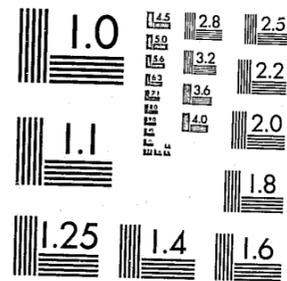


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National Institute of Justice
United States Department of Justice
Washington, D. C. 20531

1/03/83

Fifth Annual Report

1981

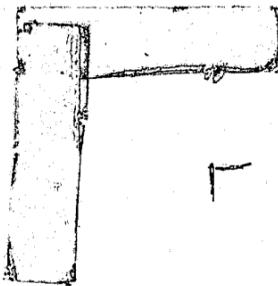
and Statistical Supplement

Metropolitan Toronto Forensic Service

85735



Clarke Institute Of Psychiatry



NCJRS

SEP 7 1982

ACQUISITIONS

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U.S. Department of Justice
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METFORS

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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
1001 queen street west, toronto, M6J 1H4 535-8501

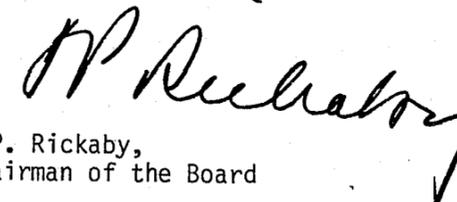
July 23, 1982

The Honourable R. Roy McMurtry, Q.C.
Attorney General
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 fourth Annual Report of the Metropolitan Toronto Forensic Service (METFORS) for the period April 1st, 1981 to March 31st, 1982.

Yours very truly,



J.P. Rickaby,
Chairman of the Board

/es

METROPOLITAN TORONTO FORENSIC SERVICE

BOARD OF DIRECTORS

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

DR. P. HUMPHRIES
SENIOR MEDICAL CONSULTANT
INSTITUTIONAL PROGRAM SUPPORT SERVICES
MINISTRY OF CORRECTIONAL SERVICES

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

Mr. M.S. PHILLIPS
SECRETARY
DEPUTY DIRECTOR - ADMINISTRATION
METFORS

Mr. J. WILSON
ACTING DIRECTOR
PSYCHIATRIC HOSPITALS BRANCH
MINISTRY OF HEALTH

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

FOREWORD

Five years is not a long time in the life of an institution and a retrospective reckoning after so short a period is still clearly premature. Yet when Dr. Turner invited me to contribute the Foreword for this fifth annual report of the Metropolitan Toronto Forensic Service, I found it hard not to review the activities of the past half decade, especially in the light of the issues that seemed important during the year that preceded its founding in the summer of 1977. As Chairman of the University of Toronto Department of Psychiatry and Director of the Clarke Institute, I became heavily involved in the examination of these issues.

It had long been clear to the Ministry of the Attorney-General that an expansion of forensic psychiatry services was required in Metropolitan Toronto. The University-affiliated units at the Clarke Institute of Psychiatry and Queen Street Mental Health Centre were over extended, to the point where the staff had difficulty in discharging their academic responsibilities because of the heavy pressure of service demands. Nevertheless long delays were experienced in obtaining psychiatric assessments of persons whose fitness to stand trial or suitability for release on bail order was in question. The need for speedy resolution of the issues of custody and trial for accused citizens is universally accepted and undue delay could not continue to be tolerated.

Lengthy discussions among the Ministries of the Attorney General, Corrections and Health as well as the Clarke Institute of Psychiatry and the University of Toronto Faculty of Medicine clarified the desirability of establishing a separate, specialized facility designed to provide rapid forensic assessment and treatment services. The Clarke Institute of Psychiatry agreed to make available the experience of its forensic psychiatrists and to assist in recruiting suitable professional staff in a field where well trained staff are in brisk demand. The Ministry of Health was able to provide splendid quarters in one of the new towers at Queen Street Mental Health Centre. The University Department of Psychiatry supported these moves, facilitated collaborative relationships with the other forensic units and psychiatric services in its teaching network, arranged for suitable academic appointments for professional staff to be hired by METFORS, and agreed to assign trainees to the unit. (The opportunity to participate in teaching graduate and post-graduate students and in the University sponsored research programs is a powerful attraction to professional staff). The Ministry of the Attorney General agreed to provide funding at a level that would permit recruiting of personnel of university calibre, and particularly, the appointment of Dr. Turner as Professor of Forensic Psychiatry.

That these arrangements were concluded in a manner satisfactory to all parties is a testament to the consensus regarding the need and the willingness of all concerned to try to meet it. Nonetheless, a number of important concerns were strenuously debated within the

Clarke Institute and the University department. Apart from administrative and budgetary concerns, which no doubt also preoccupied the other partners in the enterprise, the academic institutions wrestled with two major issues.

The first related to the role of the University vis-a-vis the provision of routine consultative and treatment services. The acknowledged roles of a university clinical department are to teach and to add to the store of available knowledge, including clinical innovation and the evaluation of new methods, techniques, etc. University clinical departments seek affiliation with community service facilities to the extent that they can provide exemplary models of service for teaching purposes. The questions arose; should a Professor of Forensic Psychiatry be located in a government-owned unit with heavy responsibility to the Courts for routine service? Would there be the opportunity for innovation and for the evaluation of services provided so that contributions might be made to the professional literature, thereby assuring that the experience gained would be transmitted widely? Would there be an opportunity for original research?

The second concern was a broader philosophical one. Should the university become party to a partnership with the state in the course of its administration of justice. A close working relationship with the Attorney-General and the Crown Attorneys was an inevitable (and

planned) outcome of the establishment of METFORS. In our time there are chilling examples elsewhere in the world of psychiatry, as captive agent of the state, used as a tool to ensure obedience and conformity of individuals to society. Although, of course, no correspondence whatsoever was alleged (or even imagined) between the purposes and methods of the Attorney General of Ontario and his counterparts in these other parts of the world, the propriety of a university-state prosecutor partnership was seriously considered.

With respect to both concerns the experience of five years has been most reassuring. METFORS has not only provided appreciated service to the courts, crown and defence attorneys, the jails and the correctional system, thereby addressing its social obligation; it has also attended to its academic mission in providing high quality teaching and undertaking valuable research in a field badly in need of it. The scholarly contributions provided by its staff during these first few years give promise of even more significant work to come.

The second concern was always more theoretical than practical. None of us doubted that the staff assembled by Dr. Turner would first and foremost obey their primary obligation as health professionals to the persons who become their patients, even when it is clear that there is also the obligation to report accurately and fully about their status to the courts. Similarly, none of us believed that the

officials of the state would place pressure on health professionals of the sort that would put them in conflict with their consciences or their professional obligations.

The issue was and remains a theoretical one that nevertheless calls for ongoing vigilance. However, the first five years have set a precedent of professional autonomy for METFORS that is reassuring.

It is to be hoped that the tradition of diligent service, high academic objectives and respect for the welfare and rights of patients established during the first five years will have firmly set METFORS's course for the future.

FIFTH ANNUAL REPORT
METROPOLITAN TORONTO FORENSIC SERVICE
CLARKE INSTITUTE OF PSYCHIATRY

DIRECTORS' REPORT

In the previous four annual reports, we described the post-World War II developments of forensic psychiatric services; the establishment of METFORS; the initial functions and operations of both the Brief Assessment Unit (B.A.U.) and the Inpatient Unit and the prison consultation service. Initial clinical and professional discipline functions were reviewed along with early educational activities and research endeavours. The several influences of further development of forensic psychiatric services to the criminal justice system were reviewed in depth two years ago along with departmental reviews. The former was continued in last year's annual report.

This year Dr. F.A.S. Jensen, Deputy Director - Clinical, is highlighting the clinical aspects of the METFORS service.

As we enter into our fifth year of operation, the two units of METFORS - Brief Assessment Unit (B.A.U.) and Inpatient service - remain at a high level of activity. The emphasis is upon assessment

which can be of assistance to the courts in providing the human, psychological perspective which is at times so relevant to the legal process. Yet, at the same time, the contact between an accused and mental health professionals, either briefly in our one-day assessments or more extensively during inpatient hospitalization, cannot help but be therapeutic in its effects. Hence, our assessment is always mingled to some extent with treatment and, hopefully, our patients emerge with a clearer perspective of their present life situation and current problems.

The essence of our assessment is the collaboration and interaction of several disciplines in the behavioural sciences, - psychiatry, psychology, social work, nursing and penology. The end result is intended to be an in-depth study which answers specific questions about current psychological functioning and attempts, when possible, some prognostications of future behaviour. We monitor our efforts with regular team discussions and case conferences and, in the longer run, by establishing research projects which probe into the most important topics in clinical criminology and law.

We remain ever mindful of the sensitive, ethical issues which surround this work of ours with cases on remand. The issues of confidentiality, informed consent, right to treatment and right to refuse treatment, are highlighted by the vulnerability of our

patients, their visibility before the courts and our own ambiguous role as clinicians on the one hand and court assessors on the other. We walk a fine line in providing a comprehensive, impartial service for the courts and in protecting the rights and clinical needs of our patients.

During this year a most stimulating series of "brain-storming" sessions was set up by the METFORS Advisory Committee to speculate upon the future of METFORS. These sessions emerged out of changing and restrictive times which required some modification of existing programmes and procedures and, hence, no small measure of innovative thinking to maintain the quality of our work and the general stimulation of our highly skilled staff. A need for the expansion of our services on the Inpatient ward was defined and it was decided to experiment with some modification of B.A.U. staff to enhance the inpatient programme.

In actual fact, it was not a matter of enhancement but of genuine necessity, as for many months we were without a Chief Social Worker and Chief Psychologist. Indeed we still lack the latter position. So it was decided to remove the social worker and psychologist from the B.A.U. Team to allow them to concentrate upon the inpatient programme. They were, however, available to the B.A.U. Team for consultation.

The core of the B.A.U. Team has become the psychiatrist, psychiatric nurse, and correctional officer. We permit two positions on the team to be filled from time to time by students at METFORS (nurses, interns, research workers, etc.) and this fulfills our educational aims as well as providing another interesting aspect in our multi-disciplinary assessment. However, the advantages of this new arrangement have yet to be established. There are some indications that the new team composition is not an improvement. For example, it has been noted that a larger percentage of cases seen has been recommended for admission to enable more extensive evaluations. This may indicate that we are functioning less efficiently in these brief assessments but it is as yet too soon to be sure.

It is the intention to expand the assessment process on the Inpatient Unit by the introduction of new, specialized groups which, though therapeutic, can be utilized for assessment process. The "brain-storming" committee recommended the following types of group activity:

- (i) Life Skills Group
- (ii) A "Fitness" Group - an educational programme around Fitness for Trial and for bail - a preparation of the patient for his trial.
- (iii) Specialized Treatment Groups - one for psychotic patients, another for substance abusers, another for personality disorders, etc.

- (iv) In line with (iii), a group for teaching cognitive skills to dangerous patients.

It can be seen how a variety of research projects can be usefully built into these groups, both to explore evaluative techniques and to examine the phenomenology of specific offences. This kind of research must be an essential ingredient in any forensic psychiatric service and it is for this purpose that we have on our staff a research scientist whose principle function is to evaluate what we are doing. It is a key post in our organization.

A critical issue in the eighties will be the availability of treatment services in the community for psychiatric patients. A crisis already exists and it will get worse. The problem is compounded for forensic patients who are often not acceptable in the diminishing treatment facilities in the city. The success of METFORS is contributing to its own future problems by isolating treatment needs which are increasingly difficult to find in the community. Our assessments are helping to answer such questions as fitness for trial, issues of criminal responsibility, dangerousness, etc. They also aim at the discovery of psychological problems which are impeding a patient's social adjustment and may result in his involvement in criminal activity. Our reports to court provide, where possible and appropriate, a psychological alternative to punishment which may prove better protection for the public in the long run.

It is our function to make these alternatives practical and achievable but we are limited by the resources of the community in which we function. In the health-caring professions we are largely interdependent and any one unit of health care can only progress with the corresponding development of related and supportive units.

Such are the challenges of our fifth year of operation!

MEIFORS metropolitan toronto forensic service
1001 queen street west, toronto, M6J 1H4 535-8500

METROPOLITAN TORONTO FORENSIC SERVICE

STATEMENT OF INCOME AND EXPENSES

April 1st, 1981 - March 31st, 1982

<u>BALANCE AS OF MARCH 31st, 1981</u>		\$ 36,657.71
<u>INCOME</u>		
Ministry of the Attorney General	\$ 1,672,000.00	
Retained to Transfer to M.C.S.	192,000.00	
Less Amount Returned for M.C.S.	(10,500.00)	
Subtotal:		<u>\$1,900,657.71</u>
<u>EXPENSES</u>		
Medical Salaries & Benefits	\$ 337,639.26	
Non Medical Salaries & Benefits	1,110,133.94	
Ministry of C. Services (retained)	192,000.00	
Clarke Institute of Psychiatry	21,093.18	
Supplies & Expenses	53,806.21	
Refund to the Attorney General (MCS)	10,500.00	
Queen Street Mental Health Centre	119,482.26	
		<u>\$1,844,654.85</u>
BALANCE AS OF MARCH 31st, 1982:		<u>\$ 56,002.86</u>

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 1001 queen street west, toronto, M6J 1H4 535-8501

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METROPOLITAN TORONTO FORENSIC SERVICE

FUND OF THE BOARD

STATEMENT OF INCOME AND EXPENDITURE

April 1st, 1981 - March 31st, 1982

BALANCE ON HAND APRIL 1st, 1981 (C)	\$ 17,558.05
RECEIPTS (A)	7,982.78
DISBURSEMENTS (B)	7,573.17
BALANCE ON HAND MARCH 31st, 1982(D)	17,967.66
A) RECEIPTS	
- From Government, Institutions and others for services performed by METFORS	6,908.01
- From interest received on deposit receipts	1,074.77
	<u>\$ 7,982.78</u>
B) DISBURSEMENTS	
- Conferences, Conventions and Seminars	2,320.00
- Educational courses, research, fees	3,738.37
- Bank Charges	14.80
- METFORS/CIP Lecture Series	1,500.00
	<u>\$ 7,573.17</u>
C) BALANCE HELD AS:	
- Funds in Bank	2,522.32
- Deposit Receipts - CIBC	15,035.73
	<u>\$ 17,558.05</u>
D) BALANCE HELD AS:	
- Funds in Bank	1,102.99
- Deposit Receipts - CIBC	16,864.67
	<u>\$ 17,967.66</u>

APPENDIX A

STAFF POSITIONS

AMARAL, Ms. Maria	Dietary Helper
BAPAT, Dr. Archana	Psychiatric Resident
BARRONS, Ms. Elaine	Registered Nurse
BOZANICH, Ms. Mileva	Registered Nurse
BOND, Ms. Eleanor	Correctional Officer
BROUGHTON, Ms. Carrie	Part-time Clerical Assistant
BYERS, Dr. David	Psychiatrist
CANNON, Ms. Lee-Anne	Correctional Officer
CHAN, Ms. Violet	Clerk-Typist
COHEN, Mrs. Norma	Registered Nurse
COLVIN, Mr. William	Psychiatric Assistant
CRAWLEY, Elsie	Cleaner
DILLON, Mrs. Barbara	Registered Nurse
DOLMAN, Mrs. Eileen	Registered Nurse
DAMPIER, Ms. Janice	Correctional Officer
ELLIOTT, Mr. Owen	Psychiatric Assistant
ELLIOTT, Mr. Robert	Psychiatric Assistant
FIGURA, Ms. Teresa	Registered Nurse
FRASER, Mr. Peter	Psychiatric Assistant
GLASBERG, Dr. Rhoda	Psychologist
GILLIS, Mr. Roy	Research Assistant
HERMANSTYNE, Mr. Lance	Admissions Officer
HOWLETT, Mr. Rene	Correctional Officer
HUNT, Mr. Ewen	Recreational Therapy Student
JACKSON, Ms. Margaret	Research Scientist
JENSEN, Dr. F.A.S.	Deputy Director - Clinical
KEEFE, Mrs. Lynn	Registered Nurse
KORNELSON, Ms. Yvonne	Secretary - Inpatient Unit
LANDO, Ms. Tammy	Research Assistant
LAU, Dr. David	Consultant G.P.
LEGGE, Ms. Marion	Registered Nurse
LEVEY, Ms. Kimberley	Head Nurse
LEWIS, Ms. Lystra	Medical Records Librarian
MAHABIR, Dr. R.J.	Psychiatrist-in-Charge of Inpatient Unit
MARTIN, Mr. Michael	Registered Nurse
MCDONALD, Dr. Angus	Psychiatrist
MCDONALD, Mr. Daniel	Housekeeper
MCGREGOR, Ms. Carolyn	Registered Nurse
McRAE, Ms. Catherine	Registered Nurse
MILLARD, Mr. Christopher	Criminology Student
MITCHELL, Ms. Milo	Registered Nurse
NEUMAN, Ms. Suzanne	Administrative Secretary
OJCZYK, Ms. Maria	Registered Nurse
OSBORNE, Ms. Catherine	Research Assistant
PEARCE, Mr. Paul	Correctional Officer

STAFF POSITIONS

PHILLIPS, Mr. Michael	Deputy Director - Administration
POLLMANN, Mr. Olaf	Psychiatric Assistant
RAPSON, Mr. David	Correctional Officer
REID, Mr. Paul	Registered Nurse
RIVIERE, Mrs. Rita	Receptionist
ROSE, Mr. Robert	Psychiatric Assistant
SANCHEZ, Mrs. Betty	Dietary Assistant
SAYE, Ms. Erin	Clerk Typist
SCIORTINO, Mr. Santo	Housekeeper
SEARCH, Mr. Brian	Recreational Therapist
SEPEJAK, Ms. Diana	Research Assistant
SHELDON, Ms. Nancy	Registered Nurse
SMITH, Mr. Brian	Psychiatric Assistant
SRINIVASAN, Dr. Vasu	Psychiatric Resident
SULLIVAN, Mr. Basil	Psychiatric Assistant
SWIRSKY, Ms. Marlene	Chief Social Worker
TECSON, Mrs. Virginia	Dietary Helper
THOMAS, Mrs. Janice	Secretary - Director
THOMAS, Ms. Kim	Secretary - B.A.U.
TURNER, Mr. Don	Correctional Officer
TURNER, Dr. R.E.	Psychiatrist-in-Charge and Director
WEBSTER, Dr. Chris	Research Scientist
WEISBERG, Ms. Sheri	Social Worker
WOODALL, Ms. Shelley	Psychometrist

APPENDIX B

METFORS
WORKING PAPERS
IN
FORENSIC PSYCHIATRY

1982

28. Kijewski, K.J. The Prediction of Dangerousness: A Critical Review (55 pgs).
29. Addario, S.M. Nonverbal Communication and the Criminal Justice System: Guilty Faces and Guilty Bodies (39 pgs).
30. Phillips, M.S. and Pollman, O.I. The Lieutenant Governor Warrant Population in Ontario: A Pilot Study Towards a Demographic Analysis (29 pgs).
31. Phillips, M.S. A Collection of Undergraduate Papers on West Indian Culture (105 pgs).
32. Webster, C.D. Brief Assessment of the Mentally Retarded at METFORS: Do They Get a Fair Shake? (14 pgs).
33. Menzies, R.J., Webster, C.D. and Sepejak, D.S. "At the Mercy of the Mad:" Examining the Relationship Between Violence and Mental Illness (51 pgs).
34. Sepejak, D., Menzies, R.J., Webster, C.D. and Jensen, F.A.S. Clinical Predictions of Dangerousness: Two-year Follow-up of 408 Pre-trial Forensic Cases (25 pgs).
35. Penfold, M.T., Webster, C.D. and Ladha, N. Homicide in Metropolitan Toronto over a Four-year Period: Who were a Accused and What Happened to Them? (34 pgs).
36. Brenton, M. Solitary Confinement: A Review of the Literature (55 pgs).
37. Thurston, J. and Sepejak, D. Life After METFORS: A Twenty-Four Month Follow-Up of Thirty Patients Assessed in the Brief Assessment Unit (7 pgs).

METFORS WORKING PAPERS IN FORENSIC PSYCHIATRY

38. Pepper, J. Coordinating Brief Forensic Psychiatric Assessments (10 pgs).
39. Jackson, M.A., Webster, C.D. and Hagan, J.A. Probation Outcome: Is it necessary to fulfill the conditions (31 pgs).
40. Sepejak, D.S. and Webster, C.D. Judgement of Dangerousness: Clinical and External Raters' Use of a Seven-Point Scale (19 pgs).
41. Sepejak, D.S. and Glasberg, R.E. What is Dangerous? A Comparison Between Forensic Psychiatric Patients and Psychiatrists (14 pgs).
42. Phillips, M.S. Forensic Psychiatric Services in Canada (87 pgs).
43. Phillips, M.S. Trends and Issues in the Delivery of Forensic Psychiatric Services in Canada (44 pgs).
44. Phillips, M.S. Attitudinal Survey of Nurses Working in Forensic Psychiatry in Canada (18 pgs).
45. Sepejak, D.S., Webster, C.D., Menzies, R.J. and Jensen, F.A.S. The Clinical Prediction of Dangerousness: Comparisons Among Disciplines and Individual Clinicians (8 pgs).
46. Sepejak, D.S. and Webster, C.D. Self perception of dangerousness to others in forensic psychiatric patients (15 pgs).

APPENDIX C

ARTICLES PUBLISHED AND IN PRESS

PUBLICATIONS

- DICKENS, B.M. (with R.E. Turner). "The Doctor-Lawyer Dilemma". Canadian Journal of Psychiatry, 26, 1981, pp. 521. Editorial.
- GARFINKEL, B.D., WEBSTER, C.D., and SLOMAN, L. Responses to Methylphenidate and Varied Doses of Caffeine in Children with Attention Deficit Disorder. Canadian Journal of Psychiatry, 1981, 26, 395-401.
- GLASBERG, R.E. and ABOUD, F. A Developmental Perspective on the Study of Depression: Children's Evaluative Reaction to Sadness. Developmental Psychology, 1981, 17, 195-202.
- GLASBERG, R.E. and WAYNE, I. "The Beginning of a New Story": Post Release Adjustment of Men Found Not Guilty by Reason of Insanity. In Mental Disorder and Criminal Responsibility, ed. Hucker, S.J., Webster, C.D., and Ben-Aron, M.H., Toronto: Butterworths 1981.
- HUCKER, S.J., WEBSTER, C.D., and BEN-ARON, M.H. (Eds.). Mental Disorder and Criminal Responsibility. Toronto: Butterworths, 1981 (195 pp.)
- KONSTANTAREAS, M.M., BLACKSTOCK, E.G., and WEBSTER, C.D. Autism: A Primer. Montreal: Quebec Society for Autistic Children (128 pp.), 1981, published in English and French.
- MENZIES, R.J., WEBSTER, C.D., and BUTLER, B.T. Perceptions of Dangerousness among Forensic Psychiatrists. Comprehensive Psychiatry, 1981, 22, 387-396.
- MENZIES, R.J., WEBSTER, C.D., and JACKSON, M.A. Legal and Medical Issues in Forensic Psychiatric Assessments. Queen's Law Journal, 1981, 7, 3-40.
- MOSHER, R.E., BOUCHARD, L., CSAPO, M., and WEBSTER, C.D. Programming for the Autistic Child: Research into Practice. Recreation and Sport Branch, Ministry of Provincial Secretary and Government Services of British Columbia, 1981.
- PHILLIPS, M.S. The Medical Man as Administrator: Another Opinion. Canadian Doctor. May, 1981.
- RATHBUN, J., WEBSTER, C.D., and TAYLOR, E. Attitudes of Child Care Students toward their Work. In 'Canadian Trends in Child and Family Services'. R. Ferguson, Ed., Unpublished monograph, University of Victoria, 1981.
- TURNER, R.E. "Disclosure of Health Information to the Police: A Psychiatrist's Perspective." Health Law in Canada. Vol. 2, No. 2, Summer, 1981.

- TURNER, R.E. (with W.A. Weston). "Recent Legislative Approaches" in Mental Disorder and Criminal Responsibility. Ed. by Hucker, S.J., Webster, C.D., Ben-Aron, M.H. Chapter 1, Part 2, pp. 11-14. Toronto: Butterworths, 1981.
- TURNER, R.E. Commentary on the Royal Commission on the Confidentiality of Health Information by Mr. Justice H. Krever for the Department of Psychiatry, Faculty of Medicine, University of Toronto.
- WEBSTER, C.D., MENZIES, R.J., and JACKSON, M.A. Clinical Assessment before Trial: Legal Issues and Mental Disorder. Toronto: Butterworths, 1982 (319 pp.)
- WEBSTER, C.D. Review of Ronald Roesch's Competency to Stand Trial, Canadian Psychology, 1981, 22, 302-304.
- WEBSTER, C.D. How to Fail as a Child Care Researcher. Child Care Quarterly, 1982, 11, Spring, 1982.

IN PRESS/SUBMITTED

- FELDSTEIN, S., KONSTANTAREAS, M.M., OXMAN, J. and WEBSTER, C.D. The Chronography of Interactions with Autistic Speakers: An Initial Report. Journal of Communication Disorders.
- GLASBERG, R.E. and ABOUD, F. Keeping One's "Distance" from Sadness: Children's Self-Reports of Emotional Experience. Developmental Psychology.
- JACKSON, M.A., WEBSTER, C.D., and HAGEN, J.L. Probation Outcome: Is it Necessary to Fulfil the Conditions? Canadian Journal of Criminology.
- MENZIES, R.J., JACKSON, M.A. and GLASBERG, R.E. The Nature and Consequences of Forensic Psychiatric Decision Making. Canadian Journal of Psychiatry.
- 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 (Eds.).
- PENFOLD, M., MORROW, S. and WEBSTER, C.D. A Semi-Structured Interview Approach to the Analysis of Severe Marital Discord. International Journal of Family Therapy.
- PHILLIPS, M. A Review of the History of Forensic Psychiatric Services in Canada. Canadian Doctor
- PHILLIPS, M. Attitudinal Survey of Nurses Working with the Mentally Ill Offender. Canadian Journal of Psychiatry (submitted)
- PHILLIPS, M. Issues in the delivery of Forensic Psychiatric Services in Canada. Canadian Journal of Psychiatry (submitted)

- PHILLIPS, M. Forensic Psychiatric Services in Canada. A Review. 1981 Canadian Journal of Psychiatry (submitted)
- PHILLIPS, M. Patients who sign out against Medical Advice. Canadian Journal of Psychiatry (submitted)
- WEBSTER, C.D., MENZIES, R.J., BUTLER, B.T. and TURNER, R.E. Forensic Psychiatric Assessment in Selected Canadian Cities. Canadian Journal of Psychiatry.

APPENDIX D

SCHOLARLY ADDRESSES AND MEDIA

R.E. GLASBERG

Symposium - Sexuality, March 1981 - Toronto, York Interagency Council. Morrow, S. and Glasberg, R.E. Why Men Rape.

Canadian Psychological Association - Toronto, 1981. Glasberg, R.E. and Sepejak, D.S. Cognitive Structures of Dangerousness in the Forensic Psychiatric Patient.

University of Toronto Department of Psychiatry Research Day - Toronto, September, 1981. Glasberg, R.E., Sepejak, D.S., and Webster, C.D. What is Dangerous? A Comparison Between Forensic Psychiatric Patients and Psychiatrists.

Article: Globe and Mail, 12/09/81. Fear, Anger Plays Large Role in Violent Acts.

Trial Advocacy Workshop - Osgoode Hall, October 1981: The Role of Psychologist as Expert Witness.

M.S. PHILLIPS

The Mentally Ill Offender: The Community Response, St. Mary's Church, Richmond Hill, April, 1981.

Implementing a Research Program, CIP Forensic lecture service, April, 1981.

Police College, Avoiding Hostage Taking in Institutions, June, 1981.

R.E. TURNER

Visiting Professor - Memorial University, St. John, Newfoundland, September, 1981.

Lectures on (1) Fitness to Stand Trial
(2) Forensic Psychiatric Services in Canada.

- CHCH-TV McMaster University 50th Anniversary

SCHOLARLY ADDRESSES AND MEDIA CONT'D

C.D. WEBSTER, D. SEPEJAK, R.J. MENZIES, F.A.S. JENSEN

C.D. Webster. "Career Development in Child Care: Pitfalls and Possibilities". Workshop in first National Child Care Worker Conference, University of Victoria, B.C., Wednesday, May 20, 1981.

C.D. Webster. "Preliminary Observations on the Outcome of Clinical Predictions of Dangerousness". Lecture to Eighth International Seminary in Comparative Clinical Criminology, Genoa, Italy, May 26, 1981.

D. Sepejak, C.D. Webster, R.J. Menzies, and J. Thurston. "The Clinical Prediction of Dangerous Behaviour: A Two-Year Follow-Up Study". paper presented at 42nd Annual Meeting of the Canadian Psychological Association, Toronto, June 4, 1981.

D. Sepejak, C.D. Webster, R.J. Menzies, and F.A.S. Jensen. "The Clinical Prediction of Dangerousness". Paper presented at 12th Annual Meeting of the American Academy of Psychiatry and the Law, San Diego, California, October 16, 1981.

C.D. Webster. "How to Fail as a Child Care Researcher" - Speech to the Kingston Child Care Worker's Association, Friday November 6, 1981.

C.D. Webster. "Discussion of Project DARE", in "Treatment of Anti-Social Youth: What Works?" Conference Sponsored by Thistletown Regional Centre for Children and Adolescents, Monday November 9, 1981.

C.D. Webster. "The Prediction of Dangerous Behaviour". Colloquium to the Department of Psychology, University of Calgary, February 15, 1982.

C.D. Webster. "The Prediction of Dangerous Behaviour". Colloquium to the Department of Psychology, University of Manitoba, February 17, 1982.

C.D. Webster (Co-chaired with Dr. C. Johnson, University of Pittsburgh). "Ideas into Knowledge: Broadening the Focus of Child Care Research". In Conference-Research Sequence in Child Care Education sponsored by the National Institute of Mental Health through the University of Pittsburgh, Wednesday, December 2, 1981.

C.D. Webster. "Early Infantile Autism: New Directions in Research and Treatment". Talk to Child Development Unit, Children's Hospital of Pittsburgh and Department of Pediatrics, University of Pittsburgh, Friday, December 4, 1981.

SCHOLARLY ADDRESSES AND MEDIA CONT'D

C.D. WEBSTER cont'd

C.D. Webster. "Autism: New Directions". Speech to the Metropolitan Toronto Chapter of the Ontario Society for Autistic Children. Tuesday, February 9, 1982.

C.D. Webster. "Psychological Theories and Their Practical Applications in the Treatment of Severely Disturbed Children and Their Families". Lecture to the Powell-Brown Children's Centre, Downsview. Friday, February 26, 1982.

Hunter, D., Webster, C.D., Konstantareas, M.M., and Sloman, L. "Children in Day Treatment: A Child Care Follow Up Study". Paper presented at Child Psychiatry Day, Department of Psychiatry, University of Toronto, The Hospital for Sick Children, Toronto, March 4, 1982.

C.D. Webster. Approaches to Research in Clinical Settings: A Discussion of Phenomenological Methods and Applications. Lecture to Thistleton Regional Centre's Psychology Association, Tuesday, March 9, 1982.

C.D. Webster. "Falling Leaves: The Clinical and Statistical Prediction of Dangerous Behaviour". Lecture in Clarke Institute of Psychiatry/METFORS 1981-82 Lecture Series, March 31, 1982.

D. BYERS

Lecture on Forensic Psychiatry to fourth year Occupational Therapy students.

Series of lectures on psychopharmacology and mental illness to third year Occupational Therapy students.

S. WEISBERG

Co-Chaired conference planning committee and acted as moderator at conference, "Self Help Groups: Getting them Going and Maintaining Vitality" held on November 21, 1981.

Organized orientation program for Forensic Social Work staff of Queen Street Mental Health Centre.

APPENDIX E

TEACHING

R.E. TURNER

February - Lecture on Mental Health Act to senior nursing staff at Mount Sinai Hospital.

April 15 - Law & Psychiatry: II Year Postgraduate Students in Psychiatry, U of T.

- Medical Jurisprudence lectures to III year Undergraduate Medical Students, U of T.

July - Lecture on Psychiatry & Law to I Year Postgraduate Residents in Psychiatry.

C.D. WEBSTER

(A) Centre of Criminology. University of Toronto. Fall Term - "Psychological Theories and Practical Implications", (Criminology 3170F).

(B) Department of Psychology. Fall Term - "Psychological Aspects of Criminal Law" (Psychology 421). Spring Term - "Special Topics in Abnormal Psychology" (Psychology 440) (Clinical Decision-Making).

(B) Current University of Toronto Ph.D. Thesis Committees:

L. Stermac. The Social Competence of Incarcerated Sexual Assaults (Ontario Institute for Studies in Education).

M.A. Jackson. Psychiatric Decision-Making (Department of Psychology).

R.J. Menzies. Discretionary Decision-Making in Clinical Forensic Assessment (Department of Sociology).

(C) M.A. Dissertations in Criminology Supervised to Completion during 1981.

H.E. Pivnick. Guidance from Psychiatry: A Search for the Profile of the Mentally Disordered Offender in Need of Treatment.

L.M. Samuelson. Powerlessness: A Phenomenological Analysis.

TEACHING CONT'D

C.D. WEBSTER cont'd

D.S. Byers, C.D. Webster, and M.A. Jackson. "The Mentally Disordered Offender: Assessment, Diagnosis and Treatment". Lecture to "Law and Psychiatry Course", Osgoode Hall, LW324.03, (Professor D.N. Weisstub), Wednesday, September 16, 1981.

C.D. Webster. "Research Methods in Psychiatry", Lecture to Residents in Psychiatry, University of Toronto, Monday, September 28, 1981.

C.D. Webster. "Autism: New Directions In Research and Treatment". Lecture to University of Toronto occupational therapy students (Dr. M.H. Ben-Aron), Thursday, October 8, 1981.

C.D. Webster. The Diagnostic and Statistical Manual III: Present Status and Future Prospects. Address to Clinical Interest Group, Department of Psychology, University of Toronto. Wednesday, October 28, 1981.

C.D. Webster. "Theoretical Approaches to Treatment in Occupational Therapy". Lecture to University of Toronto Occupational Therapy Students (Dr. M.H. Ben-Aron), Thursday, October 29, 1981.

C.D. Webster. "The Reliability of Eyewitness Testimony". Talk to Forensic Service, Clarke Institute of Psychology, University of Calgary, Tuesday, February 16, 1982.

C.D. Webster. "Autism: New Directions in Research Education". Lecture in Winnipeg sponsored by Department of Child Psdychiatry, University of Manitoba, Manitoba Association for Mental Retardation and the Manitoba Society for Autistic Children. Tuesday, February 16, 1982.

C.D. Webster. "Clinical Decision-Making". Talk to Child and Family Studies Centre, Clarke Institute of Psychiatry, Friday, March 2, 1982.

APPENDIX F

GRANTS

M.S. PHILLIPS

Employment and Immigration - A Program of Recreational Activity at METFORS. \$5,808.00

The Law Foundation of Ontario - Patients on Executive Detention - A Review of the Demographic and Epidimiological Literature. \$2,500.00

Demographic and Epidimiological Study of Leutenant - Govenor General Warrant Population in Ontario.

Clarke Institute of Psychiatry Research Fund. \$3,000.00

Department of Justice, Ottawa \$21,000.00

Ministry of Health, Ontario \$11,420.00

Ministry of Attorney General, Ontario \$3,000.00

Board of Metropolitan Toronto Forensic Service \$3,000.00

R.E. TURNER

Manual for Forensic Psychiatrists. Department of Justice, Ottawa.(with Dr. S. Hucker as co-Editor) \$16,000.00

C.D. WEBSTER

C.D. Webster and F.A.S. Jensen. Ministry of Health, Ontario. The Assessment of Dangerous Behaviour. Covered period April 1, 1981 - March 31, 1982. \$24,782.00

C.D. Webster and F.A.S. Jensen. Department of Justice, Canada. Fitness to Stand Trial Assessments: Development of a Semi-Structured Interview Procedure. Covered period August 1, 1981 - January 15, 1982. \$26,855.00

GRANTS COMPLETED DURING 1981

C.D. Webster, M.M. Konstantareas and S. Feldstein. Laidlaw Foundation. "A Chronic Analysis of Conversations with Autistic Persons." \$4,000.00

GRANTS CONTINUING

C.D. Webster, M.M. Konstantareas and L. Sloman. 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

R.E. GLASBERG

Ontario Mental Health Foundation, 1981 to 1982. Cognitions of Dangerousness in the Forensic Psychiatric Patient \$23,400.00

APPENDIX G

HONOURS, APPOINTMENTS, AND OFFICES HELD

DR. R.E. TURNER

Professor of Forensic Psychiatry, University of Toronto.

(a) Clarke Institute of Psychiatry - (i) Medical Advisory Committee member
(ii) Chairman, Committee on Ethics of Human Experimentation.

(b) Clinical Institute of Addiction Research Foundation - (i) Member of Board.

(c) University of Toronto - (i) Chairman, Division of Forensic Psychiatry, Department of Psychiatry, Faculty of Medicine;

(ii) Subject Supervisor - Medical Jurisprudence III Year Undergraduates Medicine, University of Toronto (with Professor B. Dickens);

(iii) Department of Psychiatry Executive; and

(iv) Department of Psychiatry Promotions Committee.

(d) Queen Street Mental Health Centre - Consultant Psychiatrist.

(e) Ontario - Member, Advisory Review Board.

- (f) Canada - Consultant in Psychiatry, Law Reform Commission of Canada.
- (g) Other -
 - (i) President - Kenneth G. Gray Foundation
 - (ii) Canadian Psychiatric Association Member, Constitution Committee.
 - (iii) O.P.A. Nominating Committee.
 - (iv) Chairman of Panel on METFORS at Pre-Trial Services Seminar.
 - (v) ad hoc committee of College of Physicians and Surgeons of Ontario on teaching of medical jurisprudence.
 - (vi) Consultant to Executive and Council of the Ontario Psychiatric Association on Privileged Communication.

M.S. PHILLIPS

Promoted to Assistant Professor(non-medical)-Department of Psychiatry University of Toronto

Elected President - Alumni Association - Canadian School of Management.

Re-appointed - Faculty Screening Committee - Union Graduate School, Cincinnati, Ohio.

M.T. PENFOLD

Consultant to Metro Toronto Police Department.

HONOURS, APPOINTMENTS, AND OFFICES HELD CONT'D

C.D. WEBSTER

1. Academic Promotions and Appointments

Department of Psychology, University of Toronto, Reappointed Professor.

Department of Psychiatry, University of Toronto, Reappointed Associate Professor (Non-Medical).

Centre of Criminology, University of Toronto, Reappointed Special Lecturer and Member of the Graduate Faculty.

2. Appointment to Committees

Department of Psychology, University of Toronto, Member of the Clinical Interest Group Organizing Committee.

Department of Psychiatry, University of Toronto, Member of the Research Committee and Member of the Executive of that Committee.

Department of Psychiatry, University of Toronto, Member of the Academic Lectures Committee.

Centre for Criminology, University of Toronto, Member of the Graduate Faculty Admissions Committee.

Clarke Institute of Psychiatry, Member of the Research Advisory Committee. Completed second year of the second two-year term by election.

Clarke Institute of Psychiatry, Chairman of Ad Hoc Committee on Rules and Regulations Governing the Research Advisory Committee.

Ontario Mental Health Foundation, Member of Research Committee. Completed third year of five-year term. Elected as chairman of committee in March, 1981.

Health and Welfare Canada, Appointed to Review Committee 42 - Descriptive/Explorative Methods.

George Brown College, Advisory Committee, Child Care Work Programme. Completed first year of second three-year term.

University of Pittsburg, Conference-Research Sequence in Child Care Evaluation, Co-Leader of Research Group (by invitation).

Ontario Board of Examiners in Psychology, Appointed to Examining Committee for period 25-26 November, 1981.

HONOURS, APPOINTMENTS, AND OFFICES HELD CONT'D

C.D. WEBSTER

Appointments to Committee Cont'd

Appointed to Advisory Panel of Canadian Psychiatry.

Appointed to Editorial Board of the Journal of Child Care.

Reappointed to Editorial Board of Child Care Quarterly.

S.MORROW

Appointed to Faculty Council, Faculty of Social Work, University of Toronto.

DR. D. BYERS

Promoted Assistant Professor of Psychiatry, University of Toronto.

APPENDIX H

NURSING DEPARTMENT ACTIVITIES

1. Promotion - Appointments:

Team Leader Position: Six month rotation

Ms. Catherine McRae

Mrs. Karen Beckett

Mrs. Lynn Keefe

Charge Nurse - Evening - rotating position

Ms. Maria Ojczyk

Ms. Mileva Bozanich

Mr. Paul Reid (to commence July 5)

B.A.U. R.N. position: rotating

Ms. Catherine McRae appointed for one month commencing July 14, 1982.

Position currently open for application.

2. Appointments to committees:

METFORS Audit Committee: Elaine Barrons

Karen Beckett

Jane Pepper

METFORS Safety Committee: Past and Current Members

Elaine Barrons

Bill Pollmann

Kim Levey

Lynn Keefe

Karen Beckett

Catherine McRae

Geoff Kennedy (C.O.)

Paul Pearce (C.O.)

METFORS Inpatient Executive Committee:

Kim Levey

B.A.U. Committee:

Jane Pepper

Kim Levey

METFORS Advisory Committee:

Kim Levey

METFORS Joint Consultation Committee:

Kim Levey

CLARKE INSTITUTE COMMITTEES:

Nursing Administration Committee:

Kim Levey

Nursing Audit Committee:

Lynn Keefe

Nursing Advisory Committee on Education:

Paul Reid

Nursing Practice Committee:

Marion Legge

Nursing Research Committee:

Diane Dillon
Nancy Sheldon

Clinical Advancement Programme:

Maria Ojczyk

C.I.P. Ontario Nurses Association - Negotiating Committee

Catherine McRae

C.I.P. METFORS Unit Representatives:

Maria Ojczyk

Service Employees Union - METFORS Steward Representative

Robert Rose

3. Grants: None

4. Presentations:

C.I.P. Forensic Workshop:
Catherine McRae
Karen Beckett

C.O. Bick Police College

Crisis Intervention Programme
Kim Levey

*See attached re: METFORS Nursing Inservice Programme.
Invitations extended to R.N.'s from C.I.P. and Mimico Correctional Services who attended some of the lectures.

5. Publications:

Co-ordinating Brief Forensic Psychiatric Assessments.
Jane Pepper
Accepted for publication in the Canadian Nurse.
Bob Elliott, P.A., working on research project involving L.G.W.'s.
Bill Pollmann, P.A., involved in research as coordinated by Mike Phillips.

6. Other:

Canada Immigration
Escort Assistance for Deportation:
Kim Levey - London, England
Kim Levey - Trinidad
Elaine Barrons - Paris, France

Educational Activities:

Nursing Students to METFORS

1. Colleen Small - Ryerson Polytechnical Institute
1st year degree student
METFORS clinical placement

2. Elizabeth Flynn - Waterford Hospital - Newfoundland
Health Services and Promotion. Grant.
Health and Welfare Canada
Forensic psychiatric training
METFORS placement

3. M. Powell - Acting Senior Nursing Officer
Royal Cornhill Hospital
Aberdeen
Scholarship Grampian Health Board
exploring forensic psychiatry in North America.

4. C.O.'s from various institutions

Tours of other institutes and forensic facilities.

1. St. Thomas - 6?
2. Penetang Mental Health Centre X16
3. T.E.D.C. - X7
4. T.W.D.C. - X3
5. Toronto Jail - X5
6. Brampton O.C.I. - X8
7. Family Court Clinic
8. Tours of duty whereby staff accompanied officers of 14 Division as observers - X14 staff.

Inservice:

S. Johansen has continued to provide education as consultant, to staff re: leading Human Sexuality Group.

Venipuncture Course: Certificates:

L. Keefe
C. McRae
M. Legge

Currently in training:

D. Dillon
E. Barrons
P. Reid
M. Bozanich

Workshops: Humber College

The Nurse as a Leader - Group
Therapy

Attended by Marion Legge
Many METFORS staff have attended
C.I.P. lectures and workshops.

Cardio Pulmonary Resuscitation: Basic Rescue Programme offered at METFORS by George Brown.

15 completed course and received certificate.
Other staff attended C.P.R. instruction as well at C.I.P.
Mrs. Lynn Keefe has obtained CPR instructor certificate from Humber College and will be conducting CPR courses at METFORS in future.
Resuscitation Adult Doll and Baby purchased to aid these courses.

Defensive Restraint Course conducted at METFORS X2 by Humber College - 26 attended from nursing department.

Hostage Taking Exercises - conducted at METFORS majority of nursing staff completed.

Psychiatric Assistants and R.N.'s have been rotating through the B.A.U. to promote knowledge of METFORS as a whole, develop interviewing skills, security awareness, and for career development.

R.N.'s are now completing all nursing histories and patient care plans.

Patient Care Plan revised in keeping with the standards as outlined by the C.I.P. nursing department and now in effect.

Recreation

Grant funding from the Ministry of Employment and Immigration was applied for and received (covering a period of May/81 through August 28/81). The amount of this grant was \$5,808. Included in this figure were the wages for two "summer" Recreational employees.

As a part of these two Recreational assistants' (summer employees) duties, they both, with the assistance of the Recreational Therapist, compiled a working paper entitled, "Recreational Therapy Report", outlining (in Part I): the Recreational Program at METFORS", and also, (in Part II); an "Activity Manual", consisting of possible activities, (suggestions) for the Recreational program at METFORS.

Regarding presentations - I was asked to take part (by Head Nurse Ms. K. Levey), in a series of inservice presentations held at METFORS. My presentation explained the role of the Recreational Therapist and the existing program in operation on the 5th floor Inpatient Unit.

Recreation continues to provide for the needs of the patients on the Inpatient Unit at METFORS. Programmes have been developed by the Recreational Therapist in the areas of social, physical, and creative skill development to meet these needs.

Because of limited space, there is a recognized need for recreational facilities to be made available for the patients' use. Patients are given the opportunity to take part in gym sessions of which there are a variety of activities, including volleyball, basketball, exercise/fitness periods, and other active games. Through this programme, the patients are provided with the means of developing a sense of physical awareness, as well as providing staff with an assessment tool for observing the patients' abilities to work with each other, follow a routine and follow instructions.

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 and 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.

The relaxation therapy group involves the use of relaxation tapes listened to by patients with the primary motive of "relaxation". These tapes serve to enhance a good concentration span and a time to forget worries. Other features in this group include calisthenics sessions and, also, general discussions on the concepts of relaxation.

There is a social planning meeting each Tuesday to discuss all recreation programmes and procedures. All patients are encouraged to attend and participate in these meetings. Agendas for these meetings consist of, for example recreation programme introduction for new patients (objectives, schedule and roles), feedback from previous programmes and events, suggestions as to what films will be shown on Thursdays and what Friday's special event will consist of.

Objectives of arts and crafts sessions are (1) to teach the patients new skills, (2) to develop an understanding of a patient's capabilities and (3) to provide meaningful leisure activity. It has been found to be important that these programmes remain somewhat unstructured, as the needs, capabilities and interests of patients change with new admissions.

Movies are obtained from both the Metropolitan Toronto Film Library Board, and the National Film Board once weekly and receive a positive response from the patients.

Special events are scheduled for every Friday afternoon at 1400 hours, and include tournaments (horseshoes, cards, etc.), bingos, sing songs, and table games. The purpose of the special events is to provide for interaction between patients and staff. Special events are also scheduled for the holiday seasons each year.

The recreational therapy program attempts to provide meaningful, stimulating activity opportunities for patients. Through interacting with and observing the patients during these activities, staff can make significant contributions to the overall assessment process.

APPENDIX I

VISITORS TO METFORS

<u>NAME</u>	<u>LOCATION</u>
Halloway C. Sells	Union's Graduate School
Dr. R.C.A. Hunter	University of Toronto
Dr. Ronald Maggs	Hellingly Hospital, Sussex, England
A. Campbell	Deputy Minister of Correctional Services
Graham Scott	Deputy Minister of Health
Allan Dyer	Assistant Deputy Minister of Health
Dr. A.T. Berg	RIT Trondheim - Norway
Dr. J.E. Stenslet	TPS Trondheim - Norway
Dr. Doug Mann	Psychiatric Service in Calgary Jail
Rendall Dick	Deputy Attorney General
Graham Glancy	Clarke Institute of Psychiatry
Dr. Walter Angell	Toronto
Don W. Sellers	Lutheran Center for Substance Abuse
Renee Fugere	Psychiatric Resident in Forensic, McGill
Dr. H.B. Durost	Clarke Institute of Psychiatry

Research at METFORS

1981-82

This year has for the Research Department been one of consolidation in that we have brought two major projects to conclusion. Our analysis of the clinical decision-making process came to fruition with the publication, on the very last day of the financial year (March 31, 1982), of Clinical Assessment before Trial: Legal Issues and Mental Disorder (Toronto: Butterworths). The title page of this monograph lists seven major participants but the acknowledgements section reflects more accurately the extent to which this work is truly the result of patient collaborative work among a great number of METFORS staff. We think it no small accomplishment that a book, especially one emanating directly from our day-to-day assessment work, should have been published within five years of METFORS' establishment. And we would draw attention to the fact that this work was greatly aided through funds provided by the Department of Justice, Canada, the Law Foundation of Ontario, the Ministry of Health, Ontario, and the Centre of Criminology, University of Toronto.

The other study to reach conclusion is the 'fitness-to-stand trial' project sponsored by the Department of Justice, Canada. This was a joint undertaking between METFORS and the Centre of Criminology in Toronto, and the Forensic Psychiatric Services Commission and Department of Criminology at Simon Fraser University in B.C. Preliminary reports on this project are now available. Together we

have devised an interview schedule called the Fitness Interview Test (FIT) for use by Canadian clinicians in conducting fitness-to-stand-trial examinations. The project will now be written up more completely and the FIT published fully with its accompanying manual. This will be work for the coming financial year.

The third project, that on the prediction of dangerous behaviour sponsored by the Ministry of Health, Ontario, is nearing completion. A final report is due at the Ministry on May 1, 1982. This project, which, all told was funded to the extent of \$120,000 over a four year period, has, we believe, yielded most important and encouraging results. Some indication of those findings was given during a public lecture in the Clarke Institute of Psychiatry/METFORS lecture series on March 31st. Members of the Research Department have this year given several invited papers on the data. As well, they have offered their findings to various scientific organizations. The next stage will involve the preparation of a monograph. Work on this will begin in the new financial year.

It will, however, be difficult to write this new book. Two of our Research Scientists, Robert Menzies and Margaret Jackson, have been spirited away from Toronto to the Department of Criminology at Simon Fraser University. Bob Menzies took up his faculty position on January 1, 1982 and Margaret Jackson will assume hers exactly one year later. We are sorry to lose two highly capable researchers who have served at METFORS almost from inception. Yet we are encouraged to

think that collaboration will continue and that their success in obtaining such good posts reflects credit on METFORS itself.

Not all of the research work at METFORS is conducted on a big scale with external funding and the aid of professional researchers. Many of the small projects conducted by members of staff turn out to be very important. Over the nearly five years METFORS has been in existence we have produced sixty 'Working Papers'. Number 60 is an index to these various papers and should be read in conjunction with this report. New lines of research are being developed in the areas of clinical decision making and patients on Warrants of the Lieutenant Governor (M.S. Phillips). In 1982 we shall be aiming to establish tighter research links with the Forensic Service of the Clarke Institute of Psychiatry, particularly in the area of data bases and record keeping. As well as this, we aim to establish one major research and two or three minor projects within the Inpatient Unit.

1981-82 Clarke Institute of Psychiatry - METFORS Lecture Series
 PROBABILITY AND PREDICTION: PSYCHIATRY AND PUBLIC POLICY

Thursday Oct. 1st	Professor C. Greenland, McMaster University 'Dangerousness and Mental Disorders: Past, Present and the Future' Chair: Dr. M.H. Ben-Aron
Wednesday Nov. 11th	Dr. R. Brian Haynes, McMaster University 'Prediction and Prognosis in Clinical Practice' Chair: Dr. E. Kingstone
Wednesday Dec. 16th	Dr. B. Martin, Clarke Institute of Psychiatry and University of Toronto 'The Reliability of Psychiatric Diagnosis' Chair: Dr. F.A.S. Jensen
Wednesday Jan. 13th	Dr. W.O. McCormick, Queen Street Mental Health Centre and University of Toronto 'Urgent Involuntary Commitment: Assessment in the Context of Public Policy Issues' Chair: Dr. A. Miller
Wednesday Feb. 17th	Dr. D. Dutton, University of British Columbia 'The Situational Assessment of Dangerousness with Particular Reference to the Role of the Police Officer' Chair: Mrs. M. Penfold
Wednesday March 3rd	Dr. P. Dietz, Harvard University 'The Clinical Prediction of Dangerous Behavior' Chair: Dr. R..E Turner
Wednesday March 31st	Dr. C.D. Webster, METFORS, Clarke Institute of Psychiatry and University of Toronto 'The Statistical Prediction of Dangerous Behaviour' Chair: Professor A.N. Doob

SAMPLE DATA ON PERSONS ASSESSED WITHIN THE BAU
 DURING JANUARY 1982

TABLE A1
 MARITAL STATUS OF PATIENTS ASSESSED WITHIN
 THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

MARITAL STATUS	N	PERCENT
Single	24	60.00
Married/Common-law	7	17.50
Separated	6	15.00
Divorced	3	7.50
Widowed	0	0.00
Missing Data	2	-
TOTAL	42	100.00

TABLE A2
 PLACE OF BIRTH OF PATIENTS ASSESSED WITHIN
 THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

PLACE OF BIRTH	N	PERCENT
Canada	28	71.80
Europe	8	20.50
United States	1	2.60
Mexico	1	2.60
South America	1	2.60
Missing Data	3	-
TOTAL	42	100.00

TABLE A3
LIVING STATUS OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
With Others	29	72.50
Alone	11	27.50
Missing	2	-
TOTAL	42	100.00

TABLE A4
USUAL ABODE OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

USUAL LIVING ARRANGEMENTS	N	PERCENT
House/Apartment	30	75.00
Transient/ NFA	5	12.50
Boarding/Foster Home	4	10.00
Penal Institution	1	2.50
Missing Data	2	-
TOTAL	42	100.00

TABLE A5
EDUCATION COMPLETED BY PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

EDUCATION	N	PERCENT
Elementary	34	89.50
Senior High	1	2.60
No education	3	7.90
Missing	4	-
TOTAL	42	100.00

TABLE A6
USUAL EMPLOYMENT OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

OCCUPATION	N	PERCENT
Unemployed	23	60.50
Unskilled	3	7.90
Skilled	8	21.00
Professional	3	7.90
Retired	1	2.60
Missing	4	-
TOTAL	42	100.00

TABLE A7

EMPLOYMENT AT TIME OF ARREST OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
None	29	74.40
Usual Employment	10	25.60
Missing Data	3	-
TOTAL	42	100.00

TABLE A8

MAIN SOURCE OF INCOME OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

SOURCE OF INCOME	N	PERCENT
Self	14	36.80
Welfare	8	21.00
Parents	7	18.40
Other Alternatives	6	15.80
Pension	2	5.30
Missing	4	-
TOTAL	42	100.00

TABLE A9

REFERRING COURT FOR PERSONS REMANDED TO
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

COURT	N	PERCENT
Old City Hall	16	39.00
College Park	10	24.40
Brampton	3	7.30
Etobicoke	3	7.30
Downsview	3	7.30
Scarborough	1	2.40
Willowdale	1	2.40
High Court	1	2.40
Other	3	7.30
Missing	1	-
TOTAL	42	100.00

TABLE A10

PREVIOUS PSYCHIATRIC DISTURBANCE OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	28	70.00
No	12	30.00
Missing	2	-
TOTAL	42	100.00

TABLE A11

PREVIOUS PSYCHIATRIC OUTPATIENT CARE OF PERSONS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	17	47.20
No	19	52.80
Missing	6	-
TOTAL	42	100.00

TABLE A12

CURRENT OUTPATIENT CARE OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	2	5.30
No	36	94.70
Missing	4	-
TOTAL	42	100.00

TABLE A13

HISTORY OF ATTEMPTED SUICIDE OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	8	21.00
No	30	79.00
Missing	4	-
TOTAL	42	100.00

TABLE A14

PRESENT ABUSE OF ALCOHOL OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	13	35.10
No	24	64.90
Missing	5	-
TOTAL	42	100.00

TABLE A15
PRESENT ABUSE OF DRUGS OF PATIENTS ASSESSED WITHIN
THE BRIEF ASSESSMENT UNIT DURING THE MONTH OF JANUARY, 1982.

CATEGORY	N	PERCENT
Yes	13	34.00
No	25	66.00
Missing	4	
TOTAL	42	100.00

SUMMARY DATA ON
INPATIENTS DISCHARGED FROM METFORS
DURING THE PERIOD APRIL 1, 1981 TO MARCH 31, 1982

TABLE B1
NUMBERS OF PERSONS DISCHARGED FROM THE
INPATIENT UNIT BETWEEN THE MONTHS OF
APRIL, 1981 TO MARCH, 1982.

Month/Year	N	Percent
April, 1981	26	9.59
May, 1981	31	11.44
June, 1981	19	7.01
July, 1981	21	7.75
August, 1981	24	8.86
September, 1981	19	7.01
October, 1981	18	6.64
November, 1981	23	8.49
December, 1981	26	9.59
January, 1982	20	7.38
February, 1982	19	7.01
March, 1982	25	9.23
TOTAL	271	100.00

TABLE B2
MARITAL STATUS OF PERSONS
REFERRED TO THE IN-PATIENT UNIT
DURING APRIL 1981 TO MARCH 1982

State	N	Percent
Single	192	70.85
Married/Common-law	42	15.50
Separated	17	6.27
Divorced	12	4.43
Widowed	8	2.95
TOTAL	271	100.00

TABLE B3

POPULATION DISCHARGED FROM IN-PATIENT UNIT
AT METFORS BETWEEN APRIL, 1981 AND MARCH, 1982
BY REFERRING COURT

Court	N	Percent
Old City Hall	88	33.21
College Park	49	18.49
Finch	33	12.45
Brampton	24	9.06
80 The East Mall	24	9.06
Newmarket	19	7.17
Scarborough	10	3.77
University	7	2.64
High Court	4	1.51
Orangeville	2	.75
Ajax	1	.38
County Court	1	.38
Court House	1	.38
Hamilton	1	.38
St. Catherines	1	.38
TOTAL	271	100.00

TABLE B4

AGE DISTRIBUTION OF POPULATION DISCHARGED
FROM IN-PATIENT UNIT OF METFORS
BETWEEN APRIL, 1981 TO MARCH, 1982

Age Bracket	Males		Females		Males & Females	
	N	Percent	N	Percent	N	Percent
16 - 19	34	14.72	6	15.00	40	14.76
20 - 24	50	21.65	6	15.00	56	20.66
25 - 29	46	19.91	3	7.50	49	18.08
30 - 34	26	11.26	9	22.50	35	12.92
35 - 39	30	12.99	6	15.00	36	13.28
40 - 44	17	7.36	2	5.00	19	7.01
45 - 49	10	4.33	1	2.50	11	4.06
50 - 54	10	4.33	3	7.50	13	4.80
55 - 59	3	1.30	3	7.50	6	2.21
60 - ++	5	2.16	1	2.50	6	2.21
TOTAL	231	100.00	40	100.00	271	100.00

TABLE B5

POPULATION DISCHARGED FROM IN-PATIENT UNIT
AT METFORS BETWEEN APRIL, 1981 AND MARCH, 1982
BY COUNTRY OF ORIGIN

Country	N	Percent
Canada	185	69.29
Europe	58	21.40
West Indies	13	4.87
U.S.A.	4	1.50
S. America	3	1.12
China	3	1.12
New Zealand	1	.37
Missing Data	4	----
TOTAL	271	100.00

TABLE B6

NATURE OF CHARGES FACED BY POPULATION DISCHARGED
FROM IN-PATIENT UNIT OF METFORS
BETWEEN APRIL 1981 TO MARCH 1982

Charge	N	Percent
Assault Bodily Harm	30	11.07
Break and Enter	24	8.86
Arson	22	8.12
Weapons Dangerous	19	7.01
Robbery	16	5.90
Indecent Assault Female	13	4.80
Theft Under	13	4.80
Theft Over	12	4.43
Fail to Comply	10	3.69
Attempt Murder	10	3.69
Murder	10	3.69
Mischief Public Property	9	3.32
Common Assault	7	2.58
Mischief Private Property	6	2.21
Wounding	6	2.21
Threatening Phone Calls	5	1.85
Cause Disturbance	4	1.48
Indecent Act	4	1.48
Threatening	4	1.48
Carry Concealed Weapon	3	1.11
Dangerous Driving	3	1.11
Fail to Appear	3	1.11
Fraud Accommodation	3	1.11
Unlawfully in Dwelling	3	1.11
Attempt Escape	2	.74
Forcible Confinement	2	.74
Fraud Transportation	2	.74
Indecent Assault Male	2	.74
Intimidation	2	.74
Possession of Narcotics	2	.74
Rape	2	.74
Attempt Obstruct Justice	1	.37
Attempt to Procure	1	.37
Breach of Probation	1	.37
Cause Explosive	1	.37
Damage to Private Property	1	.37
Disrupt Church Service	1	.37
Fail to Remain	1	.37
False Pretences	1	.37
Forgery	1	.37
Perjury	1	.37
Possession of Prohibited Weapon	1	.37
Possession Over	1	.37
Prowl by Night	1	.37
Refuse to Leave Premises	1	.37
Watch and Beset	1	.37
Careless Use of Firearm	1	.37

Cont'd. . . .

Charge	N	Percent
Harassment	1	.37
Wilfull Non-compliance	1	.37
TOTAL	271	100.00

TABLE B7

HISTORY OF PERSONS DISCHARGED
FROM THE IN-PATIENT UNIT AT METFORS
BETWEEN APRIL, 1981 TO MARCH, 1982

Experience	N	Percent
<u>Previous O/P Experience</u>		
Yes	178	68.73
No	74	28.57
Uncertain	6	2.32
<u>Previous I/P Experience</u>		
Yes	176	67.95
No	80	30.89
Uncertain	3	1.16
<u>Previous Charges</u>		
Yes	177	68.08
No	76	29.23
Uncertain	7	2.69
<u>Previous Time in Prison</u>		
Yes	85	32.82
No	166	64.09
Uncertain	8	3.09

TABLE B8

MEDICAL PROCEDURES EMPLOYED WITH PATIENTS
DISCHARGED FROM THE IN-PATIENT UNIT AT METFORS
BETWEEN APRIL 1981 TO MARCH 1982.

Procedure/Treatment	N	Percent
Drugs Prescribed	183	67.53
E.E.G. Given	110	40.59
Consultation/Unrelated to METFORS	5	1.85
Special Consultation/Labs, Neurology	249	91.88
Social Work Done	103	38.01
TOTAL PATIENTS	271	100.00

TABLE B9

METFORS PSYCHIATRIC RECOMMENDATIONS AND OPINIONS
REGARDING PERSONS ASSESSED AS INPATIENTS
DURING APRIL, 1981 TO MARCH, 1982.

	N	Percent
Fit to be Granted Bail	133	56.35
Not Fit to be Granted Bail	87	36.86
Uncertain	16	6.78
Not Applicable	1	-
Fit to Stand Trial	214	80.45
Not Fit to Stand Trial	42	15.78
Uncertain	10	3.76
Not Applicable	1	.37
Patient Mentally Ill	164	61.89
Not Mentally Ill	99	37.36
Uncertain	2	.75
Patient Certifiably Ill	43	16.23
Not Certifiable	218	82.26
Uncertain	4	1.51
Patient Certified	21	7.92
Patient Not Certified	244	92.08
Detailed O/P Analysis Required	2	.75
O/P Analysis Not Required	263	99.25
Detailed I/P Analysis Required	30	11.32
I/P Analysis Not Required	235	88.68
Out-patient Care Required	157	59.02
Out-patient Care Not Required	106	39.85
Uncertain	3	1.13
In-patient (Hospital) Care Required	70	26.52
Hospital Care Not Required	183	69.32
Uncertain	11	4.17
Excessive Use of Alcohol	81	30.68
Little Alcohol Abuse	148	56.06
Uncertain	35	13.26

Cont'd. . . .

	N	Percent
Excessive Use of Drugs	50	18.94
Little Drug Abuse	194	73.48
Uncertain	20	7.58
O/P Attention Required at Other Facility	26	9.96
Attention Not Required	234	89.66
Uncertain	1	.38
I/P Attention Required at Other Facility	29	11.15
Attention Not Required	230	88.46
Uncertain	1	.38

TABLE B10

ESTIMATE OF DANGEROUSNESS OF PERSONS
DISCHARGED FROM INPATIENT UNIT AT METFORS
BETWEEN APRIL, 1981 TO MARCH, 1982

Potential Object	N	Percent
<u>Dangerous to Self</u>		
High Potential	13	4.91
Medium Potential	52	31.84
Low Potential	198	74.72
Uncertain	1	.38
Not Applicable	1	.38
<u>Dangerous to Others</u>		
High Potential	26	9.74
Medium Potential	85	23.97
Low Potential	152	56.93
Uncertain	3	1.12
Not Applicable	1	.38

TABLE B11

DIAGNOSTIC CLASSIFICATIONS EMPLOYED BY METFORS' PSYCHIATRISTS
AT DISCHARGE FROM INPATIENT UNIT
BETWEEN APRIL, 1981 TO MARCH, 1982.

Classification	N	Percent
Psychoses	128	48.12
Personality Disorder	68	25.56
Neuroses	30	11.28
Drug/Alcohol Addiction	19	7.14
Mental Retardation	9	3.38
Organic Brain Syndrome	8	3.01
Bipolar Affective Disorder	3	1.13
No Diagnosis	1	.38
No Data	5	
TOTAL	271	100.00

TABLE C1
 SUMMARY DATA ON PSYCHIATRIC ASSESSMENTS COMPLETED
 AT REQUEST OF METROPOLITAN TORONTO JAILS
 DURING APRIL, 1982 TO OCTOBER, 1981.(1)

Month/Year	N	Percent
April, 1981	17	9.94
May, 1981	24	14.04
June, 1981	32	18.71
July, 1981	7	4.09
August, 1981	35	20.47
September, 1981	43	25.15
October, 1981	13	7.60
TOTAL	171	100.00

(1) During October, 1981, the Consultant Psychiatrist was assigned to new duties within Queen Street Mental Health Centre

TABLE C2
 NUMBER OF CASES SEEN ACCORDING TO REFERRING JAIL

Location	N	Percent
Toronto Jail	25	14.62
Toronto East	57	33.33
Toronto West	89	52.05
TOTAL	171	100.00

TABLE C3
 MARITAL STATUS OF PERSONS REFERRED
 BY JAIL FOR PSYCHIATRIC ASSESSMENTS
 DURING APRIL 1981, to OCTOBER, 1981.

Status	N	Percent
Single	135	78.95
Married	21	12.28
Common-law	1	.58
Separated	8	4.68
Divorced	3	1.75
Widowed	1	.58
Missing/Unknown	2	1.17
TOTAL	171	100.00

TABLE C4
 NUMBER OF YEARS SPENT IN CANADA BY PERSONS
 REFERRED FOR PSYCHIATRIC ASSESSMENT DURING
 APRIL, 1981 to OCTOBER, 1981.

Time	N	Percent
Life	119	69.59
20 +	9	5.26
15 - 20	6	3.51
09 - 14	13	7.60
Under 9	12	7.02
Under 1 yr.	9	5.26
Not answered/unknown	3	1.75
TOTAL	171	100.00

TABLE C5
 COUNTRY OF ORIGIN OF PERSONS REFERRED
 BY JAIL FOR PSYCHIATRIC ASSESSMENTS
 DURING APRIL 1981, to OCTOBER, 1981.

Country	N	Percent
Canada	120	70.18
Poland	1	.58
Jamaica	8	4.68
Sweden	2	1.17
Czechoslovakia	1	.58
Italy	6	3.51
Yugoslavia	3	1.75
Trinidad/Tobago	4	2.34
United States	9	5.26
East/West Germany	4	2.34
Malta	1	.58
Korea	1	.58
Lebanon	1	.58
Portugal	2	1.17
Ethiopia	1	.58
Barbados	1	.58
New Zealand	1	.58
Tanzania	1	.58
Unknown	4	2.34
TOTAL	171	100.00

TABLE C6
 STATED CHARGES RELATING TO PERSONS REFERRED
 BY JAIL FOR PSYCHIATRIC ASSESSMENTS
 DURING APRIL 1981, to OCTOBER, 1981.

Charges	N	Percent
Robbery	19	11.11
Break and Enter	17	9.94
Assault Bodily Harm	14	8.19
Immigration Hold	14	8.19
Fraud	11	6.43
Possession Over	9	5.26
Theft Under	8	4.68
Murder	8	4.68
Prohibited Dangerous Weapon	7	4.09
Mischief	7	4.09
Theft Over	6	3.51
Assault Police/Resist Arrest	5	2.92
Possession of Narcotics	5	2.92
Indecent Assault Female	5	2.92
Possession of Narcotics	5	2.92
Fail to Comply	4	2.34
Wounding	4	2.34
Escape	3	1.75
Cause Disturbance	3	1.75
Concealed Weapon	3	1.75
Arson	3	1.75
Burglary Tools	2	1.17
Possession Under	2	1.17

...cont'd

Charges	N	Percent
Indecent Assault Male	1	.58
National Parole Violation	1	.58
Ontario Parole Violation	1	.58
Forgery	1	.58
Fail to Provide	1	.58
False Pretenses	1	.58
Forcible Confinement	1	.58
Municipal Bylaw	1	.58
Trespassing	1	.58
Obscene Material	1	.58
TOTAL	171	100.00

TABLE C7

REASON FOR ASSESSMENT OF PERSONS REFERRED
FOR PSYCHIATRIC ASSESSMENT DURING
APRIL, 1981 to OCTOBER, 1981.

Reason	N	Percent
Adjustment	137	80.12
Evaluation	3	1.75
Request	4	2.34
Other	27	15.79
TOTAL	171	100.00

TABLE C8

PREVIOUS HISTORY OF PERSONS REFERRED BY JAIL
FOR PSYCHIATRIC ASSESSMENT DURING
APRIL, 1981 to OCTOBER, 1981.

Type of Experience	Positive Responses	Percent
Previous O/P Psychiatric Assessment	91	53.22
Previous I/P Psychiatric Assessment	86	50.29
Previous Charges	122	71.35
Previous Probation	84	49.12
Previous Time in Prison	97	56.73

TABLE C9

PSYCHIATRIC OPINION CONCERNING PERSONS REFERRED
BY JAIL FOR PSYCHIATRIC ASSESSMENT DURING
APRIL, 1981 to OCTOBER, 1981.

	N	Percent
Fit to Serve Sentence	152	88.89
Not Fit to Serve	14	8.19
Uncertain	5	2.92
Patient Mentally Ill	73	42.69
Not Mentally Ill	89	52.05
Uncertain	9	5.26
Patient Certifiable	6	3.51
Not Certifiable	162	94.74
Uncertain	3	1.75
Patient Certified	3	1.75
Not Certified	167	97.66
Uncertain	1	.58
Detailed Analysis Required	53	30.99
Not Required	117	68.42
Uncertain	1	.58
Long-term I/P Hospitalization Needed	13	7.60
Not required	153	89.47
Uncertain	5	2.92

...cont'd

	N	Percent
O/P Care Required	51	29.82
Not Required	114	66.67
Uncertain	6	3.51
Drugs Requested by Prisoner	32	18.71
Not Requested	138	80.70
Not clear	1	.58
Drugs Prescribed	50	29.24
Not Prescribed	120	70.18
Not clear	1	.58
Suicide Gesture	10	5.85
No Gesture	153	89.47
Uncertain	8	4.68
Suicide Attempt	20	11.70
No Attempt	144	84.21
Uncertain	7	4.09
Drugs/Alcohol Related to Offence	51	29.82
Not Related	93	54.39
Uncertain	27	15.79

TABLE C10

ESTIMATE OF DANGEROUSNESS OF PERSONS REFERRED
BY JAIL FOR PSYCHIATRIC ASSESSMENT
DURING APRIL, 1981 TO OCTOBER, 1981.

POTENTIAL OBJECT	N	PERCENT
DANGEROUS TO SELF		
High Potential	9	5.26
Medium Potential	19	11.11
Low Potential	133	77.78
Uncertain	10	5.85
Not Applicable	1	.58
DANGEROUS TO OTHERS		
High Potential	7	4.09
Medium Potential	2	1.17
Low Potential	130	76.02
Uncertain	31	18.13
Not Applicable	1	.58

TABLE C11

DIAGNOSTIC CLASSIFICATIONS EMPLOYED
BY CONSULTANT PSYCHIATRIST FOR PERSONS REFERRED
BY JAIL DURING APRIL, 1981 TO OCTOBER, 1981.

CLASSIFICATION	N	PERCENT
OBSERVATION	49	28.65
PARANOID SCHIZOPHRENIA	26	15.20
ANXIETY/DEPRESSION	25	14.62
SCHIZOPHRENIA	19	11.11
ALCOHOLISM	11	6.43
DEPRESSION	9	5.26
ANTISOCIAL PERSONALITY	6	3.51
DRUG DEPENDENCE	5	2.92
IMMATURE PERSONALITY DISORDERS	5	2.92
MANIC DEPRESSIVE	4	2.34
EXPLOSIVE PERSONALITY DISORDER	3	1.75
INADEQUATE PERSONALITY DISORDER	2	1.17
PERSONALITY DISORDER UNSPECIFIED	2	1.17
EPILEPSY	1	.58
HYPOMANIA	1	.58
CHRONIC DEPRESSIVE STATE	1	.58
MULTIPLE DRUG INVOLVEMENT	1	.58
MENTAL RETARDATION	1	.58
TOTAL	171	100.00

TABLE C12

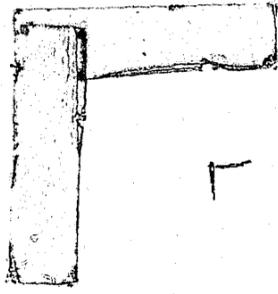
PSYCHIATRIC RECOMMENDATION FOR PERSONS REFERRED
BY JAIL FOR PSYCHIATRIC ASSESSMENT ON PERSONS REFERRED
DURING APRIL, 1981 TO OCTOBER, 1981

RECOMMENDATION	N	PERCENT
COUNSELLED	70	40.94
MEDICATION PERSCRIBED	34	19.88
OBSERVATION REQUESTED	30	17.54
MEDICATION AND OBSERVATION	15	8.77
SENT ELSEWHERE FOR TREATMENT, ETC.	10	5.85
REFERRED TO LAWYER	6	3.51
CERTIFIED	3	1.75
CONSULTATION WITH IMMIGRATION AUTHORITIES	1	.58
NO RECOMMENDATION GIVEN	1	.58
TOTAL	171	100.00

TABLE C13

RELIABILITY OF INFORMATION CONCERNING PERSONS
REFERRED BY JAIL FOR PSYCHIATRIC ASSESSMENT
DURING APRIL, 1981 TO OCTOBER, 1981

LEVEL OF RELIABILITY	N	PERCENT
High Level	4	2.68
Fair Level	83	55.70
Poor Level	62	41.61
TOTAL	171	100.00



END