The Intersection of Legal and Clinical Pathways: Views from the Mental Health Perspective

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Our sense....

• That the problem of SMI is getting worse in the CJ system

• Fears of increasing public risk

• Difficulty in assessing actual risk
Let’s not commit the Gingrich error

• Interviewer: But crime rates are down

• Gingrich: No, that’s your view...

• Gingrich: “Liberals have a whole set of statistics which may be theoretically right... but that isn’t where the people are”

• Gingrich: “I will go with how people feel, I’ll let you go with the theoreticians”

https://www.youtube.com/watch?v=xnhJWusyj4I
What pathways are we talking about?

- The (broad) relationships between serious mental illness and criminality
Serious mental illness

Disability
with poorer personal functioning,
poverty and overcrowding

Shared causative factors
E.g. adversity, substance use,
limited personal resources

Symptoms of illness
Delusions of grandiosity,
persecution
Command hallucinations
Mood disturbance

Violence
Are more people with serious mental illness behaving more violently?
1. Releases includes all cases that were given an absolute discharge or returned to court and found fit, cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died.
2. Population growth represents the accumulated difference between admissions and releases each year.
Actual number of people under Review Boards in Canada in 2017?

- DOJ projection (2006) = 4500
- Actual number (2018) = 4503
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Figure 1. Annual number of separations, average length of stay, and bed day utilization for all mental health (A) and psychiatric hospital (B) admissions in Ontario, 1987 to 2012. Separations refer to the discrete number of discharges from all psychiatric hospitals in Ontario and include patient deaths. LOS, length of stay (days).

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Figure 2. Rates of mentally abnormal and nonabnormal homicide in Ontario, 1987 to 2012.
Are more people with serious mental illness behaving more violently?

- No evidence for this
- But there is evidence of the Review Board system becoming more popular post 1992.
Serious mental illness

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No change
Is there more crime on our communities and that is what is driving this?

• A different question
So...

When ORB numbers have done this:

Crime has done this:
Canada's incarceration static for last 20 years, above most Western European countries (still 114 in 2015)

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Is there more crime on our communities and that is what is driving this?

- So, no, it is not that crime is getting more common, or that we are detaining more people
Serious mental illness

Disability
with poorer personal functioning, poverty and overcrowding

Symptoms of illness
Delusions of grandiosity, persecution
Command hallucinations
Mood disturbance

Shared causative factors
E.g. adversity, substance use, limited personal resources

Violence
No change
Serious mental illness → Disability
with poorer personal functioning, poverty and overcrowding

Disability → Violence

Violence → Shared causative factors
E.g. adversity, substance use, limited personal resources

No change
Are social conditions and personal disability driving criminal justice involvement of people with SMI?

• Poverty?
• Drugs?
• Housing
• A little data from the coal face....
CAMH Forensic Early Intervention Service

• A remand prison service in Vanier and Toronto o South Detention Centres

• We see 32% of all male receptions, and 45% of all female, or about 2200 men and 1200 women each year

• All flag positive for mental health issues (including medication, prior admissions, current symptoms)

• Of these, @75% need to see a psychiatrist
What are they in for?

Offences:

• Breaches of orders @30%
• Assault etc.: @25%
• Drug offences @7%
• Property offences: @25%
• Minor theft/public order: @6%

• So almost half are crimes of poverty or disorganization....
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So the action really is..

The social policy failures related to housing, community mental health services, mental health legislation, disability and drugs of abuse

The courts, prisons and mental health services need to address these themes, and look for opportunities to make inroads.

Each of us has a role, not least to improve the social conditions that people with serious mental illness are confronted by.

Each a small response to a profound problem.