

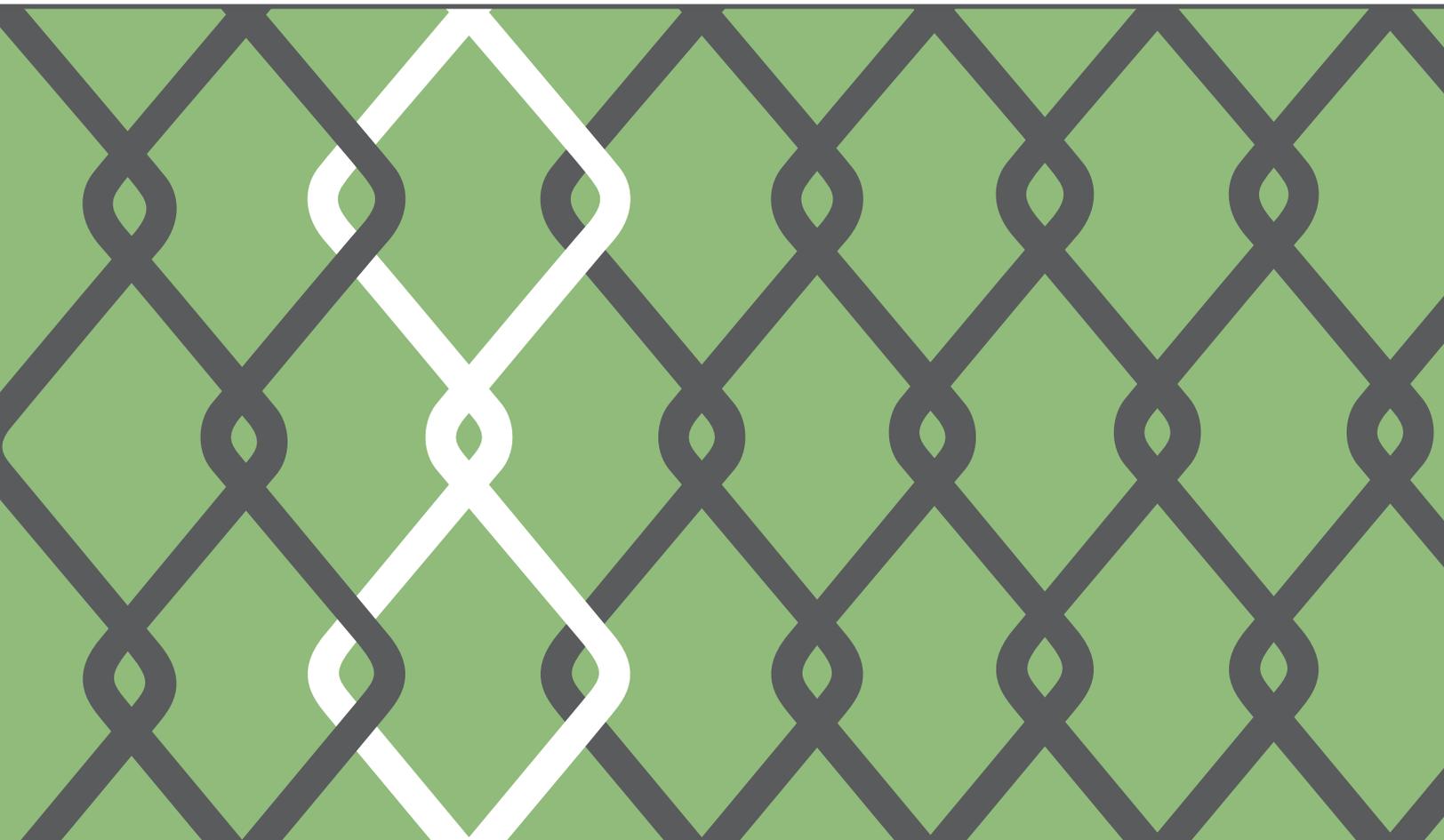


CCPHE

THE COLLABORATING
CENTRE FOR PRISON
HEALTH & EDUCATION

Peer Health Mentoring with Formerly Incarcerated Men

A Program Toolkit



Acknowledgements

We gratefully acknowledge all those who contributed to the Program Toolkit and the “Supporting the Achievement of Health Goals with Formerly Incarcerated Men” project.

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This resource is dedicated to the memory of our friend and colleague Larry Howett (1952-2017) and his tireless support of those who have experienced incarceration.



THE UNIVERSITY OF BRITISH COLUMBIA



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Printed in Canada

This document has been made possible through funding from:
Vancouver Foundation, Peter Wall Institute for Advanced Studies, Michael Smith Foundation for Health Research,
and Face the World Foundation.



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THE COLLABORATING CENTRE FOR PRISON HEALTH AND EDUCATION

The Collaborating Centre for Prison Health and Education (CCPHE) is committed to encouraging and facilitating collaborative opportunities for health, education, research, service and advocacy to enhance the social well-being and reintegration of individuals in custody, their families and communities. We are based out of the School of Population and Public Health at the University of British Columbia in Vancouver, BC.

The importance of engaging with and taking direction from people with incarceration experience underscores all our work. We use community-based participatory research approaches to engage the impacted community in all phases of research, and strengths-based approaches to emphasize the skills, knowledge, resilience, and abilities of people with incarceration experience.

HOW TO USE THIS RESOURCE

“Peer Health Mentoring with Formerly Incarcerated Men: A Program Toolkit” outlines the key learnings from a Peer Health Mentoring pilot program. The Peer Health Mentoring pilot program was one component of a larger community-based participatory research project that explored ways to support formerly incarcerated men in achieving their self-identified health goals. The Toolkit contains: major lessons learned by the project team; a summary of the Peer Health Mentor training workshop series; and, resources and tools for organizations interested in developing their own Peer Health Mentoring program.

The Toolkit is intended for:

- ❖ Health, community, or correctional organizations working with incarcerated and formerly incarcerated people;
- ❖ Organizations or individuals interested in community-based participatory research approaches to project design and delivery;
- ❖ Organizations interested in peer health mentoring projects; and/or,
- ❖ Academic individuals or institutions interested in community-based participatory research.

1 Introduction

People returning to the community after incarceration experience multiple barriers to seeking and receiving health care and support, including lack of continuity of care during the transition from prison to the community.¹⁻⁷ Those incarcerated in the federal system have sentences that last years, or even decades, so that many are released into a world with which they are no longer familiar. Imagine returning to the community and not knowing how to operate a cell phone or use automated sinks. Parole requirements impose restrictions on people’s movement, limiting their ability to connect with their community. These feelings of alienation are compounded by the public’s negative perception of people with incarceration experience.

Incarcerated people experience a high prevalence of chronic conditions, developmental disabilities (such as FASD), chronic pain, mental health, and substance use issues.⁸ In addition, people with incarceration experience face challenges in accessing a family physician, obtaining identification cards, birth certificates, housing, employment, and education as well as (re)building relationships with family, friends, and community. Mortality rates increase dramatically during the post-release period, especially during the initial weeks of living in the community. Leading causes of death include drug overdose, cardiovascular disease, homicide, and suicide.⁹

Overall, reintegration can be an overwhelming and challenging process in which individuals are expected to make tremendous change in isolation. Therefore, to address barriers to reintegration, we need to understand how to best support formerly incarcerated people to access health care and social supports.

“Supporting the Achievement of Health Goals with Formerly Incarcerated Men”

In 2014, CCPHE partnered with the John Howard Society of Canada to lead a community-based participatory research project centered on the health needs of men leaving the federal correctional system, entitled “Supporting the Achievement of Health Goals with Formerly Incarcerated Men.” We define health as a broad concept that includes physical, mental, emotional and spiritual health. The project aimed to identify the immediate, mid-range, and long-term health goals of men after their release and how to best support men in achieving those goals.

We invited formerly incarcerated men to participate in two preliminary focus groups (one focus group with men released less than three months prior and one with men released more than six months prior). Participants identified a range of health priorities for men throughout the reintegration process:



INTRODUCTION

In the main study, participants (men released from federal prison within two months of joining the project) were asked to set self-identified health goals once a month for six months. 37 men set a total of 106 goals over the course of the project. Through thematic analysis, five broad categories of health goals were identified:

ACHIEVE INDEPENDENCE

1. Job
2. Education
3. Arrange for disability/pension/workers' compensation
4. Housing
5. Parole
6. Transportation
7. Start a business

SELF-IMPROVE PHYSICAL HEALTH

1. Get/remain fit
2. Lose weight
3. Eat healthy
4. Manage diabetes
5. Reduce/quit smoking

OBTAIN HEALTH CARE

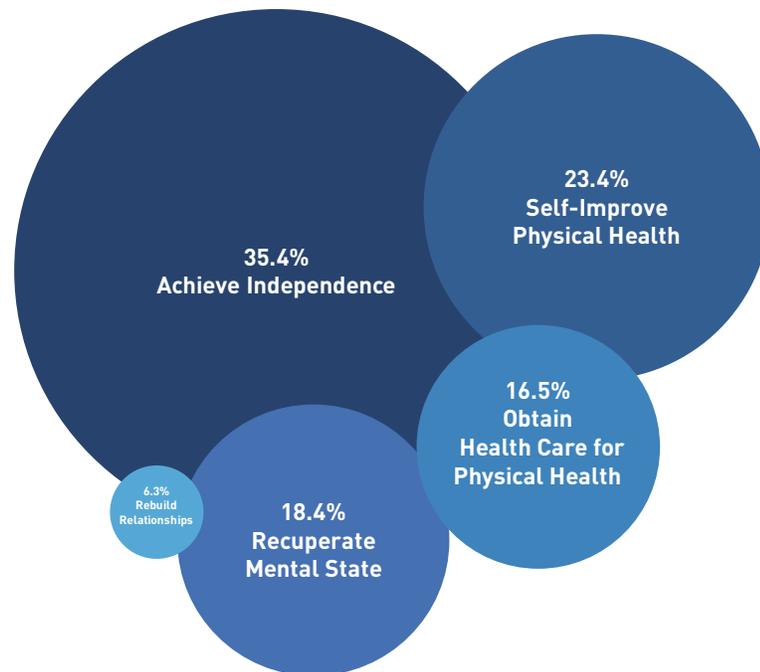
1. Dental work
2. Hepatitis-C
3. Cardiac care
4. Medications
5. Addiction treatment

RECUPERATE MENTAL STATE

1. See psychologist/counsellor
2. Stabilize mental health
3. Obtain support
4. Adjust to society
5. Stay off drugs & alcohol

REBUILD RELATIONSHIPS

1. Connect with family
2. Find a partner
3. Have a family



Peer Health Mentoring

To explore how best to support men in achieving these self-identified health goals, the project team piloted a Peer Health Mentoring program. In previous CCPHE participatory preventive health projects, formerly incarcerated men suggested that incarceration and its impacts on health can best be understood by peers (men with similar life experiences). Peers can expedite trust and build relationships with men during reintegration. A peer's successful transition from prison to the community can be a source of motivation for those who are recently released.

Eight formerly incarcerated men were hired and trained to be Peer Health Mentors in order to support project participants in achieving their health goals. Peer Health Mentors were identified as formerly incarcerated men who have been living successfully in the community, including no harmful substance use, for at least two years prior to joining the project.

While enrolling in the main study, participants were offered the opportunity to connect with a Peer Health Mentor to support them in achieving their health goals. If the participant was interested, the Project Manager facilitated an initial meeting between the participant and a Peer Health Mentor. Once introduced, participants and Peer Health Mentors set the frequency of their own meetings and worked together to complete tasks set by the participants.

2 Lessons Learned

The project team gained valuable insight through piloting this Peer Health Mentor program, in particular the complexities of working with formerly incarcerated men. Below are some of the key learnings that emerged from the project.

2.1 WORKING TOGETHER AS AN INTEGRATED TEAM

The CCPHE project team was comprised of project staff, the academic lead and academic co-investigators. Project staff included a Project Manager, Project Assistant, Knowledge Broker, and formerly incarcerated men as Community-based Project Assistants and Peer Health Mentors. Working as a team that integrated members both with and without incarceration experience provided important learning opportunities for everyone involved.

1. Include people with incarceration experience on the project team.

From the first meeting, the Community-based Project Assistants created a collegial atmosphere between the Peer Health Mentors and the rest of the project team by relating peer-to-peer with the men. Including the Community-based Project Assistants in hiring the Peer Health Mentors was an important step early in the program to build trust among the team and create 'buy-in' from the Peer Health Mentors.

2. Hold regular meetings involving Community-based Project Assistants and Peer Health Mentors.

Regular meetings allow everyone on the team to remain updated on project implementation and to collaboratively respond to emerging issues as they arise. If there were no program developments to discuss, the team would discuss issues outside of the program, including future funding applications and larger project challenges. This further emphasized the integrated and collaborative nature of the project team and was an important ongoing trust and team-building process.

3. Communicate with Peer Health Mentors over the phone or in-person as much as possible.

Peer Health Mentors may have irregular access to email or a phone, so other project team members must ensure any updates and meeting times are communicated. Where possible, in person and phone communication is preferable to email.

“Everything was up front [with the team]... We always talked about things that we liked to do or liked to see things done or try to put together.”

- Peer Health Mentor

Although working as an integrated team is an important step when engaging in community-based programming, be cognizant that a power differential between team members still exists. Reflect at every step of your project about ways that decision-making can be shared among the whole team.

2.2 HIRING PEER HEALTH MENTORS

To hire Peer Health Mentors, we collaborated with our partner agencies, such as John Howard Society and Vancouver Native Health Society's Dudes Club, who work with many formerly incarcerated men. We also utilized the social networks of the Community-Based Project Assistants, who recommended potential Peer Health Mentors.

We hired the Peer Health Mentors as part-time casual UBC employees and therefore were required to go

LESSONS LEARNED

through an official UBC hiring process. Peer Health Mentors were required to submit their hours twice a month to Human Resources staff via email. Depending on each Mentor's computer skills and comfort, they either submitted the hours themselves or had a member of the project team submit on their behalf. Payment was received through direct deposit.

1. Build in extended lead time to identify and hire Peer Health Mentors.

It can be challenging to find and connect with candidates that meet job description criteria. Expect attrition during the hiring and training process and build a team size accordingly.

2. Advocate for Peer Health Mentors through the hiring process.

The Project Manager provided Peer Health Mentors with resources and assistance to create resumes (if they did not already have one). Ensure Peer Health Mentors are able to accept cheques or arrange for direct deposit, depending on the payment method of choice. The Project Manager advocated for any Peer Health Mentors that required assistance depositing their payments.

LOW-BARRIER BANKING IN THE VANCOUVER AREA

Pigeon Park Savings: Low Barrier Banking at Pigeon Park Savings provides cheap banking options for low income people. There is a small opening fee and monthly fee of \$5.00. However, be aware that Pigeon Park is located in the Downtown Eastside. This location may be triggering for formerly incarcerated people due to its proximity to drug trafficking and, potentially, past criminal associates. Many people have reported difficulty visiting Pigeon Park and expressed a desire for other banking alternatives. For more information: <https://www.vancity.com/AboutVancity/VisionAndValues/ValuesBasedBanking/FinancialLiteracyAndBasicBanking/BasicBanking/>

3. Be aware that some Peer Health Mentors may be on social or disability assistance, which imposes monthly income caps.

An effective overview of payment issues pertaining to participants on social assistance, disability pensions or multi-barrier disability programs is provided in a pamphlet produced by the BC Centre for Disease Control entitled "[Peer Payment Standards for Short-Term Engagements.](http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/peer-engagement-evaluation)" Discuss these issues with Peer Health Mentors and structure work schedules to avoid situations where income assistance could be reduced or eliminated. For more information: <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/peer-engagement-evaluation>

Peer Health Mentoring entails fluctuating and on-call work hours. Peer Health Mentors therefore require an open schedule and an understanding that income may vary from paycheque to paycheque. These factors understandably present challenges for many people, so keep an open dialogue about scheduling and payment options to address any issues or concerns as they arise.

2.3 ENGAGING FORMERLY INCARCERATED MEN

In our project, mentees were men recently released from federal prison (within two months of joining the project) and enrolled as participants in our larger project "Supporting the Achievement of Health Goals with Formerly Incarcerated Men." During enrollment, participants could choose if they would like to connect with a Peer Health Mentor. If the participant was interested, the Project Manager would contact a Peer Health Mentor to discuss whether the potential mentee would be a good fit. The Project Manager would then contact the mentee to confirm their interest and notify them that they would be receiving a call from the designated Peer Health Mentor.

The Project Manager chose pairings on a case-by-case basis based on several criteria, including geographic proximity, identified health goals, life experience, age, and personality. In some cases, Peer

Health Mentors had developed relationships with mentees inside prison prior to release, which was advantageous.

1. Recently released men face many restrictions upon returning to the community.

The initial post-release period is busy for federally incarcerated men, with many mandatory meetings and programming. This may limit their ability or interest in engaging with a Peer Health Mentor.

Many formerly incarcerated men live under parole or probation conditions when they transition into the community and some are on Long-Term Supervision Orders (LTSOs). This may further limit men's ability to travel to meet their Peer Health Mentor. For example, taking the wrong bus across a bridge may constitute a parole violation due to geographic restrictions, resulting in temporary detention (ie. return to custody) for up to 90 days.

2. Terminology is important when offering to connect men with Peer Health Mentors.

Many men are released from prison with a "jailhouse" mentality, believing that asking for help is a sign of weakness. We found that the term "Peer Health Mentor" did not always resonate with project participants and directly asking if they would like to have a Peer Health Mentor was not always successful. It was more effective to ask a participant about their health goals and their plan for achieving them. Without using the term 'Mentor,' we would describe a man's experience with those goals and then offer to make a connection with that man.

"You know, in order to do this job effectively, you have to be able to lose that jailhouse mentality."

- Peer Health Mentor

3. Certain crimes carry different levels of stigma among men with incarceration experience, in particular sexual crimes or crimes against women and children.

This stigma has the potential to impact how some mentees are treated within the program. Set a clear expectation that Peer Health Mentors are required to treat all mentees the same regardless of the nature of their previous crimes.

2.4 PEER HEALTH MENTORING

After being matched, Peer Health Mentors met with mentees to support the achievement of their identified health goals over their six-month participation in the project. Some mentees only required support for one small task; whereas, others required more robust support.

1. Create clear expectations regarding communication with mentees.

Because mentoring work is on-call and on-going, it is important to help Peer Health Mentors establish boundaries with their mentees about how often to expect communication. Work with them to develop strategies to respond to texts and phone calls from mentees, especially those who communicate frequently, because Peer Health Mentors are not expected to be on-call 24 hours a day.

2. Provide Peer Health Mentors with means to communicate with mentees.

Provide Peer Health Mentors with cell phones to contact mentees. Many people prefer communicating via text message, but Peer Health Mentors should not be expected to use their personal phones (if they have phones) for mentoring work. Having a work phone helps create a work-life balance for Peer Health Mentors and helps set boundaries between Mentors and mentees.

3. Build trust between Peer Health Mentors and mentees.

Try to connect Peer Health Mentors and potential mentees in person when possible. Trust can be difficult to foster when connections are made only over the phone.

4. Offer a “web of support” to mentees, which not only includes the support of Peer Health Mentors, but the whole project team.

While peer support was vital to this program, other project team members such as the Project Manager or Project Assistant provided valuable support as well. The university-based team members may be better positioned for advocacy work, such

as in the case of speaking to the bank manager about removing a hold on cheques deposited in a Peer Health Mentor’s account or when speaking to certain health and social service professionals. The main objective is to ensure mentees feel supported in achieving their goals, which may entail support from the entire integrated team.

“You gotta make that connection right away with people, let ‘em know you’re genuinely there to help, and then you can move forward.”

– Peer Health Mentor

3 Training Peer Health Mentors

All Peer Health Mentors should receive training before working with mentees. Training will provide a strong theoretical basis for approaching mentoring as well as fundamental skills for working with mentees and systems navigation.

Training workshops can also serve as a team-building exercise. The project team and the Peer Health Mentors participated in the training together as an integrated team.

CONSIDERATIONS FOR DEVELOPING A TRAINING WORKSHOP SCHEDULE

1. The workshop facilitators' experiences working with formerly incarcerated people and their ability to engage with the Peer Health Mentors.
2. The workshop structure. Workshops should be delivered using accessible language and be flexible in structure.
3. The experience of the Peer Health Mentors. Avoid didactic presentations and provide opportunities for the Peer Health Mentors to share their own knowledge. Recognizing and validating the experiences of Peer Health Mentors helps to build relationships and develop trust.
4. The importance of incentives for consistent attendance. Build in time for smoking breaks, provide lunch, and supply a small stipend for each session.
5. The potential of workshop topics to be triggering. Be aware and responsive to potential triggers related to substance use such as overdose prevention training, which requires handling needles.

After the initial training is completed, have skill refresher sessions at regular intervals throughout the project to build consensus around protocols and expectations. Either plan additional training workshops or address issues as they arise during regular project team meetings.

The project team, including the Community-based Project Assistants, identified a number of training requirements and collaboratively developed the training schedule. Though the training schedule was developed prior to hiring the Peer Health Mentors, we recommend including them in the development phase, if possible.

Our training workshop schedule consisted of seven four-hour sessions and was held over two months.

Training Topics

- ◆ Introduction to Peer Health Mentoring, boundaries and self-care
- ◆ Mental health, addictions and trauma
- ◆ Trauma-informed practice
- ◆ Indigenous cultural safety
- ◆ Peer facilitation
- ◆ Systems navigation
- ◆ Overdose prevention - Take Home Naloxone

The following sections outline the key objectives and messages from each workshop.

3.1 INTRODUCTION, BOUNDARIES AND SELF-CARE

Katherine Aubrey facilitated the first two training workshops. Katherine has a background in counselling and previously delivered peer counsellor training inside federal prisons. Through this work, she had already met several of the Peer Health Mentors.

A MESSAGE FROM THE FACILITATOR

This early group work is an important part of establishing the foundation for trusting, supportive relationships amongst the team members.

This increasing awareness and skill-building helps to build confidence, especially for some formerly incarcerated men who have little to no recent community employment experience. This helps them to recognize the valuable knowledge and experience they possess.

It provides an introduction to healthy professional boundaries which are contrary teachings to the boundary violations many have experienced. Boundaries training is especially important because many of the men are having to unlearn what has kept them safe inside.

These trainings are part of preparation for stepping into a professional, helping role which for some of the men provides a welcome, fulfilling, new part of their identity.

The group work aspect of these trainings, with community members being a part of the group, is part of social recovery. This is especially the case for someone who may now feel self-conscious, out of place and fear being judged or condemned in the community.

OBJECTIVES

1. Define and explain the key characteristics of Peer Health Mentoring.
2. Identify the expectations of those in the Peer Health Mentor role.
3. Identify and utilize the process for dealing with a participant emergency.
4. Understand the challenges with UBC payment and be proactive in contacting project team regarding financial issues.

KEY MESSAGES

- ❖ Being a Peer Health Mentor is a unique supportive role.
- ❖ It is important to create and maintain safety for both the mentee and yourself.
- ❖ Your responsibility is to set and maintain boundaries:
 - ◆ Understand the difference between the mentor-mentee relationship and friendship.
 - ◆ Peer Health Mentors cannot pursue romantic or sexual relationships with mentees.
 - ◆ Limit self-disclosure.
 - ◆ Leave work at work and leave home at home.

- ❖ Ensuring confidentiality is extremely important to build trust with mentees but there are certain situations that will require breaking confidentiality, including real or perceived harm to self or others or receiving a subpoena.
- ❖ Peer Health Mentoring does not replace counselling so do not attempt to counsel if you are not trained.

3.2 MENTAL HEALTH, ADDICTIONS AND TRAUMA

OBJECTIVES

1. Understand how mental health, addictions and trauma are interlinked.
2. Support mentees in navigating mental health and substance use services for support.

KEY MESSAGES

- ❖ Grounding activities can be a way to re-connect with ourselves after being triggered, which can feel like being plunged back in to our traumatic experiences through smells, words, thoughts, tastes, and other sensory experiences
- ❖ Trauma, especially adverse childhood events, is linked to poor health outcomes and mood disorders.
- ❖ Trauma impacts our brain and our ability to respond to stress. Those who have experience trauma may develop stress responses such as substance use and addiction, being closed off emotionally, and/or seeking risk or danger.
- ❖ We can heal from trauma.
- ❖ It is important to understand the basics of mood disorders, depression and suicidality to effectively mentor peers with mental illnesses or addictions.
- ❖ Develop a relationship with your mentees:
 - ◆ Build trust and rapport
 - ◆ Demonstrate honesty
 - ◆ Find common ground
 - ◆ Validate how people are feeling
 - ◆ Recognize people's strengths
 - ◆ Acknowledge and build on people's knowledge, wisdom, and experience
 - ◆ Listen
 - ◆ Show integrity – own your own mistakes
 - ◆ Demonstrate being non-judgmental

Participant Feedback

Peer Health Mentors appreciated having the opportunity to be self-reflective and examine their own past experiences with mental health, substance use, and trauma.

Peer Health Mentors appreciated the different media (e.g. video, slides, and oral presentation) used during the workshops.

The presentations were well-received and the Peer Health Mentors appreciated the strong communication skills of the facilitator.

Because sections of the workshops could be triggering for some participants, consider setting aside time post-workshop to de-brief and provide additional supports (e.g. counselling services or crisis supports).

3.3 TRAUMA-INFORMED PRACTICE

Mark Goheen (M.A., RCC) is a Clinical Specialist within Fraser Health’s Mental Health & Substance Use Services and is a member of the Trauma-Informed Practice Working Group. He connected with the project team several times before the training to assess the needs of the Peer Health Mentors and how he could meet those needs through training. This workshop on Trauma-Informed Practice (TIP) built on the introduction to trauma from the previous workshop.

A MESSAGE FROM THE FACILITATOR

Although the value of TIP extends across all health and social service helping domains, it is crucial to effectiveness when engaging with populations of people who carry trauma histories. There is strong evidence that there is a high prevalence of trauma amongst men who have been incarcerated.¹⁰

Extensive meta-analyses demonstrate that the quality of relationship is the principle driver of outcomes¹¹ and TIP provides an evidenced-based framework to guide effective helping partnerships.

OBJECTIVES

1. Communicate the definition and principles of Trauma-Informed Practice (TIP).
2. Identify care experiences that were positive or negative.
3. Communicate how experiences of trauma impact behaviours.
4. Identify how to bring the principles of TIP into practice.

KEY MESSAGES

- ❖ Trauma-Informed Practice (TIP) is not a thing or procedure but a set of principles guiding effective and safe engagement with people who carry histories of marginalization and trauma.
- ❖ It takes intentional focus to build relationships and rapport with people who are suffering:
 - ◆ Remain open-minded and non-judgmental.
 - ◆ Ask “How can I best serve you?”
 - ◆ Let mentees know that you are there for them no matter what.
 - ◆ Safety is key to a meaningful helping relationship.
 - ◆ Ask permission and inform mentees of what is happening and is going to happen.
- ❖ Neurobiology of Trauma: In the brain, the pre-frontal cortex (the “manager”), the amygdala (the “smoke-detector”), and the limbic system (the emotional part of the brain) all contribute to how we respond to stress. Trauma can impact the way these parts of the brain function and communicate.
- ❖ Therapy allows us to make sense of trauma by building pathways for the pre-frontal cortex to communicate with the amygdala and by supporting the pre-frontal cortex to control the limbic system. Mentors can support progress by using gentle listening skills in the context of a safe and non-judgemental relationship.
- ❖ Supporting people through trauma means asking: “How do we support people through connecting with their strengths?”

- ❖ The 4 Principles of TIP
 1. Trauma awareness
 2. Emphasis on safety and trustworthiness
 3. Opportunities for choice, collaboration, and connection
 4. Strengths-based and skill-building

Participant Feedback

The facilitator was extremely well-received and multiple Peer Health Mentors asked for copies of his slides and additional literature on the topic of TIP.

Peer Health Mentors appreciated the time devoted to an often overlooked topic. They appreciated the illustrations, examples and analogies used to describe trauma.

3.4 INDIGENOUS CULTURAL SAFETY

The fourth workshop was the San'yas Indigenous Cultural Safety (ICS) Training delivered by the Provincial Health Services Authority. For more information on San'yas ICS Training, please visit <http://www.sanyas.ca/training>.

From the ICS Website

“The ICS training is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. The goal of the ICS training is to further develop individual competencies and promote positive partnerships. Skilled facilitators guide and support each participant through dynamic and interactive learning modules. Participants will learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals, time line of historical events; and contexts for understanding social disparities and inequities. Through interactive activities participants examine culture, stereotyping, and the consequences and legacies of colonization. Participants will also be introduced to tools for developing more effective communication and relationship building skills.”

Participant Feedback

Peer Health Mentors appreciated the opportunity to learn more about Indigenous Cultural Safety and deepen their existing knowledge.

“Good and clear information that I really needed to hear.”

“My first time being made consciously aware of the effects of colonization. I found this very informative and heartbreaking at the same time. Makes me feel positive going forward as an agent for change in an area that is resistant to change.”

3.5 PEER FACILITATION

A Community Developer from PeerNetBC led two workshops related to peer facilitation. He had previously worked with a similar group in a harm reduction setting and was recommended by a Project Advisory Committee member.

A MESSAGE FROM PEERNETBC

Skills gained through peer facilitation workshops help a Peer Health Mentor to more effectively support participants and help them work through difficult situations.

People come into spaces with different needs, experiences and personalities. A good facilitator requires a mental tool kit of skills to effectively lead a group.

Formerly incarcerated men come with their own unique set of experiences that, when coupled with a strong peer support component, can foster healthy relationships of mutual awareness and understandings.

OBJECTIVES

1. Define the role of a Peer Health Mentor.
2. Assess participants' own natural mentoring abilities, skills, tools, and activities.
3. Develop and practice one-on-one peer facilitation skills.
4. Practice conflict management and communication.

KEY MESSAGES

- ❖ The role of a peer mentor/navigator/facilitator is to:
 - ◆ Provide guidance to accomplish tasks
 - ◆ Set and maintain boundaries
 - ◆ Mediate conflict situations
 - ◆ Motivate peer clients
 - ◆ Draw on strengths (e.g. what is working well)
- ❖ When dealing with abuse or name-calling, trying to understand each other's perspectives. Check to see if their self-care needs are being met. Sometimes people are actually in need of water, food, rest, shade, etc.
- ❖ Understand people use different conflict styles with different people and there are positives and negatives to each style:
 - ◆ Forcer – “My way”
 - ◆ Collaborator – “Our way”
 - ◆ Compromiser – “Half way”
 - ◆ Avoider – “No way”
 - ◆ Accommodator – “Your way”

Participant Feedback

The Peer Health Mentors appreciated learning facilitation tools, revisiting existing skills, and engaging with new approaches to managing difficult mentoring situations.

The initial activity, involving a series of questions about each participant's name, was intended to be an 'ice-breaker' introduction. However, for the participants with incarceration experience, asking for one's full name triggered memories of interactions with law-enforcement. In the context of prison, these types of questions can be seen as overly personal.

- ◆ "In prison, you share as little as you possibly can."
- ◆ "These questions can bring up triggering memories."
- ◆ "You need to build rapport over time to ask these questions."
- ◆ "You are the bridge for your peer client between prison values and the community."

3.6 SYSTEMS NAVIGATION

Community-based Project Assistant, Larry Howett, and other members of the CCPHE team led a workshop on system navigation. Larry had significant experience in systems navigation through his work with Long-term Inmates Now in the Community (LINC), which supports people serving long sentences in their reintegration into the community. Larry previously had a contract with Correctional Service Canada to assist people in obtaining personal documentation upon their release from prison.

OBJECTIVES

1. Engage Peer Health Mentors in a resource mapping activity.
2. Share resources in the areas of:
 - ❖ Physical health
 - ❖ Mental/Emotional health
 - ❖ Spiritual health
 - ❖ Personal documentation
3. Opportunities for peer-to-peer sharing of expertise and resources.

3.7 TAKE HOME NALOXONE

Many of the formerly incarcerated men involved in the project requested this workshop. A Harm Reduction Coordinator with Vancouver Coastal Health delivered the Take Home Naloxone workshop, which provided training on how to prevent and respond to opioid-related overdoses.

OBJECTIVES

1. Understand the risks of opioid overdose.
2. Understand the mechanism of action for naloxone.
3. How to access naloxone.
4. How to use naloxone.
5. How to access additional harm reduction supplies and supports.

KEY MESSAGES

- ❖ Fentanyl is a painkiller that can lead to overdose death. It is often mixed with other substances and is impossible to detect without a chemical test.
- ❖ There are ways to reduce your risk of opioid overdose:
 - ◆ Know your source.
 - ◆ Use where help is easily available (e.g. at a safe injection site or with friends).
 - ◆ Start with a small amount.
 - ◆ Try not to mix substances. Mixing substances increases the risk of an overdose.
 - ◆ Make a plan and know how to respond in case of overdose.
 - ◆ Keep an eye out for friends.
- ❖ Naloxone restores breathing in people who are overdosing and immediately reverses opioid overdose signs and symptoms. Take Home Naloxone kits are available at no cost to people at risk of an opioid overdose or people likely to witness and respond to an overdose (such as family or friends of someone at risk).
- ❖ Please visit <http://towardtheheart.com/naloxone> for the most up-to-date information on how and where to obtain Take Home Naloxone kits.

3.8 WRAP UP: CERTIFICATE CEREMONY

All Peer Health Mentors earned certificates of completion on the final day of training.

Peer Health Mentors presented the certificates to each other. Each presenter shared a strength of the receiver and congratulated him on his achievement through the training workshops.

This way of presenting certificates helped to build relationships between the Peer Health Mentors and illustrated the project team's collaborative approach.



4 Program Tools and Resources

This section provides five tools that the project team used throughout the pilot Peer Health Mentor program.

- 4.1 Peer Health Mentor manual
- 4.2 Peer Health Mentor job description
- 4.3 Peer Health Mentor activity log
- 4.4 Emergency services contact list
- 4.5 Free counselling services

4.1 PEER HEALTH MENTOR MANUAL

The Peer Health Mentor Manual was written for the Peer Health Mentors and is intended to outline the Mentor role and provide Mentors with guidance on working with mentees. This manual was adapted from a CCPHE project entitled “Unlocking the Gates: Peer Health Mentoring,” which provides peer health mentor support to women leaving BC Corrections within their first three days of release.

What Is A Peer Health Mentor?

A Peer Health Mentor is a knowledgeable, experienced man, who has been in prison himself and who has successfully found his way back into community. He is an advocate, a role model, a resource person, and is able maintain a stable, professional and personal life. He cares about the men that he is mentoring and he is a good communicator and listener, as well as reliable, trustworthy, respectful, and non-judgemental. Peer Health Mentors will support men for up to six months of their release from prison. This mentoring relationship can help formerly incarcerated men to better overcome the challenges faced while returning to the community. The Peer Health Mentor’s role is to help the mentee through this challenging period by assisting mentees with accessing community and health resources, scheduling appointments, and achieving health goals.

KEY RESPONSIBILITIES

- ❖ Partner with men following their release from prison.
- ❖ Support mentees in navigating the health system and community resources, including accompanying them to appointments.
- ❖ Assist mentees to overcome their fears by encouraging them to ask relevant questions about the reintegration process.
- ❖ Listen to mentees describe their challenges and explore problem-solving resources.
- ❖ Encourage mentees to search for their potential that may be hidden to others or themselves.

Mentors Will:	Mentors Will Not:
<ul style="list-style-type: none"> ◆ Discuss aspects of mentees’ lives that they believe are relevant to their health, well-being and progress. ◆ Model honesty and integrity. ◆ Connect mentees to the appropriate resources. ◆ Maintain mentees’ confidentiality. ◆ Treat mentees with respect and dignity. ◆ Model effective ways to express anger. ◆ Stay in control in problematic situations. 	<ul style="list-style-type: none"> ◆ Do drugs or drink alcohol with mentees. ◆ Buy goods or services from mentees. ◆ Sell goods or services to mentees. ◆ Accept money from mentees nor lend or give money to mentees. ◆ Hold cash or other personal items or co-sign on a bank account, loan, or any other contract or lease agreement. This also includes being a reference for mentees. ◆ Lie for a mentee (e.g. to obtain welfare or housing, etc.). ◆ Divulge mentees’ information to family or friends. ◆ Act as experts in situations where they are not. ◆ Make assumptions about how mentees feel. ◆ Compromise their health, values, morals, and safety. ◆ Take mentees to your house.

Boundaries

Mentee or Friend?

Unlike in friendship, where the needs of both people are met, mentoring requires the Peer Health Mentor to focus on the needs of the mentee.

Leave Home at Home

It is important to limit self-disclosure. Peer Health Mentors should not place their own problems on mentees. Leave your baggage at home so it does not impact your relationships with mentees.

Professionalism

It is important to be on time. Be aware of how you are dressed and how you present yourself to mentees. Be aware of your body language. These factors all impact how mentees perceive you and your ability to support them.

Physical Contact

As a general rule, avoid physical contact. However, if you do engage in physical contact (e.g. a hug or pat on the back) ask permission first.

Confidentiality

Peer Health Mentors will be required to sign confidentiality agreements stating everything shared by mentees must be kept in confidence within the project team. However, it is required by law to break confidentiality in the following circumstances:

- ◆ There is real or perceived danger to yourself, the mentee, or another person.
- ◆ A mentee discloses about the occurrence of, or risk of, abuse or neglect of a minor or vulnerable adult.
- ◆ You receive a subpoena.

If a mentee asks you to conceal a secret (e.g. slip/relapse or crime), the best response is to say: “No, I can’t keep a secret for you. That would change our relationship.”

Be cautious about your surroundings – thin walls, the volume of your voices, or a friend travelling with you to meet the mentee can all break privacy and confidentiality.

Peer Health Mentors will debrief with the project team and discuss mentee progress throughout the program. These conversations between Peer Health Mentors and the project team are confidential.

Mentor Safety

Policies

CCPHE values the personal safety of Peer Health Mentors. Mentors should not proceed into a situation they think may be dangerous without getting assistance.

If a Peer Health Mentor senses a problem, he is to step back from it and contact the Project Manager. If it is determined that law enforcement or medical assistance is required, call 911.

Peer Health Mentors are not law enforcement officers and are not expected to perform or function as law enforcement.

Risk Factors

Personal safety begins with attention to risks. Examples of risk factors are: mentees using substances, engaging in crime, abusive intimate relationships, and negative past history with Peer Health Mentors.

When a Peer Health Mentor is working with a mentee, it is important to consider the risk factors that are associated with that mentee. This will help the Peer Health Mentor decide how he will interact with the mentee and where they will meet. Understanding risk factors will give the Peer Health Mentor the opportunity to prepare for incidences that could occur in relation to the risk factors (e.g. if the mentee is under the influence when they meet).

Working with a mentee that possesses several risk factors does not mean there will be problems when working with him. And conversely, working with a low-risk participant does not mean there will not be problems.

Risk factors are not a reflection of the mentee's character, but instead are behaviours associated with trauma and/or addiction.

Threats against Mentors

If a Peer Health Mentor is physically threatened directly or receives a threat by letter, telephone, email, text or indirectly, they should:

- ◆ Notify the Project Manager, or
- ◆ Notify the police of the threat, if the threat is believed to warrant immediate action/protection.

Peer Health Mentors should do the following if involved in a threat or incident:

- ◆ Document the incident and all responses.
- ◆ Debrief with the Project Manager.
- ◆ Discuss the possibility of transferring the mentee to another Peer Health Mentor.

Emergency Calls

If it is determined that law enforcement or medical assistance is required: Call 911.

A Safety Checklist

It is important to follow safety protocol throughout the entirety of your mentor-mentee relationships. Peer Health Mentors will check-in at the weekly project team meeting. This will be an opportunity for you to debrief and request further support for working with mentees if necessary.

Consider the following when arranging to meet with a mentee:

- Wear comfortable clothing and footwear.
- Make sure your cell phone is fully charged before the meeting.
- Take CCPHE contact information with you in case you need to contact the team immediately.
- If asked, state clearly who you are and that you are a Peer Health Mentor.
- Be aware of your surroundings. Meet mentees in neutral locations especially if there are risk factors associated with the mentee.
- Be exceptionally alert when entering a high-crime area or when there are indications of domestic disputes or physical violence.
- Listen to your instincts. If things "feel wrong" they probably are, so remove yourself from the

situation as quickly as possible.

- Maintain your composure, professionalism, and confidence to convey an attitude of alertness and caring.
- Under no circumstances turn your back on a distressed or agitated mentee.
- Use your vehicle at your discretion.

Legal Responsibility

Your legal responsibility as a Peer Health Mentor is to owe a 'duty of care' to your mentees. This means that when a mentee is in crisis, it is expected that you will connect them to services and supports. As long as this duty of care is met, then you have fulfilled your obligation. Remember: the role of a Peer Health Mentor is to facilitate the connection of mentees to professional services and supports – not to take on the role of those services and supports yourself.

4.2 PEER HEALTH MENTOR JOB DESCRIPTION

The Peer Health Mentor job description was informed by previous postings for community-based project assistants and contained criteria identified by project team members with previous mentoring experience.

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JOB TITLE: Peer Health Mentor

JOB SUMMARY

The Peer Health Mentor position is open to applicants who have lived prison experience. The incumbent will mentor men for six months as they transition from a federal correctional facility to the community. The Peer Health Mentor is responsible for mentoring men who are being released from prison by providing individualized information (as requested by men) about health and community resources that are deemed safe and appropriate for reintegrating back into society.

ORGANIZATIONAL STATUS

The position is in the School of Population and Public Health, which is part of the Faculty of Medicine at the University of British Columbia. The position is within the “Supporting the Achievement of Health Goals with Formerly Incarcerated Men” Peer Health Mentor project, which operates out of the Collaborating Centre for Prison Health and Education. The incumbent will report to the Project Manager, who will then report to Dr. Ruth Elwood Martin, Principal Investigator.

WORK PERFORMED

- Work with mentees recently released from federal correctional facilities to address and meet their self-identified health goals.
- Provide support and facilitate connections to health and community resources/services as requested by mentees.
- Act as the liaison between mentees and the community.
- Document tasks in a weekly log.
- Attend weekly meetings with the CCPHE project team.

SUPERVISION RECEIVED

Will receive supervision from the Project Manager

SUPERVISION GIVEN

Not applicable.

QUALIFICATIONS

High school graduation. Must have previous federal or provincial incarceration experience. Prior experience working with prison populations an asset. Ability to communicate effectively verbally and in writing. Past experience and/or interest in peer mentoring. Passionate about helping other men who are transitioning from prison back to the community. Ability to work as part of a diverse team. Demonstrated ability to accept feed-back. Willing to learn to use Microsoft Word, Excel and Outlook. Critical thinking and problem-solving skills. Highly organized with effective time management skills. Must be two years living crime free in the community without harmful substance use. Knowledge of health and community resources.

CONSEQUENCE OF ERROR

The work of the Peer Health Mentor will be monitored by the Project Manager and Principal Investigator. The research project will engage with participants who are men living in BC communities with lived incarceration experience, and the incumbent is expected to work with efficiency and sensitivity. Errors or incorrect decisions could compromise the quality of the research, compromise the collegial relationships with partners and/or participants, result in delays in completing projects, and potentially

impact the credibility of the Department and its investigators. Inability to exercise sound and sensitive judgement could diminish the investigator and/or Department's ability to attract the support of the scientific community and/or lead to poor public/private sector relationships and partnerships. The work of the Peer Health Mentor must be completed at a high level of accuracy and efficiency.

UBC hires on the basis of merit and is committed to employment equity. All qualified persons are encouraged to apply. UBC is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, persons of any sexual orientation or gender identity, and others who may contribute to the further diversification of ideas. Canadians and permanent residents of Canada will be given priority.

4.3 PEER HEALTH MENTOR ACTIVITY LOG

The Peer Health Mentor Activity Log was used by the Peer Health Mentors to capture information about their meetings with mentees. Mentors logged mentees' health goals and documented the resources and information required to achieve those goals. The logs also helped the project team track how often Mentors were meeting with mentees.

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Date:	
Mentor's Name:	
Mentee's Name:	
GOAL - WHY ARE YOU MEETING	
ACTIVITY - WHAT DID YOU DO	
Date of Next Meeting	
Follow-up Plan	
Resources Needed	

4.4 EMERGENCY SERVICES CONTACT LIST

During a regular meeting, the Peer Health Mentors identified the need for an emergency contact list to better assist mentees with systems navigation during mentoring encounters. This wallet sized resource was developed collaboratively with the Peer Health Mentors and the project team.

**Emergency Contact List
for Peer Health Mentors**

CCPHE
1-855-999-4976



Crisis Lines
Crisis Line: 1-800-784-2433
Trans Lifeline: 877-330-6366
Mental Health Line: 310-6789
Indigenous Crisis Line: 1-800-588-8717

Indigenous Services

Aboriginal Front Door: 604-697-5662
Residential School Survivor Line: 1-866-925-4419
Native Courtworker/Counselling: 1-800-622-6232
Aboriginal Affairs (Status Card): 1-800-567-9604
First Nations Health Benefits: 1-855-550-5454
Aboriginal Employment Services: 604-913-7933
Aboriginal Friendship Centre: 604-251-4844

Health Care

BC Nurses Line/Health Link BC: 811
Poison Control: 1-800-567-8911
Alcoholics Anonymous (AA): 604-615-2911
Narcotics Anonymous (NA): 604-873-1018
Options for Sexual Health: 1-800-739-7367
BC Dental Agency: 1-888-396-9888
VCH General Intake: 604-263-7377

Community + Social Services

Community, Social, and Gov't Services: 211
City of Vancouver: 311 or 604-873-7000
Legal Aid: 1-866-577-2525
Service Canada: 1-800-622-6232
Service BC: 1-800-663-7867
Social/Disability Assistance: 1-866-866-0800
Disability Alliance BC: 1-800-663-1278
BC Housing: 1-866-465-6873

Side 1

Side 2

4.5 FREE COUNSELLING SERVICES

Below is a selection of free counselling services located in Vancouver, BC and surrounding areas.

CLINIC NAME	DESCRIPTION	CONTACT
ABBOTSFORD		
Abbotsford Community Services (ACS)	Focus is on mental health, family violence, and addictions counselling. 2420 Montrose Avenue, Abbotsford, BC V2S 3S9	P: 604-870-3766 Website
BURNABY		
Vancouver and Lower Mainland Multicultural Family Support Services Society	Counselling and support services in a variety of languages. 5000 Kingsway Plaza - Phase III, 306-4980 Kingsway Burnaby, BC V5H 4K7	P: 604-436-1025 Website
Chinese Christian Mission (CCM) of Canada	Free and low-cost. Services include social, educational, community, cultural and spiritual activities to Chinese immigrants, seniors, women, children and youth. Crystal Mall, Level 2-4533 Kingsborough Street Burnaby, BC, V5H 4V3	P: 604-709-5729 Website
MAPLE RIDGE		
Alouette Addictions Services Society	Counselling and support for individuals and family members affected by substance use. 201-22477 Lougheed Highway Maple Ridge, BC, V2X 2T8	P: 604-467-5179 Website
NEW WESTMINSTER		
UBC Counselling Centre - New Westminster	Available from September to June. Day and evening appointments available. Counselling for the general public by counselling psychology graduate students, supervised by a psychologist.	P: 604-525-6651 Website
NORTH VANCOUVER		
Family Services of the North Shore	Some services are available free of charge. Professional counselling for residents of the North Shore. Counselling is available on a sliding scale for people living or working on the North Shore. Otherwise, counseling costs \$110 per hour.	P: 604-988-5281 Website

PROGRAM TOOLS AND RESOURCES

Website SURREY		
Simon Fraser University – Surrey	Counselling provided by supervised graduate students in counselling psychology.	P: 604-587-7320 Website
Surrey Youth Resources Centre, Community Counselling Clinic	Open to youth aged 12 – 19. Counselling provided by graduate student interns for individuals, youth and families (must have a child or youth in the family to access services).	P: 604-592-6200 Website
VANCOUVER		
UBC Scarfe Counselling	Counselling provided by counselling psychology graduate students, supervised by a psychologist. Clinic runs from September to April. UBC Psychology Clinic.	P: 604-827-1523 Website
Broadway Youth Resource Centre - City University Community Counselling Clinic	Open to youth aged 13 – 24. Offers counselling and support services in the areas of youth and family, anger management, and sexual orientation/gender identity issues. Counselling provided by supervised interns completing their Masters of Counselling Degree.	P: 604-709-5729 Website
Qmunity - Free Counselling Program	Short-term counselling for LGBTQ2S+ people. Maximum of 12 sessions.	P: 604-684-5307 Website
Watari Counselling and Support Services	Focuses on substance use counselling, community addictions counselling and system negotiation. 200-678 East Hastings Street Vancouver, BC, V6A 1R1	P: 604-254-6995 Website
Consolidated Credit Counselling Services of Canada Inc	Focused on supporting people with financial and debt management.	P: 1-888-477-7397 Website
Vancouver Coastal Health Community Health Centres	Must meet certain criteria (usually complex chronic illness and mental health or substance use issues). Visit clinics around the city, including: Ravensong, Three Bridges, REACH, and Pender Clinic. Satellite Office, 404-999 Canada Place Vancouver, BC, V6C 3E2	P: VCH Central Intake Line 604-263-7377

PROGRAM TOOLS AND RESOURCES

OTHER RESOURCES		
BC Responsible and Problem Gambling Program	Professional, multilingual counselling for any British Columbian struggling with their own or their family member's gambling. Counsellors have a minimum of a Master's degree in a counselling-related discipline.	P: 1-888-795-6111 (available 24/7) Website
Bounce Back Program - Canadian Mental Health Association	A family doctor referral is required. Telephone coaching for people with mild-moderate depression with or without accompanying anxiety. Coaching available in English, Cantonese, French and Punjabi.	P: 1-866-639-0522 Website
Crime Victims Assistance Program	Counselling for victims of crime, their immediate family members and witnesses. Contact for eligibility.	P: 1-800-563-0808 (available 24/7) Website
Residential Historical Abuse Program	Counselling for those who were sexually abused while under the care of the province (foster care, group homes, etc.).	P: 604-875-4255 Website

5 Conclusion

The overall project and the pilot Peer Health Mentoring program demonstrate the value of engaging peers in meaningful roles within participatory research. Based on feedback from the Peer Health Mentors, we feel the training prepared the Peer Health Mentors for their new roles and added to their transferrable skill-set that may assist them in securing future employment.

Overall, establishing and implementing a pilot Peer Health Mentoring program was a complex process. Engaging men recently released from federal prison is challenging due to their many competing priorities. However, the key learnings from this project suggest men are interested in achieving self-identified health goals and engaging with health and community supports. For the participants who made meaningful connections with a Peer Health Mentor, the program was a beneficial support. It is our hope that our learnings, training workshop series, and toolkit will be useful for individuals and organizations interested in implementing their own mentoring programs.

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