FDDSS SERVICE REVIEW & FORENSIC 101

FORENSIC DUAL DIAGNOSIS SPECIALITY SERVICE

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camh
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DUAL DIAGNOSIS IN ONTARIO

- There are more than **66 000** adults living with developmental disabilities in Ontario (Lunsky, Klein-Geltinyk, & Yates, 2013)
- **48.6%** have one or more concurrent psychiatric disorders (Lunsky, Klein-Geltinyk, & Yates, 2013)
- As many as **51.8%** of individuals with intellectual disabilities present with some form of challenging behaviour (Crocker, Mercier, Lachapelle, Brunet, Morin, & Roy, 2006)

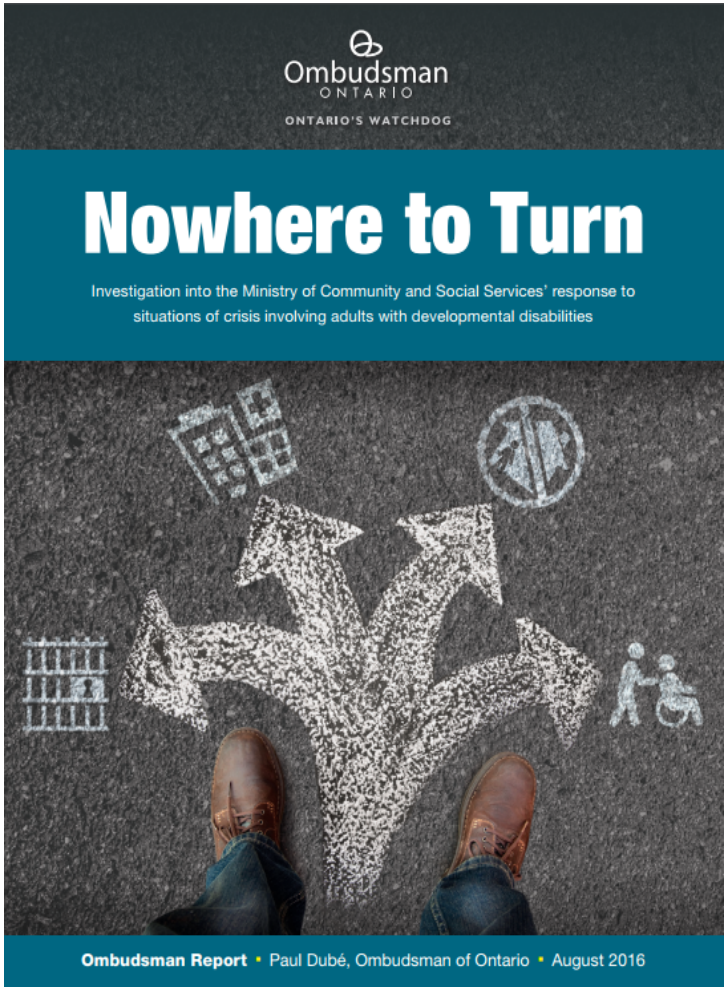
DUAL DIAGNOSIS IN ONTARIO

- **1 in 8** patients in Ontario hospitals who receive specialized care have a dual diagnosis
- More than **35%** of those individuals remain in hospital for more than 5 years
- Dually diagnosed clients account for **37%** of the Alternative Level of Care (ALC) population across Ontario's six psychiatric hospitals
- Only **4%** of the hospitalized population require this level of support and could be supported in the community
- Less than **20%** of them are receiving services designed for individuals with Dual Diagnosis

(Dubé, 2016)

INSTITUTIONALIZATION BY DEFAULT

- The Ombudsman's report "***Nowhere to Turn***" was released August 2016 after a 4-year investigation of more than **1,400** complaints
- **"Institutional care no longer happens through design but by default"**
- **16 of 60** recommendations were related to the criminal justice / forensic system



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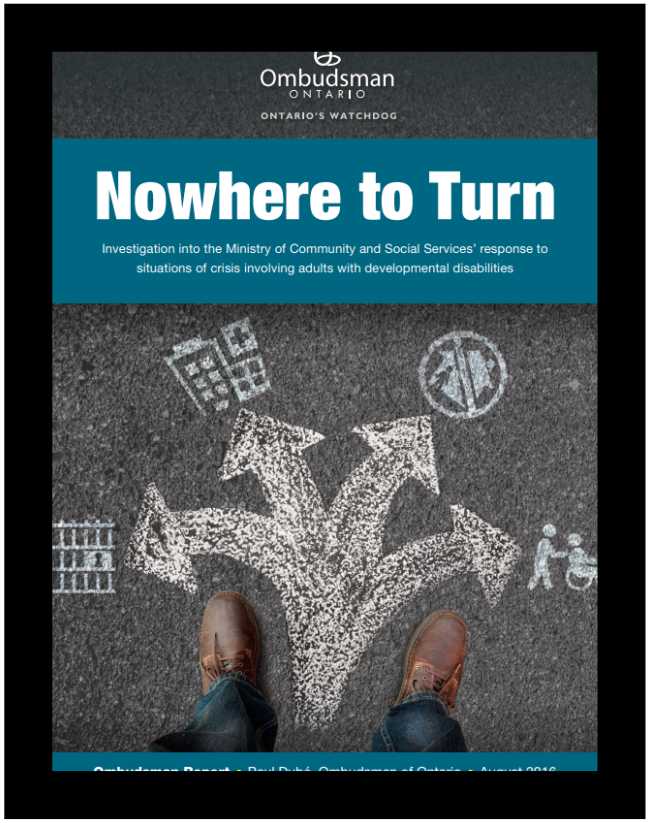
INSTITUTIONALIZATION BY DEFAULT



"We heard about several cases where incarceration became the failsafe when the developmental services sector could not provide adequate supports. It is **nothing short of shameful** that we are still imprisoning some adults with developmental disabilities in these circumstances."

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FLYING UNDER THE RADAR WITH INTELLECTUAL DISABILITY

- Very few individuals with moderate-severe intellectual disabilities are found within the criminal justice system, while individuals with mild-borderline intellectual functioning are over represented

- Many individuals with intellectual disability that come into contact with the law, may not be identified as having an intellectual disability

Cant & Standon, 2009' Jones, 2007

NUMBERS THAT HIT HOME

- Based on recent triage/screening initiative at CAMH (Drs. Roy and Budin), as much as **32%** of patients across 8 forensic and non-forensic inpatient units at CAMH were suspected of having a developmental disability

- In 2016, approximately **60%** of the individuals presented at clinical conference (TNSC) were forensic inpatients

- CAMH provides treatment, care and supervision to approximately **550** individuals under the Ontario Review Board

SOMEWHERE TO TURN:

CAMH's Forensic Dual Diagnosis Specialty Service

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FORENSIC DUAL DIAGNOSIS SPECIALITY SERVICE

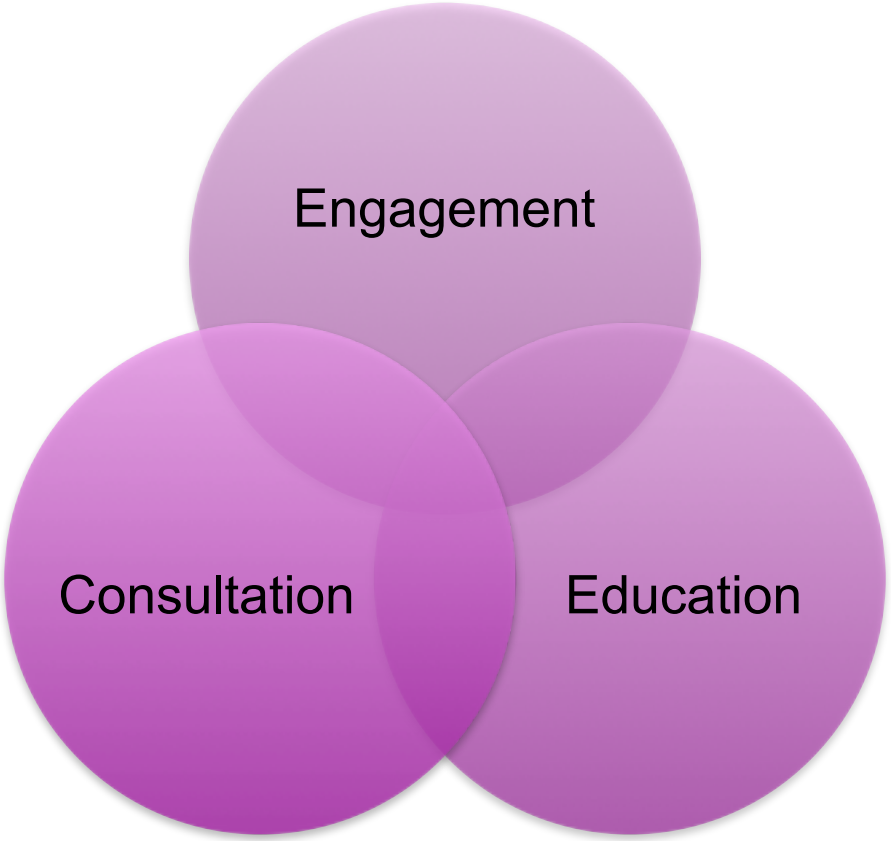
- **The Forensic Dual Diagnosis Specialty Service (FDDSS)** is CAMH's contribution to a joint-initiative between the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health and Long-term Care (MoHLTC) to support people with developmental disabilities and/or a dual diagnosis who are in the forensic mental health system and are ready to begin their move back to the community.

ELIGIBILITY CRITERIA

- Eligibility Criteria (for CAMH patients):
  - Suspected or confirmed intellectual and developmental disability, who are at least 18 years of age and are:
    - The subject of a disposition under the Ontario Review Board (ORB) and/or
    - Have current or pending criminal charges/ recent justice involvement and/or
    - Registered with FEIS

- Eligibility Criteria (for external referrals):
  - Confirmed intellectual or developmental disability, who:
    - Have current or pending criminal charges and/or
    - Recent justice involvement
  - Registration with Developmental Services Ontario (DSO)
  - For external clients, the goal is to avoid involvement in the Forensic Mental Health System

FDDSS'S MANDATE



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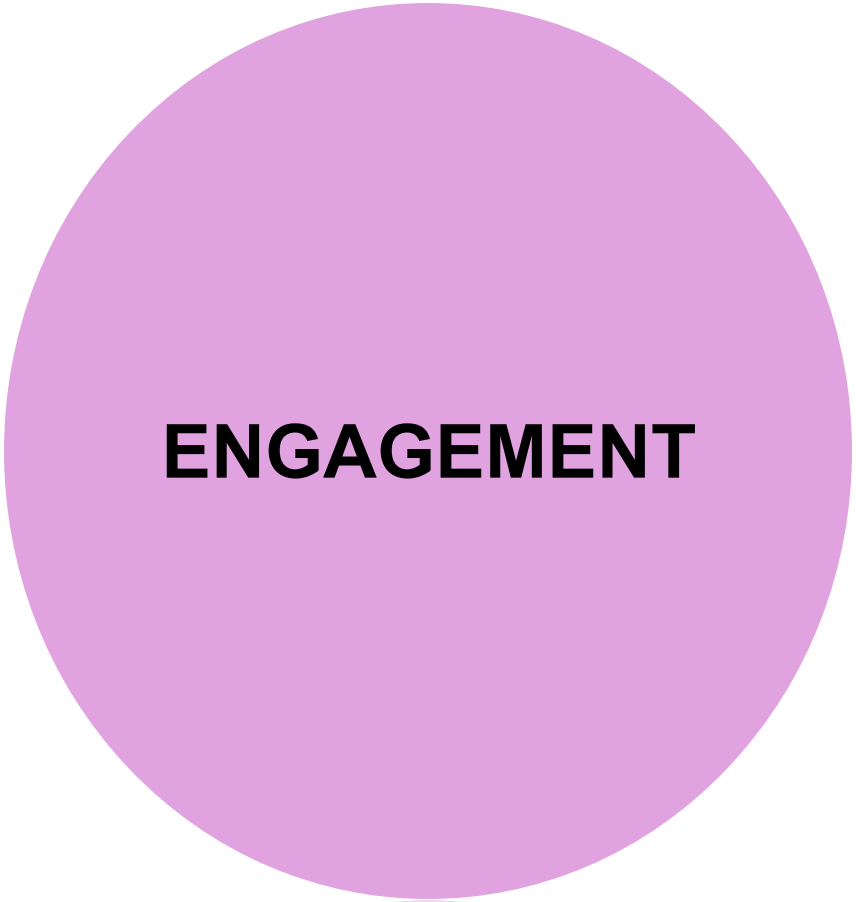
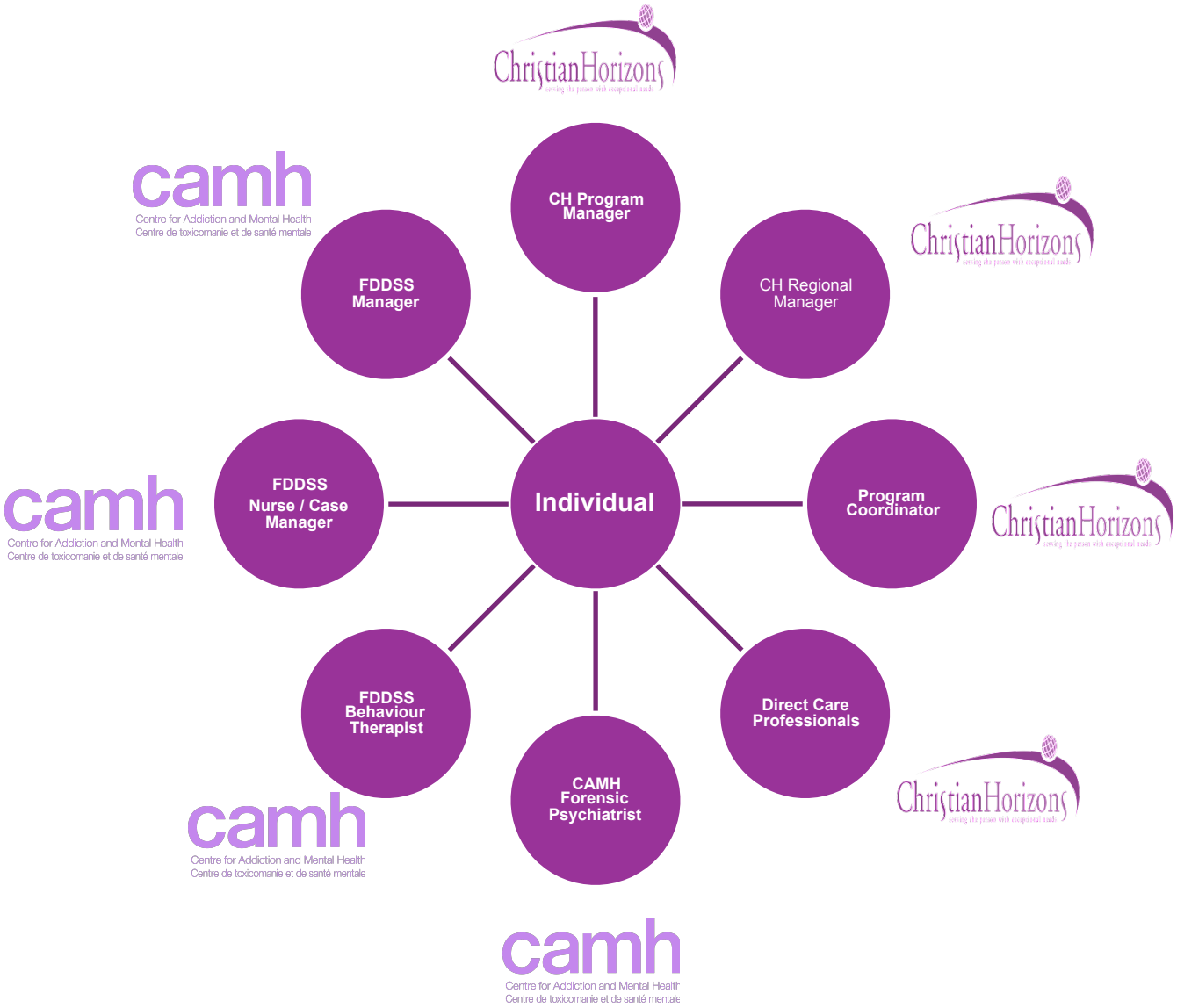
PILLARS OF SERVICE:



DDTRHP

- Dual Diagnosis Transitional Rehabilitation Housing Program
- Two forensic Beds in a developmental sector transitional treatment home
- 18-24 month targeted transitional period
- 5 members in program, 3 under the Ontario Review Board

THE DDTRHP COLLABORATIVE



FDDSS TEAM

CAMH FDDSS Nurse/Case Manager: Risk management and assessment, medication management, medical care and consultation family support and contact, community liaison for educational/vocational/recreational activities.

CAMH FDDSS Behaviour Therapist: Provides consultation on behaviour support needs within the home. Conducts functional behavioural assessments, designs behaviour support plans, conducts staff training, and monitors and evaluates the implementation of programming in the home.

***CAMH FDDSS Social Worker*:** Systems level coordination and advocacy, transition planning, family systems work, direct therapeutic supports.

CAMH FDDSS Psychologist: Carries out assessments for those with suspected intellectual disabilities, providing diagnosis and connecting them to supports from DSO. Provides education to frontline staff regarding how to identify developmental disabilities . Consults with other service providers in assessment and treatment.

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PILLARS OF SERVICE:

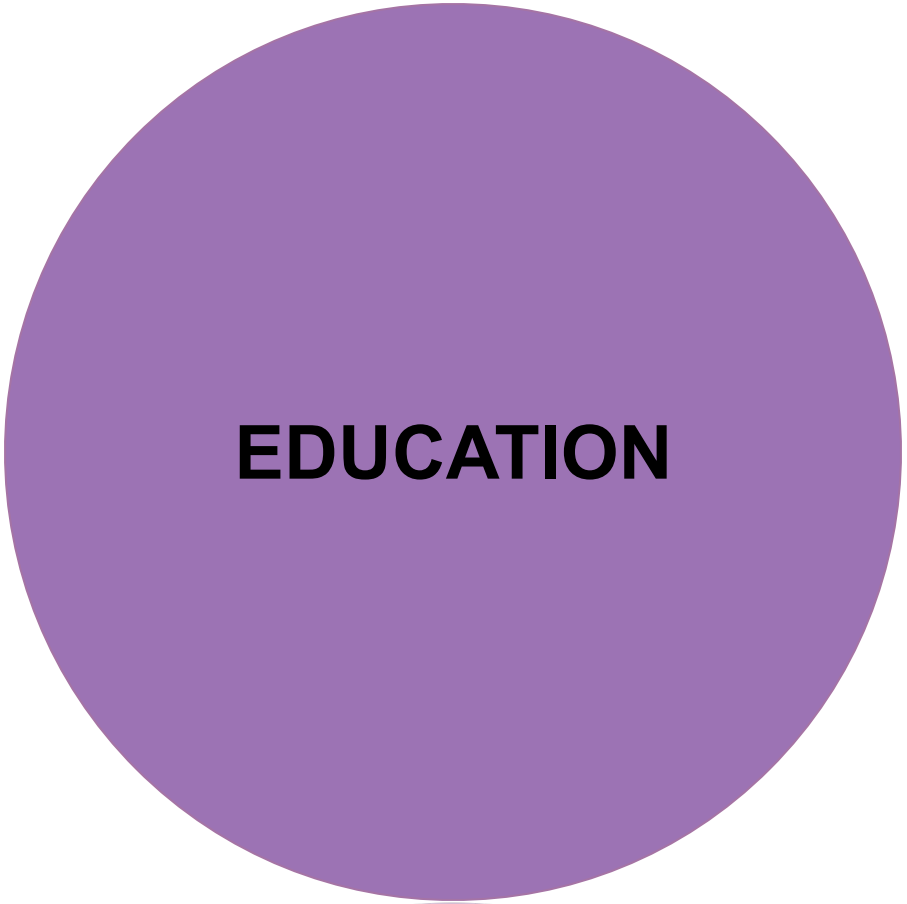
CONSULTATION – GUIDING PRINCIPLES

1. Person-centered support by an interdisciplinary team
2. Comprehensive (addresses multiple domains of functioning and safety)
3. Focus on deinstitutionalization and successful community living
4. Continuity of care (support across environments)
5. Fluid movement across sectors and facilitation of effective interagency collaboration
6. Early identification and preventative responding

CONSULTATION OUTCOMES

- Collaboration with teams supporting close to 100 individuals
- Coordination of complex biomedical, social, psychological psychiatric and behavioural health services
- Supported developmental sector eligibility for approximately 25 clients in hospital
- Identification of confirmed discharge locations for 15 ALC forensic inpatients

PILLARS OF SERVICE:



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EDUCATION

Provide information about the forensic mental health system in the context of developmental services:

- Collaboration with the Central Network of Specialized Care and Developmental Services Ontario Coordinators
- Review/update of information on Community Needs Lists

Provide information on developmental services in the context of forensic systems

- Inpatient team consultation
- Support with referrals/appeals
- Clinical conference presentations
- Transitioning patients out of the hospital

Focused Education/Training:

- Clozapine Administration & Monitoring / Mental Status Examination
- 22q11 Partial Deletion In-service
- Behavioural Competencies Training
- Introduction to Developmental Disabilities Training (for CAMH staff/clinicians)
- Sexuality & Social Skills Training
- ASIST training (for frontline DS staff)
- Forensic 101
- Schizophrenia 101

SUPPORTING JOE:

An FDDSS case study

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CASE STUDY

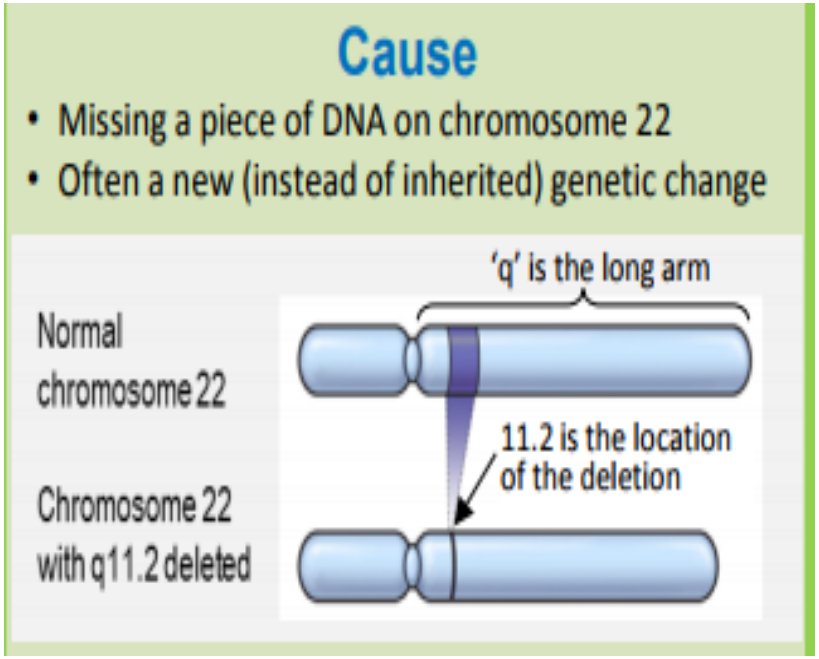
- 25 year old single male diagnosed with *schizophrenia, 22q11 partial deletion syndrome and mild intellectual disability (with suspected ASD)*
- Found Not Criminally Responsible (NCR) under the Ontario Review Board (ORB) in March 2013
- 'Incapable' to make treatment-related decisions his mother is Substitute Decision Maker (SDM)

COMORBID CONDITIONS 22Q11.2 DELETION SYNDROME

22q11.2 Partial Deletion Syndrome: a genetic disorder caused by the deletion of a small piece of chromosome 22

Comorbid Conditions:

- Schizophrenia and anxiety
- Developmental disability
- Congenital heart defects
- High blood pressure
- Endocrine disorders- Hypocalcemia and thyroid condition
- Gastric problems including reflux, constipation



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MENTAL HEALTH/FORENSIC COURSE

- At age 18 he became more withdrawn, quit school became very suspicious, guarded and developed paranoid, grandiose, somatic delusions and auditory command hallucinations
- Treated with antipsychotics but continued to deteriorate, was not sleeping or eating and having increased angry outbursts
- Mother was staying up all night to watch him and he was threatening to throw boiling water at the family and had become aggressive towards his father and threw a T.V.

MENTAL HEALTH/FORENSIC COURSE

- Index Offence in March 2013 he had a knife and was threatening to kill his family and himself
- Struggled with his brother who was afraid he would attack his father
- Was on meds with little effect
- Remained in hospital secure forensic units from 2013-2017
- In 2015, the Deglish (22q11) clinic suggested treatment with clozapine which has been very effective and reduced his psychotic symptoms and challenging behaviours dramatically and has enabled him to live in the community
- Discharged to Dual Diagnosis Transitional Rehabilitation Housing Program February 2017

TREATMENT IN THE COMMUNITY

- Risk Management
- Medical Supports
  - Bowel routine and meal intake
  - Endocrinology
  - Bloodwork/screening
- Medication Monitoring/Management
  - Clozapine Bloodwork
  - PRN Protocols
- Family Systems Work
- Functional Analysis & Behaviour Support Plan to increase pro-social behaviour and reduce challenging behaviour (bizarre/threatening statements and touching others)
- Skill building (Activities of Daily Living / Social Skills / Community Integration)

OUTCOMES

- 24 months in DDTRHP treatment bed
- Increase in independent living skills
- Engagement in community activities – use of Passport funding to support access to day program
- Improved coping strategies (anxiety in community)
- Extended time with family (weekends)
- Developed relationships with staff and co-residents
- Permanent residential placement with DS agency

CLIENT PERSPECTIVE

"I feel safe living at this group home. I sleep in a comfortable room and enjoy good food from staff". **-Joe**

"Overall communication between staff and family has contributed to a strong support system which he has been progressing. His needs and interests are being met. He has become more confident and comfortable, developed new hobbies and interests, and adapted to a daily routine."

-Joe's Family (Substitute Decision Maker)

LESSONS LEARNED

- Many dually diagnosed individuals remain unidentified and unsupported within the forensic system mental health system and elsewhere in the hospital
- Preventing the criminalization of behavioural health issues in dual diagnoses continues to be a significant gap
- The forensic mental health system and the developmental service sector speak very different languages (e.g. “significant risk”)
- **Strong community partnerships are invaluable in supporting individuals in complex situations**

CRIME OR ILLNESS:

Intellectual Disability & Involvement in the Law

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CRIME OR ILLNESS?

C.C.C - 672.121

Society believes its unfair to punish people for a criminal act if they have a '**mental disorder'** that prevents them from understanding what they have done or of appreciating the consequences.

CRIME OR ILLNESS?

- Individuals who display symptoms of severe mental illness have a **67%** higher probability of being arrested than do individuals who do not display such symptoms.

Simpson, McMaster, & Cohen, 2013; Romero, Elkington, & Teplin, 2009; Teplin, 1984

CRIME OR ILLNESS?

- Individuals who display symptoms of severe mental illness are **more likely to be detained** in jail.

Simpson, McMaster, & Cohen, 2013; Romero, Elkington, & Teplin, 2009; Teplin, 1984

CRIME OR ILLNESS?

- Once jailed, individuals who display symptoms of severe mental illness will stay incarcerated **2-8 times longer** than their non-mentally ill counterparts

Simpson, McMaster, & Cohen, 2013; Romero, Elkington, & Teplin, 2009; Teplin, 1984

CRIME OR ILLNESS?

- **15-40%** of Canadian prison inmates meet the criteria for a mental disorder other than personality or substance use disorders

Beaudette & Stewart, 2016; Simpson, McMaster, & Cohen, 2013

CRIME OR ILLNESS?

- **25%** of individuals in the correction system in Canada have “cognitive deficits“

Stewart, Wilton, Sapers (2016)

CRIME OR ILLNESS?

- Approximately **10%** of men and **18%** of women in the federal correction system in Canada fall within the low extreme or borderline ID ranges of cognitive impairment.

Stewart, Wilton, Nolan, Kelly, & Talisman, 2016

CRIME OR ILLNESS?

- Individuals with intellectual and developmental disabilities (IDD) are over-represented in the criminal justice system, with estimates ranging from **2%-20%** of the offender population.

Jones, 2007

CRIME OR ILLNESS?

- As many as **24%** of court defendants may have an intellectual disability.

Barron, 2002; Hayes, 1997

CRIME OR ILLNESS?

- **33%** of incarcerated youth in the US are identified as eligible for services under the Individuals with Disabilities Education Act (IDEA)

(Quinn et al. 2005)

CRIME OR ILLNESS?

- Individuals with developmental disabilities are overrepresented in the forensic mental health system too, making up an estimated **12%** of the forensic inpatient population (as compared to 0.8% in the general population).

Lin, et al., (2017)

CRIME OR ILLNESS?

- By age twenty-one, **20%** of individuals with ASD will have interacted with the police.

(Tint, Palucka, Bradley, Weiss, & Lunsky, 2017)

CRIME OR ILLNESS?

- As many as **30%** of individuals on specialist (DD) forensic inpatient units may have autism.

(Siponmaa et. al, 2001; Tromans et al., 2018)

AUTISM AND THE LAW

- Individuals with ASDs in secure forensic care, have significantly longer lengths of stay than those without.

Esan, Chester, Gunaratna, Hoare, & Alexander, 2015

A DISTURBING TREND

- Over the last several decades, there appears to be an increasing trend in individuals with intellectual and developmental disabilities referred to community forensic services.

(Lindsay, Haut, & Steptoe, 2011)

A DISTURBING TREND

- “These results may reflect changes in society whereby the courts are becoming more comfortable with defendants with intellectual disability and services more willing to involve the police when there are incidents of offending behaviour.”

(Lindsay, Haut, & Steptoe, 2011)

CRIMINAL RISK FACTORS IN DD

- Youth
- Male
- Social disadvantage
- Unemployment
- Familial offending
- *History of behavioural challenges*
- *Poor coping strategies*
- *Limited independence*

Farrington, 2000; Holland, 2004; Murphy, Harnett, & Holland, 1995; Noble & Conley, 1992; Simons, 2000

VULNERABILITIES

- Limited understanding of criminal justice system (e.g. rights at arrest, cautions, restrictions)
- Suggestibility and acquiesce (vulnerable to false confessions while in police custody)
- Poor coping within correctional settings
- Predation by other inmates

VULNERABILITIES OF AUTISM IN THE SYSTEM

- Risk of harsh sentences due to perceived lack of empathy or remorse.
- Disadvantage in police interviews
- Vulnerability to exploitation
- Difficulty in release planning

- Problems in conforming to established norms of inmate social behaviour
- Increased risk of confrontation
- More likely to be bullied
- Social isolation

Archer & Hurley, 2013; Conacher, 1996; Love & Morrison, 2002; Martin, 2001; Paterson, 2007

POSSIBLE PROTECTIVE FACTORS IN ASD

- Rigidity & rule following
  - *Significantly less probation violations*
- Possible leniency within the criminal justice system
  - *Diversion twice as likely while prosecution is half as likely*

(Cheeley et al, 2012)

PREDICTORS OF POLICE INVOLVEMENT

- **Physical aggression** the primary reason police called, history of aggression significantly correlated with frequency of police involvement (Tint, Palucka, Bradley, Weiss, & Lunsky, 2017)
- Younger in age
- Living outside family home
- Lack of day programming or structured daily activities

PATHWAYS TO THE CRIMINAL JUSTICE & THE FORENSIC MENTAL HEALTH SYSTEM

The most common offences for individuals with autism include:

- Violent behaviour (81%)
- Threatening conduct
- Destructive behaviour
- Sexual offences
- Arson
- Stalking
- Harassment
- Non-contact sexual offences
- Trespassing

Allen et al, 2008

THE ONTARIO FORENSIC MENTAL HEALTH SYSTEM:

An Overview

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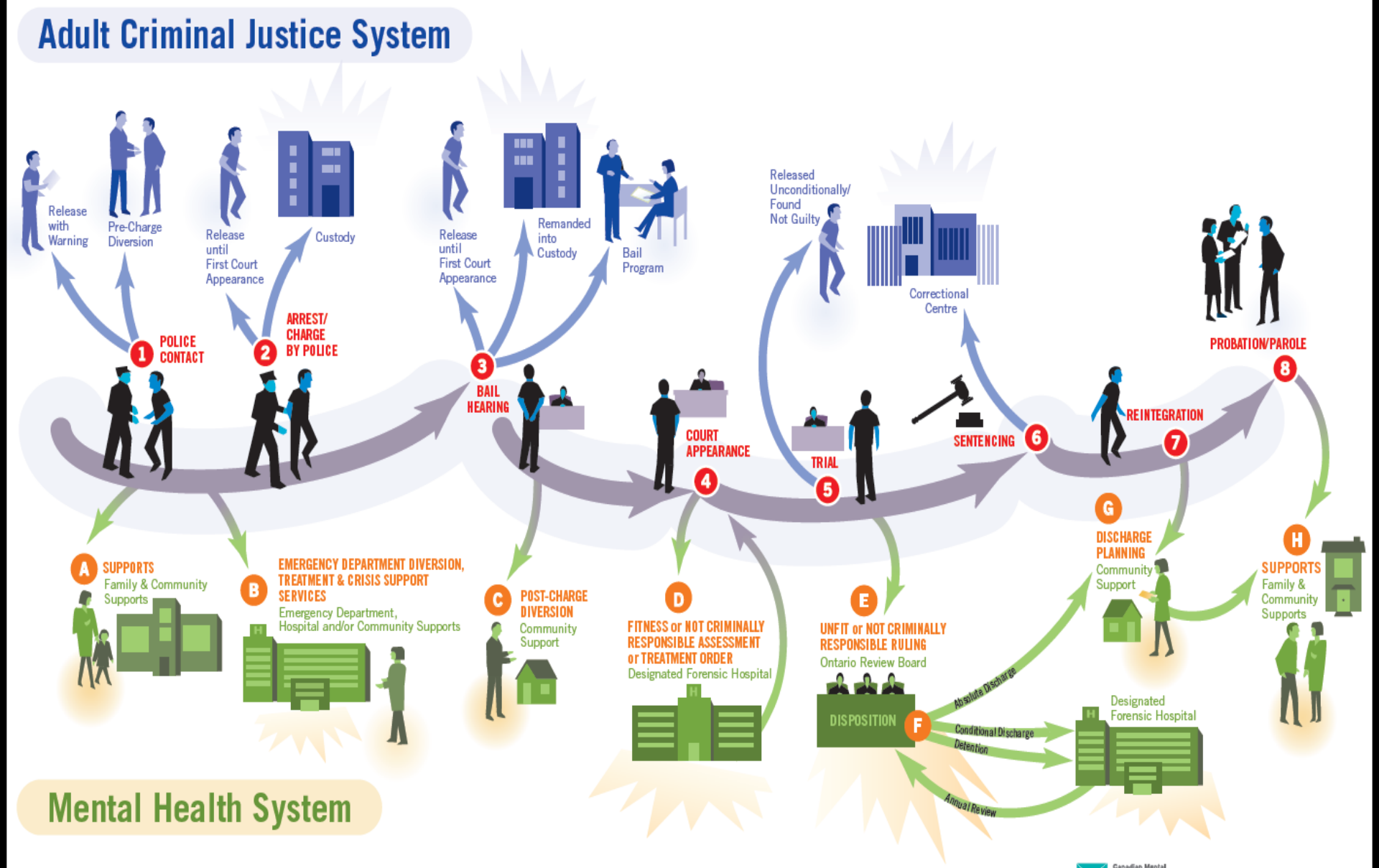
Navigating the Adult Criminal Justice & Mental Health Systems



For more information, visit www.ontario.cmha.ca

Canadian Mental Health Association Ontario Mental health for all

Rose Zgodzinski www.chartsmapsdiagrams.com

FORENSIC MENTAL HEALTH SYSTEM

What is the Forensic Mental Health System?

- Role is not to punish but to rehabilitate and re-integrate people into the community
- Society believes its unfair to punish people for a criminal act if they have a mental disorder that prevents them from understanding what they have done or of appreciating the consequences
- Mandate of ensuring public safety within the least onerous and least restrictive conditions possible

NOT CRIMINALLY RESPONSIBLE

- Criminal Code of Canada states that you are not guilty of an offence if a mental disorder prevents you from:
  - Appreciating the nature of your actions **OR**
  - Knowing that your actions were wrong

UNFIT TO STAND TRIAL

1. **Can you communicate with and effectively instruct your lawyer?**

2. **Can you understand the system of law (Taylor Test)**
   - Do you know where you are?
   - What is the role of the justice of the peace or the judge?
   - Do you know the charges against you?
   - What pleas are available to you?
   - Do you know the possible consequences of being found guilty? Not guilty?
   - Do you understand what it means to take an oath?

ONTARIO REVIEW BOARD

- Usually made up of a psychiatrist, lawyer, mental health professional, person from the community with background in mental health and a chair person (lawyer or retired judge)

- Responsible for making decisions for the client
  - Level of security
  - Whether you will go to a hospital and which one
  - When you can have privileges to go back to community
  - What kind of supervision and supports you should have when in the community

ONTARIO REVIEW BOARD

- Patients first meet with ORB within 90 days after a disposition hearing or within 45 days without one (after your verdict)
- Patients attend an annual ORB review in which the hospital provides an update of the patient's progress, and the board makes decisions about any changes to the disposition (e.g. community living, move to general unit)
- The ORB will provide a "Reasons for Disposition" document within 6 weeks of the ORB hearing

LEVELS OF DETENTION

Detention Order

- Secure, General, or Community Living

Conditional Discharge

- Remain under the ORB, have some conditions, but rather than be re-admitted under a detention order, you would be arrested under the Mental Health Act

Absolute Discharge

- No conditions under the Ontario Review Board

RESTRICTIONS OF LIBERTY

- When the level of detention increases (e.g. readmission to an inpatient unit) a restrictions of liberty hearing must be scheduled within 7 days following admission

- The board decides whether the restriction of liberty was legitimate, or whether it is too restrictive and can overturn or sustain decisions of the Office of the Person in Charge and the case management team

CAMH: FORENSIC SERVICES

- Clients who are the subject of an ORB disposition
- Continuum of care that includes assessment, treatment, rehabilitation and client recovery
- Secure and general secure units
- Community based care
- Consultation and specialty services (ex. SBC)

OFFICE OF THE PERSON IN CHARGE

- OPIC is CAMH's liaison to the ORB
- All matters pertaining to the admission, assessment, movement, transfer and discharge of ORB patients are coordinated and tracked by OPIC
- They are also responsible for the scheduling of ORB hearings, ensuring that hospital reports to the ORB are processed in a timely fashion, reviewing privilege requests and representing CAMH at ORB hearings

RISK MANAGEMENT IN THE COMMUNITY

- Consists of services provided by FOPS, EFOPS & FDDSS case managers, clinicians and forensic psychiatrists
- Individual dispositions dictate how often a person must meet with their case management team
- Mandate of ensuring public safety within the least onerous and least restrictive conditions possible

RISK MANAGEMENT IN THE COMMUNITY

What needs to be **immediately** communicated to the case management team?

- Breaches of the disposition
- Missed or refused medications
- Any incident reports completed
- Instances of aggression, self-injury, environmental destruction, or elopement
- Any hospital visits
- Changes in mental or physical status
- Use of substances

Typically, breaches result in the individual's readmission into hospital (under a FORM 49).

THANK YOU!

QUESTIONS OR COMMENTS