

BRITISH COLUMBIA REVIEW BOARD

IN THE MATTER OF PART XX.1 (Mental Disorder) OF THE *CRIMINAL CODE* R.S.C. 1991 c. 43, as amended S.C. 2005 c. 22, S.C. 2014 c. 6

IN THE MATTER OF THE FITNESS TO STAND TRIAL AND DISPOSITION HEARING OF

CHRISTOPHER RYAN BECKER A.K.A. CHRISTOPHER PYLE A.K.A. SEAN PYLE

HELD BY:

Video April 21, 2021

- BEFORE: CHAIRPERSON: B. Long MEMBERS: Dr. S. Culo, psychiatrist Dr. K. Polowek
- APPEARANCES:
 ACCUSED/PATIENT:
 Christopher Ryan Becker

 ACCUSED/PATIENT COUNSEL:
 D. Abbey

 DIRECTOR, AFPS:
 Dr. B. Singh

 DIRECTOR'S REPRESENTATIVE:
 J. Eckland

 ATTORNEY GENERAL:
 G. Nelson

INTRODUCTION AND BACKGROUND

[1] On April 21, 2021, the BC Review Board held a disposition review in the matter of Christopher Ryan Becker. The purpose of the hearing was to determine whether the accused was fit to stand trial, and if not, make a disposition. At the conclusion of the hearing the Board reserved its decision. The Board subsequently determined that the accused was fit to stand trial and ordered that he be returned to court. These are the reasons for decision.

[2] The accused is before the Board as a result of a court verdict of September 17, 2020 finding him unfit to stand trial on charges of breach of recognizance, aggravated assault and assault with a weapon. The index offences are alleged to have occurred on August 14, 2020. The accused assaulted a visitor to his home with a vacuum cleaner pipe and then attacked his neighbour next door. The victim of the second assault sustained serious head and facial injuries. The accused was suspected of being under the influence of drugs and was bound by a recognizance that prohibited him from possessing illicit substances and weapons. As a consequence, he was charged with breach of both of these conditions.

[3] Mr. Becker's personal history was reviewed in the first reasons for disposition of October 26, 2020 and will not be repeated in any detail. In summary, he is 29 years of age and of First Nations heritage. He grew up in abusive circumstances and was taken into foster care at an early age. He was introduced to illicit substance use as a child and has a lifelong history of serious substance abuse. He has a concurrent history of mental health and behavioural problems. He is currently diagnosed as having a schizoaffective disorder, neurocognitive impairment of mixed etiology that includes traumatic brain injury and toxic effect of extensive and severe substance use, and poly-substance use disorders. The accused has a lengthy criminal record with multiple convictions for serious offences of violence that have resulted in significant jail sentences.

[4] There has been one previous disposition review held on October 26, 2020. The Board found that the accused understood the nature and object of the legal proceedings as well as the possible consequences, commenting that the accused "clearly fulfils the first two branches of the fitness test." However, the Board was not satisfied that the accused could meaningfully communicate with counsel based upon his unwillingness to answer questions about his understanding of the legal system combined with concerns about the impact of his paranoid and delusional beliefs. The Board concluded the accused required detention in hospital in order to ensure continuing treatment of his illness as well as for public protection. The order was made reviewable in six months in order to allow the Board to maintain closer oversight of the accused's progress.

1

EVIDENCE AT HEARING

[5] The new evidence added to the disposition information consisted of reports from the accused's psychiatrist Dr. Singh and Review Board liaison Ms. Eckland. The Board heard oral evidence from Mr. Becker and Dr. Singh.

[6] Dr. Singh's report provided very little information about the accused's progress with respect to his capacity to stand trial. However, she reported that when she last assessed the accused on April 1, 2021, he was able to correctly answer questions about the court process and indicated that he was willing to work with his lawyer. She concluded that the accused understood the nature and object of the legal proceedings, the possible consequences, and was aware of the available pleas. In her opinion the accused was fit to stand trial although his capacity was fragile because he found it hard to sit still for long periods of time and could be disinhibited.

[7] The operative time for the Board's determination of the accused's fitness to stand trial is at this hearing. Bearing in mind Dr. Singh's opinion, the Board decided to begin the hearing with testimony from Mr. Becker. In answers to questions from his counsel, the accused was able to rapidly establish that he had a solid grasp of the nature and object of the legal proceedings. He was able to correctly identify his outstanding charges, the pleas available to him, and the potential consequences of guilty and not guilty verdicts. For the most part, he correctly identified the roles of various court participants. He reaffirmed that he was willing to work with counsel and named a particular lawyer that he hoped would represent him. In answer to questions from the parties and the Board, the accused correctly provided additional details about his understanding of the court process that cleared up some minor inaccuracies in his evidence in chief. Significantly, the accused was responsive to all questions and did not exhibit any of the problems in his presentation that led the last panel to find that the accused's capacity to communicate was impaired.

[8] Following the accused's testimony, the Board heard oral evidence from Dr. Singh. She said that the accused had progressed well since the last hearing, explaining that most of his medications had been changed. She said that the accused had consistently cooperated with the assessment process during this timeframe. She added that his concentration had also improved.

ANALYSIS AND DISPOSITION

[9] The parties were agreed that Mr. Becker was fit to stand trial.

2

[10] As noted in the introduction to these reasons, the purpose of this hearing was to determine whether in the opinion of the Board the accused was fit to stand trial. If the Board finds the accused is fit to stand trial, it does not review the accused's disposition, and simply orders that he be returned to court (see: *Stojanov*, unreported, BC Review Board April 2, 2004, at page 11; *Evers v. British Columbia (Adult Forensic Psychiatric Services),* 2009 BCCA 560 (CanLII), at paragraph 78).

[11] Unfit to stand trial is defined at s. 2 of the *Criminal Code* as meaning unable on account of mental disorder to understand the nature or object of the proceedings, the possible consequences, or communicate with counsel. The cases interpreting this section stress that the threshold for being found fit to stand trial is low, but an accused must be able to participate meaningfully in the legal proceedings.

[12] Mr. Becker's capacity to understand the nature and object of the legal proceedings as well as the possible consequences has not been an issue. As noted above, the last panel found that the accused "clearly" satisfied this requirement. The accused's testimony at this hearing again readily established an adequate understanding of these matters. Turning to the issue of communication, the accused demonstrated no hesitancy or reluctance in answering questions. He was clear that he was willing to work with counsel. Crucially, the issues that led the last panel to find the accused unfit to stand trial were not present at this hearing. Dr. Singh's evidence confirmed that there have been real improvements in the accused's mental status, willingness to communicate, and cooperate with assessment.

[13] Considering the testimony of the accused, the opinion of Dr. Singh, and the submissions of the parties, the Board concluded that the evidence established on a balance of probabilities that Mr. Becker was fit to stand trial.

[14] The Board therefore ordered the accused be returned to court pursuant to s. 672.48(2) of the *Code*.

Reasons written by B. Long with Dr. S. Culo and Dr. K. Polowek concurring.

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