

FORENSIC PROGRAM

FAMILY and CAREGIVER

GUIDE FOR OTTAWA



Forensic Program Family and Caregiver Guide

The forensic mental health system delivers specialized mental health care for people with mental health conditions who have come into contact with the criminal justice system. At The Royal, our mission is to provide assessments and treatments aimed at improving our clients' mental health while minimizing their future interactions with the criminal justice system.

If you're a family member or caregiver, know that you're not on this journey alone. The care team at The Royal is here to support both you and your loved one.

Experience has shown us the positive impact of families and caregivers working closely with the care team. Your collaboration and connection are key as we guide your loved one through the forensic mental health system and on their journey to recovery.

We recognize a "family member" as someone who supports the recovery of their loved one, be it a parent, spouse or partner, sibling, other relative, or close friend.

There might be times when your loved one prefers not to have any family involvement in their care, however, the information in this guide and the services we offer to families remains relevant and available to you.

Becoming familiar with the forensic system, as well as understanding your loved one's illness and treatment options, can help you understand what they're going through and what to expect in the future. It's also good to understand the conditions set by their Ontario Review Board (ORB) disposition. (You'll find a glossary at the end of this guide which explains terms like "disposition.")

This guide is designed to provide information and resources on various topics and support you as you help your loved one on their journey. If you have any questions, please feel free to reach out to the care team.

Quick general info:

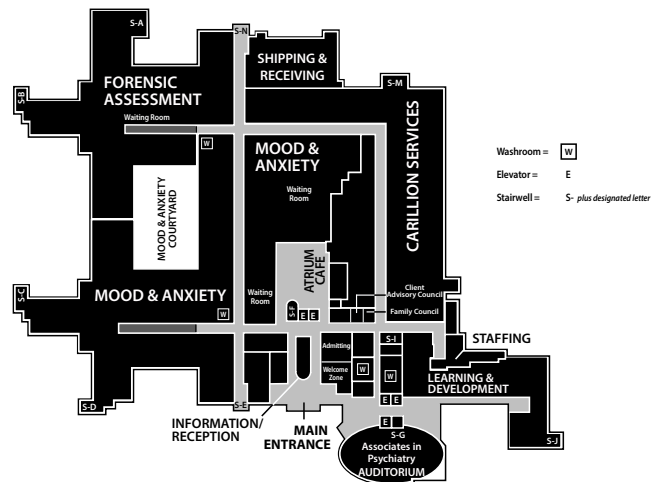
The Ottawa Forensic Treatment Unit (FTU) is located at the Royal Ottawa Mental Health Centre. The initial treatment takes place in the Forensic Assessment Unit (FAU) on the first floor, where there are 21 beds, followed by the Forensic Rehabilitation Unit (FRU) on the second floor, where there are 25 beds. Clients living in the community are supported by our forensic outpatient team.

This guide will walk you through the services at The Royal.

Visiting protocols can differ from unit to unit, so please get in touch with the care team for details about visiting hours and what items you're allowed to bring. You can contact the unit via the switchboard at 613-722-6521. Further details on visiting follow below.

To locate the FAU (first floor), look for the burgundy-coloured butterfly stickers on the floor near the main reception area. They'll guide you to the FAU.

FIRST FLOOR



To locate the FRU (second floor), take the elevator past the main reception area to the second floor. Follow the light blue butterflies to the FRU. The staff at the information desk can also direct you.

SECOND FLOOR

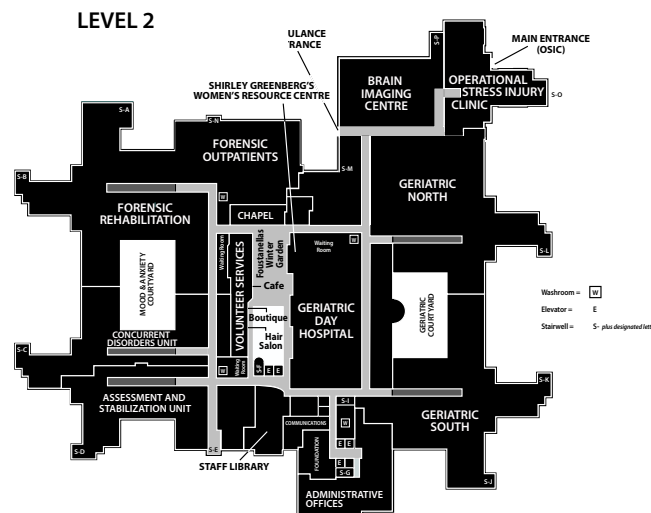


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Family and caregiver support

We understand that as a family member or caregiver, your loved one's mental health can have a significant impact on you, and we acknowledge that navigating the forensic system can be challenging. Our goal is to provide support and information to our families and caregivers as well as opportunities to connect with others who are going through similar experiences with their loved ones in the forensic system.

These are some of the programs we have in place:

Family peer support

Learning from the experiences of others can be very helpful. For families whose loved ones who are, have been, or are in transition to being part of the Integrated Forensic Program (IFP) at The Royal in Ottawa or Brockville, The Royal offers free one-on-one peer support with a trained family peer supporter and the opportunity to join a weekly family peer support group.

For more information about peer support, its benefits, and its value for families, please visit theroyal.ca/integrated-forensic-program-family-peer-support.

Integrated forensic family education and support group

This group is designed to provide useful information in a supportive environment for people who have loved ones in the Forensic Program at The Royal. It was created based on feedback from our families. Topics include introduction to forensics, inpatient programming, approved person assessments and approved accommodation assessments, preparing for discharge, medication management and diagnosis,

self-care, stigma and boundary-setting, risk and crisis management, outpatient programming, community follow-up and support, and community resources. These groups run virtually at various times of the year. For more information, please contact the social worker who is working with your loved one.

Sharing feedback

There are a few different ways to share feedback about your loved one's care.

1. Discuss your feedback with your care team.
2. Reach out to the manager of client and family relations at 613-722-6521 x 6710.
3. Complete our client and family feedback form. This online form can be filled out anonymously, but you can also leave your contact information if you'd like someone to follow up. Click surveymonkey.com/r/Royal-Client-Family-Feedback to fill out the form.

Forensic mental health system: Overview and relevant legislation

Overview

The forensic mental health system is at the intersection of criminal justice and mental health, and as such, it may be challenging to understand and navigate. A person enters the forensic mental health system through contact with the law. Often, the first interaction is to assess criminal responsibility and if they are fit to stand trial, which is called a fitness assessment. A fitness assessment provides the court with information to determine whether a mental illness prevents a person from understanding what happens in court or the possible consequences of the proceedings, as well as whether the illness affects their ability to communicate meaningfully about their case with their legal representative. An assessment for criminal responsibility provides the court with information to determine whether a mental illness may have affected a person's actions at the time they committed a crime (e.g. if they did not understand what they were doing or did not know that what they were doing was wrong).

The purpose of the forensic mental health system is to help rehabilitate and reintegrate people into the community while keeping the public safe.

Legislation

There are several key pieces of legislation that are relevant to forensic mental health care in Ontario. These include:

- the Mental Health Act Ontario;
- the Health Care Consent Act;
- the Substitute Decisions Act;
- the Personal Health Information Protection Act; and
- Part XX.I of the Criminal Code of Canada, regarding Mental Disorder.

Confidentiality and privacy

Family members and caregivers play a crucial role on the care team and greatly influence the recovery process. However, there are times when the care team can't freely share information with family members because of client confidentiality. This can be frustrating for family members who want to know how their loved one is doing and how they can help. Keep in mind that as our clients improve, they usually become more willing to involve loved ones in their care.

It's important to know that even without consent, the team can still offer family members general information about the legal process, the forensic system, and treatment. Even without consent, family members and caregivers can share information and observations with the care team that they believe could aid in their loved one's recovery.

For clients in the IFP who are subject to a disposition order under the Ontario Review Board (ORB) there are some limitations to the extent to which clinicians can maintain confidentiality. For instance, all information stored in clinical records may be shared with the court for court-ordered assessments and with the ORB during a client's annual ORB hearing. We encourage you to have a discussion with the care team to understand how this legislation and our policies protect personal health information (PHI).

The Royal places a high value on the privacy, confidentiality, and security of each client. The Forensic Program follows the Government of Ontario's Personal Health Information Protection Act (2004) and The Royal's strict policies regarding the collection, use, and disclosure of information.

Please call The Royal's Chief Privacy Officer at 613-722-6521, ext. 6328, if you have any

questions or concerns about the privacy of health information. You can also contact the Office of the Information Privacy Commissioner of Ontario at 1-800-387-0073.

Interpretation services

The Royal understands the difficulties that language barriers can pose for clients and their families. For those who require service in languages other than English or French, professional cultural interpretation services are available.

We recognize that some clients and families worry about the confidentiality of information when using interpreters. The Royal has agreements with interpretation providers to ensure confidentiality. If you require translation services or have concerns about interpretation, please reach out to the care team.

Pathway through Forensic Inpatient Units to the outpatient program

The Forensic Program provides services to individuals who are going through legal proceedings to help the court with issues of criminal responsibility and fitness to stand trial, and works with individuals who have been found not criminally responsible (NCR) or unfit to stand trial.

A client's journey through the Forensic Program is influenced by their clinical and legal status.

Court-ordered assessment and treatment services

Typically, the Forensic Program has first contact with a client during an assessment or treatment order from the courts during legal proceedings. Treatment orders occur when an individual is found unfit to stand trial, and the proposed treatment is likely to render the individual fit to stand trial within 60 days. Assessment timeframes range in duration from five, 30, and 60 days. Assessments are ordered by the court and take place in the Assessment and Stabilization Unit (FAU). An assessment can also take place through the Brief Assessment Unit (BAU) when a client is determined safe to be in the community while this assessment is

completed. It may happen that, due to space limitations in the assessment unit, a client who is being held in detention (i.e. at the Ottawa-Carleton Detention Centre (OCDC)) may be assessed by a psychiatrist from The Royal at that location.

When a client is being assessed, it can take several weeks for the team to get a good understanding of the clinical issues. As a family member or caregiver, you may have important and helpful information about your loved one, and as such, a team member may reach out to you.

In cases where clients return to court and a determination of either NCR or unfit to stand trial is made, the client may return to the IFP at The Royal, depending on the disposition determined by the court or the ORB. Typically, clients will return to The Royal for continued support, stabilization, and rehabilitation, with the goal of reintegration back into the community.

Stabilization on the Forensic Assessment Unit (FAU)

Under the responsibility of the ORB, clients are supported by an interdisciplinary care team throughout their time at The Royal. At the FAU, the team works with clients to stabilize symptoms and strengthen their coping skills.

Care plans are developed for each person based on their needs and recovery goals. Care plans include therapeutic groups focusing on stress management techniques and navigating life challenges. Recreation and leisure, medication education, and information about the forensic system are also among our core offerings to help people prepare for a transition to the Forensic Rehabilitation Unit (FRU).

It is important to note that the FAU is a secure (locked) unit. Only clients with privileges may leave the unit accompanied by a staff member. Additional privileges are granted when the client is considered stable, and the risk related to their offence can be managed on the FRU (which is less restrictive).

Forensic Rehabilitation Unit (FRU)

When clients are stabilized, and space allows, they are transferred to the FRU for continuing treatment (often referred to as “moving

upstairs”). The care plan shifts to include therapy and group support to enhance skills for successful discharge and sustained community living. Assessments may be required in preparation for discharge. For example, a functional assessment by an occupational therapist to see how a client manages with everyday activities (using transportation, making meals, managing finances, etc.)

Outpatient status

A few things need to be in place before clients return to living in the community.

- The ORB must approve the transition back to the community.
- The care team must agree the client is ready.
- Suitable accommodations must be available for those not living in private residences.

The level of support for outpatients depends on the client’s situation and legal requirements. This could include case management to help access mental health and social services. The Royal also works closely with community partners to support various types of housing in the community, with different levels of supervision and independence.

In-Unit individual peer support

In-unit individual peer support

Peer support is a very powerful tool for personal growth and well-being. A peer supporter is someone with a similar lived experience who is further along in their recovery journey.

Peer support is a unique practice that:

- involves emotional and practical support between two people who share a common experience.
- is rooted in a practice that minimizes power imbalances and fosters equal and empathetic relationships.

- encourages people who are coping with challenges to make decisions based on their knowledge and expertise about their own needs, with the support of a peer trained to support others.

The support and shared experiences of the peer supporter can inspire hope and demonstrate the possibility of recovery. Individual peer support is offered at The Royal for the Forensic Program in the FAU and FRU. Both one-on-one and group peer support are available.

As a family member or caregiver, please keep the following in mind when it comes to individual peer support at The Royal:

- Confidentiality is central to peer support, and as such, you will not

receive information about anything your loved one shares with the peer supporter. Additionally, you won't be informed if your loved one is receiving peer support.

- Peer support is voluntary and only works when an individual is open to it. While it may be something you advocate, it is ultimately up to your loved one to seek peer support when they are ready to do so.
- While you may be engaging in family peer support for yourself, individual peer support is entirely separate. The individual and family peer supporters will never disclose their discussions with their peers.

Functioning of the Forensic Inpatient Units

Guidelines and expectations

Upon arrival, all clients receive information about guidelines and expectations relating to the FTU. These guidelines include topics such as a person's condition level (previously referred to as privileges), drugs and alcohol, personal belongings (including money), dress code, curfew, food and beverages, housekeeping, personal care, participation in programs, recreation, technology use and communication devices, and visitors. These guidelines are a result of collaborative efforts between our clients and staff to foster a positive environment. For a copy of this document, please ask the care team.

How to call your loved one

If your loved one is on the Forensic Assessment Unit (FAU), they will not have access to personal mobile phones, tablets, or laptops. A client

phone line for incoming and outgoing calls is available between 8 a.m. and 10 p.m. All the clients on the FAU share this line, so clients and family members are asked to limit calls to 15 minutes. Pre-paid phone cards are available for purchase so clients can make long-distance calls. To reach someone on the FAU, please request the extension from the care team.

If your loved one is in the Forensic Rehab Unit (FRU), they can be reached on the client phone line, which is available for incoming or outgoing calls between 7 a.m. and 10 p.m. As above, all the clients on the FRU share this line, so clients and family members are asked to limit calls to 15 minutes. To reach a client on the FRU, please request the extension from the care team.

Access to personal mobile phones is determined in collaboration with the care team.

Visiting

We encourage family and friends to visit their loved one during their inpatient stay. Visiting a friend or family member in the Forensic Program can play a vital role in their recovery journey. Visiting can strengthen relationships, provide valuable emotional support, and have a positive impact on your loved one's well-being.

What to know when visiting the Forensic Assessment Unit (FAU)

To ensure a smooth and safe visit for your loved one, please get in touch with the care team to schedule your visit at least 24 hours in advance. This will allow the team to plan ahead and ensure there is enough space for everyone in the visiting room while avoiding potential conflicts with your loved one's activities and mealtimes. If multiple visits are scheduled simultaneously and each group has numerous visitors, we may need to limit the number of visitors to two or impose a 15-minute time limit.

We encourage clients to reach out to their social worker to make necessary arrangements.

Visiting hours are preferred on weekdays between 8 a.m. and 4 p.m. For everyone's safety, all visitors are required to go through a metal detector screening upon arrival. Photo ID may be requested. Please be aware that all personal belongings, including outerwear, must be stored in the lockers provided. Lastly, we request no physical contact or exchange of items during the visit to ensure a safe and secure environment for all.

Please remember: Your loved one has the right to refuse visitors. Likewise, staff may bring upsetting or unsafe visits to an early end.

Confidentiality must be maintained during the visit; no information regarding other clients or staff may be shared.

Visiting the Forensic Rehabilitation Unit (FRU)

We encourage all visitors to plan visits ahead of time so they don't conflict with your loved one's activities and meals. Please call the unit and contact the care team at least 24 hours before coming for a visit.

Please remember: Your loved one has the right to refuse visitors. Likewise, staff may bring upsetting or unsafe visits to an early end.

Our goal is to maintain a safe environment for everyone. To that end, please be aware:

- Items being dropped off for your loved one should be approved by the care team before your arrival.
- All visitors must check in to the nursing station upon arrival to the unit. A photo ID may be requested.
- For safety reasons, visitor belongings are searched before entry to the unit. Visitors who refuse will be asked to leave. Security may be called to assist if needed.
- Visits only occur in common areas; visitors are not allowed in client rooms. The Winter Garden is an excellent place for a visit. Alternatively, your loved one may be able to meet you outdoors on the grounds. There are picnic tables and benches in various locations around the perimeter of the building.
- Outside food or drinks are not permitted on the unit. Food and beverages can be enjoyed in the Winter Garden or outdoors on the grounds.

Visits in the community are also an option, depending on your loved one's condition level. (Please see the glossary for more information about condition levels.) This could include day visits escorted by staff, day passes with an approved person (see the approved person section below for eligibility details), day passes, and overnight passes. Please speak with your loved one and the care team for more information.

Approved person

Your loved one may be permitted to have an “approved person” accompany them outside the building (on the grounds and within the community) for specific purposes, for example, to attend medical appointments or participate in social activities. This can also extend to travel outside the country. Having an approved person can help your loved one obtain more freedom, independence, and confidence as their treatment progresses. Anyone interested in this designation must undergo an assessment process. Applications are approved based on the care team’s recommendations. Ask your loved one’s social worker for more information.

Safety on the unit

Safety for clients, visitors, and staff is a priority for the Forensic Program and as such, there are a number of security measures in place.

The Forensic Program follows the Safewards program, an internationally-recognized program that engages staff and clients to reduce the potential for conflict in the unit.

Physical security measures are in place to help protect against self-harm or harm to others. If you or your loved one have questions, suggestions, or concerns about safety on the unit, please let the care team know. You can also reach out to the manager of client and family relations at 613-722-6521 ext. 6710.

Drugs, alcohol, and cigarettes

Drugs, tobacco, e-cigarettes, tobacco-like products and alcohol are strictly prohibited on the property. Clients are screened on admission regarding their smoking practices and are offered nicotine replacement therapy (NRT) or other therapeutic supports at admission and throughout their stay.

Over 70 per cent of people receiving care in the Forensic Program have a substance use disorder. For some people, drugs, alcohol, and

cigarettes can worsen their mental health symptoms and/or negatively impact their recovery. Substance use is a complex issue. Please contact your loved ones treatment team to learn more.

Our commitment to a safe environment is reflected in our policies relating to searching clients, visitors, and their property; illicit drug use, possession, and trafficking; and storage or disposal of illegal drugs and unidentified substances.

As per the *Smoke-Free Ontario Act*, smoking (tobacco, e-cigarettes, tobacco-like products) is not permitted anywhere on the property except for a designated area on the sidewalk along Carling Avenue.

Clients who would like to quit smoking are encouraged to speak with their care team for guidance and support.

Discharge planning to the community: Considerations for families/caregivers

One of the most significant stresses and challenges facing families is determining where their loved one is going to live after they are discharged. Typically, the social worker working with your loved one leads discharge planning but every member of the care team (including family members and caregivers) has an essential role in the process.

Some practical ways that families can participate in the discharge planning process include:

- **Participating in discharge planning meetings.**

Depending on the level of consent, your loved one’s social worker will invite you to attend a meeting with members of the care team. This is a great time to provide input, ask questions, and ensure the team knows how much support you can realistically and consistently provide.

- **Providing encouragement and support for your loved one as they approach discharge.**

An upcoming discharge can be a major source of anxiety. Support your loved one by listening to their wishes and concerns, help them to communicate their needs to the care team, and encourage them to take things one step at a time if they are anxious about moving to a new setting.

In forensic mental health care, the main factors taken into consideration when developing a discharge plan are the functional level of your loved one, the ORB disposition order, and housing options in the community.

It is important to acknowledge that sometimes the hopes and expectations of families and our clients are very different from the recommendations of the care team, even when all relevant factors are considered. Please know that once your loved one is discharged, the outpatient care team continues to evaluate whether the housing is suitable. The team will work with clients and their families/caregivers to locate more appropriate housing as clients continue to move forward in their recovery, as required.

The care team needs to understand how much independence your loved one can handle. If they're discharged to a place where they can't take care of themselves or don't have enough support, it can be a really stressful experience. High stress can increase the chances of a resurgence of mental health symptoms and possible re-hospitalization.

Most clients who are found NCR move through the system as inpatients, which gives the care team more time to assess their ability to participate in activities of everyday living. Your loved one's care team will provide information on how much support is required (for example, how they follow daily routines on the unit and take their medications). Input from family members and caregivers is valuable – you know your loved one best and can provide

historical information on how they were doing before they came to The Royal.

Tip: A weekend visit with your loved one at home can give the care team valuable insights into how they might manage outside of the inpatient unit.

Functional assessments

A functional assessment is a detailed evaluation by the occupational therapist on your loved one's care team. It involves an evaluation of their ability to perform everyday tasks. The goal is to understand how well someone can manage these activities independently. The assessment helps identify any challenges or limitations a person may have and guides the development of personalized strategies or support to improve their daily functioning and quality of life.

The functional assessment also allows the occupational therapist to make recommendations related to housing and any support your loved one might need so that they can be as successful and independent as possible in the community.

The functional assessment includes standardized and observational assessments to examine the client's cognitive abilities, financial skills, home/community management, health and safety knowledge, and communication skills. To that end, your loved one can expect a question-and-answer test about living in the community and task-oriented activities such as taking public transit, grocery shopping, and cooking. Their behaviours and habits on the inpatient unit also serve as indicators of how they are functioning.

It is important to consider that the functional assessment is only one part of the care team's recommendations. The care team considers the client's engagement in their care plan, willingness to take prescribed medication, cognitive skills, illness management, and ability to follow rules, as well as the disposition order.

The care team wants to help your loved one achieve their housing goals. If they struggle with certain tasks that don't quite meet the standards that allow discharge to a specific living accommodation, they'll be encouraged to improve those skills with the care team. One way to do so is by joining specific groups to improve certain skills. If needed, it may be recommended they live in a group home or transitional housing to keep working on their skills.

Your loved one has their own unique skills, needs, and goals. The care team works hard to identify the best possible housing options for their safety and mental well-being while also ensuring the safety of the community.

Disposition as it refers to “approved accommodations”

When clients are followed by the ORB, the level of accommodation they will need is stated in their disposition. This decision is made by the ORB after listening to input from a psychiatrist at The Royal, the Crown counsel, and your loved one's lawyer. If your loved one has “approved accommodation,” this means the ORB decided they need housing that is approved by The Royal. “Supervised accommodation,” generally refers to a group home. The order is set for one year and can be re-assessed at your loved one's next ORB hearing.

Approved accommodation: Some clients who are under a detention order from the ORB have a requirement on their disposition that their accommodation must be approved by the “person in charge.” (See glossary.) In other words, their new living situation (home, apartment, or other shared accommodation) has to be assessed before they move.

This assessment is completed by a social worker and involves an evaluation according to a set of criteria that is specific to your loved one. Some of the aspects considered by the social worker include safety (are there smoke alarms, for example) and whether the living situation is affordable. If housing is not affordable, it can lead to increased stress, which can increase the risk of relapse.

The social worker also looks at who else may be sharing the living space with your loved one. If your loved one will be living in your home, you will likely be asked to participate in an interview with the social worker. In this interview, the social worker will discuss your loved one's disposition order, their diagnosis, and review early warning signs of relapse with you. They will also ask about how you would manage a potential relapse or aggressive behaviour.

Once the assessment report is complete, it will be reviewed by the program director and clinical director who, on behalf of the person in charge, will have the final say on whether your loved one can live in the proposed accommodations.

Housing options available in the community

Some options for housing include:

- Private rental (sometimes can include a subsidy)
- Transitional houses special to the Forensic Program
- Subsidized and supported housing

Group homes

Living independently while managing health and mental health concerns can be challenging for someone with a chronic health condition. For this reason, the care team will sometimes recommend a transitional home such as Grove House (run by Ottawa Salus Corporation staff) or Lebreton House (run by the John Howard Society of Ottawa).

Grove House provides 24-hour staffing and group programming. Residents must attend groups and get along well with roommates. This residence provides a nice transition to independent living or to Lebreton House if further support is needed before moving to independent living in the community.

Lebreton House is intended for more independent residents. Residents are expected to work or attend school within three months of moving in. They attend fewer groups, however, they have greater responsibility in managing themselves in the house.

Residents of Grove and Lebreton may also be eligible for Forensic Supportive Housing (FSH), which provides subsidized living for successful program graduates.

The Housing Registry of Ottawa is the central depository for applications to both supported and subsidized housing. Supported housing has staff on site to provide care to the

residents, while subsidized housing provides reduced rent to people who meet the income threshold. Supported housing is mostly likely subsidized, but subsidized housing is not always supported.

Group homes are mostly privately run but there are publicly-funded homes for clients who need 24-hour supervision, help with medication compliance, and tasks related to daily living. For some clients, group homes are a great fit, and can be a better solution for the client as well as families who have been providing this care for many years. Sometimes families and their loved ones are apprehensive about moving to a group home. This is natural. Most of the group home accommodations start with a shared room. Your loved one will require some time to adjust and settle into their new surroundings.

Outpatient Program

FIRST outreach team

The Forensic Intensive Recovery Support Team (FIRST) provides intensive outpatient services and community links to clients living in the community who are NCR and deemed unfit to stand trial. FIRST's aim is to support the recovery of the client and to maintain community safety. The team offers services to meet the individual needs of each client, such as guidance related to mental health, social skills, daytime activities, substance use, physical health, diversity and spirituality, and psychological needs. Case management services are also available to help navigate the forensic system.

All clients found NCR or unfit to stand trial who are either living in or transitioning to the community are reviewed for eligibility for FIRST services in conjunction with their physician. We encourage you to speak with your loved one's care team to learn more about these services.

Community case management

Many mental health agencies offer case management services to adults living with mental illness. As clients from the Forensic Program progress through the review board system, the team will transition them to

community-based services depending on the level of support they require. There are several organizations in the community that partner with the Forensic Program through Mental Health Community Support Services (MHCSS) such as Canadian Mental Health Association (CMHA), Montfort Renaissance, Salus, John Howard and Assertive Community Treatment Teams (ACTT).

The outpatient program additionally provides interdisciplinary consultation and time-limited group intervention for individuals living in the community and served by our forensic psychiatrists.

Acknowledgement

The IFP wishes to thank Family Advisory Council members for their thoughtful review and feedback on this guide. Their comments and suggestions have been used to shape its content towards a family-focused approach.

Glossary of acronyms and technical terms

Below is a summary of common terms used in forensics. If you hear an unfamiliar term in the course of supporting your loved one, please reach out to the care team.

Approved accommodation: A home in the community that has been determined to be suitable for an individual on a disposition order. The process involves an assessment by a social worker and approval by The Royal.

Approved person: A person who has applied and been accepted to supervise clients with community condition levels (e.g. specific activities outside the secure perimeter and travel in the community). The approved person agrees to follow the rules as set out in the client's disposition. Family members or other individuals may become approved persons. The process involves an assessment by a social worker and approval by The Royal.

Disposition: A decision made by the Ontario Review Board (ORB) after a hearing regarding a client who has been found not criminally responsible or unfit to stand trial. The disposition will detail where a person must go (e.g. hospital or a doctor they must see). It will also detail the level of security the person requires and list condition levels and conditions that will apply to the person for the next year (until their next ORB hearing). The client's disposition is reviewed annually by the ORB for progressive condition levels.

Condition level (*also referred to as "privileges"*): These are specific rules or requirements that a person must follow while receiving care. Condition levels determine the level of supervision needed and determine whether your loved one can be accompanied off the unit or go out into the community. It's helpful to think of condition levels as guidelines that help create a structured and safe environment for everyone.

Please see the chart below for the types of condition levels.

LVL 00 - Medical/Legal

LVL 000 - Compassionate

LVL 1 - Hospital Grounds Access Escorted

LVL 2 - Hospital Grounds Access Accompanied

LVL 3 - Hospital Grounds Access Indirectly Supervised

LVL 4 - Community Access Escorted

LVL 5 - Community Access Accompanied

LVL 6 - Community Access Indirectly Supervised Day Pass

LVL 7 - Community Access Indirectly Supervised Overnight

LVL 8 - Approved Accommodation

Levels of accompaniment (to an activity):

Escorted: The client is always with a staff member or an approved person, staying close and within sight at all times.

Accompanied: Multiple clients are together, each one within sight of a staff member or an approved person.

Levels of supervision (during an activity):

Directly supervised: During the activity, the client is always visible to a designated person who keeps track of what they are doing and where they are.

Indirectly supervised: The client follows the rules set by the treatment team, which may involve checking in with staff at certain times or occasionally being seen by an approved person. The approved person always knows the general location of the client.

Forensic: Related to the law or the courts.

Forensic mental health system: Services for people who have a mental illness and have come into contact with the law.

FTU: Forensic Treatment Unit

IFP: Integrated Forensic Program

Not criminally responsible (NCR): A person is found to be not criminally responsible by the court because of mental illness means they could not appreciate the nature of their actions or did not know that their actions were wrong. Having a mental illness does not automatically make a person NCR.

Ontario Review Board (ORB): Individuals who have been found by a court to be either unfit to stand trial or not criminally responsible on account of a mental disorder fall under the authority of the ORB. A client's disposition is decided by the ORB.

[Read more about the ORB here - https://www.orb.on.ca/scripts/en/about.asp](https://www.orb.on.ca/scripts/en/about.asp).

Personal Health Information (PHI): Any information that can identify a person and is related to:

- a) Their physical or mental health, including family health history.
- b) The healthcare they receive and who provides it.
- c) Their service plan under the Long-Term Care Act.
- d) Their healthcare payments or eligibility.
- e) Any body parts or substances they donate and related tests.
- f) Their health card number.
- g) The identity of the person who makes health decisions for them if they can't.
- h) Information collected for research purposes.
- i) The allowed limits of a client's movement outside the forensic unit, as specified by the terms of the disposition order.

Treatment order: This is an order by the court that occurs when an individual is found unfit to stand trial and the proposed treatment is likely to render the individual fit to stand trial. This can happen against the person's will.

Fit/Unfit to stand trial: A person is declared unfit to stand trial when mental illness prohibits them from understanding what happens in court, the possible consequences of the proceedings, and affects their ability to communicate with or instruct their lawyer. Having a mental illness does not automatically make a person unfit to stand trial.

NOTES



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