

FACT SHEET ABOUT THE NOT CRIMINALLY RESPONSIBLE DUE TO A MENTAL DISORDER (NCRMD) POPULATION IN CANADA

1. BASIC STATISTICS

- a. The vast majority of individuals found NCRMD do not commit serious violent crimes.
 - A recent study completed for Justice Canada, assessing individuals found NCRMD on charges relating to homicide, attempted murder, and a range of sexual offences, found these incidents of serious violence to account for only 8% of NCRMD cases. 15.5 % of these cases were women i.

Type of offense	% of total NCR Population (weighted)
Homicide	2.6%
Attempted murder	3.3%
Sexual offence	2.1%

- b. The NCRMD population is diagnosed with a range of illnesses.
 - The study for Justice Canada found that the majority of NCRMD individuals accused of one of the three serious violent offenses had a diagnosis in the psychosis spectrum. For 37.8% this was the only diagnosis, while for 68.9 % or 113 individuals this diagnosis was present either on its own or in combination with another diagnosis. 27.9% had a diagnosis of substance use often in combination with another diagnosis, 21% had personality disorder, and 23.6% had a mood disorder.
- c. The same study found that the majority of victims of the three serious violent offenses were family members. Only 4 people whose offense was murder did not know the victim.

2. RECIDIVISM

Individuals found NCRMD have low rates of recidivism and very low rates of violent recidivism.

- The findings of the Justice Canada study found that recidivism rates for those accused of severe violent offenses was 10.4% over a three-year period following an individual's conditional or absolute discharge rateⁱⁱ.
- A preliminary analysis of Quebec NCRMD cases indicates a rate of 19.7% criminal recidivism for all NCRMD accused but only 7.7% for violent offencesⁱⁱⁱ.



- An earlier study found a recidivism rate of 7.5% among the post 1992 NCRMD population after they were absolutely discharged^{iv}.
- By comparison, studies of all long-term offenders released from federal custody in Canada found recidivism rates of 33.5% overall and 11.6% for violent crimes v,vi,vii.

More than half of the people discharged by Review Boards, either conditionally or absolutely, did not get re-hospitalised nor had encounters with the judicial system after a three year observation period. Those who did need help were more likely to end up back in the health system than in the judicial system^{viii}.

3. OUTCOMES UNDER REVIEW BOARDS

- The number of cases deemed NCRMD is relatively small. For the three largest provinces (BC, Ontario and Quebec- the provinces that also comprise the majority of NCRMD cases) there were a total of 607 cases deemed NCRMD by review boards over the course of one year (May 2004-April 2005)^{ix}. By comparison there were 260,649 adult cases found guilty of a criminal offense in Canada over the course of one year 2008/09^x.
- For most offenses, individuals found NCRMD tend to be detained longer under Review Boards than had they been found guilty and sentenced to prison^{xi}.

4. WHY PAYING ATTENTION TO STIGMA MATTERS

The focus on a very small number of cases paints an inaccurate picture of violence and mental illness. The more mental illness is stigmatized, the harder it is to get people to seek treatment and to stay in treatment. Yet treatment is the most effective preventive measure for the small number of people with mental illness who commit violent offenses.

- Less than 3% of violent offenses can be attributed to people with mental illness (when substance abuse is not present) xii.
- A large National Epidemiologic Survey of the US population found that while mental illness is relevant to violence risk, the causal links are complex, indirect, and embedded in web of individual and situational co-factors. That study concluded that severe mental illness on its own does not predict later violent acts and a person with a severe mental illness when substance abuse is not present and without a history of violence has the same chances of being violent during the next three years as any other person in the general populationxiii.



¹ Crocker, A.G., Seto, M.C., Nicholls, T.L., Coté, G. (2013). *Description and processing of individuals found not criminally responsible on account of mental disorder accused of `serious violent offences*`. Justice Canada.

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The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this document is made possible through a financial contribution from Health Canada.

iii Crocker, A. G., Charette, Y., Seto, M., Nicholls, T. N., & Côté, G. (2012). Myths and realities about forensic mental health clients. Together Against Stigma: Changing how we see mental illness. *5th International Stigma Conference*. Ottawa, Canada, June 4-6.

iv Livingston, J.D., Wilson, D., Tien, G., Bond, L. (2003). A follow-up study of persons found not criminally responsible on account of mental disorder in British Columbia. *Can J Psychiatry*, 48(6).

^v Johnson, S., Grant, B.A. (2000). Release outcomes of long-term offenders. *FORUM*. Correctional Services Canada.

vi Villeneuve, D.B., Quinsey, V. (1995). Predictors of general and violent recidivism among mentally disordered inmates. *Criminal Justice and Behavior*, 22, 397-410.

vii **Note**: While each group had a three-year follow-up period, authors caution that cross-study comparisons are challenging because of differences in sampling, offence type, period of detention and other factors.

viii Crocker, A. G., Nicholls, T. N., Seto, M., Côté, G., Charette, Y. & Caulet, M. (in preparation). The National Trajectory Project of Individuals found Not Criminally Responsible on Account of Mental Disorder in Canada: Part 2 – Process and outcomes.

ix Crocker, A.G. et. al. (2013). op cit.

^{*} Statistics Canada. Characteristics of adult criminal court cases, 2008/2009. Adult Criminal Court Statistics, 2008/2009 http://www.statcan.gc.ca/pub/85-002-x/2010002/article/11293-eng.htm#a1

xi Crocker, A.G., et. al. (in preparation). op. cit.

xii Stuart, H., Arboleda Florez, J. (2001). A public health perspective on violent offenses among persons with mental illness. *Pyshiatr Serv* 52:654-9. See also Stuart, H. (2003). Violence and mental illness: an overview. *World Psychiatry* 2:2. June. xiii Elbogen, E.B., Johnson, S.C. (2009). The intricate link between violence and mental disorder: results from the National Epidemiology Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry*. 66 (2): 152-161.