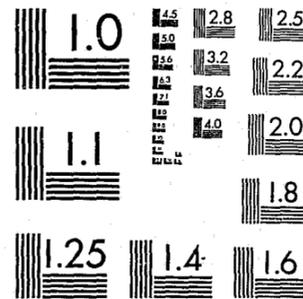


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7/13/81

# Third Annual Report

## 1979

and

### Statistical Supplement

#### Metropolitan Toronto Forensic Service

Clarke Institute Of Psychiatry

73671

METFORS  
METROPOLITAN TORONTO FORENSIC SERVICE  
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METROPOLITAN TORONTO FORENSIC SERVICE

THIRD ANNUAL REPORT - 1979

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ACQUISITIO S

METFORS OBJECTIVES

1. To conduct psychiatric observation, examination, assessment and appropriate treatment of persons who are before the Courts and are referred to METFORS as a result of charges in the Judicial District of York; also to provide services for other judicial or correctional institutions, reporting and advising as appropriate.
2. To provide other psychiatric consultative services for the Courts, government agencies and independent groups in the area of forensic psychiatry. This is to include forensic psychiatric consultations to general psychiatric facilities.
3. To provide the means by which appropriate persons may obtain education in forensic psychiatry, including participation in the post-graduate training programme in the Department of Psychiatry, University of Toronto, and in other professional and community groups and agencies, and to undertake research in the field of forensic psychiatry.
4. To encourage the concept of a multi-disciplinary team approach in all of the aforementioned areas.

**METFORS** metropolitan toronto forensic service  
399 queen street west, toronto, M6J 1H4 537-2481

June 27th, 1980

The Honourable R. Roy McMurtry, Q.C.  
Attorney General of Ontario  
18 King Street East  
Toronto, Ontario  
M5C 5C1

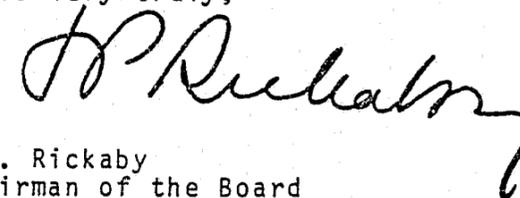
Dear Mr. McMurtry:

In accordance with the provision of Section 5 of Order in Council 1417/77, I am pleased to submit the Third Annual Report of the Metropolitan Toronto Forensic Service (METFORS) for the period April 1st, 1979 to March 31st, 1980.

Reflecting on the past year, METFORS has continued in its obligation to provide the necessary service to the courts, to pursue through research solutions to new and old problems and to communicate these solutions so that public policy decisions can be effected.

Because of its striving for excellence, METFORS will continue to fulfil its obligation of being change agent, synthesizer and disseminator of information in the area of Psychiatry and Law.

Yours very truly,



J.P. Rickaby  
Chairman of the Board

METROPOLITAN TORONTO

FORENSIC SERVICE

BOARD OF DIRECTORS

Mr. J.P. RICKABY, Q.C., CHAIRMAN,  
CROWN ATTORNEY FOR THE JUDICIAL DISTRICT OF YORK

Mr. G.R. THOMPSON  
DEPUTY MINISTER  
CORRECTIONAL SERVICES

Mr. R.C. HANSEN  
EXECUTIVE DIRECTOR  
CLARKE INSTITUTE OF PSYCHIATRY

Mr. M.S. PHILLIPS  
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METFORS

Mr. W.C. JAPPY  
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PSYCHIATRIC HOSPITALS BRANCH  
MINISTRY OF HEALTH

Dr. R.E. TURNER  
PROFESSOR OF FORENSIC  
PSYCHIATRY  
DIRECTOR AND PSYCHIATRIST-  
IN-CHARGE  
METFORS

FOREWORD

E. KINGSTONE, M.D., C.M., F.R.C.P.(C), F.A.P.A.

It is indeed both an honour and a pleasure to be writing a Foreword for this third annual report of Metfors, the Metropolitan Toronto Forensic Service. Although relatively young in age, the unit has fulfilled so many long identified needs that in the perception of the community it appears to have been established for a far longer time. My own informal barometer has been the reporting by the press of suicides in detention units - I am convinced, but have no statistics on this, that since the founding of Metfors, these unfortunate events have practically disappeared as would be expected from the implementation of knowledgeable and sophisticated psychiatric practices.

The partnership of the health system, the criminal justice system and the University is clearly an advantageous one and perhaps even a typically Canadian one - a complex arrangement that to the outsider appears to work without major problems.

As might be expected, Metfors has begun to generate not only good service results (as attested to by the statistics concerning referrals and results and the foreword of Chief Judge Hayes in the second annual report of Metfors), but also multiple academic pursuits in the form of investigative research programmes and publications as even a brief perusal of this report will attest to.

THIRD ANNUAL REPORT

METROPOLITAN TORONTO FORENSIC SERVICE

REPORT OF THE DIRECTOR AND PSYCHIATRIST-IN-CHARGE

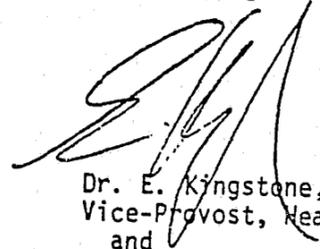
R.E. TURNER, M.D., F.A.P.A., F.R.C.P. (C), F.R.C. PSYCH.

In the current report, the conclusions which followed as a result of studies undertaken by Metfors and reported to the Ontario Council of Health in its survey of the mental health system of Ontario, contain a number of findings which are in total, fascinating, sobering and occasionally disheartening. One of these is the report that there is a lack of interest by psychiatrists and/or psychiatric trainees in furthering their experience in forensic psychiatry.

This is regrettable for these are excellent educational facilities. Moreover, psychiatrists, by virtue of their involvement, potential or actual, in the civil liberties and rights of many patients and their relations are from early on in their training exposed to the issues produced by the psychiatry-law interface, viz., certification, custody, etc.

As the paradoxes and problems of behaviour, illness and criminality become the province of more and more professionals and the subject of greater public debate the need for well trained professionals in psychiatry and in other disciplines grows as well. The professions and particularly those responsible for training programmes should accept the challenge to remedy this situation.

On behalf of the University and as a citizen I congratulate Metfors and its staff for its fine accomplishment and its pioneering endeavours.

  
Dr. E. Kingstone,  
Vice-Provost, Health Sciences  
and  
Professor of Psychiatry.  
University of Toronto

September 3rd, 1980.

It is a pleasure to present the Third Annual Report of the Metropolitan Toronto Forensic Service for the twelve-month period - April 1, 1979 to March 31, 1980.

The Order-in-Council (1417/77) that established the Service was passed on May 15, 1977. METFORS was designed to provide a new model of a forensic psychiatric service to the criminal justice system. As METFORS approaches the completion of its third year, it is appropriate to review briefly recent developments and implications of such forensic services.

Such developments do not occur in isolation. They occur as a result of major policy decisions arising from determinations of new and increasing needs, and from certain events that occur that prompt a re-examination of current programmes. Some developments have been described in the literature previously by Turner (1) (2) (3).

We may also review other developments beginning with 1964. That year saw the first of a series of three publications by the Canadian Mental Health Association on "The Law and Mental Disorder", (4) - A report on legislation and psychiatric disorder in Canada. The three

volumes consisted of hospitals and patient care, civil rights and privileges, and criminal process. (A comprehensive edition was published in 1973) (5). In the same year, Swadron published "Detention of the Mentally Disordered"(6), and Mohr, Turner & Jerry published "Pedophilia and Exhibitionism"(7). The following year McGrath published "Crime and Its Treatment in Canada" (second edition in 1976)(8), and Friedland published "Detention before Trial"(9).

A notable development in Toronto in 1966 was the establishment of the Clarke Institute of Psychiatry with a consolidation and enlargement of the forensic In-Patients and Forensic Clinic of the former Toronto Psychiatric Hospital into one service located on the fourth floor of the Institute. The development of forensic psychiatric services in Toronto has been described by Turner, Chamberlain, Phillips, Aldridge and Coulthard (10) (11) (12) (13) (14).

The innovative Mental Health Act, Ontario, 1967, was proclaimed in 1968. Judges and magistrates were empowered to order attendance for examination, to order attendance for treatment, and to order admission for examination. Gigeroff published "Sexual Deviations in the Criminal Law" (15) the same year. The report of the Canadian Committee on Corrections (Mr. Justice Ouimet) which was released in 1969 (16) included chapters on mentally disordered persons under the criminal law, and the dangerous offender.

Dr. K.G. Gray, Q.C., the first professor of forensic psychiatry in Canada, died July 30th, 1970. G. Arthur Martin, then Treasurer of

the Law Society of Upper Canada wrote that Dr. Gray had "unusual insight into the relationship between mental disorder and legal responsibility as well as deep understanding of the proper role of psychiatry in the broad field of Corrections. The objectivity of his approach to medico legal problems caused him to be held in the highest regard by the judiciary, by crown counsel and defence counsel. His contribution to law and medicine was enormous as a teacher, as an architect of progressive mental health legislation ..." (17). The library at METFORS is named in his honour and memory.

The Law Reform Commission of Canada was established in 1971 and in the following years has published several Working and Study Papers and Reports to Parliament which relate directly to forensic psychiatric work.

Reports to Parliament:

Evidence	December 1975
Our Criminal Law	March 1976
Mental Disorder in the Criminal Process	March 1976
Sexual Offences	November 1978.

Working Papers:

The Principles of Sentencing and Dispositions	March 1974
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Study Papers:

Medical Treatment and Criminal Law	1980
Consent to Medical Care	1979
Sanctity of Life or Quality of Life	1979

Botterell's Report, 1972, (18) "Enquiry into the Health Care System in the Ministry of Correctional Services" listed psychiatric services as one of several special areas for concern. In "Conclusions and Recommendations" references were made to the governing colleges, the role of physicians and psychiatrists, affiliation with a university health sciences complex, the development of a new system for managing health information, confidentiality, psychiatric services for adult inmates, psychiatric staff, and special psychiatric units in hospitals for the jails and regional detention centres. The Report recommended that: (1) an Inter-ministerial study should be promptly initiated to establish what health services should be provided by the Ministry of Correctional Services, by the Ministry of Health, by the Ministry of Community and Social Services, and by the Ministry of the Attorney General; (2) development of policies to produce the closest possible integration between the Ministry of Health and the Ministry of Correctional Services should be undertaken with the objectives of satisfying the legal requirements of custody and of providing the best possible mental health and other medical care.

The Kenneth G. Gray Foundation was established in 1973 to embody and reflect the ideals which permeated Dr. Gray's career. These ideals contributed greatly to the development of important ties between practitioners engaged in psychiatry, criminal law and corrections. The Foundation will promote study for the advancement of these professional and scholarly relationships.

1974 marked the assent to the Forensic Psychiatric Services Commission Act in British Columbia. The Commission provides (a) forensic psychiatric service to the courts in that province, (b) in-patient and out-patient treatment for referred persons, (c) plans, organizes and conducts research and educational programs, and (d) consults with appropriate federal, provincial and municipal departments and agencies.

Two International Symposia were held at the Clarke Institute of Psychiatry in February 1977 and February 1978 under the joint management of Professor D.N. Weisstub and Dr. R.E. Turner. Professor Nigel Walker, Wolfson Professor of Criminology and Director of the Institute of Criminology, Cambridge University, gave the first Gray Lecture on "Dangerous People" (19), and the second was delivered by Professor Joseph Goldstein, Walton Hale Hamilton Professor of Law, Science and Social Policy, Yale University (20), on "Psychiatry, the Child, and the Law". 1977 saw several judgements handed down by the Appeal Division of the Supreme Court of Ontario which related to the mentally ill in our criminal law system:-

- (a) R. v. Simpson - the administration of the criminal law in relation to the defence of insanity.
- (b) R. v. Sweeney - whether trial judge has jurisdiction to require accused to submit to examination by Crown psychiatrist, and evidence of refusal by accused.
- (c) R. v. Deans - whether trial judge empowered to impose a sentence to be served in a provincial mental health centre.
- (d) R. v. Rabey - distinguishing insane and non-insane automatism. This judgement was upheld by the Supreme Court of Canada, 1980.
- (e) R. v. Hilton - disease of the mind due to intoxication or drugs.
- and (f) Fegan v. The Queen - This was a bail review with judgement by Mr. Justice Lerner.

In this last case, the accused was charged with second degree murder. The Crown applied for a Detention Order and the accused brought an application for her release on conditions pending trial. The issue was whether the accused should be detained, and if so, whether there is power in the court to remand her to a psychiatric facility for a mental examination and assessment. Mr. Justice Lerner was satisfied that not only had she failed to satisfy the burden of proving that her detention was not

justified but that the Crown has shown that she should be detained on primary and secondary grounds.

"It is obvious to me from the facts and circumstances that Fegan requires a mental assessment and medical treatment while awaiting trial... I find support for my view that notwithstanding the specific sections in the Criminal Code or lack of them, in all the circumstances I have the power to invoke the provisions of The Mental Health Act... To do otherwise would not be acting in the best interests of the accused, which "best interests" more often than not are also in the public interest.

In the result the accused will be detained in custody until her trial or other disposition by a court of competent jurisdiction and remanded to the Metropolitan Toronto Forensic Service at 1001 Queen Street West for up to 60 days for psychiatric investigation, if the full period is necessary, in the discretion of that facility. It is further ordered that at all times she will be in close custody and under constant supervision and subsequently similarly supervised in any other custodial facility pending the disposition of this charge."

The Report to Parliament by the Sub-Committee on the Penitentiary System in Canada under the chairmanship of Mark McGuigan (21) was published in 1977. Recommendation 58 stated "Regional Psychiatric

Centres should be withdrawn from the jurisdiction of the Penitentiary Service and placed under the federal Ministry of Health and Welfare. Discussions should be held with the provinces to coordinate federal and provincial mental health services". Recommendation 59 stated that "There should be several separate institutions for the treatment of sex offenders, since their therapy needs are distinctive from those of other inmates with personality disorders. Admission should be on a voluntary basis."

The Royal Commission of Inquiry into Confidentiality of Health Records, chaired by Mr. Justice Horace Krever, was established in 1978. All those in the health disciplines look forward to the publication of this Report. Dr. F. Jensen chaired a committee of the Department of Psychiatry of the Faculty of Medicine, University of Toronto, and presented a brief to this Royal Commission.

Bill C-21 proposed amendments to the Criminal Code of Canada in 1979 to enable magistrates and judges to order persons before them directly to health facilities. This matter remains under consideration by the Department of Justice.

A review of this nature would be incomplete without reference to two other Reports.

The first is the "Report of the Committee on Mentally Abnormal Offenders" presented to Parliament in England by the Secretary of State for the Home Department and the Secretary of State for Social

Service, October 1975, under the chairmanship of Lord Butler. Although the entire Report is of great value to those providing psychiatric services to the criminal justice system, Chapter 20 is noteworthy particularly with stress on the need to develop closer relationships among the various services responsible for treating the mentally disordered offender. "A central feature of fully co-ordinated treatment services would be a network of forensic psychiatric services based on secure hospital units in each Regional Health Authority area", (see Recommendations 69-76). We note too Recommendation #140 on research, "We draw attention to the need for more research in connection with mentally disordered offenders, and the importance of planning evaluative studies to be 'built in' to any new regime or form of treatment. The initiative in identifying profitable areas of research should more often come from those responsible for the operation of the system, including the Government Departments, the criminal courts and the various services, especially where operational research is concerned".

The other major Report is that of the Ontario Council of Health - 1979 - Committee on Mental Health Services in Ontario. Legal Task Force, Part I: Civil Rights and the Mentally Ill. Part II: The Criminal System and Mental Health Services. The METFORS submission was one of eighteen received to assist the Legal Task Force with Part II.

The Summary Recommendations should be quoted in full:

- 1] That the Ministry of Health in consultation with the Ministries of the Attorney General, Solicitor General, Correctional Services, Community and Social Services and the Secretariat for Justice clarify the responsibility for mental health services in relation to the administration of justice.
- 2] That, because of the complexity of legislation, jurisdiction and administrative procedures, the responsibility be vested in a body, such as a Forensic Psychiatric Services Commission.
- 3] That such a body develop a master plan concerning the needs of the various regions in Ontario in relation to the criminal justice agencies such as the police, the crown and defence, the courts, correctional services and community agencies.
- 4] That such a plan include in addition to provisions for consultation, outpatient and inpatient examination and treatment, the development of educational and research programmes.
- 5] That special consideration be given to the development of secure facilities in the psychiatric hospitals on a regional basis and that special institutions such as Penetanguishene and St. Thomas be reserved for special cases.
- 6] That a policy be developed concerning the transportation of accused persons or offenders to and from mental health facilities.

- 7] That special consideration be given to areas of the province, such as the north, where geography and population demand a different service delivery pattern.
- 8] That consultation concerning the development of federal legislation in criminal law and procedure be coordinated by the body responsible for service delivery and that this body be also charged with assisting in the development of complementary provincial legislation.
- 9] That forensic psychiatric services provide an interphase between criminal justice agencies and general mental health services with a special emphasis on prevention through their cooperation with criminal justice agencies, especially the police.
- 10] That there is already a considerable body of knowledge and positions in the background materials of this report and that further study is not recommended until the responsibility for developments in this area has been consolidated and vested in a designated government agency.

Dr. B. Butler, formerly on the staff of METFORS, undertook a study of Psychiatric Services for the Criminal Justice System in Ontario in 1977 for the Ministry of Health - Psychiatric Hospitals Branch, and updated this report in 1978 with the assistance of M.F. Dunbar, for the Ontario Council on Health.

The conclusions of these two studies are contained in the Report of the Ontario Council of Health (1979).

CONCLUSION

- 1] Because of the change in psychiatric hospital policy in Ontario in about 1959 to unlocked wards from locked facilities, most psychiatric hospitals in Ontario do not have the appropriate physical facilities to manage potentially violent patients. This also affects the "forensic" patient, sent from court for assessment or transferred from correctional facilities for treatment.
- 2] It is difficult to predict the actual "forensic" needs of the Ontario Criminal Justice System based on the data we have obtained. Many courts remain without psychiatric consultation. A number of individuals who require psychiatric assessment are not being seen. The opening of METFORS points out the speed with which the courts recognize the usefulness of a psychiatric service which was previously unavailable. It is also true, however, that many individuals who do not require a psychiatric assessment are seen in facilities that provide a "ready" assessment service to the courts.

- 3] Assessment and treatment should be carried out as close to the point of origin of the prisoner as possible to enable contact with his family and his community.
- 4] Assessment and treatment are both more efficient if carried out in the same facility with continuity of care and staff.
- 5] In response to the question, "In what way do you find existing facilities and services adequate and satisfactory?", the basic response throughout the province has been -- "In no way!" People interviewed felt that secure, regional psychiatric facilities were necessary and most felt that treatment facilities were the first priority, assessment facilities secondary.
- 6] Penetanguishene Mental Health Centre - Oak Ridge Division -- is overcrowded. Many patients presently housed in Penetang could and should be assessed and treated in the local psychiatric hospitals servicing the local communities. Many patients from there could be housed in medium security units. In addition, these units could be used to facilitate movement to an open-ward setting.
- 7] A substantial and significant amount of forensic in-patient assessment and treatment is presently being done across the province. The vast majority of these cases do not require maximum security facilities and could be handled in medium security facilities. These assessments are being done on general psychiatric wards in the London, St. Thomas, Brockville, North Bay, Thunder Bay, Hamilton and Kingston Psychiatric Hospitals. These hospitals require separate secure units where forensic

patients could be assessed. This would consolidate the existing work, thus facilitating a faster service to the courts, the correctional system and to the patient.

"Forensic beds" are available at the Hamilton Psychiatric Hospital and St. Thomas Psychiatric Hospital (female), and Royal Ottawa Psychiatric Hospital. Assessments are already being done in forensic units in two of these facilities. The need in these facilities is for an expansion for treatment cases, particularly for the Lieutenant-Governor Warrant patients presently housed in Penetang. Brockville is just opening a forensic unit which will in fact have some security and is designed to house this type of transitional patient as well as others.

8] Psychiatric assessment and treatment in secure facilities is not readily available in Ontario. Penetang, the Clarke Institute, the Brockville Psychiatric Hospital, the St. Thomas Psychiatric Hospital and METFORS are the only facilities with any kind of security. Large regions of the province, particularly Northern Ontario, have no secure facility for psychiatric assessment and treatment. This results in expensive delays in court proceedings, unnecessary hardship for individuals who are acutely mentally ill and costly transfers to the existing secure facilities.

9] Each new forensic unit should be closely affiliated with a university department of psychiatry to ensure high quality service and research and the recruitment of well-trained and highly competent staff.

10] Because of the size of Ontario, distance from some courts to assessment and treatment facilities is enormous. This results in long court delays and enormous expense to the province for transportation and longer involvement with the system. There is no secure assessment or treatment facility in Ontario north of Penetang. This results not only in the delays mentioned above, but in the removal of the prisoner from his family (creating problems in assessment and treatment). Regional units would reduce this problem, not only in the north but in all areas of the province, especially Central-Southern Ontario where the existing secure facilities are gathered.

11] An additional need that would be met by regional secure psychiatric facilities is to deal with the cultural and language problems of various parts of the province. Not only is the entire northern portion of the province peopled largely by Canadian Indians with a separate and distinct culture but the rest of Ontario has pockets of ethnic groups from French in the east to Slavs in the mining country near Sudbury. A regional centre in these areas should reflect these particular ethnic and language needs.

12] Staffing appears to be easier in psychiatric facilities in hospital settings than in correctional settings. Staff is also more likely to stay in a setting with a varied program of assessment and treatment and not simply one facet. An additional factor to consider in arranging regional secure psychiatric units would be the proximity of a university setting so the opportunity of teaching and peer interaction would be available.

- 13] The establishment of new psychiatric assessment and treatment units for individuals within the criminal justice system should be done with the co-operation of the individual psychiatrists actively engaged in forensic psychiatry in the region to be serviced by the new units.
- 14] A more complete picture of the present forensic services in the Brockville-Ottawa area is necessary to ensure appropriate expansion in this region.
- 15] The proposed medium security units should provide a treatment facility for the mentally ill within their regional correctional facilities and federal penitentiaries. It would be beneficial to arrange for a sharing of psychiatric staff with Corrections and to transfer part of their existing staff to the new units.
- 16] There are correctional facilities which do not have psychiatric consultation readily available on an ongoing basis. Psychiatric forensic units could provide regular consultation to local correctional institutions, expedite the treatment of the mentally ill offender, and reduce the inter-institution problems which presently exist. (The system in Hamilton with Dr. G. Mercereau and the Hamilton Psychiatric Hospital forensic unit is an example of a workable and productive system).
- 17] The establishment of a data base for psychiatric patients within the criminal justice system is essential to provide complete assessments for courts, and for expanding the behavioural sciences through research. A system could be developed with the

- co-operation of new and old forensic facilities and correctional institutions. One proposal was made to have a single card completed on each individual. Such a system would facilitate data collection.
- 18] There are very few psychiatrists with substantial speciality training in forensic psychiatry. In addition, there are very few psychiatric residents presently trained in Ontario, who have shown any interest in forensic psychiatry. This must be considered by any planning group in the staffing of new facilities and in providing funds for expanding forensic educational programs.
  - 19] A reasonable ratio of male to female beds for new forensic assessment units is 9:1, based on the sex ratio of the present caseload. This ratio would be reduced slightly (8:1) if some of the St. Thomas Psychiatric Hospital female population are to be assessed in the new medium security units.
  - 20] The Thunder Bay region had the highest number of 1977 charges/population of the proposed centres for new units. North Bay had the second highest ratio. Both of these regions had more than double the ratio for Ottawa-Carleton, which had the lowest. These ratios should be considered in establishing forensic assessment beds.
  - 21] The federal penitentiaries should provide data regarding the federal parole population presently requiring psychiatric services in Ontario and, if possible, co-operation obtained in sharing regional secure psychiatric units for treatment and assessment.

22] As shown in Appendix #6, court-ordered assessments in the established psychiatric centres and hospitals across Ontario have decreased between 1976 and 1977. Even the Penetang Mental Health Centre, Oak Ridges, had a reduction in assessments on remand from courts from 226 in 1976 to only 172 in 1977. Explanations given by various officials centered around lack of security in most centres and the unwillingness of courts to remand for assessment to a facility where none exists. The reduction can also be explained by the opening of METFORS in Toronto. It would appear that the courts clearly will not remand to a non-secure setting when it is possible to remand to a secure setting and a need has been proven for such units to be distributed more widely in Ontario. The Region #6 figures alone show a fall in assessments in the open-setting North Bay hospital from 75 in 1976 to 36 in 1977.

The evolution and growth of forensic psychiatric services is apparent from professional literature, reports and one's personal knowledge and experience.

Other indications of such growth can be demonstrated by the establishment of a section on forensic psychiatry in the Ontario Psychiatric Association in 1973, and in the Canadian Psychiatric Association in 1975. The American Academy of Psychiatry and Law, established in 1969, has grown from 7 original members to over 700.

We trust that this brief historical review of progress in recent years demonstrates the many and varied influences that affect forensic psychiatric programmes, and points to possible future policy decisions and programme development.

The remainder of this Report highlights the ways in which METFORS is providing clinical service to the courts, whilst fulfilling the educational and research obligations incumbent on both our mandate and on the responsibility of a forensic psychiatric service.

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BRIEF ASSESSMENT UNIT

F.A.S. JENSEN, M.B.B.S., D.P.H., D.PSYCH., M.R.C.PSYCH., F.R.C.P.(C)

DEPUTY DIRECTOR - CLINICAL

The Brief Assessment Unit provides rapid psychiatric assessments for the Courts. Most of these cases are pending bail hearings and are carried out within the permissible 3 day period of detention prior to the Court Hearing. A few cases may be referred as "outpatients" i.e., they may have been released to the community on bail and can attend our Unit for pretrial or presentence psychiatric assessments. All reports from METFORS are forwarded confidentially to the Presiding Judge, as we are not involved in private, defence assessments.

The assessment process itself is carried out in one day, usually over a period of some 6 hours between 9 a.m. and 3 p.m. The patients are brought to METFORS from the jail and will then return to jail the same evening together with the psychiatric reports which will be available to the judge when next they appear in Court. The advantages of examining the patients here in METFORS instead of the jails are manifold. Most importantly, we are able to provide a setting in which an intimate interrogation of a troubled person may be carried out. The validity of such assessments carried out under these conditions is greatly enhanced.

The assessment is a multidisciplinary one, involving psychiatrist, psychologist, social worker, psychiatric nurse and correctional

officer. It is based mainly on the interview supported by the results of some brief psychological testing, information from relatives and others, exploration of any mental health records in the city and behavioural observations during the period of the patient's visit with us. It should be pointed out that the patients' involvement in the process is quite voluntary and, when requisite, we obtain the necessary Release of Information from the patient. We attempt to contact the patient's lawyer and inform him about our assessment. Prior to his returning to jail, the patient is informed about the results of our assessment and the main points in our letters to the Court are discussed.

In the course of these assessments, it is possible to isolate those in need of emergency treatment and whose mental condition precludes their continued process through the judicial and correctional systems. These persons may be hospitalized immediately under the Mental Health Act. In those cases where we are unsure about the true mental state of the patient and we feel that further investigation is necessary to answer the questions that we are being asked by the court, we can request that the patient be remanded to our In-patient Unit for a period not exceeding 30 days.

Brief assessment under these conditions provides a unique teaching experience for mental health professionals. The goals of the assessment are sharply focussed and the expertise of the various disciplines

involved is exercised to a maximum in arriving at a psychodynamic formulation of the person and his present crisis situation and in making recommendations for problem-resolution within the context of the court process.

The procedures also lend themselves to fascinating research areas, such as the prediction of dangerousness, fitness to stand trial, criminal responsibility and the phenomenology of crime.

IN-PATIENT UNIT

R.J. MAHABIR

B.A., M.B., CH.B., D.P.M., C.R.C.P. (C), M.R.C. PSYCH., F.R.C.P. (C)

SENIOR PSYCHIATRIST-IN-CHARGE OF IN-PATIENT UNIT

The In-Patient Unit under the direction of Dr. R.J. Mahabir continues to provide reports to the Courts regarding patients referred to the unit.

During this year 224 patients have been assessed on the In-Patient Unit. Many have previously been seen on the Brief Assessment Unit and almost 50% need treatment in addition to being assessed. The issue of assessment plus or versus treatment continues to be a subject of discussion.

A significant move was the formation of the In-Patient Executive chaired by Dr. Mahabir with one member from each discipline. This small committee's first task was to formulate objectives summarized as follows:

1. Service Objectives:

The objectives of Service on the In-Patient Unit are as follows:

a] Medical and Nursing Care

To provide medical and nursing care for all patients in a safe environment within the policies and procedures of the Clarke Institute of Psychiatry.

b] Safety

To ensure the safety of staff and visitors on the In-Patient Unit.

c] Assessment

The In-Patient programme is primarily designed to facilitate the assessment process terminating in a comprehensive report to the referring Court.

d] Therapeutic Programmes

Are related to the medical, social, psychological and recreational needs of the patients within the context of the continuing assessment process.

2. Education Objectives:

It is the expectation that all staff at METFORS be actively involved in the on-going Educational Programmes at both the teaching and professional development level. These programs include:

In-Service Training  
Students and Volunteers under the aegis of METFORS disciplines  
Contacts with Community and Collateral Agencies

3. Research Objectives:

The objectives of the Research Programme are to initiate, develop and implement projects on the In-Patient Unit through staff participation on an individual or group basis in cooperation with the Research Scientist.

The In-Patient Executive Committee will examine problems, evaluate programmes and make recommendations to the In-Patient staff for implementation of new and expanded programmes and will advise the METFORS Advisory Committee accordingly.

Experience has shown that this committee performs useful functions including monitoring standards and progress on the unit.

The multi-disciplinary approach to assessment remains the fundamental approach and information gathered from all sources is incorporated in the final report sent to Court - these sources are psychologists, social workers, psychiatrists, recreational therapist, nursing and correctional officers.

This is the end point of an assessment and often in Court on the witness stand it becomes necessary to explain the process on the In-Patient Unit. The Courts have expressed appreciation of the amount of work put into an assesment noting especially that three times a day

on every patient, nursing notes are recorded. Medical staff are cognizant of the fact that these notes are extremely valuable and contribute enormously to mistake-free assessments.

One major area of frustration is the lack of follow-up facilities specifically selected for METFORS patients by selected METFORS staff. Several patients can benefit from such a programme especially after they have established meaningful relationships with members of staff. More staff and more space will be needed for such a programme.

Hopefully this can be implemented in the near future providing a sorely needed service to a group of people often left in limbo, and as a spin-off sustaining high morale among disciplines trained to treat sick people bearing in mind that a large number of people referred to us (almost 50%) are suffering and also have caused others to suffer.

PSYCHOLOGY

G. TURRALL, Ed.D., SENIOR PSYCHOLOGIST

During the past year psychology has continued in its participation and development of METFORS.

With our existing staff, the Clinical component of the Service has been the predominant activity. Psychology is involved on both the Brief Assessment Unit and Inpatient Unit. They function on the Brief Assessment Unit as a team member and resource person. After the initial team interview when questions regarding differential diagnosis or potential for dangerousness remain and immediate answers are deemed necessary, psychology's expertise is directed to administering and interpreting psychological tests. It has been demonstrated that the unique skills of an experienced psychologist can assist in the completion of 1-day court ordered assessments. Without this involvement, a larger percentage of suspected mentally disordered offenders would require protracted and expensive inpatient unit assessments.

Psychology's role and function on the inpatient unit is diverse and includes consulting with nursing staff on group dynamics to assuming primary responsibility for a few patients. Psychology's contribution on this unit is that of a clinician who is also a psychometric test specialist. When clinical impressions and interpreted test data are integrated into a psychological report, psychologists can offer opinions about fitness to stand trial, dangerousness and diagnosis. As a result of this involvement, psychologists are asked to attend significant trials. It is becoming more frequent that psychology is asked to comment upon the feasibility and type of treatment required for individual patients.

One psychologist recently appeared to testify on a Dangerous Offender application and presented testimony about the individuals diagnosis and treatment needs.

Research and Education are areas that psychology hopes to increase its involvement with this year. Although co-authors in many current research projects, individual psychologists hope to embark on their own respective research interests. Examples include: "cognitive mapping of persons charged with violent criminal acts" and "violence in the young adult".

One psychologist was cross-appointed to the University of Toronto at OISE this past year and efforts are being made to continue with this important affiliation with local universities.

The successful Post-Doctoral Fellowship of Dr. Glasberg has demonstrated that the conflicting demands for excellence in clinical work and our responsibility to train Forensic psychologists need not be compromised. In this coming year and within the existing budget, Psychology will train the second Post-Doctoral Fellow and third clinical psychology intern. It is hoped that the successful experiences of both types of students will lead to accreditation with the Board of Education and Training of the Ontario Psychological Association.

SOCIAL WORK

M. PENFOLD, M.S.W., CHIEF SOCIAL WORKER

Social work has continued to provide professional clinical service on the Brief Assessment Unit and Inpatient Unit throughout the year. The involvement of staff on these units is reflected in the social work statistics which appear elsewhere in this report.

Functioning as a team member on the Brief Assessment Unit, social workers bring a unique skill to the assessment process. Where contact with the family of the patient or community and health facilities is an important component to the team decision making process, the social worker assumes the responsibility of making these contacts (with the patient's consent) and evaluating the information obtained in relation to the patient. The time pressure of work on the Brief Assessment Unit (information must be obtained within a few hours) dictates that the social worker maintain an up-to-date knowledge of community facilities, programmes and alternatives to imprisonment. We feel that the social work staff make a valuable contribution on this unit and demonstrate daily their importance to this process.

Social work on the Inpatient Unit is an active and integral part of the assessment process. Family members, friends and community agencies are, with the patient's consent, contacted and/or seen in office interviews. The purpose of these interviews is four-fold: (1) to interpret the METFORS process to the family and/or community, (2) to collect and record relevant historical data, (3) to assess the support and assistance available to the patient through the family and community resources, and (4) to identify the realistic limitations of

these resources in relation to the patient. To adequately work with the family and community the social worker must spend considerable time with the patient both before and after the outside contacts.

In addition to direct service, social work staff are also involved in educational and research projects.

By presenting and attending presentations by other social workers, our staff maintain an active and close relationship with the Department of Social Work, Clarke Institute of Psychiatry, in the area of education. One of the social work staff is a lecturer/consultant on a regular basis at the Metropolitan Toronto Police College. In addition, the social workers frequently speak or are panel members at a variety of public and/or private agency functions.

Social work staff initiated a project on Domestic Violence in 1978. A second working paper on this study will be available shortly. One of the staff has also been active in a study of homicide in Toronto. The results of that study should soon be ready for publication. In addition the social workers participate in the wider studies being conducted at METFORS, e.g., the "dangerousness project". We would like very much to expand our involvement in education and research pursuits. Unfortunately the clinical demand on staff prohibits this at present.

## NURSING

L. HERMANSTYNE, B.Sc.N., HEAD NURSE

### INTRODUCTION

Every institution captures something of the time and interest of its members and provides something of a world for them; in brief, every institution has encompassing tendencies.

The total institutions of our society can be listed in three rough categories. First there are institutions established to care for persons felt to be both incapable and harmless. Second, there are places established to care for persons felt to be both incapable of looking after themselves and a threat to the community, albeit an unintended one. A third type of total institution (METFORS) is organized to protect the community against what are felt to be intentional dangers to it, with the welfare of the persons thus sequestered being the immediate issue, i.e., fitness to stand trial.

### ASSESSMENTS

The Brief Assessment Unit has provided assessments for referrals from within the Judicial District of York and beyond.

### INPATIENT SERVICES

The inpatient service has provided assessments for referrals from a number of areas across the province, also meeting the needs of the Judicial District of York.

Throughout the year the demand for assessments has increased. This demand has led to a careful screening of referrals, involving many discussions and consultations with Judges, Crown and Defence Attorneys by telephone.

PROGRAMME

The nursing staff's involvement in the assessment programme has essentially remained the same as it was in 1978-79. Nurses continue to be the primary innovators and operators of the patient milieu due to their constant twenty-four hour, Monday-to-Sunday presence on the unit.

PROGRAMME ACTIVITIES IN CONJUNCTION WITH ACTIVITY THERAPIST

Monday:	Patient Ward Meeting	900 - 1000
	Planning Meeting Team A - Dr. McDonald	1000 - 1130
	Dr. Mahabir	
	Patient Coffee & Activity	1000 - 1100
	Weights	1330 - 1400
	Music Therapy	1430 - 1530
	Gym	1600 - 1700
Tuesday:	Communication Group	900 - 1000
	Planning Meeting Team B - Dr. Byers	900 - 1000
	Dr. Jensen	
	Patient Coffee & Activity	1000 - 1100
	Social Planning Meeting	1100 - 1130
	Weights	1430 - 1500
	Gym	1600 - 1700
Wednesday:	Communication Group	900 - 1000
	Nursing Meeting	900 - 1000
	Patient Coffee	1000 - 1030
	Sexuality Group	1030 - 1130
	Staff Research & Education	1400 - 1530
	Gym	1600 - 1700
Thursday	Dr. Jensen's Group	915 - 1000
	Patient Coffee	1000 - 1030
	Dr. Jensen's Group	1030 - 1115
	Weights	1330 - 1400
	Films	1430 - 1600
	Gym	(Recreation Student) 1600 - 1700
Friday:	Communication Group	900 - 1000
	Coffee & Activity	1000 - 1030
	Orientation Group	1030 - 1130
	Special Event	1400 - 1600

CONTINUING EDUCATION

Ilene Lawson, R.N.	Counselling programme for the alcoholic and/or family George Brown College
Karen Beckett, R.N.	Forensics programme
Mary Bateman, R.N.	George Brown College
Norma Cohen, R.N.	George Brown College
Patti White, R.N.	George Brown College
Marnie Ronald, R.N.	George Brown College
Robert Russell, C.O.	Forensics programme
Bradley Walker, C.O.	George Brown College

LECTURES AND PRESENTATIONS

Kim Levey	Forensics programme
Lance Hermanstyre	George Brown College
Lance Hermanstyre	Forensic nursing Centennial college nursing students
Lance Hermanstyre	Co-ordinator of inpatient forensic in-service education
Sharon Montgomery (Activity Therapist)	Active therapy Students Centennial College

CROSS EDUCATIONAL APPOINTMENT TO METFORS AND GEORGE BROWN

Joan King	Clinical Co-ordinator Forensics programme George Brown
Kim Levey	METFORS - George Brown
Lance Hermanstyre	METFORS - George Brown

COMMITTEE/PROFESSIONAL ASSOCIATION

Lance Hermanstyne	Canadian Association for the Prevention of Crime
Karen Beckett	Audit committee, METFORS
Jane Pepper	Audit committee, METFORS
Lorraine MacDonald	Audit committee, C.I.P.
Lance Hermanstyne	Industrial Safety Committee C.I.P.

RESEARCH

Jane Pepper	Dangerousness project
Alex Rotholc	Arson
Patti White	M.M.P.I. Analysis Common factors in violent crimes

CLINICAL UPDATE

Kim Levey	Cardio Pulmonary Resuscitation
Jane Pepper	
Lynn Keefe	
David Finlay	
Sharon Montgomery	

SECURITY AWARENESS PROGRAMME

Kim Levey
Patti White
Anne Maher
Lance Hermanstyne
Jane Pepper

RECREATIONAL THERAPY

S. MONTGOMERY

The needs of the patients seen on the In-Patient Unit at METFORS are in the areas of social, physical and creative skill development. Accordingly, programmes have been developed by the recreational therapist to meet these needs:

WEIGHT TRAINING

The patients attend this programme three times a week for half-hour sessions. This provides the patients with the means of developing a sense of physical awareness, as well as providing staff with an assessment tool for observing the patients' ability to work with each other, follow a routine and follow instructions.

ARTS AND CRAFTS

The objectives of this programme are to:

- 1) Teach the patients new skills
- 2) Develop an understanding of the patient's capabilities
- 3) Provide a meaningful leisure activity

It is important that these programmes remain somewhat unstructured, as the needs, capabilities and interests of the patients change with new admissions.

Special Events

These activities are scheduled for every Friday afternoon at 1430 to 1600 hours, and include tournaments (ping pong, horseshoes), socials, sing songs, drama, discussions and table games.

The purpose of the special events is to provide for interaction between staff and patients, and to involve the patients in planning for their leisure activities. Additionally, this type of event is used for fund raising purposes, with the proceeds going towards prizes and for the Patient Ward Fund.

Special events are also scheduled for the holiday season each year, with the patients preparing and arranging food for luncheons or dinners, as well as organizing entertainment.

Music Therapy

Music is a mode that can reach all patients at some level. This programme is enjoyed by a most diversified group - patients at low and high levels of mental functioning. The types of music are varied, selected weekly according to patients' interests. The purpose is to stimulate awareness of mood and rhythm in music and to focus some discussion around the meaning of lyrics. Some assessment of patients' behaviour is possible by observing reactions and statements and preparing a written record of them.

Exercise Programme

This programme is led four times a week by the recreational therapist. Because of limited space, this programme is not able to meet the needs of all of the patients, with their varying ages and backgrounds. There is a serious recognized need for outdoor recreational facilities to be made available for the patients' use, and solutions to this problem are being discussed.

Movies

These are obtained from the National Film Board once weekly, and receive a positive response from the patients.

Students

We have been fortunate to have the services in the past year of one Recreational Therapy student from a community college. This arrangement proved to be quite successful in terms of providing additional input and attention for the patients, as well as a learning experience both for the student and the recreational therapist/supervisor. A second student was employed in this capacity during the summer months, and volunteers and students will continue to participate in the recreational therapy program throughout the coming year.

Conclusion

The objectives of the Recreational Therapy programme are to provide meaningful, stimulating activity opportunities for patients, as well as to facilitate staff interaction with and observation of the patients during these activities. This in turn allows staff to make significant contributions to the overall assessment process.

CONSULTATION TO THE MINISTRY OF CORRECTIONAL SERVICES

A.J.I. DACRE, M.B., M.R.C.(PSYCH.), D.P.M.

CONSULTANT PSYCHIATRIST

Dr. A.J. Dacre continued to serve as a link between the three Toronto jails and detention centres and METFORS, especially in relaying specific information about medication of patients seen at METFORS and returned to detention centres, thus ensuring continued care.

There was a real increase in the numbers of mentally disordered individuals in detention, and an increase in referrals from all centres in Toronto, necessitating extended consultation with other psychiatrists.

The Parole Board has continued to ask for psychiatric reports on certain inmates before deciding upon plans for the inmates' future. On occasion, this has included consultation with the Parole Board Regional Chairmen.

There has been an increase in consultation with Canada Employment and Immigration Commission in Toronto, advising on suitability of individuals to attend Adjudication Hearings for immigration purposes, for deportation by air and in medical escorts for repatriation.

Dr. Dacre has accompanied patients with serious mental illness who have been incarcerated to places as diverse as New Delhi, Hong Kong, London, England, Damascus, Haiti, U.S.A. and Portugal. He has taken advantage of this to discuss the workings of METFORS and the Ministry of Correctional Services with officials of other jurisdictions and to visit their institutions, for example Siu Lam Psychiatric Centre in Hong Kong. Arising out of his work, Dr. Dacre

was asked to speak at the XXVII International Conference of Aviation and Space Medicine in Montreal in September, 1980 on "The Carriage by Air of the Mentally Disordered".

Dr. Dacre has been involved in discussions within METFORS and the Ministry of Correctional Services over the increase in need for obtaining psychiatric placements for mentally unwell inmates in prison.

The Statistical Tables C1-C13 provided show the wide range of cases met within this special facet of Correctional Service. Over 20% of the patients seen for the first time were diagnosed as suffering from a psychosis. Inmates seen on subsequent occasions, or who had been seen before by Dr. Dacre in the previous three years were not recorded again.

It is interesting that 27% of inmates seen in Toronto were not Canadian, with over 7% being from the U.S.A. and 4% from Jamaica; the next countries being represented were Italy and Scotland in the population distribution.

With a slight attempt to decrease medication within the prison system generally, it should be noted that recommendations made and treatment given include a figure of about 30% for specific medications. On the whole this medication recommended consisted of "antidepressant/antianxiolytic medicine", and of two or three major tranquilizers.

A close relationship with the Chief Provincial Bailiff's Office was of benefit to individual inmates, as relocation was often speedily obtained after a telephone conversation, resulting in lessening of tension both in the patient and in the holding institution, and in improved circumstances for the rehabilitation of the individual. It is felt that this liaison is one of the most important aspects of the Consultant Psychiatrist's function.

METROPOLITAN TORONTO FORENSIC SERVICE  
FUND OF THE BOARD  
STATEMENT OF INCOME AND EXPENDITURE  
APRIL 1, 1979 - MARCH 31, 1980  
REVISED JUNE, 1980

BALANCE ON HAND, APRIL 1, 1979:	(C)	\$ 12,215.68
RECEIPTS:	(A)	13,064.00
DISBURSEMENTS:	(B)	9,682.68
BALANCE ON HAND, MARCH 31, 1980:	(D)	<u>15,597.00</u>

(A) RECEIPTS:

From governments, institutions and others for services performed by METFORS:	11,982.25
From interest received on deposit receipts (C.I.B.C.)	<u>1,081.75</u>
	<u>\$ 13,064.00</u>

(B) DISBURSEMENTS:

Conferences, conventions, seminars:	4,794.74
Educational courses - fees, textbooks, etc.	2,316.65
Luncheons, retreats, receptions	1,616.29
METFORS/CIP Lectures	<u>1,000.00</u>
	<u>\$ 9,682.68</u>

(C) BALANCE HELD AS:

Funds in bank	4,215.68
Deposit receipts - C.I.B.C.	<u>8,000.00</u>
	<u>\$ 12,215.68</u>

(D) BALANCE HELD AS:

Funds in bank	1,666.27
Deposit receipts - C.I.B.C.	<u>13,930.73</u>
	<u>\$ 15,597.00</u>

METROPOLITAN TORONTO FORENSIC SERVICE

STATEMENT OF INCOME AND EXPENSES

APRIL 1st, 1979 - MARCH 31st, 1980

AMENDED

BALANCE AS AT MARCH 31st, 1979: \$ 38,912.30

INCOME:

Ministry of the Attorney General:	\$ 1,527,500.00	
Retained by Ministry for transfer to Correctional Services:	68,149.73	
Less amount returned March, 1980:	<u>(50,000.00)</u>	\$ 1,545,649.73
SUB TOTAL:		<u>\$ 1,584,562.03</u>

EXPENSES:

Medical Salaries & Benefits	\$ 346,200.83	
Non Medical Salaries & Benefits	831,816.00	
Correctional Officers' Salaries & Benefits	107,167.92	
Queen Street Mental Health Centre	109,563.72	
Clarke Institute of Psychiatry	25,989.82	
Supplies, Expenses & Equipment	<u>85,021.09</u>	
SUB TOTAL:		<u>\$ 1,505,759.38</u>
BALANCE AS AT MARCH 31st, 1980:		<u>\$ 78,802.65</u>

APPENDIX A

STAFF LIST

AMARAL, Ms. Maria	Dietary Helper
ASTAPHAN, Mr. Dwyer	Psychiatric Assistant
BATEMAN, Ms. Mary	Registered Nurse
BECKETT, Mrs. Karen	Registered Nurse
BYERS, Dr. D.	Psychiatrist
CHIARAMIDA, Ms. Mary	Clerk Typist
CORLEY, Gaye	Registered Nurse
CRAWLEY, Elsie	Cleaner-Part Time
DACRE, Dr. John	Consultant Psychiatrist
DILLON, Mrs. Barbara	Registered Nurse
DOLMAN, Eileen	Registered Nurse
EBBITT, Mr. Barry	Correctional Officer
FERGUSON, Ms Michelle	Correctional Officer
FINLEY, Mr. David	Psychiatric Assistant
GLASBERG, Dr. Rhoda	Psychologist
HERMANSTYNE, Mr. Lance	Head Nurse
HWOSDECKYJ, Mr. Walter	Psychiatric Assistant
JACKSON, Ms Margaret	Research Assistant
JENSEN, Dr. F.A.S.	Deputy Director-Clinical
KEEFE, Ms Lynn	Registered Nurse
KOPPEN, Miss Inge	Secretary to Director
KORNELSON, Ms Yvonne	Secretary-In-patient Unit
LACROIX, Ms Janet	Dietary Helper
LEVEY, Ms Kimberley	Registered Nurse-Team Leader
LEWIS, Lystra	Clerk Typist/Reception
MacDONALD, John	Correctional Officer
McCLEARY, Dr. H.	Consultant- Obstetrics and Gynecology
McDONALD, Dr. Angus	Psychiatrist
McDONALD, Mr. Daniel	Housekeeper
McRAE, Ms Catherine	Registered Nurse
MAHABIR, Dr. R.J.	Psychiatrist-in-charge of In-patient Unit
MAHER, Ms Anne	Registered Nurse
MARTIN-SMITH, Dr. Paul	Consultant-General Practice
MENZIES, Mr. Robert	Research Assistant
MONTGOMERY, Ms Sharon	Recreational Therapist
MORROW, Ms Suzanne	Social Worker
MYLLYNEN, Mr. John	Correctional Officer
NEUMAN, Ms Suzanne	Administrative Secretary
NOONE, Dr. J.	Psychiatric Resident
OLLEY, Ms Vanessa	Intake/Medical Records Librarian/Librarian
PAVLIN, Dr. C.	Consultant-Ophthalmology
PENFOLD, Mrs. Mary	Chief Social Worker
PEPPER, Mrs. Jane	Registered Nurse-Team Leader

PHILLIPS, Mr. Michael	Deputy Director-Administration
PURINS, Mr. John	Psychology Intern
PUSZKARSKI, Dr. Walter	Consultant-General Practice
QUANCE, Ms Donna	Social Worker (part-time)
RONALD, Ms Margaret	Registered Nurse
ROSE, Mr. Robert	Psychiatric Assistant
RUSSELL, Mr. Robert	Correctional Officer
RYAN, Mr. Arthur (Art)	Psychiatric Assistant
SAYE, Ms Erin	Clerk Typist
SCIORTINO, Mr. Santo	Housekeeper
SEPEJAK, Ms Diana	Research Assistant
SHAUGHNESSY, Mr. Michael	Psychiatric Assistant
STAINTON, Mr. Daniel	Psychiatric Assistant-Part Time
SULLIVAN, Mr. Basil	Psychiatric Assistant
TECSON, Ms Virginia	Dietary Helper
THOMAS, Mrs. Janice	Secretary-Brief Assessment Unit
TURNER, Dr. R.E.	Psychiatrist-in-charge and Director
TURRALL, Dr. Graham	Senior Psychologist
WALLACE, Ms Morag	Correctional Officer
WALKER, Mr. Bradley	Correctional Officer
WEBER, Dr. M.B.	Consultant-Neurology
WEBSTER, Dr. Chris	Research Scientist
WHITE, Mr. James	Psychiatric Assistant
WHITE, Miss Patricia	Registered Nurse

APPENDIX B

METFORS  
 WORKING PAPERS  
 IN  
 FORENSIC PSYCHIATRY

- 1/ Penfold, M., Morrow, S., and Webster, C.D. A Semi-Structured Interview Approach to the Analysis of Severe Marital Discord (23 pgs).
- 2/ Webster, C.D., Turrall, G.T., and White, P. Health-Corrections Workers and Police Officers look at One Another: A Note on Role Conceptions (18 pgs).
- 3/ Webster, C.D., Butler, B.T., Jensen, F.A.S., and Turrall, G.M. Constructing Interview-Based Models for the Assessment and Prediction of Dangerous Behaviour: 1, Notes on the Dimensions of the Problem and Some Suggested Criteria against which New Systems might be Evaluated (16 pgs). (Supported by the Ontario Ministry of Health and the Department of Justice, Canada).
- 4/ Webster, C.D., Slomen, D., Butler, B.T., Jensen, F.A.S., and Turrall, G.M. Constructing Interview-Based Models for the Assessment and Prediction of Dangerous Behaviour: 2, Notes on Recording Interviews and a Discussion of Methodological Possibilities (41 pgs). (Supported by the Ontario Ministry of Health and the Department of Justice, Canada).
- 5/ Dacre, J., and Webster, C.D. Constructing Interview-Based Models for the Assessment and Prediction of Dangerous Behaviour: 3, Preliminary Attempt to Define and Test Categories of Dangerous Behaviour (10 pgs). (Supported by the Ontario Ministry of Health and the Department of Justice, Canada).
- 6/ Webster, C.D. (Ed.) Problems in the Prediction of Dangerousness: Notes from the 1978 'Violence and the Violent Individual Conference' (13 pgs). (Supported by the Department of Justice, Canada).
- 7/ Menzies, R.J., Webster, C.D., Butler, B.T., Jensen, F.A.S., and Turner, R.E. An Analysis of the Development and Process of the METFORS Brief Assessment Unit (132 pgs). (Supported by the Department of Justice, Canada).

- 8. Jackson, M.A., Webster, C.D., Butler, B.T., Jensen, F.A.S., Mahabir, R.J., and Turner, R.E.

The Effects of Psychiatric Recommendations upon Court Decisions: A Study of 188 Court-Remanded Assessments in Metropolitan Toronto (105 pgs).

(Supported by the Department of Justice, Canada).

- 9. Allgood, R., Butler, B.T., Byers, D., Chapeskie, T., Colling, T., Dacre, J., Hartman, I., Jensen, F.A.S., Keeling, K., Mahabir, R.J., Menzies, R.J., Penfold, M., Pepper, J., Slomen, D., Spirling, J., Turner, R.E., Turrall, G., Watkins, A., Webster, C.D.

The Assessment and Prediction of Dangerous Behaviour: Factors Affecting Decision Making in an Interdisciplinary Team (10 pgs).

(Supported by the Ontario Ministry of Health).

- 10. Webster, C.D., Butler, B.T., Turner, R.E., Jackson, M.A., and Menzies, R.J.

Psychiatric Assessment of Mentally Disordered Offenders in Canada. Vol. 1 (104 pgs).

(Supported by the Department of Justice, Canada).

- 11. Webster, C.D., Butler, B.T., Turner, R.E., Jackson, M.A., and Menzies, R.J.

Psychiatric Assessment of Mentally Disordered Offenders in Canada. Vol. 2 ( )

(Supported by the Department of Justice, Canada).

- 12. MacDonald, L. Anxiety in Front Line Staff in a New Forensic Psychiatric Inpatient Unit.

- 13. Turrall, G. The MMPI Profile and its Relation to Mental Disorder: Preliminary Study of Inter-Clinician Agreement.

- 14. Slomen, D., Webster, C.D., Butler, B.T., et al.

The Assessment of Dangerous Behaviour: Two New Scales.

- 15. Sepejak, D.S., Webster, C.D.

The Relationship Between Predictions of Dangerous Behaviour at Brief Assessment and Actual Incidents During Extended Inpatient Evaluations.

- 16. Sepejak, D.S., Webster, C.D.

The Relationship Between Predictions of Dangerous Behaviour Made During a Brief Assessment and the Presence of Dangerousness in Further Criminal Charges.

- 17. Sepejak, D.S. Predicting Dangerous Behaviour: A Review of the Literature.

- 18. Slomen, D., Webster, C.D., Dacre, J., Sepejak, D., Butler, B.T., Jensen, F.A.S., and Turrall, G.

Assessing Dangerous Behaviour by Means of Videotaped Interviews: Data on Inter-Rater Reliability Based on a New Comprehensive Scale.

- 19. Butler, B.T., Menzies, R.J., Turner, R.E., Webster, C.D.

The Outcome of Forensic Assessment: A Study of Remands in Six Canadian Cities.

- 20. Jackson, M.A. and Webster, C.D.

What the Judges Want: Outcome of METFORS Judicial Questionnaire

- 21. Dacre, A.J.I.

The Carriage of the Mentally Disordered

APPENDIX C

ARTICLES PUBLISHED AND IN PRESS

PUBLICATIONS

Jackson, M.A. Dangerousness: Law, Psychiatry, and the Ontogenetic Problem. Canadian Criminology Forum, 1979, 2 (1, Fall): 20-30.

Jackson, M.A., Osborne, J.A. and Wilde, K. Revenge or Rehabilitation? Punishment in a Rational Society. Canadian Criminology Forum, 1979, 1 (Spring): 58-60.

Jackson, M.A. Review of Mental Disorder and the Criminal Trial Process by Marc Schiffer. Canadian Criminology Forum, 1979, 1 (Spring): 57.

Menzies, R.J. Psychiatry and the Judicial Process: A Bibliography. University of Toronto, Centre of Criminology. Toronto: 1979.

Menzies, R.J., Webster, C.D. and Slomen, D.J. "Book Review - Predicting Dangerousness: The Social Construction of Psychiatric Reality (S.J. Pfohl) Canadian Criminology Forum 2, 1 (Fall, 1979): 58-59.

Webster, C.D., Menzies, R.J. and Slomen, D.J. More on Predicting Dangerousness, American Journal of Psychiatry, 139, 2 (February, 1980): 261-262.

Phillips, M.S. The Medical Administrator, A Publication of METFORS, Toronto, 1980.

Phillips, M.S. Disaster Plans and Emergency Procedures for Psychiatric Hospitals, A Publication of METFORS, Toronto, 1980.

Phillips, M.S. Historical Development of Forensic Psychiatric Services in Canada, A Publication of METFORS, Toronto, 1979.

Phillips, M.S. A Collection of Undergraduate Papers on West Indian Culture, A Publication of METFORS, Toronto, 1979.

Phillips, M.S. A Forensic Psychiatric Program for Nurses, Dimensions in Health Care, May, 1980.

Phillips, M.S. Hospital Security: A Joint Endeavour, International Association for Hospital Security Newsletter, March/April, 1980.

Turner, R.E. Chapter 39: LEGAL ISSUES in "Method of Psychiatry", University of Toronto, Lea & Febiger, 1978.

Turner, R.E. THE CRIMINAL JUSTICE SYSTEM AND MENTAL HEALTH SERVICES, 1978, for the Committee on Mental Health Services of Ontario for the Ontario Council of Health, co-author with Prof. J.W. Mohr.

Turner, R.E. Services Note THE DEVELOPMENT OF FORENSIC SERVICES IN TORONTO, Can. Journal of Criminology, 1979.

Turner, R.E. THE ETHICS OF PRE-ARRAIGNMENT PSYCHIATRIC EXAMINATION: ONE CANADIAN VIEWPOINT (with Butler, B.T.), Bulletin of the AAPL, Vol. VI, No. 4.

Turner, R.E. Legal Task Force. Part I: Civil Rights and the Mentally Ill. Part II: The Criminal Justice System and Mental Health Services. A Report to the Ontario Council of Health, 1979 (joint authorship).

Turner, R.E. Comments on The Limits of Psychiatric Authority by J. Robitscher, "LAW & PSYCHIATRY II", Proceedings of the Second International Symposium held at the Clarke Institute of Psychiatry, Toronto, February 1978, edited by D.N. Weisstub. Pergamon Press, 1979.

Konstantareas, M.M., Webster, C.D. and Oxman, J. Manual language acquisition and its influence on other areas of functioning in autistic and autistic-like children. Journal of Child Psychology and Psychiatry. 1979, 20, 1-14.

Webster, C.D., Menzies, R.J. and Slomen, D.J. Comment on Dangerousness. American Journal of Psychiatry, 1980, 137, 261-262.

IN PRESS

Glasberg, R. and Aboud, F. Children's Evaluative Reactions to Sadness: Implications for the Study of Emotional Experience, 1980.

Glasberg, R. and Aboud, F. Multi-Dimensional Scaling Approach to Children's Cognitive Organization of Emotional Constructs, 1980.

Glasberg, R. and Aboud, F. Keeping One's "Distance" from Sadness: Children's Self-Reports of Emotional Experience, 1980.

Webster, C.D., Jackson, M.A., Menzies, R.J., Butler, B.T. and Turner, R.E. "Forensic Psychiatric Assessment of the Mentally Disordered Offender: An Analysis of Systems, Procedures and Outcomes".

Jackson, M.A., Webster, C.D., Jensen, F.A.S. and Turner, R.E. "Judicial Questionnaire Survey," Toronto: Metropolitan Toronto Forensic Service. (METFORS Working Paper), 1980.

McDonald, A. Mushrooms and Madness: The Hallucinogenic Mushrooms. Canadian Psychiatric Association Journal, November, 1980.

McDonald, A. and Paitich, D. A Study of Homicide: The Validity of Predictive Test Factors. In final revision for Canadian Psychiatric Association Journal.

Menzies, R.J., Webster, C.D., Butler, B.T. and Turner, R.E. The Outcome of Forensic Psychiatric Assessment: A Study of Remands in Six Canadian Cities. Criminal Justice and Behaviour.

Phillips, M.S. The Medical Man as Administrator - Another Viewpoint, Canadian Doctor.

Phillips, M.S. Educating the MBA Executive: An Approach to Meeting the Needs. Canadian Business Magazine.

Turrall, G.M. Police and Mental Health Workers Take a Look at One Another, Journal of Police Science and Administration, July, 1980.

Turrall, G.M. Prediction of Dangerousness, requested by the Criminal Lawyers' Association - Newsletter.

Oxman, J., Webster, C.D. and Konstantareas, M.M. The representational and information-processing foundations of linguistic functioning in autistic children. In: Language and Cognitive Styles, W. von Raffler-Engel and R. St. Clair.

Webster, C.D., Konstantareas, M.M., Oxman, J., and Fruchter, D. Autism: A Review of the literature with particular emphasis on current treatment approaches. Child and Youth Services.

Webster, C.D., Turrall, G.M. and White, P. Health-Corrections workers and police officers look at one another: A note on role conceptions. Journal of Police Science and Administration.

Webster, C.D. Book Review: Caring for Troubled Children by James K. Whittaker. In: Child Care Quarterly, 1980.

Webster, C.D. Literature Note (Gorky). Journal of Autism and Developmental Disorders, 1980.

Webster, C.D. Experimental-clinical psychology. Canadian Psychological Review, 1980.

Webster, C.D., Konstantareas, M.M., Oxman, J. and Mack, J. Autism: New directions in research and education. Pergamon: New York.

Webster, C.D. Abnormal psychology. Chapter for Introductory Psychology Textbook. Edited by J.E. Grusec, G.C. Walters and R.S. Lockhard. St. Martin's Press.

APPENDIX D

SCHOLARLY ADDRESSES AND MEDIA INVOLVEMENT

D. BYERS:

Lecture: George Brown School of Nursing - "Psychopharmacology and Drug Use", 1979-80.

R. GLASBERG:

Menzies, R.J. and Glasberg, R. Variables Affecting the Referral of METFORS Brief Assessment Unit Patient to METFORS Inpatient Unit. To be given at Conference on Research in Forensic Psychiatry, Vancouver, 1980.

The Use of Sodium Amytal in Forensic Psychiatry Paper presented as part of METFORS Educational Series 1980.

M. JACKSON:

1979 "Assessments of Assessments: Evaluating the Impact of Forensic Psychiatric Opinion on Decisions of the Court," Canadian Psychological Association Annual Meeting, Quebec City, June 13-15.

1980 "Inpatient Assessment of Metropolitan Toronto Forensic Patients: A Study of Mentally Disordered Offenders Discharged From Four Services Over a Six-Month Period," Ontario Psychiatric Association Annual Meeting, January 24-26, Toronto.

1980 "Psychiatric Opinion and Consequences," Workshop on Research in Forensic Psychiatry, Vancouver, May 12-14.

1980 "Probation Success: Is It Necessary to Fulfill the Conditions?" Canadian Psychological Association Annual Meeting, Calgary, June 18-20.

F.A.S. JENSEN

April, 1979 - 9th - 11th - Metro Police Emergency Task Force Seminar - Guest Speaker  
24th - Medical Jurisprudence Lecture  
St. Michael's Hospital

May, 1979 - 22nd - Forensic Nursing Course - George Brown College - Confidentiality/Criminal Responsibility

F.A.S. JENSEN: (cont'd)

- July, 1979 - 27th - "Street Talk" T.V. programme. "Powers of the Police"
- September, 1979 - 12th - Woodsworth Course Comenced - Mental Abnormality and the Treatment of Offenders - weekly lectures
- 13th - METFORS Retreat - Seminar "Intent"
- October, 1979 - 1st - Forensic Nursing Course - George Brown College - Confidentiality/Criminal Responsibility
- 19th - Osgoode Hall Students (2nd & 3rd year) "Psychiatric Assessments for Courts"
- February, 1980 - 12th - Medical Jurisprudence Lecture St. Michael's Hospital
- March, 1980 - 3rd - Jarvis Collegiate - "The Career of Psychiatrist"
- 12th - 14th - Metro Police Emergency Task Force Guest Lecturer - "Classification of Mental Disorders"

A. McDONALD:

Course: University of Toronto, School of Continuing Studies, Modern Clinical Psychiatry, September-May, 1980.

R.J. MENZIES:

- September, 1979 "An Analysis of the Development and Process of the METFORS Brief Assessment Unit" University of Toronto, Department of Psychiatry Research Day.
- September, 1979 "The Outcome of Forensic Psychiatric Assessment: Epidemiological Data from Selected Canadian Cities". Annual Meeting of the Canadian Psychiatric Association. Vancouver, British Columbia.
- May, 1980 "Psychiatric and Legal Determinants of Fitness Assessments by Forensic Psychiatrists". Workshop on Research in Forensic Psychiatry. Vancouver, British Columbia.

M. PENFOLD:

Spoke to the staff of the Oakville Family Service Bureau on Domestic Violence.

Addressed the 2nd year students, University of Toronto, Faculty of Social Work on Psychopathology, Forensic Issues.

M. PENFOLD: (cont'd)

Appeared as a guest on the television programme, "Attack", to discuss Domestic Violence.

R.E. TURNER:

- a] Q.S.M.H.C. - Presentation of Forensic Work of Joseph Workman
- b] C.I.P./METFORS - Commentary on Paper by Dr. A. Weston - The Butler Report.
- c] Psychiatry Legal Issues certification } third year undergraduate  
incompetence } medical students.  
confidentiality }
- d] Lectures in Forensic Psychiatry  
Introduction: Historical Review: Law Reform;  
Current Issues - second year postgraduate students  
in psychiatry.
- e] Law & Psychiatry - Ethics - first year residents in psychiatry.
- f] George Brown College - Lectures in Forensics Course  
"Section 16, Criminal Code"  
Fitness  
Mental Health Legislation
- g] Durham District Health Council - Mental Health Legislation and Forensic Psychiatric Services
- h] Ontario Police College, Aylmer - Psychiatry & Law
- i] Visiting Lecturer - B.C. Forensic Psychiatric Services Commission
- j] Paper on "The Depressions" to Annual Meeting of the Justices of the Supreme Court of Ontario, Kempenfeldt Bay.
- k] Paper on Mental Health Legislation - Process of Change, at Annual Meeting, Section on Psychiatry, B.C. Medical Association, Vancouver.
- l] Panel on Mental Health Legislation, and  
Panel on Mental Health Problems - Charles O. Bick Police College
- m] Witness at a Discipline Committee Hearing
- n] Member of a Board of Inquiry - College of Physicians & Surgeons of Ontario.

G.M. TURRALL:

Ontario Psychiatric Association, January, 1980, "Assessing Dangerous Behaviour by Means of Videotaped Interviews: Data on Inter-Rater Reliability Based on a New Comprehensive Scale" (with D. Slomen, C. Webster and others).

Peel Memorial Hospital, June 1979: "Reorganization of Psychological Services in Community Hospitals".

METFORS - Correctional Officers Training Seminars: Psychological Assessment.

Employment and Immigration Canada: "Psychological Assessment of Individuals Unable to Maintain and Secure Employment", May, 1979.

Ontario Provincial Police - Ministry of Solicitor General: "Proposal to Incorporate Psychological Assessment and Screening of New Police Recruits", July, 1979.

C.D. WEBSTER:

(Department of Psychiatry, University of Toronto)

September 7th, 1979 (Research Day). C.D. Webster, B.T. Butler, R.E. Turner, R.J. Menzies. The Outcome of Forensic Psychiatric Assessment: Epidemiological Data from Selected Major Cities in Canada.

September 7th, 1979 (Research Day). R.J. Menzies, C.D. Webster, B.T. Butler, F.A.S. Jensen, R.E. Turner. The Analysis of the Development and Process of the METFORS Brief Assessment Unit, Toronto.

March 20th, 1980 (Research Day in Child Psychiatry). C.D. Webster. The Nature of Child Care Work: Semi-Structured Interviews with Sixty Randomly Selected Workers.

(Ontario Psychiatric Association)

January 25th, 1980. D. Slomen, C.D. Webster, J. Dacre, B.T. Butler, F.A.S. Jensen and G. Turrall. Assessing Dangerous Behaviour by Means of Videotaped Interviews: Data on Inter-Rater Reliability based on a New Comprehensive Scale. Toronto.

January 25th, 1980. M.A. Jackson, C.D. Webster, R. Glasberg, B.T. Butler, R.E. Turner and R.J. Mahabir. Inpatient Assessment of Metropolitan Toronto Forensic Psychiatric Patients: A Study of Mentally Disordered Offenders Discharged from Four Services over a Six Month Period. Toronto.

(Canadian Psychological Association)

June 15th, 1979. M.A. Jackson, C.D. Webster, B.T. Butler, F.A.S. Jensen, R.J. Mahabir and R.E. Turner. Assessment of Assessments: Evaluating the impact of forensic psychiatric opinion on decisions of the court.

C.D. WEBSTER: (cont'd)

(Canadian Psychiatric Association)

September 28th. R.J. Menzies, C.D. Webster, B.T. Butler, F.A.S. Jensen, and R.E. Turner. The Outcome of Forensic Psychiatric Assessment: Epidemiological Data from the Brief Assessment Unit at METFORS and from Selected Major Cities in Canada. Vancouver, B.C.

(Presentations within the Clarke Institute of Psychiatry)

December 5th, 1979. C.D. Webster. 'Measuring Dangerous Behaviour'. Juvenile and Family Court Clinic.

February 22nd, 1979. C.D. Webster. Child Care as an Emerging Discipline. Child and Family Study Centre.

March 21st, 1979. M. Penfold, S. Morrow, and C.D. Webster. The Assessment of Dangerous Behaviour in the Family Unit. Child and Family Study Centre.

APPENDIX E

EDUCATION AND RESEARCH ACTIVITIES

Paper

Jackson, M.A., Webster, C.D., Glasberg, R., Butler, B.T., Turner, R.E., Mahabir, R.J.: Inpatient Assessment of Metropolitan Toronto Forensic Psychiatric Patients: A Study of Mentally Disturbed Offenders Discharged from Four Services over a Six Month Period.

Ongoing Research Projects

The Treatment Process for Patients on Lieutenant Governor's Warrants (In collaboration with Dr. I. Wayne, Queen Street Mental Health Centre).

Psychotherapy Process Research - Measuring the Core Conflictual Relationship Theme in Psychotherapy. (In collaboration with Dr. E. Marziali, Clarke Institute of Psychiatry).

Courses Given

Undergraduate:

F.A.S. Jensen. WD213Y - Mental Abnormality and the Treatment of Offenders

C.D. Webster. Psychology 240S, Abnormal Psychology (half course)

Graduate:

C.D. Webster. Criminology 3170F, Psychological Theory and Practical Implications (half course).

Special Classes in Forensic Psychiatric Research

September 11th, 1979. C.D. Webster. Seminar for M.A. Students in Criminology, University of Toronto (given at METFORS).

September 13th, 1979. C.D. Webster. Lecture to Queen Street Mental Health Centre. 'METFORS after Two Years: Assessing Assessors from a Research Perspective'.

January 16th, 1980. C.D. Webster. Seminar for Residents in Psychiatry (given at the Clarke Institute of Psychiatry).

February 1, 1980. C.D. Webster. Seminar for Second Year Law Students, Osgoode Hall (given at METFORS).

Clarke/METFORS Lectures 1979-1980

"Mental Disorder and Criminal Responsibility"

(Organized by S. Hucker, C.D. Webster, M. Ben-Aron and J. Dacre)

1. "Psychiatry and Justice - Chimera or Reality?"  
by Dr. Jacques Quen, New York.  
Commentator: Professor B. Dickens,  
September 19, 1979, 6:30 p.m.
2. "Criminal Responsibility in Canada",  
by Mr. Justice G.A. Martin.  
Commentators: Judge E. Houston and Mr. Justice J.M. Ducros,  
Law Reform Commission of Canada,  
October 24, 1979, 6:30 p.m.
3. "Criminal Responsibility in the United Kingdom and the Butler Report on the Mentally Abnormal Offender",  
by Dr. W.A. Weston, Saskatchewan.  
Commentator: Professor R.E. Turner,  
November 7, 1979, 7:00 p.m.
4. "The Psychodynamics of Homicide and Criminal Responsibility"  
by Dr. E. Tanay, Detroit.  
Commentator: Dr. Basil Orchard,  
December 5, 1979, 7:00 p.m.
5. "Intoxication and the Capacity to Form Intent"  
by Mr. Alan Gold.  
Commentator: Dr. R.W. Hill,  
January 16, 1980, 7:00 p.m.
6. "Automatism: Clinical Entity and Psychiatric Defence"  
by Dr. R. Coulthard.  
Commentator: Professor Edwards,  
February 13, 1980, 7:00 p.m.
7. "The Disposition of the Criminally Insane"  
by Dr. Vernon Quinsey, Penetanguishene.  
Commentator: Professor Cyril Greenland,  
March 19, 1980, 7:00 p.m.

Social Work

(Ms. S. Morrow)

- 1] Organized and chaired the Sophie Boyd Memorial Lecture, sponsored by the Alumni Assoc-Faculty of Social Work, University of Toronto.
- 2] Attended a two week training programme at Smith College North Hampton, Mass., on family assessment July 1980.

(Mrs. M. Penfold)

- 1] Attended a Law & Psychology Conference, University of Chicago in October 1979.
- 2] Was on the organizing committee for a meeting of social workers in the forensic field in Ontario.
- 3] Organized and conducted a series of 8 seminars at 14 Division, Metropolitan Toronto Police from January to March 1980.
- 4] Has been acting as consultant and lecturer at the C.O. Bick Police College, Metropolitan Toronto Police since January 1980.
- 5] Was involved with a METFORS psychiatrist in a specialized training programme for the Metropolitan Toronto Police.

(The Social Work Staff)

- 1] Hosted a number of visits from forensic social workers from Canada, United States and Sweden.
- 2] Have provided consultation to a number of social workers and policing agencies on a variety of topics.
- 3] Continue to be involved in a number of research projects at METFORS, including the topics of domestic violence, homicide, and fitness to stand trial.

APPENDIX F

GRANTS

G.M. TURRALL

- 1] "Assessment and Prediction of Dangerousness" - Ontario Mental Health Project - Refunded - 1980-1981, \$38,000.
- 2] In Process: "Adolescent Murder in Canada: Legal and Psychological Consequences".
- 3] In Process: International Development Research Centre, "Investigation of Sri Lanka's Legislative Policies and its Effects upon the Delivery of Mental Health Services, Including the Mentally Disordered Offender".
- 4] In Process: "Legal Awareness of Individuals Psychiatrically Assessed through Brief Assessment at METFORS".

C.D. WEBSTER

- 1] Ontario Ministry of Health. The Assessment of Dangerous Behaviour: A Scheme for Classification and Obtaining Inter-Judge Reliability (with B.T. Butler, F.A.S. Jensen, and G. Turrall) \$36,654.00.
- 2] Law Foundation of Ontario. The Mentally Disordered Offender in Canada. 1979, \$5,000.00 (with B.T. Butler and R.E. Turner).
- 3] Laidlaw Foundation. A Chronographic Analysis of Conversations with Autistic Persons. July 1st, 1979. \$4,000.00 (with S. Feldstein and M.M. Konstantareas).
- 4] Clarke Institute of Psychiatry Research Fund. Problem Children Grow Up: A Follow-up Study Five to Ten Years After Discharge from Group Treatment. \$3,262.00 (with M.M. Konstantareas, L. Sloman and D. Hunter).

APPENDIX G

HONOURS

D.S. BYERS

Clinical lectures, University of Toronto

Passed part I exams of American Board of Psychiatry and Neurology

M.A. JACKSON

Book Review Editor, Canadian Criminology Forum, 1979 to present.

Reviewer for the Journal of Criminology.

F.A.S. JENSEN  
(Honours)

Promoted to Associate Professor of Psychiatry effective July 1st, 1980.  
President of Medical Staff, Clarke Institute of Psychiatry 1979-1980.

(Committees)

- Chairman, Credentials Committee, C.I.P.
- Member, Medical Records and Audit Committee, C.I.P.
- Member, Bye-laws Committee, C.I.P.
- Member of Associates Executive, C.I.P.
- Chairman, Expectations Committee
- Alternate Chairman, Committee on Ethics of Human Experimentation, U. of T.
- Chairman, METFORS Advisory Committee
- Chairman, METFORS Medical Records and Audit Committee

R.J. MENZIES

Associate Editor, Canadian Criminology Forum.  
(Centre of Criminology, University of Toronto).

S. MORROW

Elected Vice President of the Alumni-Faculty of Social Work,  
University of Toronto for 1979-80.

M.S. PHILLIPS

Chairman, Planning and Advisory Committee, course in Forensics  
George Brown College

Lecturer, Department of Psychiatry, University of Toronto

R.E. TURNER  
(Academic)

Professor of Forensic Psychiatry, University of Toronto.

R.E. TURNER

(Committees)

- a] Clarke Institute of Psychiatry - i) Medical Advisory Committee member  
ii) Chairman, Committee on Ethics of Human Experimentation
- b] METFORS - i) Member of Board
- c] Clinical Institute of Addiction Research Foundation i) Member of Board
- d] University of Toronto - i) Chairman, Office of Research Administration Committee on Ethics of Human Experimentation for Department of Psychiatry;  
ii) Chairman, Division of Forensic Psychiatry, Department of Psychiatry, Faculty of Medicine;  
iii) Subject Supervisor - Medical Jurisprudence III Year Undergraduates Medicine  
iv) Department of Psychiatry Executive  
v) Department of Psychiatry Promotions Committee  
vi) Course Organizer - Psychiatric Legal Issues, Family Practice Residents (with Dr. S. Hucker)
- e] Queen Street Mental Health Centre - Consultant Psychiatrist
- f] Ontario - i) Ontario Council of Health (to November 1979) Legal Task Force, Committee on Mental Health Services in Ontario  
ii) Member, Advisory Review Board
- g] Canada - Consultant in Psychiatry, Law Reform Commission of Canada.
- h] Other - i) President - Kenneth G. Gray Foundation  
ii) Canadian Psychiatric Association Member, Constitution Committee

- i] Provincial - i) Ontario Psychiatric Association, Chairman, Constitution Committee
- ii) Member, Council of Medico-Legal Society of Toronto.
- j] International - Chief of Ontario Team for World Health Organization Research Project on Statutory Management of Dangerousness.

G.M. TURRALL

(Academic Promotions)

University of Toronto at Ontario Institute For Studies in Education, Department of Applied Psychology, Instructor.

(Other Academic and Professional Awards)

Ontario Psychological Association, Section on Psychology in the Justice System, President Elect, February, 1980.

American Board of Professional Psychology - Candidate for Diplomate - Clinical Psychology.

(Committees)

Ministry of Community and Social Services Task Force: "Classification of Juvenile Offenders", July, 1978 - December, 1979.

Clarke Institute of Psychiatry - Psychology Executive Committee.

Clarke Institute of Psychiatry - Education and Training Committee for Psychology.

(Consultantships)

Employment and Immigration Canada - Diagnostic Consultant.

C.D. WEBSTER

(Academic Promotions and Appointments:)

Promotions, Department of Psychiatry, University of Toronto

C.D. Webster. From Assistant to Associate Professor (July 1st, 1979).

Appointments, Department of Psychology, University of Toronto

C.D. Webster. Instructor (July 1st, 1979 - August 31st, 1979)  
C.D. Webster. Professor (October 1st, 1979).

Appointments, Centre of Criminology, University of Toronto

C.D. Webster. Special Lecturer (and Member of the Graduate Faculty) (July 1st, 1979).

(Committee Appointments:)

Department of Psychiatry, University of Toronto

C.D. Webster. Member, Research Committee (elected).  
C.D. Webster. Member, Executive Committee of Research Committee (appointed).  
  
C.D. Webster. Member, Human Review Committee (appointed).  
C.D. Webster. Member, Academic Lectures Committee (appointed).

(Appointments to Funding Agencies)

Provincial

C.D. Webster. Member, Research Grants Committee, Ontario Mental Health Foundation (new appointment).

Canadian Government

C.D. Webster. Member, Sub-committee 47, Health and Welfare (continuing).

APPENDIX H

VISITORS TO METFORS

VISITORS	LOCATION
James S. Pavlin	Health Commission of N.S.W.
Dr. Harold Kalant	Dept. of Pharmacology, University of Toronto
Professor W.J. Curran	Harvard Medical School
Dr. Lane Porter	Harvard Medical School/Public Health
Sheila Latimer	Director of Nursing QSMHC
Dwight Whitson	Dept. of Justice, Ottawa
E. Ewachuck	Dept. of Justice, Ottawa
Dr. Sheckley	Solicitor General, Alberta
Mr. Nirza Hamcedullah	Former Chief Justice of India
Merlies Regenbrecht	Regional Psychiatric Center Saskatoon
Graham Zellick	University of London, England
Karen L. Scott	Forensic Services - Vancouver, British Columbia
Judge E.J. Houston	Law Reform Commission
Robert W. Beckman	Metro Toronto Police
William Dunlop	Mental Health Services, Alberta
Lee Spencer	Canadian Penetentiary Service
Professor W.J. Curran	Harvard Medical School, WHO Study
N. Bercusson	Harvard School of Public Health
Dr. Lane Porter	Harvard School of Public Health
Mr. Gilbert Sharpe	Ministry of Health
J. Dayton	H & W/Canada, Montreal Division

VISITORS	LOCATION
John Forester	Deputy Minister, Alberta
Richard Davies	Director of Public Health, Prince Edward Island.
Dr. Paul Roach	Director of Psychology, Centracare, Saint John, N.B.
Jeanne-Marie Hill	North Bay Psychiatric Hospital
Helene Eade	North Bay Psychiatric Hospital
L.H. McMahon	R.P.C.(0). Kingston, Ontario
Inspector John Reid	Metropolitan Toronto Police Force
Dr. J. Jeffries	President, Associates in Psychiatry, Clarke Institute of Psychiatry
Mrs. M. Saganski	Executive Secretary, Associates - Psychiatry, Clarke Institute of Psychiatry
Mr. J. St. Pierre	Department of Health, Fredericton, New Brunswick
Nora J. Earle, R.N.	Senior Nursing Consultant, Ministry of Correctional Services, Ontario
Edward Myers	Law Reform Commission of Canada
Dr. S.K. Littmann	Clinical Director, Clarke Institute of Psychiatry
Dr. W.A. Weston	Medical Director, Regional Psychiatric Centre, Saskatoon
Mrs. G. Weston	Saskatoon
Sydney Baird	Education Co-ordinator, Forensic Psychiatric Services Commission, B.C.
Mr. D.M. Robertson	Director of Administration, Forensic Psychiatric Services Commission, B.C.

<u>VISITORS</u>	<u>LOCATION</u>
Mr. Ben Jowett	Director of Finance, Ross Memorial Hospital
Mr. Jack Griffin	Canadian Mental Health Association
Ms. Linda Tod	Forensic Psychiatric Services Commission, Vancouver, B.C.
Mr. W. McKerrow	Mental Health Center Penetanguishene
Dr. E. Tanay	Clinical Professor of Psychiatry, Wayne State University, Detroit, Michigan
Superintendent R. Fleming	Metropolitan Toronto Police - 14 Division

METFORS RESEARCH

C.D. WEBSTER, Ph.D.

RESEARCH SCIENTIST

Major Projects

1. Forensic Psychiatric Assessment of the Mentally Disordered Offender: An Analysis of Systems, Procedures and Outcomes.

Investigators: C.D. Webster, B.T. Butler, R.E. Turner, M.A. Jackson, and R.J. Menzies.

We have now collected data from forensic psychiatrists concerning the outcome of Court-ordered evaluations. Some studies deal in detail with one forensic psychiatric assessment unit (METFORS) over an extended period (one year), others consider several psychiatric services (Penetanguishene, Clarke Institute of Psychiatry, and others), and one such study is based on information gained from several Canadian cities (Halifax, Calgary, Montreal, and others) over a short period (one month). Of particular interest are the kinds of opinions reached by psychiatrists and the extent to which those opinions are adopted by the Court. These data are now being reanalyzed and a monograph is being prepared. The monograph will provide a statistical description of the population remanded by the Courts for psychiatric evaluation and it will also describe the results of those assessments. Our general aim has been to employ epidemiological techniques in the

expectation that we might be able to improve the communication link between Court and clinic.

2. The Prediction of Dangerous Behaviour: Development of an Interview-Based Scale.

Investigators: C.D. Webster, D. Slomen, D. Sepejak, B.T. Butler, F.A.S. Jensen, and G.M. Turrall.

As a result of extended discussions with clinician colleagues, we have devised with them a 23-item scale for the evaluation of future dangerous behaviour. Non-involved raters have used this scale in observing some 200 interviews. Adequate reliability between coders has been obtained with 17 items. Similar ratings were also made by clinical staff. These data are now being analysed. Predictions will be tested against actual outcome in a follow-up study completed two years after assessment. The follow-up, both for the sample mentioned and for an additional 500 patients (for whom predictions were made but on a less specific basis), is being completed by means of a search of semi-public records (correctional, police, and health). The main object is to determine whether or not particular clinicians can identify readily individuals especially prone to engage in dangerous acts. Alternatively we would hope to find out whether or not clinicians as a group are better able to predict the future dangerous behaviour of some types of individuals than others.

3. The Prediction of Dangerous Behaviour: Analysis of Videotaped Psychiatric Assessments.

Investigators: C.D. Webster, D. Slomen, D. Sepejak, J. Dacre, B.T. Butler, F.A.S. Jensen and G.M. Turrall.

Nine videotapes were being made of interviews between a forensic psychiatrist and an individual who, pending Court, was being assessed as an inpatient at METFORS. These tapes were then viewed by non-involved raters using the scale mentioned in the previous project (as well as additional scales). Three pairs of raters were employed. One pair both saw and heard the tape, one pair saw but did not hear it, and the remaining pair heard but did not see it. The aim was to confirm previous findings regarding the measurement of inter-rater reliability and also to find out how much information coders require in order to be able to offer reliable judgments. These data, presented in preliminary form at the Annual Meeting of the Ontario Psychiatric Association, are now being analysed in detail.

Minor Projects

4. Mental Disorder and Criminal Responsibility.

Editors: S. Hucker, C.D. Webster, J. Dacre and M. Ben-Aron.

During the 1979-80 academic year we organized a series of lectures which were sponsored by the Clarke Institute of Psychiatry and METFORS. These lectures deal largely with the present state of the insanity defense in Canada, the United States and Great Britain. These lectures will eventually be edited for publication.

5. Serious Domestic Conflict: An attempt to Isolate Distinct Patterns of Engagement

Investigators: M. Penfold, S. Morrow, and C.D. Webster.

According to the hypothesis of the senior investigator there exist at least three distinct patterns of fighting within the family. Between some spouses there is a high sustained level of conflict usually with little or no physical harm ensuing. Between others there is a generally very low level but with occasional high peaks. These peaks, hard to predict, may leave serious consequences. Yet other couples begin their relationship with a relatively low level of fighting activity but gradually escalate the conflict over days, weeks or months. In an attempt to determine whether or not there is any general support for these notions, the investigators have used a semi-structured format to conduct separate interviews with 25 patients and their spouses. Data are now being analysed.

6. Problem Children Grow Older: A Follow-Up Study of Behaviourally and Emotionally Disordered Children After Seven Years.

Investigators: C.D. Webster, M.M. Konstantareas, L. Slomen, and D. Hunter.

We have isolated from our records some fifty former child patients who received therapy within a day-treatment programme at the Clarke Institute of Psychiatry. These children and their families will now be followed and, wherever possible, interviewed according to a semi-structured format. The investigators are particularly interested to determine the extent to which former patients have had contact with the police, courts and mental hospitals.

7. Characteristics of Mentally Disordered Offenders: Homicide versus Assault versus NonViolence.

Investigators: N. Ladha, C.D. Webster and P. White.

Records of former METFORS patients are being examined to determine whether or not three types of patients differ in terms of background characteristics, psychiatric classification, and general prognosis. Twenty subjects in each group will be matched according to age, sex, and other variables. The main aim is to determine whether or not particular profiles can be established for each of the three groups.

STATISTICAL SUPPLEMENT

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The data provided in these tables follow the format used in the Supplement to the 1977 and 1978 Reports. We give information about patient characteristics from those programmes: the Brief Assessment Unit; the In-patient Unit; and the Prison Psychiatric Consultation Service.

In the 1978 Report we noted that the burden of producing annual figures would be eased in the present year through use of the record-keeping system established through the Hospital Medical Records Institute. Although in 1979 we did in fact employ this service for use with our Brief Assessment Unit as well as with our In-patient Unit, it did in the end prove easier to extract by hand the data contained in the following tables. What we now hope is that we can, during 1980, arrange for the establishment of a more orderly and comprehensive data base through the enlarged computer facilities at the Clarke Institute of Psychiatry.

As was the case in the previous annual report, some explanation such as that given above is needed to account for the fact that we offer here only a one-month sample of the Brief Assessment Unit information. But, as is indicated in the 1978 Supplement, the actual data vary little month by month. In all, we saw in the Brief Assessment Unit 672 cases during 1979, a figure very close to that found in 1978 (734). Similarly we discharged from the In-patient Unit exactly the same number of cases in 1979 (224) as in 1978.

In 1980 we very much hope to attain funding for a research project on 'fitness to stand trial'. If we are successful in this venture it should mean that we shall be able to improve somewhat the kind of routine statistics reported here.

SAMPLE DATA (APRIL, 1979)  
ON PERSONS ASSESSED WITHIN BAU AT METFORS

TABLE A1

Courts Referring to METFORS for Brief Assessment  
during April, 1979<sup>1</sup>

Court	N	Percent
Old City Hall (Toronto)	26	42.27
East Mall (Etobicoke)	9	16.36
2222 Eglinton Ave. East (Scarborough)	3	5.45
5290 Yonge Street (Willowdale)	1	1.82
Other	2	3.64
Missing Data	14	25.45
<b>TOTAL</b>	<b>55</b>	<b>100.00</b>

TABLE A2

Marital Status of  
Persons Referred to METFORS  
during April, 1979

State	N	Percent
Single	39	70.91
Married	3	5.45
Separated	5	9.09
Divorced	6	10.91
Widowed	-	-
Common Law	1	1.82
Missing Data	1	1.82
<b>TOTAL</b>	<b>55</b>	<b>100.00</b>

TABLE A3

Distribution of Population  
Referred to METFORS  
during April, 1979 by Age and Sex

Age Bracket	Males		Females		Males and Females	
	N	Percent	N	Percent	N	Percent
16 - 19	6	13.33	1	10.00	7	12.73
20 - 24	10	22.22	2	20.00	12	21.82
25 - 29	9	20.00	2	20.00	11	20.00
30 - 34	7	15.56	2	20.00	9	16.36
35 - 39	6	13.33	2	20.00	8	14.55
40 - 44	7	15.56	-	-	7	12.73
45 - 49	-	-	1	10.00	1	1.82
50 - 54	-	-	-	-	-	-
55 - 59	-	-	-	-	-	-
60+	-	-	-	-	-	-
<b>TOTAL</b>	<b>45</b>	<b>100.00</b>	<b>10</b>	<b>100.00</b>	<b>55</b>	<b>100.00</b>

TABLE A4

Population Referred By Courts For  
Psychiatric Assessment During April, 1979  
By Country of Origin<sup>1</sup>

Country	N	Percent
Canada	32	58.18
U.S.A.	1	1.82
Iraq	1	1.82
England	1	1.82
Germany	2	3.64
Greece	2	3.64
Yugoslavia	1	1.82
Palestine	1	1.82
Holland	2	3.64
Sweden	1	1.82
Austria	1	1.82
Jamaica	1	1.82
Hungary	2	3.64
Macedonia	1	1.82
No Data	6	10.91
<b>TOTAL</b>	<b>55</b>	<b>100.00</b>

TABLE A5

Occupational Status of Persons  
Referred to B.A.U. at METFORS  
During April, 1979

Occupation Given	N	Percent
Student / Unemployed	1	1.82
Unemployed	17	30.91
Labourer / Unemployed	4	7.27
Labourer	1	1.82
Driver	1	1.82
Metal Paint Stripper	1	1.82
Mechanic	1	1.82
Welder	1	1.82
Electrician	1	1.82
Butcher	1	1.82
Painter	1	1.82
Student	1	1.82
Car Wash Attendant	1	1.82
Small Machine Operator	1	1.82
Painter / Unemployed	1	1.82
Chair Assembler	1	1.82
Welfare / Unemployed	6	10.91
Salvage / Unemployed	1	1.82
Gas Attendant	1	1.82
Part time (Manpower)	1	1.82
Photographer	1	1.82
Roofer	1	1.82
Carpet Cleaner	1	1.82
Farmhand / Unemployed	1	1.82
Disability Pension	1	1.82
Registered Nursing Assistant	1	1.82
Don't Know	5	9.09
<b>TOTAL</b>	<b>55</b>	<b>100.00</b>

TABLE A6

Nature of Charges faced by population receiving  
Brief Psychiatric Assessment at METFORS  
during April, 1979<sup>1</sup>

Charge	N	Percent
Assault and Bodily Harm	5	9.09
Weapons Dangerous	5	9.09
Arson	2	3.64
Mischief	7	12.73
Break and Enter	8	14.55
Assault Police	1	1.82
Theft Under	8	14.55
Indecent Assault	2	3.64
Attempted Murder	2	3.64
Wilful Non-Compliance	1	1.82
Wounding	2	3.64
Failure to Comply	1	1.82
Intimidation	1	1.82
Possession of Stolen Credit Cards	1	1.82
Failure to Appear	1	1.82
Attempted Theft Over	1	1.82
Theft Over	1	1.82
Uttering	1	1.82
Rape	1	1.82
Fraud Accommodation	1	1.82
2nd Degree Murder	1	1.82
Indecent Exposure	1	1.82
Unknown	1	1.82
TOTAL	55	100.00

1. Based on the most serious charge in cases where a person was facing multiple charges.

TABLE A7

Summary of Impressions formed by Social Work Staff  
During Brief Assessments at METFORS  
April, 1979<sup>1</sup>

	N	Percent
<u>Work</u>		
General Level of Functioning		
Unemployable	5	11.63
Unskilled	28	65.12
Semi Skilled / Skilled	4	9.30
Managerial / Professional	1	2.33
Uncertain	5	11.63
	<u>43</u>	<u>100.00</u>
Stability and Directedness of Work Patterns		
Very Unstable	22	51.16
Quite Unstable	4	9.30
Fairly Stable	8	18.60
Very Stable	3	6.98
Uncertain	6	13.95
	<u>43</u>	<u>100.00</u>
<u>Family / Social Relationships</u>		
Previous Family Background		
Poor	9	20.93
Fairly Poor	10	23.26
Fairly Good	4	9.30
Very Good	0	-
Uncertain	20	46.51
	<u>43</u>	<u>100.00</u>
Present Family / Social Situations		
Poor	18	41.86
Fairly Poor	15	34.88
Fairly Good	2	4.65
Very Good	1	2.33
Uncertain	7	16.28
	<u>43</u>	<u>100.00</u>
Quality of Social Contacts Outside Family		
Poor	17	39.53
Fairly Poor	7	16.28
Fairly Good	2	4.65
Very Good	0	-
Uncertain	17	39.53
	<u>43</u>	<u>100.00</u>

1. Not all BAU patients at METFORS can be assessed by a social worker. No data for 12 cases.

TABLE A8

Educational Level of Persons Referred to  
B.A.U. at METFORS during April, 1979<sup>1</sup>

Level	n	Percent
Less than Grade 8	14	25.45
Grades 9 - 10	21	38.18
Grades 11 - 12	12	21.82
Some University	-	-
Community College	-	-
University Graduation	-	-
Not Recorded	8	14.55
TOTAL	55	100.00

TABLE A9

Relationship between Smoking and Drinking  
according to Reports Given to Nursing Staff  
at METFORS (B.A.U.) during April, 1979  
(N = 43)<sup>1</sup>

		DRINKING			
		NON	LIGHT	MODERATE	HEAVY
S M O K I N G	NON	2 (3.64) <sup>2</sup>	1 (1.82)		1 (1.82)
	LIGHT	-	3 (5.45)	1 (1.82)	
	MODERATE	1 (1.82)	4 (7.27)	9 (16.36)	16 (29.09)
	HEAVY		-	1 (1.82)	4 (7.27)

\*1. Data incomplete on 12 cases.

\*2. Figures in brackets represent percentages.

TABLE A10

Estimate of Dangerousness of Persons  
Referred to METFORS for Psychiatric Assessment  
during April, 1979

Potential Object	N	Percent
THIS INDIVIDUAL:		
Is Dangerous	8	14.55
May Be Dangerous	44	80.00
Is Not Dangerous	3	5.45
TOTAL	55	100.00

METFORS Psychiatric Recommendations Regarding Persons Assessed  
for Fitness to Receive Bail, Stand Trial or Receive Sentence<sup>1</sup>  
during April, 1979 (N = 55)

	N	Percent	Total
Fit to be Granted Bail			
Not Mentally Disordered	0	-	-
Mentally Disordered	0	-	-
Not Fit to be Granted Bail			
Not Mentally Ill			
Mentally Ill	0	-	-
Fit to Stand Trial			
Not Mentally Disordered	24	43.64	
Not Mentally Ill: Further Analysis Needed	1	1.82	
Mentally Disordered	8	14.55	
Mentally Ill: Further Analysis Needed	2	3.64	
Mental Status Questionable	1	1.82	
Mental Status Questionable: Further Analysis Needed	0	-	
Mentally Defective	0	-	66.47
Not Fit to Stand Trial			
Not Mentally Ill	0	-	
Not Mentally Ill: Further Analysis Needed	0	-	
Mentally Ill	1	1.82	
Mentally Ill: Further Analysis Needed	5	9.09	
Mental Status Questionable	0	-	
Mental Status Questionable: Further Analysis Needed	0	-	
Mentally Defective	0	-	10.91
Fitness to Stand Trial Questionable			
Not Mentally Ill	0	-	
Not Mentally Ill: Further Analysis Needed	0	-	
Mentally Ill	1	1.82	
Mentally Ill: Further Analysis Needed	5	9.09	
Mental Status Questionable	0	-	
Mental Status Questionable: Further Analysis Needed	4	7.27	18.18
Fit to Receive Sentence			
Not Mentally Ill	2	3.64	
Mentally Ill	1	1.82	
Mentally Ill: Further Analysis Needed	0	-	5.46
Co-operation Refused	0	-	-
TOTAL	55		100.00

1. It is not always clear whether the judge wishes an opinion about a person's suitability for bail or his fitness to stand trial or recommendations on both issues. When in doubt we have considered the assessment to be mainly for fitness to stand trial.

Diagnostic Classifications Employed by METFORS Psychiatrists  
following Brief Assessments at Toronto Jail  
during April, 1979

Classification	n	Percent
<u>I. PSYCHOSES</u>		
291.9 Chronic Alcoholism	3	5.45
295.0 Simple Type	3	5.45
295.3 Paranoid Type	7	12.73
295.8 Chronic	4	7.27
295.9 Unspecified (Schizophrenia)	1	1.82
296.1 Manic Depressive Psychosis, Manic Type	2	3.64
<u>II. NEUROSES, PERSONALITY DISORDERS AND OTHER NON-PSYCHOTIC MENTAL DISORDERS</u>		
300.4 Reactive Depression	1	1.82
301.2 Schizoid Personality Disorder	1	1.82
301.6 Passive-Aggressive Personality Disorder	1	1.82
301.7 Anti-Social Personality Disorder	5	9.09
301.9 Unspecified Personality Disorder	3	5.45
303.0 Episodic Excessive Drinking	7	12.73
303.1 Habitual Excessive Drinking	5	9.09
304.0 Drug Dependence (Opium and Opium alkaloids)	1	1.82
304.9 Drug Dependence (Unspecified)	3	3.64
307.0 Transient Situational Disturbances	3	3.64
309.0 Organic Brain Syndrome	1	1.82
<u>III. MENTAL RETARDATION</u>		
311.0 Mild Mental Retardation	3	5.45
Not Mentally Disordered	1	1.82
TOTAL	55	100.00
<u>SUMMARY:</u>		
PSYCHOSES	20	36.36
NEUROSES etc.	31	56.36
MENTAL RETARDATION	3	5.45
NOT MENTALLY DISORDERED	1	1.82
	---	-----
	55	100.00

TABLE B1

Mode of Referral

Method of Referral	N	Percent
Warrant of Remand, Criminal Code	135	95.07
Form 1 (Mental Health Act)	2	1.41
Form 8 (Mental Health Act)	2	1.41
Warrant of Remand and Form 8	0	-
Other	3	2.11
No Data	69	-
Total	211*	100.00

\*Data Missing 13

TABLE B2

Marital Status of  
Persons Referred to METFORS  
during April 1, 1979 to March 31, 1980

State	N	Percent
Single	117	66.48
Married	24	13.64
Common Law	6	3.41
Separated	18	10.23
Divorced	9	5.11
Widowed	2	1.14
Unclear or No Data	35	-
TOTAL	211	100.00

TABLE B3

Distribution of Population Discharged  
from Inpatient Unit at METFORS  
between April, 1979 to March, 1980

Age Bracket	Males		Females		Males and Females	
	N	Percent	N	Percent	N	Percent
16 - 19	27	14.59	4	15.38	31	14.69
20 - 24	46	24.86	8	30.77	54	25.95
25 - 29	29	15.68	5	19.23	34	16.11
30 - 34	25	13.51	1	3.85	26	12.32
35 - 39	25	13.51	4	15.38	29	13.74
40 - 44	8	4.32	2	7.69	10	4.74
45 - 49	6	3.24	1	3.85	7	3.32
50 - 54	7	3.78	1	3.85	8	3.79
55 - 59	6	3.24	0	-	6	2.84
60+	6	3.24	0	-	6	2.84
No Data	0	0	0	-	0	-
TOTAL	185	100.00	26	100.00	211	*100.00

TABLE B4

Population Discharged from Inpatient Unit  
at METFORS between April, 1979 and March, 1980  
By Country of Origin

Country	N	Percent
Canada	134	63.51
Jamaica	10	4.74
England	10	4.74
USA	6	2.84
Italy	6	2.84
Greece	4	1.90
Trinidad	3	1.42
China	3	1.42
Poland	3	1.42
Czechoslovakia	2	0.95
Yugoslavia	2	0.95
India	2	0.95
Barbados	2	0.95
Portugal	2	0.95
Germany	2	0.95
St. Kitts	1	0.47
Israel	1	0.47
Lebanon	1	0.47
Scotland	1	0.47
Switzerland	1	0.47
Holland	1	0.47
Grenada	1	0.47
Philippines	1	0.47
Finland	1	0.47
Hungary	1	0.47
Denmark	1	0.47
No Data	9	4.27
Total	211 <sup>1</sup>	100.00

**CONTINUED**

**1 OF 2**

Nature of Charges Faced by Population Discharged  
from Inpatient Unit of METFORS  
between April, 1979 and March, 1980  
(Based on the Most Serious Charge)

Charge	N	Percent
Murder, 2nd Degree	4	1.90
Indecent Assault	11	5.21
Common Assault	8	3.79
Rape	5	2.37
Attempted Rape	1	0.47
Mischief	14	6.64
Petty Trespassing	2	0.95
Criminal Negligence	5	2.37
Robbery	7	3.32
Incest	1	0.47
Theft Over	4	1.90
Theft Under	5	2.37
Concealed Weapon	2	0.95
Pointing a Firearm	2	0.95
Failure to Comply	3	1.42
Use of Stolen Credit Cards	2	0.95
Possession Over	2	0.95
Cause Disturbance	5	2.37
Weapons Dangerous	18	8.53
False Pretences	1	0.47
Watch and Beset	1	0.47
Assault Causing Bodily Harm	15	7.12
Arson	12	5.68
Break and Enter Attempt	1	0.47
Indecent Act	2	0.95
Break and Enter	21	9.95
Breach of Recognizance	1	0.47
Attempted Theft Over	2	0.95
Attempted Theft Under	2	0.95
Contributing to Juvenile Delinquency	1	0.47
Failure to Appear	2	0.95
Making Explosives	1	0.47
Auto Theft	3	1.42

TABLE B5 con't

Nature of Charges Faced by Population Discharged  
from Inpatient Unit of METFORS  
between April, 1979 and March, 1980

Charge	N	Percent
Breach of Undertaking	2	0.95
Attempt to Escape Custody	1	0.47
False Message	1	0.47
Attempted Murder	8	3.79
Dangerous Driving	3	1.42
Assault Police Officer	2	0.95
Indecent Exposure	1	0.47
Threatening	3	1.42
Sex With a Minor	1	0.47
Fraud	4	1.90
Attempted Fraud	1	0.47
Forgery	2	0.95
False Statement	1	0.47
Possession of a Prohibited Weapon	1	0.47
Loitering	1	0.47
Wounding	4	1.90
Intimidation	1	0.47
Cruelty to Animals	1	0.47
Illegal Possession of Drugs	2	0.95
Carnal Knowledge	1	0.47
Assault with Intent	1	0.47
No Data	3	1.42
<hr/>		
Total	211*	100.00

\*Note: Data missing for 13 cases.

TABLE B6

Procedures Employed and Treatments Given to Patients  
Discharged from the Inpatient Unit at METFORS  
between April, 1979 and March, 1980

Procedure/Treatment	N	Percent
Drugs Prescribed	148	70.14
E.E.G. Given	120	56.87
Special Consultation Regarding		
Current Assessment (e.g. Neurology)	36	17.06
Special Consultation Unrelated to Current Assessment	27	12.08
Psychological Consultation	166	78.67
Social Work Interviews with or on Behalf of Patients	1500	
<b>TOTAL PATIENTS</b>	<b>211</b>	

TABLE B7

METFORS Psychiatric Recommendations Regarding Persons  
Discharged from the Inpatient Unit at METFORS  
between April, 1979 and March, 1980

	N	Percent
Fit to Stand Trial		
Not Mentally Ill	85	40.28
Mentally Ill	86	40.76
Mentally Ill Unclear	2	0.95
Not Fit to Stand Trial		
Not mentally Ill	0	-
Mentally Ill	22	10.43
Fitness to Stand Trial Questionable		
Not Mentally Ill	0	-
Mentally Ill	2	0.95
Mentally Ill Unclear	1	
Fit to Receive Sentence		
Not Mentally Ill	9	4.27
Mentally Ill	4	1.90
Mentally Ill - No Further Information	0	-
<b>TOTAL</b>	<b>211*</b>	<b>100.00</b>

TABLE B8

Estimate of Dangerousness of Persons  
Discharged from Inpatient Unit at METFORS  
between April, 1979 and March, 1980

Potential Object	N	Percent
Self Only	11	5.21
Others Only	63	29.85
Both Self and Others	22	10.43
Uncertain to Self,		
Dangerous to Others	0	-
Uncertain to Others	1	0.47
Uncertain to		
Self and Others	3	1.42
Not Dangerous	103	51.18
No Data	3	1.42
<b>TOTAL</b>	<b>211*</b>	<b>100.00</b>

TABLE B9

Excessive Use of Alcohol and Drugs by Persons Discharged from Inpatient Unit at METFORS between April, 1979 and March, 1980

Substance	N	Percent
<u>Opinion Certain</u>		
Alcohol	49	23.22
Drugs	10	4.74
Alcohol and Drugs	39	18.48
<u>Opinion Uncertain</u>		
Alcohol	5	2.37
Drugs	4	1.90
Alcohol and Drugs	24	11.37
<u>Apparent Normal Use</u>	80	37.91
TOTAL	211	100.00

TABLE B10

Prognosis for Persons Discharged from METFORS Inpatient Unit between, April, 1979 and March, 1980

Rating	N	Percent
Excellent	3	1.42
Good	44	20.85
Fair	98	46.45
Poor	65	30.81
Not Given	1	0.47
TOTAL	211*	100.00

TABLE B11

Diagnostic Classifications Employed by METFORS Psychiatrists at Discharge from Inpatient Unit at METFORS between April, 1979 and March, 1980

Classification	N	Percent
Psychoses	97	45.97
Neuroses, Personality Disorder and Other Non-Psychotic Disorders	101	47.87
Mental Retardation	7	3.32
Mental Retardation + Neuroses	1	0.47
Other	0	-
No Mental Illness	2	0.95
No Data	3	1.42
TOTAL	211	100.00

SUMMARY DATA ON  
PSYCHIATRIC ASSESSMENTS COMPLETED  
AT REQUEST OF METROPOLITAN TORONTO JAILS  
DURING APRIL, 1979 TO MARCH, 1980

TABLE CP1

Number of Cases Seen

Centre	Number	Percent of Total
Toronto Jail	21	7.27
East Detention	100	34.60
West Detention	168	58.13
METFORS	0	0.00
Total	289	100.00

TABLE CP2

Marital Status of  
Persons Referred by Jail for Psychiatric  
Assessment during April, 1979 to March, 1980<sup>1</sup>

State	N	Percent
Single	202	69.90
Married	26	9.00
Common Law	18	6.23
Separated	24	8.30
Divorced	14	4.84
Widowed	4	1.38
Don't Know	1	.35
TOTAL	289	100.00

TABLE C3

Distribution of Population  
Referred by Jails for Psychiatric Assessment  
during April, 1979 to March, 1980  
by Age and Sex

Age Bracket	Males	Females	Males and Females	
	N	N	N	Percent
16 - 19	45	7	52	17.99
20 - 24	64	16	80	27.68
25 - 29	59	4	63	21.80
30 - 34	36	4	40	13.84
35 - 39	18	4	22	7.61
40 - 44	13	2	15	5.19
45 - 49	3	1	4	1.38
50 - 54	5	1	6	2.08
55 - 59	2	3	5	1.73
60+	2	0	2	.69
No Data	0	0	0	0
TOTAL	247	42	289	100.00

TABLE C4

Population Referred By Jails For  
Psychiatric Assessment During April, 1979  
to March, 1980 By Country of Origin

Country	N	Percent
Canada	212	73.36
England	1	.35
U.S.A.	22	7.61
China	1	.35
Jamaica	12	4.15
St. Kitts	1	.35
Guyana	2	.69
Scotland	5	1.73
Portugal	2	.69
USSR	1	.35
Philippines	1	.35
Greece	3	1.04
Korea	1	.35
Switzerland	2	.69
Yugoslavia	2	.69
W. Germany	1	.35
Italy	5	1.73
Trinidad	3	1.04
Czechoslovakia	2	.69
Haiti	2	.69
Belgium	1	.35
UK	1	.35
India	2	.69
Syria	1	.35
Venezuela	1	.35
Columbia	1	.35
Grenada	1	.35
<b>TOTAL</b>	<b>289</b>	<b>100.00</b>

TABLE C5

Previous History of Persons  
Referred By Jail For Psychiatric Assessment  
During April, 1979 to March, 1980

Type of Experience	N	Percent
No Previous Psychiat. Exper., Charges, Probat., or Time in Prison	25	8.65
Outpatient Psychiatric Experience	3	1.04
Inpatient Psychiatric Experience	5	1.73
Outpatient and Inpatient Psychiatric Experience	19	6.57
Previous Charges	1	.35
Previous Charges & Probation	10	3.46
Previous Charges & Time	11	3.81
Previous Charges, Probation & Time	32	11.07
Previous Charges, Probation, Time & Inpatient	21	7.27
Previous Charges, Outpat. & Inpat. Psychiatric	6	2.08
Previous Charges, Time & Inpatient	6	2.08
Previous Charges, Probation & Inpatient	3	1.04
Previous Charges, Probation, Time & Outpatient	15	5.19
Previous Charges, Time, Outpatient & Inpatient	6	2.08
Previous Charges, Probat., Time, Outpat. & Inpat.	73	25.26
Previous Charges, Probation & Outpatient	2	0.69
Previous Charges, Probation, Outpat. & Inpat.	18	6.23
Previous Charges, Time and Outpatient	0	0
Previous Charges and Inpatient	0	0
Unclear	33	11.42
<b>TOTAL</b>	<b>289</b>	<b>100.00</b>

1. Includes one where inpatient and outpatient psychiatric is unclear.





TABLE C9

Pattern of Alcohol and Drug Use  
Among Persons Referred for Psychiatric Evaluation  
by the Metropolitan Jails  
During April, 1979 to March, 1980

Substance	N	Percentage
Alcohol		
Chronic Use	44	15.22
Episodic Use	17	5.88
Unclear	2	0.69
Drugs		
Chronic Use	23	7.96
Episodic Use	8	2.77
Alcohol and Drugs		
Chronic Alcohol/Episodic Drugs	5	1.73
Chronic Alcohol/Chronic Drugs	34	11.76
Episodic Alcohol/Episodic Drugs	10	3.46
Episodic Alcohol/Chronic Drugs	7	2.42
No Apparent Misuse	107	37.02
Unclear	31	10.73
No Data	1	0.35
TOTAL	289	100.00

TABLE C10

Drugs Requested by and Prescribed for  
Persons Assessed by Psychiatrist at  
Metropolitan Toronto Jails  
During April, 1979 to March, 1980

Drugs	N	Percent
Not Requested / Not Prescribed	173	59.86
Not Requested / Prescribed	44	15.22
Requested / Not Prescribed	16	5.54
Requested / Prescribed	50	17.30
Unknown / Uncertain / No Data	6	2.08
TOTAL	289	100.00

TABLE C11

General Categories of Psychiatric Disturbance  
Applied to Prisoners seen by Psychiatric Consultant  
During April, 1979 to March, 1980<sup>1</sup>

Classification	Number of Cases	Percentage
Psychoses Only	58	20.07
Neuroses Only	45	15.57
Personality Disorder Only	84	29.07
Retardation Only	3	1.04
Psychoses <u>and</u> Personality Disorder	2	0.69
Neuroses <u>and</u> Personality Disorder	20	6.92
Neuroses <u>and</u> Retardation	2	0.69
Personality Disorder <u>and</u> Retardation	4	1.38
Psychoses <u>and</u> Neuroses <u>and</u> Personality Disorder	0	0
Neuroses <u>and</u> Psychoses	0	0
Neuroses <u>and</u> Personality Disorder <u>and</u> Retardation	1	0.35
None of the Above	66	22.84
Unclear	4	1.38
TOTAL	289	100.00

1. In many instances, persons will be classified as abusers of alcohol or drugs. (Table C12)

TABLE C12

Diagnostic Classification Employed By  
Consultant Psychiatrist Following Assessments  
in Metropolitan Toronto Jails  
During April, 1979 to March, 1980

Classification	Number of Cases	Percent
Psychoses	63	21.80
Neuroses, Personality Disorder and Other Non-Psychotic Mental Disorders	177	61.25
Mental Retardation	3	1.04
Other	46	15.92
TOTAL	289	100.00

TABLE C13

Recommendations Made and Treatments Given  
By Consulting Psychiatrist  
During April, 1979 to March, 1980<sup>1</sup>

Recommendation	N	Percent
Counselled	76	26.30
Observation	56	19.38
Medication	39	13.49
Relocate	20	6.92
Observation and Counselled	6	2.08
Medication and Observation	9	3.11
Observation and Deportation	4	1.38
Deportation	10	3.46
Observation and Segregation	3	1.04
Observation and Relocate	4	1.38
Observation and Report to OBP	1	0.35
Counselled and Report to OBP	2	0.69
Counselled and Medication	14	4.84
Medication and Deportation	1	0.35
Parole	2	0.69
Counselled and Parole	1	0.35
Sent to Court	3	1.04
Report to OBP	4	1.38
Strict Supervision	1	0.35
METFORS	7	2.42
Certified, Relocate or Deport	1	0.35
Observe and Send to Court	1	0.35
Medication and Relocate	1	0.35
Medication and Segregation	1	0.35
Medication, Counselled and Relocate	1	0.35
Medication and Placement	5	1.73
Placement	12	4.15
Counselled and Placement	3	1.04
Assessment by Mixed Team for Court	1	0.35
TOTAL	289	100.00

1. In many cases there were more than one recommendation made or treatment given (e.g., medication and counselling). We have listed here only the major procedure.

**END**