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The Intersection of Legal and Clinical Pathways

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Public and media interest – high profile cases

STIGMA



PRESSURE



CUSTODIAL



HOMOGENISATION

PENAL POPULISM



HEALTH

**Person
with
mental
illness**

**SOCIAL
SERVICES**

**CRIMINAL
JUSTICE**

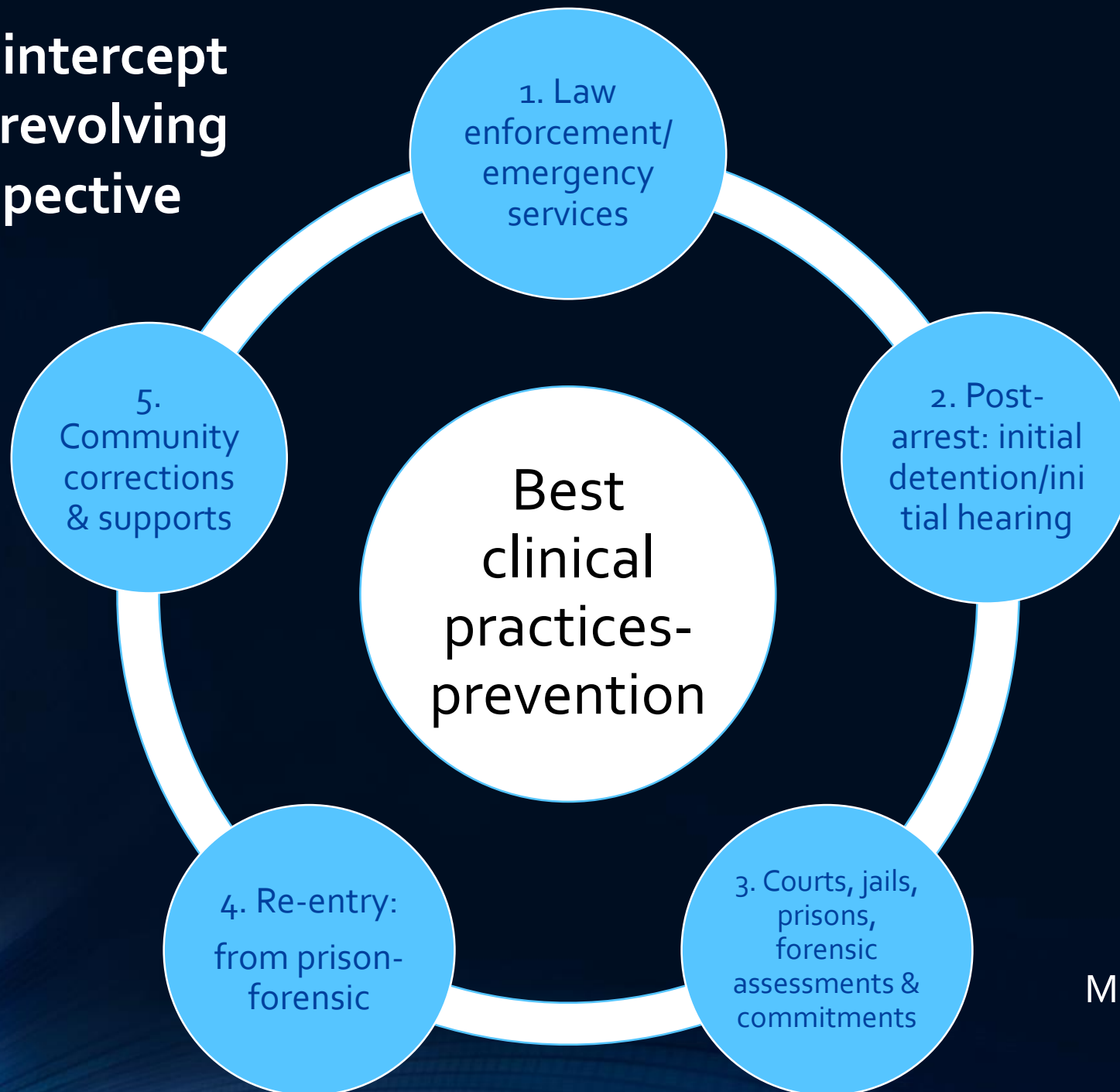
**CIVIL-
MENTAL
HEALTH
JUSTICE**

Sequential intercept model as a series of filters

Best clinical practices



Sequential intercept model as a revolving door perspective

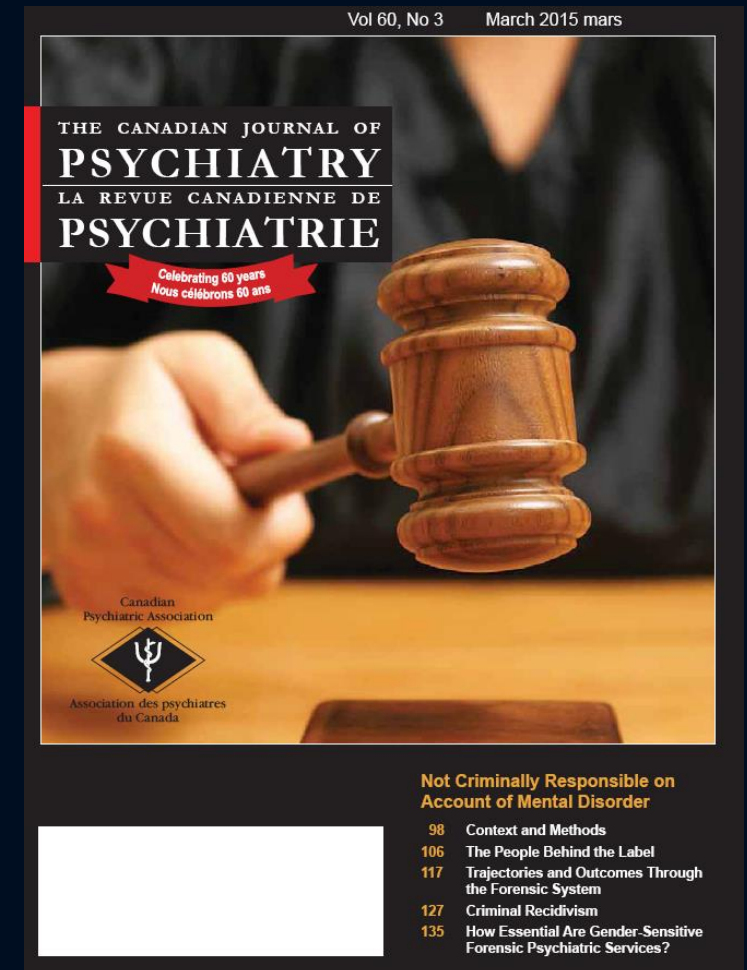


Munetz & Grifith (2006)

National Trajectory Project (<https://ntp-ptn.org>)

- 1,800 adults found NCRMD – archival study (2000-2005)
 - Quebec – Ontario – BC
- Review Board files reviewed and coded (a) 5 years prior to verdict AND (b) up to December 31, 2008
- Criminal record (lifetime)
- Health Records (BC & QC)
- Follow-up between 3 and 8 years

Crocker et al. (2014-2018)

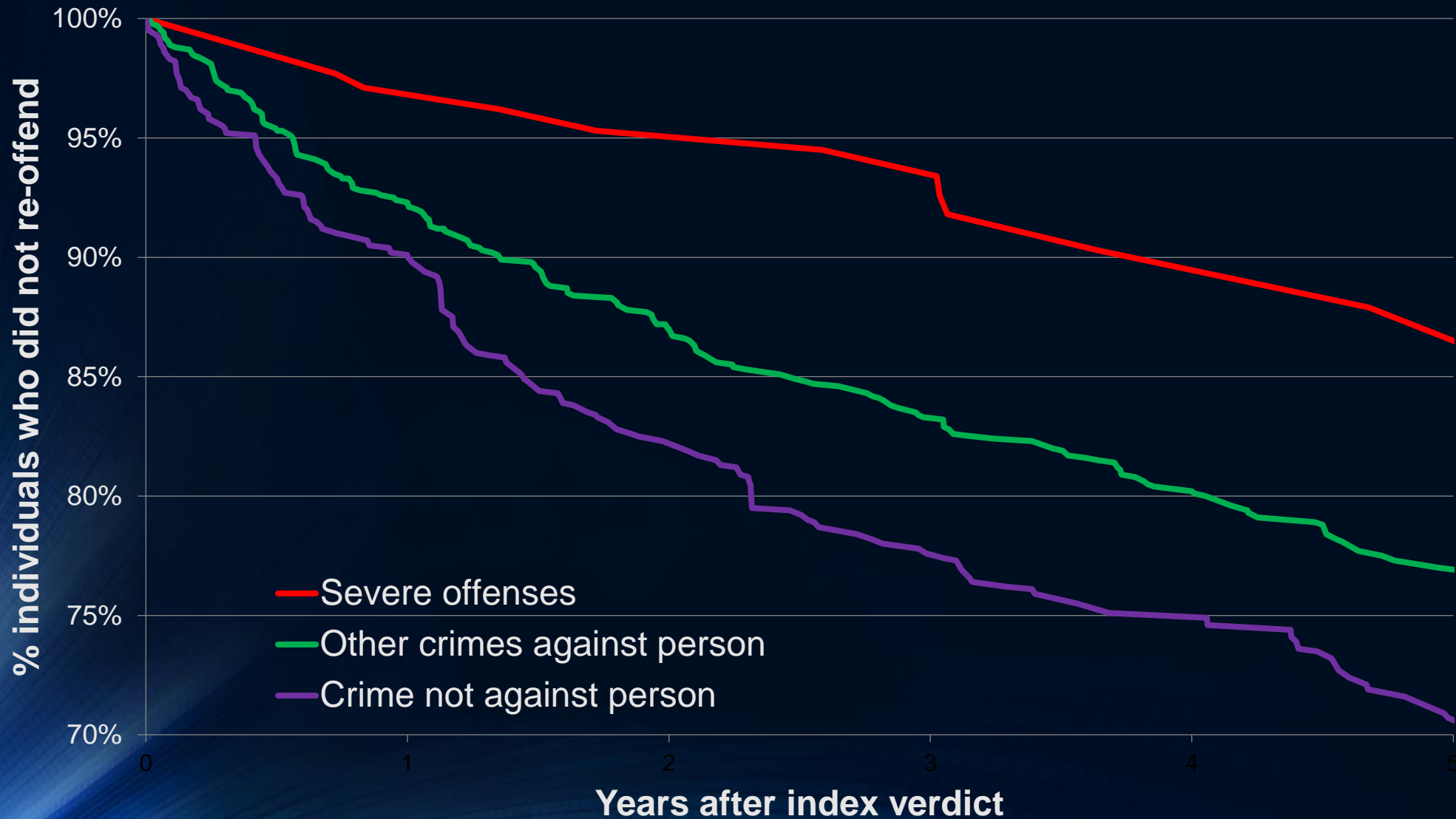


<http://publications.cpa-apc.org/browse/documents/659>

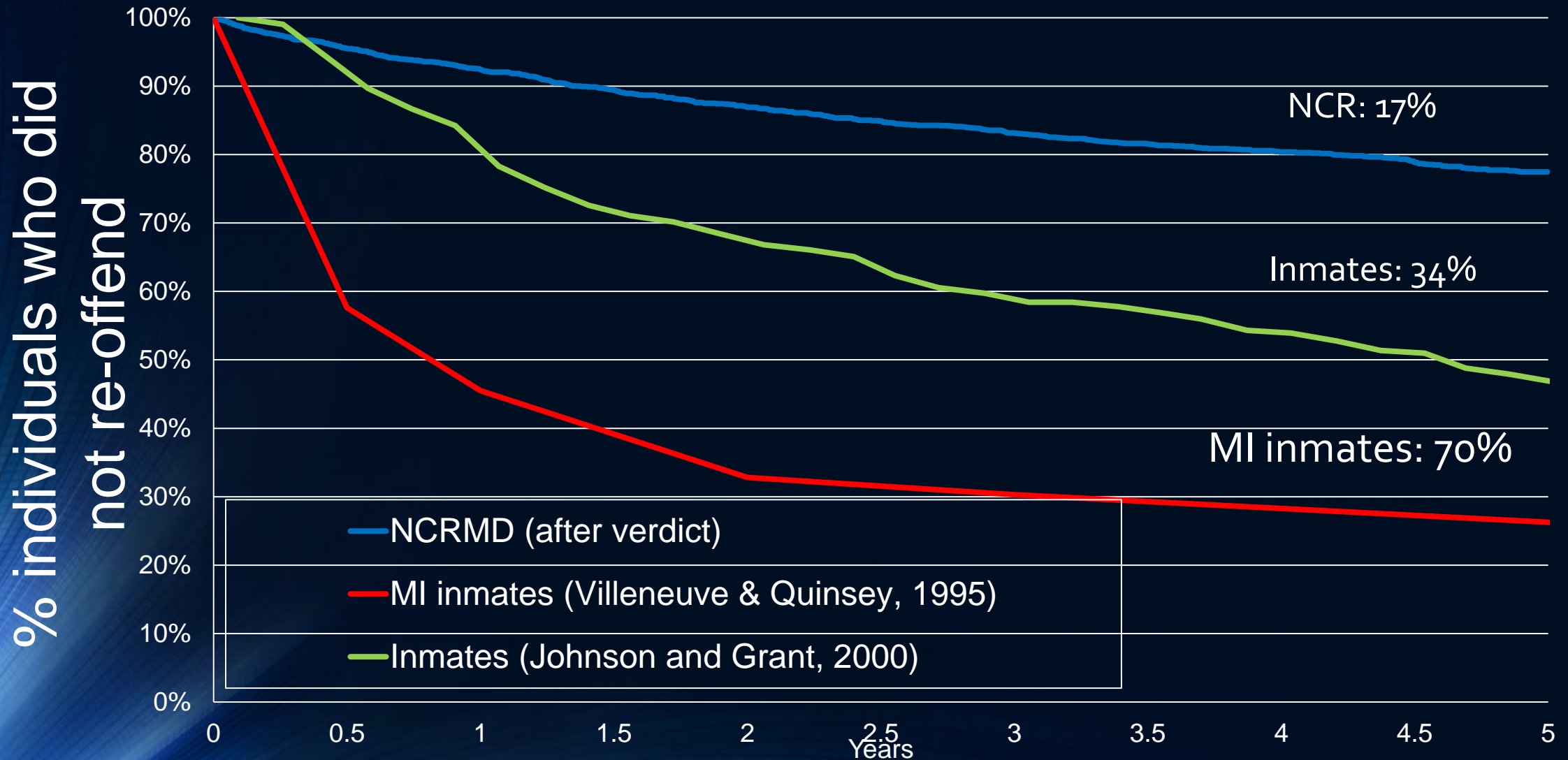
National Trajectory Project (<https://ntp-ptn.org>)

- NCR population resembles chronic psychiatric population: male, 30s, schizophrenia, comorbidity
- 72% prior psychiatric hospitalization - KNOWN
- 54% had prior conviction - KNOWN
- 84% income assistance, 9% homeless
- Serious violent offenders < 10%
- Recidivism rates low after 3 years (17% overall)

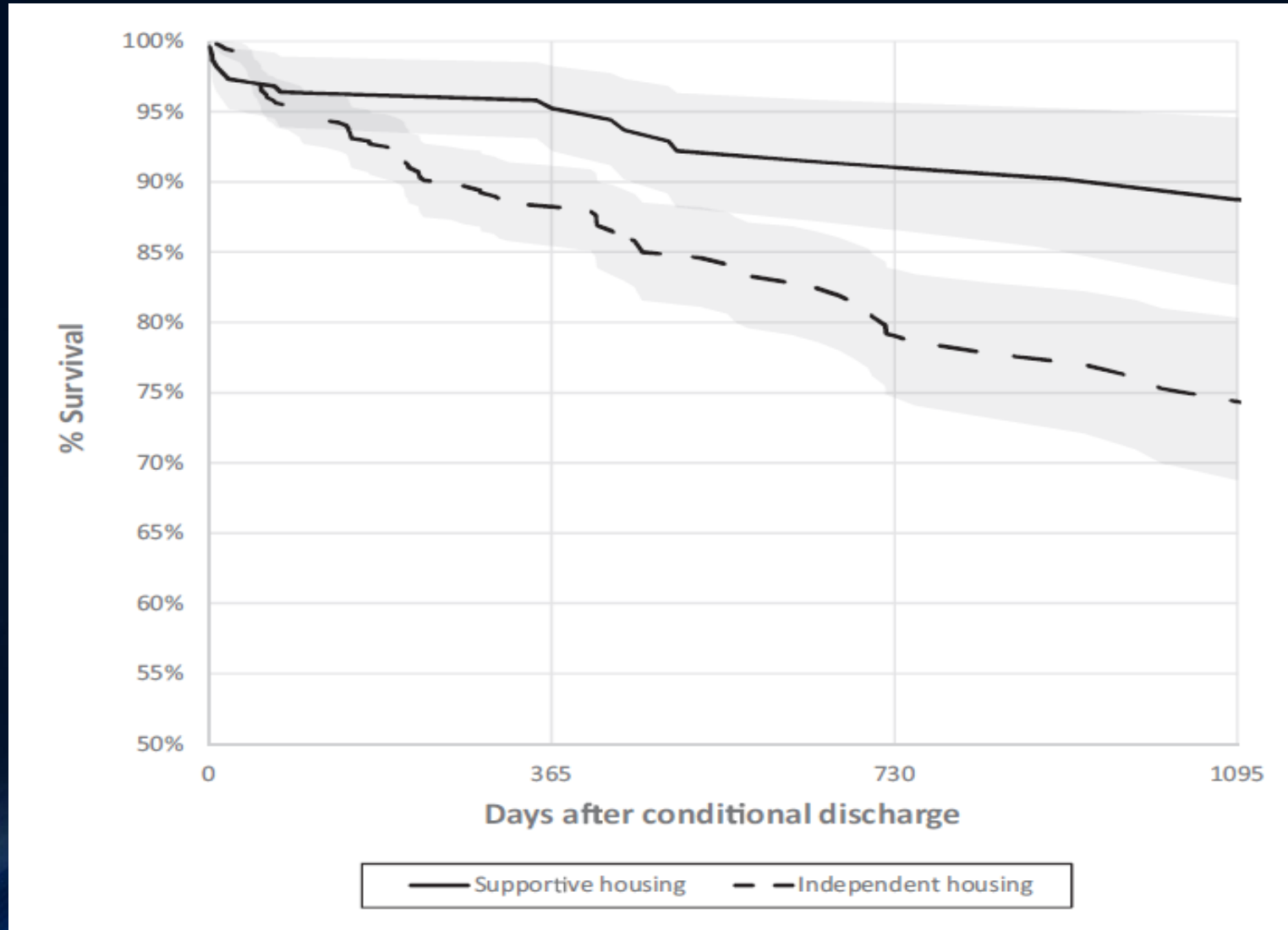
Recidivism by severity of NCR offense



Comparison of recidivism rates per population

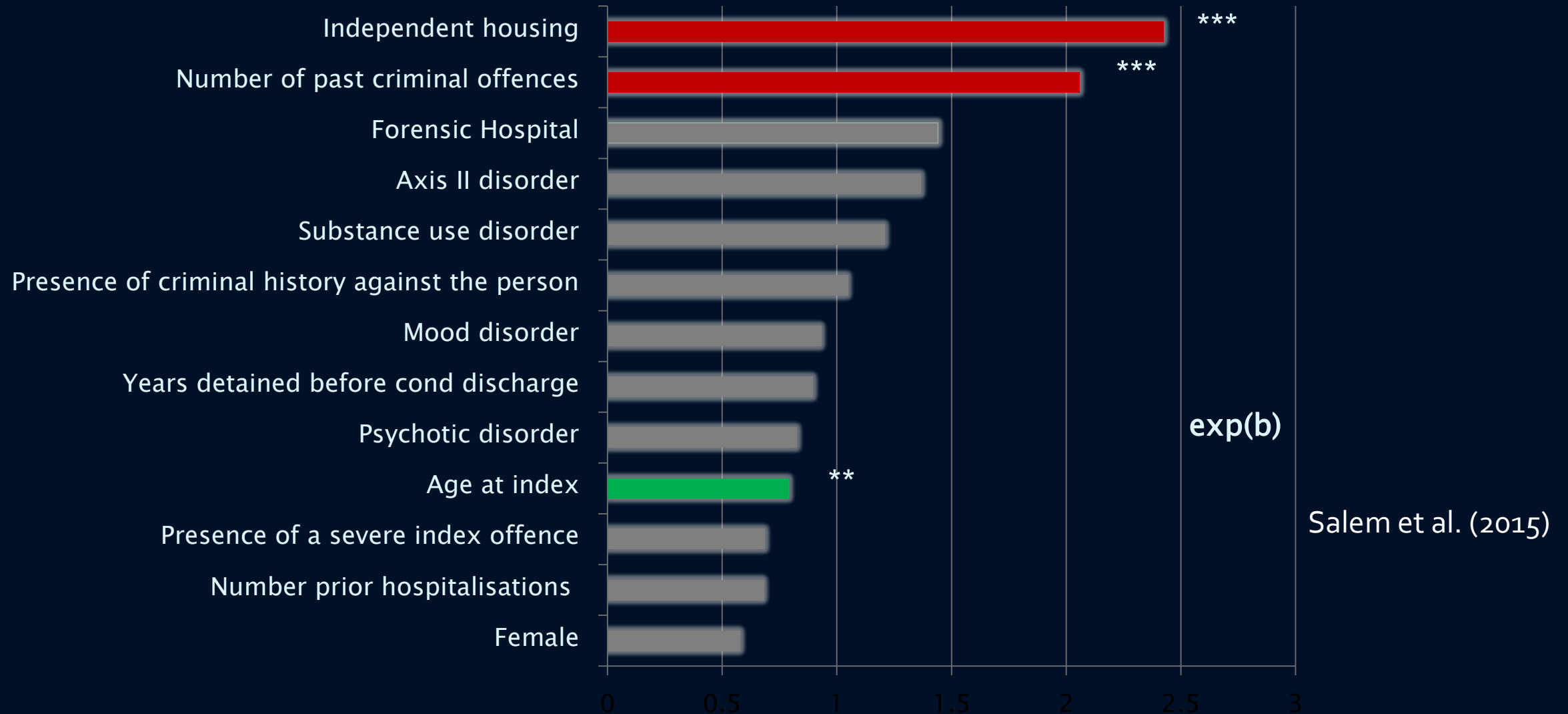


Community tenure (without recidivism)

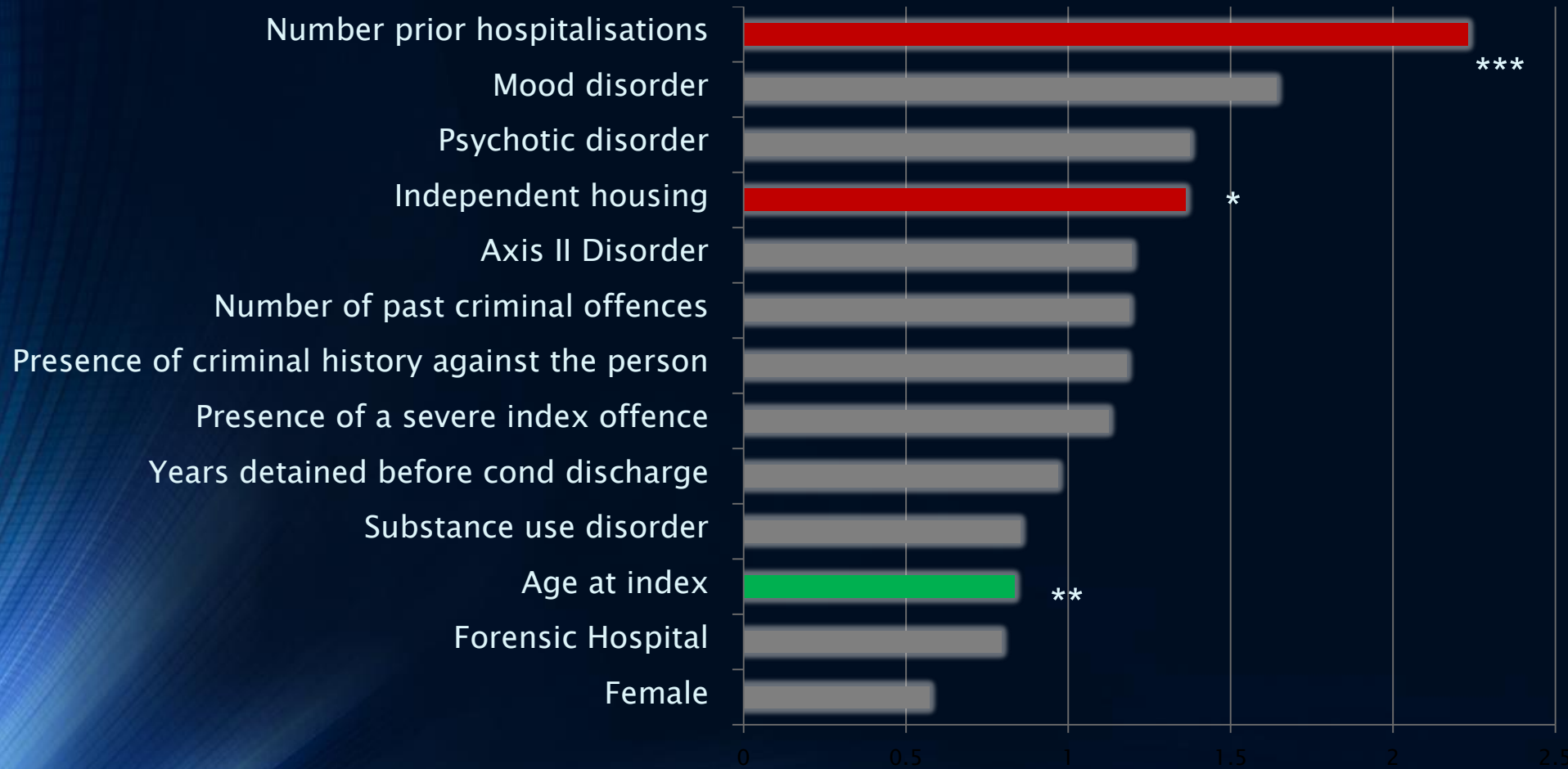


SUPPORTIVE
HOUSING

Housing : odds of recidivism



Housing : odds of rehospitalization



Salem et al. (2015)

Severe mental illness & Criminal Onset: Distinct pathways

- Early/late starter model (Hodgins)
- NTP – 5 subgroups
 - Adolescent pre-illness start (173)
 - Adult pre-illness start (406)
 - Younger post-illness start (621)
 - Older post-illness start (323)
 - First presenting (278)

Growing recognition of unique sub-groups with specific needs/risk factors around which to organize services

Early-late starters

- Traditional criminogenic needs in **pre-illness starters** (+++adolescent crime onset)
 - Comorbid substance use disorder
 - Comorbid personality disorder or traits
- **Older post-illness starters** and **first presenters** have less complex psychosocial history
 - Also low risk of problem behaviours while under the Review Board
 - Low risk of recidivism
- **First presenters** become involved with the mental health/justice system in a tragic event
 - Family crisis
 - Highly emotionally distressed situation
 - Suicidality often involved

Crocker et al. (2018)

The At Home/*Chez Soi* Study

Random assignment into:

- Treatment As Usual (TAU) $N = 990$
 - continued to receive services regularly available in their city
- Housing First (HF) $N = 1158$
 - Housing
 - services



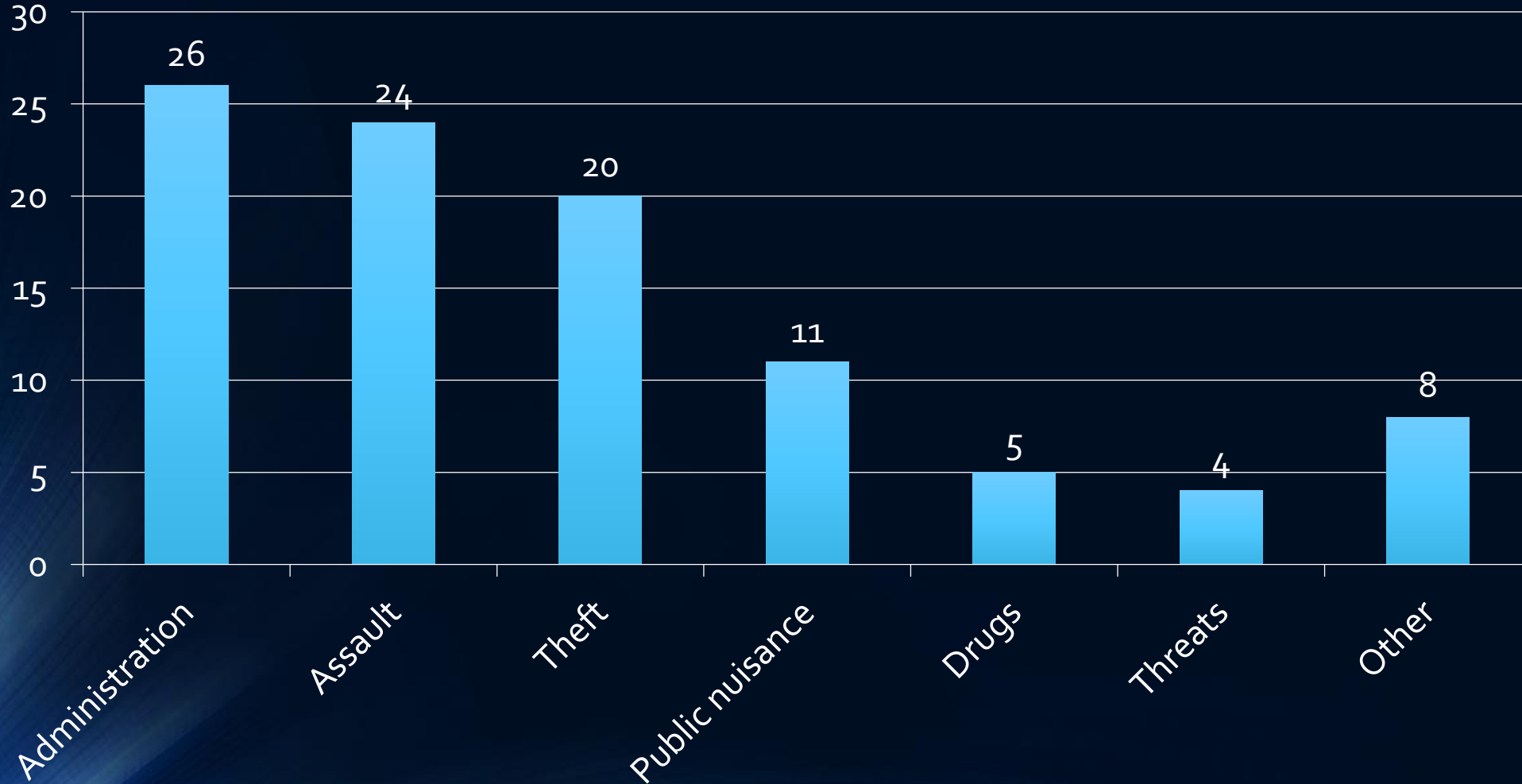
Goering et al.(2011)

Criminal Justice Involvement Among Homeless Is Higher For:

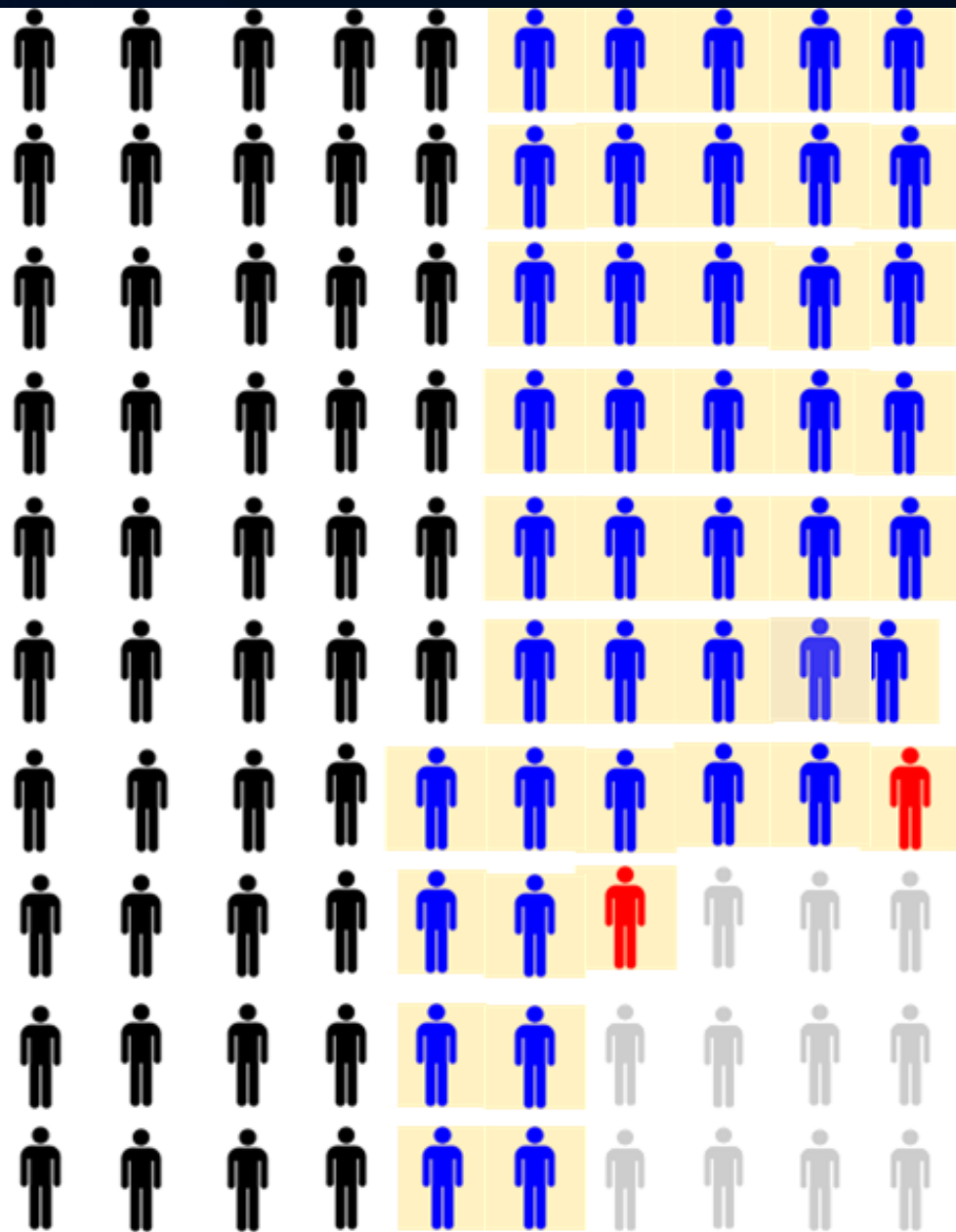
- Men
- Persons of Indigenous ancestry
- Persons with more psychiatric symptoms
- Persons with more serious substance use

Roy et al. (2016)

Reasons for arrests



2-year follow-up At Home/Chez Soi

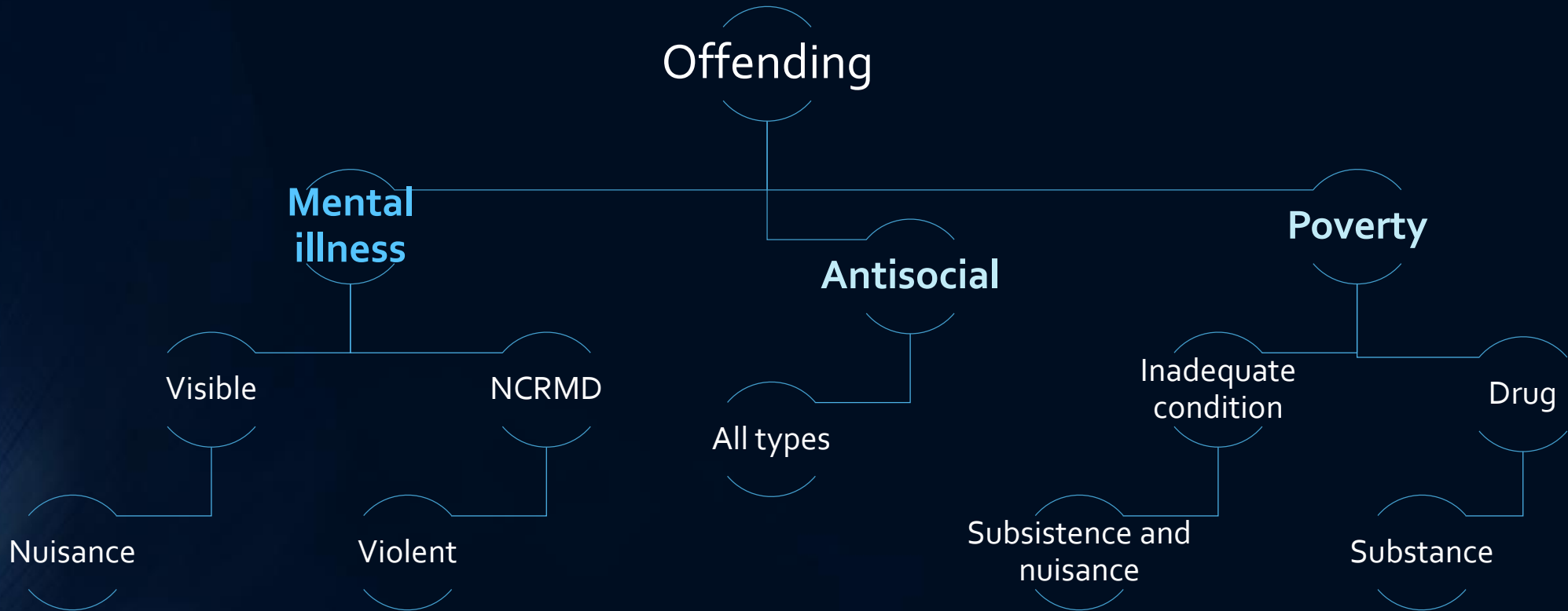


Arrested: 44%

Non-arrest
contacts: 45%

No contact: 11%

Hiday's typology of offending among persons with mental illness



Hiday & Wales (2011)

Figure by Lemieux et al. (2018)

Not one size fits all



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International Trends in Demand for Forensic Mental Health Services

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**Forensic mental
health services
are expensive**

- **2 X** federal correctional mental health services
- **5 X** “civil” psychiatric services
- **300 X** community based services

Jacobs et al. (2016)

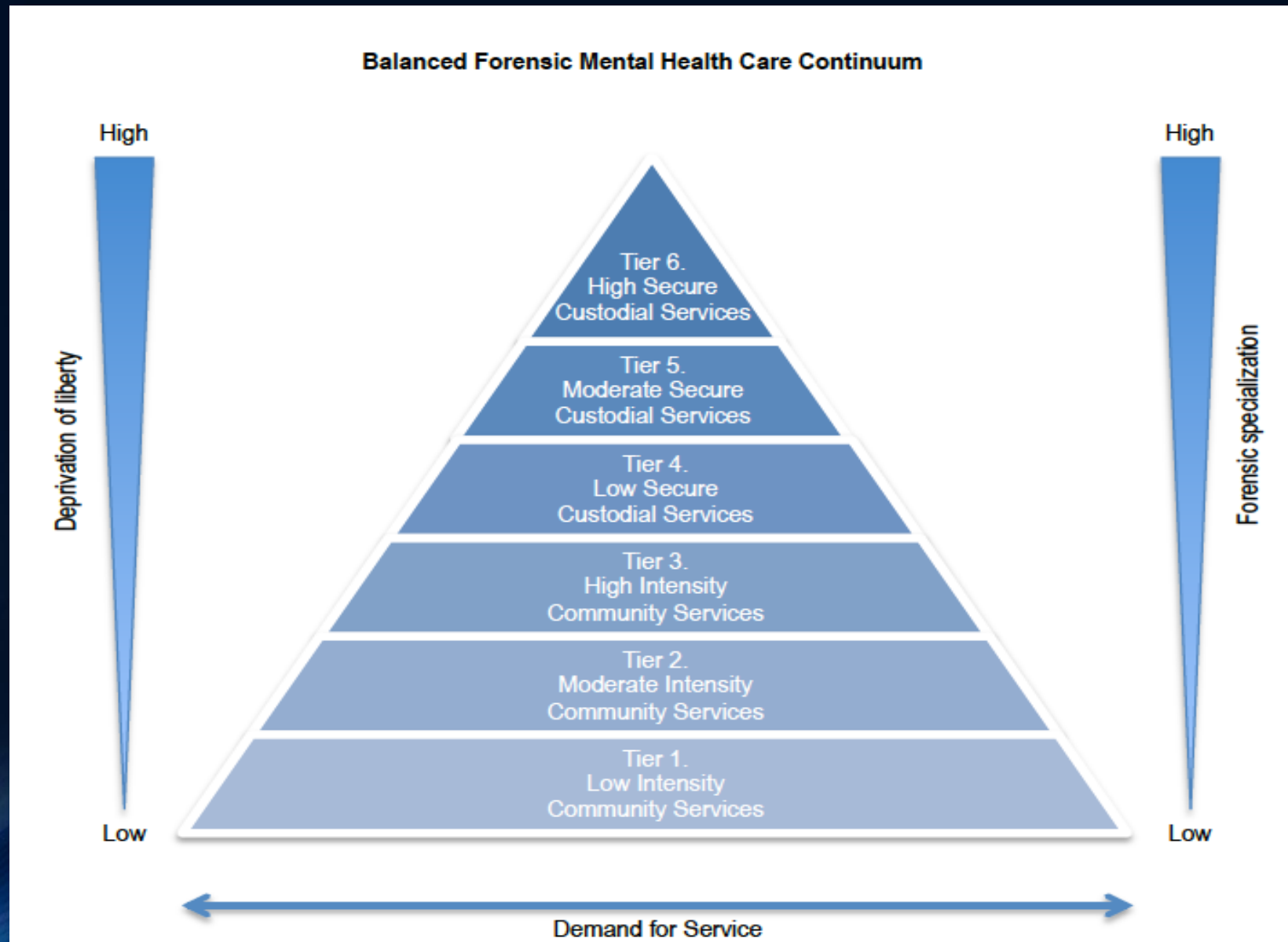
Observations

- Significant inter-provincial differences (practice and mental health services)
- Mental health systems are increasingly forensic
- Harder to access psychiatric services, especially inpatient beds, without getting criminally charged
- Increased likelihood of criminal charges vs. civil admission
- Forensic services are expensive but generally good outcomes
- Forensic label has repercussions for length of stay, financial costs, community agency eligibility, work opportunities, stigma, etc.

Implications

- Need balances between non-forensic and forensic services, hospital-based and community (balanced forensic care model)
 - Forensic mental health = most complex and highest risk
- Need to strengthen non-forensic and community services
- Need to strengthen supportive housing networks – IT REALLY MATTERS
- Need to consider subgroups in organisation of services

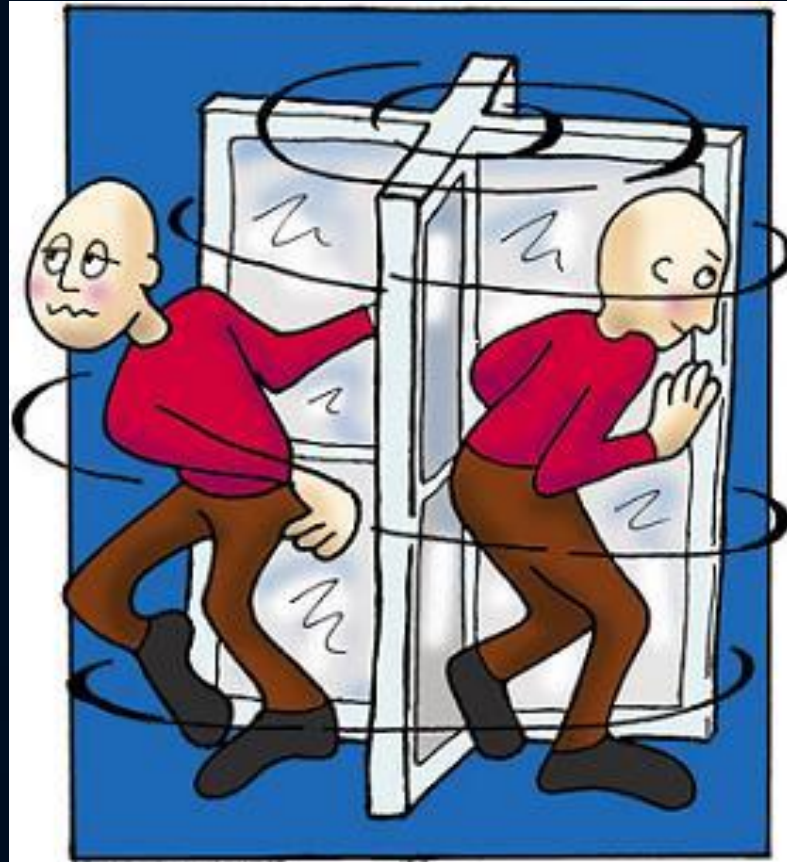
Balanced forensic mental health services



Crocker,
Livingston &
Leclair (2017)

Judicialisation of psychiatry

Moving beyond



Psychiatrisation of justice

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THANKS!



