Community
Re-Integration:
Keeping Everyone Safe

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Law and Mental Health Program

Therapeutic Recreation Ontario Conference 2012
Forensic Mental Health Care

Includes Assessment, Treatment and Management of mentally disordered individuals who have come in conflict with the law.

**Assessment:** Initial stages – Acute care/ Fitness for trial and criminal responsibility review.

**Treatment:** Continuation of care, and initiation of longer term care supports for treatment and with emphasis on continued stabilization.

**Management:** Treatment Team – Continued day to day rehabilitative care.
Navigating the Forensic Mental Health System

See the handout provided:
Canadian Mental Health Association's the handout “Navigating the Forensic Mental Health System”
This explains how an individual enters and exits the forensic mental health system.
What is the Ontario Review Board?

The Ontario Review Board (ORB) is an independent decision-making body comprised of a alternate chair/judge, lawyers, public member, psychiatrist, attending psychiatrist, mental health professional, witnesses (if applicable), and the patient.

The ORB makes decisions about: Placement, Level of Security, and Privilege Levels for Not Criminally Responsible (NCR) or Unfit psychiatric patients.

The ORB process is governed by the criminal code; According to Section 672.38 (1) of the Criminal Code: A Review Board shall be established or designated for each province to make or review dispositions concerning any accused in respect of whom a verdict of not criminally responsible by reason of mental disorder or unfit to stand trial is rendered, and shall consist of not fewer than five members.
Number of ORB Patients at CAMH

FISCAL YEAR

# Illness Demographics

Approximate Breakdown of Primary Psychiatric Disorders in the Program:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Disorder</th>
</tr>
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<tbody>
<tr>
<td>68%</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>11%</td>
<td>Schizoaffective Disorder</td>
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<tr>
<td>5%</td>
<td>Bipolar I Disorder</td>
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<tr>
<td>3%</td>
<td>Psychotic Disorder</td>
</tr>
<tr>
<td>2%</td>
<td>Delusional Disorder</td>
</tr>
<tr>
<td></td>
<td>Dementia</td>
</tr>
<tr>
<td></td>
<td>Personality Disorder (NOS)</td>
</tr>
<tr>
<td>Less than 1%</td>
<td>Antisocial Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
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<tr>
<td></td>
<td>Bipolar II Disorder</td>
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<tr>
<td></td>
<td>Borderline Personality Disorder</td>
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<tr>
<td></td>
<td>Mild Mental Retardation</td>
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<tr>
<td></td>
<td>Major Depressive Disorder</td>
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<tr>
<td></td>
<td>Pedophilia</td>
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<tr>
<td></td>
<td>Polysubstance abuse</td>
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<tr>
<td></td>
<td>Substance-Induced Psychotic Disorder</td>
</tr>
</tbody>
</table>
Levels of Forensic Care at CAMH

4 Law and Mental Health Secure units
   (formerly called Medium secure Units)
   - 6 full-time RT’s

4 Law and Mental Health General Units
   (formerly called Minimum secure units)
   - 4 full-time RT’s

1 Law and Mental Health Out Patient Service
   - Which is not complimented by an RT on staff
What Do We Mean by Risk?

- Risk for re-offence is based on individual, interpersonal, and situational factors.
- Level of treatment or monitoring should be matched to level of risk.
- Research has shown that we can estimate risk for re-offence reasonably and accurately.
- Both static and dynamic factors are included in the assessment.

There are 2 types of Risk Factors:

Static and Dynamic Risk
Static Risk Factors:

Generally **unchangeable**, Historical factors

The best predictors of *long-term* sexual or violent recidivism

- Criminal History
  - (sex offences, violent offences and non-violent offences)
- **Relationship to victim**
- **Sex of victim**
- **Age at index offence**
- **Substance abuse history**
- **Personality disorder**
- **Failure on prior conditional release**
**Dynamic Risk Factors:**

Generally **Changeable** or modifiable existing factors which are the best predictors of **short-term** violent recidivism

- Active Psychosis or Mania
- Depressed Moods
- Medication non-compliance
- Lack of insight
- Drug and alcohol abuse
- Negative response to stress
- Anger / Hostility
- Sexual preoccupation
- Relationship problems
- Negative peer associations
- Increased access to victims
- Psychosocial instability
Mental Status Overview

Categories of the MSE:
- Mood
- Affect
- Thought Process
- Thought Content
- Speech/ Language
- Insight
- Appearance

Mental Status Exam (MSE), is part of the clinical assessment process in psychiatric practice. It is a structured way of observing and describing a patient's current state of mind.

* This is important to be able to gauge the patients ability and risk to be off the unit and in the community.
Privileges

Privileges granted to the patient detained by an ORB Disposition are to be exercised at the discretion of the designated hospital.

These privileges are contingent on a variety of factors…

On hospital grounds or in the community:

- Escorted by Staff (1:1)
- Accompanied by Staff (3:1) or with an Approved Person
- Indirectly Supervised
Roles of the Recreational Therapist in Community Integration

- Plan, organize, and inform patients about community based therapeutic recreation programs
- Encourage participation and attendance
- Supervision/ Security monitoring
- Monitor for potential safety risks to both client and community members (public safety role, reducing stigma)
- Model appropriate behaviour (social skills)
- Assessment of patient’s ability to function appropriately in the community
- Ongoing assessment of community interactions
- Communicate any notable incidents
Community Integration Skills

Skills Assessed
- Socialization with peers and interactions in the community
- Understanding the use of transit (TTC)
- Money management
- Awareness of self and the environment
- Community use of time/planning for the future
- Community safety

Skills to Develop
- Planning, accountability
- Community interactions
- Following directions
- Socially acceptable behaviour
- Transit use
- Financial competency
- Decision making, choices and compromise
- Community safety
- Develop opportunities to create community based interests
What to Consider During in a Community Outing

- Each patient's Disposition Limitations/ restrictions
- Patients' history and index offenses
- Mental Status and current functioning
- Understand the patients' possible triggers
- How members of the community can pose a risk to the patients themselves.
- Be very mindful of risk factors
Examples of Risks Involved with Specific Community Outings

Canadian National Exhibition:

✓ Patient and public safety
✓ AWOL possibility
✓ Weather variables
✓ Possibility of patients picking up contraband items
✓ Temptations (food, rides, shopping, smoking, alcohol)
✓ Crowds, line-ups, children
✓ Increased access to money
✓ Bathroom Breaks (male pts/ female staff + lines)
✓ Loud, Over stimulating
✓ Weather variables
✓ Patients wellness changes (mood, ailments, crisis)
✓ Possibility of patients picking up contraband
✓ Keeping everyone happy 😊
Examples of Risks Involved with Specific Community Outings

Toronto Island:

- Patient and public safety
- AWOL possibility
- Weather variables
- Possibility of patients picking up contraband items
- Transportation (TTC) and Ferry to the Island
- Distance from CAMH/ distance to walk from ferry to Island site

- Crowds, families and children
- Confidentiality during interactions with others
- Food transportation, preparation, handling and safety
- Open water/ bicycling safety
- Public beaches
- Patients wellness changes (mood, ailments, crisis)
Examples of Risks Involved with Specific Community Outings

Community Walk:

- Patient and public safety
- AWOL possibility
- Weather variables
- Busy traffic / pedestrians / construction
- Not keeping together / keeping together
- Unplanned requests to stops
- Bathroom requests
- Possibility of patients picking up contraband
- Patients wellness changes (mood, ailments, crisis)
Balancing Client-Centred Care with Public Safety

This is achieved by:

- Treating and managing forensic patients in the least restrictive and the least onerous circumstances while ensuring public safety.
- Ensuring thorough assessment and awareness of the level of risk posed by each forensic patient and adjusting privilege levels accordingly.
- Finally, adhering with terms set out in the Disposition of the Ontario Review Board.
Societal Views and Stigma

- Lack of education of the public about the forensic mental health system and its purpose/ function causes disproportionate reactions.
- Poor media portrayal and misrepresentation, causing over reactions.
- Added effect: increased stigma and misinformation given to society.
- Affecting the patients by contributing to negative self perception/ self esteem & can harm continued recovery.

“People get better in the community, they don’t get better the way they could in institutions”
Charles Emmerys, Psychologist.
Added Information & Handouts
Provided with PowerPoint

Handouts
- “Navigating the Forensic System”. CMHA Network Magazine – Forensic Mental Health - Winter 2009
- Mental Status Exam information sheet

Information/ Journals /Research Articles
- “Evil or Ill – Forensic Mental Health Services Pave Pathways to Justice”. Dr. Sandy Simpson. Cross Currents – Journal of Addiction and Mental Health – Summer 2011 Vol. 14 No. 4
- “Mad or Bad” Steve Lurie. CMHA Network Magazine – Forensic Mental Health - Winter 2009
- “Addressing the Challenge of Community Re-entry Among Released Inmates with Serious Mental Illness” Baillargeon, Hoge, Penn. 2010.
Questions? Comments?

Thank-you for attending our session;

Community Integration: Keeping Everyone Safe