



## **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**

**MARK ANDREW BEEK**

**HELD AT: Forensic Psychiatric Hospital  
Port Coquitlam, BC  
February 20, 2018**

**BEFORE: ALTERNATE CHAIRPERSON: A. MacPhail  
MEMBERS: Dr. P. Constance, psychiatrist  
P. Cayley**

**APPEARANCES: ACCUSED/PATIENT: Mark Andrew Beek  
ACCUSED/PATIENT COUNSEL: D. Abbey  
DIRECTOR AFPS: Dr. E. Wang, P. Gill  
DIRECTOR'S COUNSEL:  
ATTORNEY GENERAL: L. Hillaby**

## **INTRODUCTION AND BACKGROUND**

[ 1 ] On February 20, 2018 the British Columbia Review Board (the Board) held an annual hearing in the matter of Mark Andrew Beek, who was found not guilty by reason of insanity (NGRI) on October 27, 1989. At the conclusion of the hearing, Mr. Beek was ordered discharged absolutely.

[ 2 ] Although we have considered all the evidence on the record, for the purpose of these reasons we refer only to that which is necessary to our decision.

[ 3 ] Mr. Beek is 54 years old. The index offence of assault occurred on June 16, 1989 in Port Coquitlam. Mr. Beek approached two young girls in a schoolyard and for no apparent reason threw rocks at them. He then grabbed one of them, tried to choke her and started punching her in the back. Fortunately, a passerby intervened. Mr. Beek fled the scene, but was later apprehended.

[ 4 ] Mr. Beek has spent significant time in the community on conditional discharge but has been returned to custody at the Forensic Psychiatric Hospital (FPH) when he has failed to adhere to his medication regime or when he has decompensated after using substances. He has been living successfully in the community on conditional discharges since 2009.

[ 5 ] Mr. Beek has a longstanding diagnosis of chronic schizophrenia and cannabis abuse, which has made his reintegration difficult.

## **EVIDENCE**

[ 6 ] Mr. Beek's diagnosis is schizophrenia, continuous, and cannabis use disorder. He has a history of violence, most notably the index offence, lack of long term intimate relationships, lack of sustained employment, cannabis use, problems with treatment or supervision response and, of course, his major mental disorder. Mr. Beek continues to experience auditory hallucinations, delusional thinking and disorganized thinking associated with impulsivity. His risk scenario, if left to his own devices, would be a failure to take his medication, relapse to cannabis and other illicit substances, which would result in acute deterioration in his mental state and likely lead to impulsive violence.

[ 7 ] There have been a number of positive changes in the past year. Mr. Beek's insight into his illness, the destabilizing effect of illicit drugs and the importance of on-going mental health follow up are improved. Mr. Beek now accepts the idea of a referral to the Tri-Cities Mental Health for ongoing professional mental health services, and this positive degree of

motivation would mitigate problems with treatment response. Although Mr. Beek has continued to use some cannabis in the past year, it has not affected his mental state.

[ 8 ] Mr. Beek is not asking for an absolute discharge, largely because he recognizes the benefit of forensic support. Dr. Wang suggested that this demonstrates some insight into his illness. He complies with his medication regime, and if he has any concerns, he always discusses them with his treatment team. Mr. Beek does not minimize the seriousness of the index offence. If anything he exaggerates its seriousness, having said in the past that he should be under Review Board jurisdiction for 25 years.

[ 9 ] Mr. Beek has ongoing psychotic symptoms but they do not affect his day to day functioning. He has chronic “odd ideas”, for example around food and drink, but they do not impair his safety. He will get his medication regularly from the Tri-Cities treatment team, so they will be able to observe any deterioration. Mr. Beek’s cannabis use appears to be decreasing. He says he looks for it less, and has some understanding of the negative impact of cannabis.

[ 10 ] Mr. Beek has at times referenced some sexual thoughts. Dr. Wang said that while he has voiced some odd ideas regarding sexuality, this has not led to any concerning behaviour, and no concerns around deviant sexual arousal. Neither Ms. Gill nor any of the female staff at Coast Cottages have expressed any concerns about his behaviour or have felt unsafe with him.

[ 11 ] It is Dr. Wang’s opinion that Mr. Beek’s current level of risk can be managed by the civil mental health system, which can deal with patients with chronic, stable psychotic symptoms who, despite serious barriers (limited finances, chronic illness, limited social support) are motivated around treatment and can engage reliably with an interdisciplinary team.

[ 12 ] The transition to civil mental health will involve some stress for Mr. Beek, including financial stress. Mr. Beek would not be able to stay in his current apartment. The civil mental health housing subsidy is half that of the forensic subsidy, so in the absence of supported housing he will have to live on his PWD benefit, the housing subsidy and any money he earns from part time work. The treatment team has been encouraging Mr. Beek to plan for his eventual discharge. Dr. Wang has had some success transitioning clients to the Tri-Cities Mental Health team, which has more interdisciplinary staff available than the forensic team. Mr. Beek has had some contact with his family, particularly his brother, who may be a potential support for him. He believes that his medication helps him. He has some insight into his illness

and the need to follow professional advice. He has not been physically violent for many years. Dr. Wang is of the view that Mr. Beek will follow through with the civil mental health team and will continue with his medication.

[ 13 ] Mr. Beek said that he was not taking any position on disposition but would let the Board decide. He said that he only found out that morning that if he received an absolute discharge he would have to leave his apartment and would lose the forensic housing subsidy. He said that eventually he would have to get a fulltime job and was optimistic that he could learn new skills and find work. He knows that his diagnosis is schizophrenia, but believes that he has bipolar depression. The lithium is working and he has no plans to stop it. It helps his communication and thinking.

[ 14 ] His relationship with the treatment team is pretty good. They continuously remind him that cannabis is not good and it is starting to sink in. Now he smokes other plants that are not cannabis. He has prayed to a higher power that has intervened to help him control his cannabis habit. He takes his medication because if he doesn't he can't sleep, or gets moody and might hit someone, or might trespass on CN property and sleep in a boxcar as he did before. He had sexual arousal from taking clozapine but when his medication was changed, that went away.

[ 15 ] Mr. Beek said that in the past he was frightened of not being under Review Board authority. There is always a place for him at FPH and they will look after him. Today he is "not terrified" but it "makes me worried". He would have to take charge of his life and that might be difficult on his medications as they make him sleepy. He said that he has no idea how to find another apartment – perhaps "with great prayer". He knows that apartments in the Downtown Eastside are cheaper, but more dangerous, with drugs and fentanyl. He thought that the transition "should run smooth".

## **ANALYSIS AND DISPOSITION**

[ 16 ] No party took a position on disposition.

[ 17 ] The Board must first consider whether Mr. Beek constitutes a significant threat as defined by section 672.5401 of the *Criminal Code*. A person is a significant threat if they are "a risk of serious physical or psychological harm to members of the public ... resulting from conduct that is criminal in nature but not necessarily violent". If they do not pose such a threat, they are entitled to be absolutely discharged. If they do pose a significant threat to the safety of the public, we must then determine the necessary and appropriate disposition.

