or orders to subordinates.”

102. That the Code of Ethics should include a provision that affirms the right of all CSC staff members to report an order they believe to be illegal without fear of reprisal.

103. That the Code of Ethics should include a provision that addresses the obligation of all CSC staff to respect and protect everyone’s right to life, the obligation to ensure the full protection of the health of persons in their custody and the obligation to secure immediate medical attention whenever required.

OVERSIGHT MECHANISMS FOR FEDERALLY SENTENCED WOMEN

WE RECOMMEND:
104. That the CSC shall create an independent Rights Advisor and Inmate Advocate who would be responsible for providing advice, advocacy and support with respect to various institutional issues including:

(a) Transfers;

(b) Security classification and placement;

(c) Parole and release eligibility including Escorted and Unescorted

(d) Temporary absences;

(e) The use of restraints - mechanical and chemical

(f) Seclusion and segregation;

(g) Complaints and grievances;

(h) Consent to treatment, capacity to consent, medication including available alternatives;

(i) Institutional and criminal charges

Women should be protected from reprisals related to contacting the Rights Advisor and Inmate Advocate and exercising their rights.

RESPONSES TO MISCONDUCT BY THE MENTALLY ILL

WE RECOMMEND:

105. In the event that a complaint is made to police in regard to alleged misconduct by a mentally ill inmate that takes place in the context of an incident of self-harm, the Security Intelligence Officer shall provide police with complete information regarding not only the behaviour that is alleged to amount to a criminal offence, but also complete information regarding the
context in which that behaviour occurred, including the circumstances of the incident of self-harm.

106. In the event that a criminal charge is laid in regard to alleged misconduct by a mentally ill inmate that takes place in the context of an incident of self-harm, a staff member who was not involved in the incident, and who is familiar with the offender (preferably a member of any inter-disciplinary team), shall attend any court appearances with the inmate, and shall advise the prosecutor of his/her presence, and offer to provide any information that is required by the court in order to deal appropriately with the charge.

**VERDICT AND RECOMMENDATIONS**

**WE RECOMMEND:**

107. The Verdict and Recommendations regarding the Inquest into the Death of Ashley Smith shall be posted in every institution operated by the Correctional Service of Canada, in a place accessible to all staff, within thirty days of the receipt of the verdict and recommendations.