

Medical School Forensic Psychiatry Units in Health Care Delivery Facilities Rather Than Criminal Justice Institutions: An Alternative Model

G. J. Sarwer-Foner, MD; Selwyn Smith, MD; and John Bradford, MB

In an issue of the *Bulletin of the American Academy of Psychiatry and the Law* honoring the work and spirit of a pioneer and most respected forensic psychiatrist Seymour Pollock, the breadth and scope of forensic psychiatry can be profitably covered. Dr. Pollock was very interested in the issue of where to best locate psychiatric forensic facilities.

The concept of what creates an "acceptable" versus a "good" as opposed to an "ideal," forensic psychiatric consultation, treatment, and teaching facility is one which always intrigued and was close to the heart of Seymour Pollock. In this article we are presenting our model of a forensic psychiatric facility that serves the community as a one of a kind unit and is an integral part of the Department of Psychiatry of the medical school with its human values, global health care delivery system, and teaching and research network.

The Department of Psychiatry, University of Ottawa School of Medicine, had decided long ago that the basic psychiatric health care delivery system under Canadian health insurance would be a proper one, which would enable a very good range of community services to be offered to the entire population served, by having available a broad spectrum and excellent quality of facilities staffed by the required numbers of well-trained psychiatrists. These adequately staffed and well-integrated services would then be made available for the entire population of Ottawa-Carleton and the areas of northern and eastern Ontario and Quebec. These psychiatric services would have built into them the teaching network for the highly specialized subspecialties. Teaching and research would be built onto this structure. This has been described in detail elsewhere.¹

In our planning, the philosophic issue of what kind of psychiatric forensic services were needed and where they were to be located arose. The regional

From the Forensic Psychiatric Unit, Department of Psychiatry, Royal Ottawa Hospital, University of Ottawa School of Medicine, Ottawa, Ontario, Canada.

Dr. Sarwer-Foner is professor and chairman, Department of Psychiatry, University of Ottawa School of Medicine, is director, Department of Psychiatry, Ottawa General Hospital, and is consultant psychiatrist, Royal Ottawa Hospital. Dr. Smith is professor of psychiatry, University of Ottawa School of Medicine, is psychiatrist-in-chief, Royal Ottawa Hospital, and is consultant psychiatrist, Forensic Unit, Royal Ottawa Hospital. Dr. Bradford is associate professor of psychiatry, University of Ottawa School of Medicine, and director, Forensic Psychiatric Unit, Royal Ottawa Hospital. Address correspondence to Dr. Sarwer-Foner, 501 Smyth Rd., Ottawa, Ontario, Canada K1H 8L6.

municipality of Ottawa-Carleton encompasses roughly 850,000 people, with another 150,000 living across the Ottawa River in the Province of Quebec at Hull and its vicinities. Of this number, roughly 30 percent have French as their native tongue and the other 70 percent have English-speaking backgrounds. We felt that our main psychiatric forensic facilities could be built into the existing university teaching hospitals that form the main health care delivery system (Ministry of Health funded health delivery system) rather than in criminal justice system facilities (penitentiary, detention centers, jails). Psychiatric consultative services were already being supplied to the city jail and to the county detention center in Ottawa-Carleton by the then one full-time and one part-time forensic psychiatrists. Twelve open forensic psychiatric beds were established at the Royal Ottawa Hospital. The senior author then recruited numbers of appropriately trained forensic specialists (including the two co-authors) to supplement the then single full-time consultant in forensic psychiatry. Under Dr. Selwyn M. Smith and later Dr. John M. W. Bradford, our training program and additional recruitment produced a good flow of properly trained forensic psychiatrists.

Today the fruits of these endeavors are well established. Forensic Psychiatry at the Royal Ottawa Hospital, Department of Psychiatry, University of Ottawa School of Medicine, is directed by Dr. John Bradford. It consists of an Adult Forensic Psychiatric Unit and the Family Court Forensic Psychiatry Clinic. The Adult Forensic Psychiatric Unit has 16 open forensic psychiatric beds and, on the same floor, 11 closed medium security forensic psychiatric beds. Dr. V. Kunjukrishnan directs the open unit. Dr. R. Balmaceda is director of the medium security unit. Full outpatient and day hospital units are part of this facility. Both male and female patients are admitted. A Sexual Behaviors Clinic is a specialized clinic in the outpatient forensic department. An additional specialized clinic for violent offenders is planned in the near future. Our overall forensic psychiatry plan (to be described later) had called for an Adolescent Forensic Psychiatric Unit as well. This is the only part of our planning which has not to date been funded. Thus, adolescent forensic patients are not admitted to our forensic hospitalized patients facilities.

The Family Court Clinic directed by Dr. John Dimock serves the Family Court and is housed in rented office space near the Royal Ottawa Hospital.

These facilities are used fully for treatment, consultation, diagnostic assessments, and rehabilitation of acute psychiatric cases. Our regional forensic psychiatric plan called for forensic psychiatric units at the two mental hospitals for chronic and long-term patients (Brockville Psychiatric Hospital at Brockville, Ontario and North Bay Psychiatric Hospital at North Bay, Ontario). As these develop their forensic psychiatric staffs, they

Forensic Units

too will be in a better position to handle the long-term forensic psychiatric patients.

Over a nine-year period, first Dr. Selwyn Smith and later Dr. John Bradford directed the expanded forensic psychiatric services. In all, some fourteen full-time forensic psychiatrists were recruited or trained in our own program to staff these facilities. Originally only thirteen open forensic psychiatric beds were established. Then funding was obtained for eleven adult medium security forensic psychiatric beds.

Twenty acute adult open psychiatric beds were converted into the eleven medium security forensic psychiatric beds, along with the necessary day rooms, and some (not altogether adequate) gym and recreational space. The dining room, day rooms, living room, and bedroom space was of the same comfortable, modern, and adequate standards as the rest of the Royal Ottawa Hospital (a very modern and comfortable facility). It is important to indicate that "the hardening" of the medium security Forensic Psychiatric Unit consisted of locked windows with security glass, locked doors, and electronic surveillance including vibrations detectors, metal detectors, and security guards to monitor the system. The security guards are employees under contract to the hospital, i.e., they are funded by the health care delivery system unit and not by a criminal justice system institution. There is one psychiatrist in charge and three other psychiatrists staff the unit and can admit patients to it. One psychometrist, one neuropsychology technician, one psychiatric social worker, one recreologist, one psychiatric occupational therapist, and twelve full-time and twelve part-time psychiatric nurses complete the staffing. Facilities for electroencephalographic examinations and computerized psychologic testing are incorporated into the routine assessment and are located in the unit. Thus, patients can go from a closed unit to an open one, on to day hospital and outpatient sections, all within the same facility. These facilities are seen as acute, not chronic, care facilities.

Sixteen open forensic psychiatric beds on the rest of the floor with the usual associated amenities were also opened, replacing the earlier twelve open beds. These, with their Outpatient Department and day facilities and the Family Court Clinic, constitute a one of a kind University hospital forensic psychiatric teaching unit.

Some two years later the Family Court Clinic, funded as part of the Child Psychiatric Unit, was established in rented quarters near the hospital and staffed with specially trained child and adolescent forensic psychiatrists. This facility serves family court and juvenile services and is available to all (defense, crown, and judges). Dr. John Dimock is the head of the Family Court Clinic and has one full-time psychiatrist working with him.

All of these needed and formerly nonexistent, facilities were obtained

through implementation of parts of our "overall regional forensic psychiatry plan," which was established by the "Chiefs of Psychiatry Committee" chaired by the senior author. This plan was approved by the dean of the Medical School and the Ottawa-Carleton District Health Council as well as by the four ministers of the government of Ontario concerned. Unfortunately the funding for the entire plan did not immediately follow this "approved in principal," but much of it did eventuate by bits and drabs over a few years. We did not get everything we needed and wanted, but we were able to implement about 85 percent of the program in one form or another over an eight-year period.

The Chiefs of Psychiatry Committee plan for the development of needed psychiatric facilities in the area of Eastern and Northern Ontario served by the University of Ottawa School of Medicine. Dr. Charles A. Roberts who had initiated this committee some fifteen years ago, later at the request of Dr. Sarwer-Foner, chaired the "Forensic Psychiatry Subcommittee" of the "chiefs of psychiatry" which helped develop the forensic plan. This plan required the above mentioned facilities. It also obtained approval for the appropriate number of psychiatric beds for long-term and chronic forensic psychiatric patients in two regional mental hospitals for chronic and special care—one 75 miles away, the Brockville Psychiatric Hospital at Brockville, Ontario, the other 250 miles away, the North Bay Psychiatric Hospital at North Bay, Ontario. Psychiatric consultation services are available on request to the criminal justice facilities in the area.

Our original forensic psychiatric regional plan, as approved by the four ministries, also called for the funding and proper building of an Adolescent Forensic Psychiatric Facility for both male and female patients. A women's facility with a specific number of female beds was planned. The female beds were never funded. Thus, male and female patients are accommodated in both the adult medium security unit and the open forensic psychiatric beds. No facilities were funded however for the planned adolescent forensic psychiatric patients; therefore, none were created. This remains a defect in our system of health care delivery, an unfulfilled aspect of our original regional forensic plan. We keep trying to obtain funding for its completion.

These new facilities were created in an acute care hospital of our university network, the Royal Ottawa Hospital, as a one of a kind specialized university teaching unit, placed in an existing facility to serve the community.

The Royal Ottawa Hospital is a nonprofit hospital, owned by its Board of Trustees who set its policies. It exists to serve the community in its broadest sense. It is a fully affiliated university teaching hospital and receives its budget from the Ministry of Health, the Ministry of Community and Social Affairs, other involved ministries, and private philanthropy. The hospital is available in its Forensic Psychiatric Units for patients from all

Forensic Units

sources—on remand from the courts, examinations of patients for defense attorneys, etc. Known patients from previous contacts can be admitted as voluntary patients to these facilities, when the nature of their problems include a forensic element.

In summary, patients can be sent by the courts, the prosecution, and/or the defense. Patients include those on remand for court requested diagnosis and evaluation or for recommendations with regard to pre- or postsentencing disposal and treatment. Other patients can be assessed for defense attorneys. Still others are seen when they ask for help and when they are known to our forensic or other psychiatrists. A consultation service is offered to the institutions of the criminal justice systems, but our forensic staff are not hired by and do not work for the criminal justice system institutions or hospitals other than as outside consultants. This system has been developed in Ottawa over the past eight years. An earlier consultative system manned by one full-time and one part-time forensic psychiatrist preceded it.

We believe our organization functions very well and is a significant model for both a forensic psychiatry health care delivery system and for teaching and research.²⁻²⁴ We feel that it is of interest to others. Its advantages are that the patients are under psychiatric health auspices, and not the criminal justice system, and are treated like any other patients in our health care delivery system. Those who need a secure setting get it when it is demanded by the nature of the criminal charges or the patient's condition. The eleven medium security adult forensic psychiatric unit is the only locked psychiatric facility in Ottawa-Carleton for any purpose. The other Department of Psychiatry facilities are completely open.

The judges, crown attorneys, defense attorneys, and social agencies that deal with prisoners, all have enthusiastically collaborated and found that these facilities carry the really heavy burden of forensic work demanded by a sophisticated community. This material is also available for clinical investigation and research.

Treatment Statistics

Tables 1 and 2 show the patient treatment statistics for 1982 to 1983.

Research

Ongoing research is extensive. The following current projects are cited as typical.

1. Cyproterone Acetate: A Single Blind Crossover Study, Drs. J. M. W. Bradford, Y. D. Lapierre, F. C. R. Chalke, and S. M. Smith. Funded by a grant by the Ontario Ministry of Corrections, Pentagone Laboratories, Montreal, Canada.

2. Computerized EEG Correlates of Acute Alcohol Intoxication in Violent Offenders, Drs.

Table 1. New Admissions from 1982 to 1983 to Forensic Psychiatry at the Royal Ottawa Hospital

Month	Forensic Medium Security Unit	Forensic Open Unit	Outpatients	Total
1982				
January	6	19	18	43
February	11	10	23	44
March	11	10	29	50
April	12	11	20	43
May	7	9	17	33
June	9	12	17	38
July	10	12	13	35
August	10	11	20	41
September	8	17	23	48
October	10	17	15	42
November	14	15	22	51
December	8	7	14	29
Total	116	150	231	497
1983				
January	6	9	19	34
February	7	11	20	38
March	11	13	21	45
April	9	11	22	42
May	10	7	21	38
June	11	11	24	46
July	6	11	3	20
August	12	24	16	52
September	7	10	15	32
October	9	11	18	38
November	10	3	25	38
December	11	12	19	42
Total	109	133	223	465

Table 2. Patients Seen by Family Court Clinic, Royal Ottawa Hospital, 1982 to 1983

Juveniles	1982			1983		
	Child Welfare	Custody	Total	Child Welfare	Custody	Total
83	153	172	408			
92				116	256	464

V. Knott, J. M. W. Bradford, R. L. Trites, and R. Balmaceda. Funded by a grant to Dr. Knott.

3. The Identification of Handwriting Characteristics of Psychiatric Patients, Dr. J. M. W. Bradford, C. Gilmour, research assistant, RCMP, and S. Mise. Funded by RCMP research funds.

4. An Empirical Approach to Insanity Evaluations, Drs. R. Rogers, O. Wasyliw, and J. L. Cavanaugh, Jr. Submitted for a research grant to the National Institute of Mental Health.

5. Dangerousness: A Multifactorial Study of 999 Cases, Drs. J. M. W. Bradford and R. Kunjukrishnan.

6. Sexual Offenders: Psychiatric, Psychological and Demographic Characteristics, A Comparison Study, Dr. J. M. W. Bradford.

7. Amnesia and the Polygraph; A Followup Study, Drs. J. M. W. Bradford and A. Pawluck.

8. A Clinical Study of Juvenile Murders, Dr. J. M. W. Bradford.

9. The Effects of Divorce on Children, Drs. J. Beitchman, J. M. W. Bradford, and J. L. Dimock.

Forensic Units

10. Arson; A Comparison Study, Drs. J. M. W. Bradford, J. L. Dimock, and D. Koson (University of Florida).
11. The Physiological Assessment and Behavioral Treatment of Sexual Offenders Phase 1, Drs. J. M. W. Bradford and J. S. Wormith. Funded by the Research Division, Ministry of the Solicitor General.
12. Violence in Medical Facilities, W. H. Reid and G. Edwards (University of Nebraska). A multicenter study, in collaboration in Ottawa with Drs. J. M. W. Bradford and R. Kunjukrishnan.
13. Homicide, Suicide, and Abnormal Steroid Metabolism, Drs. J. M.W. Bradford and C. C. Husband.
14. Parents Who Kill Their Children, Drs. J. M. W. Bradford and J. Dimock.
15. Cyproterone Acetate and Medroxy-Progesterone Acetate, Drs. J. M. W. Bradford, P. Gagne (Sherbrook, Quebec), and J. Cavanaugh (Rush Medical College, Chicago).
16. The Identification of Dangerous Pedophiles and Rapists, collaboration with G. Abel, Sexual Behavior Clinic, New York.
17. The Bioimpedance Technique in the Measurement of Sexual Arousal in Sexual Deviants, Dr. J. M. W. Bradford. Funded by the University of Ottawa Medical Research Fund.

A word should be said about long-term forensic psychiatric patients who are held in the Canadian systems under the Lieutenant Governor's warrants. These are prisoners who are considered to be dangerous that have to be held in mental hospitals. A loosening of these warrants, permitting greater rehabilitative activity for appropriate patients, allowing them to be in long-term treatment mental hospitals closer to their homes, is one of the objectives that has been furthered by our overall regional forensic plan. Such patients are hospitalized at Brockville Psychiatric Hospital.

Conclusions and Summary

We have presented a model for developing forensic psychiatric treatment and teaching services of a medical school Department of Psychiatry, but where these services are the basic comprehensive health care delivery system for the entire community. These offer consultative and treatment services for adult and family court clinic, psychiatric forensic services, of forensic psychiatry open bed and medium security-type bed, as well as day hospital and outpatient services. All of these are sited in the normal health care delivery system of the university teaching hospitals and its patient treatment, teaching, and research facilities. Consultative services are offered on request to the criminal justice system, but the basic health care delivery system is controlled administratively by the ordinary university teaching hospital authorities and exists as a one of a kind unit at the Royal Ottawa Hospital. The Royal Ottawa Hospital is a private nonprofit hospital, with its own Board of Trustees, and is affiliated with the medical school, as part of a major university network.

We believe it important to present this model for an overall forensic psychiatric service, in contradistinction to the more commonly established forensic psychiatric facilities in state mental hospitals, in a special facility

for the criminally insane, or in a criminal justice system institution such as a penitentiary. We believe that our model for forensic psychiatric facilities has great advantages for the patient. Here the patient is treated in a specialized facility (as all psychiatric patients with specialized problems should be); but one which is a specialized forensic facility, within the range of specialized psychiatric facilities that are needed by an urban community. In our case, these facilities have been established as part of the basic health care delivery system formed by our university network for treating the patient needs of our community.

References

1. Sarwer-Foner GJ: The philosophy of high quality care by university hospitals; the role modeling of residents and the organization of high quality services for the delivery of psychiatric health care. *Psychiatr J Univ Ottawa* 6:4-12, 1981
2. Bradford JMW, Smith SM: Amnesia and homicide: the padola case and a study of thirty cases. *Bull Am Acad Psychiatry Law* 7:3, 1980
3. Bradford JMW: Arson: a controlled study. *Can J Psychiatry* 27:188, 1982
4. Bradford JMW: Standards for fellowship programs in forensic psychiatry, a report by the Joint Committee on Accreditation of Fellowship Programs in forensic psychiatry. *Bull Am Acad Psychiatry Law* 10:4, 1982
5. Bradford JMW, Balmaceda R: Shoplifting: is there a specific psychiatric syndrome? *Can J Psychiatry* 28:248, 1983
6. Bradford JMW: Forensic aspects of schizophrenia. *Psychiatr J Univ Ottawa* 8:2, 1983
7. Bradford JMW: Hormonal treatment of sexual offenders. *Bull Am Acad Psychiatry Law* 11:159-169, 1983
8. Bradford JMW: Research in Sexual Offenders—Recent Trends in Psychiatric Clinics of North America. Edited by Sadoff RL, Philadelphia, WB Saunders, 1983
9. Bradford JMW: Forensic Psychiatry—Medical Outline Series. Contract with Medical Examination Publishing Co., Garden City, NY, October 1983
10. Bradford JMW, McLean D: Sexual offenders, violence and testosterone: a clinical study. *Can J Psychiatry* 29:335, 1984
11. Lynch B, Bradford JMW: Amnesia: its detection by psychophysiological measures. *Bull Am Acad Psychiatry Law* 8:3, 1980
12. Sarwer-Foner GJ: On social paranoia: the psychotic fear of the stranger and that which is alien. (The Karl Stern, MD, Memorial Lecture). *Psychiatr J Univ Ottawa* 4:21-34, 1979
13. Sarwer-Foner GJ: Some psychodynamic aspects of transexual, homosexual and transvestite patients presenting themselves to a psychiatric gender clinic. *Bull Am Acad Psychiatry Law* 7:249-258, 1979
14. Smith SM: The Battered Child Syndrome. London, Butterworth, 1975
15. Smith SM: The Maltreatment of Children: A Comprehensive Guide to Battered Baby Syndrome. Edited by Smith SM. Baltimore, University Park Press, 1978
16. Smith SM, Koranyi EK: Self-assessment of Current Knowledge in Forensic and Organic Psychiatry. Garden City, NJ, Medical Examination Publishing Co, 1978
17. Smith SM, Pagan D: The battered young child, in *Modern Perspectives in the Psychiatry of Infancy*. Edited by Howels, JG. New York, Brunner/Mazel, 1979, pp. 406-434
18. Smith SM: Medico-legal aspects of transsexuality, homosexuality and legal complications surrounding sex reassignment surgery, in *The Spectrum of Transsexualism, Transvestism and Homosexuality in the Male*. Edited by Koranyi EK. Springfield, IL, Charles C Thomas, 1979, pp. 92-126
19. Smith SM, Dimock J: Necrophilia and anti-social acts, in *Sexual Dynamics of Anti-social Behavior*. Edited by Schlesinger LB and Revitch E. Springfield, IL, Charles C Thomas, 1983
20. Smith MD, Dimock J: Problems with the evaluation of dangerousness, in *Basic Forensic Psychiatry*. Edited by Hucker S and Turner RE. Chap. 11, 1983, pp. 140-150
21. Smith SM: Competency, in *Psychiatric Clinics of North America*. Edited by Sadoff RL. Philadelphia, WB Saunders, 1983, pp. 635-650
22. Smith SM, Braun C: Necrophilia and lust murder: a rare occurrence. *Bull Am Acad Psychiatry Law* 6:259-268, 1978
23. Smith SM: Abortion and child abuse (invited editorial). *Can J Psychiatry* 24:7, 1979
24. Smith SM, Pagan D: Homicide: a medico-legal study of thirty cases. *Bull Am Acad Psychiatry Law* 7:275-285, 1979