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
MICHAEL IAN WILD

HELD AT: BC Review Board Offices
Vancouver, BC
August 22, 2008

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

APPEARANCES:
ACCUSED/PATIENT: Michael Ian Wild
ACCUSED/PATIENT COUNSEL: Terence La Liberte,Q.C.
DIRECTOR AFPS: Dr. Todd Tomita E. Mulholland
ATTORNEY GENERAL: L. Hillaby

***Pursuant to s.672.501(1) of the Criminal Code, the British Columbia Review Board hereby prohibits the publication, broadcasting or other transmission of any information that could identify a victim or a witness under 18 years of age in this matter. Failure to comply with this order is an offence.**

[1] CHAIRIPERSON: On August 22, 2008 the British Columbia Review Board convened what amounted to an annual disposition review hearing in the matter of Michael Ian Wild, the accused, who is now 39 years of age. Mr. Wild has been under our jurisdiction since being found NCRMD on May 11, 1998.

[2] The index offences which bring him under our jurisdiction occurred in 1997, a year before his verdict, and consisted of three counts of sexual assault, three counts of sexual touching of a minor, as well as indecent exposure involving a minor. The index offence occurred while Mr. Wild was in the role of a caregiver or babysitter with respect to a number of both male and female children ranging in ages from six to eight. The index offence is adequately described for our purposes at Exhibit 9, which is a psychiatric assessment produced for the court by Dr. Meldrum. The circumstances that Dr. Meldrum outlines are once again repeated and adopted in reasons for disposition given on June 6, 2008 at Exhibit 38, pages 1 and 2. Under the circumstances we do not propose to re-document the incident, although it remains under consideration in our decision making. When the accused was first apprehended he was grossly psychotic and he deteriorated further in custody where he attacked and injured staff.

[3] That same Exhibit 38 also documents the accused's mental health history including early evidence of personality and behaviour changes in 1990, slowly progressing to an overt illness by 1993. Between 1993 and 1995 or '96 the accused experienced frequent hospitalizations including for aggressive acts and for suicidal concerns. He also lived for a half year or so, in a psychiatric boarding home. He discontinued treatment in March of 1996 and became significantly ill. The accused also has some history of alcohol and marijuana misuse. Prior to the index offence he had no established criminal history.

[4] Once found fit to stand trial he was given his NCR verdict, as I have indicated, on May 11th, 1998, on two counts of sexual assault, two counts of sexual touching and indecent exposure to a minor. He was thereupon lodged at FPH where Dr. Meldrum assigned a diagnosis of schizoaffective disorder. The accused remained fragile, symptomatic and unstable for a considerable period of time justifying his detention until his conditional discharge, to reside with his parents, in May of 2002. During that period of time characteristically the accused continued to deny his illness despite his passive compliance with medication. He readily endorsed his belief that he was Jesus Christ, that he was fighting

Armageddon and that his delusions and auditory hallucinations were spiritually based. Of concern and to some extent also justifying his detention was that from time to time during his hospitalization the accused endorsed sexual preoccupation or interest in children which to his credit he disclosed candidly. His insight into his illness and the role of medication in controlling the symptoms of his illness and his behaviour has always been lacking or limited despite what I have already termed passive compliance. Mr. Wild has frequently and repeatedly indicated that he sees no positive benefit to his anti-psychotics. He has consistently denied that his experiences are the products of illness.

[5] Once discharged that pattern continued. The accused went further to indicate that he would stop treatment once absolutely discharged. The accused managed to reside with his parents for two years or so, demonstrating generally appropriate and positive progress despite his dramatic lack of insight and somewhat tenuous stability. Given the rigidity of his beliefs, the Review Board suggested the possibility of a so-called "drug holiday" for Mr. Wild, to assess whether or not he would decompensate off medications. That idea was to some extent resisted due to understandable fears that if Mr. Wild decompensated acutely it might prove difficult to re-stabilize him.

[6] In about 2004 Mr. Wild began to express difficulties in terms of homosexual voices bothering him or encouraging him to masturbate, accompanied by beliefs that he was now "gay Jesus". These thoughts were obviously very intrusive, distressing and indeed prominent. It has been of some concern to us that it has never been possible to engage Mr. Wild in any instrumental discussion or treatment with respect to evident sexual identity issues.

[7] Mr. Wild continued to be managed in the community despite his adamant denial of his illness. By February of 2005 Dr. Tomita was actually considering a slow, supervised reduction in the accused's medications.

[8] Late in 2005 or early 2006 the accused, who had been residing consistently with his parents in North Vancouver, moved to his own independent accommodation and began to attend a local church group. Some of his medications had been tapered off without any negative effects or re-emergence of symptoms or other psychotic features. Plans were made to begin to delegate the accused's care to North Shore Mental Health Services. The accused, with his characteristic candour, indicated that he would discontinue all medications over the course of a year.

[9] Unfortunately these treatment plans and Mr. Wild's progress were interrupted when the accused, following his move to independent accommodation, began to ruminate on his feelings. By March 29, 2006 he was so distressed that he suggested his own return to hospital. On admission it was determined that the accused had in fact ceased his mood stabilizing meds in December of 2005 and that episode of non-compliance was seen as a key aspect of his overall deterioration. He was restarted on mood stabilizers despite his desire to be free of all medications, and once again discharged on April 11, 2006. As soon as August 30th, the accused was readmitted, after having presented at the outpatient clinic in a distressed and suicidal manner and requesting return to FPH. Once again Mr. Wild was discharged as early as September 18. He was, however, readmitted once again a day later, expressing suicidal ideation and intensely afflicted by symptoms including his sexual identity issues. He also admitted having relapsed to daily use of marijuana. In light of his instability and fragility, the accused was returned to custodial status at a mandatory hearing in October 2006. Fairly quickly the accused was restarted on visit leaves to his apartment and by April of 2007 he was once again conditionally discharged.

[10] In a report at Exhibit 69, which Dr. Meldrum submitted for the accused's mandatory hearing in April 2007, she asserted that the accused continued to be conflicted by a number of psychological and spiritual issues including his sexuality and his past choices. Nevertheless, she agreed that he could once again be managed in the community as he was demonstrating more resilience to stress and less of a tendency to escalate to extreme anxiety and suicidality. On his discharge the accused appeared more organized, more optimistic about his future prospects and the prominence of his “Jesus” delusions seemed somewhat reduced. Nevertheless, he continued to deny his schizoaffective disorder and admitted that he continued to experience voices as frequently as three nights per week. Once again in less than a month the accused was readmitted on April 23, 2007 reporting symptoms and low mood. Happily Mr. Wild's readmission was again short lived. He was quickly re-stabilized and once again discharged to his own apartment on May 16, 2007.

[11] The current hearing is then Mr. Wild's first full scale review since April of 2007. The current hearing unfolded in a manner which is something of a departure from the Review Board's typical proceedings. Mr. Wild's counsel, Mr. La Liberte, asked the Board to receive Mr. Wild's evidence before that of the Director or the other party. Mr. La Liberte took the accused through an examination including questions as to his delusional beliefs and his own divinity. Mr. Wild attempted to present his beliefs in a more conventional or understandable

manner, indicating that everyone has admirable or divine qualities; qualities that he has tried to encourage or elicit in people; that his belief that he is Jesus are not necessarily personal, but that he sees Jesus in himself as well as in his fellow congregants, indeed in everyone. He believed that his recent change in medications, which we will discuss in due course, had softened his beliefs. Mr. Wild's explanations were to some extent in contrast to his previous beliefs. He continued to downplay these beliefs as a product of an illness. His evidence giving remained tangential and meandering.

[12] Mr. Wild also told us that he has been noticeably happier since he has been off medication, at least since the discontinuation of his Lithium, but said that he is happy to take and continue to take his current low dose of Olanzapine which relaxes him and allows him to think clearly. He indicated that if he were granted his goal of absolute discharge he would continue to see a doctor twice per month and would also undertake to continue personal Christian counselling. His absolute discharge from this scheme, he indicated, would give him a sense of increased freedom. He agreed that he gained some benefit from the medication despite the fact that he continues to deny that he suffers from an illness. He candidly admitted that in part his agreement to continue to comply with medical monitoring was because that was a condition of his rent subsidy. Although he acknowledged that his behaviour at the index offence was wrong, Mr. Wild has found the NCR and Review Board process in the main punitive. He at first denied hearing any current auditory phenomena but then acknowledged that these were “almost gone”. He explained his illness not as a personal diagnosis but as a product of “ill thoughts”. He clearly continued to espouse the beliefs which impelled him to act at the index offences, including the belief that the child victims were possessed; that their mother was putting spells upon him and that he was engaged in a war with Wiccans. Nevertheless, he does not believe that these were products of illness but, as I have indicated, “ill thoughts”. As to his auditory phenomena he indicated that he has for some time asked God for direction. He believes that God communicates with him and gives him the direction he seeks, however he no longer feels compelled to change the circumstances of the entire world. Mr. Wild also undertook to disclose his past to a new psychiatrist, should he be referred to one, and to continue to take his medication. As I have indicated, it was at times difficult to keep Mr. Wild on topic as he appears quite eager to share his ideas and beliefs.

[13] The Review Board, before hearing from Dr. Tomita, had the benefit of a report from Mr. Wild's previous case manager, Mr. Ross. That report was received as Exhibit 80 in this

matter and was authored several months ago (on or before May 13th). Mr. Ross, in his report, documents Mr. Wild's progress, including that Mr. Wild has been successful in remaining in the community and outside of hospital since May 16th of 2007. In the intervening 15 months he has continued to see his case manager every two to three weeks and his psychiatrist every six weeks or so. He has progressed well. He has maintained his stability and has obtained almost full-time employment at a North Vancouver hardware store where he works three to four days a week in a vocation he apparently enjoys. Mr. Ross goes on to report that the accused continues to reside independently in his own apartment and continues to deny the effects of his medication. He has the support of his parents who have been steadfastly at his side these many years. He continues to attend a church, and has also sought individual counselling. At the time of the writing of the report the accused denied any recent marijuana use. Having said that he sees no benefit to the psychiatric or medication regime, on March 10th he disclosed having stopped his medications of his own volition as a means of proving that he did not need them. Fortunately by the time of the writing of Mr. Ross's report the accused began to show signs of decompensation or instability to which the treatment team chose to respond by increasing their monitoring of Mr. Wild to a weekly basis.

[14] Dr. Tomita filed reports at Exhibit 81 and an update at Exhibit 83 dated as recently as August 11. In his first report, which is dated May 20th, Dr. Tomita documents that the accused disclosed that he did better off meds and chose to be more closely monitored and seek assistance as he felt it was needed. Although he had discontinued his medications, his father reported no recent behavioural or stability problems. The accused again reiterated his now consistent position to cease meds were he absolutely discharged.

[15] Dr. Tomita was candid and clear indicating that he continues to see the accused as a very high risk to relapse with or without medication and that he would require years of progress free of medication to put the likelihood of relapse behind him.

[16] In his psychiatric update Dr. Tomita indicates that by July 14th, as a result of the re-emergence of symptoms of voices, insomnia and some grandiosity, the accused agreed to restart his mood stabilizing Lithium. He also disclosed using marijuana on July 4th, his birthday, and to enjoying a daily bottle of beer. Dr. Tomita indicates that by July 15th the accused reported ongoing sedation and tremors and his meds were adjusted. By August 11th the accused reported further discouraging side effects despite an improvement in his positive symptoms and his insomnia. At that point an agreement was reached to discontinue

Lithium and to administer Olanzapine only. The accused indicated that irrespective of the outcome of his Review Board hearing he would now be open to remaining attached to treatment services. He also disclosed his ongoing fixed belief that he is Jesus. Dr. Tomita is now of the view that even future medication compliance will not serve to entirely eliminate this accused's delusional thoughts. He continues not to connect his past behaviour to his illness. However, given his progress, his sound integration and his generally pro-social values, Dr. Tomita is of the view that Mr. Wild's risk to relapse to symptoms is significantly higher than his risk to actually re-offend.

[17] Asked to elaborate on his risk assessment of the accused, Dr. Tomita unhesitatingly continues to endorse a diagnosis of schizoaffective disorder and indicates that the accused's risk to others is firmly rooted in psychosis. He is concerned that if the accused relapses to full-blown, florid psychosis his pro-social intentions, which are honestly held and honourable, may not survive his symptoms.

[18] Although Dr. Tomita acknowledges the accused's change of heart in terms of his willingness to continue to receive medication, Dr. Tomita is not convinced that intention will survive in the longer term absent supervision. Given his history, of course, Dr. Tomita is also concerned that this accused has shown he can destabilize even when there are no specific stressors or precipitants identified in his environment. He believes that Mr. Wild's illness could indeed emerge relatively spontaneously. Even on his current low dose of Olanzapine this accused remains a high risk to relapse and to requiring admission to hospital. Despite some progress, Dr. Tomita is also not persuaded that this accused will ever achieve full insight into his illness. He is firmly of the view that Mr. Wild will at some point decide to stop his medications and will indeed relapse to acute psychosis, including depression and suicidallity. However, Dr. Tomita does believe that given his living situation, his connection to parents and employers, the accused will come to the attention of others in his environment before his behaviour deteriorates to the point where he harms others. In terms of risk Dr. Tomita candidly said that at this point in time he believes that civil Mental Health Services could manage both the accused's illness and any his residual risk to others.

[19] Mr. Wild's father who has been in constant attendance over his 17 or 18 previous hearings, also indicated that the family remains in sufficiently close contact that members would notice the onset of acute symptoms in the accused.

[20] We believe that the diagnosis of schizoaffective disorder is beyond debate and that despite the passing of at least 10 years now Mr. Wild's lack of insight into his illness and its effects on his belief system and behaviours is glaring. Further, Mr. Wild has demonstrated that he remains somewhat fragile and will experience periodic declines in his mental stability even if treatment compliant. Nonetheless, it would appear that, given Mr. Wild's environment and his past history of accepting help when he needs it, there is a high likelihood of intervention before Mr. Wild's psychosis is so acute that he becomes dangerous. He has an informed family and community support network. He has the pragmatic encouragement to remain compliant in order to maintain his financial rent subsidy. He has amply demonstrated in the past that he does seek help when things do not go well.

[21] Under the circumstances the Review Board concluded that this accused no longer poses a significant threat of the magnitude that warrants the mandated oversight and supervision of the criminal justice system. Mr. Wild is absolutely discharged with our good wishes.

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Edits KW Sept 11/08