MENTAL HEALTH CHECKLIST

A GUIDE FOR MEMBERS OF THE JUDICIARY

MOOD DISORDERS

DEPRESSION: depressed mood and the inability to experience pleasure that persists for at least two weeks.

At least 5/9 of the following symptoms:

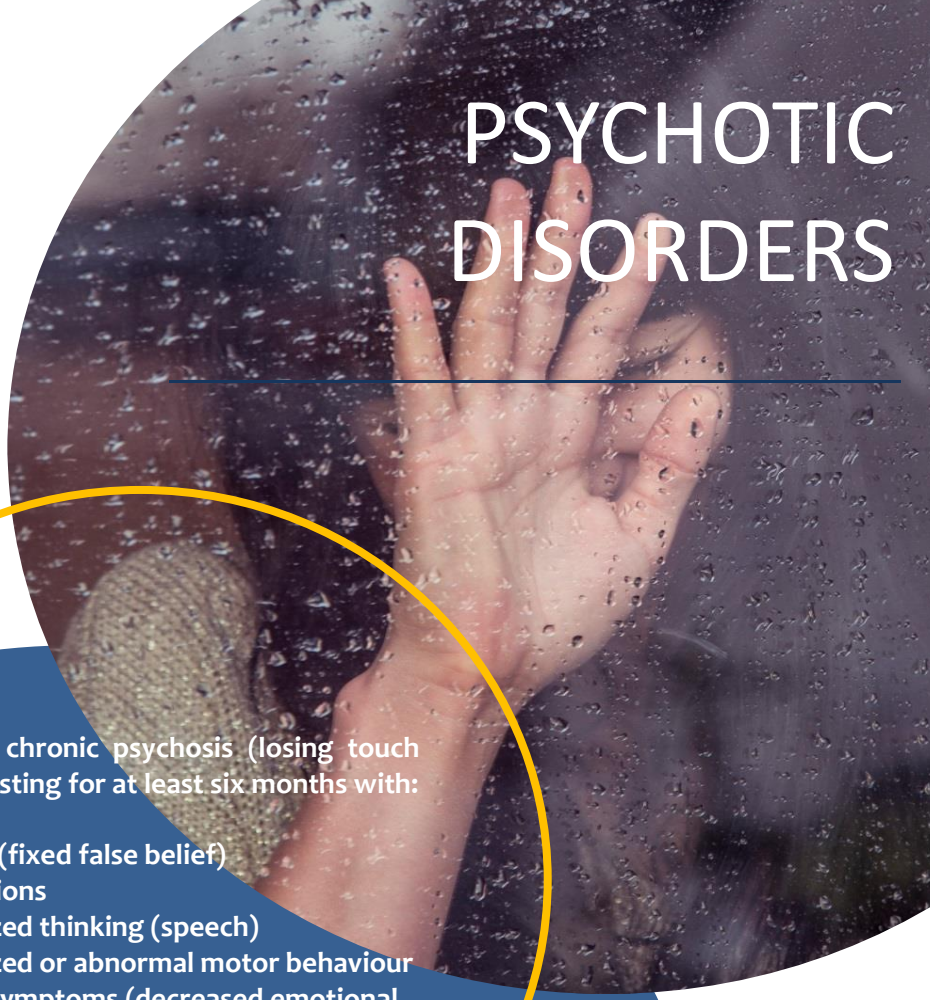
- ✓ depressed mood
- ✓ loss of interest/pleasure in activities
- ✓ decrease or increase in appetite
- ✓ insomnia or hypersomnia
- ✓ psychomotor agitation or retardation (observed)
- ✓ fatigue/loss of energy
- ✓ feelings of worthlessness or guilt
- ✓ diminished concentration, indecisiveness
- ✓ suicidal ideation – recurrent thoughts of death

BIPOLAR DISORDER: mood disorder involving cycling between periods of mania and periods of depression.

Mania: abnormally elevated or irritable mood and increased energy with ≥ three other manic symptoms for at least one week:

- ✓ inflated self-esteem/grandiosity
- ✓ decreased need for sleep
- ✓ talkative
- ✓ flight of ideas/racing thoughts
- ✓ distractibility
- ✓ agitation
- ✓ recklessness (sexual promiscuity, speeding, spending sprees)

PSYCHOTIC DISORDERS



SCHIZOPHRENIA: chronic psychosis (losing touch with reality) persisting for at least six months with:

- ✓ delusions (fixed false belief)
- ✓ hallucinations
- ✓ disorganized thinking (speech)
- ✓ disorganized or abnormal motor behaviour
- ✓ negative symptoms (decreased emotional expression and decreased motivation)

SCHIZO-AFFECTIVE DISORDER: features of schizophrenia and a mood disorder (depression or bipolar disorder).

DELUSIONAL DISORDER: presence of delusions without any other features of schizophrenia (hallucinations, disorganization or negative symptoms). Function is not markedly impaired.

PERSONALITY DISORDERS: enduring pattern of behaviour that is pervasive and inflexible, and causes significant impairment. The onset occurs in adolescence/early adulthood and is stable over time.

BORDERLINE PERSONALITY DISORDER:

- ✓ characterized y frantic efforts to avoid abandonment
- ✓ intense interpersonal relationships
- ✓ unstable self-image
- ✓ impulsivity
- ✓ labile mood/intense anger, and
- ✓ recurrent suicidal behaviour or self harm

ANTISOCIAL PERSONALITY DISORDER: a pattern of reckless disregard occurring since the age of 15. Often accompanied by repeatedly breaking the law, deceitfulness, aggressive behaviour, and lack of remorse.

DELIRIUM: an acute fluctuation of attention and cognition due to an organic medical cause. Normally develops over hours to days.

DEMENTIA (Major Neurocognitive disorder in DSM-5): cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, motor, or social cognition). Types of dementia include Alzheimer's disease, vascular dementia (from strokes), etc. Usually develops in older age.

INTELLECTUAL DISABILITY: deficits in general mental abilities and with onset during the developmental period (became apparent in childhood).

ADHD / ATTENTION DEFICIT-HYPERACTIVITY DISORDER: impaired levels of attention, hyperactivity and impulsivity, starting before age 12, presents in multiple settings (home, school, work, etc.).

COGNITIVE DISORDERS

GENERALIZED ANXIETY DISORDER: excessive anxiety and worry, occurring for at least six months, about a number of events or activities.

PANIC DISORDER: recurrent unexpected panic attacks, defined as an abrupt surge of intense fear or discomfort peaking within minutes.

POST TRAUMATIC STRESS DISORDER (PTSD): distressing memories, flashbacks and nightmares, which developed after a traumatic event, accompanied with negative cognition and mood.

ANXIETY DISORDERS

SOCIAL PHOBIA: excessive fear or anxiety about social situations in which the individual is exposed to possible scrutiny by others (e.g. meeting new people, being observed eating or drinking, giving a speech).

OBSESSIVE-COMPULSIVE DISORDER: intrusive thoughts (obsessions) that produce anxiety that are neutralized by an action (compulsion).

TREATMENT ORDERS: FITNESS

If an accused is found unfit to stand trial, a Justice may order that treatment be carried out if it will likely render him/her fit to stand trial (ss. 672.58(1) of the *Criminal Code* (*CC*)).

CRITERIA (s.672.59):

- ✓ the accused must have a verdict of "unfit to stand trial"
- ✓ the proposed treatment will likely render the accused fit within sixty days
- ✓ the accused will likely remain unfit without treatment
- ✓ the risk of harm to the accused is not disproportionate to anticipated benefits, and
- ✓ the treatment proposed is the least restrictive and least intrusive treatment option

TREATMENT MAY NOT EXCEED 60 DAYS

There is no statutory provision in the *CC* for extending the treatment period. If an accused remains unfit upon expiry of the 60 days, he/she will become subject to the Review Board.

ASSESSMENT & FITNESS TO STAND TRIAL

Pursuant to section 2 of the *CC*, an accused will be found unfit to stand trial if he/she is unable, on account of mental disorder, to conduct a defence at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and in particular, unable on account of mental disorder to:

- ✓ understand the nature or object of proceedings;
- ✓ understand the possible consequences of the proceedings; or
- ✓ communicate with counsel.

Before taking part in court proceedings, a forensic assessment may be warranted to determine whether an accused may be incapable of fully answering and defending himself/herself on account of his/her mental disorder.

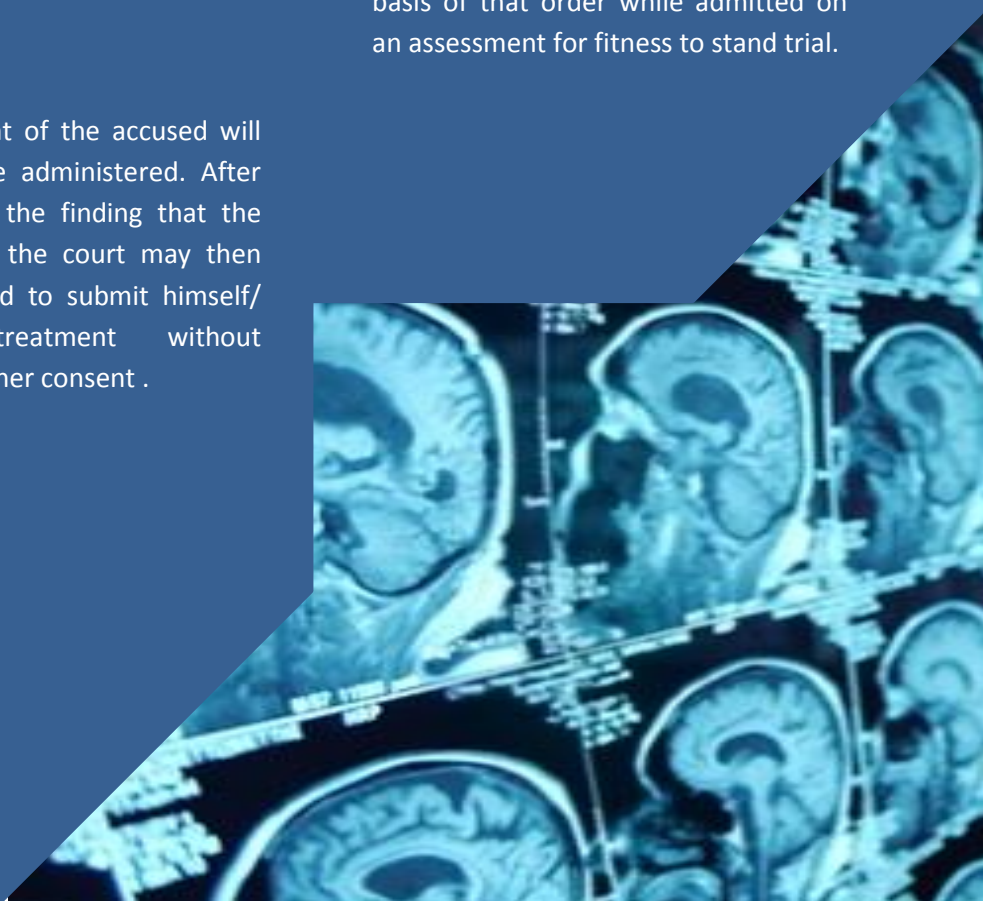
Importantly, a finding of a mental illness does not automatically equate to a finding of unfitness to stand trial.

Once found unfit, the trial will be suspended and a treatment order may be issued. At expiry of the treatment order, the accused will be reassessed and may be found fit (*R v Taylor*, (1992) 77 CCC (3d) 551 (ONCA). If so, he/she will be sent back to take part in the court proceeding to face his/her charges. However, if the accused is still found unfit, the accused then, generally, falls under the purview of the Review Board, which annually reviews the unfit status of the accused.

TREATMENT ORDER ON ASSESSMENT

According to section 672.19 of the *CC*, no treatment can be carried out under an assessment order. In fact, an assessment order does not include that treatment be carried out. Accordingly, a psychiatric facility will not be able to treat the accused on the basis of that order while admitted on an assessment for fitness to stand trial.

Only with consent of the accused will the treatment be administered. After assessment with the finding that the accused is unfit, the court may then order the accused to submit himself/ herself to treatment without necessitating his/her consent .



Pursuant to section 16 of the *CC,* no person is criminally responsible for an act committed or an omission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong.

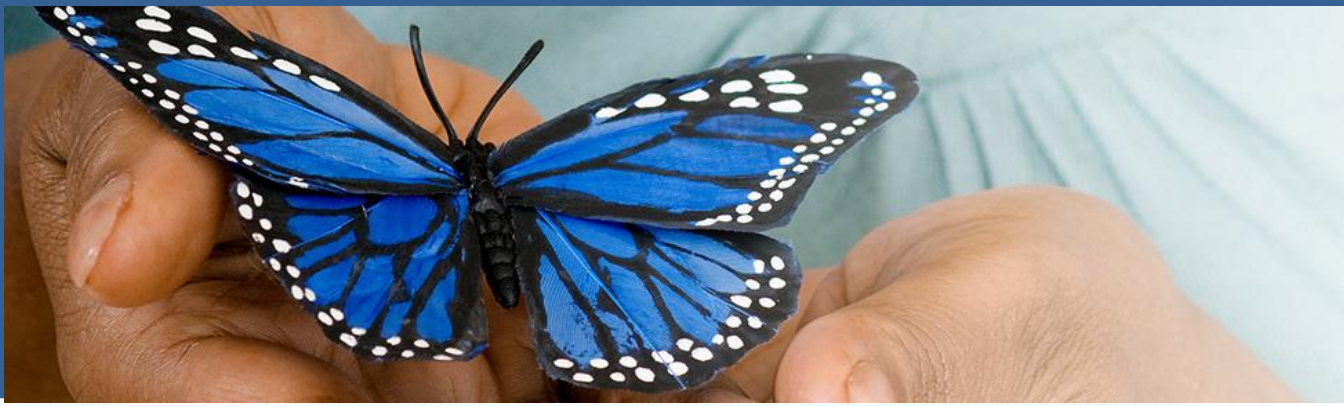
> **"[P]eople who commit criminal acts under the influence of mental illnesses should not be held criminally responsible for their acts or omissions in the same way that sane responsible people are. No person should be convicted of a crime if he or she was legally insane at the time of the offence … Criminally responsibility is appropriate only where the actor is a discerning moral agent, capable of making choices between right and wrong."**
>
> ***R v Winko*, [1999] 2 SCR 625**

After assessment, if an accused is found and declared not-criminally responsible (NCR), a Review Board may order either of the following types of dispositions:

- ✓ an **ABSOLUTE DISCHARGE** and, as a result, the accused no longer falls under the supervisory purview of the Board. Importantly, such an order is rendered if the Board concludes that the accused is not "a significant threat to the public".
- ✓ a **CONDITIONAL DISCHARGE** and, as such, the accused is not required to in live the hospital. The accused, however, must nonetheless respect the conditions imposed by the Board. For instance, the Board may require the accused to subject himself/herself to alcohol and drug tests or mandate that the accused keep the peace.
- ✓ a **DETENTION ORDER** is ordered if the Board concludes that the accused is "a significant threat to the public". Consequently, the accused will remain under the authority of the Board and will be subject to a Board hearing in a year's time.

GENERIC	BRAND	DEPRESSION	BIPOLAR	SCHIZOPHRENIA	ANXIETY	ADHD
Amitriptyline	Elavil	x				
Amphetamine	Dexedrine-Adderall					x
Aripiprazole	Abilify		x	x		
Atomoxetine	Strattera					x
Alprazolam	Xanax				x	
Bupropion	Wellbutrin -Zyban	x				
Carbamazepine	Tegretol		x			
Citalopram	Celexa	x			x	
Clonazepam	Rivotril				x	
Clozapine	Clozaril			x		
Desvenlafaxine	Pristiq	x			x	
Duloxetine	Cymbalta	x				
Diazepam	Valium				x	
Divalproex	Depakote		x			
Escitalopram	Cipralex	x			x	
Fluoxetine	Prozac	x			x	
Haloperidol	Haldol			x		
Lamotrigine	Lamictal		x			
Lisdexamfetamine	Vyvanse					x
Lithium	N/A		x			
Lorazepam	Ativan				x	
Methylphenidate	Ritalin, Concerta, Biphentin					x
Mirtazapine	Remeron	x			x	
Olanzapine	Zyprexa		x	x		
Palliperidone	Invega		x	x		
Paroxetine	Paxil	x			x	
Quetiapine	Seroquel		x	x		
Risperidone	Risperdal		x	x		
Sertraline	Zoloft	x			x	
Oxazepam	Serax				x	
Trazodone	Desyrel	x				
Valproic Acid	Epival		x			
Venlafaxine	Effexor	x				
Ziprasidone	Zeldox		x	x		

CONTRIBUTORS



Michelle O'Bonsawin
General Counsel
The Royal

Dr. Mathieu Dufour
Forensic Psychiatrist
The Royal

Attila H.Rezaie
Student -at- Law
The Royal

Notes

Notes

The Royal is one of Canada's foremost mental health care and academic health science centres.

Our mandate is simple: to get more people living with mental illness into recovery faster. The Royal combines the delivery of specialized mental health care, advocacy, research and education to transform the lives of people with complex and treatment resistant mental illness. The Royal Ottawa Foundation for Mental Health raises funds that support The Royal's work while placing a sharp focus on awareness building through the You Know Who I Am campaign and the DIFD youth initiative. For more information, please visit www.theroyal.ca.

The | Le Royal

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