



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**

JOSEPH PETER CHRISTEA

**HELD AT: Harbour Towers
Victoria, BC
June 30, 2016**

**BEFORE: ALTERNATE CHAIRPERSON: A. MacPhail
MEMBERS: Dr. J. Smith, psychiatrist (dissenting)
K. Polowek**

**APPEARANCES: ACCUSED/PATIENT: Joseph Peter Christea
ACCUSED/PATIENT COUNSEL: S. Cooper
DIRECTOR AFPS: Dr. D. Breitman, R. Puetz
DIRECTOR'S COUNSEL:
ATTORNEY GENERAL: S. Fudge**

INTRODUCTION AND BACKGROUND

[1] On June 30, 2016 the British Columbia Review Board (the Board) held an initial hearing to make a disposition in the matter of Joseph Peter Christea. At the conclusion of the hearing the Board imposed a conditional discharge.

[2] Mr. Christea is before the Board as a result of a verdict of not criminally responsible on account of mental disorder (NCRMD) on May 19, 2016 on one charge of dangerous operation of a motor vehicle and one charge of carry/use/threaten to use a weapon. The offences occurred on August 4, 2015. Mr. Christea was taken to hospital where he was involuntarily committed. He was released on extended leave under the Mental Health Act on August 26, 2015 and was then on bail until the Review Board hearing.

EVIDENCE

[3] Mr. Christea is 47 years old. He has no criminal record, and no known history of aggression or violence. He was consistently employed in a variety of jobs until 1995, when he left his employment as a forklift operator because he found it too stressful. He believed he was being picked on by his supervisor. Subsequently he stayed at home to look after his children. Mr. Christea has lived with his common law partner since he was 21. They married two years ago. They have three children between 17 and 25, with two sons living at home.

[4] Mr. Christea has used cannabis since the age of 16, consistently smoking one gram a day. He has reported that he has not used cannabis since the index offence as he wonders if cannabis may have caused “all the thoughts”. He began drinking alcohol at a young age, typically about three drinks a day, although he has occasionally been abstinent from alcohol for one to two years at a time. He says he has not used alcohol since the offence. Mr. Christea’s family is supporting his abstinence by not having or using cannabis or alcohol in the family home.

[5] Mr. Christea had no history of mental illness until 2012. He was admitted to hospital after his wife called the police because she was fearful of his “manic type behaviour” and his “unpredictability”. He had delusions involving religious themes. He became angry and verbally dismissive when she attempted to confront him. He was diagnosed with bipolar affective disorder, and polysubstance abuse with both alcohol and caffeine. He was started on antipsychotic and mood stabilizing medication.

[6] In November 2013 Mr. Christea was again hospitalized in an acutely manic state. He acknowledged that he had not continued to take his medication after his last hospitalization because he was concerned about its effects on his liver. Three months after his discharge from hospital he began to experience signs of psychiatric destabilization including excessively elevated mood, grandiosity and disinhibition. Following discharge, he again failed to take his medications. His next contact with the mental health system was in July 2015, just before the index offences. His wife brought him to the hospital because of his bizarre behaviour and symptoms consistent with mania. There was reportedly increased alcohol use. She believed he was psychotic. He was hospitalized from July 19-29, 2015. He did not appear to appreciate the impact of substances on his behaviour, but said that he would abstain in the future. He subsequently acknowledged that he had not been truthful in hospital because he wanted to be discharged. After his release, he did not take his medications because he believed they were not working, and did not follow up with the Mood Disorder Clinic.

[7] In response to a question from Dr. Smith, Dr. Breitman agreed that it is relatively unusual for someone to develop psychosis in middle age. There is some indication that Mr. Christea may have suffered from depression. He has also had significant anxiety about social and work situations, which has led to his lack of employment. Mr. Christea agreed that using marijuana and alcohol helps him deal with his anxiety. He said that the anti-anxiety medication he is currently taking also helps with anxiety, but he has found the experience of being involved with the criminal justice system, wondering if he would go to jail and waiting for his Review Board hearing, extremely stressful.

[8] The index offence occurred on August 4, 2015. It was reported that at 2:30 am a man was yelling and screaming that he was going to kill someone and then drove away in a car with no headlights on. Police arrived within minutes and observed Mr. Christea's car without headlights and travelling over the centre yellow line. Police activated their emergency lights and followed him some distance to the Trans-Canada highway. Mr. Christea did not immediately respond to the emergency lights but he suddenly braked to a stop and reversed towards the police car. The police officer avoided a collision by maneuvering away. Mr. Christea then accelerated forwards, swerving from side to side. He made a U-turn and accelerated back towards the police car. The police officer again narrowly avoided a collision. Mr. Christea drove off, again swerving. He stopped and got out of his car, and was surrounded by police officers who told him he was under arrest. He

yelled and gestured aggressively, then got back in his car and drove away. He was observed to be swerving and “fishtailing”, then moved into the opposite lane, causing an on-coming vehicle to pull over to avoid a collision. He continued driving, swerving, running red lights and reaching speeds up to 120km an hour. Eventually a police car was able to make contact with the rear of the vehicle and cause Mr. Christea’s vehicle to spin off the road and come to a stop. He continued to struggle but was pulled out of his car, arrested and taken to hospital. He ranged from being angry and aggressive to asking for forgiveness. He began to “praise God” and said that God was speaking through him. He appeared to be more aggressive when he stated that God was speaking through him.

[9] Dr. Breitman provided an assessment of Mr. Christea’s risk. She noted that Mr. Christea has no significant history of violence except for the index offence. He does have a history of problems with employment, substance abuse, alcohol abuse and a major mental disorder. He has presented with psychosis including delusions, with irritability and agitation during psychotic episodes. There is a history of problems with treatment and response, as Mr. Christea has failed to take psychiatric medications, increasing his risk of decompensation and consequently violence. This is not a current problem as Mr. Christea has been complying with his treatment as prescribed by the Mood Disorders Clinic. Mr. Christea has displayed some insight into his mental disorder and his need for treatment. However, he minimizes his substance use disorder, its symptoms, and its possible impact on his thinking and mental illness. He has no current problems with violent ideation, acute symptoms of psychosis or symptoms of his mood disorder. He has improved insight into his mental illness and a positive family situation which supports his adherence to treatment.

[10] Mr. Christea testified that he was committed to continuing with his medication although he still has some concerns about its effect on his liver, as well as on his sexual functioning. He said that he will take his medication because it is more important that he not relapse again. He said that he knows more about his illness now, would be able to identify symptoms of psychosis, and would immediately seek assistance.

[11] Mrs. Christea also gave evidence. She described the family’s plan to support her husband by ensuring that he takes his medication and helping him to remain abstinent. She explained that she would alert her husband’s treatment team and the police if necessary if he failed to take his medication for more than two days, and if she noticed any symptoms of psychosis. She said that Mr. Christea lost his drivers licence as a result of

the index offence. He has recently sold his car and no one in the family has access to a car.

ANALYSIS AND DISPOSITION

[12] The Director submitted that the appropriate disposition was a conditional discharge, with conditions prohibiting Mr. Christea from consuming alcohol or unprescribed drugs, and a condition permitting the Director to order urine testing on reasonable suspicion that he has consumed alcohol or drugs. Crown counsel supported the Director's submission. Counsel for Mr. Christea did not object to a conditional discharge but suggested that the testing condition was not necessary.

[13] Despite the agreement of the parties, the Board must first consider whether Mr. Christea constitutes a significant threat as defined by Section 672.5401 of the *Criminal Code*. A person is a significant threat if they represent "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 he does not pose such a threat, he is entitled to be absolutely discharged. If he does pose a significant threat to the safety of the public, we must then determine the necessary and appropriate disposition.

[14] The index offence was extremely serious. It was committed over a significant period of time. Police officers and members of the public were put in danger repeatedly by Mr. Christea's dangerous driving, which included two instances where he appeared to be intending to injure the police officer. It was extremely fortunate that no one was hurt.

[15] Mr. Christea has a history of mental illness since 2012, characterized by episodes of mania, participation in and then discontinuation of treatment because of side effects. As well he has a significant history of substance and alcohol use. Until recently, he was not convinced of the impacts of alcohol and cannabis on his mental health.

[16] Mr. Christea has complied with his treatment and has been abstinent from alcohol and cannabis since the index offence. This is a significant commitment and indication of his resolve to maintain his mental health, especially given his previous regular use and his expressed cravings for continued use. However for this period he has been on extended leave under the *Mental Health Act*, which requires him to participate in treatment. As well, his bail included conditions that he not possess or consume alcohol or any controlled substances, and that he take steps to maintain his mental health and notify his bail

supervisor if he does not consent to any form of medical treatment or medication prescribed or recommended.

[17] Mr. Christea spoke about his belief that he would be able to recognize symptoms of psychosis and take steps to get treatment. As well, his family has a clear and well thought out plan to get him treatment if they observe any signs of developing psychosis. We do not doubt Mr. Christea's sincerity in wanting to take all steps to avoid becoming ill again. He has done very well since being released from hospital last August and has complied with his treatment and maintained abstinence. However we are concerned that if he were to experience a relapse, the psychosis may well prevent him from recognizing the symptoms and obtaining treatment. He has a history of not following through with treatment, and of relapsing to substance use when he has not been under any orders. We accept Dr. Breitman's advice that his illness may be evolving and it is not yet known if he will have a relapse even with treatment compliance and abstinence. There appears to have been an escalation in the seriousness of his behaviour with each psychotic episode. He has only recently been followed by forensic services, and he has had a remission of symptoms for less than a year. We are therefore of the view that Mr. Christea is at risk of causing serious harm, and we impose a conditional discharge. In addition to the usual conditions, there will be conditions requiring that he abstain from alcohol and non-prescribed drugs, and a condition permitting the Director to test for violations of these conditions when there are reasonable grounds to suspect such a violation.

Reasons written by A. MacPhail, K. Polowek concurring

Dr. J. Smith (dissenting):

[1] Mr. Christea has a history of mental illness since 2012, characterized by episodes of mania, participation in and then discontinuation of treatment because of side effects. As well, he has a significant history of substance and alcohol use. Until recently, he was not convinced of the role of alcohol and cannabis in affecting his mental health.

[2] Mr. Christea is a 47-year-old married father of three who has been diagnosed as suffering from bipolar disorder since 2012. He is currently residing in the community with his family. The index offences included one charge of dangerous operation of a motor

vehicle and one charge of carry/use/threaten to use a weapon. These offences occurred on August 4, 2015 when he was acutely manic and psychotic. There is no evidence to suggest that Mr. Christea has ever exhibited aggressive behaviour other than when suffering from acute mania. There is also no evidence of antisocial personality traits.

[3] The bipolar disorder has been well controlled since shortly after the index offences occurred, approximately eleven months ago. During this time he has remained on mood stabilizing and antipsychotic medication and has been under the care of the mood disorders clinic in Victoria. There has been no evidence of mood disturbance.

[4] Mr. Christea does have a history of non-compliance with medication and this has invariably led to manic episodes. This non-compliance has partly been driven by lack of insight into his illness, partly by a fear of potential liver toxicity from the medications and partly by side effects such as sexual dysfunction. However at the hearing he expressed insight into his illness and the need for continued medication. He also appeared to be highly anxious about the potential legal consequences if he were to become ill again and reoffended.

[5] Mr. Christea and his family have developed an excellent treatment plan. This written plan includes a list of the signs that indicate he is becoming ill again, as well as a clear course of action that his family will follow if his mental state does change, for example contacting his psychiatrist and case manager at the mood disorders clinic and if necessary the police.

[6] Mr. Christea's wife testified at the hearing. It was clear from her evidence that the index offences and the legal consequences had been extremely stressful for the whole family. She expressed good insight into her husband's mental health problems and explained that she now supervises his medication to ensure that he takes it as prescribed. She also reported that a copy of the treatment plan is displayed in their kitchen and that all of the family is aware of Mr. Christea's illness. Mrs. Christea impressed as someone who was highly motivated to ensure that her husband did not become ill again. She also made it clear that if he did become ill she would do her best to ensure that the necessary psychiatric care was provided, as she has done in the past.

[7] Mr. Christea's wife also reported that the family no longer possesses a vehicle and that Mr. Christea lost his driving licence after the index offences occurred. This

