TITLE: Let's Talk Ontario's Prison Health

AUTHOR: Jenny Lee

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In the aftermath of this year's "Bell Let's Talk," the topic of prison health was briefly thrust into the spotlight as critics of the annual mental health awareness campaign spoke up to expose the corporation's ongoing hypocrisy.¹ Since the campaign's inception over a decade ago, Bell Canada has contributed over 100 million dollars to help fund mental healthcare in Canada, donating 5 cents for every social media interaction using its hashtag #BellLetsTalk.² Despite this outward commitment towards mental health, it was reported in 2017 that Bell Canada holds an exclusive contract with the Ontario government by which it charges people in provincial jails prohibitive fees for using telephone services to contact their families and counsellors or arrange for mental health services.¹ This seriously restricts their ability to access necessary support for mental illness – a cause Bell claims to care so much about.

Lack of reasonable access to communications with the outside world is only the tip of the iceberg; it is one of the myriad issues that this population faces. A recent study showed that individuals who experience incarceration in Ontario have significantly lower rates of hospital readmission than general population controls matched by age, sex, and reason for hospitalization.³ This is unexpected as this population has significantly poorer health status, with higher rates of substance abuse and psychiatric disorders, and acute and chronic diseases, all of which are typically associated with higher readmission rates, as well as suicide and all-cause mortality.⁴ It is also discrepant from previous literature on readmission rates among other vulnerable populations such as people who are homeless and people with developmental disabilities.^{5,6} Although there may be several alternative explanations, these findings may also be reflective of deeper, more systemic problems including suboptimal quality of care, provider discrimination, and stigma associated with incarceration status. These problems may in fact be

symptoms of a broken system that is failing one of our most vulnerable, marginalized, and overlooked populations.

For decades, human rights advocates and legal experts have staunchly pressed the Canadian federal and provincial governments to take action on appalling conditions within jails and prisons, which have deteriorated to what the former call a “breaking point”.⁷ In December 2019, the Ontario Superior Court deemed the conditions at the Toronto South Detention Centre to be so inhumane that they did not meet the standards of basic human decency.¹ Extremely limited resources and funding have led to severe overcrowding, understaffing, lack of access to basic health services in remand and egregious violations of human rights.^{7,8} Examples of such violations include prolonged solitary confinement, breach of right to legal counsel, and denial of support services necessary for effective rehabilitation.^{7,8} There is also a severe shortage of programs and infrastructure to treat widespread, increasing levels of mental health problems and substance abuse.⁸ According to the 2019 annual report released by the Auditor General of Ontario, a mental health alert was found on the file of 33 percent of inmates across the province in 2018-2019, an almost 5-fold increase from 7 percent in 1998-1999.⁹ These circumstances only exacerbate the population’s pre-existing health conditions and morbidities; Ontario is falling short of its legal mandate and ethical obligation to provide care at the level and quality that is available to any other Canadian. What would be unacceptable for any other population has become accepted as status quo for prison populations.

The effects of societal neglect of correctional institutions are not solely confined to the health and well-being of individuals who are in direct contact with these systems. This neglect has a tremendous impact on public health and far-reaching effects on society at large. At great expense to the healthcare system, people who experience incarceration use health services

including ambulatory, emergency, and in-hospital care at significantly higher rates in prison and post-release.¹⁰ The rates of hospitalization and emergency department use are especially high in the transitional period following release from prison, which may suggest that the healthcare needs of people who experience incarceration are not being properly met in prison.¹⁰ Untreated mental illness could result in recidivism and compromise public safety.¹¹ Increased transmission of communicable diseases to the general population is another serious implication of poor healthcare delivery to this population.¹¹ Indeed, time in prison as of today is a missed, critical window of unique opportunity to improve the health of a population that will in turn benefit the overall healthcare system.

Prison health deserves to be more than fodder for exposés of corporate injustices; it is an important standalone issue that should be a priority for the Ontario government, advocates for public health and social justice, and most of all, the general public. The stark contrast between Bell's corporate branding and closed-door dealings is not the only thing that should draw our attention and scrutiny, nor the fact that the Ministry of the Solicitor General receives an undisclosed amount of percentage kickback in exchange for exclusive market access.¹ We should also think and reflect on what it says about the government's failure, and by extension, our failure as a society, to care about one of the populations that struggle the most with mental health, and whose experiences of mental health we are least willing to discuss.

Calling upon Bell Canada and the province to end their harmful practices that contradict their espoused commitment to mental health should only serve as a starting point for addressing the current state of correctional institutions. The government must start dedicating the appropriate funding and resources that are necessary to operate every facility in a manner that respects prisoners' right to health and dignity. It also needs to recognize that prison health is a

deeply systemic issue that requires solutions at multiple levels. These solutions encompass community-based interventions for achieving continuity of care upon release from prison, as well as, legal and criminal justice reforms that reflect the government's purported shift of focus in policy from punishment to rehabilitation.^{1,12,13} It is time to stop just talking about prison health and start doing something about it.

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