

A Case of Falling Between the Cracks

“Ambiguous Crossroads”: Persons with Mental Health Problems and the Criminal Justice System



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- 36 y.o male, single, high school education, limited work history
- Onset of schizophrenia & substance misuse in early adulthood
- Multiple hospital admissions, including lengthy ones-residual symptoms despite treatment
- Course complicated by substance use, no-adherence & being “lost” to follow-up
- Chronic delusional beliefs about CIA, government agencies, people being “replaced” and identities being stolen

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- March 2010: last attendance at follow-up (Services assertive enough?)
- July-August 2010: multiple ER visits with bizarre behaviour-given Rx & told to arrange f/u, unclear where living (who should have this responsibility?)
- September 2010: 13 day psychiatric admission; discharged while still symptomatic to MTP, given an appt with a FP, told to call for psych f/u (??)
- 10 days later charged with robbery, sent for a COA

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- “robbery” was an unprovoked assault on a stranger in public driven by delusional beliefs that the victim was intending to kill someone & assume their identity
- In hospital until May 2011 on a maintain fitness order while awaiting trial; report indicated s.16 CC defence available; remained ill with residual symptoms
- May 5-attends court, victim does not attend-charges withdrawn

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- Released by court
 - ECFH not advised
 - No housing
 - No medication
 - No follow-up
 - No income, possibly no Pharmacare
 - ??????????????????????????????

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- Attends ECFH on own, after hours, to obtain possessions
- Attends the ER seeking meds, provided with a prescription for the medication he had been on which requires exception status coverage
- 4 days after release from court: new charges-found intoxicated in public, was on conditions for outstanding 2010 charges (why were charges not dealt with??)
- Sent for another COA

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- **Currently:**
 - NCR-@ECFH
 - Chronic symptoms of delusions, thought & behavioural disorganization, cognitive deficits
 - Significant functional impairment from symptoms
 - Barriers to discharge: Hx of substance misuse, aggression, other criminality, non-compliance-not a desirable GH candidate; refuses to consider GH regardless (**Capacity to make this choice?**)
 - Plans: trial at independent living (**sufficient supports in the community to ensure success? Next option if unsuccessful?**)