Criminological Services for Canadians. The report, An Imperative for Change: Access to Psychological Treatments for Canadians, proposes a number of different models that could be adopted by our provinces and territories, funded variously by public and private insurance systems. Canadians deserve access to effective mental health service on par with access to care for their physical health problems. They don’t have it now. Other countries are doing more about it. The United Kingdom has invested 400 million pounds over four years to make psychological treatments available to those who need them. Australia has provided access to psychologists’ services through publicly funded health insurance. In Canada, former Senator Michael Kirby is advocating for public funds to be invested in giving access to psychological and other mental health services to children and youth. Given that 70 percent of mental health conditions begin before young adulthood, investing in the mental health of children and youth promises tremendous benefit to individuals, families, and communities.

Mental health problems currently cost the Canadian economy $50-billion annually. Although there is great concern about costs, it is often forgotten that when it comes to mental health, spending less on care costs more. We need and must do better for Canadians’ mental health. CPA has some concrete recommendations that will benefit individuals, communities, the workplace and the pocketbooks of mental health-care funders. It is time to commit to what we value. What can be more valuable than life lived to its full potential? CPA recommends that the government:

- Invest in giving access to psychological and other mental health services to children and youth.
- Invest in training and retaining mental health professionals. The amount of severe symptoms caused by a mental disorder.
- Enhance victim involvement.
- Implement a national strategy to reduce violence, murder and suicide.

Some people who commit violent crimes fall into two groups: people who intended to commit the crime (criminals), and those who did not (NCR accused). The second group consists of men and women who could not appreciate the nature and consequences of what they were doing because of severe symptoms caused by a mental disorder. After a finding of NCR by a judge, they receive care, often for the first time, by specialized teams of mental health professionals. The amount of freedom permitted to NCR accused is determined by Provincial Review Boards (PRBs) that already follow strict criteria designed to ensure the safety of the public. The re-offence rates of NCR accused are significantly lower than the re-offence rates of criminals who are found guilty and sent to prison.

Bill C-14 will change current legislation in several harmful ways. First, it will create a special group of “high risk” NCR accused. “High risk” will be determined by a judge based on the nature of the crime instead of the mental state of the accused, as assessed by expert treatment teams and verified by the PRB. NCR accused that are designated “high risk” will be detained, ineligible for eventual release by a PRB until a court revokes the “high risk” designation. This is worrisome. It means judges, whose expertise lies in sentencing criminals, not in assessing mental illness, will need to make decisions about the mental states of NCR accused. It also means that detention in custody will be independent of mental status. Currently, PRBs make decisions that are unnecessarily restrictive but which ensure public safety. The proposed legislation changes this. Bill C-14 will extend the time by which PRBs are required to review decisions from one year to three years. This means “high risk” accused may get less, rather than more, intensive and focused treatment. In addition, Bill C-14 will prevent “high-risk” NCR men and women from exercising unsupervised passes, which are an essential component of any progressive but cautious reintegration program. It is important to note that Bill C-14 does nothing to protect the public from dangerous offenders. Dangerous offenders, criminals who knowingly and persistently harm victims, are not NCR accused.

Advocates for Bill C-14 claim it will enhance victim involvement by ensuring they will be notified when NCR accused are discharged (they already are), allow non-communication orders between an NCR accused and the victim (this is already permitted) and ensure the safety of victims is considered (which it already always is, together with the safety of the public in general). In short, Bill C-14 does nothing new to enhance victim involvement.

Most people with mental disorders are law abiding. Some intentionally commit (usually minor) crimes and are correctly held responsible. However, there is a small sub-group of people who were suffering from impaired thinking due to a psychotic disorder. They were doing something so terrible they literally did not know what they were doing. For those most at risk of being harmed by an NCR accused are close family members. Most of these victims do not want more information from the Court, whether they are male or child to be treated as a criminal. Instead they want them to receive the effective care they need and deserve. They know that their personal safety is enhanced when their relative is treated instead of punished.

Attempting to enhance victims’ rights by focusing on people who are not responsible due to mental disorder makes no sense, is counterproductive and stigmatizing. Interventions that slow or prevent the reintegration of the ill back to the community are harmful to everyone. Victims deserve better than what Bill C-14 provides.

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