The Intersection of Legal and Clinical Pathways

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Public and media interest – high profile cases

STIGMA
PRESSURE
CUSSTODIAL
HOMOGENISATION
PENAL POPULISM
Person with mental illness

HEALTH

CIVIL-MENTAL HEALTH JUSTICE

SOCIAL SERVICES

CRIMINAL JUSTICE
Munetz & Griffith (2006)
Best clinical practices-prevention

1. Law enforcement/emergency services
2. Post-arrest: initial detention/initial hearing
3. Courts, jails, prisons, forensic assessments & commitments
4. Re-entry: from prison-forensic
5. Community corrections & supports

Sequential intercept model as a revolving door perspective

Munetz & Griffith (2006)
National Trajectory Project (https://ntp-tpn.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)

Crocker et al. (2015-2018)
Recidivism by severity of NCR offense

- Severe offenses
- Other crimes against person
- Crime not against person

% individuals who did not re-offend

Years after index verdict
Comparison of recidivism rates per population

- **NCRMD (after verdict)**
- **Inmates (Villeneuve & Quinsey, 1995)**
- **MI inmates (Johnson and Grant, 2000)**

- **NCR: 17%**
- **Inmates: 34%**
- **MI inmates: 70%**
Community tenure (without recidivism)
Housing: odds of recidivism

- Independent housing
- Number of past criminal offences
- Forensic Hospital
- Axis II disorder
- Substance use disorder
- Presence of criminal history against the person
- Mood disorder
- Years detained before cond discharge
- Psychotic disorder
- Age at index
- Presence of a severe index offence
- Number prior hospitalisations
- Female

Salem et al. (2015)
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

Crocker et al. (2018)
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)
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

- Administration: 26
- Assault: 24
- Theft: 20
- Public nuisance: 11
- Drugs: 5
- Threats: 4
- Other: 8
At Home/Chez Soi

2-year follow-up

Arrested: 44%
Non-arrest contacts: 45%
No contact: 11%

Roy et al. (2016)
Hiday’s typology of offending among persons with mental illness

Offending

Mental illness

Visible

Nuisance

NCRMD

Violent

Antisocial

All types

Poverty

Inadequate condition

Subsistence and nuisance

Drug

Substance

Hiday & Wales (2011)

Figure by Lemieux et al. (2018)
Not one size fits all
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)
Judiciarisation of psychiatry

Moving beyond

Psychiatrisation of justice
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