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THE CANADIAN DATABASE: PATIENTS HELD ON LIEUTENANT-GOVERNORS' WARRANTS

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS iii

EXECUTIVE SUMMARY iv

THE CANADIAN DATABASE: PATIENTS HELD ON LIEUTENANT-GOVERNORS' WARRANTS 1

How many Warrant patients are there in Canada? 2
What has been the 'turnover' in Warrants? 2
What kinds of psychiatric disorders do these patients suffer from and how serious are their index crimes? 3
How long did the patients spend on Warrant until full vacation and what proportion of the time was spent in Hospital? 4
On what factors do the Provinces differ with respect to Warrant Patients? 4
What is the relationship between diagnosis and crime and length of detention? 6
Were there any marked changes in the characteristics of the WLG population over the three year period? 7
Have the Boards met their Statutory Obligations? 7

BIBLIOGRAPHY 10

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EXECUTIVE SUMMARY

Patients under Warrants of the Lieutenant Governor have averaged about 1100 in Canada in recent years. In 1988 there were 1007, in 1989 there were 1120, and in 1990 there were 1156. The patients examined during the course of the three study years were held under particular provisions of the Criminal Code. These provisions were altered in law some months after completion of the present study. Before amendment, the Criminal Code specified that all persons deemed by Courts to be unfit to stand trial (UFST) or not guilty by reason of insanity (NGRI) are to be detained indefinitely. Specially-constituted Boards in each province administered the Warrants and will continue to do so. They conducted a first review within six months of the Warrant being issued and carried out subsequent reviews at least annually. Boards recommend that patients be allowed to live under stipulated conditions outside a hospital or be discharged from their Warrants absolutely.

The Department of Justice Canada in 1985 initially supported a small study to evaluate the feasibility of establishing a database on all persons placed under Warrant across the country. Given that the various provinces apparently interpreted the relevant previous sections of the Criminal Code differently and constituted Boards with widely varying procedures, the challenge was to establish a data-collection procedure common to all ten jurisdictions. Support was secured from the provincial ministries of health and a procedure was identified as part of a feasibility study. Following a test in one province, the Department then went on to sponsor the creation of the country-wide database. The investigators worked in close collaboration with the chairperson and staff of each Board. Definition manuals were written, data-collection forms were specially designed, and Board staff were trained to extract data in a standard fashion. This led to the production of three reports, issued at the end of each data-collection year. These reports describe the patients already under Warrant, new patients entering the system, and patients leaving the system with Warrants fully vacated. The data-collection system also yielded some information about the actual reviews of patient status conducted by the Boards.

There has been a gradual increase in number of Warrants over years. Quinsey and Boyd published a figure of 677 in 1977. An anonymously-authored paper published in 1980 set the figure at 834. Webster, Phillips, and Stermac established a total of 867 for the year 1983. As already noted, that number had increased to 1156 in 1990. The present database indicates that about 250 persons were placed under Warrant in a given year and similar numbers left as fully vacated. Almost two thirds of the patients in the system had a primary diagnosis of schizophrenia and almost a third had been accused of homicide. Sixteen percent had been charged with attempted murder, 25 per cent with assault, and 10 per cent with various minor offences. Time on Warrant, particularly for persons deemed NGRI, was found to be positively related to the seriousness of the

alleged offences. All NGRI patients spent time under Warrant in the community as well as in hospital. The NGRI cases were held on Warrant on average for about six and a half years, while UFST patients spent an average of a year and a half.

Inter-provincial differences were evident regarding the characteristics of persons placed under Warrant. The Boards also varied appreciably in the time they held patients under Warrant. Statistical analyses of trends over time on all main variables for the pooled Canadian data did, though, indicate a high degree of stability. It was also clear that all patients in the system were reviewed by the Boards as stipulated by the Criminal Code.

The now-completed project sets the stage for new and important studies. A cohort of persons UFST and NGRI who passed through the Warrant system to vacation in its old form can be compared to a similar number of persons found UFST or not criminally responsible by reason of mental disorder (NCRMD) under the new provisions. The amendments to the Criminal Code will necessarily modify functioning of the Review Boards and, when the appropriate sections are proclaimed, will cap the amount of time an individual can be held on Warrant. The cap will relate to the severity of the index offense (though it will be the case that detention time can be made indefinite as previously through a new court procedure under which the person can be declared to be a 'dangerous mentally disordered accused'). A comparison of the 'old' and 'new' cohorts will indicate how the amendments are being applied and how they affect mentally disordered persons accused of crime. It will also be possible to examine criminal recidivism on the part of the cohort whose members were subjected to Warrants of indeterminate length as compared to the cohort composed of persons subject to the new capping provisions. Such a natural experiment, made possible by the existence of data since 1988, will enable future investigators to determine whether violent crime is or is not reduced among mentally disordered accused when they are or are not subjected to protracted surveillance in the community.

THE CANADIAN DATABASE: PATIENTS HELD ON LIEUTENANT-GOVERNORS' WARRANTS

Persons in Canada found legally unfit to stand trial (UFST) or not guilty by reason of insanity (NGRI) are usually held responsible to hospital administrators under Warrants of the Lieutenant Governor (1). While on Warrant they come within the purview of Boards of Review. These Boards are constituted under the Criminal Code as amended for the purpose in 1968. The legal and administrative procedures surrounding Warrants have been described fully elsewhere (2). These Warrants, and the provincially-constituted Boards which administer them, have been the subject of considerable contention (3) and even recent challenge to the highest Court (4). Although there has been strong support for the existing arrangement (5), there have also been persistent demands for the reformation of pertinent sections of the Criminal Code (6). The most vigorous, and perhaps most powerfully articulated criticism came a decade and half ago in the form of a report by the Law Reform Commission of Canada (7). This Report was followed subsequently by a Department of Justice Canada, study under the Mental Disorder Project (8). These two documents, together with many large cross-provincial consultation exercises, resulted in a bill presented to Parliament in 1986 (9). That bill died on the order paper following a change in federal government. Although study of the complex legal and administrative issues continued subsequent to the demise of the proposed legislation, it was the Supreme Court case of Swain which has now energized the present production of revised legislation (10). The Supreme Court demanded reform by early November 1991. This deadline was later extended to early February 1992 at which time Bill C-30 passed into law. Most provisions were proclaimed with a few, including the so-called "capping" conditions, held over for the future. Under the WLG provisions, as they stood for many years, a person deemed UFST or NGRI was held indefinitely. Although each case had to be considered by the Lieutenant Governor's Review Board within six months of Warrant application and at least annually thereafter, patients had no automatic right to release once stipulated criteria had been met, and no form of regular appeal against Board rulings. Indeed, the recent Swain case turned on a man being subject to secure hospitalization as NGRI after having demonstrated his competence to live on bail productively and amicably in the community. The new legislation, when fully in force, aims to correct these and other long-noted difficulties.

Anticipating some kind of eventual reform of the law, the Department of Justice Canada heeded strong calls from the authors of the Law Reform Commission report and the Mental Disorder Project to secure data on the then-existing Warrant system. Both reports noted that it is hard, if not impossible, to form new law and procedure without some means of measuring the effects of existing procedures. The Department funded a feasibility report (11), preliminary study (12) and subsequently a major project. The project, conducted by the present authors, systematically compiled data on each and every Warrant case in Canada over a three year period. The data were collected by the

various Board offices in each province. At the end of each year copies of various specially-prepared forms were submitted to the first author. Data were then consolidated for each province and also amassed to yield an overall account of patients across the country. Reports containing data in tabular form were filed at the end of each data-collection year (13, 14, 15). The database is designed to allow study of the expected charges in law. Responsibility for the system has now shifted to the Centre for Criminal Justice Statistics.

The data over three years are the most systematic and comprehensive yet collected in Canada. With two exceptions (16, 17), previous surveys have been limited to particular provinces (12, 18, 19). Both previous attempts to complete cross-Canada information, though valuable, were markedly limited by the fact that the Boards themselves supplied information from idiosyncratic systems ill-designed for research purposes. It was difficult to obtain rigour and detail. The present data are important because they: (1) are systematic and dependable; (2) allow study over a consecutive three-year time span; and (3) provide the necessary base-line data against which it will be possible in the future to consider the effects of the new legal reforms.

How many Warrant patients are there in Canada?

The Quinsey and Boyd (16) survey published in 1977 yielded a total of 677 Warrant patients. Seven years later Webster, Phillips, and Stermac (17) obtained a figure of 867 for 1983. The present survey yielded a figure of 1007 on 1st March, 1988. The figure rose to 1120 on 1st March, 1989, and to 1156 on 1st March, 1990. It is clear that, with an increase of about 35 cases each year, there has been a slow but steady expansion of the system over time. Although, it is hard to predict with any certainty, it seems unlikely that this trend will be slowed or halted over the next few years. Indeed, it appears highly probable that there will be growth in numbers of "accused" persons held under hospital authority as UFST and what will now be known as "not criminally responsible on account of mental disorder" (NCRMD). There is also the point that the new law allows the provisions to be applied against persons accused of summary conviction offences.

What has been the 'turnover' in Warrants?

There are two ways of being detained under Warrant. Patients have been found UFST or NGRI. As would be expected, the turnover is higher in the former category than the latter. This is because a certain proportion of the unfit cases came to be seen as fit by the time of a first Board review (conducted within six months of the Court finding) or a subsequent review (held at least annually). Of the 1007 LGW patients under Warrant on 1st March, 1988, 91 per cent were there as a result of NGRI status

and the remaining nine per cent as UFST. During the 1988 year (1st March, 1988 to 28th February, 1989) 309 Warrants were issued. Only 140 (45 per cent) were NGRI; almost the complete balance, 168, were UFST (54 per cent). The same pattern holds for Warrants fully vacated during the year. Of the 251 Warrants vacated during 1988 in Canada, 147 were UFST cases (59 per cent) and 103 NGRI patients (41 per cent). Figures for 1989 and 1990 reflect approximately the same relative proportion of NGRI and UFST cases entering and leaving the system. It seems that, to some extent, the previous Criminal Code unfitness provisions allowed persons to receive seemingly necessary pretrial, brief psychiatric treatment. Some follow-up research is needed to determine how the Courts disposed of these UFST cases and how those decisions were affected by the seriousness of the index charges (i.e., to find out the proportion of cases in which charges were dropped; to find out the extent to which eventual sentences were withheld in consideration of restricted liberty while under Warrant). A study of a cohort of UFST cases in Québec found that the charges were dropped against 47 per cent of them once they were judged fit to stand trial (20).

What kinds of psychiatric disorders do these patients suffer from and how serious are their index crimes?

Most patients (64 per cent) who received a WLG were diagnosed as suffering from schizophrenia. Another seven per cent or eight per cent were said to present with affective disorders, and approximately 10 per cent with personality disorders. The remaining patients had widely varying diagnoses. The distribution of diagnoses was very stable over the three years of the project. The provincial differences were also stable. Quebec had the lowest percentage of patients diagnosed schizophrenic, about 54 per cent, and British Columbia the highest, about 85 per cent. Diagnoses were similar for men and women, and for those found UFST and NGRI.

Just over 30 per cent of the WLG patients had allegedly committed a homicide. Another 17 per cent attempted murder, another 24 per cent assault, and fewer than seven per cent committed sexual assault. Adding these figures suggests that three quarters of WLG patients were put on Warrant as a result of interpersonal aggression. About 10 per cent of the patients were under Warrant for minor offences. The alleged offences varied considerably across provinces, but most patients were under Warrant for serious violence directed towards others. This conclusion applies to both men and women. Generally, far fewer of those found UFST, as compared to those judged NGRI, were alleged to have committed serious violent offences. The relatively few personality disordered patients were distinguished by their history of violence; 50 per cent were alleged to have killed, 15 per cent to have tried to kill, 16 per cent to have assaulted another person, and nine per cent to have sexually assaulted.

How long did the patients spend on Warrant until full vacation and what proportion of the time was spent in Hospital?

Patients found UFST were hospitalized, on average, for 9.3 months (SD=24.1), and held on Warrant, on average, for 8.6 months (SD=20.7) (on average, one month lapsed between the Board's declaration that they were fit to return to trial and the actual trial). The time on Warrant varied considerably from one province to another. For example, Warrants of unfitness vacated between March 1st, 1990 and February 28th, 1991 had been in place, on average, in Quebec seven months, in Ontario 10 months, and in Saskatchewan 32 months.

Patients found NGRI were hospitalized, on average, for 53.0 months (SD=51.4), and held on Warrant, on average, for 78.2 months (SD=67.4). As with UFST cases, time on Warrant varied considerably from one province to another. For example, Warrants of insanity vacated between March 1st, 1990 and February 28th, 1991, had been in place, on average, in Quebec 49 months, in Ontario 130 months, and in B.C. 136 months. These provincial differences in length of Warrants were stable over the three years of the project, and have probably existed, at least since the early 1970s (see for example, 5, 16, 18). The differences appear to be due, in part, to differences in characteristics of the patients put under Warrant and, in part, to Board policy.

On what factors do the Provinces differ with respect to Warrant Patients?

Although there were similarities across provinces in terms of patients' characteristics such as age (mean = 40.0 years), gender (89 per cent male, and 60 per cent incidence of previous robbery charges), there were also some marked differences. False conclusions are easy to draw from the cross-provincial data. Numbers of Warrant patients in 1988 ranged from seven (Newfoundland) to 386 (Ontario), and in 1990 from three (Prince Edward Island) to 457 (Quebec). Obviously provinces with only a few cases can skew the overall impression. Ontario and Quebec, each with over 400 cases in 1990, allow for robust comparisons. Quebec's Warrant system grew over the three year span whereas Ontario's did not. Quebec with a rise from 345 in 1988 to 457 in 1990 accounted on its own for the bulk of the increase noted in "How many Warrant patients are there in Canada?" above. Ontario's increase was inconsequential, from 386 to 403 over the same period.

Relative to Quebec, Ontario was a more heavily criminalized population. Exactly one-half of the 1990 Ontario cases had been convicted previously of criminal offences. The comparable figure for Quebec was 32 per cent. At 13 per cent, Ontario Warrant patients had nearly double Quebec's previous convictions for sexual aggression (seven per cent). With respect to the index offence, Ontario's population at 39 per cent had

double Quebec's homicide rate of 19 per cent, figures which held up with respect to attempted murder (20.6 per cent versus 10.3 per cent). Almost all (87 per cent) the patients put on Warrant in Quebec had previously been hospitalized, and 72 per cent of them depended on welfare payments as their sole source of income. By contrast, in Ontario 70 per cent of the patients had previously been hospitalized and only 21 per cent had received social assistance. Patients in Quebec, according to the 1990 data which are essentially similar to those for the two previous years, were slightly more apt to be diagnosed as suffering from schizophrenia or other psychotic or paranoid conditions (73 per cent) than comparable patients in Ontario (70 per cent). The number of cases of mental retardation, though not high overall across the country (6.5 per cent) was highest in Quebec at 10 per cent versus 4.5 per cent in Ontario. The most notable difference diagnostically between Ontario and Quebec came in the use of personality disorder as a primary ascription with the condition being attributed in 18 per cent of cases in the former and only four per cent in the latter. Ontario traditionally has been the province with the highest proportion of personality disorders. It would appear, though, that this trend is decreasing in Ontario. Webster, Phillips, and Stermac (18) found a figure of 27 per cent in 1983. This figure dropped to 22.5 per cent in 1988, to 20 in 1989, and to 18 per cent in 1990. In 1990, only 1.6 per cent of the new Warrant cases in Ontario had a primary diagnosis of personality disorder. In a very general way it is probably fair to say that the Quebec Board is being held responsible for a group of chronic patients with major mental disorders who live in the community on welfare. Only one out of three had committed a violent offence. The Ontario Board, in contrast, is responsible for persons with major mental disorders, many of whom are homeless, have no source of income, and are repeatedly in and out of hospitals and jails.

The fact that Quebec and Ontario have over the years inducted apparently different kinds of patients makes it unsurprising that in 1990 fully a quarter (27 per cent) of Quebec's Warrant patients were cared for under the auspices of general hospitals. The comparable figure for Ontario was two per cent. Both of these large provinces held a little over a quarter of its Warrant population in maximum security hospitals (26 per cent in Ontario, 29 per cent in Quebec). Of incidental note is the fact that, over the three study years, there was a slight drop in the use of security hospitals with data from all provinces combined (42 per cent in 1988, 40 per cent in 1989, and 38 per cent in 1990). Whether or not there will continue to be small-magnitude decreases over time remains to be seen.

Quebec boasted the shortest mean length of time on Warrant (excluding PEI with its three cases). With UFST and NGRI Warrants combined, its average in 1990 was 50 months. This compares to Ontario's 95 and British Columbia's 94. Figures for the two preceding years were similar. We compared the length of Warrants for male schizophrenic patients in Ontario, in Quebec, and in the other provinces who were alleged to have committed homicide. In Ontario, these cases were held on average for

167.0 months (SD=53.5), in Quebec for 90.2 months (SD=43.1), and in the other provinces for 145.9 months (SD=53.6) ($F(2,29)=4.77, p=.02$).

It would appear that, generally, Quebec and Ontario employ the Warrant system differently. The Ontario patients have a stronger criminal background, commit more serious index offences, less often suffer from a major mental disorder, and spend longer on Warrant than their Quebec counterparts. In attempting to explain these differences, it must be remembered that provinces organize their health and social services in radically different fashions. That a large proportion of Quebec patients receive care and supervision from general hospitals reflects the fact that these institutions are equipped to carry out the role. That some 30 per cent of Warrant patients in Saskatchewan end up being housed in the Correctional Service of Canada's Regional Psychiatric Centre has to do with the fact that the facility, though not designed for unconvicted persons, is available and other resources are not.

What is the relationship between diagnosis and crime and length of detention?

The relationship between diagnosis and crime and length of detention remains unclear. The variables we have studied do not successfully predict length of hospitalization or time on Warrant. Multiple regression statistics were calculated separately for men and women to identify the predictors of length of hospitalization and time on Warrant. The predictors entered in the analyses were history of employment, previous criminal convictions, previous sentence to a correctional facility, previous conviction for a violent offence, previous psychiatric hospitalization, whether in treatment at time of the index offence, severity of the index offence, treatment in a maximum security hospital while under current Warrant, diagnosis of intellectual deficiency, and diagnosis of personality disorder. The regression equation calculated to predict length of hospitalization among male patients produced an R^2 of .11 ($F=15.21$, $p=.0002$). The same equation for female patients produced an R^2 of .24 ($F=6.50$, $p=.02$). In both these analyses, only one predictor, severity of the alleged offence, had a statistically significant beta weight. The regression equation calculated to predict time on Warrant for male patients produced an R^2 of .11 ($F=10.53$, $p=.002$). The same equation for female patients produced an R^2 of .19 ($F=4.47$, $p=.05$). Again, in both the analyses for male and female patients, only one predictor, the severity of the alleged offence, had a statistically significant beta weight.

While the predictors of time in hospital and time on Warrant continue to elude us, a number of facts have emerged from our analyses. For both men and women the most important variable, among those we studied, influencing length of hospitalization and time on Warrant, was the severity of the alleged index offence. Among patients found NGRI, the men spent, on average, 17 more months on Warrant than the women.

Yet the percentages of men and women alleged to have committed homicide, attempted murder, and assault are similar. Among patients found NGRI, those with a diagnosis of schizophrenia are held on Warrant, on average, 11 months longer than those with personality disorders. The length of unfitness Warrants are similar for both genders and across diagnostic categories.

Were there any marked changes in the characteristics of the WLG population over the three year period?

The answer to this question is no. Trend analyses conducted on all the principal variables indicated that the system was very stable over the three year study period. Neither characteristics of the patients' nor the Boards' decision making practices changed appreciably over the study years.

Have the Boards met their Statutory Obligations?

The project allowed for the collection of limited data on decision-making at the Board level. Between 1st March, 1990 and 28th February, 1991 the Boards heard 1233 persons. In all, 1504 hearings were conducted. Seventy nine percent had a single hearing. Twenty percent had two hearings. One percent had three or more hearings. The average number of hearings was 1.2 per patient. Although, the old provisions did not require that the patient attend his or her hearing, this did occur in over nine out of 10 cases. Quebec had the lowest attendance rate but even it reached 80 per cent. Provinces showed considerable variability in the extent to which their Warrant patients were represented by lawyers. Alone among the three provinces with the largest Warrant populations, Ontario had a lawyer-representation rate of 78 per cent with Quebec and British Columbia at seven per cent and five per cent respectively. Support at the hearing from wives, husbands, family members and other persons also varied considerably. Ontario had a rate of 34 per cent, Quebec of 22 per cent, and B.C. of 5.5 per cent. The most common Board recommendation in Ontario, one given in 77 per cent of cases, was that of hospitalization in the same institution; the most common recommendation in Quebec was that permission be granted for the patient to live outside the hospital (33 per cent). Only in 22 per cent of cases did the Quebec Board recommend hospitalization at the same institution. Quebec's second most frequent recommendation was Warrant vacation at 21 per cent. This contrasts with Ontario's nine per cent and the cross-country average of 13 per cent. Board recommendations were accepted by the Lieutenant Governor or provincial cabinet in 98 per cent of cases across Canada.

Discussion

The present study is largely descriptive. It provides simple but important data concerning a large group of persons held for mental health reasons under Criminal Code authority. The Criminal Code provisions in effect at the time of data collection were in some cases imprecise. This meant that procedural variations among provinces were considerable which, in turn, complicated the task of amassing and analyzing information. The amendments, not all of which have taken effect, are aimed at ensuring that, relative to the previous state of affairs, Warrant patients have: (A) improved procedural protection at hearings; (B) reduced risk of being held in jails pending hospital placements; (C) increased likelihood of securing complete release from Warrant at the earliest realistic date. These and other changes, arising partly as a result of successive protracted studies and partly from R. v. Swain, are apparently intended to guard the accused's interests (eg., the crown attorney will now have to demonstrate that it continues to have a case against the UFST person; the NGRI patient will have to be released outright or into civil authority at the end of his or her cap; lengths of remand times for the purpose of psychiatric assessment are decreased). The total Warrant population could shrink over time.

Although it is possible that there will be a reduction in the size of Warrant population before the year 2000, it is also possible that the opposite will occur. The present data should help determine whether in fact the new provisions will create an expansion of the Warrant system. This might come about because prosecutors will come to make extensive use of the 'dangerous mentally disordered accused's framework (transferred with relatively minor alterations from Part XXIV of the Criminal Code). Once a person has been found 'dangerous' by the Court in a special hearing it may, if experience under Part XXIV is any guide (21), become almost impossible later for that individual to find release from indeterminate detention. Some persons who would otherwise be capped at 10 years may, in other words, be moved as a result of the added deliberate Court decision into a particular high risk category. Once in that category they may be less likely than formerly to be able to secure partial or full vacation. There is also the point that the actual rather than intended effect of introducing the two year and ten year caps will be to have the Boards come to see themselves as 'authorized' to hold individuals to the maximum. The mere stipulation of upper bounds may mean that persons on Warrant will reach those limits (i.e., that Boards will be less inclined than formerly to recommend releases at one year, at five years, etc.). As well, there is a distinct possibility that more persons than previously will be found UFST. The defense bar, knowing that the onus is on the crown attorney to ensure that there is in fact a case against the accused, and that there is to be a two-year cap for summary offences, may be less inclined than previously to employ stratagems aimed at averting transfer from the criminal justice to the mental health system.

We avoided speculation during the course of the study years. Not only did we not know what changes to the Criminal Code would be introduced but we had no actual knowledge as to when they would take effect. As it turns out, Parliament's timing was ideal so far the overall project is concerned. With three years of data collection in hand, it will now, with only slight modifications to the data collection system, be possible to gauge quite well the effects of this new and important legislation.

REFERENCES

1. Turner R.E. (1987) "Warrants of the Lieutenant Governor". Canadian Journal of Psychiatry. 32: 337-341.

2. Schiffer M. (1978) Mental Disorder and the Criminal Trial Process. Toronto: Butterworths.

3. Savage H. and McKague C. (1987) Mental Health Law in Canada. Toronto: Butterworths.

4. R. v. Swain (1991) 63 C.C.C. (3d) 193.

5. Haines E.L. (1984) The Ontario Lieutenant Governor's Board of Review, Third Edition. Ontario: Queen's Printer.

6. Jobson K.B. (1969) "Commitment and Release of the Mentally Ill Under Criminal Law". Criminal Law Quarterly. 11: 186-203.

7. Mental Disorder in the Criminal Process. (1976) E.P Hartt, Chairman. Reform Commission of Canada: Ottawa. 36-40.

8. Mental Disorder Project. (1985) Criminal Law Review. Final Report. G. Sharpe, Project Chief. Department of Justice Canada. September.

9. Proposed Amendments to the Criminal Code (Mental Disorder). The Minister of Justice, 1st session, 33rd Parliament 33-34-35 Elizabeth II, 1984-85-86, 16-32.

10. Bill C-30. An Act to Amend the Criminal Code (Mental Disorder) and to Amend the National Defence Act and the Young Offenders Act in Consequence Thereof. Third Session. Thirty-fourth Parliament. 40 Elizabeth 11. November 21, 1991.

11. Webster, C.D., Hodgins, S., Phillips, M.S., and Stermac, L. (1985) Feasibility of Establishing a Canadian Data Base for Forensic Patients under Warrants of the Lieutenant Governor. Report submitted to the Department of Justice Canada.

12. de St. Croix, S., Dry, R. and Webster C.D. (1988) "Patients on Warrants of the Lieutenant Governor in Alberta: A statistical Summary with Comments on Treatment and Release Procedures". Canadian Journal of Psychiatry. 33: 14-20.

13. Hodgins S., Webster C.D., Paquet J., and Zellerer E. (1990) Canadian Database: Patients held on Lieutenant Governors' Warrants. Year 1 Annual Report. January.

14. Hodgins S., Webster C.D., and Paquet J. (1990) Canadian Database: Patients Held on Lieutenant Governors' Warrants. Year 2 Annual Report. September.

15. Hodgins S., Webster C.D., and Paquet J. (1991) Canadian Database: Patient Held on Lieutenant Governors' Warrants. Year 3 Annual Report. August.

16. Quinsey, V.L. and Boyd, B. (1977) An Assessment of the Characteristics and Dangerousness of Patients Held on Warrants of the Lieutenant Governor. Crime and Justice. 4: 268-274.

17. Webster, C.D., Phillips, M.S., and Stermac, L. (1985) Persons Held on Warrants of the Lieutenant Governor in Canada. Canada's Mental Health. 33: 28-32.

18. Hodgins, S. (1987) Men Found Unfit to Stand Trial and/or not Guilty by Reason of Insanity: Recidivism. Canadian Journal of Criminology. 29: 51-70.

19. Phillips, M.S., Landau, T. and Osbourne, C. (1987) Persons discharged from Warrants of the Lieutenant Governor. 32: 343-350.

20. Hodgins, S. and Hébert, J. (1982) Les personnes ayant reçu un mandat du Lieutenant-Gouverneur au Québec de 1973 à 1975: Une étude de leur récidive criminelle. Cahier de Recherche de l'Institut Philippe Pinel de Montréal. 2.

21. Webster, C.D., Dickens, B.M., and Addario, S. (1985) Constructing dangerousness: Scientific, legal and policy implications. Toronto: Centre of Criminology, University of Toronto.