



**BRITISH COLUMBIA REVIEW BOARD**

**IN THE MATTER OF PART XX.1 (Mental Disorder) OF THE CRIMINAL CODE  
R.S.C. 1985 c. C-46, as amended S.C. 2005 c. 22**

**REASONS FOR DISPOSITION  
IN THE MATTER OF**

**GARY DOUGLAS WILSON**

**HELD AT: Forensic Psychiatric Hospital  
Port Coquitlam, BC  
September 22, 2014**

**BEFORE: ALTERNATE CHAIRPERSON: C. Sweeney, Q.C.  
MEMBERS: Dr. P. Constance, psychiatrist  
L. Chow**

**APPEARANCES: ACCUSED/PATIENT: Gary Douglas Wilson  
ACCUSED/PATIENT ADVOCATE: T. Reyes  
DIRECTOR AFPS: K. Field/Dr. M. Dilli  
ATTORNEY GENERAL: L. Hillaby**

[ 1 ] CHAIRPERSON: On September 22, 2014, the British Columbia Review Board (the Board) held a hearing in the matter of the accused, Gary Douglas Wilson, to review its order made September 30, 2013, in the absence of the parties, by which Mr. Wilson was discharged subject to conditions. At the conclusion of the current hearing, for the reasons that follow, the Board discharged Mr. Wilson absolutely.

## **BACKGROUND**

[ 2 ] On August 25, 1975, when Mr. Wilson was 24 years old, he attempted to murder his mother and father with whom he lived in Winnipeg, Manitoba. He shot at them with a 30-06 rifle, wounding his mother but missing his father. It was his stated intention to also kill his sister. When he committed the index offences, he was experiencing paranoid delusions, symptoms of the major mental illness from which he suffered and continues to suffer, schizoaffective disorder. He delusionally believed he had inherited a negative gene from his parents that predisposed him to chronic fatigue and feelings of inadequacy and uselessness. He was not receiving psychiatric treatment or antipsychotic medication.

[ 3 ] On May 29, 1978, the court found him not guilty by reason of insanity (NGRI) of the index offences. Since then, he has remained in forensic psychiatric care and under Review Board jurisdiction in Manitoba, and since 1989, in British Columbia. He is now 63 years old. His mental disorder is chronic. He exhibits obsessive-compulsive personality features and he is vulnerable to stress. Over the years, he has required ongoing assistance in his daily living.

[ 4 ] Mr. Wilson has experienced significant periods of time living in the community at supervised boarding home placements under Review Board conditional discharge dispositions. By example, he resided at Willingdon House from 1998 until February 2003 when his aggressive behaviour forced his return to custody at the Forensic Psychiatric Hospital (FPH). The Board then made successive custody dispositions until November 2009 when it discharged him subject to conditions to reside in Chrysalis House boarding home, a supervised mental health residence in Surrey. The Board has made successive conditional discharge dispositions to the present.

[ 5 ] Mr. Wilson's treatment regime, including psychiatric medication, has kept him free of overt psychotic symptoms of his schizoaffective disorder; however, he is burdened by negative symptoms.

[ 6 ] Mr. Wilson's risk of causing harm to the public has been the central question over the years. The Board's concern has been that he could be a threat to public safety if supervision of him decreased from that which he receives from the Adult Forensic Psychiatric Services and other mental health professionals, and he experienced increased anxiety and was unable to cope, leading to the possibility he may decompensate to a psychotic state similar to that when he committed the index offences.

### **FRESH EVIDENCE AT HEARING**

[ 7 ] In preparation for the current hearing, the Board received recent reports from Mr. Wilson's treating psychiatrist, Dr. Dilli, and his community nurse, Ms. Field.

[ 8 ] Ms. Field reports that Mr. Wilson continues to reside at Chrysalis House. His only support is by mental health professionals. He has no contact with family. Ms. Field notes that negative symptoms of Mr. Wilson's mental disorder are unchanged and include isolation, poverty of thought and speech, lack of motivation, and poor hygiene. At times he is quick to anger. He displays some obsessive behaviour. For over a year, Mr. Wilson has been able to successfully use public transit from the forensic outpatient clinic to Chrysalis House. It remains to be seen if he can manage to use public transit going to the clinic without becoming too anxious and overwhelmed to speak with Dr. Dilli.

[ 9 ] Dr. Dilli indicates that Mr. Wilson has made some progress over the past year with a great deal of help from his treatment team and the staff at Chrysalis House. Dr. Dilli opines that Mr. Wilson will need regular psychiatric after care and treatment for an indefinite period of time. If Mr. Wilson did not receive such care, in Dr. Dilli's view, he would likely neglect to take his medications. This may result in his relapsing to more severe features of his major mental illness and the psychotic state he was in almost 40 years ago when he committed the index offences, and therefore potentially be a risk to others.

[ 10 ] In addition to the documentary evidence, the panel heard testimony from Dr. Dilli, Ms. Field, and Mr. Wilson.

[ 11 ] The focus of the hearing was whether Mr. Wilson presently constitutes a level of threat to the safety of the public justifying the Board's continued jurisdiction over him.

[ 12 ] Dr. Dilli confirmed the opinion expressed by him in his report that if Mr. Wilson were to neglect to take his medications, he could decompensate to the psychotic state he

was in at the time he committed the very violent index offences. He noted that Mr. Wilson's irritability is an issue but indicated that Mr. Wilson tries to contain his irritability.

[ 13 ] Dr. Dilli has extensive experience treating Mr. Wilson. He noted that apart from the index offence which occurred almost 40 years ago, there has been no violence or threatening behaviour exhibited by Mr. Wilson in any significant form. Mr. Wilson has been compliant with the antipsychotic medication Clozapine for over ten years. It is likely that a reduction in the dose of Clozapine will occur in the future but a reduction made earlier had no adverse effect on Mr. Wilson's mental state. This drug is pivotal to the treatment of Mr. Wilson's schizoaffective disorder.

[ 14 ] Dr. Dilli understands that Chrysalis House has no concerns with Mr. Wilson remaining as a resident. It is staffed 24 hours a day. Dr. Dilli believes that Mr. Wilson has come to realize that he is incapacitated and that it is a good thing for him to stay at Chrysalis House.

[ 15 ] Dr. Dilli agreed that Mr. Wilson's negative symptoms of his major mental illness provide some protection against Mr. Wilson decompensating to a psychotic state. Dr. Dilli indicated that Mr. Wilson has not engaged in any physical violence in the time he has been living in the community and he has not abused any substances. Mr. Wilson has sufficient funds to pay for an outreach worker who he sees every two weeks or so.

[ 16 ] Dr. Dilli indicated that Mr. Wilson was susceptible to stress and this could lead to anxiety which has the potential to trigger a major decompensation of his mental state. But Mr. Wilson has expressed no interest in possessing any firearms or other weapons. He has not expressed any interest in harming any other person.

[ 17 ] Ms. Field explained that Mr. Wilson is sensitive to new things in his life, or routines. They need to be approached slowly. By example, the treatment team was taking slow steps to help Mr. Wilson be able to successfully take public transit from his residence at Chrysalis House to the outpatient clinic. Mr. Wilson's vulnerability to anxiety means that he needs a great deal of support. He is quick to anger, and at times can frighten people around him though there is no indication that he has struck out at anyone.

[ 18 ] Ms. Field was concerned that if the Board discharged Mr. Wilson absolutely he may refuse to attend the Surrey Mental Health clinic for psychiatric follow-up and treatment. In addition, if he were on his own, he may forget to take his medications. She noted that at times Mr. Wilson can get confused and lost, and this can be a source of

stress and anxiety for him. When that occurs he has difficulty expressing himself and speaking to others.

[ 19 ] In Ms. Field's opinion, if Mr. Wilson were discharged absolutely it would negatively impact his quality of life. If he were transitioned from the Adult Forensic Psychiatric Services care to that of the Surrey Mental Health clinic, it would have to be accomplished over a period of time due to Mr. Wilson's anticipated anxiety at the change in routine. However, Ms. Field indicated that Mr. Wilson does not form grievances against other persons. He is managed well at Chrysalis House.

[ 20 ] Ms. Field worries that a further decrease in Mr. Wilson's Clozapine may trigger the emergence of psychotic symptoms in the form of delusions or paranoia, though a previous reduction in dose did not affect his mental state.

[ 21 ] Mr. Wilson is monitored and supervised by his Adult Forensic Psychiatric Services treatment team through visits with Dr. Dilli every four to six weeks, and visits with Ms. Field every two to three weeks. Under the disposition being reviewed, Mr. Wilson could well go three weeks without being seen by any member of his treatment team.

[ 22 ] Ms. Field noted that if the Board discharged Mr. Wilson absolutely, the current treatment team would remain engaged with Mr. Wilson to assist in his transition to the Surrey Mental Health clinic care. In Ms. Field's opinion, the civil mental health clinic would not be able to duplicate the level of supervision and support Mr. Wilson currently receives through the Adult Forensic Psychiatric Services.

[ 23 ] Ms. Field indicated that Mr. Wilson's residence at Chrysalis House is not dependent upon him being subject to an order of the Board. Only once in the past five years was it necessary for the treatment team to intervene and talk to Mr. Wilson about his behaviour which was placing his residency at Chrysalis House in jeopardy. He is able to remain at Chrysalis House.

[ 24 ] Mr. Wilson has been living with his anxieties for many years. His intimidating behaviour is in the form of yelling and uttering expletives. However, they apparently do not last and he otherwise follows the routine and interacts appropriately with staff at Chrysalis House. Ms. Field noted that Mr. Wilson is compliant with his medications and is not against taking them.

[ 25 ] Mr. Wilson indicated his wish to have a further conditional discharge disposition. He is happy to live at Chrysalis House for the most part. He has some medical issues that cause him pain, mainly to do with his back. He has a general practitioner medical doctor to see to his medical needs. Mr. Wilson does not think he is able to live on his own, unless he could stay at Chrysalis House. He admitted that when he was ill and committed the index offences, he had ideas that his parents had caused him to be inadequate. He has not had similar ideas toward any other person since then. He does not feel that anyone is out to harm him. He did not think he could reside in the community on his own; though, if he were given an absolute discharge and able to remain living at Chrysalis House, it may be okay. He indicated that he had no problem travelling on his own by public transit from Chrysalis House in Surrey to the Coquitlam Centre for recreational purposes. He is on a friendly basis with other residents at Chrysalis House.

### **POSITIONS OF THE PARTIES**

[ 26 ] The Director recommended that the Board again discharge Mr. Wilson subject to the same conditions as attached to his previous disposition.

[ 27 ] Crown counsel supported the Director's recommendation. He conceded that there was evidence for the Board to discharge Mr. Wilson absolutely but submitted, for a number of reasons, that a conditional discharge was appropriate. He pointed out that Mr. Wilson falls into the category of one who has committed an extremely serious or grave offence that may only be rarely again encountered. Counsel submitted that distinguishes Mr. Wilson from others who suffer from the same type of negative symptoms and periodic irritable outbursts, but are able to live without Adult Forensic Psychiatric Services care. He submitted that discharging Mr. Wilson absolutely will impose a number of burdens on Mr. Wilson that he will have difficulty managing. It is only recently that Mr. Wilson has been able to navigate travelling from the clinic to Chrysalis House on his own, and is just learning how to make his way on public transit from Chrysalis House to the clinic. Counsel suggested that for Mr. Wilson to be discharged absolutely, he would need to have insight and the ability to attend to his own psychiatric follow-up by means of appointments and medication compliance. Finally, counsel asked that the Board give some weight to Mr. Wilson's negative view of how he could manage his affairs without the support of the Adult Forensic Psychiatric Services. Therefore, a cautious path for the Board would be to again discharge Mr. Wilson subject to conditions.

[ 28 ] Mr. Wilson's advocate pointed out that in addition, the Board has the responsibility to look at the other needs of Mr. Wilson. He submitted that the evidence disclosed that Mr. Wilson was not ready to be discharged absolutely. In addition, there may be concerns that a further decrease in Mr. Wilson's Clozapine could result in some decompensation of his mental state.

### **ANALYSIS AND DISPOSITION**

[ 29 ] We considered the critical question of whether the evidence, as a whole, establishes that Mr. Wilson constitutes a significant threat to the safety of the public justifying the Board's continued jurisdiction over him. If, in our opinion, Mr. Wilson is not a significant threat to the safety of the public as defined in s. 672.5401 of the *Criminal Code*, we must direct that he be discharged absolutely. We concluded unanimously that the evidence does not now satisfy that threshold question.

[ 30 ] In reaching this conclusion, the Board considered a number of factors that are both historical and current. We noted that the index offence, which was violent and could well have resulted in the death of one or both of Mr. Wilson's parents and his sister, occurred 39 years ago when Mr. Wilson was 24 years old, experiencing specific psychotic delusions relating to family members for which he was receiving no psychiatric treatment or medication. There is no indication in the almost 40 years since then that he has developed any animosity toward, or preoccupation with, anyone, or entertained a delusional belief about any person. There is no indication that, since he committed the index offence, he has exhibited any interest in firearms or weapons or of causing harm to anyone. He does not use alcohol or substances. He is presently in stable housing, Chrysalis House, which has staff familiar to him who would be able to monitor him for any changes in his mental state or the emergence of any psychotic symptoms. He has been psychiatrically stable for a number of years and displays only negative symptoms which do not indicate a potential to harm anyone.

[ 31 ] Mr. Wilson has the resources to hire an assistant, which he has done, with whom he enjoys outings every other week or so. He will have contact with his general practitioner in the community, who will be able to make observations of him. If he were transitioned to the Surrey Mental Health clinic, he would be engaged with a psychiatrist and case worker and other treatment team members, though likely less frequently than he currently sees his forensic treatment team. Mr. Wilson has demonstrated his ability to

