

First Annual Report 1977

Metropolitan Toronto
Forensic Service

6/4/77

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 the aforementioned areas.

METFORS

99 Queen Street West

NCJRS

AUG 15 1979

June 9, 1978

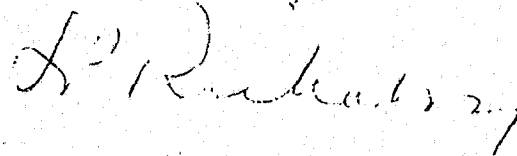
ACQUISITIONS

The Honourable R. Roy McMurtry, Q.C.
Attorney General for Ontario
18th Floor
18 King Street East
Toronto, Ontario
M5C 1C5

Dear Mr. Attorney:

In accordance with the provisions of Section 5 of Order-in-Council 1417/77, I am pleased to submit the first Annual Report of the Metropolitan Toronto Forensic Service (METFORS) for the period May 15, 1977 to March 31, 1978.

Yours very truly,



J. P. Rickaby, Q.C.
Chairman of the Board

JPR/sng

METROPOLITAN TORONTO FORENSIC SERVICE

FIRST ANNUAL REPORT - 1977

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METROPOLITAN TORONTO

FORENSIC SERVICE

B O A R D O F D I R E C T O R S

MR. J.P. RICKABY, Q.C., CHAIRMAN,

CROWN ATTORNEY FOR THE JUDICIAL DISTRICT OF YORK

Mr. G.R. Thompson,
Deputy Minister,
Correctional
Services.

Mr. W.C. Jappy,
Director, Ministry of
Psychiatric Hospitals Branch,
Ministry of Health.

Mr. R.C. Hansen,
Executive Director,
Clarke Institute of Psychiatry.

Dr. R.E. Turner,
Professor of Forensic Psychiatry,
Director and Psychiatrist-in-Charge
METFORS

Mr. M.S. Phillips, Secretary,
Deputy-Director - Administration,
METFORS

(1), simple increase in urban population (need); (2), scientific and clinical developments within psychiatry and allied disciplines (greater understanding of mental disorder); (3), modifications in the substantive law such that psychiatric evidence is deemed relevant in an increased number of cases (recognition of psychiatric competence); (4), attempts on the part of lawyers and others to plan services and prepare legislation that is fair and humane (reports, studies, commissions); and (5), the outcome of scientific investigations (the order inherent in our medical-legal system).

In what follows we try to show briefly how need, advances in psychiatry, recognition of psychiatric competence, legislation and scientific study have combined over the past fifty years to give us the system of forensic assessment presently found within the BAU. In this brief introduction we: (1), examine the development of forensic services within the Toronto Psychiatric Hospital (1926-1956); (2), review the development of the Forensic Clinic of the Toronto Psychiatric Hospital (1956-1966); (3), consider the establishment of the forensic services within the Clarke Institute of Psychiatry (1966-present); and, finally, (4), trace the development of the latest specialized forensic service in Metropolitan Toronto, METFORS (1977-present).

(1) The General Forensic Programme at Toronto Psychiatric Hospital
(1926 - 1956)

The legislation establishing the Toronto Psychiatric Hospital was

FIRST ANNUAL REPORT
Metropolitan Toronto Forensic Service
(METFORS)

HISTORICAL REVIEW

Dr. R.E. Turner, Psychiatrist-in-charge and Director

This first Annual Report of METFORS is mainly devoted to a description of its present way of working and to a brief discussion of its future. Yet it is not possible to comprehend fully the significance of its functions without at least some reference to the historical events which brought it into being. As we describe below, METFORS came about largely because of the Courts' need. But need itself is not necessarily sufficient to establish a major programme, especially in times of marked financial restraint. Requirements for costly human services have to be recognized, studies have to be conducted, plans have to be laid, legislation must be enacted, and organizations have to be created. And if services are to remain in effect, programmes must be developed to meet the aims as originally stated and to accept new challenges as they arise. For these reasons it is appropriate here to give an overview of the history of METFORS and to state clearly what is expected of it during the next few years. It is, we think, important to establish for the record the outline of our history in this First Annual Report.

The post-war change from general all-encompassing psychiatric services to more refined and specialized services is due to a number of factors:

enacted by the Province of Ontario in 1925. It contained a section whereby a judge or magistrate could commit an offender to the hospital for mental observation. The order was issued on the request of the prosecution, the defence or the court proprio motu. Ten beds were set aside for forensic cases. These beds were distributed throughout the general hospital population. This was possible as most of the offences were relatively minor. There was no limit on the period of observation which averaged a little over five weeks.(1) During its thirty year history the programme assessed nearly 5,000 persons.

The last six years of its existence are perhaps of particular importance for two reasons: first, Dr. Kenneth G. Gray had, in 1949, joined the Department of Psychiatry, University of Toronto, as Chief of the Forensic Service of the Toronto Psychiatric Hospital; second, there began to be published under his influence, a series of articles on the work of the clinic. Those papers remain important and indeed are guiding our present research practices to a considerable extent.

The paper by Gordon Watson (now Director of the Centre of Criminology, University of Toronto), John Rich, and Kenneth Gray (1957) deserves particular comment as it summarizes very clearly the outcome of the last six years of the General Forensic Programme's life. Not only does the paper give a very detailed description of the population, but it shows the extent to which the courts were influenced by psychiatric opinion. Moreover it even provided follow-up data on persons returned to the court or sent to hospital. Studies of this sort are rare even today.

The Watson, Rich and Gray paper shows the gradually increasing demand for forensic assessment services. Over the seven-year period, 1950-1956, the number of cases assessed each year rose steadily - 56, 74, 76, 83, 97, 84, and 91. Sheer number of cases was not the only factor of importance. The interest of the public in Toronto was aroused during the winter of 1955-56 due to the death of three children in sex-related crimes. In addition there was the fact that it was not possible to provide outpatient services to persons who were not certifiably mentally ill or retarded. This defect was remedied in 1956 when the Government of Ontario established a special outpatient clinic for the diagnosis and treatment of adult offenders.

(2) The Forensic Clinic at the Toronto Psychiatric Hospital
(1956-1966)

The statutory authority for the new clinic was contained in Section 23 of the Psychiatric Hospitals Act. Under this authority it was possible for a judge or magistrate to order any person before him charged with or convicted of any offence to attend the Clinic for physical or mental examination, diagnosis, or treatment. The legislation also spelled out the persons to whom the director of the Clinic could supply information.

At the time the clinic was established there was little information to guide the Director, Dr. R.E. Turner, and other persons who had been instrumental in forming the clinic. It was hoped that they would be

able to provide a service to the courts and that, through affiliation with the Department of Psychiatry at the University of Toronto, the clinic would become a centre for research and teaching.

Guidance did in fact come not only from actual clinical experience but also from the 1958 Report of the Royal Commission on the Criminal Sexual Psychopath chaired by the Honourable J.C. McRuer. Some of the Commission's recommendations reaffirmed steps that had already been taken in Toronto (see first two quotations below) and others pointed to directions which needed to be followed (third and fourth quotations below).

"The courts should be given power to refer any prisoner convicted of any indictable offence for psychiatric examination before sentence."

"...Diagnostic centres equipped with proper medical facilities should be established in conjunction with special institutional treatment under the direction and auspices of universities. These diagnostic centres should operate in close relationship with the courts."

"...there is great necessity for concentration on ways and means of clinical study and experiment to arrest the development of sexual deviation. The responsibility for this extends far beyond the jurisdiction of the courts, and even of the legislative bodies."

"There is urgent need in Canada for research in all aspects of sexual deviation, with a view to development of means of correction and prevention."

While it is not important here to give the reader the details of the many scientific accomplishments (see, for example, Mohr, Turner and Jerry, 1964) which characterized the Clinic's history (see, Turner

1960 for a full account), it is important to give a sense of the tone of the work. In essence an attempt was being made to bridge the gap between the Court and the Clinic and to resolve, to some extent, the punishment-versus-treatment issue, at least as it related to sexual offenders. Professor A.B. Stokes, then Director of the Toronto Psychiatric Hospital and chairman of the Department of Psychiatry, University of Toronto, caught that spirit well in his forward in the 1964 Annual Report comments of the Clinic. His remarks were in part as follows:

But in terms of human conservation punishment alone is not the simple answer to the violation of the society's, law and order. The possibilities of restorative measures, of returning the erring member to a rightful place in the social matrix, are worthy of rational, cool-headed, explorations: as with all explorations, detailed direct observations of the presenting phenomena are essential for successful progress. The Forensic Clinic provides this rational approach to the criminal, his offence and the circumstances in which the violation of the law occurred; already the opportunities of treatment, as contrasted with punishment, are dimly seen for careful testing by social psychiatric techniques. The Forensic Clinic has indeed been fortunate in the establishment of a strong collaborative relationship with the courts: the medico-legal confluence has not yet become a flood of mutual endeavour but has attained a stream of common understanding. On the one side, the probing research activities of the clinic have been recognized by the courts as providing helpful firm material for judicial appraisal: on the other side, the openmindedness of the courts has been an encouragement to clinical activity of disciplined kind and to pointed effort in field enquiries.

Developments within forensic psychiatry during the years under discussion were of course matched by changes in other specialities within the field of psychiatry. The services could not be provided adequately within the structure of the Toronto Psychiatric Hospital

and it became necessary to create an entirely new hospital. That is why the Clarke Institute of Psychiatry came into existence on July 1st, 1966.

(3) The Forensic Programme at the Clarke Institute of Psychiatry
(1966 - Present)

The Institute was established in 1964 under the Ontario Mental Health Foundation Act as amended in 1965. The legislation provided for the Institute to develop as a teaching, research and service hospital under a Board of Trustees and responsible through the Ontario Mental Health Foundation to the Minister of Health. The Institute was recognized as a public hospital under the Public Hospitals Act of Ontario and it was enabled to function as a teaching hospital by means of an agreement with the University of Toronto.

The move to the Clarke Institute of Psychiatry suited well the now-established pattern of inpatient and outpatient services backed by strong research interest. Both of the services of the Toronto Psychiatric Hospital were transferred to the Institute and were located on the fourth floor. The availability of a whole floor meant that the outpatient division could be enlarged and that the number of forensic beds could be increased to twenty-two.

Yet this consolidation of services soon gave way to further extension when in 1967 the Institute signed an agreement with the Minister of

Justice and the Attorney General of Ontario to establish the Psychiatric Clinic for The Juvenile and Family Court of Metropolitan Toronto. The Clinic continues to function harmoniously with the Courts and with the Institute.(1) The main Institute programmes in forensic psychiatry continue to gain wide recognition for their clinical and scholarly work. Other programmes have developed from the Institute's expertise in the area of forensic psychiatry (e.g., contracts with the Ministry of Correctional Services) but it would be beyond the scope of the present report to consider them further here. It is now appropriate to turn to the one development of main interest, the formation of METFORS.

(4) METROPOLITAN TORONTO FORENSIC SERVICE (1977 - Present)

Although METFORS did not come into being until 1977, pressure for such a service had been building for a number of years. Under the previous arrangement, the Clarke Institute performed for the courts assessments both on an inpatient and an outpatient basis. As well, it arranged for staff psychiatrists to visit the Toronto Jail in order to conduct evaluations.

This system did not prove satisfactory because the Institute did not have the necessary psychiatric staff and because the jail lacked a properly equipped diagnostic facility.

(1) Chamberlain, C. Psychiatric Service to the Juvenile Court.
Canadian Psychiatric Association Journal, 20, 599, 1975.

That the Toronto Jail was not suited to the task of psychiatric evaluation had not escaped the notice of the Ministry of Correctional Services. Senior officials in that Ministry saw clearly that the expanding needs of the courts of Metropolitan Toronto exceeded the capability of the forensic services available to meet them. There were delays in obtaining psychiatric assessments and these delays were creating delays in the court process itself. Such was the pressure that a large number of the assessments had to be conducted by the Jail's medical staff rather than by psychiatrists expert in forensic matters. The staff problem was coupled to a problem inherent in the Jail - lack of proper space and other conditions necessary for usual psychiatric examinations. In essence, the Ministry of Correctional Services already limited psychiatric resources were being taken away for court assessment work leaving insufficient time for the treatment of prisoners. The situation we are describing had been accurately understood by the 1972 Botterell Report which noted:

The practice of utilization of Ministry of Correctional Services psychiatrists for adult courts depletes the already inadequate Ministry psychiatric services to sick prisoners. It also makes it difficult to obtain the services of psychiatrists interested primarily in clinical care of ill prisoners...(p.169)

A way out of this difficulty was to be found in one of the recommendations of the Botterell Report. It was suggested that:

an inter-ministerial study should be promptly initiated to establish what health services should be provided by the Ministry of Correctional Services, by the Ministry of Health, and by the Ministry of the Attorney General. The study should include consideration of the extent to which services should be actually housed in the Ministry of Correctional Services while staffed by other Ministries. (p.230)

At its meeting of August 15, 1974, the Justice Committee of Cabinet received a submission from the Ministry of Correctional Services indicating the need for improvement in the provision of forensic psychiatric services to Metropolitan Toronto courts. The Justice Committee acknowledged the need for a study to be made of alternative solutions, their program implications, costs and staffing issues.

A committee was established under the Chairmanship of Mr. G.R. Thompson, Assistant Deputy Minister, Operations, Ministry of Correctional Services, with instructions to report back to the Justice Committee on or before October, 17, 1974. The following group was appointed to form with Mr. Thompson, the study committee: Mr. J.K. Maynard, Director, Psychiatric Hospitals Branch, Ministry of Health; Mr. P.J. LaSage, Q.C., Director of Crown Attorneys, Ministry of the Attorney General; Dr. H.C. Hutchison, Executive Director, Health Care Services, Ministry of Correctional Services; Dr. R.E. Turner, Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto and Medical Director, Clarke Institute of Psychiatry; and Dr. J.J. Hug, Coordinator - Program Analysis, Ministry of Correctional Services served as a resource staff member.

The Committee met on five occasions. In addition, Dr. Hutchison and Dr. Turner visited two different court clinic operations which had been functioning for some years in Washington and Baltimore and

several Committee members had the opportunity to gain from His Honour Chief Judge F.C. Hayes views on the most effective provision of psychiatric evaluation for the courts.

The Inter-Ministry Committee was impressed with the value to the court of a court-based assessment service backed up by additional inpatient services in the relatively small percentage of cases in which this extended assessment period is required. The Committee was convinced that any newly-established court-based assessment service should be a component of a larger, recognized forensic assessment and treatment complex, associated with a university where there would be scope for assessment, treatment, research and teaching. It was also recognized that a university affiliation would have the advantage of allowing for the involvement of senior resident psychiatrists who could be trained in court or correctional forensic work.

For these various reasons, the Committee believed that the stature and reputation of the University of Toronto and the Clarke Institute of Psychiatry would be the preferred "base" for any court-based assessment team. It was estimated that 25 additional inpatient beds were needed to cope with the referrals from Metropolitan Toronto. It was recognized that Court referrals to such an inpatient service could be made under either the Criminal Code of Canada or the Mental Health Act, though experience has shown that most are usually made under the Code.

The Committee's analysis of current and predicted assessment practices in the Metro courts suggested that 5% of the total caseload, excluding traffic offences, would likely be referred for psychiatric assessment. Of these cases referred, they believed that 80% would be dealt with adequately by a court-based clinic (i.e., the Brief Assessment Unit). The additional referrals for inpatient assessment would, as already mentioned, necessitate development of a medium security setting within a psychiatric hospital to accommodate up to 25 patients.

In its deliberations, the Committee had in mind the possible applicability of its proposed model to other parts of the Province. It suggested that departments of psychiatry in various universities across the Province provide the best focus for extended development of forensic services to the courts. It was thought important to link these specialists to court clinics, inpatient assessment units, and treatment facilities in such a way that there would be established a hierarchy of unrelated services. Most of all it was thought that under such a scheme it would be possible to make most effective use of scarce professional staff and to enhance the training of new specialists.

The Committee was very conscious of the need for an overall plan for the Province. It was thought that in several large urban centres, development of a university-associated court clinic service and attendant medium secure inpatient facilities in a psychiatric hospital would be relatively easy. It was recognized that in other parts of

the Province, the court clinic service would have to be developed through use of part-time psychiatric assistance. Also it was thought that in more remote areas there would have to be increased reliance upon transfer to inpatient assessment units within psychiatric hospital medium security forensic facilities as these are developed.

In its original recommendations the Inter-Ministerial Committee suggested both the development of a Court Clinic and the provision of 25 medium-security inpatient beds. It was suggested that the beds be either at Queen Street Mental Health Centre or Lakeshore Psychiatric Hospital. Yet as planning progressed it seemed advisable to: (a), place both the Court Clinic and the Inpatient Unit under the same administrative roof; (b), place the administration of both units under a non-government agency. In essence, the Committee recognized the fact that without its own beds, the Clinic would probably over-run the already taxed facilities of the Clarke Institute of Psychiatry and the Queen Street Mental Health Centre. Accordingly, it made a revision to its submission in the early part of 1975. In further recommendations to the Management Board of Cabinet it was suggested on September 29th, 1976, that Queen Street Mental Health Centre be asked to provide space. It was argued that accomodation was available and that it could be renovated without too great a cost.

After discussion between representatives of the Clarke Institute, Queen Street Mental Health Centre, and the Ministry of Health, and after extensive work by a planning and implementation committee, the

Clarke Institute was formally requested to administer METFORS. By this time, Mr. J. Greenwood, Director of Crown Attorneys, and Mr. W. Jappy, Director of Psychiatric Hospitals Branch, had replaced Messrs. LaSage and Maynard respectively on the inter-governmental task force.

The Metropolitan Toronto Forensic Service was established by Order in Council, O.C. 1417/77, on May 15, 1977. The next day, one of us (R.E.T.), was appointed by the Attorney General as Psychiatrist-in-Charge and Director. One week later two other appointments followed: Dr. F.A.S. Jensen as Deputy Director - Clinical and Mr. M. Phillips as Deputy Director - Administration.

In the joint news release by the Ministry of the Attorney General and the Ministry of Health, emphasis was placed on the need for the clinic and on the role it is expected to perform. Mr. McMurtry, the Attorney General said: "Although such psychiatric services are being rendered in a limited way, the demands on the courts and the volume of persons appearing before the courts have exceeded the capacity of present psychiatric services." Mr. Timbrell, Minister of Health said: "The program's professional staff of psychiatrists, psychologists, social workers and nurses and support staff will have major commitments to teaching and research as well as to clinical service...This is recognized as a pilot project for possible expansion to other areas of the Province."

The Board of METFORS, which met for the first time on May 19th, 1977, was constituted as follows: Mr. F.J. Greenwood - Assistant Deputy Attorney General - Criminal Law (Chairman); Glenn R. Thompson - Deputy Minister, Ministry of Correctional Services; Mr. W. Jappy - Director, Psychiatric Hospitals Branch, Ministry of Health; Mr. R.C. Hansen - Executive Director, Clarke Institute of Psychiatry; Dr. R.E. Turner - Psychiatrist-in-Charge & Director, Metropolitan Toronto Forensic Service. This Board continues to serve to the present time with the exception that following Mr. Greenwood's resignation from the Ministry of the Attorney General, Mr. P. Rickaby, Crown Attorney for the Judicial District of York, now serves not only as a member but as chairman. This topic cannot be left without acknowledging with gratitude Mr. Greenwood's immense organizational ability and his enthusiasm for our new project, METFORS. He deserves a very great deal of credit for his thorough study of the circumstances and for his efforts on behalf of offenders whose mental condition is in doubt.

METFORS was opened officially on September 15, 1978 by The Honourable R. Roy McMurtry, Attorney General for Ontario, who gave a speech which not only summarized much of the material outlined above but also suggested our main responsibilities - first rate clinical work and a commitment to research, particularly into the causes of violent criminal acts.

The following section and the statistical supplement outline what has happened between opening day and the end of our financial year (March 31st, 1974). As the reader will see, we have already made excellent progress in establishing this much-needed new assessment service in Toronto.

BRIEF ASSESSMENT UNIT

Dr. F.A.S. Jensen, Deputy Director - Clinical

The historical review given in the first section of this report describes why, for a variety of reasons, it became necessary to discontinue psychiatric assessments in the jails of Metropolitan Toronto and create a 'Brief Assessment Unit' (BAU) which would function as a service to the Courts. The review concludes with mention of the opening ceremonies and the reader might well think that the BAU began its work in mid-September, 1977. This did not happen for a variety of reasons having to do with completion of security arrangements for the newly-adapted premises on the fourth floor of the Northern Service at Queen Street Mental Health Centre, the disposing of certain minor legal difficulties, and the necessity of arranging transportation of persons to the BAU from the Toronto Jail and the East and West Detention Centres. Our first patients did not actually arrive at the Brief Assessment Unit until 23rd January 1978. From opening day, and for some months previous to that date, the two staff psychiatrists attached to the BAU visited the Toronto Jail and the two other detention centres in the traditional manner.

The period from June to mid-January was taken up with providing the routine assessment service as described above and to assembling and training the BAU staff. Staff were gradually acquired over the months

preceding the official opening and training began in earnest during October 1978. This involved inviting staff from other disciplines to accompany the psychiatrist on his visits and also arranging various meetings, lectures, and discussions.

By the time the Unit received its first persons for assessment, the staff had developed a rather well worked out administrative plan. This plan remains in effect though some modifications have been found necessary. The essential aim of the BAU has been that of providing rapid psychiatric assessment of persons before the Courts.

How that objective of rapid assessment is reached can best be understood by a brief description of the way a person is treated during his visit to the Unit. At approximately 9:00 a.m. the man or woman is brought to the Unit under a Medical Temporary Absence Permit by staff from the detention centres of the Toronto Jail. After the paperwork has been processed the person is transferred to a secure holding area. There one of our senior nursing staff obtains information for clinical and research purposes. Then follows a group interview described in the quotation at the beginning of this section. The composition of the staff group varies a little but normally includes a psychiatrist as leader, a social worker, a psychologist (or psychometrist), a correctional officer, and the nurse.

It is usually fairly clear why the psychiatric examination has been ordered. Sometimes it is for bail assessment, sometimes fitness to stand trial, and occasionally it is for a pre-sentence report. A

major task of the interdisciplinary team is to isolate, in the early stages of investigation, the exact issue or issues of concern. Once these issues have been identified, all efforts are directed toward answering the questions of interest (Is he fit for bail?, Is he fit to stand trial?, Is he mentally disordered?, Is he certifiable under the Mental Health Act?, Is he dangerous? etc.). As a result of examining the background and the outcome of the interview by the group, decisions are reached about what further information is needed.

In some cases it will seem apparent that social work investigation is necessary. METFORS has two social workers and these two persons serve the Inpatient Unit as well as the BAU. Social work involvement is not therefore routine. The social workers will interview the client, telephone the spouse, other relatives, friends, employers, and any other person who might be able to contribute useful information. As well as doing this investigatory work, the two members of this department have research responsibilities. A project already underway is a research study of different patterns of marital conflict.

Psychologists are normally included in the examining team as a matter of routine. At present they administer a variety of tests according to the needs of the particular individual. Yet some tests, such as a short version of the Minnesota Multiphasic Personality Inventory are given to almost all patients. We have taken steps so that we have direct access to a computer by way of a terminal located on the Unit.

This terminal allows us to use the services of government and university computers. In this way the psychologists can score the tests very quickly and have the information in hand for the concluding conference later in the day. Other tests, specifically designed for use at METFORS, are under construction. Most of the effort is being directed at the development of a new scale of ego strength. Much of the psychological work in the Brief Assessment Unit is done by the Chief Psychologist. The essential point of psychological testing is to confirm or refute specific hypotheses suggested by the early morning interview.

Correctional officers, seconded by the Ministry of Correctional Services, form part of the assessment routine for three reasons: (1), to take responsibility for security; (2), to make careful behavioural observations; (3), to obtain training in the field of assessment. These officers record behaviour systematically on forms mainly of their own devising. The information is of course confidential and filed by the Research Scientist.

The Brief Assessment nurse is responsible for making all of the detailed arrangements necessary for the Unit's functioning. She makes sure that people, both staff and those being assessed, get to the right places at the proper times and with the necessary paperwork. In addition, she assumes responsibility for medical emergencies as they arise.

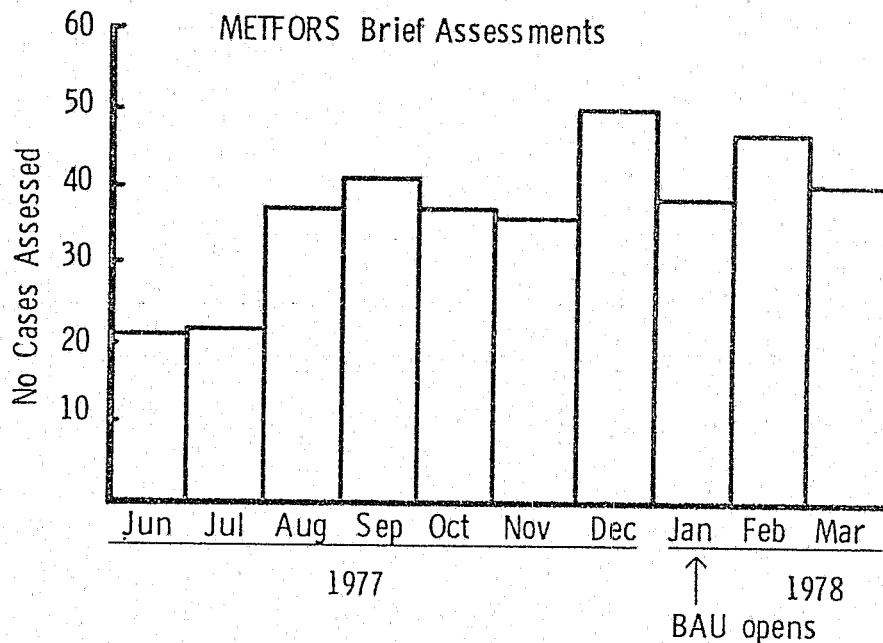
It should be clear from the above description that the success of the BAU's work depends upon each member of the assessment team carrying out properly his or her part of the plan. Very frequently, this means that individual staff members will spend additional time with the person being assessed. As well, there may have to be small meetings between persons from different disciplines during the day. All effort is toward the final group meeting in the afternoon at which time it is decided what the Court needs to be told and how best to give the information. Once this is settled by the group, the psychiatrist dictates the letter which is then typed rapidly. The signed letter is then conveyed with the person back to his holding location (Toronto Jail or the Detention Centres) so that it will be in the judge's hands at the time of his next appearance in Court. It must be recognized that the present description is based on one case only. Some days we have seen as many as six persons.

One of the most vital aspects of the BAU's functioning is record keeping. Each member of the team has to fill in independently a one page form on each person assessed. This system has been devised by the research scientist, who expects to be able to determine which persons or which disciplines agree most closely in their judgements.

The eventual aim is to find out how these judgements relate to actual outcome as determined by follow-up study. Only if records are made

accurately and maintained carefully will it be possible to do useful research in the future.

The results of the record keeping can be examined by referring to the Statistical Supplement to this Report. There we give a great variety of information about the types of offences our clients are alleged to have committed, the various psychiatric diagnoses which apply, and so on. For present purposes, however, we simply show in the top panel in Figure 1 the number of cases seen over the months. Presumably these figures will rise in the coming year. Just how much they rise will be of interest to readers of the next Annual Report.



There are many research questions of interest prompted by the operation of the BAU. Above we mentioned the value of studying the extent to which different clinicians reach agreement on certain crucial issues (e.g., the extent to which persons might be considered dangerous to themselves or others). But the most basic work of all involves the pedestrian but necessary task of finding out the extent to which psychiatric recommendations affect court dispositions. Our Research Scientist and an M.A. Student from the Centre of Criminology, University of Toronto, are at work on these and other issues. Grants have been applied for (see Appendix E) and their availability will allow us to find out whether or not we can begin to develop within the BAU the sort of research programme which characterized the Forensic Clinic during its formative years at the Toronto Psychiatric Hospital.

There are many research questions of interest prompted by the operation of the BAU. Above we mentioned the value of studying the extent to which different clinicians reach agreement on certain crucial issues (e.g., the extent to which persons might be considered dangerous to themselves or others). But the most basic work of all involves the pedestrian but necessary task of finding out the extent to which psychiatric recommendations affect court dispositions.

The Brief Assessment Unit has as its major objective the provision of a rapid assessment to the Courts. This can be an assessment completed

in one day or longer, within the mandatory remand period. This time adequately allows for an assessment of the mental status of a patient in the areas of: (1), fitness to stand trial; (2), fitness for bail; (3), presence of mental illness and certifiability under the Mental Health Act; and (4), dangerousness.

The Brief Assessment Unit also serves as a filter for the disposition of cases, allowing them to continue through the Criminal Justice System, be diverted to a psychiatric hospital for treatment under the Mental Health Act, or be sent back to the Court with a recommendations for an extension of the remand period.

The assessment is a multi-disciplinary procedure involving psychological testing and opinions from social work, nursing, and correctional staff. This provides an in-depth assessment of the person through a varied series of observations. Short though it is, the period of time allotted to us permits for a second and third interview of the patient after most of the data and other relevant information have been collected. From this, the staff are able to synthesize a composite picture of the person by putting all the parts together and collectively re-examining the individual. In this way we are able to provide the Court with a great deal of relevant information.

INPATIENT UNIT

Dr. R.J. Mahabir - Chief of Service, Inpatient Unit

There are some patients who cannot be evaluated through the rapid screening of the Brief Assessment and who need observation in a secure hospital setting for several days. The Inpatient Unit is designed to provide this service. The addition of a 23-bed Inpatient Unit to complement the BAU has enabled METFORS psychiatrists to recommend that the Court remand to us patients requiring extended analysis. While by no means all patients admitted to the Inpatient Unit are seen previously in the BAU, the administrative inter-connection between the two assessment programmes has worked to the advantage of both the patients and the staff. Patients are spared having to give the same information twice and, because many of our staff work in both programmes, they find it easy to adjust to the Inpatient Unit. Staff in many cases have the chance to follow and be interested in a particular patient as he progresses from brief assessment to full inpatient observation.

When a person is admitted to the Inpatient Unit he or she is interviewed extensively by one of the nursing staff. Usually that staff member is designated 'primary nurse' for that patient. In the role of primary nurse, he/she is responsible for developing with the psychiatrist and other colleagues an assessment programme which will answer

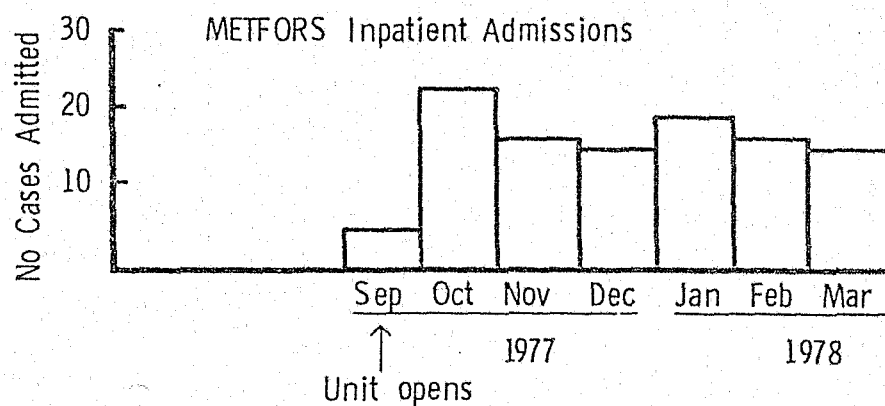
the questions of interest to the Court. It often takes several days, much observation and several 'team meetings' before the exact form of the assessment becomes clear. In some cases it is necessary to arrange consultations with various experts (e.g., neurologists, electroencephalogram specialists, internist and speech pathologists). Records from other institutions must be obtained and studied. The social workers assigned to the Unit have to arrange to see relatives. This sometimes means visits to the patient's home. It frequently requires contact with probation officers and workers in various kinds of mental health settings. The essential point is that the nursing and social work staff have to plan and coordinate their assessment effort very carefully. At meetings of the team, the primary nurse brings the remainder of the group up-to-date with regard to the patient's progress in assessment. As well, the nurse tries to gain new information from colleagues. This new information relates to changes in behaviour, medication given and its effects, the need for the involvement of social agencies and psychological tests. The team decides on the privileges of the patient which is influenced by the extent to which he/she is perceived as a security risk.

These team meetings with input from the various disciplines, toward the end of the patient's stay, assist the psychiatrist in writing a report on the individual which embraces and summarizes all of the observations made during the period of assessment.

Above we have stressed what is required of the staff. Demands are also placed on the patients, for without such demands it is difficult to form clear opinions. Patients are expected to participate in most of the other programmes offered: orientation groups, ward meetings, psychology group sessions, sexuality group meetings, assertive training groups, task groups and termination groups. As well, they are encouraged to use the ward's facilities which include a patient library, a television lounge, stereo equipment, table tennis, and an assortment of sit-down games. There is also a mini-gym on the fourth floor adjacent to the dining room. The gym may be used by patients who have earned the privilege of leaving the fifth floor, accompanied by appropriate staff members (Stage Two).

The Inpatient Unit received its first patient on September 27th, 1977. The present close working relationship and spirit of co-operation present is as a direct result of staff's interest and enthusiasm in the programme. The knowledge brought by many of our nursing and other staff also has made an enormous contribution in getting our Unit functioning.

From opening day to the end of the fiscal year (September 27th, 1977 - March 31st, 1978) the Inpatient Unit assessed a total of 110 patients. The majority of these (92%) came to us on Warrants of Remand. In Figure 2 we show the distribution over months of patients admitted to the Inpatient Unit.



Most of our patients were young males. Their offences ranged from petty theft to murder. A full discussion of the statistical data would be out of place here, especially since complete information is available in the separate Statistical Supplement to this report.

We must during the coming year consider a programme of allowing certain low-risk patients to leave the METFORS Unit to indulge in an organized exercise programme - in the gymnasium of the Queen Street Mental Health Centre, for example, accompanied by METFORS staff. There is also now a need for an outpatient programme. A committee has already begun to look into the whole question of follow-up of METFORS patients on an out-patient basis - an exciting prospect for clinicians as well as researchers. We will fulfil our educative role when in the near future we can receive students in psychology, nursing, social work, law and psychiatry. It has been a pressing year for the members of the Unit but it has also been a most satisfying one for all of us.

PRISON - CONSULTATION PROGRAMME

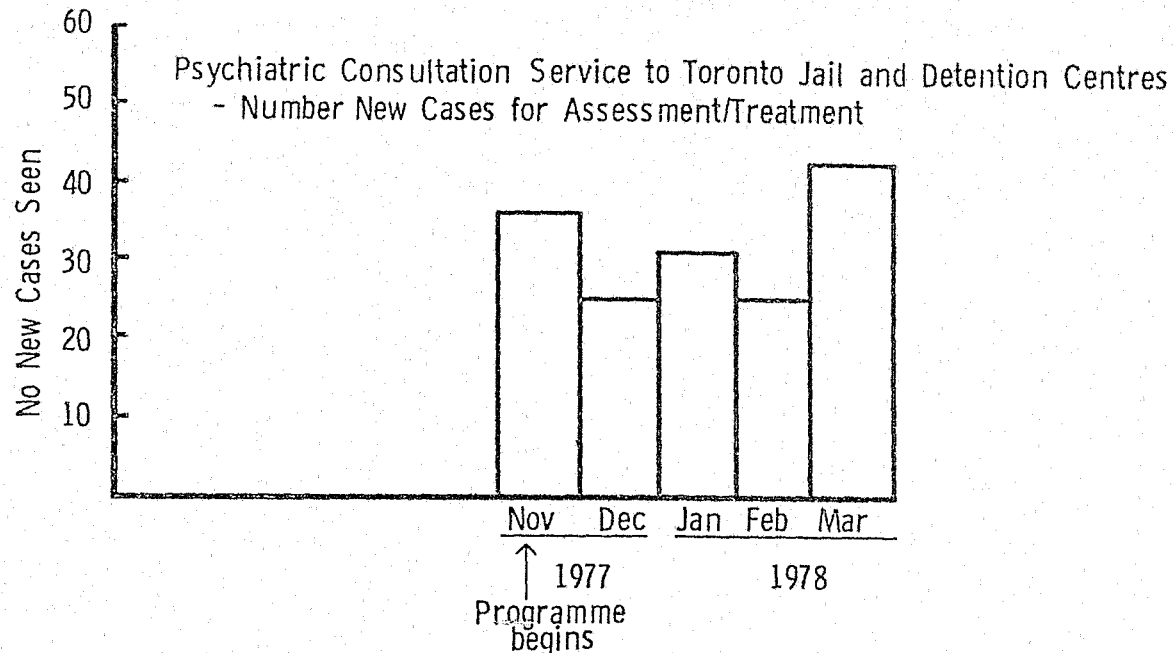
Dr. A.J.I. Dacre, Consultant Psychiatrist

Before the BAU programme was introduced at METFORS, it was common for psychiatrists visiting the Toronto Jail and the East and West Detention Centres to see, at the request of staff, persons judged to require psychiatric help. Because of lack of co-ordination, the psychiatrist would visit the jail with a view to seeing one person and find that he had to see two or more as well. This presented some problems as to priorities and even some patients who required psychiatric assessments were missed. With the opening of METFORS it was recognized that there was a need for a clinician to pick up the internal psychiatric referrals within the jails.

Accordingly it was agreed between the Ministry of Correctional Services and METFORS that a Ministry psychiatrist would be made available to the three jails in Metropolitan Toronto. While the Ministry was to provide salary and other costs, METFORS agreed to provide accomodation and a place from which activities could be coordinated. This new joint Ministry-METFORS programme started in November 1977 and remained in effect throughout the remainder of the fiscal year.

The consultant has a varied role. The main aim of the work is to provide direct service to prisoners. A great deal of time is spent in

making referral arrangements on behalf of men and women being held at the jails. The graph in Figure 3 shows only the number of new cases



seen in the three jails over the five month period. It does not show the repeated patient sessions frequently necessary neither does it show the types of indirect service already mentioned. All of the information is summarized in considerable detail in the Statistical Supplement to this Annual Report.

The arrangement between the Ministry and METFORS has been a most harmonious one. METFORS psychiatrists see a great number of patients who are returned to jail and held there for periods of time while awaiting trial. When problems develop it is easy for the consultant to discuss these with the psychiatrists (and other staff) who participated in the assessment at METFORS. People can often be helped much

more quickly than might otherwise have been the case. Similarly, the consultant is able to devote a little time providing consultative services to certain METFORS cases. The present consultant has, for example, particular experience in certain areas (e.g., arson) and is frequently asked for opinion.

Now that the basic clinical and consultative relationship between METFORS and the Ministry has been established, it is necessary to explore other areas of joint co-operation, particularly in research and education.

THE PROGRAM AS A WHOLE: IMPLICATIONS FOR THE YEAR AHEAD

M.S. PHILLIPS, Deputy Director - Administration

With the historical review in Section I and the description of individual programs in Sections II, III and IV, it is necessary to comment on the administration of METFORS and summarize the overall year's accomplishment. METFORS administration is responsible for carrying out the policies established by the Board, directing and coordinating the resources of METFORS and providing the support necessary for the successful completion of the assessments.

Within the fiscal constraints effected by government, we have attempted to make the most efficient uses of the human resources available to us. Where funds have permitted we have moved towards the use of cost saving equipment, particularly in the area of dictating and word processing systems. Thorough planning on the part of our staff have allowed us to make efficient use of our computer terminal in the two major areas of psychological testing and a rapid turn around time for our completed reports to the Courts. On-going evaluations allow us to improve on these and correspondingly the efficiency of our programs.

We have attempted to improve on our security systems through procedures and the use of electronic surveillance screening devices for visitors. We are indebted to various officials of the Metropolitan

Toronto Police Force, particularly #14 Division, and the Inspection and Investigations Branch of the Ministry of Correctional Services.

For many of our staff moving to METFORS meant delays, some frustrations and the accompanying anxieties of working with a new category of patients. Our clinical, secretarial, administrative and support staff have all met the problems of transition with a test of character and ability that was reassuring to see. We are indebted to the administration and staff of both the Clarke Institute of Psychiatry and the Queen Street Mental Health Centre for their on-going support and guidance.

Over the past year the staff of METFORS have, in addition to direct service of assessment, made contributions to the community, government agencies, the universities and other educational and professional institutions and bodies. We see this as a part of the educative and civic responsibility expected of the service and professionals who make up the staff. Our professional expertise have allowed us to make direct contributions to the Law Reform Commission of Canada, the Legal Task Force of the Committee on Mental Health of the Ontario Council of Health, the Canadian and the Ontario Psychiatric Association as well as briefs to various ministers regarding proposed legislation.

Our educational program over the year has allowed us to expand our knowledge and to share this with our colleagues, so that METFORS will in time be seen as a place where new ideas could be developed and exchanged.

The development of research ideas is an important part of METFORS function. Our research programs will be directed to finding answers both to internal and external problems. Related to research and education is the K.G. Gray Library which is an integral part of METFORS. Although still in the formative state, it is our hope to make this library one of the recognized collections of forensic psychiatric books available in this country. Funds are needed to achieve this goal and we will continue to explore external funding sources.

In the immediate future the focus of our attention will be on refining our programs and procedures, improving our security systems and facilitating the research and educational functions that will attract more professionals to this area of work. We see METFORS as the culmination of efforts by a vast number of people at the political, governmental, medical, scientific and educational levels all dedicated to the care of the mentally ill offender and the improving of the criminal justice system. It represents the end of one phase and the beginning of another in which professional and public acceptance of new ideas can be implemented.

We feel that in the past year we have made a good start in our clinical work. Now we must learn to monitor our newly developing assessment procedures, write about what we are doing and consolidate our research and teaching programs.

METROPOLITAN TORONTO FORENSIC SERVICE

Jan. 1978

ORGANIZATIONAL CHART

MINISTRY OF THE
ATTORNEY GENERAL

UNIVERSITY OF
TORONTO

BOARD OF
METFORS

CLARKE INSTITUTE
OF PSYCHIATRY

DIRECTOR AND
PSYCHIATRIST-IN-CHARGE

DEPUTY DIRECTOR
ADMINISTRATION

DEPUTY DIRECTOR
CLINICAL

NURSING

SECRETARIAL

MEDICAL RECORDS
LIBRARY

SEN. PSYCHIATRIST
INPATIENT

RESEARCH
SCIENTIST

CHIEF SOCIAL
WORKER

SENIOR
PSYCHOLOGIST

SEN. PSYCHIATRIST
BRIEF ASSESSMENT
UNIT

HEAD NURSE
ADMISSIONS OFFICER

PSYCHIATRIST

SOCIAL
WORKER

PSYCHOLOGIST

PSYCHIATRIST

RESIDENT

PSYCHOMETRIST

RESIDENT

TEAM LEADER REGISTERED NURSE HOUSE DIETARY
B.A.U. KEEPING

REGISTERED NURSES

PSYCH. ASSISTANTS

CORRECTIONAL OFFICERS

TORONTO, Ontario
June 12, 1978

MEMORANDUM TO: Director,
Metropolitan Toronto Forensic Service.

AUDIT REPORT

METROPOLITAN TORONTO FORENSIC SERVICE

FOREWORD

An audit of the revenue and expenditure of this service centre has been completed for the financial year ended March 31, 1978.

PURPOSE

As this service is funded by grant of the Ministry of the Attorney General, the main purpose of this audit was to verify and appraise the validity of expenditures incurred for the period of audit.

STATEMENT OF SCOPE

- 1) A general review of accounting records, controls, and procedures.
- 2) An examination into the accounting distribution of expenses.
- 3) An examination of the supporting data and documentation of expenditures.
- 4) Ascertainment of compliance with statutory requirements.
- 5) A review of the financial administration procedures and policies.

STATEMENT OF OPINION

- 1) That the Statement of Revenue and Expense for the year ended March 31, 1978, presents fairly the financial activity of METFORS for this period.
- 2) That the proper degree of control and good accounting procedures have been maintained during the period of audit.

FINDINGS

- 1) The control and effectiveness of the program of expenditures has been satisfactory, and has been well administered.
- 2) There has been no inventory made of the movable assets; although a comprehensive listing has been provided.

RECOMMENDATIONS

- 1) That future annual accounting reports of Revenue and Expenditure be forwarded to the Audit Services Branch for audit purposes.
- 2) It is recommended that the inventory of movable assets be made as soon as possible in accordance with the procedures of the Ministry of the Attorney General, as this is a service centre funded by this Ministry and for the use thereof.

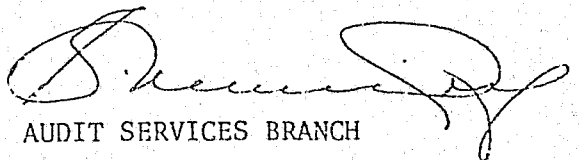
The Deputy Director of Administration, METFORS, has agreed to contact the Financial Management Branch for action and guidance.

Time of audit: 2 man-days.

L. G. MCTAGGART
AUDIT SUPERVISOR.

/df

c.c.--Audit File


AUDIT SERVICES BRANCH

METROPOLITAN TORONTO FORENSIC SERVICE

Statement of Revenue and Expense

Year Ended March 31, 1978

(June 1977 - March 1978)

Revenue

Ministry of the Attorney General\$1,000,000.00
Ministry of Health2,358.87
Miscellaneous Receipts724.37

TOTAL REVENUE\$1,003,083.24

Expense

Correctional Officers' Salaries & Fringe51,493.28
Salaries & Fringe Benefits450,536.29
Medical Salaries & Benefits202,107.07
Clarke Institute of Psychiatry29,599.49
Queen Street Mental Health Centre50,068.00
Supplies Equipment and Expenses228,822.63

TOTAL EXPENSE\$1,012,626.76

NET DIFFERENCE\$ (9,543.52)

APPENDIX A

LIST OF STAFF

<u>NAME</u>	<u>STATUS</u>
ALLGOOD, Mr. Richard	Correctional Officer
AMARAL, Ms Maria	Dietary Helper
APPLEBAUM, Mr. Neil	Psych. Assistant
ASTAPHAN, Mr. Dwyer	Psych. Assistant
BATEMAN, Ms Mary	Registered Nurse
BAXTER, Mrs. Shirley	Registered Nurse
BECKETT, Mrs. Karen	Registered Nurse
BUTLER, Dr. Brian	Psychiatrist
CHAPESKIE, Mr. Tom	Psychometrist
COHEN, Mrs. Norma	Registered Nurse
COLLING, Mr. Mitch	Correctional Officer
DACRE, Dr. John	Consultant Psychiatrist
DILLON, Mrs. Barbara	Registered Nursing Asst.
DOLMAN, Mrs. Eileen	Registered Nurse
FERNLEY, Mrs. Bonnie	Secretary - B.A.U.
FREELAND, Miss Janice	Clerk/Typist
GIVEN, Ms Jane	Registered Nurse
GOLD, Ms Nadhia	Admin. Secretary
HALLIHAN, Mr. Paul	Psych. Assistant
HARTMAN, Mrs. Irene	Correctional Officer
HERMANSTYNE, Mr. Lance	Head Nurse/Admissions Officer
HYNDMAN, Mr. Vincent	Psych. Assistant
JENSEN, Dr. Fred	Deputy Director - Clinical
KEELING, Dr. Kenneth	Psychologist
KIRK, Ms Brenda	Registered Nurse
KOPPEN, Miss Inge	Secretary to the Director
LAWSON, Ms Ilene	Registered Nurse
LEVEY, Ms. Kimberley	Registered Nurse
MacDONALD, Mrs. Lorraine	Registered Nurse
MAHABIR, Dr. Rodney J.	Senior Psychiatrist-in-Charge Inpatient Unit
McCLEARY, Dr. Paul H.	Consultant - Obstetrics & Gynecology
McDONALD, Mr. Daniel	Housekeeping
MIELE, Miss Tina	Secretary - In-patient
MONAGHAN, Ms Cathy	Registered Nurse
MORROW, Ms Suzanne	Social Worker
NILES, Mr. Leroy	Psych. Assistant

APPENDIX A
(cont.)

NAME

STATUS

PAVLIN, Dr. Charles T.
PENFOLD, Mrs. Mary
PEPPER, Mrs. Jane
PHILLIPS, Mr. Michael
PUSZKARSKI, Dr. Walter
RADCHUK, Ms Catherine
RONALD, Ms Margaret
ROSS, Mr. Philip
SCIORTINO, Mr. Santo
SEARS, Mrs. Winnifred
SMITH, Mr. Brian
SPIRLING, Mr. James
TAYLOR, Ms Elizabeth A.

TURNER, Dr. R. Edward

TURRALL, Dr. Graham
WATKINS, Mr. L. Anthony
WEBER, Dr. Marvin B.
WEBSTER, Dr. Chris
WHITE, Miss Patricia
WILSON, Ms Lynn
ZARINS, Dr. Eric

Consultant - Ophthalmology
Chief Social Worker
Registered Nurse
Deputy Director Admin.
Consultant - General Practice
Clerk/Typist
Registered Nurse
Registered Nurse
Housekeeping
Clerk/Typist
Psych. Assistant
Correctional Officer
Intake Officer/Librarian/
Medical Records
Psychiatrist-in-Charge &
& Director
Chief Psychologist
Correctional Officer
Consultant - Neurology
Research Scientist
Registered Nurse
Registered Nurse
Consultant - General Practice

APPENDIX B

PUBLICATIONS BY STAFF

Articles Published:

1. "Aggression Control in a Psychiatric Hospital." M. Phillips.
Dimensions in Health Service
March 1977.
2. "Autism and the Condon Effect: An elaboration of the evidence with additional hypotheses and suggestions." C.D. Webster (with M. McGowan)
Proceedings of the First National Conference, Canadian Society for Autistic Children, Regina, May 1977.
3. "Safety and Physical Restraints." M.S. Phillips.
Dimensions in Health Service
June 1977.
4. "Performance Appraisal: A Participative Approach." M.S. Phillips.
Hospital Administration in Canada, June 1977.
5. "An Unsuccessful Attempt to Reproduce the Condon Effect Using High-Speed Photography." C.D. Webster (with H. Westermblom, J. Oxman, M.M. Konstantareas, R. Rivers).
Aspects of Non-Verbal Communication, W. von Raffler-Engel and B. Hoffer, editors, Trinity University: San Antonio, 1977.
6. "A Negative Reaction to the Use of Electric Shock with Autistic Children." C.D. Webster.
Journal of Autism and Childhood Schizophrenia, Vol. 7, 1977, pp. 199-202.
7. "Continuous Observation ... Who Needs It?" M.S. Phillips.
Canadian Psychiatric Association Journal, Vol.22, 1977.
8. "Simultaneous Communication with Autistic and Other Severely Dysfunctional Non-Verbal Children." C.D. Webster (with M.M. Konstantareas, J. Oxman).
Journal of Communication Disorders, Vol.10, 1977, pp. 267-282.
9. "Absenteeism Amongst Nursing Staff as a Response to the Extra Workload." M.S. Phillips.
Canadian Psychiatric Association Journal, Vol.22, 1977.
10. "Psychiatry and Sensationalism." M.S. Phillips.
Hospital Administration in Canada, September, 1977.

APPENDIX B
(cont.)

Articles in Press / Submitted:

1. "The Perception and Processing of Information by Severely Dysfunctional Children: A Rationale for The Use of Gestural Communication."
C.D. Webster (with J. Oxman, M.M. Konstantareas).
Sign Language Studies (in press)
2. "Assessing the Parents of the Learning-Disabled Child: A Semi-structured Interview Procedure."
C.D. Webster (with L. Sloman)
Journal of Learning Disabilities.
(in press)
3. "The Child Care Worker in the Family: Some Case Examples and Implications for the Design of Family-Centred Programmes."
C.D. Webster (with L. Somjen, L. Sloman, S. Bradley, S. Mooney, J. Mack). (in press).
4. "Sign Language as a Means of Communication with Autistic and Mentally Handicapped Children."
C.D. Webster (with S. Stull, C. Edkins, M. Krause, G. McGavin, L. Hill Brand.) Child Care Quarterly. (in press).
5. "Programmes for the Analysis and Development of Communication."
C.D. Webster.
Programming for the Autistic Children, R.E. Mosher (editor).
Health and Welfare, Canada
(in press).
6. Chapter 13
"Legal Issues & Psychiatry"
R.E. Turner.
in Textbook on Psychiatry,
by Department of Psychiatry
University of Toronto
(in press)
7. Proceedings of First and Second
Law and Psychiatry Symposiums
on Law and Psychiatry.
R.E. Turner.
Law & Psychiatry Symposium
by Clarke Institute of Psychiatry
and Osgoode Hall Law School,
February 1978 (in press).
8. "Responses to ethlphenidate
and Varied Doses of Caffeine
in Children with Minimal Brain
Dysfunction."
C.D. Webster (with B.C. Garfinkel, L. Sloman).
Canadian Psychiatric Association
Journal. (submitted)
9. "Iconicity: Effects on the
acquisition of sign language
by autistic and other severely
dysfunctional children."
C.D. Webster (with M.M. Konstantareas, J. Oxman). Chapter in
book, Using Sign Language
through Sign Language Research
edited by P. Siple (in press).

APPENDIX B
(cont.)

Articles in Press / Submitted (cont.)

10. "Manual Language Acquisition and its Influence on Other Areas of Functioning in Autistic and Autistic-like Children." C.D. Webster (with M.M. Konstantareas, J. Oxman). Journal of Child Psychology and Allied Disciplines. (submitted)
11. "Condon's Multiple Response Phenomenon in Severely Disturbed Children: An Attempt at Replication." C.D. Webster (with J. Oxman, M.M. Konstantareas). Journal of Autism and Childhood Schizophrenia. (in press)
12. "Nursing on a Forensic Unit." M.S. Phillips (with D. Peacock) Accepted for publication in: Dimensions in Health Service
13. "Patients on a Forensic Unit Charged with Rape." M.S. Phillips (with C. Bearney). Accepted for publication in: Dimensions in Health Service
14. "Heterosexual Pedophilia: Three Case Studies." M.S. Phillips, L. Hermanstynne. (submitted)
15. "Patients Who Sign Out Against Medical advice." M.S. Phillips. (accepted for publication in: Hospital Administration in Canada)

APPENDIX C

PAPERS PRESENTED, SPEAKING ENGAGEMENTS, RADIO AND T.V. APPEARANCES,
AND NEWSPAPER ARTICLES

1. "Psychiatrists and Traffic Accidents" R.J. Mahabir.
Presented at: Douglas Hospital
Montreal, P.Q.
May 24, 1977
2. "Forensic Psychiatry - Sexual Offenders." R.E. Turner.
R.C.M.P. - C.I.B. Course
Ottawa, June 14, 1977.
3. "METFORS" R.J. Mahabir.
Presented at:
Queen Street Mental Health
Centre, Toronto, Ontario
June 7, 1977
4. "Condon's Multiple Response Phenomenon in Severely Dysfunctional Children: An Attempt at Replication." C.D. Webster (with J. Oxman, and M.M. Konstantareas).
Presented at:
Research Symposium on Autism,
Co-sponsored by the Pacific
Assn. for Autistic Children
and the University of British
Columbia.
5. "Psychiatric Services for the Criminal Offender in Ontario" (unpublished study). B.T. Butler, P. Hallihan.
Prepared for:
The Inter-Ministry Task Force
on Forensic Expansion.
August, 1977.
6. "Psychiatric Assessment of Criminal Offenders." F.A.S. Jensen.
Presented to:
The Ontario Dietetic Association,
The Ontario Hospital Association,
Toronto, Ontario
September, 1977.
7. "Treatment of Detained Offenders." R.E. Turner, Secretary
Section on Forensic Psychiatry,
World Psychiatric Association
Symposium VI at World Congress
of Psychiatry, Honolulu.
September 1, 1977.

APPENDIX C
(cont.)

8. "Privileged Communication." R.E. Turner
To staff of Forensic Service
Clarke Institute of Psychiatry
October 26, 1977.
9. "Brief Assessment." F.A.S. Jensen.
Presented at:
Crown Attorneys Meeting,
Toronto, Ontario
November 3, 1977.
10. "METFORS: A New Experience." R.J. Mahabir.
Presented at:
Crown Attorneys Meeting
Toronto, Ontario
November 3, 1977
11. "Psychiatry & Law" R.E. Turner
Presented at:
Crown Attorneys Meeting
Toronto, Ontario
November 3, 1977
12. "The Mentally Ill Offender" R.E. Turner
St. James' Cathedral Forum Series
Toronto, Ontario
November 6, 1977.
13. "Training the Child Care Worker:
Problems and Possibilities." C.D. Webster.
Presented at:
Children's Service,
Douglas Hospital, Montreal, P.Q.
November 8, 1977
14. "The Autistic Child Grows
Older: From Speaking to
Speaking with People."
(Panel Discussion) C.D. Webster (with G. Barto-
lucci, S. Rees, B. Marmura).
Presented at:
21st Annual Convention of the
Council for Exceptional Children.
Toronto, Ontario
November 11, 1977.
15. "Forensic Psychiatry." B.T. Butler
Presented at:
Kingston Dental Assistants
and Dental Association Annual
Meeting, Kingston, Ontario.
November 21, 1977.
16. "The Criminal Personality"
and its implication for
interaction in the Criminal
Justice System. K.R. Keeling.
Presented at:
Alienated Youth Social Agency
Hamilton, Ontario
January 6, 1978.

APPENDIX C
(cont.)

17. "Concepts in Forensic Psychiatry."
B.T. Butler.
Presented at:
American Women's Club
Toronto, Ontario
January 16, 1978.
18. Panel on Mental Health Act Amendments
R.E. Turner.
Chairman,
Panel on Mental Health Act
Amendments,
Ontario Psychiatric Assoc.
Annual Meeting, January 27, 1978.
19. "METFORS."
R.J. Mahabir.
Presented at:
Special Grand Rounds,
St. Michaels Hospital,
Toronto, Ontario
January 31, 1978.
20. "Civil Liberty - The Individual and the Protection of Society."
R.E. Turner.
Presented at:
15th Conference on Law &
Contemporary Affairs by the
Faculty of Law, University of
Toronto. February 4, 1978.
21. "Comments on Dangerousness with Special Reference to Research Problems."
C.D. Webster
Panel Discussion:
Ontario Psychological Assn.
Meeting, Ottawa, Ontario
February, 1978.
22. "The Nature of the Criminal Personality and Different Kinds of Therapeutic Approaches That Have Been Used With This Population."
K.R. Keeling.
Presented to:
The Church and Crime (group sponsored by the Mennonite Church), February 9, 1978.
23. Law & Psychiatry Symposium 1978
R.E. Turner.
Co-chairman with Prof. D.N. Weisstub on Law & Psychiatry, by the Clarke Institute of Psychiatry and Osgoode Hall Law School, February, 1978.
24. Commentary on paper by Prof. J. Robitscher on "The Limits of Psychiatric Authority."
R.E. Turner.
At: Law & Psychiatry Symposium
Clarke Institute of Psychiatry
and Osgoode Hall Law School.
February 25, 1978.

APPENDIX C
(cont.)

25. "Careers in Administration." M.S. Phillips.
Presented to:
Nursing Careers Program,
Faculty of Nursing,
University of Toronto
March 22, 1978.
26. "The Importance of Voluntary Work in Social Service." C.D. Webster
Presented at:
Annual Meeting of the Burlington
Children's Aid Society,
Burlington, Ontario
April 3, 1978.
27. "Analysis of Domestic Disputes that Result in Serious Court Charges." C.D. Webster, M. Penfold,
S. Morrow.
Presented to:
Ontario Association of Marriage
and Family Counsellors.
28. "Psychiatric Services in Ontario: An Overview." M.S. Phillips.
Presented to:
The Social Service Group,
Humber Memorial College.
Toronto, Ontario
April 3, 1978
29. "Sources of Inspiration for the Special Education Teacher." C.D. Webster
Presented to:
The Nova Scotia Association of
Teachers of Exceptional
Children. Halifax, Nova Scotia.
April 21, 1978.
30. "Some New Communication Procedures for Use with Autistic and Other Severely Dysfunctional Children." C.D. Webster.
Presented to:
The Nova Scotia Association of
Teachers of Exceptional
Children. Halifax, Nova Scotia.
April 21-22, 1978.
31. "Working with Families of Children in Special Education Programmes." C.D. Webster.
Presented to:
The Nova Scotia Association of
Teachers of Exceptional
Children. Halifax, Nova Scotia.
April 22, 1978.
32. CKFM - Metro Morning R.E. Turner.
June 8, 1977.
33. "New Service to Help Sick Criminals And Protect the Public." R.E. Turner.
by: Miss Newbury
Toronto Star
September 12, 1977.

APPENDIX C
(cont.)

34. CTV - Canada A.M. R.E. Turner.
September 13, 1977.
35. "Arson" A.J.I. Dacre.
National CBC, 11:00 p.m.
December 30, 1977.
36. "Sexual Offenders." F.A.S. Jensen
The Mike McManus Show
Channel 19, T.V. Ontario
January, 1978.
37. CHCH - Lynne Gordon Show R.E. Turner.
February 16, 1978.
38. Toronto Star R.E. Turner.
by: Brenda Zasky
March, 1978.

APPENDIX D

GRANT APPLICATIONS AND REVIEWS

1. Grants and Contracts Applied For:

- (A) C.D. Webster, B.T. Butler, F.A.S. Jensen, R. Mahabir, and R.E. Turner. Remands for Psychiatric Examination: A Review of 200 Cases Over a Six-Month Period. Clarke Institute of Psychiatry Research Fund. \$4,279 over 4 months.
- (B) C.D. Webster, R.E. Turner, and B.T. Butler. The Law Reform Commission of Canada's Recommendations on the Mentally Disturbed Offender: Some General Observations and a Specific Proposal. \$45,000 approximately, over 4 months.
- (C) C.D. Webster, F.A.S. Jensen, and G. Turrall. The Assessment of Dangerousness: Inter-Rater Reliability and Follow-Up. Ontario Ministry of Health. \$115,254 over 2 years, 7 months.
- (D) C.D. Webster. Symposium Grant for Research Meeting on Autism, Vancouver, May, 1978. Health and Welfare Canada. \$7,400.
- (E) R.J. Mahabir. Request for funds for K.G. Gray Library. \$8,000.

2. Grants Currently Held:

C.D. Webster. The Nature of Child Care Work: A semi-Structured Interview Procedure for Identifying Problems and Possibilities from the Worker's Perspective. Health and Welfare Canada. \$32,000 approximately. Terminates June 30, 1978.

3. Grant Applications Reviewed / Site Visits / Tenure Reviews:

- (A) One Grant Application: Hospital for Sick Children's Foundations. C.D. Webster.
- (B) One Grant Application: Ontario Ministry of Health. C.D. Webster.
- (C) One Grant Application: National Science Foundation (U.S.A.). C.D. Webster.
- (D) One Site Visit: Guelph University, Programme in Applied Psychology. For Health and Welfare Canada. C.D. Webster.
- (E) One Tenure Review: York University, Department of Psychology. C.D. Webster.

4. Grant Committee Appointments

Member of Sub-Committee, Personnel-Training, Programs Directorate, Health and Welfare, Canada. C.D. Webster.

1977 - 78 EDUCATION AND RESEARCH MEETINGS

APPENDIX E

<u>DATE</u>	<u>SPEAKER</u>	<u>CHAIR</u>
<u>Nov. 1st</u>	Dr. J.W. Mohr, Professor, Osgoode Hall "SEXUAL OFFENCES"	<u>Dr. R.E. Turner</u>
<u>Nov. 9th</u>	Mr. Hugh Kelly, Solicitor, Clarke Institute of Psychiatry "CONFIDENTIALITY - PUBLIC HOSPITAL RESPONSIBILITY"	<u>Dr. R.E. Turner</u>
<u>Nov. 15th</u>	Dr. R.E. Turner, Director, METFORS Professor of Forensic Psychiatry "REPORT ON THE SIXTH WORLD CONGRESS OF PSYCHIATRY"	<u>Dr. G. Turrall</u>
<u>Nov. 22nd</u>	Mrs. M. Vachon, Research Scientist, Clarke Institute of Psychiatry "COMMUNITY PSYCHIATRY AS RELATED TO BEREAVEMENT"	<u>Mrs. M. Penfold</u>
<u>Nov. 29th</u>	Dr. C.D. Webster, Research Scientist, METFORS "BRIEF PSYCHIATRIC ASSESSMENT IN FORENSIC PSYCHIATRY: A REVIEW OF RECENT EPIDEMIOLOGICAL STUDIES"	<u>Dr. F. Jensen</u>
<u>Dec. 6th</u>	Dr. I. Wayne, Co-ordinator, Forensic Service Queen Street Mental Health Centre "THE ASSESSMENT AND TREATMENT OF THE OFFENDER IN AN OPEN-DOOR SETTING"	<u>Dr. R. Mahabir</u>
<u>Dec. 13th</u>	Dr. S. Hucker, Staff Psychiatrist Forensic Service, Clarke Institute of Psychiatry "THE MENTALLY ILL OFFENDER IN BRITAIN"	<u>Mr. L. Hermanstyne</u>
<u>Jan. 12th</u>	Dr. V.L. Quinsey, Director of Research Penetanguishene Mental Health Centre "INTERNATIONAL ASSAULTIVENESS"	<u>Dr. C.D. Webster</u>
<u>Jan. 19th</u>	Dr. John Tong, Professor of Psychology, Guelph University "THE PREDICTION OF STABILITY AMONG PSYCHOPATHIC SUBJECTS"	<u>Dr. K. Keeling</u>
<u>Feb. 2nd</u>	Dr. R. Coulthard, Chief of Service, Forensic Service Clarke Institute of Psychiatry "AUTOMATISM"	<u>Mr. L. Hermanstyne</u>
<u>Feb. 9th</u>	Mr. D. Williams, Supervisor, Adult Protective Services Metropolitan Association for the Mentally Retarded "WHO ARE THE MENTALLY RETARDED: WHO IS AVAILABLE TO HELP THEM"	<u>Ms. S. Morrow</u>
<u>Feb. 16th</u>	Mr. Gordon MacFarlane, Executive Director John Howard Society of Ontario Film: "CRIME, PRISON, AND ALTERNATIVES"	<u>Ms. S. Morrow</u>
<u>Mar. 2nd</u>	Mr. John Lockyer "AMNESTY INTERNATIONAL"	<u>Dr. B. Butler</u>
<u>Mar. 16th</u>	Informal Discussion "THE ASSESSMENT AND PREDICTION OF DANGEROUS BEHAVIOUR"	<u>Dr. C.D. Webster</u>
<u>Mar. 23rd</u>	Dr. Harvey Skinner, Principal Scientist, CORE-SHELL Project Clinical Institute, Addiction Research Foundation "THE CORE-SHELL SYSTEM: AN APPROACH TO ASSESSMENT AND TREATMENT"	<u>Dr. G. Turrall</u>
<u>Mar. 30th</u>	Captain Edith Fisher "THE SALVATION ARMY'S COURT, INSTITUTION AND VICTIM CARE PROGRAMMES"	<u>Ms. S. Morrow</u>

APPENDIX F

TEACHING ACTIVITIES OF STAFF

Dr. C.D. Webster:

1. Supervision of one M.A. student, Centre of Criminology.
2. Member - thesis committee, Ph.D. student, York University (Final Orals, 1 May, 1978).

Dr. R.J. Mahabir:

External Examiner, University of Ottawa Diploma in Psychiatry Examinations, May 12, 1978.

Dr. F.A.S. Jensen:

Participated in Colloquium on Biomedical Ethics, University of Western Ontario, October 27-28, 1977.

Dr. A.J.I. Dacre:

1. Executive Committee, Forensic Section, Ontario Psychiatric Association.
2. Planning and Advisory Committee, Certificate Programme in Forensic Psychiatric Nursing, Clarke Institute of Psychiatry in affiliation with the George Brown College of Applied Arts and Technology.

M.S. Phillips:

Chairman - Planning and Advisory Committee Certificate Programme in Forensic Psychiatric Nursing.

Dr. R.E. Turner:

1. Medico-Legal issues. University of Toronto. First Year Post Graduate students. Department of Psychiatry. August, 1977.
2. Legal and Ethical Aspects of Human Experimentation. Course in research for residents in Psychiatry. University of Toronto. February, 1978.
3. Introduction and Historical Review of Forensic Psychiatry. II - III year post graduates in psychiatry.

APPENDIX G

VISITORS

420 persons from Queen Street Mental Health Centre, the Clarke Institute of Psychiatry, and other Metro hospitals, community residents of the surrounding areas, and staff of the provincial detention centres visited METFORS during its Open House day.

14 police officers of all ranks from 14 Division visited METFORS.

Students from universities and community colleges have also visited on various occasions.

Staff from Penetang, Brampton O.C.I., Toronto Jail, and Woodstock have toured the METFORS facility.

Dr. J.M. Evans	Chairman, Mental Health Authority, Melbourne, Australia.
Ms. Carolyn Sherk	Management Board Secretariat.
Dr. F. Glaser	Head of Psychiatry and Director, Addiction Research Foundation.
Mr. J. Noble	Deputy Chief, Metropolitan Toronto Police Department.
Mrs. B. Silverman	Executive Director, Program Consul- tation and Development, Ministry of Correctional Services.
Dr. Paul Humphries	Senior Medical Consultant, Ministry of Correctional Services.
Mr. R. Roy McMurtry, Q.C., M.P.P.	Attorney General for Ontario.
Mr. Justice J. O'Driscoll	Judge, Supreme Court.
F.C. Hayes	Chief Judge, Provincial Court, Criminal Division.
Mr. Alan Leal, Q.C., L.Ld.	Deputy Attorney General.
Dr. J.J. Hugg	Planning and Research Branch, Ministry of Correctional Services.
Dr. Glen Lewis	Abbott, Northwestern Hospital, Minneapolis, Minnesota.
Dr. Cecil Wattson	Omaha, Nebraska.

APPENDIX G
(cont.)

P. Truder-Roberts	Executive Director, Royal Ottawa Hospital.
Dr. S. Sawyer-Foner	University of Ottawa.
Dr. John C. Deadman	Consulting Services Branch, Ministry of Health.
Mrs. Jacqueline Holzman	Chairman, Board of Trustees, Royal Ottawa Hospital.
Prof. David Weisstub	Osgoode Hall Law School.
John Cassells, Q.C.	Crown Attorney.
Mr. John Main	Regional Director, Ministry of Correctional Services.
Dr. John White and Staff	Hamilton Psychiatric Hospital.
Aileen Nicholson, M.P.	Trinity - House of Commons, Ottawa.
Mr. Gordon McFarlane	John Howard Society of Ontario.
Mr. P.M. Klammer	Psychiatric Hospitals Branch, Ministry of Health.
Prof. Dr. Stanislaw Dabrowski	Director, Psychoneurological Institute, Poland.
Prof. Ole Jensen	Director of Services, Herstedvester Institute, Denmark.
Dr. Jonas Robitscher	Professor of Law and Behavioural Sciences, Emory University.
Acting Supt. R. Soplet	14 Division, Metropolitan Toronto Police.
Inspector D. Cowan	Emergency Task Force, Metropolitan Toronto Police.
Mr. G. Sharpe	Legal Branch, Ministry of Health.
Mr. R. Solberg	Department of Justice, Ottawa.
Dr. B.A. Boyd	Department of Justice, Ottawa.
Dr. O. Briscoe	Institute of Psychiatry, London, England

APPENDIX G
(cont.)

Dr. S.W. Hrab	Guelph Correctional Centre.
Dr. Soukes	Queen's University, Kingston, Ontario.
Mr. J. Starkie	Superintendent, Toronto Jail.
Robert B. McGee	Crown Attorney's Office, Toronto.
Mr. G. Wiley	Crown Attorney's Office, Toronto.
Ms. Maureen Butler	Maplehurst Correctional Centre.
S. McDonald	Affirmative Action Group.
Dr. B.G. Glynn	Kingston Psychiatric Hospital.
Dr. J.H. Noore	Hamilton, Ontario

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