Office of the Correctional Investigator

52nd Annual Report to Parliament (2024-2025)

Tabled in Parliament on November 4, 2025

Summary of Investigations, Findings, and Recommendations

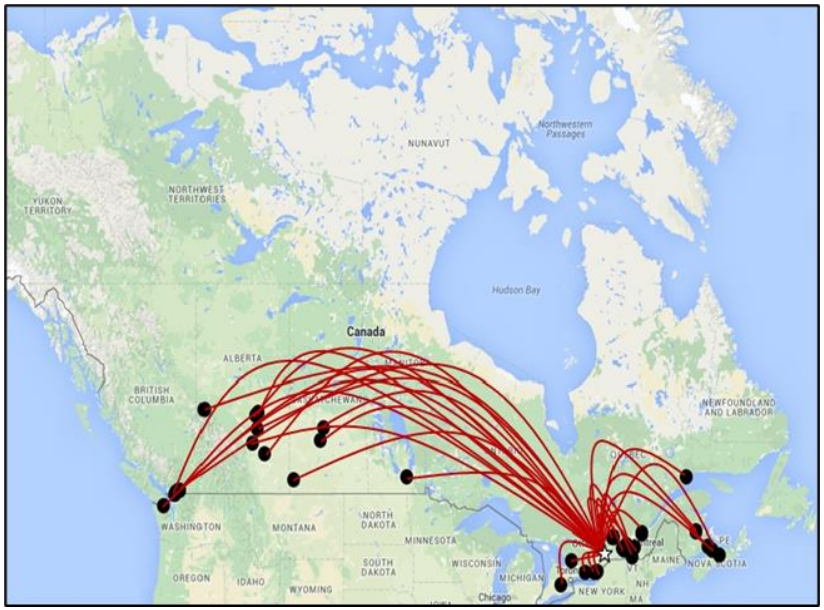
Office of the Correctional Investigator | Bureau de l'enquêteur correctionnel

Canada

Overview

- The Correctional Investigator's (CI) Message provides a high-level summary of the findings from six investigations into the quality and accessibility of mental health care services in federal corrections. It also highlights key achievements of the Office over the years and announces the CI's upcoming retirement.
- Six national-level investigations:
    i. Regional Treatment Centres in Crisis: The Erosion of Mental Health Care in Federal Corrections
    ii. Falling Through the Cracks: Federally Sentenced Individuals with Cognitive Deficits
    iii. Community's Burden: The Discontinuity of Post-Release Mental Health Services
    iv. An Update on Therapeutic Ranges and Intermediate Mental Health Care
    v. Assessing and Addressing Trauma in Federally Sentenced Women
    vi. Mental Health Needs and Services for Indigenous Peoples in Federal Corrections
- A total of 21 recommendations: 19 directed to the Correctional Service of Canada and two to the Minister of Public Safety.
- The Correctional Investigator's Outlook for federal corrections in 2025-2026.

2024-2025 Statistics



- 7.7 M budget
- 40 full time employees
- 433 person-days spent in facilities (total number of days on site per person)
- 4,352 complaints and inquiries
- 1,383 interviews with federally sentenced persons
- 578 use of force reviews
- 181 deaths in custody and serious bodily injury reviews
- 16,739 contacts (including toll-free phone)

National Systemic Investigations

Regional Treatment Centres in Crisis: The Erosion of Mental Health Care in Federal Corrections

Purpose

Conduct an in-depth review of CSC's Regional Treatment Centres (RTCs), focusing on range of issues including governance, staffing, the dynamic of health care and security, quality of care, infrastructure, previous National Board of Investigations into deaths in custody, and examples of promising practices.

Findings

- Outdated and inappropriate infrastructure.
- RTCs have become holding centres for the growing number of aging and infirm persons behind bars.
- Security responses are taking precedence over the delivery of health care.
- Over-reliance on the use of force on patients.
- Weak governance structure and absence of national policy lead to role confusion and the undermining of clinical decision-making by mental health professionals.
- A lack of specialization required in the recruitment, selection, and training of staff.
- "Stabilizing" behavioural symptoms of mental health appears to be the primary goal of co-located RTCs.
- CSC has systematically failed to learn from or prevent numerous serious incidents and deaths.
- The absence of dedicated patient advocates in RTCs infringes on patients' rights and needs.

Regional Treatment Centres in Crisis: The Erosion of Mental Health Care in Federal Corrections

Recommendations:

The OCI recommends that:

1. CSC's RTCs be redefined and formally recognized as intermediate mental health care facilities, with limited capacity to manage emergency psychiatric cases. Individuals diagnosed with serious mental illness should be transferred to community-based psychiatric hospitals better suited to meet their needs.

2. The Government of Canada/Minister of Public Safety reconsider its recent $1.3 billion investment in a replacement facility for RTC Atlantic. Instead, efforts and funding should be redirected to facilitating the transfer of individuals with serious mental illness to provincial psychiatric hospitals. This includes supporting the creation or expansion of bed space in provinces facing capacity constraints.

Regional Treatment Centres in Crisis: The Erosion of Mental Health Care in Federal Corrections

Recommendations Continued

Once the RTCs are reprofiled as intermediate mental health care facilities, the OCI recommends that:

3. CSC work with mental health professionals to see how the current RTC infrastructure could be significantly improved in order to become more therapeutic.

4. The Minister of Public Safety review and assess release options for older and long-serving patients and advance legislative amendments to the CCRA.

5. CSC develop a policy specific to the governance and operation of the RTCs, in consultation with external experienced mental health professionals.

6. CSC review the implementation of the Engagement and Intervention Model and end the use of inflammatory sprays as a first response to incidents of self-harm, in favour of health care-driven, de-escalation and therapeutic responses and techniques.

7. CSC develop a governance model for RTCs that includes an autonomous reporting and governance structure so that all matters related to health are decided by clinicians.

Regional Treatment Centres in Crisis: The Erosion of Mental Health Care in Federal Corrections

Recommendations Continued

8. CSC develop training, onboarding, policies, procedures and directives specific to the function and purpose of RTCs and the welfare of patients.

9. CSC develop a specific mandate and mission statement that reflects the purpose, goals, and methodology around which staff across disciplines can collectively unify their efforts to achieve a common goal.

10. CSC develop practices to ensure that the NBOI process balances investigation of compliance-driven issues with issues of quality, nature, and frequency of interventions provided to individuals with mental health concerns to prevent further deaths and serious injury.

11. CSC immediately introduce, at minimum, one Patient Advocate in each RTC to support patient-centred care and provide independent advocacy for patients in navigating the medical system in a correctional context.

Falling Through the Cracks: Federally Sentenced Individuals with Cognitive Deficits

Purpose

Review CSC's approach to identifying, supporting, and tailoring services and interventions for individuals with cognitive deficits.

Findings

- Outdated and vague policies provide little guidance to staff.
- Prevalence of cognitive deficits is likely underestimated.
- Individuals with cognitive deficits face multiple challenges of stigma, increased risk of victimization, and difficulties navigating the institutional environment.
- Ineffective and inconsistent screening and assessment tools lead to individuals being overlooked.
- Correctional programming, education, and vocational training often lack responsivity to individuals' diverse needs.
- Inadequate staff training and insufficient resources compromise the quality of care.

Falling Through the Cracks: Federally Sentenced Individuals with Cognitive Deficits

Recommendations:

In close partnership with external, community organizations with expertise on cognitive deficits, the OCI recommends that CSC:

12. Review and update Guideline 800-10 and the Mental Health Guidelines to strengthen policies for managing individuals with cognitive deficits by end of fiscal year 2025–26
13. Implement a standardized, timely, and comprehensive approach to screening and assessing individuals with cognitive deficits.
14. Ensure adapted correctional programs are available at all sites, staff are trained to deliver them, and admission criteria are broadened to increase access.
15. Implement new mandatory training on working with individuals with cognitive deficits in a correctional environment for all staff by 2026-2027, including more applied materials for correctional officers.

Community's Burden: The Discontinuity of Post-Release Mental Health Services

Purpose

Examine the continuity of mental health services for federally sentenced persons assessed by CSC as having high mental health needs and requiring additional support upon release into the community

Findings

- There has been a gradual decline in funding and an overall erosion of CSC's Community Mental Health Services.
- Clear disconnect between policy and the realities faced by community staff.
- Flawed mental health assessment tool excludes many who need community support.
- Poor engagement and information sharing between institutions and the community hinder effective discharge planning and continuity of care for offenders.
- Individuals face significant barriers to accessing mental health services upon release due to the abrupt termination of CSC-provided care and the lack of personal identification.
- Significant impediments to accessing housing create additional challenges for individuals in the community with mental health needs.

Community's Burden: The Discontinuity of Post-Release Mental Health Services

Recommendations:

16. Double the budget allocation to community-based residential facilities, CCCs, and community mental health services, over the next five fiscal years, to meet the changing mental health profile of parolees; appropriately compensate external partners and service providers; and, ensure that community mental health and transitional services are resourced adequately.
17. Implement changes to discharge planning and community mental health by the end of fiscal 2025-2026, including enhancements such as
    - Update and streamline national policies and tools.
    - Implement a mental health needs assessment that enables reintegration planning.
    - Improve information sharing practices.
    - Ensure compliance with policies around releasing individuals with government identification.
    - Remove barriers to accessing government funded health and mental health care on release.

Update on Therapeutic Ranges and Intermediate Mental Health Care

Purpose

Conduct a follow-up review of the Therapeutic Ranges and investigate intermediate mental health care (IMHC) more broadly.

Findings

Findings were consistent with concerns raised in CSC's IMHC Working Group Report (2023).

- Overall progress in Therapeutic Ranges remains stagnant.
- Lack of a standardized approach results in inconsistent care and competing demands and resources.
- Inadequate infrastructure hinders a therapeutic environment.
- Lack of dynamic security and trained staff compromises the quality of care.
- Discontinuity in care during transitions out of IMHC results in individuals returning.

Update on Therapeutic Ranges and Intermediate Mental Health Care

Recommendations:

18. Immediately respond to the recommendation and issues previously raised by the OCI regarding Therapeutic Ranges and the provision of intermediate mental health care.

19. Immediately respond to and action each of the 38 recommendations outlined in the IMHC Working Group report.

Assessing and Addressing Trauma in Federally Sentenced Women

Purpose

Explore how trauma is assessed and treated in the federal correctional system, and whether current approaches are gender-responsive, culturally relevant, and trauma-informed.

Findings

- Incarceration and institutional practices often retraumatize women.
- Without proper trauma assessment and screening tools, CSC is ill-equipped to identify and provide appropriate interventions.
- Inadequate staff training compromises the quality of care.
- Limited psychological services, the prioritization of acute needs, and an overreliance on staff who are not trained in trauma interventions, leave many women without proper trauma care in prison.
- There is a need for culturally specific trauma interventions for Indigenous women.

Assessing and Addressing Trauma in Federally Sentenced Women

Recommendation:

20. Work closely with an external, expert mental health organization to develop an evidence-based, comprehensive strategy for trauma-informed services and trauma-specific treatment for federally sentenced women.

The new strategy should be fully implemented by June 2026. The new model should then be evaluated by CSC, and a similar approach extended to male institutions nationwide.

Mental Health Needs and Services for Indigenous Peoples in Federal Corrections

Purpose

A review of the mental health needs, current approaches to services offered, as well as the gaps and barriers to addressing mental health for Indigenous prisoners.

Findings

- Discrimination and unconscious bias in mental health care create unique challenges for Indigenous prisoners.
- Availability and access to culturally-informed and trauma-informed mental health services for Indigenous peoples are lacking.
- Continuity of mental health care for Indigenous peoples upon release to the community setting is poor.
- Decolonization of mental health care in the prison system is required to achieve equity for Indigenous peoples serving federal sentences.

Mental Health Needs and Services for Indigenous Peoples in Federal Corrections

Recommendation:

21. Reallocate and increase resources to fund additional Section 81 healing lodges and increase funding of existing Section 81 healing lodges within the 2025-2026 fiscal year, to provide Indigenous-led, holistic mental health and wellness services that better meet the needs of Indigenous individuals with mental health issues, in ways that are culturally- and trauma-informed, and free of discrimination and unconscious bias.

Correctional Investigator's Outlook

Areas of focus for 2025-2026

- With a leadership transition pending in early 2026, the organization should stand ready to embrace new opportunities while remaining steadfast in its mission.
- Revisit past recommendations that have been put forward by the Office over the last decade and identify recommendations that remain pressing yet unaddressed.

For more information about the 2024-2025 Annual Report or the Office of the Correctional Investigator, visit www.oci-bec.gc.ca.

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