

*Adjournment Debate*

is indeed a sad commentary on our penal system today that hardened criminals with serious mental disorders which have gone untreated are flung back into society before they are mentally fit for society. It is also an inexcusably dangerous practice that threatens the security and safety of our law-abiding citizens.

Those inmates who can respond to psychiatric treatment should be removed from our prisons which only make them worse. They should be kept under close supervision in special psychiatric clinics or hospitals where psychiatrists and psychologists can treat them in a professionally medical atmosphere. These hospitals should be close to university hospitals where specialists and visiting professors can also assist those psychiatrists in the service. In this way the psychiatrist can work in an urban, not remote location close to his peers and in touch with the latest therapeutic techniques and methods. You just cannot attract psychiatrists to work behind prison walls.

Second, I recommend that the entire medical branch of the federal penitentiary service be removed from the authority of the commissioner and his directives and be set up as a separate unit under the supervision of regional medical superintendents with their own budgets. Doctors resent taking orders from non-medical personnel however competent they may be in administering a penitentiary.

Third, I recommend that the Solicitor General, instead of making lame excuses about salaries, raise the incomes of psychiatrists and psychologists in the federal penitentiary service so that competent personnel will be attracted to the service. If only these three recommendations were carried out we would before long notice a very real difference in the way in which those inmates in need of psychiatric treatment respond to rehabilitation. It is time the Solicitor General brought the penal system in Canada out of the dark ages.

**Mr. Mark MacGuigan (Parliamentary Secretary to Minister of Manpower and Immigration):** Mr. Speaker, for many years there has been a critical shortage of psychiatrists in the Canadian Penitentiary Service. This was one of the several reasons which prompted the formation of the Advisory Board of Psychiatric Consultants whose final report "The General Program for the Development of Psychiatric Services in Federal Correctional Services in Canada" has now been widely distributed. As indicated in that report, a major part of the problem was the siting of many of our institutions in areas remote from large urban or university centres. It is our intention in the department to try to avoid this situation in the future, and this is indicated by the recent agreement with the University of Saskatchewan whereby the penitentiary service will construct a regional medical centre actually on the campus of that university.

It is relevant to note that the regional medical centre in B.C. has a complement of five full-time psychiatrists including the medical director, and that the only vacant position is that of clinical director. In fact applications have been received from additional psychiatrists to work at the centre, but we have been unable to accept these as they were not compatible with the position of clinical

director, and other positions were fully staffed. A good relationship exists between this centre and the University of British Columbia. The head of the department of psychiatry and the head of the department of psychology act as consultant psychiatrist and consultant psychologist respectively to that centre.

In the Ontario region two vacant positions exist in the regional medical centre, namely, those of clinical director and staff psychiatrist. An applicant for the latter position is being interviewed this week. In the Quebec region we have presently three full-time psychiatrists and it is not intended to make further appointments until the decision with regard to the extended use of the Philippe Pinel Institute is made. A further proposal from the University of Sherbrooke to provide services to Cowansville institution is under study.

Serious difficulty is experienced in obtaining psychiatrists for an institution such as the Saskatchewan penitentiary for the reasons which I have previously mentioned, namely, its remoteness from large urban or university centres. However, I am pleased to say that a psychiatrist has expressed interest in this position and will be interviewed in the very near future.

The formation of the Advisory Board of Psychiatric Consultants has helped greatly to decrease the image of professional isolation which psychiatrists previously held with regard to the Canadian Penitentiary Service. It is obvious from the patterns established in B.C. and Ontario that the formation of regional medical centres is and will be of further assistance in decreasing this sense of professional isolation and attracting an increasing number of adequately qualified psychiatrists. Continuing efforts have been made by the Public Service Commission to attract applications for these positions and in February of last year the director of medical services and a public Service Commission representative visited the United Kingdom, following advertisements in appropriate journals, to screen applications from interested psychiatrists. While only two of the applicants eventually came to Canada, these were individuals of high professional calibre who are making a good contribution to our efforts to provide psychiatric treatment in the Canadian Penitentiary Service. We are currently in the process of negotiating affiliation agreements with the University of British Columbia, the University of Saskatchewan and Queen's University and the success of these agreements will obviously further assist us in recruiting psychiatrists of good professional standing.

While the situation is still subject to further improvement, I think we have come a long way with the establishment of regional medical centres in Quebec, British Columbia and Ontario and our future plans for the prairie and maritime regions should further help us to ensure that psychiatric services of high quality are available to inmates of the Canadian Penitentiary Service. Needless to say, the problem of recruiting psychiatrists is not unique to the Canadian Penitentiary service but is experienced also by the provincial mental hospitals in many provinces.

Motion agreed to and the House adjourned at 10.21 p.m.