



BC Mental Health &  
Addiction Services

An agency of the Provincial Health Services Authority

# Forensic Psychiatric Services

## Information for Families



This booklet has been prepared in partnership with  
British Columbia Schizophrenia Society  
3<sup>rd</sup> edition September 2011



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# Introduction

The purpose of this booklet is to help families understand Forensic Psychiatric Services in British Columbia. Each year, hundreds of people with serious mental illness are referred to Forensic Psychiatric Services. This happens when a person charged with an offence is suspected of having a mental illness that might interfere with their ability to understand the legal trial process, or when apparent mental illness indicates that someone may not be criminally responsible for their action.

People with mental illness are at some risk for getting in trouble with the law due to the very nature of their illness. Symptoms of mental illness often cause people to behave in ways that draw attention from the legal system. Alcohol and drug abuse are also common amongst people who suffer from serious mental illness.

Families are doubly-impacted when they have a relative with serious mental illness who is arrested for a crime. Not only does the family have to cope with wondering what will happen to their relative, they also may have to deal with the effects of the crime. In many cases family members are the victims of the criminal act.

We hope this resource will help families understand and support their ill relative through an increased understanding of mental illness and Forensic Psychiatric Services. We welcome comments and feedback from readers. An evaluation sheet is included on the last page of the booklet.

A note of caution: This booklet is intended to provide general information only. The specifics of individual situations will vary, and families are advised to contact the Forensic Psychiatric Hospital social worker for more information on how their relative's situation is being dealt with by Forensics Psychiatric Services.

# The Relationship Between Mental Illness and Criminal Behaviour



Every year, thousands of people with mental illness are arrested, often as a result of behaviour stemming from their illness. According to a report prepared by the province's Mental Health Advocate in 2000, 32 per cent of inmates in B.C. correctional institutions have a mental disorder\*. Mental illnesses are characterized by symptoms that make individuals prone to behaviours that can lead to criminal charges. Such symptoms include, for

example, impaired judgment, lack of impulse control, suspiciousness, disinhibition, paranoia, inability to trust others, delusions, hallucinations, hyperactivity, irritability, inability to concentrate, and impairment in communicating with others.

These symptoms may also lead a person to act violently. Auditory hallucinations such as voices may command them to engage in acts of violence toward others. Paranoid delusions may cause them to attack out of fear. Many people with serious mental illness use alcohol or illegal drugs, which can also lead to trouble with the law. Some support themselves by stealing or prostitution. Many commit other more minor crimes while trying to survive, such as trespassing to sleep in buildings.

In some cases the mental illness results in the person being assessed in the Forensic Psychiatric Hospital or a Regional Clinic, or sent for treatment.

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\* *Growing the Problem*: Second Annual Report of the Mental Health Advocate of British Columbia, December, 2000

# Forensic Patients: Types of Legal Status

The term “*forensic patients*” refers to individuals who have shown signs of serious psychiatric disturbance and have come in conflict with the law. Offences range from minor nuisance and property offences to serious offences against a person.

Forensic patients all have had some involvement with the legal system. Referrals include:

1. **Assessment:** A person is remanded by the courts for psychiatric assessment to determine Fitness to Stand Trial or to assist in determining whether a person should be found Not Criminally Responsible on Account of Mental Disorder.
2. **Treatment:** Persons who have been found Unfit to Stand Trial or Not Criminally Responsible may be committed to Forensic Psychiatric Hospital for treatment.
3. **Temporary Absences:** Offenders serving time in a provincial prison who have been certified under the Mental Health Act can also be referred to Forensic Psychiatric Hospital for treatment of their mental illness.
4. **Bail or Probation Orders:** The person is sent to a Regional Clinic on a court order for bail or probation.

# Forensic Psychiatric Assessments

Assessment is an important first step to treating a person with a serious mental illness. Assessments are often ordered by the court when there are indications that the mental illness may be implicated in the alleged offence or is interfering with a person's ability to understand the trial process.



Psychiatric assessments are used primarily to prepare court reports. These assessments are provided by the Forensic Psychiatric Services Commission at the Forensic Psychiatric Hospital or at one of the six Regional Clinics (see page 20 for a listing of clinics). All assessments are required to be done within a limited time frame set out in the court order.

During an assessment, many factors are taken into consideration in deciding whether a mental disorder renders a person unfit to stand trial or not criminally responsible. These include, for example: the individual's personal and psychiatric history, information from family, and indications of drug or alcohol abuse.

Information from the family is often crucial to providing a thorough assessment of a person's symptoms and can aid in diagnosing and in determining how well a person was functioning prior to the time of the alleged offence. Family members' observations and interactions with the person around the time of the alleged offence; information about whether the person was taking any medications, and psychiatric history of the person are invaluable to the assessment.

# Fitness to Stand Trial/Not Criminally Responsible on Account of Mental Disorder (NCRMD)



A basic idea in our legal system is that a person accused of a crime must be able to understand: (1) the charges against them; (2) the possible consequences of the charges; (3) the roles of the participants in court (e.g., judge, crown counsel etc.); *and* (4) be able to communicate with their lawyer in order

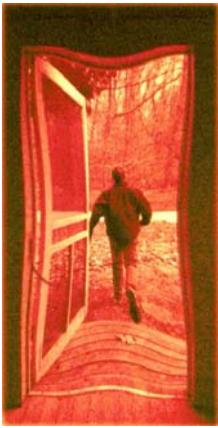
to assist them in preparing the case. This is referred to as “*fitness to stand trial*”.

Mental illness can interfere with a person’s ability to think, reason, concentrate and process information. These limitations can make it difficult for a person to understand what is happening during a trial. Severe symptoms such as paranoia can undermine a person’s ability to cooperate and communicate with their lawyer and assist in their defence.

Fitness to stand trial is a separate issue from whether a person was mentally ill at the time the offence occurred. The issue of fitness deals with the mental ability of the accused at the time of the court proceedings only. Mental illness is often periodic in nature and symptoms are not always present. A person may have been disabled by symptoms at the time of the alleged offence but deemed fit to stand trial at the time of the trial. Conversely, symptoms of mental illness may emerge at the time of the trial but were not present at the time of the alleged offence.



If a person is found *unfit to stand trial*, they may be admitted into Forensic Psychiatric Hospital for treatment or treated at an outpatient clinic until they are well enough to be tried for the charges.



Mental illness can also alter a person's conception of reality so that they do not realize the criminal nature of their actions. The illness may affect their thought processes, leading a person to believe they have no choice but to commit the crime. In other words, mental disorders can render a person incapable of appreciating the nature of the act or knowing that what they did was wrong. In law, this may mean that the person should not be held accountable for their actions because of the mental illness. In these situations, the person may be found *Not Criminally Responsible on Account of Mental Disorder* (NCRMD).

A disposition of NCRMD means that the Court is satisfied that the accused:

- Committed a criminal offence; and
- Because of a mental disorder was unable to appreciate the nature or quality of the act or of knowing it was wrong.

When the Court finds an accused is mentally *Unfit to Stand Trial* or *Not Criminally Responsible on Account of Mental Disorder*, responsibility for the accused is transferred from the Court to the jurisdiction of the British Columbia Review Board (see page 10 for more information on the Review Board).

# British Columbia Review Board

When an accused person has been found *unfit to stand trial* or *Not Criminally Responsible by Reason of Mental Disorder* (NCRMD) by the courts, responsibility for that person is transferred to the jurisdiction (authority) of the British Columbia Review Board.

The BC Review Board is an independent tribunal established under the Criminal Code of Canada. The BC Review Board is comprised of three members: a lawyer, a psychiatrist, and a mental health professional.

The Review Board's mandate is *to protect public safety while also safeguarding the rights and freedoms of mentally disordered persons accused of committing an offence.*

When a person is found *unfit to stand trial*, the Review Board will then hold a hearing (within 45 or 90 days) to further assess the accused's fitness to stand trial. If the person is found fit to stand trial, they are then returned to the court and the case proceeds.

If the person is determined to still be unfit to stand trial, the Review Board will make a disposition (an order) that the person be held in custody or discharged back into the community with certain restrictions on their freedom.

When a person accused of a crime is found by the courts to be *Not Criminally Responsible on Account of Mental Disorder*, the Review Board will hold a hearing (within 45 or 90 days) to make a disposition. The possible dispositions are:

1. An absolute discharge (released with no restrictions)
2. A conditional discharge (released but with some conditions such as attending counselling or staying away from alcohol or drugs).
3. Custody in a designated psychiatric hospital, such as the Forensic Psychiatric Institute.

In making dispositions the Review Board takes into consideration:

- The protection of the public (whether the accused presents a risk);
- The accuser's mental condition;
- The reintegration of the accused into society; and
- The accused's other needs.

Review Board hearings are usually open to the public except in certain circumstances. Hearings are often held in the community where the accused lives. If the accused is in custody at the Forensic Psychiatric Hospital, the hearing will be held there. Families should contact the Review Board Registry (see "Contact Information" section for telephone number) for the location and date if they would like to attend a particular hearing.

Accused persons have the right to be represented by legal counsel or they can represent themselves at Review Board hearings. The Legal Services Society may provide legal representation to accused persons, either through the Mental Health Law Program or from the private bar. The BC Review Board can also appoint counsel for the accused in the interests of justice. Accused persons also have the right to retain their own lawyer.

An accused person can seek to have an early hearing if their circumstances have changed and to appeal any decisions made by the Review Board. Accused persons who are not given an absolute discharge are entitled to review hearings at least every 12 months.

For more information about the BC Review Board, please visit their website at <http://www/bcrb.bc.ca>.

# Forensic Psychiatric Hospital



The Forensic Psychiatric Hospital (FPH) is the provincial hospital for forensic psychiatric patients in British Columbia. It was originally established in 1974 and rebuilt in its new location in 1997.

*A video about the Forensic Psychiatric Hospital is available for families who are unable to visit the hospital because of distance or travel costs. Please contact the Forensic Psychiatric Hospital or British Columbia Schizophrenia Society to make arrangements to view the video. The video is also available on the internet at [www.bcmhas.ca](http://www.bcmhas.ca)*

The Forensic Psychiatric Hospital is located at 70 Colony Farm Road in Port Coquitlam, BC V3C 5X9. It can be reached by phone during business hours 8:30 am to 4:30 pm at 604-523-7888. After hours, the Hospital can be reached at 604-523-7888, 604-524-7941 or 604-524-7700.

The hospital is a secure facility for individuals considered Unfit to Stand Trial or for those found by the court to be Not Criminally Responsible on Account of Mental Disorder (NCRMD). It also accommodates individuals transferred temporarily from correctional facilities to be assessed or receive treatment for a mental illness under the Mental Health Act. The hospital provides the following services:

- Standardized psychiatric assessments to the courts
- Assessment and treatment of individuals who experience symptoms of mental illness while detained in correctional facilities
- Treatment, rehabilitation and reintegration to the community for persons found to be Unfit to Stand Trial or NCRMD and ordered by the court to the hospital

The hospital has secure custody, closed and open security units to accommodate the level of security needed for patients. Patients generally move through the levels of security, typically beginning in the secure custody unit and progressing through to the open security unit, which is set up like a home. In the open security unit, patients are given responsibilities for taking care of their own needs. The process depends on the individual's capacity to handle increased independence and self-responsibility.

Every person remanded to the Forensic Psychiatric Hospital is assigned a treatment team. The core members include a psychiatrist as team leader, the case management coordinator, the primary nurse and the social worker. Others who may be included in team meetings are the health care worker, psychologist, vocational services staff, the staff of therapeutic leisure services, occupational therapy, Regional Services Clinic representative, pastor, or any other caregiver who has contact with the patient as considered appropriate. Treatment teams put together a patient care plan for the patient.

Care plans are designed according to the needs of the patient. The clinical staff at the hospital are familiar with all available medications and work with patients to find the appropriate stabilization medication for them. The goal is to assist patients into a successful reintegration into the community. Programs include medically directed treatment plans, alcohol and drug counselling, occupational therapy, therapeutic leisure services and vocational services. A full-time teacher is available to assist patients with educational opportunities and a Chaplain is on hand to address spiritual needs of the patients as/if required. Families should contact a social worker at the hospital if they would like more information on the programs available.

*As a person with a mental disorder goes through the legal system, their symptoms may prevent them from fully understanding the process. The staff at the hospital is aware of this fact and part of the treatment is to help patients work through this process to the best of their ability.*

The treatment team at Forensic Psychiatric Hospital begins the process of discharging a patient by first determining the person's readiness for release and needs.

The patient will have gone through an integration process within the hospital before discharge is considered. This means that the patient will have gone from perhaps the secure unit to the medium unit and then to the open secure unit during their stay at the hospital. Generally people will move through the system this way, experiencing less security, with more responsibility and independence.

When the team determines the person is ready, the person may be granted limited Day Leaves. Day leaves are when the person is given permission to go out into the community for a few hours on staff escorted leaves and eventually on unescorted leaves. Following this the team will develop a "visit leave" plan in which the patient is allowed to leave the hospital on a trial basis for up to 60 days (the duration varies with each patient). Family visits may be the focus of these day leaves or visit leaves to help prepare patients for their eventual return to the community.

Decisions to release a patient back into the community are made by the Review Board. Orders of release from the hospital include conditions of residence (whether the individual needs supervised housing or not), and what level of supervision needs to be in place. A discharge summary is prepared and sent to the physician upon a patient's release. If the patient does not have a physician, Forensic Psychiatric Services can assist with finding a physician in the community. The person is connected with a Regional Clinic closest to their home.

# Legal Services for Patients



When a person is remanded to the Forensic Psychiatric Hospital, the social work department at the hospital will assist the person in applying for legal aid.

The BC Review Board also ensures that individuals who are found *Unfit to Stand Trial* or *Not Criminally Responsible on Account of Mental Disorder* are represented by legal counsel. If the person does not have legal counsel, the Review Board may assign counsel to act for the accused.

Families also have the option of finding a lawyer to represent the person for a standard fee. Families should look for a lawyer who has experience with cases involving mental illness. They should feel comfortable about the lawyer's methods of practice.

Families are encouraged to explore all their options. It is not necessarily the case that a better lawyer costs more money.

# Forensic Psychiatric Services: Regional Programs

The Forensic Psychiatric Services Commission ensures clients throughout British Columbia are appropriately supported with consistent high-quality mental health programs. In addition to the services provided at the Forensic Psychiatric Hospital, services are provided on an outpatient basis through regional programs coordinated by six community clinics. They are located in Vancouver, Victoria Nanaimo, Prince George, Kamloops, and Surrey. Forensic Psychiatric Services is accredited by Accreditation Canada.

These clinics are responsible for the supervision and monitoring of persons found “Not Criminally Responsible on account of a Mental Disorder” (NCRMD) or those found “Unfit to Stand Trial” who are living in the community and have been granted a *conditional discharge* by the BC Review Board. Responsibilities include monitoring the person’s progress in treatment and ensuring that they are adhering to the conditions set out in the Disposition Order provided by the BC Review Board.

The clinics conduct psychiatric assessments ordered by the BC Courts (Fitness to Stand Trial, NCRMD) and psychiatric or psychological Pre-Sentence Reports. Clients are also referred by Community Corrections for assessment and treatment for those subject to bail, conditional sentences, or probation/parole orders. In addition, a provincial program is offered in each area for individuals convicted of a sexual offence.

Staff at the Regional Clinics generally include psychiatrists, psychologists, psychiatric nurses, psychiatric social workers, and administrative support staff. Treatment is provided by a multidisciplinary team. Family members are encouraged to communicate any concerns they may have about their relative with staff to ensure optimal care and safety.

While the provision of standardized services by Forensic Psychiatric Services is offered throughout the province, regional differences exist in terms of available community resources such as medical support, housing, and other social supports.

**Telehealth services** are available in each of the clinics and are used to provide accessibility for assessment and treatment of clients, and in support of family visits for those in outlying areas.



## INTERIOR AND NORTH PROGRAM

### • Kamloops Clinic

No. 5, 1315 Summit Drive,  
Kamloops, BC V2C 5R9  
Telephone: (250) 377-2660  
Fax: (250) 377-2668

### • Prince George Clinic

2nd Floor, 1584 7th Avenue  
Prince George, BC V2L 3P4  
(250) 561-8060  
Fax: (250) 561-8075

## LOWER MAINLAND AND FRASER VALLEY PROGRAM

### • Surrey/Fraser Valley Clinic

10022 King George Highway  
Surrey, BC V3T 2W4  
Telephone: (604) 529-3300  
Fax: (604) 529-3333

### • Vancouver Clinic

300 - 301 West Broadway,  
Vancouver, BC V5Y 1P9  
Telephone: (604) 529-3350  
Fax: (604) 529-3386

## VANCOUVER ISLAND PROGRAM

### • Nanaimo Clinic

101 - 190 Wallace Street  
Nanaimo, BC V9R 5B1  
Telephone: (250) 739-5000  
Fax: (250) 739-5001

### • Victoria Clinic

2840 Nanaimo Street  
Victoria, BC V8T 4W9  
Telephone: (250) 213-4500  
Fax: (250) 213-4532

*Clinic hours are 8:30 to 4:30 Monday to Friday, excluding statutory holidays. For emergencies outside of clinic hours, please contact 911 or Mental Health Emergency Services in your community.*



# Role of Families with Patients/ Clients of Forensic Psychiatric Services

Families are encouraged to contact the treatment team regarding treatment and discharge planning of the patient/client.

The treatment team will work with the patient/client when the individual will be residing with the family upon discharge. If the person needs supervision and will not be returning directly to the family home, the family can contact the team regarding housing options. Family meetings can include in-person meetings or by teleconference or video conference as available. Interpreters can be utilized if English is not the primary language.

Patients/clients and families play an important role in promoting patient safety and preventing potential adverse events.

Family members are encouraged to communicate with the treatment team any questions they have regarding medications or treatment interventions, as well as any concerns that they may have about their family member in order to ensure optimal care and safety. This may include concerns regarding verbalized fear for safety, despondency, despair, and/or a wish or a plan to harm oneself or others. Family members are also encouraged to contact a treatment team member if another patient/client is behaving in a manner that is cause for concern.

Patient safety also includes taking measures to prevent the spread of germs by proper and frequent hand washing. The treatment team should be contacted regarding any known allergies to food or drug products. It is also important to be attentive to locations where one might experience a fall.

The Forensic Psychiatric Hospital and all Regional Clinics are smoke free facilities.

# Family Access to Clinical Information

If the patient consents, the team can work closely with the family throughout this release process. The treatment team is responsible for assuring that patients are suitably integrated back into the community with appropriate support and access to necessary community and mental health resources.

It is important for families to be aware that patients have a right to confidentiality. If the patient does not want information disclosed or their family to be involved in treatment or discharge planning, the treatment team is obliged to respect the patient's right. The Forensic Hospital complies with the *Freedom of Information and Privacy Act (FOIPPA)* in determining what information can be released to third parties such as family or friends.

The *Freedom of Information and Privacy Act (FOIPPA)* does allow health care providers employed by a public body such as a hospital or clinic to release information without the consent of the client where disclosure is required for continuity of care or for compelling reasons if someone's health or safety is at risk. Release of information is handled on a case-by-case basis, in accordance with FPSC policies and the FOIPPA guidelines.

"When disclosing information without consent, the health care provider must be confident that release of information is in the client's best interests, is required for the continuity of care of the client, and only the information that is absolutely necessary is released to the third party."<sup>18\*</sup>

This means that if the patient is returning to live with their family or where family members are the patient's basic support, *the treatment team has the discretion to share information for continuity of care*. Families should contact the team if they have any questions regarding what information can be provided to help them support their relative.

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\* *Guide to the BC Mental Health Act "Freedom of Information and Protection of Privacy Fact Sheet"* British Columbia Ministry of Health, 2005.

# Family Access to Legal Information

An accused person owns their information. Therefore a family's access to information about a person's legal case is primarily at the discretion of the person accused. Although a family may be providing financial assistance in obtaining a lawyer, this does not give the family the right to have access to their relative's file or information about their case.

The person who is being tried for the crime has a right to legal confidentiality regardless of who pays for the lawyer. If they do not want information to be shared, that is their right. While information specific to a person's case may be privileged, families can educate themselves about mental illness, the judicial system and forensic psychiatric services. It is also of value to have a lawyer who is knowledgeable about their client's mental illness, the need for treatment, and the forensic psychiatric system.

## Questions to Ask the Clinical Team

The following questions are provided as a framework for deciding what you, as a family member, need to know in order to best support your relative. These questions are designed to help you as a family member get the information you need concerning the diagnosis and treatment of your relative. Not everyone will need answers to all the questions. In addition you may have other questions you would like to ask.

It is important to remember that the clinical team may be limited by confidentiality if your relative does not want information to be given out. However, there may still be general information that can be shared with you.

- *What can you tell us about this illness?*
- *What is known about the cause of this particular illness?*
- *Can you recommend suitable reading/reference materials to get information on this condition?*
- *What is your plan for treatment?*



- *What medication do you recommend? (Ask for name and dosage level)*
- *What are the benefits of using this medication?*
- *What risks are associated with the medication? Are there any side effects?*
- *How soon will we know if the medication is effective? How will we know?*
- *What symptoms indicate that the medication should be raised, lowered, or changed?*
- *What happens if our relative refuses treatment?*
- *What can the family do to help?*
- *Who can we contact if we are worried about our relative's well being?*
- *What should we do if our relative becomes sick and needs medical help?*
- *What information from the family would be most helpful in evaluating how the person is doing?*

## Tips For Family Members



These tips were compiled from families and partners in the forensic psychiatric community. We hope these suggestions will help you through this difficult time.

- *Always write things down.* Write the person's name, time, date and reason for your contact (i.e. phone calls, visits, casual conversations, etc.) as it may be necessary for you to follow up.
- *Ask questions.* Throughout your family member's process, be sure you understand to your satisfaction what is going on. Try not to get discouraged. If you feel that you are not getting appropriate answers to your questions, request more information and find out who is the best person to approach. Remember, you are the advocate for your family member. Write contact names and resources down so that you don't re-trace steps already taken.
- *Set up a visitation schedule* to stay in contact with your family member. Your relative may be quite ill when they enter the Forensic Psychiatric Hospital or other facility and unable to

understand what is happening to them. The support of family and people who care throughout their stay will assure them that they are not alone. Family support can play a crucial role in assisting a person to manage their illness.

- *Take respite for yourself and your family.* Seek personal help to cope. Often family members struggle with the emotional and physical demands of supporting a family member in Forensic Psychiatric Hospital while ignoring their own needs. Check out whether there are respite services in your area.
- *Learn about mental illness and how it is treated.* Read! Check out web sites. Do not be influenced by stigma or comments about your family member's condition. Mental illness is a brain disease. It is treatable through proper medication, support services and understanding. Use the resources listed at the end of this booklet. Information is also available to families through mental health centres and organizations such as the British Columbia Schizophrenia Society and Canadian Mental Health Association. There is help!
- Every family member is entitled to be treated with dignity and respect. Both the Forensic Psychiatric Hospital and each Forensic Regional Clinic have processes in place to address identified concerns in a timely and respectful manner.
- The Provincial Health Services Authority (PHSA) has a Compliments and Complaints Process which can be accessed through one of the following: PHSA Patient Care Quality Office, 4<sup>th</sup> Floor, Women's Health Centre, Room F404, 4500 Oak Street, Vancouver, BC, V6H 3N1 Phone 1-888-875-3256  
[pcqo@phsa.ca](mailto:pcqo@phsa.ca)

# Support for Families



Education, self-help groups, and counselling are just some of the forms of support for families who have a relative with a serious and persistent mental illness.

It is important for family members to learn everything they can about their relative's illness.

Find out what assistance is available in your community or ask a social worker or the clinical team at the Forensic Psychiatric Hospital or Regional Clinic.

Families are also encouraged to take courses about mental illness. Joining a local support group provides an opportunity to meet other family members who are dealing with mental illness in their family. Sharing and learning from others who have gone through similar situations is both comforting and empowering.

If you are feeling overwhelmed, consider going to a counsellor who understands the illness. Try to find public or hospital-based programs that can aid you in supporting and advocating for you and your ill relative. Remember, you are not alone!!!

# What Lawyers Need to Know



Whenever possible, lawyers should be encouraged to become knowledgeable about mental illness and the need for treatment and support services.

Families can assist by offering information that may be helpful to the lawyer in preparing their case. This could include information about the person's mental illness, symptoms, and behaviour prior to the offence.

Families are advised to write down their recollection of the person's behaviour prior to the time of the alleged offence. It is important to note any changes in behaviour and whether the person was taking medication.

It is helpful to have a list of medications, support services, counselling etc., that the person had been receiving prior to their arrest. Keep a diary of dates and times and offer to share these notes with the lawyer throughout the court process.

It is also useful to have a meeting with the lawyer (if he or she will agree) to help familiarize them with the person's lifestyle and habits.



# Resources for Families

## Websites

[www.bcrb.bc.ca](http://www.bcrb.bc.ca) Information on the British Columbia Review Board and their role with respect to patients in the Forensic Psychiatric Hospital

[www.bcsm.org](http://www.bcsm.org) BC Schizophrenia Society website. Information on schizophrenia, programs and support services to help families coping with serious mental illness, including 24/7 online forum for family members.

[www.chma-bc.org](http://www.chma-bc.org) Canadian Mental Health Association website. Information about mental health and illness.

[www.bcmhas.ca](http://www.bcmhas.ca) Information about Forensic Psychiatric Services.

Library can be accessed via [www.bcmhas.ca/library](http://www.bcmhas.ca/library)

[www.mdabc.ca](http://www.mdabc.ca) Mood Disorders Association of BC. Information and support for people dealing with depression or bipolar disorder.

[www.mentalhealth.com](http://www.mentalhealth.com) Developed by Dr. Phillip Long, a Vancouver psychiatrist. Extensive encyclopaedia of mental illnesses, medications and treatment defined in layman's terms.

[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca) Mental Health Commission of Canada

[www.camh.net](http://www.camh.net) Centre for Addiction and Mental Health

[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

[www.healthlinkbc.ca](http://www.healthlinkbc.ca)

*Any member of the treatment team can be contacted for assistance in locating additional resource materials.*



# Contact Information

## **British Columbia Review Board**

#1020 – 510 Burrard Street  
Vancouver, B.C. V6C 3A8  
Main Switchboard: (604) 660-8789 Toll Free: 1-877-305-2277  
Registrar: (604) 775-0589  
Website: [www.bcrb.bc.ca](http://www.bcrb.bc.ca)

## **BC Schizophrenia Society**

#201 6011 Westminster Hwy,  
Richmond, BC V7C 4V4  
Telephone: (604) 270-7841  
Fax: (604) 270-9861  
E-mail: [bcss.prov@telus.net](mailto:bcss.prov@telus.net)  
Website: [www.bcscs.org](http://www.bcscs.org)

## **Canadian Mental Health Association, BC Division**

#1200 1111 Melville St.,  
Vancouver, BC V6E 3V6  
Telephone: (604) 688-3234  
Toll Free: (800) 555-8222  
Fax: (604) 688-3236  
E-mail: [office@cmha-bc.org](mailto:office@cmha-bc.org)  
Website: [www.cmha-bc.org](http://www.cmha-bc.org)

## **Mood Disorders Association**

#201 2730 Commercial Drive,  
Vancouver, B.C.  
V5N 5P4, Canada  
Telephone: (604) 873-0103  
Fax: (604) 873-3095  
E-Mail: [mdabc@telus.net](mailto:mdabc@telus.net)  
Website: [www.mdabc.ca](http://www.mdabc.ca)

**Victims Services** 1-800-563-0808 (business hours only)  
[www.comunityinfo.bc.ca](http://www.comunityinfo.bc.ca)

## **Forensic Psychiatric Hospital**

70 Colony Farm Road, Port  
Coquitlam, B.C. V3C 5X9  
Telephone: (604) 523-7888  
Fax: (604) 524-7941 (after  
hours) Website: [www.bcmhas.ca](http://www.bcmhas.ca)

## **FORENSIC REGIONAL CLINICS**

- **Kamloops:** No. 5, 1315  
Summit Drive, Kamloops, BC  
V2C 5R9  
Telephone: (250) 377-2660  
Fax: (250) 377-2668
- **Nanaimo:** 101 - 190 Wallace  
Street, Nanaimo, BC V9R 5B1  
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# Evaluation and Feedback

Please send your comments and feedback to the following address:

FPS Chair – Quality Council  
Forensic Psychiatric Hospital  
70 Colony Farm Road  
Port Coquitlam BC V3C 5X1

1. Was the information provided in this booklet helpful to you?
2. What changes or details would you like to see added?
3. Other comments:

# Glossary of Terms

**Antipsychotics:** Medications used to treat schizophrenia and psychosis. There are two types of antipsychotics: “standard” (also called “neuroleptics”) and “atypical”. Standard antipsychotics are medications that have been available for a number of years. There is a tendency with some of these older medications to cause neurological side effects. Atypicals are the newer drugs, which have fewer side effects.

**Assessment (Forensic):** Medical and psychological examination of a patient in order to determine whether the patient has a mental disorder that renders him or her unfit to stand trial or incapable of appreciating the nature and quality of the act at the time of the offence or of knowing that it was wrong.

**Bipolar Disorder:** A brain disorder that causes unusual shifts in a person’s mood, energy and ability to function. Moods vary from extreme highs (mania) and extreme lows (depression).

**Concurrent Disorders:** A term used when a person shows symptoms of both a serious mental illness and substance abuse. Formerly called Dual Diagnosis.

**Delusions:** False beliefs that have no logical basis. For example, someone may be convinced they are being watched by the police because there are white cars parked outside their house.

**Depression (clinical or severe):** Persistent feelings of sadness that endure for long periods of time and interfere with a person’s ability to function effectively throughout the day.

**Disorganized thinking:** Everyday thoughts become confused or don’t join up properly. The individual may have trouble concentrating, making decisions or remembering events.

**Disposition order:** A disposition is an order made by the BC Review Board as to what should happen to the accused person (e.g., detain in hospital; absolute discharge) and what level of security the person might need.

**Episode (mood swing):** Dramatic fluctuation in mood that is characteristic of bipolar disorder.

**Forensic Patient:** An individual who has come into conflict with the law and is under the care and supervision of Forensic Services.

**Hallucination:** A mistaken change in perception in the individual's sense of sight, sound, smell, taste or touch. For example, they may hear voices or see things that aren't there. Food may taste or smell bad.

**Mental Illness/Disorder:** A substantial disorder of thought, mood, perception, orientation and memory that grossly impairs judgment, behaviour and capacity.

**Mood Disorders:** Disorders that affect a person's mood, feelings, concentration, sleep activity, appetite and social behaviour.

**Unfit to Stand Trial:** Unable on account of mental disorder to conduct a defence at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and, in particular, unable on account of mental disorder to (a) understand the nature or object of the proceedings (b) understand the possible consequences of the proceedings, or (c) communicate with counsel. (Section 2, Criminal Code of Canada)

**Not Criminally Responsible by Reason of Mental Disorder:** A verdict rendered by the courts when a person is found to have been suffering from a mental illness that resulted in a lack of appreciation of the nature and quality of the offence or in a failure to realize that the act or omission was wrong.

**Psychosis:** A medical condition that affects the brain so that there is a loss of contact with reality.

**Schizoaffective Disorder:** Brain disorder in which there are both psychotic symptoms of schizophrenia and severe mood disturbances (either depression or mania).

**Treatment Team:** A group of mental health professionals assigned to provide treatment to individuals who are referred by the courts to Forensic Psychiatric Services. The core members include a psychiatrist, case manager, social worker, and primary nurse. Program staff (e.g., drug and alcohol counsellors, vocational rehabilitation workers) are also part of the team.