



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

Hon. Yasir Naqvi  
Minister of Community Safety and Correctional Services  
16<sup>th</sup> Floor, George Drew Building  
25 Grosvenor Street  
Toronto, ON M7A 1Y6

January 26, 2015

**RE: Protection of Human Rights and Improving Health Care in Correctional Facilities**

Dear Minister Naqvi,

Thank you for the letter of greetings and congratulations that you sent to mark the *Nursing in Custody: An Educational Conference for Forensic, Mental Health and Correctional Nurses* organized by RNAO's Ontario Correctional Nurses' Interest Group on Friday, December 5th, 2014. It was received with appreciation and enthusiasm by the participants, especially your commitment to a comprehensive Mental Health Strategy for Correctional Services and the introduction of 24/7 access to health care within correctional facilities.

While this information is encouraging, the RNAO was dismayed to read media reports of ill persons being held in segregation units at the Toronto South Detention Centre<sup>1</sup> and the South West Detention Centre in Windsor<sup>2</sup> due to failure to open infirmaries and mental health units. A subsequent report noted that although media toured the infirmary and mental-health unit at Toronto South in January 2014, staff recruitment did not begin until December 2014 and a specific opening date or month has not yet been released.<sup>3</sup> Even when correctional facilities have designated and staffed medical units, it is still common for people with mental illness to end up being segregated<sup>4</sup> and/or warehoused without effective treatment.<sup>5</sup> The ongoing use of administrative segregation, even for incarcerated individuals with identified mental illness, is enabled by a provincial correctional system that has yet to abolish it.<sup>6</sup> The urgency of this problem was reinforced recently yet again by the account of a settlement between your ministry and Christina Jahn, who was kept in solitary confinement for more than 200 days despite her mental illness and terminal cancer.<sup>7</sup>

In the global context of international jurisdictions moving away from the use of solitary confinement due to evidence of its harmful health and behavioural impacts,<sup>8 9 10</sup> the province must act swiftly to correct this unconscionable situation. It is deeply concerning that two years after the United Nations called on Canada to end solitary confinement for inmates with mental health conditions,<sup>11 12</sup> the Correctional Service of Canada failed to take corrective action even after detailed investigations of deaths,<sup>13</sup> including Ashley Smith.<sup>14 15</sup> We believe that the province of Ontario can take the lead nationally on this critical issue by swiftly implementing a comprehensive Mental Health Strategy for Correctional Services to address gaps currently causing premature death,<sup>16</sup> suffering,<sup>17 18</sup> and

violation of human rights.<sup>19</sup> As demonstrated by the attached resolution to the Canadian Nurses Association, RNAO is interested in collaborating with provincial and national partners in transforming governance structures and structural supports to ensure that nurses can provide exemplary 24/7 health care while themselves being supported in a fair and healthy work environment.<sup>20</sup>

A foundational aspect of a comprehensive Mental Health Strategy for Correctional Services is that our provincial facilities must comply with international human rights law. To be consistent with United Nations (UN) standards, the UN Committee on Torture clearly stated that Canada must:

- strengthen its efforts to adopt effective measures to improve material conditions in prisons, reduce the current overcrowding, properly meet the basic needs of all persons deprived of their liberty and eliminate drugs;
- increase the capacity of treatment centres for prisoners with intermediate and acute mental health issues;
- limit the use of solitary confinement as a measure of last resort for as short a time as possible under strict supervision and with a possibility of judicial review; and
- abolish the use of solitary confinement for persons with serious or acute mental illness.<sup>21</sup>

Using segregation as a work-around to the problem of not having fully staffed infirmaries and mental health units contravenes the letter and spirit of the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*. This situation is all the more egregious when considering that 60 per cent of people in our province's custodial population are on remand as they await a trial or bail hearing.<sup>22</sup>

Minister Naqvi, RNAO urges you to adopt evidence-informed planning, implementation, and evaluation of efforts to improve health care services to this vulnerable population.

We look forward to your response.

Kind regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT  
Chief Executive Officer, RNAO

Copy:

Honourable Kathleen Wynne, Premier of Ontario  
Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care  
Barbara Hall, Chief Commissioner, Ontario Human Rights Commission  
André Marin, Ombudsman of Ontario

## References

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