



Capital Health

East Coast Forensic Hospital  
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*HEAT 10 11/03  
Judith Ferguson, Greg Gammow & Dorna MacPherson  
via email Nov 4/03*

## MEMORANDUM

To: Members of the Renewal Committee

From: Louise Bradley & Staff of the East Coast Forensic Hospital

Date: October 24, 2003

Subject: **Presentation to Renewal Committee**

I thank you kindly for the opportunity to have made a presentation to you on October 8, 2003. As indicated during that presentation, we feel quite strongly that the patients for whom we care and serve within the Forensic Mental Health system face tremendous challenges in coping with serious and chronic mental disorders in not having access to reasonable and supportive community living. This seriously jeopardizes their chances of rehabilitation and hence unnecessarily confining them to a custodial environment.

We therefore offer the following comments by way of explaining this serious legal and ethical breach of trust to our patients along with recommendations, which would help repair the situation.

*Healthy People, Healthy Communities*

**RENEWAL COMMITTEE PRESENTATION**  
**October 8, 2003**

**RECOMMENDATIONS**  
**COMMUNITY SUPPORTS FOR ADULTS**  
**RENEWAL INITIATIVE**

**Introduction:**

Mental Health consumers frequently find themselves moving between the Department of Health and the Department of Community Services without a bridge to provide a seamless flow. Patients who are admitted to the East Coast Forensic Hospital (ECFH) and are found Not Criminally Responsible (NCR) have even another barrier, as they are also involved with the Department of Justice.

The duration of time patients spend in the Forensic system varies. Typically people admitted to a forensic psychiatric facility do not have adequate funds to sustain living accommodations in the community and they therefore effectively become homeless. Patients who were in receipt of Family Benefits prior to admission lose funding and are allotted a comfort allowance of \$105.00 per month while they are in hospital. Additional problems arise when patients receive a conditional discharge or an absolute discharge and must go on a wait list to return to the Community Services system. The system currently in place impedes timely discharge of Forensic Patients into the community. Regardless of whether Forensic Patients have or have not been part of the Community Based Options (CBO) system prior to their admittance there is a great deal of difficulty in entering or re-entering the CBO system upon discharge. Many obstacles impede placement: the classification process itself is problematic; bed shortages create long wait lists; and there is great difficulty with placing individuals who do not want or are unable to return to their home community. Further to this, Forensic patients are often without family support to assist with discharge planning and placement.

The length of stay for many Forensic patients is frequently several years and the current classification system adds to the process of institutionalization. Patients who have a conditional discharge may wait up to 200 days plus before being placed by Department of Community Services. The Classification System as the Homes for Special Care Act requires a dramatic change in order to meet the needs of our patients.

### **Concerns:**

- Some Classification Officers and Community Case Workers are not familiar with the Forensic system and the processes of assessment which include Risk Assessment and Clinical Assessment and the concept of Not Criminally Responsible. It would appear that many Community Case Workers feel that historical and collateral information is not included nor considered in the assessments done by the Forensic Hospital. This, however, is not the case as such information is vital to the forensic assessment process.
- The philosophy of the hospital is such that our patient's mental illness and its concomitant effects are what we consider firstly and predominantly. The index offence occurs as a result of someone being very ill at the time the offence was committed, otherwise it would not have occurred. Our patients traditionally do not have extensive criminal histories but do have psychiatric histories, and this distinguishes our patients from offenders where the situation is often the reverse. Our concern is that Community Case Workers, as is the case with many health professionals outside forensic and the general public, view our patient's index offence first and the illness second. As such, this frequently results in a differing philosophy and approach, which leads to misunderstanding and resultant delays in placements.
- The current situation is one whereby forensic patients are placed on long wait lists. Patients better suited to a Community Based Option are placed in less appropriate programs due to the extensive wait time. This jeopardizes their successful community reintegration and is not in the best interests of those housed with them.
- ECFH is the only Provincial Forensic Hospital In Nova Scotia. Approximately 40% of our patients choose to return to areas outside metro but there are several who, for various reasons, determine it is best for them to remain in the city. The current practice whereby most with initial addresses outside metro are placed at the bottom of the list until those with metro addresses are placed is very problematic. The ECFH feels that the critical clinical component is missing from the decision-making process.
- Closures of RRCs without replacement options have placed an enormous burden on the system as a whole. Forensic patients are also suffering because of this, plus they bear the additional burden along with being mentally ill, the stigma of being considered criminal. This lack of appropriate placement options serves to marginalize them further.

- The present system of Residential Support for Persons with Disabilities requires strong leadership from knowledgeable people in the Community. We also feel that representation from the community it serves, those very persons with disabilities, would provide a voice from those who know best what they need.

In January 2001 an Independent Evaluation of the Nova Scotia Community Based Options Community Residential Service System was submitted to the Department of Community Services from Michael J. Kendrick PhD. Dr. Kendrick's recommendations are based on consultation within the community and his clear understanding of the urgent need to change legislation to reflect present needs of people who use them. We support the recommendations made by Dr. Kendrick and offer the following recommendations that are specific to people who are in the Forensic psychiatric system and would do much to address the concerns identified previously.

### **Recommendations Specific to Forensics Population:**

1. **A Provincial Classification Officer be assigned to work with Forensic Patients to provide uniformity and expertise to classify Forensic patients.**

All Forensic patients leave our facility with a Disposition Order and are required to comply with conditions from the Criminal Code Review Board. The process of classification is cumbersome for the patients of ECFH. The process is not uniform and there are inconsistencies in processing applications for patients from a Forensic Hospital.

Having one Classification Officer for Forensic would address two issues, one being purely legal, and the other a matter of patients who have already had the burden of manoeuvring through both the Justice and Health Care systems, now have another system with which to contend.

From a purely legal standpoint, the same day a conditional discharge is received from the CCRB, the patient should be discharged on that day. This does not happen. As it stands, all parties involved in not allowing this discharge to happen in a timely fashion risks having that inaction challenged in a court of law. Secondly, in many cases, the patient then has to find his or her way through a quagmire of bureaucracy in order to find suitable living that will support his/her disability. Point in case: The process at present is an application is made to the Department of Community Services through their Form E (Medical Form), which is only valid for a thirty day period, and Form B (Functional Ability Form). This is

forwarded to the Intake Worker at the Department of Community Services who then schedules a meeting to review the medical file of the applicant. The file review, which occurs at the ECFH, would include the following: Social Work Assessment; Occupational Therapy Assessment; Risk Assessment (completed by psychiatrist or individual with a doctorate in psychology); Psychiatric Assessment; Leisure and Recreation Assessment; Nursing Assessment; and the Criminal Review Board report hearing. The Caseworker submits this information to the Supervisor and a decision is made to accept or deny the application. If accepted, an assigned Classification Officer and Case Worker meet with the patient and the Forensic Team and recommendations are made for placement in a community setting e.g. RRC, Licensed Boarding Home, and Group Home etc.

When all the steps are completed, patients are told they must wait for an opening for placement which is termed an Indefinite wait period. We feel that in addition to the systemic changes, an officer assigned to Forensic would go a long way to facilitating appropriate and timely placement. These forensic patients have received a Conditional Discharge and have a right to leave the Forensic facility and return to the community

**2. Quality of life for Forensic Patients needs to be addressed in the Classification Process. Creation of Small Options Homes:**

Forensic patients, along with many other psychiatric patients found in the mental health system, cannot tolerate living with several people. For this population, their disability is best served by allowing them to live in small group settings. The ability to advance through graduated Group Home living to a small option placement is critical to the successful integration of mental health patients.

- Requirement for placement in Small Options needs to be addressed for Forensic patients.
- Depending on the recommendation of the ECFH team, Forensic patients should not have to inappropriately advance through graduated Group Home living to secure a Small Option placement.
- Some Forensic mental health patients cannot manage living in a setting with many other people. Small Option homes would decrease the risk of mental health patients becoming isolated in the community.

**3. Department of Community Services should not be permitted to discharge forensic patients with a mental health disability while on the Mentally Ill Offender Unit at the ECFH from their facilities until they have been through the justice system.**

The Department of Community Services should retain as active clients, individuals receiving services in their programs and who are being assessed on the MIOU as Court Ordered Assessments until the matter before the Court is resolved.

### Inpatients Granted Conditional Discharge

Conditional Discharge Date	# Days since Conditional Granted	Comm. Services	NCR Date	Chart #	Name	Sex	Residence	Index Code	Index Offence	Date of Initial Request	Date of Classification
7-Jan-03	497	N	8-Sep-99	569530	[REDACTED]	M	Dartmouth	267	Assault with weapon		
09-Dec-03	161	Y	02-Nov-01	2244982	[REDACTED]	M	Pictou Mun.	266	Assault		
03-Feb-04	105	N	18-Nov-02	2245559	[REDACTED]	M	Kentville	266	Assault		
02-Mar-04	77	Y	16-Oct-84	139824	[REDACTED]	M	Halifax	246	Indecent Act		
04-May-04	14	?	22-Apr-03	2245693	[REDACTED]	M	Middleton	264	Uttering Threats		
23-Jun-03	330	Y	16-Oct-00	590366	[REDACTED]	M	Amherst	268	Aggravated Assault	Jul-03	Pending
11-May-04	7	?	02-Oct-03	2245489	[REDACTED]	M	Barrington Mun.	264	Uttering Threats		
13-Apr-04	35	Y	25-Mar-02	364018	[REDACTED]	M	Halifax	145	Breach of Undertaking		
20-Apr-04	28	?	08-May-03	1330729	[REDACTED]	M	USA	430	Mischief		
10-May-04	8	Y	03-Nov-93	2078658	[REDACTED]	M	Dartmouth	239	Attempted Murder		
26-May-03	356	Y	11-Feb-94	61061	[REDACTED]	M	Halifax	239	Attempted Murder		
10-Dec-03	160	Y	03-Jun-03	2245484	[REDACTED]	M	North Sydney	733	Breach of Probation	Dec-03	Pending
04-May-04	14	?	29-Jul-02	2212830	[REDACTED]	M	Waterville	266	Assault		
20-Apr-04	28	?	25-Mar-03	1328289	[REDACTED]	M	Inverness Mun.	264	Uttering Threats		
07-Jan-03	497	Y	15-Jan-01	406576	[REDACTED]	M	West Hants Mu	267	Assault with a weapon	Aug-03	Nov-03
28-Aug-03	264	Y	10-Feb-96	1083299	[REDACTED]	M	Antigonish	268	Aggravated Assault	Jun-03	Aug-03
02-Mar-04	77	?	17-Feb-03	592461	[REDACTED]	M	Pictou Mun.	348	Break & Enter with intent		
03-Feb-04	105	Y	26-Mar-97	514009	[REDACTED]	M	Sydney	173	Indecent Act		
04-Nov-03	196	Y	13-Aug-02	336962	[REDACTED]	F	Berwick	430	Mischief	Nov-03	Dec-03
23-Sep-03	238	N	06-Jul-00	1046985	[REDACTED]	M	Yammouth	430	Mischief		
17-Feb-04	91	Y	18-Dec-01	750692	[REDACTED]	M	Halifax	433	Arson	Jul-03	
	2791										

\*Conditional reinstated or continued

## Inpatients Granted Conditional Discharge

Conditional Discharge Date	# Days since Conditional Granted	Comm. Services	NCR Date	Chart #	Name	Sex	Residence	Index Code	Index Offence	Date of Initial Request	Date of Classification
07-Jan-03	458	N	08-Sep-99	569530		M	Dartmouth	267	Assault w weapon		
09-Dec-03	132	Y	02-Nov-01	224498		M	Pictou Mtn.	266	Assault		
07-Oct-03	185	N	05-Dec-02	131823		M	Newfoundland	365	Possession of Stolen Ppty.		
29-Apr-03	356	N	26-Mar-03	2065		M	Dartmouth	267	Assault with weapon		
03-Feb-04	78	N	18-Nov-02	22453		M	Kentville	266	Assault		
02-Mar-04	48	Y	16-Oct-84	139824		M	Halifax	246	Indecent Act		
23-Jun-03	301	Y	16-Oct-00	590366		M	Amherst	268	Aggravated Assault	Jul-03	Pending
13-Apr-04	6	Y	25-Mar-02	364018		M	Halifax	145	Breach of Undertaking		
28-May-03	327	Y	11-Feb-94	61061		M	Halifax	239	Attempted Murder		
10-Dec-03	131	Y	03-Jun-03	2245484		M	North Sydney	733	Breach of Probation	Dec-03	Pending
08-Apr-03	377	N	27-Feb-03	760234		M	Inverness Mun.	430	Mischief		
07-Jan-03	488	Y	15-Jan-01	406576		M	West Hants Mu	267	Assault with a weapon	Aug-03	Nov-03
28-Aug-03	235	Y	10-Feb-95	1063279		M	Antigonish	268	Aggravated Assault	Jun-03	Aug-03
02-Mar-04	48	?	17-Feb-03	582461		M	Pictou Mun.	348	Break & Enter with intent		
03-Feb-04	76	Y	26-Mar-97	514009		M	Sydney	173	Indecent Act		
17-Feb-04	62	N	23-Jan-03	1323529		M	Digby Mun.	264	Uttering Threats		
04-Nov-03	167	Y	13-Aug-02	336962		F	Berwick	430	Mischief	Nov-03	Dec-03
23-Sep-03	209	N	06-Jul-00	1046985		M	Yarmouth	430	Mischief		
17-Feb-04	62	Y	18-Dec-01	750692		M	Halifax	433	Arson	Jul-03	
	3744										

\*Conditional reinstated or continued

Inpatients Granted Conditional Discharge									
Conditional Discharge Date	# Days since Conditional Granted	Comm. Services	NCR Date	Chart #	Name	Sex	Index Code	Index Offence	Date of Initial Request
09-Dec-03	97	Y	02-Nov-01	2244982		M	266	Assult	
23-Jun-03	266	Y	16-Oct-00	590366		M	268	Aggravated Assault	Jul-03
28-May-03	292	Y	11-Feb-94	61061		M	239	Attempted Murder	
10-Dec-03	96	Y	03-Jun-03	2245484		M	733	Breach of Probation	Dec-03
07-Jan-03	433	Y	15-Jan-01	406576		M	267	Assault with a weapon	Aug-03
03-Feb-04	41	Y	12-Sep-95	514009		M	173	Indecent Act	
28-Aug-03	200	Y	10-Feb-95	1083296		M	268	Aggravated Assault	Jun-03
04-Nov-03	132	Y	13-Aug-02	336962		F	430	Mischief	Nov-03
17-Feb-04	27	Y	18-Dec-01	1750692		M	433	Arson	Jul-03
	1557								
*Conditional reinstated or continued									

## # OF NON-CLASSIFIABLE PATIENTS

## Date Non-C # Days Since

21-Nov-03	115	Y	25-Mar-02	364018		M	145	Breach of Undertaking	
		Y	29-Jul-02	2212830			266	Assult	

Conditional Discharge Date	# Days since Conditional Granted	Comm. Services	NCR Date	Sex
09-Dec-03	56	Y	02-Nov-01	M
28-May-03	251	Y	14-Sep-99	M
23-Jun-03	225	Y	16-Oct-00	M
28-May-03	251	Y	11-Feb-94	M
10-Dec-03	55	Y	03-Jun-03	M
07-Jan-03	392	Y	15-Jan-01	M
28-Aug-03	159	Y	10-Feb-95	M
04-Nov-03	91	Y	13-Aug-02	F
23-Sep-03	133	Y	06-Jul-00	M
	1613			

\*Conditional reinstated or continued

## # OF NON-CLASSIFIABLE PATIENTS

## Date Non-C # Days Since

21-Nov-03	74	Y	25-Mar-02	M
		Y	29-Jul-02	M
		Y	12-Sep-95	M

**EAST COAST FORENSIC HOSPITAL  
PATIENTS WAITING FOR COMMUNITY SERVICES PLACEMENT**

Inpatients Granted Conditional Discharge									
	Conditional Discharge Date	# Days since Conditional Granted	Comm. Services	NCR Date	Chart #	Name	Sex	Date of Initial Request	Date of Classification
1	09-Dec-03	56	Y	02-Nov-01	2244982		M		
2	28-May-03	251	Y	14-Sep-99	172531		M		
3	23-Jun-03	225	Y	16-Oct-00	590366		M		
4	28-May-03	251	Y	11-Feb-94	61061		M		
5	10-Dec-03	55	Y	03-Jun-03	2245484		M		
6	07-Jan-03	392	Y	15-Jan-01	406576		M		
7	28-Aug-03	159	Y	10-Feb-95	1083299		M		
8	04-Nov-03	91	Y	13-Aug-02	336962		F		
9	23-Sep-03	133	Y	06-Jul-00	1046985		M		
		1613							
*Conditional reinstated or continued									
# OF NON-CLASSIFIABLE PATIENTS									
	Date	# Days Since							
1			Y	25-Mar-02	364018		M		
2	21-Nov-03	74	Y	29-Jul-02	2212830		M		
3			Y	12-Sep-95	514009		M		