

## *Misunderstanding worst for those found NCRMD*

The media had a feeding frenzy when Allan Schoenborn, who killed his three children when he was ill, was allowed the possibility of a pass by the B.C. Review Board for escorted visits into the community, to places like a coffee shop or, with a group of other forensic patients, a swimming pool.

Schoenborn is in the Forensic Psychiatric Hospital in Coquitlam.

The fact he was found Not Criminally Responsible for his actions on account of a Mental Disorder (NCRMD) didn't deflect the media stigmatization, nor did the limitations of such passes, where he would always be escorted.

Issuance of a pass, too, for the short absences, was to depend on the discretion of the hospital director.

One extenuating factor for the uproar was that Schoenborn's ex-wife, the mother of the dead children, was living with a relative in Coquitlam, and his having a pass in the same community would, she said, make her feel unsafe. At the least it was insensitive. The hospital, which had tried unsuccessfully to get in touch with her before the Review Board hearing, hadn't known she was in Coquitlam.

It was a legitimate but minor complaint that could have been worked around – one, however, which got lost in the consequent headlines and indignation.

The worst media offender was perhaps Michael Smythe, political columnist for The Province. Smythe trained most of his ammunition not at the Review Board but at the court's finding, a year earlier, that Schoenborn was not criminally responsible.

He cited some of the Crown's one-sided argument against an NCRMD finding, but none of the defence's argument, the statement of the forensic psychiatrist called by the defence, or the observations of the judge that led to the finding

It was a handy way of demonizing someone suffering from a devastating illness.

Smythe also scoffed at the restrictions of being in the Forensic Psychiatric

Hospital – “in a picturesque park setting with views of rivers and mountains,” he wrote, as if it were a holiday resort and Schoenborn's living there was obscene.

Smythe wasn't the only journalist, however, to take that tack. CBC television was almost as bad.

The stock photo of Schoenborn shows him gaunt, unsmiling, with his mouth turned down on one side, unshaven or partly shaven, and a blank look in his eyes – not an attractive picture.

Reporting on the controversy, CBC television news posted the photo three times in a single item as if to tell us Schoenborn was Public Enemy No. 1 and evil to boot.

The Vancouver Sun, meanwhile, searched out several other cases of people who had committed homicide while psychotic and yet were given conditional passes.

“Another killer gets chance at escorted leave,” read a front page Sun headline of another case, following on the heels of their Schoenborn coverage. “Third killer granted chance for escorted trips,” ran another headline. The unspoken inference was that no such escorted trips should ever be granted in these cases – a blanket smearing of people who were not able to help themselves.

And so it went, in seemingly all the TV, radio and print coverage.

### *Impact of mental illness, benefits of treatment, are completely ignored*

The question that comes immediately to mind is why there was so much controversy when the community pass for Schoenborn, if it were granted, would have been for a couple of hours, perhaps, and he would have been escorted.

No danger was involved and no discharge from the hospital was being entertained.

It's all the more anomalous given that many people who have committed homicide while in the grips of paranoid

psychosis or other delusions have not just been given short passes under escort but have been discharged from Forensic, once treatment has stabilized them, they've gotten back on their feet, and they have enough insight and support to stay with their medication. Stabilization and discharge is the whole point of being in a forensic hospital.

The only explanation for the way the controversy played out is the prejudice, inflamed by the media, that the mentally ill who commit violence, particularly murder, are evil, and should not be allowed any consideration at all, even if the violence was triggered by their psychosis and they had been found NCRMD in a rigorous court proceeding.

Behind this prejudice, in turn, is a lack of understanding of how severe mental illness affects behaviour beyond the control of the person who is ill.

Not Criminally Responsible on account of Mental Disorder isn't an artificial legalistic phrase apart from reality. It's the practical recognition that those who are severely ill can be driven by their psychosis.

### *Also completely ignored: What it means to be ill*

Perhaps most disturbing, in the coverage, was the absence of any empathy for the mentally ill themselves.

Schoenborn, on the surface, would seem difficult to empathize with, unless you understand how mental illness works. There's that ugly headshot of him again, and he doesn't talk much sense. But then he has been ill for a long time and, according to reports, is still not very well.

For context, let's take another tragic case, one that happened in Coquitlam itself, that of Bruce Blackman.

Blackman, one early morning January 1983, suffering from paranoid schizophrenia, killed six people – his

father, mother, two sisters, a brother, and a brother-in-law – twice as many as Schoenborn and family members, too, albeit not children.

After a 12-year stay in Forensic, he was given a conditional discharge, changed his name, and is thought to be living somewhere in B.C. Blackman was a friendly, outgoing person until he fell ill.

Although most mentally ill are not violent or, if they are, the violence is turned against themselves, there are sometimes cases of homicides by those in the throes of psychosis, most often of family members or others they know. Because of proximity, the victims are frequently other mentally ill.

Often, when these homicides occur, those close to the victim understand how mental illness was the cause. They don't blame the person who committed the violent act. Most of their concern, in their grief, is with the mental health system in their area and how it failed, and the need for a more proactive approach to treatment.

In other instances, there isn't that understanding among those close to the victim, but while we might disagree with them and be concerned with some of the vengeful statements they make, we know they have suffered terrible loss and trauma.

We can, though, hold the media accountable – for demonizing people who are ill and for trying to discredit the NCRMD provision. We can also keep in mind the most tragic factor in all this: the lack of sufficient outreach and action by mental health services that would get people well before they commit dreadful acts of violence.

## *Advocacy Bulletin's third anniversary*

The *NSSS Advocacy Bulletin*, begun from frustration and dismay at system unresponsiveness and slowness to change, has now become something of an institution, at least to its many readers.

With this issue, the *Bulletin* marks its third anniversary.

The original idea was to publish it as an insert in *The Notepad*, NSSS's newsletter. It soon became clear, however, that it could have an additional readership of its own – those not associated with NSSS as a local organi-

zation, but deeply interested in the kind of advocacy work it does and the issues it faces.

It now has readers across the country – people in sister societies and other organizations in the field, psychiatrists, case workers and other service providers, university psychiatry departments and, in B.C., ministry and health authority officials and senior managers involved in mental health and addiction services – this in addition to NSSS members and others connected to the society and its Family Support Centre.

The *Bulletin* even has a few readers in the United States and the United Kingdom.

The genesis of the *Bulletin* was NSSS's learning, through its family support work, of case after case of system unresponsiveness, with sometimes arrogance, ignorance and absurdity mixed in.

Instead of just shaking our heads, or grieving a suicide that should have been averted, we decided to share with others what we were seeing and help build momentum for change.

The *Bulletin's* roots in NSSS family support work continues to be its strength.

Of the many issues covered in the publication's first three years, the need for a more proactive approach to treatment and professionals' ignorance of their province's own mental health act (which allows for such an approach) were given leading attention.

The imperative for information sharing and the role of families in producing better outcomes also featured prominently. The special issue on the sharing of information with families, November 2010, generated a particularly strong response.

The Marek Kwapiszewski case, where a Vancouver man committed suicide after his sister had tried 16 different times to get help for him to no avail, was given detailed coverage, as were several other disturbing cases.

The *Bulletin* has also carried the occasional book and movie review, informed by NSSS's collective experience.

Although the *Bulletin* is only two pages long and comes out just five times a year, it embodies some unique advantages. It's a quick read, useful in these days of information overload. It has a journalistic edge. And it's independent; NSSS is free of health

authority funding. This makes a difference.

To browse through past issues, just go to the NSSS website and click on *Advocacy Bulletin* in the left-hand navigation bar.

## *A step forward, but with questions*

After a long delay, Vancouver Coastal's training workshop on the Mental Health Act, for psychiatrists and other mental health workers, is about to take place, with one of the session locations set for the North Shore, at the Holiday Inn, May 31.

The training workshop is the result of submissions by NSSS and subsequent media coverage in connection with the Marek Kwapiszewski case (see "Advocacy Cases," on our website's Media Centre page, for details).

At issue was the *de facto* use of dangerousness as a requirement for involuntary admission, contrary to the Mental Health Act which allows for certification "to prevent substantial mental or physical deterioration."

The training program is being led by Gerrit Clements, a lawyer who was involved in the drafting of the Act.

It's a step forward, but how large a step remains to be seen. There is already some suggestion, internally, that notwithstanding the special training initiative, not much will change in practice.

This would fit the pattern. Regardless of best-practices training, clinicians have a tendency to revert back to the way they have always done things.

In a bizarre turn of events, Vancouver Coastal has denied NSSS's request to audit one of the workshops because, as they explained, the society has publicly disagreed with the health authority on some of the issues. Vancouver Coastal has nevertheless promised to provide NSSS with a copy of the course materials.

As of press time, the materials have not yet been received.

We will keep you informed.

### FEEDBACK WELCOME

We welcome your comments. Please call us at 604-926-0856 or email us at [advocacy@northshoreschizophrenia.org](mailto:advocacy@northshoreschizophrenia.org).