

About Forensic Psychiatric Services and the Review Board process

What is Forensic Psychiatric Services?

- The Forensic Psychiatric Services (FPS) is mandated to work in partnership with BC's criminal justice system to provide psychiatric assessment and treatment at the Forensic Psychiatric Hospital (FPH) for individuals who have been referred by the courts or by BC Corrections.
- As a specialized facility, it is the task and responsibility of staff and physicians at the hospital to assess, treat, and rehabilitate persons found unfit to stand trial or not criminally responsible due to mental illness, with a goal of restoring fitness and/or reintegrating them gradually and safely into the community. The hospital also provides treatment for provincial inmates who are certified under the Mental Health Act and require urgent psychiatric care.

How do forensic experts evaluate a patient progress during treatment?

- Risk assessment tools assist forensic experts with evaluating the patient's clinical history and current mental status, to form treatment plans and effectively communicate risk-related information to the treatment team.
- Risk assessments are also used in the decision-making process when recommending levels of community access for patients at the hospital.
- Forensic experts take a patient-centered approach when performing risk assessments. Experts assess both the patient's history and current clinical state, and based on this information, develop a risk management plan.
- A risk management plan will identify the risks, the factors that will increase or decrease the risks, and then develop a plan for managing those risks for patients who may be given community access.
- Risk assessments at the hospital are evidence-based and follow international forensic psychiatry best practices in the care of patients found NCRMD.
- Risk assessments are performed frequently – patients are being treated to get better, and their conditions can change or improve throughout treatment.

What is the role of the Review Board?

- Individuals who are admitted to the Forensic Psychiatric Hospital pursuant to a court finding of either Unfit to Stand Trial (UST) or Not Criminally Responsible on account of Mental Disorder (NCRMD) come under the jurisdiction of the BC Review Board, an independent tribunal established under the Criminal Code of Canada. The Review Board has ongoing jurisdiction to hold hearings and to make and review dispositions (orders).

- The Review Board is responsible to protect public safety while also safeguarding the rights and freedoms of NCRMD persons who have committed an offence.
- The Review Board takes into account the recommendations of the patient's clinical team to the Director (Person in Charge for Forensic Psychiatric Services). However, the Review Board determines if a patient stays at the Forensic Psychiatric Hospital for additional treatment (custodial order), reintegrates into the community with supervision (conditional discharge), or is ready for an absolute discharge, based on his/her progress and stability.

What are the specific levels of access privileges at FPH?

The privilege levels range from zero to six. The Program and Privilege Committee approves each request. Each level of privilege also has additional graduation within it.

- Level 0 – escorted only to off-unit (but in hospital) activities that require all patients' participation (e.g. gym)
- Level 1 – escorted by Forensic Psychiatric Services trained hospital staff to specific treatment programs within the maximum security areas of the hospital
- Level 2 – escorted by Forensic Psychiatric Services trained hospital staff to specific treatment or vocational programs within the hospital grounds
- Level 3 – within the hospital unescorted attendance at programs, escorted community outings
- Level 4 – unescorted day leave access to community programs
- Level 5 – unescorted day leave access for leisure purposes
- Level 6 – overnight leaves and visit leaves

A patient's progress and stability may change throughout treatment, and their approved levels of access may also change as they move through their treatment program at the hospital. The treatment team performs frequent assessments of a patient's progress and stability that informs any decision-making on any levels of access/privileges.

Who decides whether a patient can have community access?

- The BC Review Board determines whether a patient is eligible for community access, and typically will delegate the authority to the Director (Person in Charge for Forensic Psychiatric Services) to determine if/when the person is ready for community access. This does not mean that the Director will grant community access.

Once the Review Board makes a decision on community access, how are the individual requests for access approved?

- The patient's clinical treatment team submits an application to the "Program and Privilege Committee" to determine the level of access the patient is allowed. The committee includes the Person in Charge for Forensic Psychiatric Services, who is advised by a small group of senior clinicians, and considers all factors in approving requests. These included public safety, the patient's progress since the last hearing, the patient's mental status, and whether the recommendation aligns with the patient's recovery and community reintegration plan.

- The treatment team recommends a privilege level for the patient.
- There are seven levels of access; patients progress through the levels as their individual situation permits.
 - Levels range from accessing different parts of the hospital to accessing the community.
 - Accessing the community can range from outings supervised by staff to unescorted day and overnight leaves.
 - Each level has a separate application and review process.
- The final step is an assessment done by the nurse in charge of the ward just before the patient is permitted to leave.
- At any of these stages mentioned, privileges can be withheld or cancelled if a patient is assessed as being not ready.

Why is access to the community important?

- Community access is gradually granted as it provides patients with important rehabilitation goals as part of their treatment, with the ultimate goal of reintegrating the patient back into the community.
- Community access is an important means of examining the progress of a patient in safe circumstances. It is a long standing method and is routinely employed across Canada and in other parts of the world.
- The BC Review Board determines whether a patient stays at the Forensic Psychiatric Hospital for additional treatment (custodial order), can reintegrate into the community with supervision (conditional discharge), or is ready for an absolute discharge, based on his/her progress and stability.
- Forensic Psychiatric Services has six regional clinics across the province which provide treatment and supervision of patients that are living in the community under a conditional discharge.
- Any questions related to orders and conditional discharges can be directed to the BC Review Board, which rules on the status of patients found Unfit to Stand Trial or Not Criminally Responsible on account of Mental Disorder (NCRMD) by the courts.

How are patients assessed for access to the community?

- Risk assessment tools assist forensic mental health experts with evaluating the patient's clinical history and current mental status, to form treatment plans and effectively communicate risk-related information to the treatment team.
- Risk assessments are also used in the decision-making process when recommending levels of community access for patients at the hospital.
- Before patients are considered for outings into the community, they are carefully assessed for risk and clinical well-being by an interdisciplinary treatment team.
- Immediately prior to any approved community outing, the nursing staff will complete a pre-outing assessment to determine whether there are any clinical reasons why a patient may not participate in the outing.
- Normally, the Person in Charge (Director) is granted the discretion of determining how much access to the community the patient is permitted if the Review Boards stipulates community access within an individual's order.

What are Staff Supported Community Outings? How do they work?

- The first stage in escorted community outings is the assessment staff supported community outing (SSCO), where forensic mental health experts get to know the patient in a low risk setting and in an environment where the patient is unlikely to come into contact with the public.
 - Once outside of the hospital, the patient is not permitted to go further than an arm's length from staff, except when using the restroom. The outing destination is carefully screened for details to protect the safety of staff, patients and the public.
 - The destination is always within a 15 minute drive of the hospital, so it can be accessed quickly. This outing lasts about 45 to 60 minutes.
 - At a minimum, there are at least three assessment outings; however, there can be as many as 30 or 40, depending on the needs of the patient. These may occur over a period of six to 12 months, or even longer.
- If the patient does well during the assessment outings, he/she may be considered for the next stage of outings: staff escorted community outings with co-patients. These can range from small group outings to larger group outings (maximum of eight patients).
 - These outings may include a visit to a location like a coffee shop and are always within a 30 minute drive of hospital.
- A ratio of two forensic professionals for every patient is required on all escorted community outings. In the event of any patient becomes agitated or resists direction, the outing is terminated and the patient is returned to the hospital immediately. The hospital has a strong relationship with the RCMP and clear, effective communication protocols in the event that police assistance is required.

Who escorts them into the community?

- Depending on the privilege level assigned to the patient, there may be several staff that escort and supervise patients. This is decided on an individual basis.
- Staff are mental health professionals and have training to manage patients should they become disruptive. They are not law enforcement officers and do not carry weapons.

Escapes/Unauthorized absences

What is the difference between an “unauthorized absence” and an escape?

- An unauthorized absence is when a patient fails to arrive at the pre-arranged destination or return from an unescorted leave at the predetermined time, and does not notify staff.
- Reasons for unauthorized absences can vary, but may include patients missing a bus or running late from an appointment or from visiting family.

- An escape is when a patient leaves the hospital without authorization. This is coded as an escape even if the patient is apprehended by security within a few minutes after leaving the hospital.
- Escapes and unauthorized absences have declined significantly over the last decade.

Why has there been a decline in escapes and unauthorized absences?

- Over the past 10 years the evaluation process to determine patients' suitability for community access has been refined.
- For example, the Forensic Psychiatric Hospital's assessment committee (Program and Privilege Committee) now requires more risk-relevant information, including a current risk assessment (Short Term Assessment of Risk & Treatability or "START") and rationale for the requested privilege level, before a decision is made regarding privilege levels and community access.
- If a patient escapes from the hospital or is placed on an Unauthorized Absence, all community access privileges are suspended pending a review and re-application to the assessment committee.
- As a result of these improvements, fewer day leaves are granted and the number of UAs decreased significantly. These statistics are specific to inpatients of Forensic Psychiatric Hospital, and do not include Unauthorized Absences of clients who are followed by the Forensic Psychiatric Services Regional Clinics live in the community.

Why do unauthorized absences occur?

- Reasons can vary, but include patients missing a bus or running late from an appointment or from visiting family.
- The approach to providing community access at the Forensic Psychiatric Hospital is carefully phased and monitored through a series of increasing privilege levels, in keeping with each patient's Review Board disposition.
- In the course of the rehabilitative pathway, patients may face challenges in successfully meeting requirements at every stage of their plan.
- When that occurs, the hospital takes prompt action to locate the person and return them to their residence or to the hospital. All community access privileges are cancelled immediately. The clinical team then reassesses the situation and privilege levels are reviewed.

Public safety and notification

What is the hospital's policy for alerting the public when there is an unauthorized absence or escape?

- The same policy applies for patients who are on unauthorized absence or have escaped the hospital.
- All patients at the hospital, in the community on a conditional discharge, or patients going on escorted or unescorted day leaves to the community from the hospital, have conditions established by the BC Review Board for community access.
- When patients fail to return from an approved leave or otherwise, they are generally in breach of one or more of the conditions set out by the Review Board and need to be located and returned to their place of residence or to hospital as quickly as possible to ensure their own safety as well as the public's.
- The following measures are taken to alert the public:

- If a patient fails to return on time from an authorized leave even if it is only fifteen minutes late, or escapes the hospital, the RCMP are notified, as part of the hospital's "Code Yellow" policy.
- Staff provide information to the RCMP to assist with determining the level of risk. Alerting the public of a patient who is on an unauthorized absence, has escaped, along with when the patient has returned, is the responsibility of the police.
- The hospital is also located adjacent to the Kwikwetlem First Nation, and has established a protocol to notify the administration offices of the Kwikwetlem First Nation whenever a patient is determined to be on an unauthorized absence or has escaped.

Why don't you notify members of the public when patients are on outings in the community?

- Community safety is one of our highest priorities.
- There are hundreds of successful community outings every year.
- As a hospital, we treat patients for their illness and assist them in their recovery and reintegration into the community.
- Once the patient has reached the stage where they are stable and community access is considered to be the next step in their recovery, this is commenced in a slow, safe and tightly controlled manner, with the appropriate safeguards to protect the safety of the public.
- We are bound by privacy legislation and cannot provide details about a patient or client.
- Public safety and the safety of staff and patients are taken into consideration when assessing privilege levels for patients.

How does the Forensic Psychiatric Hospital work with the RCMP?

- The hospital has a close relationship with the RCMP and clear, effective communication protocols are in place in the event that police assistance is required.
- The hospital does not notify the police when patients are going on staff supported community outings because of the high volume and because effective procedures are in place to manage risks and to screen patients to ensure suitability for participation.
- Notifying the police in advance of SSCOs would not affect police response if assistance is required.
- In the event of a patient becoming agitated or resisting direction, the outing is terminated and the patient is returned to the hospital immediately.

How do you make sure the public is safe?

- Public safety is paramount when assigning privilege levels.
- Formal risk assessments are done at least every three months and prior to application for outings.
- Immediately prior to the community outing, the nursing staff review the risk information on file and complete a pre-outing assessment to determine whether there are any clinical reasons why a patient may not participate in the outing.
- Staff are trained to manage patients who may become anxious or unsettled, and every effort is made to ensure public safety is maintained.
- Providing high quality, specialized care to patients at the hospital and through our regional clinics, protects everyone's safety and wellbeing – our patients/clients as well as the public's.

How do you monitor patients in the community?

- The level of monitoring depends on the level of privilege granted to the patient.
- Patients who are authorized to receive day leaves to attend community-based programs have their attendance at the verified by program staff upon arrival.
- Patients with higher levels of privilege may receive day leave for leisure purposes and would not be required to check in with unit staff, but must return at the predetermined time.

Hospital security**What is the role of security at the hospital?**

- Forensic Security Officers (FSOs) play a key role in protecting the safety and security of patients and staff.
- FSOs transport patients within the hospital, to appointments in the community, to other health facilities or to court and other locations.
- FSOs also assist with Staff Supported Community Outings if additional support is needed.
- FSOs are managed by the hospital with subject matter expertise and guidance from Lower Mainland Integrated Protection Services, as needed, to support best practices.

Are the majority of NCRMD patients in the forensic mental health system there because of violent offences?

- The majority of NCRMD patients at hospital have committed a violent offence. However, some non-violent offences also bring people into the forensic mental health system.
 - These offences may include mischief, theft, or break and enter.
- Those who are found NCRMD on a charge of violence committed the offence when they were severely ill and did not understand what they were doing or that what they were doing was wrong.
- Providing high quality, evidence-based care to patients at the hospital will result in improved protection of the public.

What is the status of the security upgrades that were announced for the hospital?

- The Provincial Health Services Authority committed \$2.8 million to further enhance safety and security at the hospital with improved fencing, lighting, security cameras and landscaping.
- By the end of this fiscal year we will have completed the interior fencing, patient search area, a new staff entrance (to separate it from the patient search area), some security-related landscaping, a key system and a new personal protective alarm system.