

## **My Perspective on the NCR system**

### **Mon point de vue sur le système NCR**

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At the time of writing, it has been five years and a half that I have been incarcerated, and four years and a half since being in a forensic hospital due to my “non-criminally responsible” legal status. For those of you who don’t know, an NCR verdict is given when an individual commits a crime that is directly linked to the state of his mental health at the time of the offence. My lawyer presented me this option as the best course of action, seeing as I was deemed unfit for trial at the beginning of my stay in jail. She said that if the judge and the Crown agreed that I was NCR, not only would I be spared a criminal record, but that I could expect to spend only a few months at the Royal Ottawa forensic unit before being discharged back in the community. I was told that the conditions I was to be subjected were to be the least restrictive, onerous ones possible and that I would not be punished. I can safely say at this point that both of these statements are untrue. Since I was unfit for trial, put on a new medication that actually worked for me with minimal side effects and been mentally stable ever since thereafter, I have never been aggressive nor been charged with another offence. I have been incarcerated for so long for one reason, because I struggle with staying sober for a prolonged period of time. One of my conditions in my disposition is to refrain from using any recreational substance, including legal ones such as cannabis and alcohol.

I was probably looking at around a year sentence for my assault with a weapon charge, considering that it was my first offence. If I knew what I know now about the NCR

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system, I would have pled guilty, because at least that way I could have been free a lot sooner and then await the timeframe for a pardon instead of spending that whole time locked up, with still no end in sight. Due to my addiction issues, I have found myself bouncing back and forth from less restrictive units where they give you “privileges” that are just enough rope to hang yourself with to barren “assessment” units, where the only thing to look forward to is coffee for months on end. While I understand that spending time in a forensic psychiatric unit is not supposed to be fun, I have a hard time understanding how someone is supposed to recover from psychosis in an environment deprived of stimulation, let alone addiction. The groups they offer are catered to the lowest common denominator, and while they are getting better at organising interesting, instructive programming, they mostly come across as dull and often repeat themselves. I get stressed out when I have to go to the third semester of the same stress management group that I got 100 percent in at both the diagnostics test and the final one.

Some of you might be thinking that I’m doing this to myself by choosing to use substances instead of facing the music and moving on with my life. The reality of it is that prior to my charge, I was two months sober. My psychosis wasn’t due to drugs, but because I wasn’t taking my medication due to severe side effects that prevented me to function properly at the jobs I would get or even just get through the day without sleeping half the time. The psychosis crept in and peaked into a violent incident where I thought I was defending my girlfriend and family from my landlord, whom I firmly believed to be a sadistic psychopath. While I have expressed regret and remorse for my actions that day to every psychiatrist I’ve encountered, it doesn’t stop them from reminding all those present at my yearly revue boards that I still pose a risk to society, for even while I haven’t

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been psychotic a single time since being on medication, the fact that I use drugs means that I could become psychotic, and thus be violent again. What I would love to say if they gave me a chance to speak and interrupt the doctor while he runs his mouth is that this disposition has not stopped me from using, yet I remain stable nonetheless. Wouldn't there be at least one incident where nursing staff observed odd or violent behaviour from my behalf? All the times I have been reproached have been from random urine screens, the consequences of those being the application of negative reinforcement (loss of privileges and sometimes getting sent back a unit). I have eventually made progress with my sobriety, with the help of my therapist, my family but mostly myself, but it does not change the fact that locking someone for using drugs is inherently unfair, especially when the substance in question is legal. I don't see how being punished for using has ever helped anyone stay sober, for that matter.

That being said, this experience has allowed me to grow substantially as a person. I have learned about both my strengths and my weaknesses, allowing myself to foster what I am good at and nurture the areas of my life which I have neglected in my young adulthood and need work. It is without a doubt that I can declare myself a better person, one who at this point is ready to face his problems and tackle the inner demons who afflict him. I have also made numerous positive social connections with other patients who have lived similar experiences and gained deeper understanding of myself and whatever the hell it is I'm suffering from. The doctors I've dealt with can't seem to agree on a diagnosis; I am currently diagnosed with bipolar disorder and autism spectrum disorder. While I agree that I might have bipolar, the basis for the ASD is that I "don't interact with the staff well". I think if people with no formal training in administering authority were telling the

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doctors what to do and what not to do and making a fuss over arbitrary rules that they can't even agree on, they might feel autistic too.

There is a lot of downtime to be killed in this place, and the boredom is a very real factor in relapse, especially when you don't have privileges. This has given me the opportunity, however, to start reading again, as well as play guitar and even listen to the entirety of the Grateful Dead's Europe 72' tour. While talking to others has inspired me and brought me solace at times, at other times the negativity of bored and frustrated people rakes on my nerves, and I am a hypocrite writing this, for I have more than once been that person griping about his dire situation and the absurdity of it. You are encouraged to bring these types of conversations to staff, but sometimes the staff available to listen to you aren't so helpful. The most helpful thing a staff member can do, or anyone for that matter, is just to listen and try to understand your perspective from your standpoint. Not every question has an answer, or at least deserves a better answer than a generic one.

Another thing patients deserve in the forensic mental health system is a higher degree of objectivity. Did I mention that a NCR sentence is indefinite? I know people who have done well over fifteen years locked up for an assault charge simply because they struggled with addiction issues. I have also known people who have serious homicide charges get back out into the community within a year and a half. In my opinion, an NCR sentence should carry both a minimum and a maximum sentence length. To leave the length of the sentence up to the psychiatrist and the board is too subjective to be proper practice of justice. To my knowledge, the only other class of people who get an indefinite detention are immigrants suspected of being involved in terrorism. Whether this is an

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oversight of the justice system or blatant stigmatization is unclear. People who have the capacity of knowing right from wrong at the time of their offence receive their freedom back after a certain time deemed fair considering the severity of said offence. It is not dependent on their likelihood of re-offence. We should be given the same benefit of the doubt. Indeed, making the likelihood of re-offence the priority of a NCR sentence seems to me like the extension of stigma towards mental health, especially when the sentence is for a less serious charge.

It may come as a shock that therapy isn't readily available to every forensic patient at the Royal Ottawa. Even if you are lucky enough to have it, it is only once a week for an hour. Your attending psychiatrist also comes once a week for an hour if you're lucky, luckier still if they try to get insight into your experience, which is ironic for they love to go up to the board and claim that you don't have insight into your illness. Someone's freedom should not just depend on something as subjective as a psychiatrist's opinion that is largely based off the opinion of whichever nurse that wrote their impression of you in a chart. It's like a twisted telephone game that often blows things out of proportion, and too rarely are we consulted on such matters to hash out the facts and the details of such so-called incidents. On the flipside, violence has less repercussions than substance use! People who get physical typically only get a few days punishment, whereas others who use (even legal substances) get a minimum of twenty-one days before they get their privileges back. I am part of a patient council here in Brockville. Me and others brought up this fact to one of those meetings, only for them to sweep it under the rug with a wishy-washy answer on how we don't know everyone's story and background, and how doctors

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treat every patient on a case-by-case basis. You can see how this policy can be ripe for favoritism and abuse.

There also seems to be a confrontational dynamic between the staff and the patients. This comes out whenever the staff feels challenged about their application of the rules, which is arbitrary. For example, one time I asked if I could cook food with another patient with food that I asked my mother to buy specifically for that purpose, and they said yes. I made sure to ask beforehand knowing how they can be with these kinds of scenarios. I try and do this again, assuming it would be okay but this time, they said no. I ask why that is and the nurses start raising their voices, coming out of the nursing bubble and pointing fingers in an authoritative manner as though they were correctional officers, accusing me of “grandstanding” in front of other patients and demanding that I come back inside the unit to “cool off”, only to say shortly afterwards that “this conversation is going nowhere” when I asked them what the big deal was. They walked off and wouldn’t allow me to go back out to add insult to injury. This incident was brought up at my next case conference that is held every six weeks to discuss my progress, and was actually their area of focus throughout the meeting, making it seem as though I was out of control when in fact all I had done was ask to share food. It was used as the official reason why I couldn’t go spend Christmas with family, when the real reason was the doctor I had in interim while waiting for a new doctor hadn’t read the previous case conference notes which explicitly stated that I could go spend time with family over the holidays. Me and my family had to ask for the notes, which were poorly and obviously redacted by the previous doctor. There are many examples of patients being held to the

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highest standard while doctors and nurses get away with mediocre work with little to no accountability, and this frustrates many of us.

Overall, while this experience has allowed me to mature and work on my problems, it has also severely impacted me and my family and friends negatively. It is true that we all have to, as forensic patients, assume responsibility for our acts and work towards avoiding such situations in the future. It should then be also true that psychiatrists, nurses and board members be accountable for what they chart and what decisions they make. Just because we have a mental illness, it doesn't mean we should lose years upon years of our lives for a few bad days within those years. We shouldn't be held on an indefinite sentence for something that we ultimately had no control over, and that for most people would never happen again (or happened in the first place) if we have the proper medication. There is no reason that our mental health should become so poor other than lack of funding and improper administration throughout the whole mental health system. In the NCR system, we are victims of it twice over. There is pressure from the directors to make beds available, but the doctors are reticent to free us. They would rather wipe their hands clean of us and transfer us to a different facility, out of town and out of mind. I was brought to Brockville for that exact reason, right before they started out handing harm reduction conditions to patients in Ottawa. If you have the harm reduction condition, this means that substance use is tolerated as long as it doesn't impact you negatively. Every one of us should be held under that standard, but as a policy in Brockville, nobody is entitled to have this on their disposition simply because "it isn't done". I need to mention that another policy in Brockville is to have the lights on at all times in our rooms so that

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staff can check if we are okay. Apparently equipping the staff with flashlights instead is too much to ask...

I have been writing lots of poetry in my time here, and I would like to end this expressive text with one of my poems. Thank you for reading. I sincerely hope that whatever happened to me that led to me ending up in this mess doesn't happen to you or anyone you love.

*Let there be a day  
Beyond the endless grey  
Where colour takes hold  
So I can see the blessings  
That came along the way*

*By the time I've counted them  
I will be old, and there will be  
No time to count the rest  
But simply to enjoy them*