Ombudsman Act: Inquest Recommendation Monitoring Report

Review completed in 2018

Available in alternate formats upon request

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INQUEST RECOMMENDATION MONITORING REPORT UNDER

THE OMBUDSMAN ACT

FILE #MO-00333

MANITOBA JUSTICE, CORRECTIONS DIVISION – MANITOBA YOUTH CENTRE

REVIEW COMPLETED IN 2018

BACKGROUND

In July 2012, the Honorable Judge John P. Guy issued an inquest report with recommendations following the deaths of C.J. and C.B., two youth who died by suicide while incarcerated at the Manitoba Youth Centre.

C.J., age 15 years of God's Lake Narrows, Manitoba died on July 30, 2010 at the Health Sciences Centre in Winnipeg after attempting suicide on July 27, 2010 while a resident at the Manitoba Youth Centre.

C.B., age 17 years, of Little Grand Rapids, Manitoba died on December 11, 2010 at the Health Sciences Centre in Winnipeg following a suicide attempt on December 8, 2010 while also a resident at the Manitoba Youth Centre.

MANITOBA OMBUDSMAN ROLE

It is the role of Manitoba Ombudsman to monitor and report on the implementation of inquest recommendations when they relate to a provincial public body subject of the Ombudsman Act. Our monitoring and reporting process supports transparency and promotes accountability in provincial public systems. Following an inquest, we help bridge the gap between public service providers, affected families, and the public.

RECOMMENDATIONS AND RESPONSES

The Honorable Judge John P. Guy made nine recommendations in the inquest report all directed to The Manitoba Youth Centre. The responses to the recommendations and our assessment are as follows:

Recommendation One

The Manitoba Youth Centre investigate the replacement of the current suicide risk assessment tool (ISA — Inmate Security Assessment) with an instrument designed for use with adolescent populations and also which has been empirically validated. Until such a replacement can be found or created, the present instrument will have to continue to be used for each new admission within 24 hours of admission coupled with the staff's experience, knowledge and information. If such an instrument cannot be located, the creation of such an instrument through inquiry and consultation would seem possible, keeping in mind the principles behind such an instrument.

We assess this recommendation as implemented.

The Manitoba Youth Centre (MYC) provided several updates to the implementation of this recommendation, and in December 2016, the final response was provided to our office as follows:

> In response to this recommendation, Youth Correctional Services sought Provincial Youth Court permission for investigators to proceed with a research project assessing the utility of the ISA-suicide in allowing for rapid and reliable screening of all youth entering MYC. They examined the demographic and custodial risk factors for suicide attempts in youth being admitted to MYC using data extracted from the Corrections Offender Management System (COMS) and produced a manuscript which reported that suicide attempts a) tended to occur within the first 3 months of an admission stay, b) youth with more serious offences and disruptive behaviors were more likely to attempt suicide, and c) individuals with problematic custodial profiles were more likely to self-harm. Their study showed that youth who had been rated at any risk level (low, medium, or high) for suicide were more likely to attempt suicide compared with youth rated as having no evidence for suicide risk.
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> This analysis led to an investigator applying for federal funding early in 2015 to engage in the next phase; to distinguish the characteristics between youth who are classified through the ISA-suicide as being at "high", "medium" and "low" suicide risk by conducting a sensitivity and specificity analysis of each of the questions within the ISA-suicide to determine which questions are most valid. Such a process was done to identify best practices for the development of a valid suicide risk assessment tool in this vulnerable population.
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> The final manuscript underwent a peer review process prior to being released to

Youth Correctional Services and submitted for publication. The results showed the ISA-suicide tool provided a fair and moderately accurate measurement of risk of self-harm among detained youth. In brief, the conclusion was "... The (tool) is a moderately accurate tool that can be used by front-line staff to identify risk of self-harm in youth."

Consequently, and also consistent with Recommendations #2 and #3, Youth Correctional Services started utilizing the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2) a tool that measures symptoms on seven scales pertaining to areas of emotional, behavioral, or psychological disturbance including suicide ideation. This tool has been widely implemented across North America and examined in more than 50 research studies. The Manitoba Youth Centre recently implemented the use of the MAYSI-2 for all new intakes once a new mental health nurse was hired for this purpose and a clinical psychologist was retained who could provide follow-up assessments and psychotherapy. Using these two instruments in conjunction provides our staff with a balanced view of the suicide risk for our young offenders.

Manitoba Youth Correctional Services agrees with the principles behind the use of a screening instrument. The ultimate goal of screening for suicide risk is to improve outcomes and reduce rates of morbidity and mortality from self-harm. Screening and assessment is part of the Department's comprehensive suicide prevention program including identification, evaluation, communication, housing in a safe environment, follow-up, and treatment planning using all the tools available to our staff.

Recommendation Two

All youth deemed at any level of suicide risk should be referred for further evaluation. The Massachusetts Youth Screening Instrument (MAYSI) presently being reviewed and considered by Manitoba Corrections should be adopted to assist in evaluation and assessment.

We assess this recommendation as implemented. MYC provided the following response in December 2016:

The MAYSI is being utilized for evaluation and assessment as recommended for all new arrivals to the Manitoba Youth Centre. Results are reviewed by a psychologist and follow up occurs as required.

Recommendation Three

The Manitoba Youth Centre retain sufficient qualified mental health professionals with expertise in adolescent populations and in adolescent mental health in order to create a

mental health treatment plan for those identified by the suicide and mental health screening tools and assessments.

We assess this recommendation as implemented. MYC provided the following response:

> As a result of these recommendations, the Manitoba Youth Centre has added a psychologist and Mental Health Nurse position. Medical services recruitment and retention is a challenge in all settings and Manitoba Corrections is continuously working to ensure that our staffing levels are adequate to meet our needs. The MAYSI is assisting mental health staff in developing the treatment plan referred to in the recommendation.

Recommendation Four

The mental health treatment plan created as a result of the assessment and under the direction and guidance of the qualified mental health professional should be communicated to staff so that collaborative, consultative and responsive interventions can take place with the resident. The implementation of the treatment plan should involve juvenile counsellors, case managers and psychiatric nurses under the control of the appropriate qualified mental health professional.

We assess this recommendation as implemented. In July 2016 we received the following response:

> The implementation of the MAYSI has contributed to the structured communication referenced in this recommendation.

A copy of the Manitoba Youth Centre Standing Order on the MASYI was provided to our office in December of 2016.

Recommendation Five

This targeted mental health strategy can only have success with improved lines of communication of all the appropriate information among all staff responsible for the safety and security of the resident.

We assess this recommendation as implemented. We received the following response to this recommendation in 2015:

> A communication strategy and process in the form of a Standing Order has been developed and implemented in response to this recommendation.

Our office requested a copy of the communication strategy and standing order and on

September 18, 2015 we received a copy and concurred that implementation of this recommendation was complete.

Recommendation Six

A social worker should be hired to assist in the gathering of information from available sources, both within and outside the institution, to ensure that the mental health professionals have all the information required in order to make proper assessments and develop treatment plans. This individual can also assist in coordinating the continuation of treatment after release.

This recommendation was not implemented. The Manitoba Youth Centre's rationale was provided to us in July 2016:

> This recommendation was made by a Manitoba Adolescent Treatment Centre (MATC) psychiatrist who testified at the Inquest. The Department has discussed this recommendation with a representative of MATC and they have indicated that this recommendation was not a priority for them. Many long-term young offenders have social workers with Family Services as well as Probation Officers and another level of social worker, it is felt, would not assist in this regard. The Department agrees with the position of MATC and therefore the Department will not be proceeding with this recommendation at this time.

Recommendation Seven

Manitoba Corrections review and consider implementing the Collaborative Problem-Solving Approach.

This recommendation was not implemented. The department's rationale was provided to our office in July 2016:

> The Department studied the recommendation extensively and ultimately decided not to proceed with this due to a number of factors which include the high cost of training and resources, our high remand population as well as our urban/rural split makes continuity of care very difficult. This is primarily a school-based approach. Should costs decrease and applicability to youth custody increase, the Department would reconsider the decision.

Recommendation Eight

The Manitoba Youth Centre exercise its best efforts to hire a Kookum as an additional resource for the female Aboriginal population.

This recommendation was implemented. MYC reported in July of 2015 the following response:

> *A Kookum has been hired as a result of this recommendation.*

Recommendation Nine

The Manitoba Youth Centre apparently will be 40 years old next year (2013). It is accepted that the number of residents, the gender of the residents, the seriousness of the charges faced by the residents and the complexity of the Problems faced by the residents have all greatly changed in those 40 years. The institution was built to deal with the type of youth that may no longer exist. It may be time to anticipate the needs of future residents and create blueprints for a new institution.

We assess this recommendation as implemented. In July of 2016, MYC provided the following update regarding this recommendation:

> The Department acknowledges that there are difficulties with the physical structure of the MYC as there are similar issues with other older Correctional and Youth Centres across the province. The Department will continue to work with Accommodation Services Division of the Department of Finance on our needs in this regard.

CONCLUSION

The information in this report highlights important changes that happened as a result of the inquest into the deaths of C.J. and C.B. This report concludes our follow-up on this matter. An electronic copy of this report will be posted on the Manitoba Ombudsman website: www.ombudsman.mb.ca.

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