

RESEARCH REPORT

**The Review Board Systems in
Canada: Overview of Results from
the Mentally Disordered Accused
Data Collection Study**



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in Canada:
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from the Mentally Disordered
Accused Data Collection Study

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*The opinions expressed within are those
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Executive Summary

The goal of this present study is to provide basic information on Review Board systems in Canada and the people who have passed through their control. Currently, there is little information on the nature of cases found not criminally responsible on account of mental disorder (NCRMD) or unfit to stand trial (UST) that are processed through Review Board systems, including the type of offences for which accused have been charged, the psychiatric diagnoses of accused, the range of conditions imposed on accused, or the average length of time NCRMD or UST accused spend under the purview of Review Boards.

In order to fill this gap, the Department of Justice Canada introduced a data collection strategy in cooperation with Review Boards in seven provinces and territories (Prince Edward Island, Quebec, Ontario, Alberta, British Columbia, Yukon and Nunavut). This report represents the results of this data collection strategy and provides information on the nature of cases that have been processed through the Review Board systems in Canada between 1992 and 2004.

The results of this data collection process answered a considerable number of policy and operational research questions. Some of the more pertinent findings include:

- Review Board caseloads have been increasing over the last decade and are expected to continue to grow substantially over the next decade;
- Although Aboriginal people do not appear to experience the same level of over-representation as they do within the traditional criminal justice system, it does appear as though they spend substantially more time under the control of Review Boards;
- Nearly half of NCRMD/UST accused appearing before Review Boards at their initial hearing have never been convicted of a prior criminal offence;
- NCRMD/UST accused have generally committed very serious violent offences such as murder, attempted murder, assault, sexual assault, criminal harassment, threats and arson;
- Approximately three-quarters of those within the Review Board systems have been diagnosed with schizophrenia or an affective disorder, such as bi-polar disorder, schizo-affective disorder or major depression;
- One in five cases that are processed by the Review Boards are released (e.g., found fit, given an absolute discharge) after the first hearing; and
- Almost one-quarter of NCRMD/UST cases are spending at least ten years in the Review Board systems and some have been in for significantly longer.

Additional data collection is still needed, however, to provide a more comprehensive understanding of the forensic mental health system in Canada.



1. Introduction

Mental disorder, within the Canadian criminal justice system, is defined in the *Criminal Code* as a disease of the mind.¹ An individual charged with a criminal offence who has been found to suffer from a mental disorder by a mental health professional, however, is not necessarily exempt from criminal responsibility. Such a determination is based upon a strict legal test administered by a judge. Many accused who suffer from a mental disorder are therefore tried and convicted within the criminal justice system. In addition, an accused or counsel may decide that raising issues of mental illness during criminal proceedings may not even be in their best interests. Although it may avoid a criminal conviction, it can also lead to indeterminate involvement with the system responsible for managing mentally disordered accused. Thus, only a small group of accused actually raise the issue of mental illness and/or meet the legal threshold in Canada. These accused can be found not criminally responsible on account of mental disorder (NCRMD) or they can be found unfit to stand trial (UST).

1.1 Not Criminally Responsible on Account of Mental Disorder

...people who commit criminal acts under the influence of mental illnesses should not be held criminally responsible for their acts or omissions in the same way that sane responsible people are. No person should be convicted of a crime if he or she was legally insane at the time of the offence ... Criminally responsibility is appropriate only where the actor is a discerning moral agent, capable of making choices between right and wrong.²

It is a fundamental principle of the Canadian criminal justice system that an accused must possess the capacity to understand that his or her behaviour was wrong in order to be found guilty of an offence. According to section 16 of the *Criminal Code*:

No person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong.³

While an accused found not criminally responsible on account of mental disorder by a court is not convicted in the usual sense, the verdict does not constitute an acquittal; it represents a unique third option. An accused that is found NCRMD is diverted to a provincial or territorial Review Board established pursuant to section 672.38 of the *Criminal Code*. Review Boards are specialized tribunals chaired by a judge, or an individual qualified for a judicial appointment, and comprised of at least four other members, one of which must be entitled under the laws of the particular province to practice psychiatry.

The rationale for this separate stream is that, while the accused is not criminally responsible for his or her behaviour, the public may still require protection from future dangerous behaviour.

¹ *Criminal Code*, R.S.C 1985, c. C-46, s. 2.

² *Winko v. British Columbia (Forensic Psychiatric Institute)*, [1999] 2 S.C.R. 625, 1999 CanLII 694 (S.C.C.) at para 31 [hereafter *R v. Winko*].

³ *Criminal Code*, R.S.C 1985, c. C-46, s. 16(1).

Therefore, the goal of a Review Board is to conduct an individual assessment of the accused and subsequently craft a disposition that both protects the public and attempts to provide opportunities to treat the underlying mental disorder.

While most NCRMD cases are diverted to a Review Board, the court which renders the verdict also has the authority to order a disposition if it is satisfied that it could readily do so and that a disposition should be made without delay. Under section 672.54 of the *Criminal Code*, there are three dispositions available to a court or Review Board:

- an absolute discharge;
- a conditional discharge; or
- detention in custody in a hospital.

If the court orders a conditional discharge or detention, however, the provincial or territorial Review Board is still obligated to hold a hearing and order a new disposition within 90 days. Therefore, with the exception of cases that receive an absolute discharge by the courts, Review Boards are generally responsible for determining the appropriate disposition of an accused found NCRMD.

Under section 672.54, the court or Review Board must order the disposition that is the least onerous and least restrictive to the accused. In determining such a disposition, the court or Review Board must balance the dual roles of protecting the public and treating the accused in a fair and humane manner that respects his or her rights. Section 672.54 states that the court or Review Board shall take into account “the need to protect the public from dangerous persons, the mental condition of the accused, the reintegration of the accused into society and the other needs of the accused.”

In 1999, the Supreme Court of Canada, in *R. v. Winko*, provided guidance on section 672.54 and ruled that if the accused does not pose a significant threat to the safety of the public, the court or Review Board must order an absolute discharge. This decision reflects the basic principle that the only rationale for using the state’s criminal law power to impose restraints on an individual who has been found not criminally responsible for his or her actions is the need to secure the safety of the public.⁴

The Supreme Court of Canada further clarified in *R. v. Winko* that Section 672.54 does not create a presumption of dangerousness. In other words, while the protection of society is paramount, there must be clear evidence of a significant risk to the public before a court or Review Board can maintain control over an accused through the imposition of a conditional discharge or detention order.

If the court or Review Board orders an absolute discharge, the NCRMD accused is released from further involvement with the system for the specific offence that led to the NCRMD verdict.

⁴ S. N. Verdun-Jones “Making the Mental Disorder Defence a More Attractive Option for Defendants in a Criminal Trial: Recent Legal Developments in Canada, in *Mental Disorders and the Criminal Code: Legal Background and Contemporary Perspectives*, ed. D. Eaves, R. P. Ogloff, and R. Roesch (Burnaby, BC: Mental Health, Law and Policy Institute, 2000), 39-75.



If the court or Review Board orders a conditional discharge, the accused is supervised in the community through the imposition of restrictions on his or her liberty. Typical conditions ordered by a court or Review Board during a conditional discharge specify that the NCRMD accused must:

- reside in a particular place (e.g., group home);
- abstain from illegal drugs and/or alcohol;
- submit to urinalysis testing for prohibited substances;
- abide by a specified treatment plan;
- report to a designated person (e.g., psychiatrist) on a scheduled basis; and
- refrain from possessing weapons.

Although these represent some of the most common conditions, Section 672.54 (b) states that the accused may be discharged subject to any conditions the court or Review Board considers appropriate.

If the court or Review Board orders detention, the accused will be placed in custody within a hospital. There are still times, however, when he or she will be managed within the community under conditions. The court or Review Board can delegate authority to manage the accused to the hospital where the accused has been detained. As such, the hospital administrator has the power to increase or decrease the restrictions on the NCRMD accused. Therefore, it is possible for an accused to leave hospital grounds with permission from the hospital administrator.

Until an NCRMD accused is given an absolute discharge, he or she will remain under the authority of the Review Board. In general, the Supreme Court of Canada has ruled that the indeterminate nature of this scheme does not violate an NCRMD accused's liberties protected under the *Charter of Rights and Freedoms*. However, the disposition is also not considered to be punitive in nature. As stated in *R. v. Winko*:

...it has been determined that the NCR offender is not morally responsible for his or her criminal act. Punishment is morally inappropriate and ineffective in such a case because the NCR accused was incapable of making meaningful choice upon which the punishment model is premised. Because the NCR accused's liberty is not restricted for the purpose of punishment, there is no corresponding reason for finitude. The purposes of restriction on his liberty are to protect society and to allow the NCR accused to seek treatment. This requires a flexible approach that treats the length of the restriction as a function of these dual aims and renders a mechanistic comparison of the duration of confinement inappropriate.⁵

Therefore, the principle of proportionality, which is important in the sentencing of offenders in the criminal justice system, is not a factor in determining an appropriate disposition for an NCRMD accused. That is not to say, however, that the seriousness of the offence committed by an NCRMD accused does not factor into an assessment of his or her dangerousness and ultimately the disposition. Simply, there is no legal requirement for the disposition to be proportionate to the harm caused by the particular offence. So does this imply that disposition length is not related to the seriousness of the criminal act? While there is little Canadian

⁵ *R. v. Winko* at para. 93.

research to answer this question, one study from British Columbia did find that there appeared to be a relationship between the number of days hospitalized and the seriousness of offence committed by NCRMD accused.⁶ For example, the study found that accused who had committed murder spent, on average, 1165 days hospitalised prior to release while accused who had committed theft had only spent an average of 48 days hospitalised.

Under Section 672.81, the Review Boards must hold a hearing every year in order to review the disposition. During these annual reviews, Review Boards can impose any of the three available dispositions (i.e., absolute discharge, conditional discharge, detention) and alter any of the conditions previously imposed on the accused. In addition to these annual reviews, additional mandatory reviews do occur within the year if, for example, restrictions on the liberty of an accused have been significantly increased for a period exceeding seven days or if a hospital administrator requests a review. Finally, discretionary reviews are possible upon the request of the accused or any other party.

1.2 Unfit to Stand Trial

While an accused deemed NCRMD has been found to have committed the act that formed the basis of the offence for which he or she has been charged, it is also possible that an accused is not able to participate in his or her full answer and defence on account of mental disorder. In such cases, it is considered inconsistent with the principles of fundamental justice to determine if he or she has actually committed the offence in question through a trial. Section 2 of the *Criminal Code* defines an accused as unfit to stand trial if he or she is:

...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 proceedings;
- (b) understand the possible consequences of the proceedings; or
- (c) communicate with counsel.⁷

As with an individual found NCRMD, an accused found UST by a court is also diverted to the Review Board stream. Neither the courts nor Review Boards currently have the authority, however, to order an absolute discharge for an accused found UST - they can only order a conditional discharge or detention order. Therefore, until the UST accused is deemed fit or until the charges are stayed or withdrawn, he or she will remain under the purview of the Review Board with one notable exception. The courts must review the case of a UST accused every two years in order to determine whether sufficient evidence still exists to bring the individual to trial. If the court is satisfied upon review that a *prima facie* case no longer exists, the accused is entitled to an acquittal. For youth found UST, the court must review the case every year rather than every two years according to section 141(10) of the *Youth Criminal Justice Act*.

The Supreme Court of Canada ruled in *R. v. Demers*, however, that the inability of the court or Review Board to absolutely discharge a ‘permanently’ unfit accused who does not pose a

⁶ J. D. Livingston, D. Wilson, G. Tien and L. Bond “A Follow-up Study of Persons Found Not Criminally Responsible on Account of Mental Disorder in British Columbia,” *Canadian Journal of Psychiatry* 48 (2003): 408.

⁷ *Criminal Code*, R.S.C 1985, c. C-46, s. 2.



significant threat to society infringes liberties guaranteed under section 7 of the *Charter of Rights and Freedoms*. This issue has been addressed through a recent amendment to the *Criminal Code* introduced with the proclamation of Bill C-10 on June 30, 2005. Following the implementation of Bill C-10 on January 1, 2006, a court will be authorized to order a stay of proceedings for an accused deemed UST if:

- the accused is unlikely to ever become fit;
- the accused does not pose a significant threat to the safety of the public; and
- a stay of proceedings is in the interests of the proper administration of justice.⁸

Bill C-10 still does not provide Review Boards with the ability to absolutely discharge an accused found UST; this power will only be given to the courts.

1.3 Present Study

The goal of this present study is to provide basic information on Review Board systems in Canada and the people who have passed through their control. Currently, there is little information on the nature of NCRMD and UST cases that are processed through Review Board systems, including the type of offences for which accused have been charged, the psychiatric diagnoses of accused, the range of conditions imposed on accused, or the average length of time NCRMD or UST accused spend under the purview of Review Boards. In fact, since 1992, there has been no systematic or extensive data collected on the Review Board systems. In 2002, following a parliamentary review of the mental disorder provisions of the *Criminal Code* (Part XX.1), the Standing Committee on Justice and Human Rights recommended that:

The Department of Justice and other relevant departments and agencies, in collaboration with their provincial counterparts, collect, process, and analyze the data necessary to facilitate a further parliamentary review of Part XX.1 of the *Criminal Code*...⁹

In order to fill this gap, the Department of Justice Canada introduced a data collection strategy in cooperation with Review Boards in seven provinces and territories. This report represents the results of this data collection strategy and provides information on the nature of cases that have been processed through the Review Board systems in Canada between 1992 and 2004.

⁸ Bill C-10, *An Act to amend the Criminal Code (mental disorder) and to make consequential amendments to other Acts*, 1st session, 38th Parliament (assented to 19 May 2005), Statutes of Canada 2005, c 22.

⁹ Standing Committee on Justice and Human Rights, *Review of the Mental Disorder Provisions of the Criminal Code* (Ottawa: House of Commons, 2002), 19.



2. Method

The data collection strategy involved the manual extraction of data from administrative Review Board files in the following jurisdictions:

- Prince Edward Island;
- Quebec;
- Ontario;
- Alberta;
- British Columbia;
- Nunavut; and
- Yukon.

These seven provinces and territories represented approximately 88% of all active cases in the Review Board systems across Canada.¹⁰ It is therefore likely that most summary statements made in this report would not be significantly affected by the addition of the remaining 12% of the cases in the other six jurisdictions (i.e., Newfoundland, Nova Scotia, New Brunswick, Manitoba, Saskatchewan and the Northwest Territories). In other words, it is reasonable to assume that the aggregate results of this data collection will most often be representative of a ‘national’ response to NCRMD and UST cases in Canada. It is recognized, however, that each provincial Review Board system is autonomous and operates individually within the boundaries of the law and that some jurisdictions may face unique issues in the processing of NCRMD and UST cases. For example, if Saskatchewan and Manitoba had been included, the high proportion of Aboriginal peoples involved with the justice system in those provinces might have influenced some of the findings in this report, such as the proportion of Aboriginal accused in the sample.

2.1 Data Collection

The unit of analysis in this study is the ‘case’. A case is defined as a group of charges that are linked by a common NCRMD or UST verdict. The sample was randomly selected from all cases that were active between January 1, 1992 and December 31, 2004 in each of the seven jurisdictions. The term ‘active’ means that the case must have contained at least one hearing in the twelve-year study period. Therefore, cases that began prior to 1992 were still included if the accused had at least one hearing after December 31, 1991.¹¹

Using a pre-defined coding manual, data on particular aspects of each randomly selected case were manually recorded on a coding form.¹² The kinds of data collected included:

¹⁰ Estimate is based upon 2001 data from: R. D. Schneider, M. Forestall and S. MacGarvie. Statistical Survey of Provincial and Territorial Review Boards. (Ottawa: Research and Statistics Division, Department of Justice Canada, 2002).

¹¹ The existing Review Board systems were created in 1992 through the passing of Bill C-30; therefore, NCRMD cases that began prior to February 4, 1992 were originally under the previous system of Lieutenant Governor Warrants wherein an accused was deemed “not guilty by reason of insanity” rather than NCRMD. However, these cases were all converted into NCRMD cases after implementation of Bill C-30 and were thus included in this study.

¹² See Appendix A for the Data Collection Form.

- socio-demographic information;
- the criminal history of the accused;
- the offences for which the accused was deemed UST or NCRMD;
- the diagnoses of the accused; and
- the responses of the Review Boards (e.g., disposition and conditions).

In many instances, an NCRMD or UST accused had been charged with more than one offence. In order to provide summary statements on such cases, the most serious charge (MSC) was selected to represent the case. The MSC was determined using the Seriousness Index developed by the Canadian Centre for Justice Statistics, Statistics Canada, which ranks the seriousness of charges based upon sentence lengths and potential harm to victims.

2.2 Sample and Weighting Procedure

Table 1 provides the number of cases sampled, the total number of cases within each jurisdiction, and the weighting values. The number of cases randomly extracted from British Columbia, Ontario and Quebec were determined using a standard sample size calculator, while half of the cases were randomly selected in Alberta and the entire available caseload was drawn from Prince Edward Island, Nunavut and the Yukon.

TABLE 1: SAMPLE SIZE, POPULATION, AND WEIGHT BY JURISDICTION			
Jurisdiction	Sample Size	Population	Weight
Prince Edward Island	12	12	1.000
Quebec	350	3,777	10.791
Ontario	343	3,210	9.359
Alberta	200	400	2.000
British Columbia	295	1,252	4.244
Nunavut	8	8	1.000
Yukon	20	20	1.000
TOTAL	1,228	8,679	7.067
1. Population is the total number of UST and NCRMD cases active between 1992 and 2004 in each jurisdiction.			

In order to make summary statements that are more representative of the overall population of NCRMD and UST cases in the seven jurisdictions, all of the data presented in the Results Section have been weighted. The weighting procedure was developed based upon the total number of eligible cases in each of the seven jurisdictions. For example, in Ontario there were 3,210 cases deemed eligible for inclusion in this study. Therefore, each of the 343 cases sampled in Ontario represent 9.359 cases in the population. Since all eligible cases were selected in Prince Edward Island, Nunavut and the Yukon, these cases were given a weight of one.



3. Results

3.1 Review Board Caseloads

There were a total of 8,679 accused found NCRMD or UST in the seven participating jurisdictions during the study period (1992-2004). Table 2 provides the percentage of cases within each province or territory by the legal status of the accused. Most accused within the Review Board systems were NCRMD rather than UST, although this varied according to the jurisdiction. For example, in Ontario approximately four out of every ten cases involved a UST accused while in Quebec approximately one out of every ten cases involved a UST accused.

TABLE 2: LEGAL STATUS (NCRMD/UST) BY JURISDICTION			
Jurisdiction	NCRMD N (row%)	UST N (row %)	TOTAL N (column %)
Prince Edward Island	8 (66.7%)	4 (33.3%)	12 (0.1%)
Quebec	3,378 (89.4%)	399 (10.6%)	3,777 (43.5%)
Ontario	2,059 (64.1%)	1,151 (35.9%)	3,210 (37.0%)
Alberta	306 (76.5%)	94 (23.5%)	400 (4.6%)
British Columbia	1,036 (82.7%)	216 (17.3%)	1,252 (14.4%)
Nunavut	6 (75.0%)	2 (25.0%)	8 (0.1%)
Yukon	10 (50.0%)	10 (50.0%)	20 (0.2%)
TOTAL	6,802 (78.4%)	1,877 (21.6%)	8,679 (100%)
1. Percentages may not always total 100% due to rounding error.			

Annual admissions data in Table 3 indicate a clear increase in the absolute number of cases admitted to the Review Boards. In fact, between 1992 and 2004, there was a 102% increase in the total number of admissions. In order to determine if the increase in admissions was a result of an increase in the number of accused appearing in criminal court, the rate per 1,000 cases processed in adult court was calculated using the Adult Criminal Court Survey (ACCS) managed by the Canadian Centre for Justice Statistics, Statistics Canada. The ACCS, however, only began collecting data in 1994/95; therefore, the rates prior to this time cannot be calculated.

**TABLE 3:
ANNUAL ADMISSIONS BY JURISDICTION (1992-2004)**

Jurisdiction	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Prince Edward Island	2	0	1	1	0	3	0	2	0	0	0	0	0
Quebec	173	140	173	227	227	259	270	162	205	388	345	453	486
Ontario	168	215	225	206	206	253	225	215	197	234	271	234	215
Alberta	16	18	24	36	28	14	22	22	32	32	24	36	36
British Columbia	42	25	30	51	102	127	119	157	110	110	98	102	72
Nunavut	-	-	-	-	-	-	-	-	-	2	1	3	2
Yukon	0	1	1	2	1	0	1	2	3	2	3	1	2
Total	402	400	453	522	563	656	636	560	549	767	742	829	813
Percent change	-	-0%	+14%	+15%	+8%	+17%	-3%	-12%	-2%	+40%	-3%	+12%	-2%
Rate per 1,000 adult court cases	-	-	-	1.2	1.3	1.6	1.6	1.4	1.5	2.1	1.6	1.8	1.8

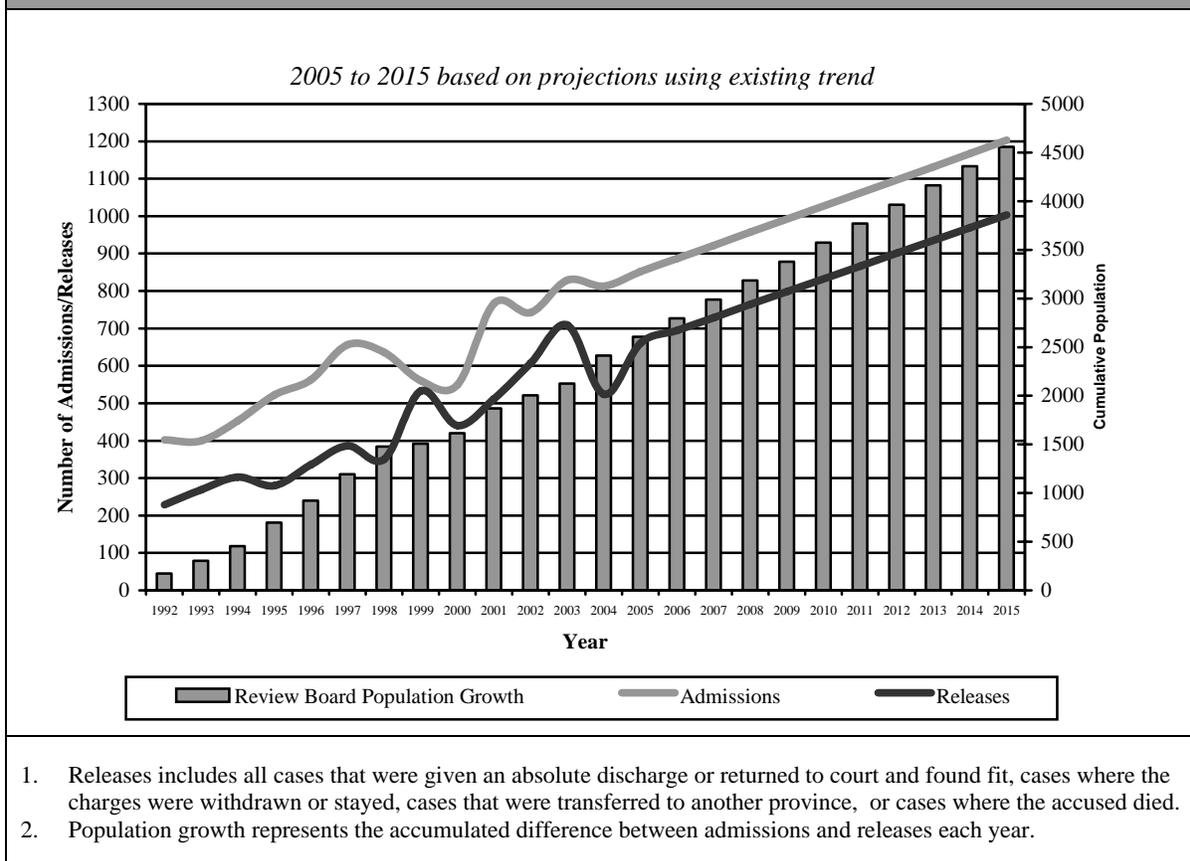
1. Nunavut cases prior to 2001 were handled by the Northwest Territories Review Board.

In 1994/95, 1.2 per 1,000 cases in adult criminal court were diverted to Review Boards while in 2003/2004, this rate had increased to 1.8 per 1,000 cases – a 50% increase over the 1994/95 rate. This 50% increase in the rate is similar to the increase in the absolute number of admissions during the same time period. Therefore, the increase in Review Board admissions is clearly not the result of more accused appearing in adult criminal court. Rather, it is an indication that the courts were more likely to find an accused NCRMD/UST or that the issue of mental disorder was raised more often in court.

Figure 1 examines annual admissions and releases in order to estimate the growth in the NCRMD/UST population. Although annual releases increased along with admissions, more cases were admitted into the Review Board systems than were released each year. Therefore, there has been a substantial growth in the population between 1992 and 2004. Since 1992, the Review Board population has increased by almost 2,500 cases. Based upon projections using the last twelve years, the population is expected to continue to grow so that by the year 2015, there will be an additional 2,000 NCRMD/UST cases within the Review Board systems. This means that between 1992 and 2015, the population under the control of Review Boards is expected to increase by approximately 4,500 cases in addition to the existing 1992 population.



**FIGURE 1:
ANNUAL ADMISSIONS, RELEASES AND REVIEW BOARD POPULATION GROWTH (1992-2015)**



3.2 Demographic Profile of NCRMD/UST Accused

Table 4 provides basic demographic information on accused found NCRMD and UST. Most accused (84%) within the Review Board system were male, which is consistent with the traditional criminal justice system where 83% of accused processed through adult criminal court are male.¹³

According to Table 4, UST accused were slightly older than NCRMD accused. However, the average age of all accused within the Review Board systems (median=35 years) was higher than the average age of those within the traditional criminal justice system (median=31 years).¹⁴

Although Aboriginal status is neither accurately nor consistently reported within existing criminal justice system data, it is clear that Aboriginal peoples are over-represented within most

¹³ Comparison data was drawn from the Adult Criminal Court Survey (2003/2004) managed by the Canadian Centre for Justice Statistics, Statistics Canada.

¹⁴ Ibid.

aspects of the justice system including arrests, convictions and custodial sentences.¹⁵ However, only 4% of accused within the Review Board system were reported to be Aboriginal, which is relatively consistent with the proportion of Aboriginal people in the Canadian population (i.e., approximately 3%).¹⁶ The discrepancy between the proportion of Aboriginal people in the Review Board systems and the traditional criminal justice system may largely be due to the fact that Manitoba and Saskatchewan, which both have a high proportion of Aboriginal people within their populations, are missing from the study. It is also possible that in cases involving Aboriginal people, the issue of mental disorder may not be raised as often or when it is raised, courts are less likely to find that they meet the legal test. Additional research, however, would be required to appropriately answer this question.

TABLE 4: LEGAL STATUS (NCRMD/UST) BY DEMOGRAPHIC INFORMATION			
Demographic Information	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Gender			
Male	5,716 (84.0%)	1,561 (83.2%)	7,277 (83.9%)
Female	1,086 (16.0%)	316 (16.8%)	1,402 (16.2%)
Age			
Under 18 years	115 (1.7%)	74 (4.0%)	189 (2.2%)
18 to 25 years	1,374 (20.5%)	250 (13.6%)	1,624 (19.0%)
26 to 40 years	3,115 (46.4%)	748 (40.7%)	3,863 (45.2%)
41 to 64 years	1,987 (29.6%)	642 (34.9%)	2,629 (30.7%)
Over 64 years	123 (1.8%)	124 (6.7%)	247 (2.9%)
Median age	35 years	37 years	35 years
Aboriginal Status			
Aboriginal	284 (4.2%)	93 (4.9%)	377 (4.3%)
Non-Aboriginal	6,518 (95.8%)	1,784 (95.1%)	8,302 (95.7%)
<ol style="list-style-type: none"> 1. Percentages may not always total 100% due to rounding error. 2. Totals may not be exact due to the rounding of the weighted data. 3. Age was calculated based upon the accused's age at the time of the offence. 4. There were 127 cases that did not contain information necessary to calculate age. 			

As can be seen in Table 5, the same percentage of Aboriginal and non-Aboriginal accused referred to a Review Board were female. However, there were age differences according to gender and Aboriginal status. In general, female accused were older than male accused and non-Aboriginal accused were older than Aboriginal accused.

¹⁵ Canadian Centre for Justice Statistics, *Aboriginal Peoples in Canada* (Ottawa, Canadian Centre for Justice Statistics, Statistics Canada, 2001).

¹⁶ *Ibid.*



TABLE 5: MEDIAN AGE BY DEMOGRAPHIC INFORMATION		
Demographic Information	N (%)	Median Age
Aboriginal		
Male	316 (83.8%)	29 years
Female	61 (16.2%)	32 years
Non-Aboriginal		
Male	6,962 (83.9%)	35 years
Female	1,341 (16.2%)	38 years

1. Percentages may not always total 100% due to rounding error.
2. There were 127 cases that did not contain information necessary to calculate age.

3.3 Prior Involvement with the Criminal Justice System

Due to the high number of cases in Quebec with no information on criminal history, it was necessary to remove Quebec cases from any analysis that involved criminal history. Among the total number of cases with information on prior record (N=4,902), more than half of the NCRMD/UST accused (57.2%) had a prior criminal conviction. The number of prior convictions ranged appreciably from 1 to 60, with a median of 4.

Table 6 indicates that a small percentage of NCRMD/UST cases had more than 10 prior convictions and that approximately one-third had at least one prior violent and/or sexual conviction. In general, current NCRMD cases were more likely to have a prior UST finding compared to current UST cases - 12% of NCRMD cases had a prior UST finding while only 2% of current UST cases had a prior UST finding. This suggests that some UST accused who are returned to court and found fit might then be found NCRMD.

**TABLE 6:
LEGAL STATUS (NCRMD/UST) BY PRIOR INVOLVEMENT**

Prior Involvement	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Number of Prior Convictions			
No prior convictions	1,451 (42.4%)	647 (43.8%)	2,098 (42.8%)
One prior conviction	406 (11.8%)	169 (11.4%)	574 (11.7%)
Two to five prior convictions	825 (24.1%)	231 (15.6%)	1,055 (21.5%)
Six to ten prior convictions	554 (16.2%)	327 (22.2%)	882 (18.0%)
More than ten prior convictions	189 (5.5%)	104 (7.0%)	293 (6.0%)
Type of Prior Convictions			
No prior convictions	1,451 (42.4%)	647 (43.8%)	2,098 (42.8%)
Prior violent/sexual conviction	1,151 (33.6%)	561 (38.0%)	1,713 (34.9%)
Prior non-violent conviction	822 (24.0%)	269 (18.2%)	1,092 (22.3%)
Prior NCRMD Findings			
No prior NCRMD	6,141 (90.3%)	1,661 (88.5%)	7,802 (89.9%)
One prior NCRMD	573 (8.4%)	193 (10.3%)	766 (8.8%)
More than one prior NCRMD	89 (1.3%)	22 (1.2%)	111 (1.3%)
Prior UST Findings			
No prior UST	5,988 (88.0%)	1,840 (98.0%)	7,828 (90.2%)
One prior UST	666 (9.8%)	26 (1.4%)	692 (7.9%)
More than one prior UST	148 (2.2%)	11 (0.6%)	159 (1.8%)

1. Percentages may not always total 100% due to rounding error.
2. Totals may not be exact due to the rounding of the weighted data.

As seen in Table 7, the number of prior convictions varied according demographic information, although the pattern is similar to general offenders. Adults were much more likely than youth to have a prior record, males were more likely than females, and Aboriginal accused were more likely than non-Aboriginal accused.

**TABLE 7:
CRIMINAL HISTORY BY DEMOGRAPHIC INFORMATION**

Demographic Information	N (%)	Mean
Gender		
Male	4,137 (84.4%)	5.2 convictions
Female	765 (15.6%)	1.8 convictions
Age		
Youth (less than 18 years)	114 (2.3%)	1.3 convictions
Adults (18 years and over)	4,758 (97.7%)	4.7 convictions
Aboriginal		
Aboriginal	333 (6.8%)	7.8 convictions
Non-Aboriginal	4,569 (93.2%)	4.4 convictions

1. Percentages may not always total 100% due to rounding error.
2. There were 30 cases that did not contain information necessary to calculate age.



Dual-status offenders are those who are under the purview of a Review Board for an NCRMD or UST designation and are concurrently serving a sentence for a criminal conviction. Of the 8,679 accused, 11.6% were classified as dual-status offenders - there was no difference in the percentage of NCRMD cases versus UST cases.

3.4 Most Serious Index Offence

The most serious index offence refers to the offence which brought the accused to a Review Board during the study period. As Table 8 demonstrates, assault (levels I, II and III) comprised approximately four out of every ten cases within Review Board systems (40.7%) while the next most common offence was threats (9.4%), followed by murder (6.4%), criminal harassment (5.3%) and attempted murder (5.2%). Most accused within the Review Board system (72.6%) were charged with a violent offence, while 5.7% were charged with a sexual offence and 21.7% were charged with a non-violent offence. Compared to accused found NCRMD, UST accused were more likely to be charged with a sexual offence (10.6% versus 4.3%) and a non-violent offence (30.8% versus 19.2%) and less likely to be charged with a violent offence (58.5% versus 76.5%).

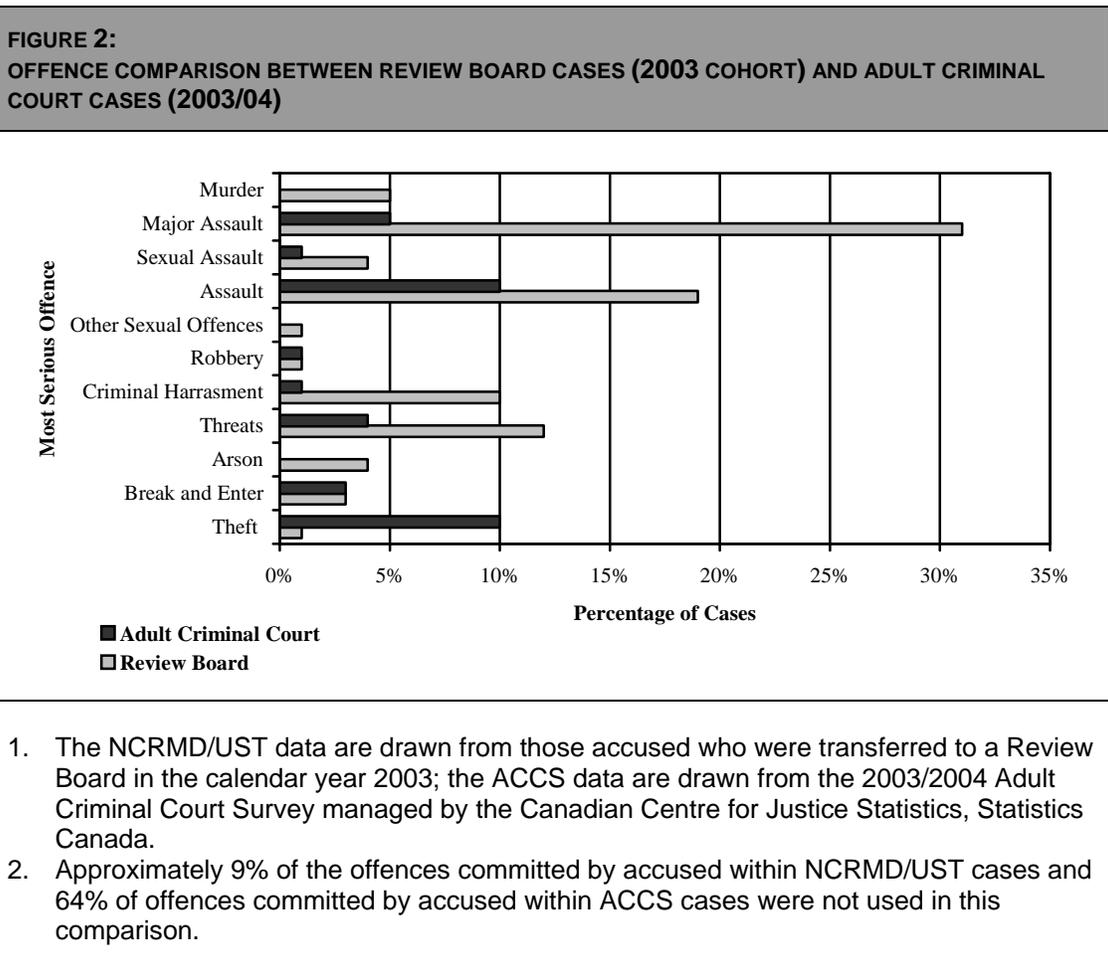
TABLE 8: LEGAL STATUS (NCRMD/UST) BY MOST SERIOUS OFFENCE			
Most Serious Offence	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Homicide	487 (7.2%)	69 (3.7%)	555 (6.4%)
Attempted murder	441 (6.5%)	14 (0.7%)	455 (5.2%)
Major assault (level II, III)	1,494 (22.0%)	268 (14.3%)	1,762 (20.3%)
Assault (level I)	1,195 (20.4%)	571 (30.4%)	1,766 (20.4%)
Robbery	243 (3.6%)	50 (2.7%)	293 (3.4%)
Criminal harassment	430 (6.3%)	26 (1.4%)	456 (5.3%)
Threats	721 (10.6%)	98 (5.2%)	819 (9.4%)
Other violent offences	193 (2.8%)	3 (0.2%)	196 (2.3%)
Total Violent Offences	5,203 (76.5%)	1099 (58.5%)	6,302 (72.6%)
Sexual assault (level I, II, III)	250 (3.7%)	157 (8.4%)	408 (4.7%)
Other sexual offences	43 (0.6%)	42 (2.3%)	85 (1.0%)
Total Sexual Offences	293 (4.3%)	200 (10.6%)	493 (5.7%)
Arson	328 (4.8%)	40 (2.2%)	368 (4.2%)
Break and enter	209 (3.1%)	73 (3.9%)	282 (3.3%)
Theft	163 (2.4%)	99 (5.3%)	262 (3.0%)
Weapons offences	83 (1.2%)	68 (3.6%)	151 (1.7%)
Other non-violent offences	523 (7.7%)	298 (15.9%)	821 (9.5%)
Total Non-Violent Offences	1,305 (19.2%)	579 (30.8%)	1,884 (21.7%)

1. Percentages may not always total 100% due to rounding error.
2. Totals may not be exact due to the rounding of the weighted data.

Of the 3,425 NCRMD accused with information on their prior record, 11.0% had never been convicted of a violent or sexual offence, including their current offence. Of the 1,477 UST accused with information on their prior record, 18.1% had never been convicted of a violent or sexual offence, including their current offence. In other words, a considerable number of

accused under the control of Review Boards for current non-violent behaviour had also never been convicted of a violent or sexual offence in the past.

Figure 2 provides a comparison between all cases referred to a Review Board in the year 2003 and cases with a finding of guilt in adult criminal court in the fiscal year 2003/04. There was a significant difference between general offenders and NCRMD/UST accused. Compared to those convicted in adult court, NCRMD/UST accused are much more likely to have been charged with murder, major assault, sexual assault, assault, other sexual offences, criminal harassment, threats and arson, equally likely to have been charged with break and enter and robbery, and much less likely to have been charged with theft.





According to Table 9, youth were much more likely to have been charged with sexual offences compared to adults and seniors, adults were more likely to have been charged with violent offences compared to youth and seniors, and seniors were more likely to have been charged with non-violent offences compared to youth and adults. Compared to males, females were more likely to have been charged with non-violent offences and less likely to have been charged with sexual or violent offences. Aboriginal accused were more likely than non-Aboriginal accused to have been charged with sexual offences and less likely to have been charged with violent and non-violent offences.

TABLE 9: OFFENCE TYPE BY DEMOGRAPHIC INFORMATION			
Demographic Information	Violent N (row %)	Sexual N (row %)	Non-Violent N (row %)
Age Category			
Youth (less than 18 years)	97 (51.4%)	57 (30.1%)	35 (18.4%)
Adults (18-64 years)	5,999 (73.9%)	386 (4.8%)	1,731 (21.3%)
Seniors (over 64 years)	152 (61.8%)	18 (7.2%)	77 (31.1%)
Gender			
Male	5,318 (73.1%)	451 (6.2%)	1,508 (20.7%)
Female	984 (70.2%)	42 (3.0%)	376 (26.8%)
Aboriginal Status			
Aboriginal	265 (70.4%)	43 (11.3%)	69 (18.3%)
Non-Aboriginal	6,037 (72.7%)	450 (5.4%)	1,815 (21.9%)
1. Percentages may not always total 100% due to rounding error. 2. Age was calculated based upon the accused's age at the time of the offence.			

3.5 Primary Diagnosis

Just over half of the accused within the Review Board systems (51.7%) had a single diagnosis, while 29% had two diagnoses on file and 18.4% had three or more. The results in Table 10 represent the 'primary' diagnoses, which was determined according to the following hierarchy: schizophrenia, affective disorder, organic brain disorders, mental retardation, delusional disorders, personality disorders, substance abuse disorder, and other diagnoses. For example, if an accused was diagnosed with an affective disorder and a substance abuse disorder, the primary diagnosis was coded as an affective disorder.

When comparing NCRMD and UST accused, NCRMD accused were more likely to have been diagnosed with affective disorders and personality disorders while UST accused were more likely to have been diagnosed with mental retardation and organic brain disorders or to have not had a diagnoses on file.

TABLE 10: LEGAL STATUS (NCRMD/UST) BY PRIMARY DIAGNOSIS			
Diagnosis Type	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Schizophrenia	3,518 (51.7%)	1,054 (56.2%)	4,571 (52.7%)
Affective disorders	1,812 (26.6%)	245 (13.1%)	2,057 (23.7%)
Delusional disorders	310 (4.6%)	77 (4.1%)	387 (4.5%)
Mental retardation	206 (3.0%)	170 (9.1%)	377 (4.3%)
Personality disorders	302 (4.4%)	45 (2.4%)	347 (4.0%)
Organic brain disorders	150 (2.2%)	125 (6.7%)	274 (3.2%)
Substance abuse disorder	166 (2.4%)	17 (0.9%)	182 (2.1%)
Other diagnoses	310 (4.6%)	95 (5.1%)	405 (4.7%)
No diagnosis on file	28 (0.4%)	49 (2.6%)	78 (0.9%)

- Percentages may not always total 100% due to rounding error.
- Totals may not be exact due to the rounding of the weighted data.

If an accused was diagnosed with schizophrenia and a substance abuse disorder, the substance abuse disorder diagnoses would not be reported in Table 10. Therefore, in order to understand how often each particular diagnosis occurs within the NCRMD/UST population, Table 11 provides information on all primary, secondary and tertiary diagnoses. Although not often coded as a primary diagnosis, more than one-quarter of NCRMD/UST accused had been diagnosed with a substance abuse disorder and approximately 18% with a personality disorder. The same differences between NCRMD and UST accused found in the primary diagnoses found in Table 10 were also found in Table 11.

TABLE 11: PRIMARY, SECONDARY AND TERTIARY DIAGNOSES			
Diagnosis Type	NCRMD N (%)	UST N (%)	TOTAL N (%)
Schizophrenia	3,518 (51.7%)	1,054 (56.2%)	4,571 (52.7%)
Affective disorders	1,914 (28.1%)	254 (12.5%)	2,168 (25.0%)
Substance abuse disorder	2,137 (31.4%)	365 (19.4%)	2,502 (28.8%)
Personality disorders	1,304 (19.2%)	235 (12.5%)	1,539 (17.7%)
Mental retardation	474 (7.0%)	270 (14.4%)	744 (8.6%)
Delusional disorders	403 (5.9%)	79 (4.2%)	482 (5.6%)
Organic brain disorders	207 (3.0%)	150 (8.0%)	357 (4.1%)
Other diagnoses	1,177 (17.3%)	376 (20.0%)	1,552 (17.9%)

- Percentages do not total 100% as many accused received more than one diagnosis.
- Totals may not be exact due to the rounding of the weighted data.



Table 12 contains information on the relationship between the primary diagnosis and demographic information. Youth were less likely than adults to have been diagnosed with schizophrenia, affective disorders or delusional disorders but much more likely to have been diagnosed with mental retardation or ‘other diagnoses’. Seniors were much less likely than adults to have been diagnosed with schizophrenia and affective disorders but much more likely to have been diagnosed with delusional disorders, organic brain disorders and ‘other diagnoses’.

Females were less likely than males to have been diagnosed with schizophrenia but more likely to have been diagnosed with affective disorder.

Aboriginal accused were less likely than non-Aboriginal accused to have been diagnosed with the common diagnoses (i.e., schizophrenia, affective disorders) and much more likely to have been diagnosed with mental retardation and substance abuse disorders.



**TABLE 12:
PRIMARY DIAGNOSES BY DEMOGRAPHIC INFORMATION**

Demographic Information	Schizophrenia N (row %)	Affective Disorders N (row %)	Delusional Disorders N (row %)	Mental Retardation N (row %)	Personality Disorders N (row %)	Organic Brain Disorders N (row %)	Substance Abuse Disorders N (row %)	Other Diagnoses N(row%)
Age Category								
Youth (less than 18 years)	61 (32.5%)	31 (16.2%)	0 (0.0%)	51 (26.9%)	11 (5.7%)	6 (3.3%)	0 (0.0%)	29 (15.4%)
Adults (18-64 years)	4,437 (54.7%)	1,941 (23.9%)	349 (4.3%)	291 (3.6%)	325 (4.0%)	181 (2.2%)	169 (2.1%)	354 (4.4%)
Seniors (over 64 years)	40 (16.1%)	42 (17.1%)	38 (15.4%)	4 (1.7%)	11 (4.6%)	87 (35.3%)	2 (0.8%)	22 (9.0%)
Gender								
Male	4,003 (55.0%)	1,520 (20.9%)	339 (4.7%)	324 (4.5%)	289 (4.0%)	257 (3.5%)	147 (2.0%)	334 (4.6%)
Female	569 (40.6%)	537 (38.3%)	48 (3.4%)	52 (3.7%)	59 (4.2%)	17 (1.2%)	35 (2.5%)	71 (5.1%)
Aboriginal Status								
Aboriginal	174 (46.3%)	67 (17.8%)	21 (5.6%)	39 (10.5%)	19 (5.0%)	11 (3.0%)	32 (8.6%)	12 (3.3%)
Non-Aboriginal	4,397 (53.0%)	1,990 (24.0%)	366 (4.4%)	337 (4.1%)	329 (4.0%)	263 (3.2%)	150 (1.8%)	393 (4.7%)

1. Percentages may not always total 100% due to rounding error or due to the fact that 78 cases (0.9%) with "no diagnoses on file" were omitted from the table.
2. Age was calculated based upon the accused's age at the time of the offence.

In addition to the general diagnoses, information was collected on Fetal Alcohol Spectrum Disorder (FASD) separately, even when it was also coded as an organic brain disorder. The results revealed that 65 accused had a suspected or confirmed diagnosis of FASD. Although this represented only 0.4% of NCRMD accused, it represented 2.1% of UST accused. As well, there were significant differences according to age and Aboriginal status. Slightly more than one in ten accused youth under 18 years of age (11.5%) had a suspected or confirmed FASD diagnoses compared to only 0.5% of adult accused. In addition, approximately 14% of Aboriginal accused had a confirmed or suspected FASD diagnosis compared to 0.2% of non-Aboriginal accused. In fact, when Aboriginal status and age are combined, the issue becomes even clearer – 73.7% of Aboriginal youth under the purview of Review Boards had a confirmed or suspected diagnosis of FASD. It should be cautioned, however, that the number of Aboriginal youth in the sample was very small. As well, given the case law in Saskatchewan that suggests a relatively high number of youth diagnosed with FASD are being found UST, the lack of data from Saskatchewan and Manitoba is particularly problematic in this instance.

As Table 13 indicates, there were also specific differences in offending behaviour according to the primary diagnosis. For example, compared to the overall percentage, accused diagnosed with mental retardation were much more likely to be charged with sexual offences and much less likely to be charged with violent offences. In addition, accused diagnosed with an organic brain disorder were also more likely to be charged with a sexual offence. Again, in comparison to the overall percentage, accused diagnosed with a delusional disorder were more likely to be charged with a violent crime as were accused diagnosed with a substance abuse disorder. Finally, accused diagnosed with an affective disorder were more likely to be charged with a non-violent crime compared to the general percentage.

TABLE 13: OFFENCE TYPE BY PRIMARY DIAGNOSIS			
Diagnosis Type	Violent N (row %)	Sexual N (row %)	Non-Violent N (row %)
Schizophrenia	3,435 (75.1%)	218 (4.8%)	919 (20.1%)
Affective disorders	1,420 (69.0%)	53 (2.6%)	584 (28.4%)
Other diagnoses	317 (78.2%)	11 (2.8%)	77 (19.0%)
Delusional disorders	319 (82.6%)	2 (0.5%)	65 (16.9%)
Mental retardation	166 (44.1%)	153 (40.5%)	58 (15.4%)
Personality disorders	254 (73.2%)	11 (3.3%)	82 (23.5%)
Organic brain disorders	196 (71.3%)	28 (10.0%)	51 (18.7%)
Substance abuse disorder	149 (81.7%)	6 (3.3%)	27 (15.0%)
No diagnosis on file	46 (59.4%)	11 (13.9%)	21 (26.7%)
Total	6,302 (72.6%)	493 (5.7%)	1,884 (21.7%)

1. Percentages may not always total 100% due to rounding error.

3.6 Review Board Dispositions

The most common disposition among both NCRMD and UST accused during the initial Review Board hearing was detention, which was ordered in approximately half of all cases. However, NCRMD accused were much more likely to remain within the Review Board system after the initial hearing than accused found UST. This is likely due to the fact that UST accused are often mandated into treatment for sixty days between the court finding of UST and the Review Board hearing under section 672.58 of the *Criminal Code*. Once an accused found UST has been treated and/or medicated, he or she is often found legally fit to stand trial.

TABLE 14: LEGAL STATUS (NCRMD/UST) BY INITIAL DISPOSITION			
Disposition	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Absolute discharge	852 (12.5%)	N/A	852 (9.8%)
Conditional discharge	2,372 (34.9%)	173 (9.2%)	2,545 (29.3%)
Detention	3,514 (51.7%)	909 (48.4%)	4,423 (51.0%)
Fitness determination	N/A	751 (40.0%)	751 (8.7%)
Other dispositions	64 (0.9%)	44 (2.3%)	107 (1.2%)
TOTAL	6,802 (78.4%)	1,877 (21.6%)	8,679 (100%)
<ol style="list-style-type: none"> 1. Other dispositions include cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died. 2. Fitness determination indicates that the accused was returned to court and found fit to stand trial prior to a disposition. 3. N/A = not applicable as NCRMD cases cannot be found fit and UST cases cannot be given an absolute discharge. 4. Percentages may not always total 100% due to rounding error. 5. Totals may not be exact due to the rounding of the weighted data. 			

If absolute discharges, fitness determinations and ‘other dispositions’ are combined, approximately one in five cases appearing before Review Boards were released upon an initial hearing. When examining the cases that were not released upon an initial hearing, UST accused were much more likely to be given a detention order compared to NCRMD accused. Approximately 60% of NCRMD cases that were not given an absolute discharge were detained while almost 85% of UST cases that were not found fit were detained. Therefore, it appears that UST accused who remain in the Review Board system after an initial hearing are assessed as posing a greater risk than NCRMD accused who remain in the system after an initial hearing. This may be a result of the differences in diagnosis and most serious charge between UST and NCRMD cases. Compared to accused with a finding of NCRMD, accused found UST are more likely to be accused of a sexual offence and suffer from a more permanent mental disorder (e.g., mental retardation, organic brain disorders).



Table 15 describes the conditions imposed on NCRMD/UST cases that were given a conditional discharge at the initial hearing. Generally, almost all accused are directed to live in a particular location and most are mandated to take medication and/or treatment. There are several significant differences, however, between the conditions imposed in NCRMD cases and those imposed in UST cases. For example, NCRMD cases are more likely to have medication/treatment mandated and to have alcohol and/or drug restrictions imposed while UST cases are more likely to have reporting conditions, non-communication conditions with victims and others (e.g., children) and living restrictions wherein the UST accused must live with a particular person (e.g., parent). Again, this is likely due to the differences in diagnoses and offending behaviour among UST accused.

TABLE 15: LEGAL STATUS (NCRMD/UST) BY CONDITIONS IMPOSED AT INITIAL HEARING			
Condition	NCRMD N (%)	UST N (%)	TOTAL N (%)
Live in a particular location (e.g. group home)	2,147 (95.4%)	152 (89.4%)	2,298 (94.9%)
Mandated medication/treatment	1,632 (72.5%)	93 (54.6%)	1,725 (71.2%)
Alcohol/drug restrictions	1,173 (52.1%)	38 (22.4%)	1,211 (50.0%)
Weapons restrictions	563 (25.0%)	41 (24.1%)	604 (24.9%)
Reporting requirements (e.g., weekly)	445 (19.8%)	61 (35.6%)	506 (20.9%)
Attend assessment for treatment/counselling	370 (16.4%)	43 (25.4%)	413 (17.1%)
Non-communication with victim	254 (11.3%)	38 (22.2%)	292 (12.0%)
Banned from a particular location	143 (6.4%)	10 (6.2%)	154 (6.4%)
General mobility restrictions (e.g., curfew)	95 (4.2%)	12 (7.4%)	107 (4.4%)
Non-communication with others (e.g., children)	68 (3.0%)	29 (17.3%)	98 (4.0%)
Administrative conditions	87 (3.8%)	11 (6.4%)	97 (4.0%)
Transportation restrictions (e.g., driving, taking the bus)	54 (2.4%)	4 (2.5%)	59 (2.4%)
Live with a particular person (e.g., parent)	23 (1.0%)	35 (20.5%)	58 (2.4%)
Imposed custody	30 (1.3%)	6 (3.7%)	36 (1.5%)
Attend school/work	3 (0.1%)	5 (3.1%)	8 (0.3%)

1. Includes all cases that received a conditional discharge on their initial hearing.
2. Administrative conditions includes requirements to disclose psychiatric records or changes in medication to the Review Board, to allow forensic teams to conduct home visits, and to be in possession of Review Board dispositions at all times.
3. Percentages do not total 100% as accused typically received more than one condition.
4. Totals may not be exact due to the rounding of the weighted data.

Observations of the operations of Review Boards indicate that when discussing the conditions related to living in a particular location (e.g. group home), Review Board members consider the rules, regulations and operating procedures of the program or facility. Thus, when this condition is applied, the Review Board may not feel it necessary to impose other conditions that mirror those of the program or facility, such as curfew, alcohol and/or drug restrictions, reporting conditions, and weapon restrictions.

TABLE 16: ORIGINAL DISPOSITION BY OFFENCE TYPE			
Disposition	Violent N (column %)	Sexual N (column%)	Non-Violent N (column %)
Absolute Discharge	497 (7.9%)	47 (9.6%)	308 (16.4%)
Conditional Discharge	1,925 (30.6%)	150 (30.5%)	470 (24.9%)
Detention	3,394 (53.9%)	226 (45.9%)	803 (42.6%)
Fitness Determination	402 (6.4%)	67 (13.6%)	282 (15.0%)
Other dispositions	84 (1.3%)	2 (0.4%)	22 (1.2%)

1. Other dispositions include cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died.
2. Fitness determination indicates that the accused was returned to court and found fit to stand trial prior to a disposition.
3. Percentages may not always total 100% due to rounding error.

Review Board dispositions also varied according to the most serious offence for which the accused was charged. For example, in Table 16, it can be seen that non-violent offences were more likely to receive an absolute discharge compared to violent or sexual offences. In addition, violent offences were more likely to receive detention compared to sexual or non-violent offences.

The conditions imposed on NCRMD/UST accused also seem to vary in Table 17 according to the type of offence. Although accused charged with sexual offences were much less likely to be mandated to take treatment or medication compared to accused charged with violent or non-violent offences, they were much more likely to be ordered to attend an assessment for treatment/counselling. In fact, they were at least twice as likely as violent or non-violent accused to have every other condition attached to their conditional discharge with the exception of ‘administrative conditions’. It is clear that those accused charged with sexual offences are generally more closely controlled by the Review Boards.



**TABLE 17:
OFFENCE TYPE BY CONDITIONS IMPOSED AT INITIAL HEARING**

Condition	Violent N (%)	Sexual N (%)	Non-violent N (%)
Live in a particular location (e.g. group home)	1,753 (94.8%)	141 (95.8%)	405 (95.5%)
Mandated medication/treatment	1,364 (73.8%)	65 (44.3%)	295 (69.6%)
Alcohol/drug restrictions	940 (50.8%)	56 (40.0%)	215 (50.7%)
Weapons restrictions	436 (23.6%)	52 (35.1%)	116 (27.5%)
Reporting requirements (e.g., weekly)	373 (20.2%)	52 (35.4%)	81 (19.0%)
Attend assessment for treatment/counselling	274 (14.8%)	54 (36.4%)	85 (20.0%)
Non-communication with victim	234 (12.6%)	45 (30.7%)	13 (3.0%)
Banned from a particular location	117 (6.3%)	19 (13.1%)	18 (4.2%)
General mobility restrictions (e.g., curfew)	72 (3.9%)	22 (14.9%)	14 (3.2%)
Non-communication with others (e.g., children)	55 (3.0%)	34 (23.3%)	8 (2.0%)
Administrative conditions	82 (4.5%)	0 (0.0%)	15 (3.6%)
Transportation restrictions (e.g., driving, taking the bus)	43 (2.3%)	6 (4.2%)	9 (2.2%)
Live with a particular person (e.g., parent)	31 (1.7%)	23 (15.5%)	4 (1.0%)
Imposed custody	25 (1.4%)	6 (4.2%)	4 (1.0%)
Attend school/work	8 (0.5%)	0 (0.0%)	0 (0.0%)

1. Includes all cases that received a conditional discharge on their initial hearing.
2. Administrative conditions include requirements to disclose psychiatric records or changes in medication to the Review Board, to allow forensic teams to conduct home visits, and to be in possession of Review Board dispositions at all times.
3. Percentages do not total 100% as accused typically received more than one condition.

As indicated in Table 18, the diagnoses of the accused also appeared to impact on Review Board dispositions. Those accused who had been diagnosed with an affective disorder or a substance abuse disorder were much more likely to receive an absolute discharge compared to accused diagnosed with schizophrenia, mental retardation, delusional disorders and organic brain disorders. Those accused who had been diagnosed with schizophrenia, a personality disorder or an organic brain disorder were more likely than others to receive a detention order.



**TABLE 18:
PRIMARY DIAGNOSES BY ORIGINAL DISPOSITION**

Disposition	Schizophrenia N (column %)	Affective Disorders N (column %)	Mental Retardation N (column %)	Delusional Disorders N (column %)	Personality Disorders N (column %)	Substance Abuse N (column %)	Organic Brain Disorders N (column %)	Other Diagnoses N (column %)
Absolute discharge	203 (4.4%)	425 (20.6%)	36 (9.7%)	32 (8.4%)	39 (11.1%)	32 (17.5%)	15 (5.4%)	61 (15.0%)
Conditional discharge	1,099 (24.0%)	804 (39.1%)	141 (37.5%)	144 (37.3%)	98 (28.1%)	63 (34.5%)	76 (27.7%)	116 (28.7%)
Detention	2,739 (59.9%)	719 (34.9%)	170 (45.2%)	154 (39.9%)	196 (56.3%)	73 (40.0%)	153 (55.7%)	184 (45.4%)
Fitness determination	469 (10.3%)	99 (4.8%)	28 (7.4%)	46 (11.8%)	16 (4.5%)	15 (8.1%)	9 (3.4%)	42 (10.5%)
Other dispositions	62 (1.4%)	11 (0.5%)	1 (0.3%)	10 (2.7%)	0 (0.0%)	0 (0.0%)	22 (7.9%)	2 (0.5%)

1. Other dispositions include cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died.
2. Fitness determination indicates that the accused was returned to court and found fit to stand trial prior to a disposition.
3. Percentages may not always total 100% due to rounding error.

Generally speaking, of the two largest categories of primary diagnosis in Table 19 – schizophrenia and affective disorders – it appears that accused with a diagnosis of schizophrenia have a more narrow breadth of conditions imposed than do those diagnosed with an affective disorder. Patterns amongst the other diagnosis categories are from smaller samples and are harder to judge. However, those diagnosed with an organic brain disorder also appear to have a relatively wide breadth of conditions imposed.

The condition to reside in a particular location is usually applied in at least 95% of cases. However, those whose primary diagnosis is organic brain disorder (87.5%) or a delusion disorder (91.9%), are slightly less likely to have this condition imposed. This observation must be balanced with the view that 12.5% of those with organic brain disorder have imposed custody as a condition, and 6.9% have a condition imposed that they must live with a particular person. In 8.1% of cases, accused with a primary diagnosis of a delusional disorder must live with a particular person as a condition. Along a similar vein, the condition to live with a particular person was imposed most often in cases where the primary diagnosis was mental retardation (13.4%). Thus, restrictions on living situation is recorded as a condition in virtually all cases.

As can be expected, 100% of patients with a primary diagnosis of substance abuse had alcohol or drug restrictions placed upon them, while only about a quarter of patients with a primary diagnosis of mental retardation or delusional disorder had a similar restriction.



**TABLE 19:
PRIMARY DIAGNOSES BY CONDITIONS IMPOSED AT INITIAL HEARING**

Condition	Schizophrenia N (%)	Affective Disorders N (%)	Mental Retardation N (%)	Delusional Disorders N (%)	Personality Disorders N (%)	Substance Abuse N (%)	Organic Brain Disorders N (%)
Live in a particular location (e.g. group home)	984 (95.3%)	737 (95.6%)	132 (95.5%)	123 (91.9%)	87 (100%)	60 (96.8%)	66 (87.5%)
Mandated medication/treatment	825 (79.9%)	484 (62.8%)	66 (47.5%)	119 (89.1%)	69 (79.5%)	43 (69.7%)	46 (60.8%)
Alcohol/drug restrictions	510 (49.4%)	422 (54.7%)	36 (26.0%)	33 (25.0%)	56 (64.4%)	62 (100%)	51 (67.7%)
Weapons restrictions	205 (19.8%)	241 (31.2%)	46 (33.6%)	14 (10.2%)	22 (25.4%)	15 (23.8%)	26 (34.9%)
Reporting requirements (e.g., weekly)	148 (14.3%)	214 (27.7%)	34 (24.8%)	14 (10.2%)	14 (15.7%)	6 (9.7%)	21 (28.0%)
Attend assessment for treatment/counselling	125 (12.1%)	182 (23.7%)	31 (22.7%)	0 (0.0%)	13 (14.7%)	13 (20.6%)	27 (36.2%)
Non-communication with victim	47 (4.5%)	143 (18.5%)	27 (19.8%)	24 (18.3%)	14 (15.7%)	4 (6.9%)	14 (18.1%)
Banned from a particular location	8 (0.8%)	109 (14.1%)	11 (7.8%)	0 (0.0%)	14 (15.7%)	4 (6.9%)	11 (11.2%)
General mobility restrictions (e.g., curfew)	32 (3.1%)	27 (3.5%)	8 (6.0%)	20 (15.1%)	4 (4.9%)	0 (0.0%)	15 (19.4%)
Non-communication with others (e.g., children)	0 (0.0%)	51 (6.6%)	15 (11.2%)	0 (0.0%)	4 (4.9%)	4 (6.9%)	14 (18.1%)
Administrative conditions	48 (4.6%)	39 (5.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (17.4%)	0 (0.0%)
Transportation restrictions (e.g., driving, bus)	20 (2.0%)	32 (4.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (3.2%)	4 (5.6%)
Live with a particular person (e.g., parent)	9 (0.9%)	4 (0.6%)	19 (13.4%)	11 (8.1%)	4 (4.9%)	0 (0.0%)	5 (6.9%)
Imposed custody	21 (2.1%)	4 (0.6%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (12.5%)
Attend school/work	3 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

1. Other dispositions include cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died.
2. Fitness determination indicates that the accused was returned to court and found fit to stand trial prior to a disposition.
3. Percentages may not always total 100% due to rounding error.

Given the interpretation of section 672.54 by the Supreme Court of Canada in *R. v. Winko* (i.e., the court or Review Board must order an absolute discharge if the accused does not pose a significant threat to the safety of the public), it was anticipated that the dispositions given to NCRMD accused would change after 1999. Table 20 provides a pre- and post-*Winko* analysis of Review Board dispositions for accused deemed NCRMD.

TABLE 20: PRE/POST WINKO ANALYSIS OF NCRMD DISPOSITIONS		
Disposition	Pre-<i>Winko</i> N (column %)	Post-<i>Winko</i> N (column%)
Absolute discharge	361 (10.0%)	491 (15.3%)
Conditional discharge	1,184 (32.9%)	1,188 (37.1%)
Detention	2,016 (56.0%)	1,498 (46.8%)
Other dispositions	41 (1.1%)	23 (0.7%)
Total	3,602 (100%)	3,200 (100%)
<ol style="list-style-type: none"> 1. Other dispositions include cases where the charges were withdrawn or stayed, cases that were transferred to another province, or cases where the accused died. 2. Percentages may not always total 100% due to rounding error. 3. Pre-<i>Winko</i> refers to cases disposed prior to the year 2000 and post-<i>Winko</i> refers to cases disposed after 1999. 		

There was an observable change in the way in which Review Boards disposed of NCRMD cases after the *Winko* decision. Absolute discharges increased from 10% of cases up to 15% of cases, conditional discharges increased from 33% of cases up to 37% of cases, and detention orders decreased from 56% of cases down to 47% of cases. In other words, it was clear that Review Boards were drafting less onerous dispositions for NCRMD cases after the *Winko* decision.

Table 21 contains a pre- and post-*Winko* analysis of conditions imposed at the initial Review Board hearing. There were some noticeable differences. First, mandated treatment was a condition more often imposed *after* the *Winko* decision. However, this difference could be due to changes made to the *Criminal Code* in 1997. Originally, section 672.55 prohibited Review Boards from ordering psychiatric or other treatment as a condition of a disposition. However, after the amendment in 1997, Review Boards were able to attach a condition whereby the accused must adhere to psychiatric or other treatments *when the accused has consented to the condition*. Second, conditions in general were imposed less often after *Winko* including weapons restrictions, reporting requirements, non-communication conditions, administration conditions and transportation conditions. Of particular importance was the fact that custody was never imposed as a condition of a conditional discharge after *Winko*.

TABLE 21: PRE/POST WINKO ANALYSIS OF CONDITIONS IMPOSED AT INITIAL HEARING		
Condition	Pre-Winko N (%)	Post-Winko N (%)
Live in a particular location (e.g. group home)	1126 (93.4%)	1172 (96.5%)
Mandated medication/treatment	749 (62.1%)	976 (80.3%)
Alcohol/drug restrictions	572 (47.4%)	639 (52.6%)
Weapons restrictions	407 (33.7%)	197 (16.2%)
Reporting requirements (e.g., weekly)	420 (34.8%)	86 (7.1%)
Attend assessment for treatment/counselling	271 (22.5%)	142 (11.7%)
Non-communication with victim	188 (15.6%)	103 (8.5%)
Banned from a particular location	93 (7.7%)	61 (5.0%)
General mobility restrictions (e.g., curfew)	71 (5.9%)	36 (3.0%)
Non-communication with others (e.g., children)	67 (5.6%)	31 (2.5%)
Administrative conditions	80 (6.7%)	17 (1.4%)
Transportation restrictions (e.g., driving, taking the bus)	59 (4.9%)	0 (0.0%)
Live with a particular person (e.g., parent)	52 (4.3%)	6 (0.5%)
Imposed custody	35 (2.9%)	0 (0.0%)
Attend school/work	5 (0.4%)	3 (0.3%)

1. Includes all cases that received a conditional discharge on their initial hearing.
2. Administrative conditions include requirements to disclose psychiatric records or changes in medication to the Review Board, to allow forensic teams to conduct home visits, and to be in possession of Review Board dispositions at all times.
3. Pre-Winko refers to cases disposed prior to the year 2000 and post-Winko refers to cases disposed after 1999.
4. Percentages do not total 100% as accused typically received more than one condition.

3.7 Case Processing Over Time: 1992/93 Cohort Analysis

In order to understand how cases are processed by Review Boards over time, all of the NCRMD and UST cases admitted to the Review Boards in 1992 and 1993 were tracked up until the end of 2004. Using the 1992/93 cohort allows sufficient time to pass to better understand how long accused remain in the system and how their dispositions change over time. In 1992/93, 802 new NCRMD/UST cases were admitted into the Review Board systems. Of these, 258 (32.2%) were immediately released from the system - most were given an absolute discharge or returned to court for a fitness hearing. Of the remaining 544 cases, the length of time in the Review Board systems ranged from 15 days to more than 13 years (i.e., still within the system at the end of 2004).

Table 22 provides a breakdown of the time within the system for those cases that were initially given a conditional discharge or a detention order by legal status. NCRMD cases tend to stay in the system much longer than UST cases. For example, all NCRMD cases spent at least six months in the system while almost one in four UST cases were released (i.e., found fit, charges stayed or withdrawn) within the first six months. Moreover, all UST cases were released within five years while 60% of NCRMD cases were in the system longer than five years. It should be noted, however, that after being found legally fit to stand trial, UST accused may subsequently be found NCRMD for the same offence and spend additional time under the Review Board's control.



TABLE 22: LEGAL STATUS (NCRMD/UST) BY TIME IN THE SYSTEM (CASES ADMITTED IN 1992/93)			
Time in the System	NCRMD N (column %)	UST N (column %)	TOTAL N (column %)
Less than six months	0 (0.0%)	72 (39.0%)	72 (13.2%)
Six months to one year	32 (9.0%)	78 (42.6%)	111 (20.4%)
Greater than one year to five years	111 (30.9%)	34 (18.5%)	145 (26.7%)
Greater than five years to ten years	90 (24.9%)	0 (0.0%)	90 (16.5%)
Greater than ten years	126 (35.1%)	0 (0.0%)	126 (23.3%)
TOTAL	360 (66.2%)	184 (33.8%)	544 (100%)
1. Percentages may not always total 100% due to rounding error. 2. Totals may not be exact due to the rounding of the weighted data.			

Table 23 examines differences in the length of time within Review Board systems according to demographic information, diagnoses and offence type. Male accused were much more likely to spend long periods of time within the system (i.e., greater than ten years) compared to female accused.

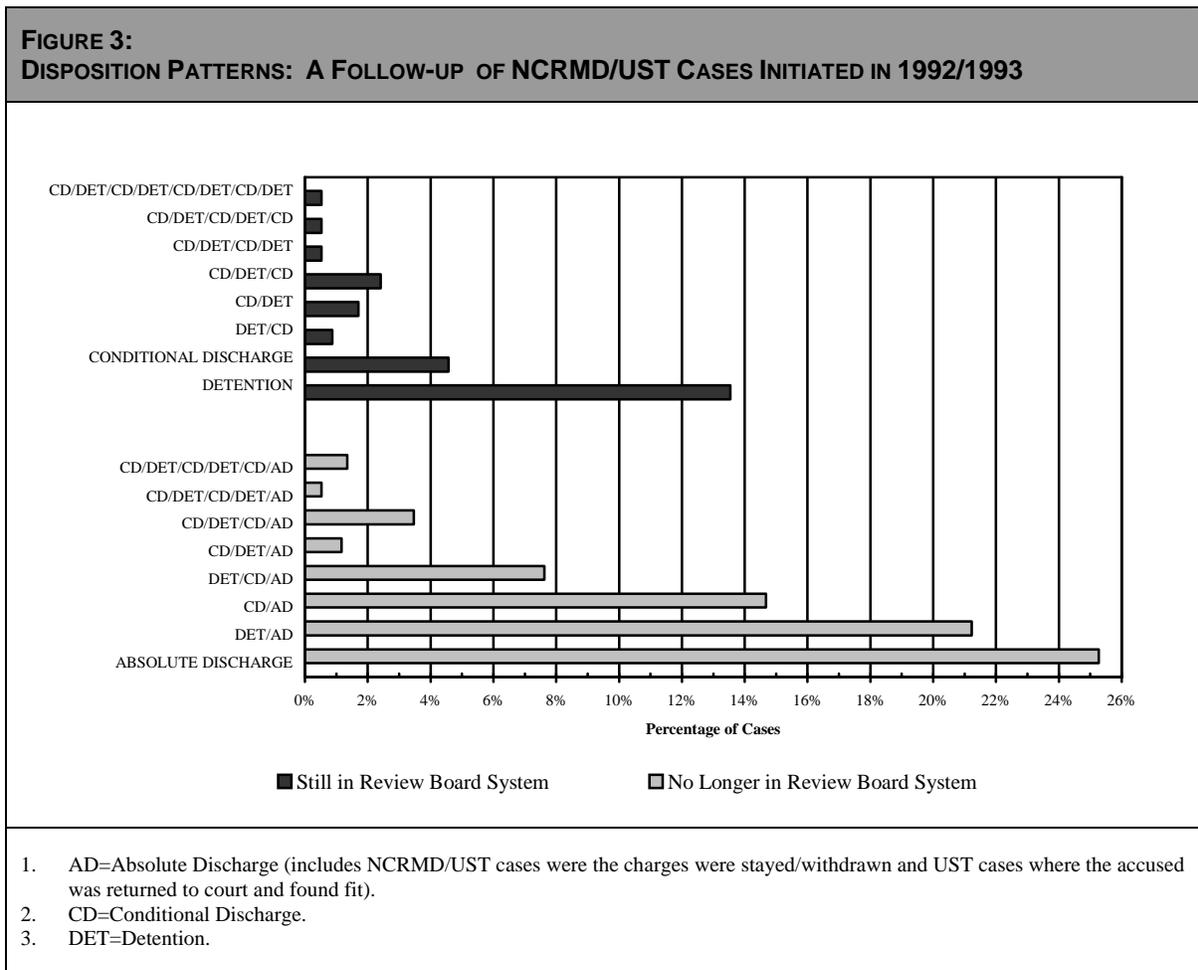
TABLE 23: TIME IN THE SYSTEM BY DEMOGRAPHIC INFORMATION, DIAGNOSES AND OFFENCE TYPE (CASES ADMITTED IN 1992/93)			
Demographic Information	Less than 2 years N (row %)	2 years to 10 years N (row %)	Greater than 10 years N (row %)
Gender			
Male	203 (43.2%)	145 (30.9%)	122 (26.0%)
Female	50 (68.1%)	19 (26.1%)	4 (5.8%)
Aboriginal Status			
Aboriginal	0 (0.0%)	5 (29.6%)	13 (70.4%)
Non-Aboriginal	253 (48.1%)	159 (30.3%)	114 (21.7%)
Primary Diagnoses			
Schizophrenia	152 (41.9%)	131 (36.1%)	80 (22.1%)
Affective disorder	33 (39.3%)	17 (20.4%)	34 (40.3%)
Other	69 (69.9%)	17 (17.1%)	13 (13.0%)
Offence Type			
Violent	203 (48.0%)	109 (25.7%)	111 (26.3%)
Sexual	11 (34.7%)	5 (16.9%)	15 (48.4%)
Non-violent	39 (43.5%)	50 (56.5%)	0 (0.0%)
TOTAL	253 (46.5%)	164 (30.2%)	127 (23.3%)
1. Percentages may not always total 100% due to rounding error. 2. Totals may not be exact due to the rounding of the weighted data.			

Aboriginal accused were considerably more likely to spend long periods of time within the system compared to non-Aboriginal accused. In fact, in the cohort sample, not a single

Aboriginal accused was released within the first two-years and 70% spent at least 10 years in the Review Board system while only 22% of non-Aboriginal accused were in the system after ten years. It should be noted, however, that the number of Aboriginal accused in the cohort sample was relatively small.

In comparison to accused diagnosed with schizophrenia or ‘other diagnoses’, accused diagnosed with affective disorder spent more time within the system. Also, accused charged with sexual offences were more likely to spend longer periods of time in the system compared to accused charged with violent or non-violent offences. In fact, not one accused charged with a non-violent offence admitted to the Review Boards in 1992/93 was still in the system ten years later.

Figure 3 provides a graphical representation of how the 1992/93 NCRMD/UST cases were processed throughout the years up until the end of 2004. Of the 802 cases from 1992/93, 142 (17.7%) were still in the system as of December 31, 2004. Most of these were given a single detention order (8.7%) or conditional discharge order (4.6%) and nothing changed over the follow-up period.



A small percentage of cases (0.9%) moved from the original detention order to a conditional discharge, a slightly larger percentage (1.7%) moved from a conditional discharge to a detention



order and an even larger percentage (2.4%) moved from a conditional discharge to a detention order and back to a conditional discharge. The remaining cases still in the system (4.6%) were transferred back and forth between conditional discharge and detention several times.

Of those cases that were eventually released, a large percentage was released after a detention order (21.2%) or a conditional discharge (14.7%). A smaller percentage (7.6%) followed a model path from detention to conditional discharge to release and an even smaller percentage (1.2%) was released after a conditional discharge and a detention order. The remaining cases (6.6%) shuffled between detention and conditional discharge several times before eventually being released.

3.8 Attendees at Review Board Hearings

Table 24 provides information on who actually attended the first Review Board hearing. As the Review Board system is ‘inquisitorial’ and not ‘adversarial’, a lawyer for the accused is not mandatory to uphold principles of fundamental justice. However, some commentators have noted that a lawyer can be an important advocate for the legal rights and interests of NCRMD/UST accused. As can be seen in Table 24, a lawyer for the accused was present in 69.2% of Review Board hearings. The Crown was also present in almost half of all cases. Victims were recorded as attendees within Review Board files very infrequently; however, it is unknown if family members or ‘other persons’ may also include victims. There were a few differences between NCRMD cases and UST cases. For example, in comparison to NCRMD cases, the Crown and the lawyer for the accused were recorded as attendees more often while treating psychiatrists and accused supports were less likely to be recorded as attendees during a UST case. This suggests that UST cases may be viewed as more legalistic and less treatment oriented than NCRMD cases.

TABLE 24: ATTENDEES AT FIRST HEARING			
Attendee	NCRMD N (%)	UST N (%)	TOTAL N (%)
Accused	6,372 (93.7%)	1,503 (80.1%)	7,875 (90.7%)
Treating Psychiatrist/Psychologist	4,959 (72.9%)	1,124 (59.9%)	6,083 (70.1%)
Lawyer for Accused	4,392 (64.6%)	1,615 (86.1%)	6,008 (69.2%)
Hospital/Institution Representative	3,653 (53.7%)	925 (49.3%)	4,578 (52.8%)
Crown	2,856 (42.0%)	1,188 (63.3%)	4,044 (46.0%)
Other Persons	1,490 (21.9%)	218 (11.6%)	1,708 (19.7%)
Case Worker	1,185 (17.4%)	205 (10.9%)	1,390 (16.0%)
Family/Support for Accused	1,020 (15.0%)	166 (8.8%)	1,186 (13.7%)
Program Director	120 (1.8%)	54 (2.9%)	173 (2.0%)
Interpreter	52 (0.8%)	64 (3.4%)	116 (1.3%)
Victim	29 (0.4%)	0 (0.0%)	29 (0.3%)

1. It is possible that the family member or other person in attendance was also the victim in some cases; therefore, more victims may have attended hearings.



4. Conclusion

The results of this data collection process answered a considerable number of policy and operational research questions. Some of the more pertinent findings include:

- Review Board caseloads have been increasing over the last decade and are expected to continue to grow substantially over the next decade;
- Although Aboriginal people do not appear to experience the same level of over-representation as they do within the traditional criminal justice system, it does appear as though they spend substantially more time under the control of Review Boards;
- Nearly half of NCRMD/UST accused appearing before Review Boards at their initial hearing have never been convicted of a prior criminal offence;
- NCRMD/UST accused have generally committed very serious violent offences such as murder, attempted murder, assault, sexual assault, criminal harassment, threats and arson;
- Approximately three-quarters of those within the Review Board systems have been diagnosed with schizophrenia or an affective disorder, such as bi-polar disorder, schizo-affective disorder or major depression;
- One in five cases that are processed by the Review Boards are released (e.g., found fit, given an absolute discharge) after the first hearing; and
- Almost one-quarter of NCRMD/UST cases are spending at least ten years in the Review Board systems and some have been in for significantly longer.

There are still a number of additional questions that will be answered based upon more detailed analysis of these data in subsequent studies. For example, more detailed analysis will be performed on the data so that we can understand changes in dispositions and the conditions imposed on NCRMD/UST accused over time. As well, more analysis will be completed to better understand factors that may impact on Review Board decision-making including criminal history, the seriousness of the offence and other related factors.

In addition, there are other questions that cannot be answered with the existing data. For example, since these data were not linked to hospital files or community program files, little is known about how NCRMD/UST accused manage after Review Board hearings in terms of following conditions, adhering to treatment plans and re-engaging in criminal behaviour. Additional data collection is still needed to provide a more comprehensive understanding of the forensic mental health system in general.

For this Section, please record the TOTAL NUMBER of prior convictions and information on the FIRST conviction, the LAST conviction, and the MOST SERIOUS conviction. If the accused only has one prior conviction, please code this information in the LAST conviction field, the FIRST conviction field AND the MOST SERIOUS field. If the accused has more than one conviction at one time, code the most serious conviction.

SECTION B: CRIMINAL HISTORY INFORMATION	
11. Total Number of Convictions	Code the TOTAL NUMBER of prior criminal convictions. If the accused does not have a prior conviction code 0.
<input type="text"/>	
12. FIRST Conviction Date	Code the date of the very FIRST conviction (i.e., the earliest). Month / Day / Year 98/98/98=Not applicable (no prior) 99/99/99=Unknown
<input type="text"/>	
13. FIRST Conviction Code	Code the offence type of the very FIRST conviction. Refer to Appendix B for a list of Offence codes. 988=Not applicable (no prior)
<input type="text"/>	
14. FIRST Sentence Code	Code the most serious sentence for the very FIRST conviction (i.e., the highest number). 1=absolute discharge 2=conditional discharge 3=suspended sentence 4=fine/restitution 5=community service 6=probation 7=conditional sentence 8=custody 98=Not applicable (no prior) 99=Unknown
<input type="text"/>	
15. LAST Conviction Date	Code the date of the very LAST conviction (i.e., the most recent). Month / Day / Year 98/98/98=Not applicable (no prior) 99/99/99=Unknown
<input type="text"/>	
16. LAST Conviction Code	Code the offence type of the very LAST conviction. Refer to Appendix B for a list of Offence codes. 988=Not applicable (no prior)
<input type="text"/>	
17. LAST Sentence Code	Code the most serious sentence for the very LAST conviction (i.e., the highest number). 1=absolute discharge 2=conditional discharge 3=suspended sentence 4=fine/restitution 5=community service 6=probation 7=conditional sentence 8=custody 98=Not applicable (no prior) 99=Unknown
<input type="text"/>	
18. MOST SERIOUS Conviction Date	Code the date of the MOST SERIOUS conviction. Refer to Appendix B to determine the most serious conviction (sorted by seriousness). Month / Day / Year 98/98/98=Not applicable (no prior) 99/99/99=Unknown
<input type="text"/>	
19. MOST SERIOUS Conviction Code	Code the offence type of the MOST SERIOUS conviction. Refer to Appendix B for a list of Offence codes. 988=Not applicable (no prior)
<input type="text"/>	
20. MOST SERIOUS Sentence Code	Code the most serious sentence for the MOST SERIOUS conviction (i.e., the highest number). 1=absolute discharge 2=conditional discharge 3=suspended sentence 4=fine/restitution 5=community service 6=probation 7=conditional sentence 8=custody 98=Not applicable (no prior) 99=Unknown
<input type="text"/>	
21. Previous UST	Code the number of previous UST findings. This field cannot be left blank. If you do not know if the accused had a previous UST, please code zero.
<input type="text"/>	
22. Previous NCRMD	Code the number of previous NCRMD findings. This field cannot be left blank. If you do not know if the accused had a previous NCRMD, please code zero.
<input type="text"/>	
23. Prior Sexual Offence	See Appendix B to identify sexual offences (marked with the word SEXUAL) 1=Prior sexual offence 2=No prior sexual offence 8=Not applicable (no prior)
<input type="text"/>	



For this Section, please code ALL the offences that brought the accused to the Review Board for their most recent admission. Please do not include offences that were dealt with during a previous admission. If there are more than three offences, please photocopy this page and attach additional pages to the completed form.

SECTION C: INDEX OFFENCE INFORMATION									
24. Offence Date					Month / Day / Year 99/99/99=Unknown				
25. Offence Code					Refer to Appendix B for a list of Offence codes.				
26. Adjudication Date					Month / Day / Year 99/99/99=Unknown				
27. Adjudication Code					1=NCR Insanity (pre-1992) 2=NCR Mental Disorder 3=Unfit to Stand Trial 4=Stayed 5=Acquitted 6=Dismissed 7=Other (all other choices) 9=Unknown				
28. Offence Date					Month / Day / Year 99/99/99=Unknown				
29. Offence Code					Refer to Appendix B for a list of Offence codes.				
30. Adjudication Date					Month / Day / Year 99/99/99=Unknown				
31. Adjudication Code					1=NCR Insanity (pre-1992) 2=NCR Mental Disorder 3=Unfit to Stand Trial 4=Stayed 5=Acquitted 6=Dismissed 7=Other (all other choices) 9=Unknown				
32. Offence Date					Month / Day / Year 99/99/99=Unknown				
33. Offence Code					Refer to Appendix B for a list of Offence codes.				
34. Adjudication Date					Month / Day / Year 99/99/99=Unknown				
35. Adjudication Code					1=NCR Insanity (pre-1992) 2=NCR Mental Disorder 3=Unfit to Stand Trial 4=Stayed 5=Acquitted 6=Dismissed 7=Other (all other choices) 9=Unknown				

For this section, please code the most current mental health information from accused's most recent admission to the Review Board. If the accused has been discharged from the Review Board, please code information from the accused's last available admission

SECTION D: MENTAL DISORDER & TREATMENT INFORMATION										
36. Primary Diagnosis		1=Schizophrenia 2=Affective Disorders 3=Alcohol/Drug Psychoses 4=Delusional Disorders 5=Organic Brain Disorder 6=Sexual Disorders 7=Mental Retardation 8=Personality Disorders 9=Other Psychoses 10=Substance Abuse 11=Behavioural Disorders 12=Other (all other choices; please specify) 99=Unknown								
		Specify if Other:								
37. First Secondary Diagnosis		1=Schizophrenia 2=Affective Disorders 3=Alcohol/Drug Psychoses 4=Delusional Disorders 5=Organic Brain Disorder 6=Sexual Disorders 7=Mental Retardation 8=Personality Disorders 9=Other Psychoses 10=Substance Abuse 11=Behavioural Disorders 12=Other (all other choices; please specify) 99=Unknown								
		Specify if Other:								
38. Second Secondary Diagnosis		1=Schizophrenia 2=Affective Disorders 3=Alcohol/Drug Psychoses 4=Delusional Disorders 5=Organic Brain Disorder 6=Sexual Disorders 7=Mental Retardation 8=Personality Disorders 9=Other Psychoses 10=Substance Abuse 11=Behavioural Disorders 12=Other (all other choices; please specify) 99=Unknown								
		Specify if Other:								
39. Foetal Alcohol Spectrum Disorder		Code if accused is suspected or confirmed of having FASD even when it has been included in one of the above diagnoses as an organic brain disorder. 1=Suspected FASD 2=Confirmed FASD 3=No diagnosis 9=Unknown								
40. Treatment		Is the accused currently under treatment for a mental disorder? 1=Yes 2=No 9=Unknown								
41. Residence Type		Where is the accused currently residing? 1=Hospital (regular) 2=Hospital (psychiatric) 3=Detention centre (forensic) 4=Detention centre (regular) 5=Community living 9=Unknown								
42. Assigned Security Level		What is the accused's assigned level of security? Code 4 when the accused is not rated; otherwise code Unknown. 1=High 2=Medium 3=Minimum 4=Not Rated 9=Unknown								
43. Privilege Level		What level of privileges is the accused allowed in the facility? Code Not Applicable when the accused is not in a facility. Code Not Rated when the accused is not assigned a privilege level. If the accused is given more than one privilege level, code the most restrictive level. 1=Escorted 2=Accompanied 3=Supervised 4=Indirectly supervised 5=Not Rated 6=Other 8=Not applicable 9=Unknown								
44. Isolation		Was the accused ever kept in isolation? Code Not Applicable if the accused was never in a facility. 1=Yes 2=No 8=Not applicable 9=Unknown								
45. Treatment Methods		Code ALL treatment methods that are currently being used or have been used with the accused in the spaces available. Code Not Applicable when the accused is not receiving treatment. 1=Psychological 2=Social/Recreational/Vocational 3=Substance Abuse 4=Medical/Pharmacological 5=Sexologic 6=Anger Management 7=Other 8=Cognitive 98=Not applicable 99=Unknown								



Please note that this Section needs to be completed for EACH hearing in the case. If there was more than one hearing, please photocopy this page and attached additional pages to the completed form.

SECTION E: REVIEW BOARD PROCESSING INFORMATION											
46. Date of Review Board Hearing						Month / Day / Year 99/99/99=Unknown					
47. Hearing Type						Code ALL hearing types in the spaces available. 1=Initial hearing s.672.47(1) 2=Annual s.672.81(1) 3=Mandatory disposition review 672.81(2)(a) 4=Requested disposition review 672.81(2)(b) 5=Dual disposition review 672.81(3) 6=Discretionary review s.672.82 7=Enforcement s.672.94 8=Fitness review s.672.48(1) 9=Unknown					
48. Arrest Warrant						Was an arrest warrant issued to force the accused to attend the hearing? 1=Yes 2=No					
49. Recorded Attendees						Code ALL individuals who are recorded as attending the hearing in the spaces available. 1=Patient 2=Lawyer for patient 3=Crown 4=Review Board Chair 5=Interpreter 6=Review Board Psychiatrist 7=Treating psychiatrist/psychologist 8=Case Worker 9=Hospital/Institution Representative 10=Family/support for accused 11=Victim 12=Program Director 13=Review Board Member(s) 14=Other					
50. Victim Impact Statement						Was a victim impact statement presented to the Review Board? 1=Yes (orally) 2=Yes (written) 3=Yes (unknown format) 9=Unknown					
51. Disposition						What was the Review Board decision at this hearing in relation to the status of the case? 1=Absolute discharge 2=Conditional discharge 3=Detention 4=Transfer (provincial) 5=Transfer (mental health) 6=Withdrawn 7=Deceased 8=Stay 9=Fitness determination 99=Unknown					
52. Unanimous Decision						Was the Review Board decision at this hearing unanimous? 1= Yes 2=No 3=Unknown					
53. Conditions						What conditions did the Review Board recommend at this hearing? Code ALL conditions in the spaces provided. Refer to Appendix C for a list of possible conditions. Code 98 if there were no conditions and code 99 if it was a conditional discharge but the conditions were not available on file. 98=Not applicable 99=Unknown					