

Health and Mental Health

- The Correctional Investigator reports that health care is the area of concern most frequently identified by prisoners in Canada.¹
- HIV/AIDS was recognized as an international security issue by the United Nations Security Council in January 2000.
- Throughout Canada and the world, rates of HIV and Hepatitis C infection in prison populations are much higher than those found in the general population.²
- The HIV infection rate among women in prison is significantly higher than among male prisoners (3.6% v. 1.6%).³
- In a 2003 study, reported rates of hepatitis C infection were also much higher among women prisoners than among men prisoners (29.2% v. 16.6%).⁴
- Prisoners are 30 times more likely to have been infected with Hepatitis C and 7 to 10 times more likely to be infected with HIV than the general Canadian population.⁵
- Since most prisoners will eventually be released into the community, infection rates pose a threat to public health as well as the health of those who are currently imprisoned.⁶
- Women represent an increasing proportion of reported HIV cases in Canada. The greatest increase in new infections has been among young women, aged 15 to 29 years. At present, heterosexual transmission accounts for nearly 75% of all new infections in women.⁷
- While women as a group are more vulnerable than men to HIV infection and AIDS-related illnesses, some populations of women face significantly greater risks.⁸ For example, HIV affects more than 3 times as many Aboriginal as non-Aboriginal women in Canada.⁹ As elsewhere in the world, women in Canada who are most disadvantaged and marginalized are also most vulnerable to HIV.

¹ Sapers, Howard. Annual Report of the Correctional Investigator, 2006-2007, Ottawa: Minister of Public Works and Government Services Canada, 2007 at 37.

² Canadian HIV/AIDS Legal Network. "HIV and hepatitis C transmission in prison" Factsheet, 2008.

³ Canadian HIV/AIDS Legal Network. "Women in Prison". Fact sheet, 2008.

⁴ Ibid.

⁵ Sapers, Howard. Annual Report of the Correctional Investigator, 2006-2007, Ottawa: Minister of Public Works and Government Services Canada, 2007 at 12.

⁶ Canadian HIV/AIDS Legal Network. "HIV and hepatitis C in prisons: A comprehensive strategy" Fact sheet, 2008.

⁷ Clow, Barbara. "HIV/AIDS on the rise for Canadian Women." The Canadian Women's Health Network, 2005 on line: <http://www.cwhn.ca/resources/sti/opedHIV.html>.

⁸ Ibid.

⁹ Native Women's Association of Canada. *Background Document on Aboriginal Women's Health for the Health Sectoral Session*, Ohsweken: Native Women's Association of Canada, 2004 at 4.

- Non-sterile injection drug practices and lack of access to safe injection approaches significantly increase risk for HIV infection.
- Despite the recognition of the potential benefits of harm reduction initiatives, a prisoner-based needle exchange program has yet to be introduced to curtail the spread of infectious diseases such as Hepatitis C and HIV.¹⁰
- Although providing health care for over 100 years, of the CSC health care sites that provided health care to prisoners in 2006, 52 per cent of the sites failed to be accredited, 38 per cent were accredited with conditions, and only 10 per cent were fully accredited. Two key factors that prevented accreditation included the inadequacy of the existing clinical governance structure and the absence of continuing professional education and training for health care staff. Accreditation for the remaining sites was placed on hold.^{11 12}
- Women are more prone to get sick, experience a greater risk of disability, and more mental health issues than men.¹³ This is at least partially attributable to increased medicalization of women's life stages. For example, menopause is now classified as a disease which can be treated with estrogen therapy.¹⁴
- The over-prescribing of medication to women in prisons, as well as in communities is often both an ineffective response to non-medical health issues and a potentially addictive and therefore problem-inducing practice.¹⁵
- Social determinants of health provide a more helpful framework for examining women's health issues. For example, women have lower incomes than men, and also report more chronic diseases than men. The higher a woman's socio-economic status, the better will be her overall health and the lower her chances of premature mortality.¹⁶

Mental Health

- There are five main components that can describe positive mental health: (1) the ability to enjoy life, (2) the ability to deal with life's challenges, (3) emotional well-being, (4) spiritual well-being, and (5) social connections to culture, equity, dignity and social justice.¹⁷

¹⁰ Sapers, Howard. Annual Report of the Correctional Investigator, 2005-2006, Ottawa: Minister of Public Works and Government Services Canada, 2006.

¹¹ Ibid at 8.

¹² The numbers have not changed according to the 2007 Report of the Correctional Investigator.

¹³ Canadian Human Rights Commission. "Human Rights and Safe and Humane Custody and Supervision for Federally Sentenced Women", in *Protecting their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, Ottawa: Canadian Human Rights Commission, 2004.

¹⁴ LaBerge, Roy. *Improperly Tested and Promoted Drugs Put Women at Risk*, The CCPA Monitor, Volume 16, 2009.

¹⁵ Ibid

¹⁶ Bryant, Toba. *Housing and Income as Social Determinants of Women's Health in Canadian Cities*, Toronto: Women's Health and Urban Life, 2009 at 14.

¹⁷ Canadian Institute for Health Information. *Improving the Health of Canadians: Exploring Positive Mental Health* Ottawa: CIHI, 2009.

- It is difficult to experience these from prison; all the more so if one is in segregation.
- Women's life experiences, such as family stress, menstruation, child birth, menopause, chronic diseases, et cetera, are too often treated as pathological and result in women being chemically restrained rather than supported in moving through key life phases.¹⁸
- Women access the mental health system more frequently, receive treatment more often, and have higher rates of hospitalization for psychiatric problems than do men.
- 71% of women in maximum security prisons have attempted to commit suicide compared to only 21% of men.¹⁹
- 20-30% of criminalized people have a learning disability, or similar impairment of intellect and/or adaptive functioning. This interferes with that person's ability to cope and function in the Criminal Justice System.²⁰
- Mental health issues faced by federally sentenced women are considerable and tend to be different than those of their male counterparts. Many women are survivors of childhood and adult abuse, and the post-traumatic effects of that abuse often impacts their mental health. Many federally sentenced women are diagnosed with mental illness and women in federal penitentiaries have a higher rate of self-mutilation and attempted suicide than their male counterparts. In many cases women harm themselves primarily as a means of coping with the distress caused by incarceration.²¹
- Despite the reality that most women classified as maximum security prisoners, who have a mental or intellectual disability, are described by correctional authorities as not being capable of "managing" in general population, there is no significant statistical difference in the institutional adjustment of women with disabling mental health issues as compared to women with no such diagnosis.
- The Correctional Service of Canada has failed to demonstrate that it meets its statutory obligation to provide essential mental health care and reasonable access to non-essential mental health care in accordance with "professionally accepted standards." Over the last decade, the number of mentally ill prisoners has doubled, yet the level of non-punitive mental health services for prisoners, especially those in specialized psychiatric hospitals has remained the same or diminished.²²

¹⁸ Ibid at 3.

¹⁹ Sapers, Howard. Annual Report of the Correctional Investigator, 2006-2007, Ottawa: Minister of Public Works and Government Services Canada, 2007 at 13.

²⁰ Jones, Glyn and Talbot, Jenny. *Editorial No One Knows: The Bewildering Passage of Offenders with Learning Disability and Learning Difficulty Through the Criminal Justice System*, London: Criminal Behaviour and Mental Health, 2010 at 1.

²¹ See research by Jan Heney.

²² Sapers, Howard. Annual Report of the Correctional Investigator, 2006-2007, Ottawa: Minister of Public Works and Government Services Canada, 2007 at 23.

- For women with mental health issues, poverty is often associated with increased risk of violence and abuse, yet mental health systems still emphasize bio-medical over social factors in women's lives.
- There is a need for further research to examine the under theorized link between mental illness and addictions to help provide effective programs and services for women.
- Women are twice as likely as men to be diagnosed with depression; women in prison are three times more likely to be so diagnosed.²³ In women, depression is linked to higher impulsivity and delinquency.²⁴

Aboriginal Women's Health

- The legacies of colonization, such as residential schooling, have resulted in cultural discontinuity and oppression in Aboriginal communities that have been tied to high rates of depression, alcoholism, suicide, and violence against Aboriginal women. Between 1989 and 1993, Aboriginal women in Canada were more than three times more likely to commit suicide than were non-Aboriginal women.
- Poorer health among Aboriginal women (and the increased likelihood of alcohol or substance abuse) is correlated to the quality of life they experience. Aboriginal women are more likely to experience inadequate housing conditions and live in communities with very limited community infrastructure, as well as lower levels of education, lower socio-economic status, lower levels of employment, et cetera.²⁵
- Other health concerns for Aboriginal Women include the tendency to pathologize women's reasonable responses to unreasonable conditions and the over-prescription and anaesthetizing of women, rather than the provision of necessary personal, social, therapeutic and fiscal supports and services by the State.²⁶

Fetal Alcohol Spectrum Disorders

- Fetal Alcohol Spectrum Disorder (FASD) was introduced to umbrella the associated diagnoses of Fetal Alcohol Syndrome and Alcohol-Related Effects, such as Alcohol-Related Birth Defects (ARBD) and Alcohol Related Neuro-Developmental Disorder (ARND). Increasingly, studies focusing on the social factors of FASD have critiqued the cultural, racial, gendered, socio-economic and classed nature of theories regarding FAS, FASE and FASD.
- Fetal Alcohol Syndrome was first identified in 1973 in the American medical literature. Diagnosis

²³ Correctional Service of Canada. *The 2002 Mental Health Strategy for Women Offenders*, on line: <http://www.csc.scc.gc.ca/text/prgrm/fsw/mhealth/app-eng.shtml>

²⁴ Vaske, Jamie and, Krista Gehring. *Mechanisms Linking Depression to Delinquency for Males and Females*, Cullowhee: Feminist Criminology, 2010 at 19.

²⁵ Native Women's Association of Canada. *Background Document on Aboriginal Women's Health for the Health Sectoral Session*, Ohsweken: Native Women's Association of Canada, 2004 at 3.

²⁶ *Ibid* at 3.

relies upon detection of facial abnormalities, growth deficiencies and central nervous system impairment presumed due to alcohol consumption during the first trimester of pregnancy. The range and severity of the impact of maternal alcohol use is related to variations in the timing of alcohol use, variations in the amount of alcohol use, malnutrition, poor overall health of the mother and many other contextual matters.²⁷

- The moral construction of the risks related to drinking during pregnancy individualizes the social responsibility on women, and has even resulted in the criminalization of pregnant women and mothers in some areas of the US.
- In Canada, the dominant approach to preventing Fetal Alcohol Spectrum Disorders has been to focus on a single determinant: alcohol use. There must be further consideration of other situational and social risk factors that are related to FAS/E such as socioeconomic status, multiple non-prescription and prescription drug use, poor water and food quality and inadequate health care.²⁸
- Prevention of FAS is largely based on this assumption of individualized responsibility and focuses only on substance abstinence rather than considering a need for collective action, attempts to ameliorate social inequality, attempt to ameliorate social inequality, inadequate health care, inadequate maternal nutrition, nor the impact of environmental pollutants et cetera on a fetus or a young child.²⁹

Addictions

- In a Saskatchewan study, treatment centre staff ranked lost cultural identity as the single most important factor for drug and alcohol abuse among Aboriginal people.
- Substance use among women in prison is estimated at over 90%. With the evisceration of publicly funded addiction, counseling and mental health services in the community. Prisons are increasingly serving as the default option to the lack of treatment centers.³⁰
- Women's addictions differ from men by the type of drugs used, their social background and the reason for use, which underscores the need for gender specific substance use programs.
- Most criminalized women with substance use issues have significant histories of personal trauma and abuse, be it physical or sexual. Women frequently report substance use as an anaesthetizing means of masking emotion in order to cope with ongoing or unresolved trauma and abuse.

²⁷ Poole, Nancy. "Mother and Child Reunion: Preventing Fetal Alcohol Spectrum Disorder by Promoting Women's Health" BC Centre of Excellence for Women's Health, 2003 at 1, 2.

²⁸ Ibid

²⁹ Ibid at 1.

³⁰ Pollock, Shoshana. *Locked In, Locked Out: Imprisoning Women in the Shrinking and Punitive Welfare State*. 2008 at 14.

- Benzodiazepines can impede cognitive functioning and side effects include depression, memory deficiency, heightened emotions, and suicidal tendencies.³¹ In Canada, the prescription of benzodiazepines increased by 12.8% from 1996 to 2000. Sleeping pill prescriptions have noticeably increased by 57.5%. Canadian and international studies have reported that 20 to 50% of women over the age of 60 have long term prescriptions to benzodiazepines and sleeping pills.³² In western Canada, 1/3 of Aboriginal women over the age of 40 has been prescribed benzodiazepines.³³

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³¹ Currie, Janet. "Manufacturing Addiction: The Over-Prescription of Benzodiazepines and Sleeping Pills to Women in Canada", BC Centre of Excellence for Women's Health, 2003 at 1.

³² Ibid at 3.

³³ Ibid at 4.

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