

Forensic Intensive Recovery Support Team: Development and Successes

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Mental Health - Care & Research
Santé mentale - Soins et recherche

In the beginning

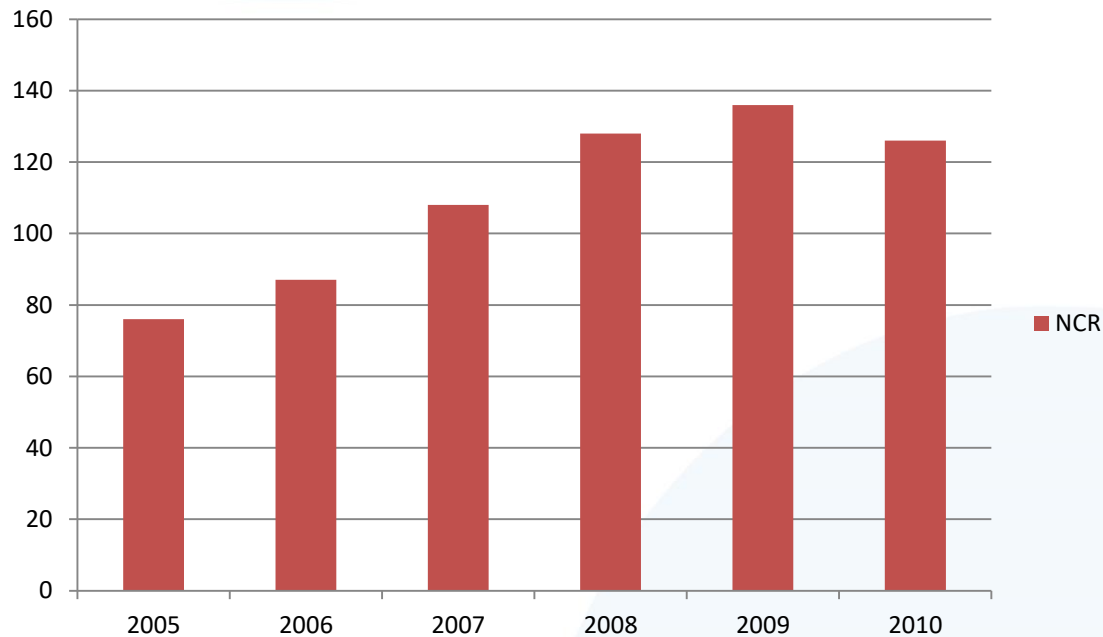


In the beginning

- 1990-2000
 - Quite a small program
 - Limited outpatient resources
 - 1992 “Not Guilty by Reason of Insanity” → NCR
- 2000-2007
 - Still small outpatient program
 - Disproportionate growth of NCR findings

In the beginning: 2000's

NCR Growth



In the beginning: Challenges

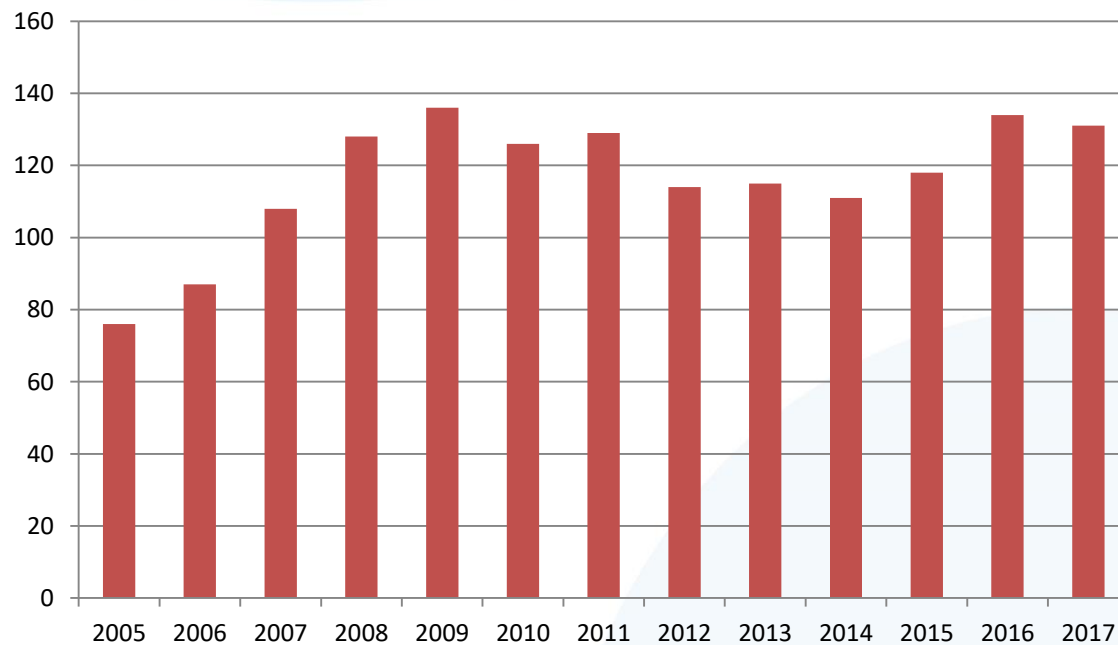
- Rising NCR population
- Staffing did not represent growing need
- Less staffing = Risk ↑

In the beginning: 2007-2014

- Gradual increase of staffing and resources
 - Transition Case Manager
 - Day Hospital Program
 - Transitional House Pilot

In the beginning

Total NCRs Growth



Present Day

Starbucks In
The 90's



Starbucks Today



Present

- New interdisciplinary team
- 13 new staff members
- Approx. double previous outpatient staffing
- Forming a “treatment community” for clients

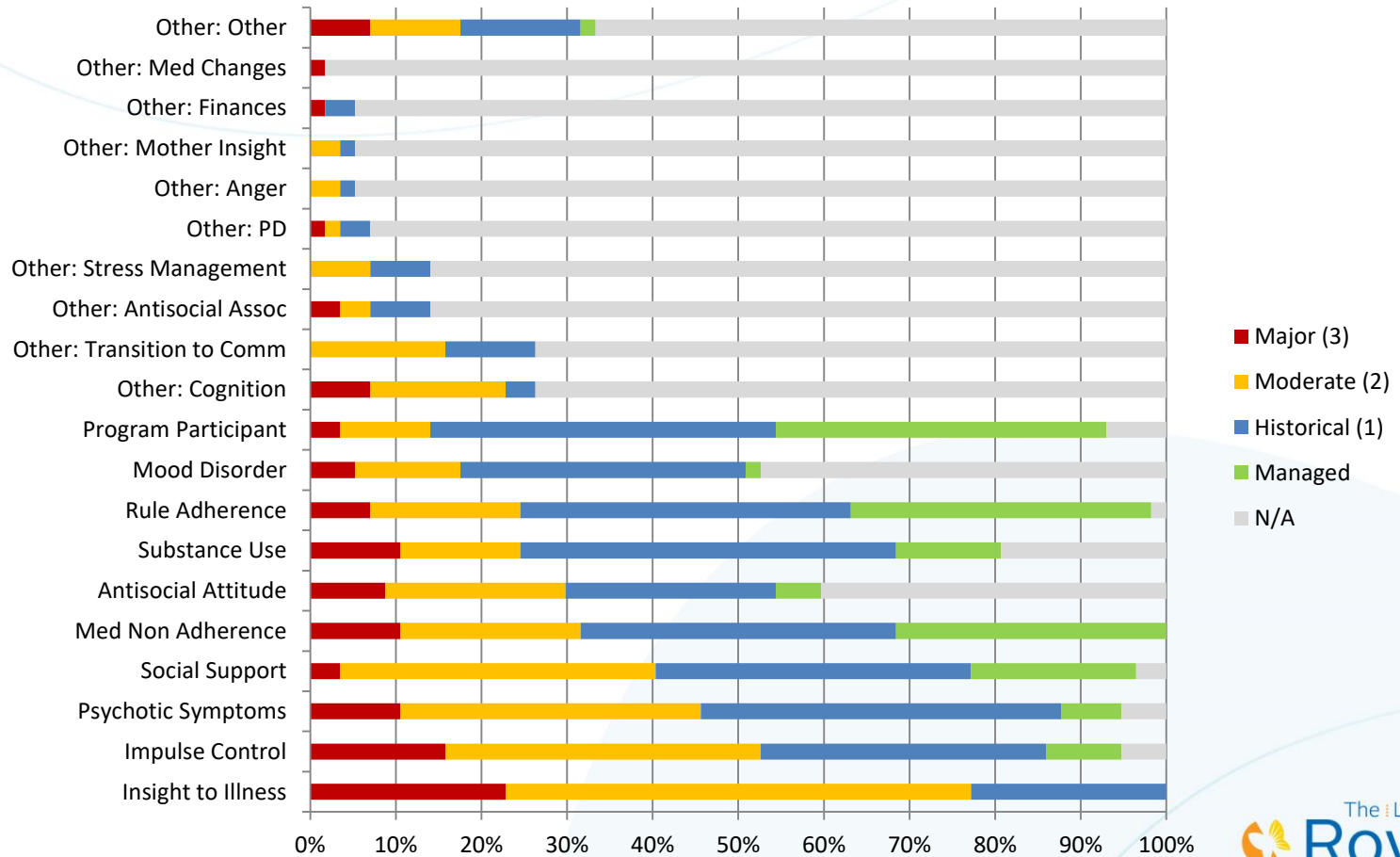
Present

- Primarily male
- NCR
- Primarily psychotic illnesses
- Substance use

Present: Needs

- Cultural diversity
- Severe mental illness:
 - Negative symptoms
 - Substance use
 - Personality disorder traits
- Risk/Community Safety
- Antisocial elements

Present: Needs



Present: Response

- Programming:
 - Psychoeducational
 - Behavioural Activation
 - Stepped approach
 - Medical monitoring
 - Case management
 - Collaborative
- Program development

Present: Outcomes

- Goal: Keeping public safe
- Goal: Helping clients in their recovery to get Absolute Discharge

Present: Outcomes

- Time from initial NCR finding to Absolute Discharge

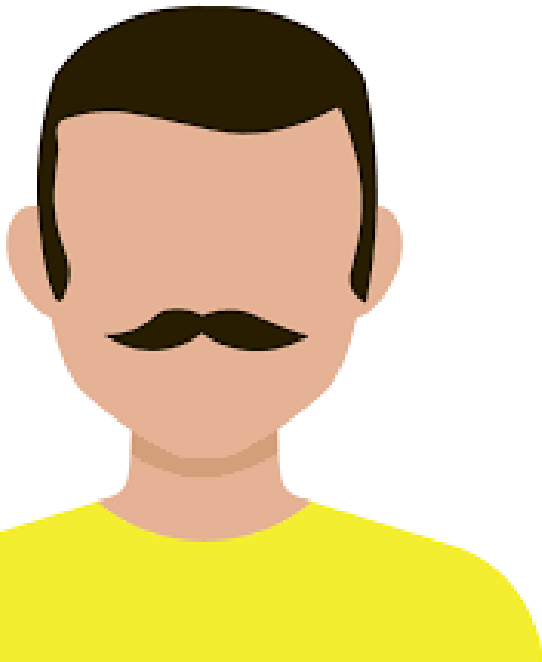
	Avg. (years)
Overall	4.56
Without/Before FIRST	4.75
With FIRST	3.26

- Recidivism
 - National Avg. – 9%¹
 - FIRST clients – less than 1%

1) Charette, Y., Crocker, A.G., Seto, M.C., Salem, L., Nicholls, T.L., & Caulet, M. (2015) The National Trajectory Project of Individuals found Not Criminally Responsible on Account of Mental Disorder in Canada. Part 4 – Recidivism. *Canadian Journal of Psychiatry*, 60(3). P. 127 - 143

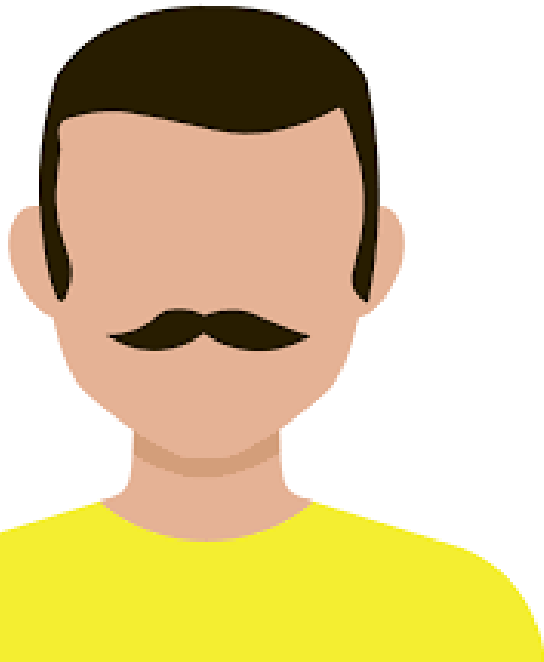
Introducing Jerry

- Male in 30's – Diagnosis: Schizophrenia
- 2012: Multiple severe charges → NCR
- Aggressive, sexually inappropriate, impulsive.



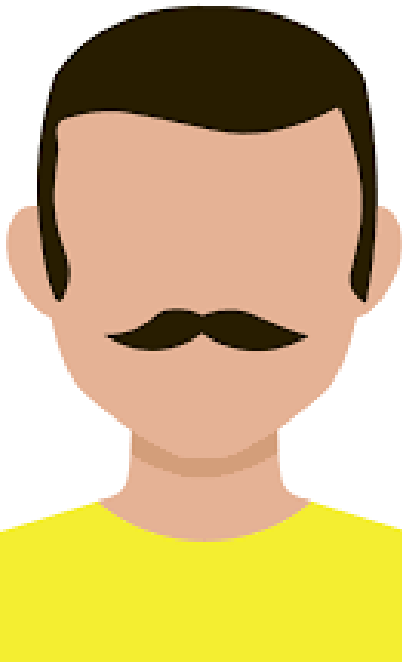
Jerry: Needs

- Limited insight into illness
- Severity of index offenses/high risk
- Lack of meaningful activities
- Can feel isolated/alone



Jerry: Team Response

- TRHP involvement
 - Involved with various disciplines
 - Arts based recreation programming
 - Risk → Case management
- Consistent monitoring
 - Stepped model of supports
 - Vocational counselling



Jerry: Outcomes

- Independently living in community
 - Active community member
 - Leisure and recreation
 - Entrepreneur
- 
- Socially engaged
 - Remains on detention discharge
 - Engaged in treatment
 - Appreciates support

Moving forward

- Building upon successes and challenges
- Continually adapting
- Research and evaluation

Thanks for coming!

QUESTIONS/COMMENTS?