



## **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  
GREGORY SHANE STEELE**

**HELD AT: Forensic Psychiatric Hospital  
Port Coquitlam, BC  
10 December 2008**

**BEFORE:                   CHAIRPERSON: B. Walter  
MEMBERS:               Dr. P. Constance, psychiatrist  
                                  L. Chow**

**APPEARANCES: ACCUSED/PATIENT: Gregory Shane Steele  
ACCUSED/PATIENT ADVOCATE: T. Reyes  
DIRECTOR AFPS: L. Lee Dr. W. Widajewicz  
ATTORNEY GENERAL: L. Hillaby**

[ 1 ] CHAIRPERSON: On December 10th, 2008 the British Columbia Review Board convened an early hearing to review the disposition of Gregory Shane Steele who, by my reckoning, is now 36 years of age.

[ 2 ] Mr. Steele has an apparent history of at least some drug use since adolescence. In the main he has been a user of alcohol and marijuana but at one time also abused ecstasy. He was first hospitalized at age 18 and diagnosed with either schizophrenia or a schizoaffective disorder. That diagnosis has since been refined to one of schizoaffective disorder.

[ 3 ] Mr. Steele's illness has been considered treatment-resistant. Mr. Steele has consistently failed to comply with outpatient treatment. This has resulted in his periodic readmissions to hospitals. At the time of the index offences he was continuously symptomatic for some time, experiencing grandiose delusions as well as auditory and visual hallucinations.

[ 4 ] The two index offences occurred as follows: In August of 2005 Mr. Steele broke a window at a building in which he was resident in the course of a dispute over rent money. He was charged with mischief in relation to property to a value under \$5,000. In March of 2006 he was engaged in an altercation in a hospital emergency unit and charged with common assault.

[ 5 ] There is, at Exhibit 2, also a criminal record excerpt dating as far back as 1991; however, for the record, it is comprised mainly of property offences.

[ 6 ] On June 9th, 2006, just over two years ago, Mr. Steele was given a verdict of NCRMD on both the mischief and assault charges. He was thereafter detained at FPH pending disposition. On admission he disclosed that he had in fact been using marijuana close to the time of his arrest and also disclosed his past use of ecstasy which I have previously noted.

[ 7 ] He settled at FPI and agreed to treatment. Under treatment, his mental state improved significantly, although he continued to maintain some of his grandiose beliefs. The reasons for disposition of his first hearing are found at Exhibit 13 and repeat in greater detail much of the history that I have mentioned to date, including the Review Board's risk assessment which noted the recent assault; a treatment-resistant major mental disorder punctuated by episodic failure to comply with follow-up treatment; a cycle of readmissions; what was called an extensive history of drug

use although I am unclear as to the evidence suggesting its extensiveness; as well as the rather recent recovery from what were acute symptoms of his mental illness.

[ 8 ] The Review Board considered Mr. Steele a significant threat and detained him for a six-month period. During that six months, although he remained ambivalent about his prescribed medications and found them of no benefit, his mental health stabilized and remained stable. He found himself able to comply and to cooperate with treatment and, while in hospital, to abstain from substance abuse.

[ 9 ] Although his insight remained somewhat impaired and it was considered unlikely that he would comply voluntarily on an ongoing basis, nevertheless by September of 2006 the treatment team saw fit to permit the accused to exercise visit leaves to his father's home in Kelowna where he also reported to an outpatient treatment team.

[ 10 ] On the basis of that relatively good progress the Review Board saw fit at its next hearing on January 12th, 2007 to impose a disposition of discharge subject to conditions. The Board also saw fit to remove the substance prohibition in order to provide the accused with an opportunity or a challenge to demonstrate that he could in fact maintain his abstinence without the express authority or weight of a Review Board prohibition.

[ 11 ] In the 12 months or so that followed the accused decided to relocate from Kelowna to Kamloops. In about January or February of 2007 he expressed some considerable complaints about side effects from his medications and his wish to discontinue same. The evidence indicates that Mr. Steele has experienced considerable and uncomfortable side effects from his previous prescriptions, in particular his Lithium. It was not until his Lithium was discontinued that his side effects ameliorated. We were told in the course of today's hearing though that weaning a patient from Lithium can sometimes precipitate manic states in an accused with Mr. Steele's diagnosis.

[ 12 ] In the course of the year, as well, Mr. Steele began to disclose increasing alcohol use about which he was cautioned. He also apparently missed taking some of his medication when drinking. That pattern of drinking to the point of intoxication progressed and by August he appeared more disorganized. By October his mother

was reporting changes in affect and attitude. Mr. Steele also continued to express residual grandiose thoughts throughout.

[ 13 ] Mr. Steele appeared for a hearing on December 13th, 2007, just under one year ago, at which time he was again conditionally discharged. Unfortunately, his deterioration continued. By the end of December 2007 the accused had missed clinic appointments. When he did report he began to present with more intensity, more paranoid, more hostile and more disorganized.

[ 14 ] In January a knife was found in the accused's possession in his home which he refused to relinquish. By March the accused's father began to report concerns about his mental state. The accused missed his April 17th appointment. The treatment team saw fit to issue breach proceedings for non-reporting and concerns about his mental state.

[ 15 ] Things culminated when on April 21 police attended at his residence. As a result of his efforts to avoid arrest and his combative presentation, the accused was ultimately subdued with a taser. He was charged with assault of a police officer while being arrested. The evidence also suggested the accused had been using alcohol. As a result of his enforcement order and new charges, he was on April 23rd admitted to FPH where he presented as oppositional and symptomatic.

[ 16 ] The circumstances leading to his arrest, as well as his progress since admission, are outlined in greater detail at Exhibit 29. With respect to the new charge of assaulting the police officer in the execution of her duty there is evidence at Exhibit 33 filed by the Crown that suggests that the accused was convicted in September and sentenced to two months at KRCC followed by two years of probation. By our reckoning then his term of probation would expire in September of 2010.

[ 17 ] After serving his time at KRCC the accused was returned to this hospital on October 10th, 2008. Since his return Ms. Lee reports that Mr. Steele's presentation has improved despite a somewhat uneven few months earlier this year. With a change in his medication to injectible Consta, his attitude toward, as well as his resistance to, medication compliance has changed. The accused says he will now happily comply into the future as he finds this formulation most effective and leaving him with considerably reduced, if not entirely eliminated, side effects.

[ 18 ] Given his positive progress, the accused has once again been afforded overnight visit leaves of two weeks' duration to his father's home in Kelowna where he has also been connected to an outpatient team. Neither his parents nor the treatment team have reported any difficulties in this past two week period.

[ 19 ] The plan would be at this point to conditionally discharge Mr. Steele to reside at his father's home for two to three months pending securing independent accommodation and looking for entry level, part-time employment. In anticipation of his discharge from hospital, Ms. Lee indicates that Mr. Steele already has an appointment booked with Dr. Stevenson in Kelowna in January.

[ 20 ] As to past concerns regarding Mr. Steele's reaction to the treatment team speaking with or obtaining information from family, we are told he now understands that that team needs to be able to speak to and discuss his progress with his family members. Although Mr. Steele agrees to cooperate in the community, he would prefer to see a private psychiatrist.

[ 21 ] Dr. Widajewicz confirms that with treatment the accused has stabilized. He considers that his symptoms have been in "complete remission" with no active psychosis or mood disorder present for at least three months. The accused reports no discouraging side effects from his depot Consta. He says he will remain compliant in the community and has been in the main abstinent at FPH, although Ms. Lee indicated that he had tested positive for marijuana on one occasion in June.

[ 22 ] Speaking to the threshold issues Dr. Widajewicz believes that with the complete remission of his symptoms, the monitoring afforded by the accused's depot medication, as well as his currently optimal clinical presentation, the accused does not require hospitalization any longer. He went so far as to say that when not psychotic Mr. Steele is not a threat to anyone.

[ 23 ] In lieu of absolute discharge Dr. Widajewicz suggested the interim step of conditional discharge based on the accused's previous supervision failures; his history of noncompliance; his requirement for ongoing support and care in aid of his transition and reintegration; the need to continue to evaluate the effects of Consta even though Dr. Widajewicz is confident it is the proper prescription. Nevertheless, the risk of relapse as well as the risk of the accused succumbing to substances is always present.

[ 24 ] According to Dr. Widajewicz, the injectible medication provides a measure of protection against psychosis even if the accused relapses to a moderate use of substances or alcohol. Dr. Widajewicz believes the accused requires some structure and confronts a certain amount of social, environmental and familial stressors which could be destabilizing as he resumes life in the community in his father's home.

[ 25 ] Dr. Widajewicz also indicated that he had no strong opposition to the accused's absolute discharge. He is confident the accused will continue to comply in terms of receiving his medication. He also believes that his two-year probation order which requires his periodic reporting and cooperation with treatment and which would have him in fact monitored by the same treatment team, provides a measure of protection for the public safety.

[ 26 ] Dr. Widajewicz also said the accused knows he should not use alcohol given his diagnosis but he believes an occasional drink on celebratory occasions would not seriously destabilize Mr. Steele.

[ 27 ] Summarizing Mr. Steele's current presentation, I quote from Ms. Lee's report at Exhibit 31, page 5, where she states as follows:

“Mr. Steele's presentation has changed significantly since the last Review Board in June 2008. Initially he was irritable and suspicious of the treatment team. His thoughts were disorganized and his speech was pressured. He voiced delusional ideation about his legal status, the justice system and the Review Board. He was non-compliant with medications and treatment. Since the Risperidone Consta has been administered he has been more settled and organized. He is no longer preoccupied with the legal system and he no longer voices delusional ideation about the Review Board. The suspiciousness and the irritability has resolved and the rapport with the treatment team has improved. His insight has improved and he acknowledges that the medications have helped clear his thoughts and stabilize his mood. He has remarked that he now realizes that in the past he did not manage well in the community and he would benefit from community support.”

[ 28 ] Dr. Widajewicz also endorses that summary. The Board of course also had an opportunity to hear from Mr. Steele himself. Mr. Steele spoke brightly and articulately. He agrees his illness is in remission due to finally settling on the proper and the most effective medication regime. He finds his current medications both effective and less debilitating in terms of side effects. He indicated that his previous side effects were so severe as to essentially render him unable to function.

[ 29 ] He acknowledged the arrest incident and that he pled guilty to assaulting the peace officer. There did not appear to be any particular avoidance of responsibility in his response to questions about that incident.

[ 30 ] He denies marijuana use for at least a couple of years despite yielding a recent positive test. He appeared to appreciate the offer of parental support. He plans to remain in the parental home for two to three months pending obtaining his own accommodation. He also aspires to return to restaurant work which he evidently enjoyed in the past.

[ 31 ] He did acknowledge feeling some pressure from his Kamloops case manager. He denied any serious historic drug abuse beyond marijuana. All in all, he was prepared to acknowledge his symptoms and his untoward behaviour while in Kamloops.

[ 32 ] Although we harbour no doubt that Mr. Steele would benefit from further supervision and supportive treatment as he transitions to greater independence and at least two residential relocations in the short term, we do take into account that his index offences were not seriously violent and occurred while he was acutely psychotic. He has no serious history of aggression save and except for the recent altercation with the police officer for which he has been sentenced.

[ 33 ] His sojourn in jail and his return to this hospital appear to have had a significantly chastening and maturing effect, and appear to have persuaded him that the treatment he has and is receiving have provided him with significant advantages. His insight seems to have deepened. His illness which one could expect to continue to cycle to some extent is in good control and in remission under a new and effective regime of medications which carries none of the discouraging side effects to compliance which were byproducts of his previous regime.

[ 34 ] We also take into account that, although the accused's residual threat is not 100 percent eliminated, he will in fact be supervised under his probation order for a period of two years which is longer than any order of this Board. Under that regime he will in fact be under the supervision and support of likely the same forensic team in Kelowna with whom he has already been connected.

[ 35 ] On the basis of that supervisory regime we believe that there is no undue risk in withdrawing our jurisdiction over this man at this point. Accordingly under the

