



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**

REASONS FOR DISPOSITION IN THE MATTER OF

BLAIR EVAN DONNELLY

HELD AT: Forensic Psychiatric Hospital
Coquitlam, BC
December 1, 2025

BEFORE: **CHAIRPERSON:** S. Boorne
MEMBERS: Dr. R. O'Shaughnessy, psychiatrist
 Dr. L. Murdoch
 C. Fraser
 R. Puetz

APPEARANCES: **ACCUSED/PATIENT:** B. Donnelly
ACCUSED/PATIENT COUNSEL: J. Birring
 C. McGauley
DIRECTOR, AFPS: Dr. C. Robertson
 D. Mirok
 D. Carew
DIRECTOR'S COUNSEL: D. Lovett, KC
ATTORNEY GENERAL: n/a

INTRODUCTION AND BACKGROUND

[1] On January 23, 2008, Blair Donnelly, was found not criminally responsible on account of mental disorder (NCRMD) on the *Criminal Code* charge of second-degree murder. On October 24, 2025, Mr. Donnelly was found NCRMD on three *Criminal Code* charges of aggravated assault against three people who were strangers to him.

[2] On the murder charge, Mr. Donnelly is currently subject to a disposition of the British Columbia Review Board (the Board) dated December 4, 2023 (extended December 2, 2024, for 12 months). The disposition is strict custody with no community access, either escorted or unescorted. After the Court's finding of NCRMD on the three counts of aggravated assault, a disposition was deferred to the Board. In the result, this hearing is both an annual and an initial hearing pursuant, respectively, to s. 672.81(1) and s. 672.47(1) of the *Criminal Code*.

[3] On December 1, 2025, this panel of the Board convened a hearing at the Forensic Psychiatric Hospital (FPH or the Hospital) to review Mr. Donnelly's current disposition and to make an initial disposition for his most recent NCRMD findings. Mr. Donnelly was present at the hearing and was represented by counsel.

[4] The issues for the Board to decide were first whether Mr. Donnelly is a significant threat to the safety of the public and, if so, what is the necessary and appropriate disposition for the coming year based on a consideration of the factors in s. 672.54 of the *Criminal Code*.

[5] At the outset of the hearing, the parties were asked for their initial positions. The Director's counsel submitted that Mr. Donnelly remains a significant threat to the safety of the public and the necessary and appropriate disposition is strict custody with no provision for escorted or unescorted community access. Crown counsel was not present for the hearing, however, had instructed Director's counsel regarding their position. The Crown agreed with the Director's position on significant threat to the safety of the public and strict custody. The Crown requested that the next disposition be deferred for 24 months (not the usual 12 months). Counsel for Mr. Donnelly supported the strict custody order but asked that condition 4 of the current Disposition be amended to permit the use of "sharps" for hospital programming. Counsel opposed the requested 24 month order.

[6] For the reasons which follow, the Board finds Mr. Donnelly is a significant threat to the safety of the public and the necessary and appropriate disposition is for a strict custody order, with no escorted or unescorted community access and reviewable within

12 months. The Board did not agree that it was necessary or appropriate to revise term 4 of the current disposition regarding the use of “sharps”, as requested by accused’s counsel.

[7] The Board received in evidence at the hearing extensive material for both the initial NCRMD finding (from 2006 on) and the most recent findings regarding the aggravated assaults. The Board received in evidence as well victim impact statements for the most recent incidents and some of the victims attended the hearing virtually. The Board was grateful to receive the victims’ statements and welcomed their attendance at the hearing.

Index Offences

Second-Degree Murder (NCR- January 23, 2008)

[8] In November 2006, Mr. Donnelly brutally stabbed his 16-year-old daughter in response to religious delusions. On the day of his daughter's death, Mr. Donnelly walked around with a knife. He took his daughter to a hair appointment while he was still experiencing delusions about killing his wife. At some point that day, his delusional construct changed and he heard voices that told him to kill his daughter. He was found NCRMD in 2008 and has been residing at FPH since that time.

Aggravated Assaults (NCR- October 24, 2025)

[9] On September 10, 2023, Mr. Donnelly was given approval to go on an unescorted leave from FPH for the purposes of a bike ride. He was given approval to leave FPH at 1:30 pm and return no later than 8:30 pm.

[10] At approximately 1:32 pm that day, Mr. Donnelly left FPH pursuant to his approved request. Initially, Mr. Donnelly said his intention was to go for a bike ride and have a coffee at a coffee shop in Coquitlam.

[11] Mr. Donnelly used his electric bike to leave FPH, and he biked down Colony Farm Road.

[12] Mr. Donnelly did not turn right at the end of Colony Farm Road to go to Coquitlam; instead, he turned left. He said that he turned left because he “believed he was being prompted by God to go to Chinatown”. He stated that it was a “knowing in his heart” that he must go to Chinatown and hurt someone. According to Mr. Donnelly, he knew in his heart what came from God or the Holy Spirit and that the two terms to him were interchangeable. Mr. Donnelly was being told to go to Chinatown to hurt somebody. He went first to a local Home Depot by bicycle. While there, he purchased a chisel and

then boarded the SkyTrain towards Chinatown.

[13] Mr. Donnelly knew how to get to Chinatown having been there before for Chinese food and he knew he could take the SkyTrain from the Braid Station (New Westminster) to get there. Video surveillance shows Mr. Donnelly arriving at the SkyTrain station at 2:09 pm that afternoon.

[14] At approximately 2:48 pm, Mr. Donnelly disembarked the SkyTrain at the Stadium/Chinatown Station in Vancouver and spent about an hour near the station in a park. There, Mr. Donnelly described meeting an individual who referred to himself as “Superman”, and who showed him a scar on his stomach. That person was smoking a “joint”. Mr. Donnelly did not consume any cannabis that day.

[15] In the park, Mr. Donnelly took off his high visibility vest and helmet that he had been wearing and put them in his backpack, which he then hid in a bush. He then left the park towards Chinatown on his bike. He had with him his satchel, his wallet and the purchased chisel.

[16] At some point, someone gave him a flyer for the Light Up Chinatown Festival, and he made his way there. He apparently was looking for clues as to why he was there and why God was leading him to that location.

[17] Mr. Donnelly eventually saw a sign that was related to a Chinese Canadian Friendship Centre, or an official Chinese sign which made him think of the two Michaels who were imprisoned in China for several years. According to Mr. Donnelly, this meant to him that he was in the right place and on the path to which God had directed him.

[18] When Mr. Donnelly was at the festival, he asked the Holy Spirit for a sign not to do this – “tell me not to do this and I won't do it” but in his mind he did not receive such a sign. He said he carried out the act because in his mind he “wanted to obey God”.

[19] Shortly before 6:00 pm, the final musical act of the festival was just finishing. At the time, D.M and K.M. were seated towards the rear left of the stage, in the last row of plastic chairs. P.L. was seated about 10 feet behind D.M and K.M., under a canopy. Video surveillance shows Mr. Donnelly standing approximately 10 feet behind P.L.

[20] At approximately 5:54 pm, Mr. Donnelly stabbed P.L. once in the upper back, having moved directly behind her in the preceding minutes. Mr. Donnelly then moved towards K.M. who was facing away from him and was just getting up from her chair. He stabbed her once in the upper back with the chisel.

[21] Mr. Donnelly then turned to face D.M., who was seated at K.M's left and had

turned to face his assailant. Mr. Donnelly stabbed at him, striking him in the forearm with the chisel. A brief struggle ensued during which D.M. tried to kick Mr. Donnelly, but in doing so he fell backward and ultimately cut his knee.

[22] Immediately after the final assault, Mr. Donnelly jogged away from the scene heading north towards the intersection of Columbia and Pender Street. He was arrested a few blocks later at approximately 6:00 pm.

[23] One of the arresting officers, described Mr. Donnelly as “discombobulated and walking slowly while sweating profusely”.

[24] Mr. Donnelly was advised he was under arrest; he nodded and mumbled. He was taken to Vancouver police jail and given an opportunity to speak with counsel. He was eventually interviewed by police about the events.

Post 2023 Incident Events

[25] Later, (the day of his arrest), Mr. Donnelly was transferred to the North Fraser Pretrial Centre. During his intake that evening at the institution no active symptoms of mental illness were observed. A few hours later, however, Mr. Donnelly attacked his cellmate.

[26] After being separated by correctional staff, Mr. Donnelly was described as “not responding” to questions asked of him. He was then placed in segregation.

[27] Later that morning a mental health clinician attempted to examine Mr. Donnelly but he refused. Mr. Donnelly was then seen by a psychiatric nurse. When asked about the recent altercation Mr. Donnelly replied, “I don't recall”. Later in the afternoon that day Mr. Donnelly refused a urine drug screen. He was also refusing medications.

[28] Mr. Donnelly was examined by a psychiatrist the following day. During this exchange, Mr. Donnelly indicated that he would have an advocate at his next Review Board hearing and stated that it is “Jesus Christ the Lord”. After approximately 15 minutes of questioning by the psychiatrist, Mr. Donnelly said” that’s enough of these bullshit questions”. Mr. Donnelly was then certified under the *Mental Health Act*.

[29] Mr. Donnelly was eventually transferred back to FPH, and his care was assumed by Dr. Liam Dodge. Dr. Dodge noted that Mr. Donnelly was declining medication on arrival and was exhibiting signs inconsistent with his baseline mental status. These signs included talkativeness, irritability and delusions of a religious nature. Mr. Donnelly was preoccupied with religious and conspiratorial themes and was observed to be singing in seclusion. A disinhibited and childlike demeanor was also observed as

diverging from his baseline.

[30] Over the next several days treating doctors noted religious and grandiose delusional beliefs, loosening of associations, and elevated mood.

[31] Mr. Donnelly was subject to various assessments over the ensuing months, including an assessment on whether he may qualify for a s.16(1) *Criminal Code* defence of NCRMD.

[32] Dr. Lacroix, a forensic psychiatrist, provided expert opinion evidence at Mr. Donnelly's court proceeding that his mental state at the time of the aggravated assaults qualified him for a finding of NCRMD. Ultimately, the Court accepted the expert evidence of the doctor and made the NCRMD finding.

[33] Mr. Donnelly is currently 66 years old. He was born in Edmonton, Alberta. At the time of the aggravated assaults, he was 64 years old. Mr. Donnelly suffers from a bipolar disorder with psychosis. In the past, other psychiatrists have diagnosed Mr. Donnelly with a schizoaffective disorder.

[34] Mr. Donnelly grew up in Edmonton. He had a stable family life. He has a brother and a half-brother with whom he still is in contact. Both of his parents are now deceased.

[35] Mr. Donnelly was not religious in his youth. He went to church a few times with his mother but apparently, he did not enjoy it have very much.

[36] When Mr. Donnelly was in his early twenties, he "met Christ" and became "totally enamored with God". Reportedly, before this spiritual awakening, he was involved in a bad lifestyle using drugs and engaged in excessive partying.

[37] Mr. Donnelly became involved with the church in Edmonton. He was worked as an electrician's apprentice. He started going to church and discovered a vibrant Christian community which was filled with other single young persons like him.

[38] Mr. Donnelly met a woman who would later become his wife and the two of them became leaders within their church community. Their leadership role in the church was overseeing 22 "houses" of Christian adults living in gender "separate residences".

[39] After Mr. Donnelly's marriage, he continued to work with the church in Edmonton for a period. He sought further religious training and attended Bible College. In time the family expanded to include two daughters.

[40] At some point, Mr. Donnelly moved the family to Ontario. This was reportedly to follow the path that the Holy Spirit had presented to Mr. Donnelly. He acted as a pastor for a congregation of approximately 25 people in the town in which he resided. He did this

for approximately one year.

[41] It was at this point in his life that Mr. Donnelly experienced a significant mental health event while driving the family to Red Deer, Alberta as part of a relocation (in 1995). He was hospitalized and released apparently with no medications or a formal diagnosis- other than to query a possible bipolar disorder. Eventually the family located to Kitimat, British Columbia where Mr. Donnelly worked as a project supervisor until 2006.

Manifestations of Mental Illness Following NCRMD Finding on Second-Degree Murder- 2008

[42] Mr. Donnelly was detained at FPH following his initial Review Board hearing in March 2008 and was treated with a combination of mood stabilizing and antipsychotic medications. Over the course of the next year, his illness appeared to stabilize. At his second Review Board hearing in February 2009, Mr. Donnelly's disposition included a condition allowing for unescorted community access at the discretion of the Director.

Assault with a Weapon 2009

[43] On October 21, 2009, Mr. Donnelly left FPH on an unaccompanied day leave and uncharacteristically used crack cocaine. After this, he attended the apartment of a friend he met through FPH. In the residence, Mr. Donnelly asked that his friend pray with him. When his friend got up from praying, Mr. Donnelly attacked him with a paring knife. His friend managed to escape with minor cuts to his hands. Mr. Donnelly was found by police the following morning, in a disorganized state.

[44] Mr. Donnelly was returned to FPH, where he was noted by psychiatrists to be acutely psychotic. He refused medications and food. He was placed in seclusion, where he was observed to disrobe and make nonsensical statements. His mental state began to normalize after he was given injectable medications. As a result of this incident, Mr. Donnelly pled guilty to one count of assault with a weapon and was sentenced to 45 days in custody.

[45] Over the following years at FPH, Mr. Donnelly's mental state was relatively stable. He remained subject to custodial dispositions. In December 2016, Mr. Donnelly commenced overnight "visit leaves" from FPH to the Community Transitional Care (CTC) program (a staffed residential program for forensic patients). However, after several months into his time in the CTC program concerns were raised about Mr. Donnelly's increasing spiritual and religious activities and he was returned to FPH in March 2017.

Assault With a Weapon 2017

[46] Several days after his readmission to FPH, Mr. Donnelly was watching a hockey game with a co-patient in their unit. During commercial breaks, the men listened to music. During one commercial break, Mr. Donnelly asked the co-patient to turn up the volume. Mr. Donnelly then lunged at him with a butter knife. The co-patient managed to thwart the attack by kicking Mr. Donnelly, fleeing the unit and alerting staff.

[47] In the days following, Mr. Donnelly was placed in seclusion on a maximum-security unit. He was described as psychotic and disorganized. He refused to take his medication and would not follow staff direction. Mr. Donnelly was found NCRMD of assault with a weapon in April 2018 and eventually received an absolute discharge for this offence.

EVIDENCE AT THE HEARING

[48] The evidence for the Director was given by Dr. Robertson, Mr. Donnelly's treating psychiatrist since May 2025. The doctor authored the Psychiatric Report dated November 12, 2025. The doctor adopted the contents of the report in his evidence.

[49] Dr. Robertson was asked about his diagnosis of bipolar disorder with psychotic features, as opposed to an earlier diagnosis by another psychiatrist, Dr. Lacroix, of schizoaffective disorder, bipolar type. The doctor said that he does not disagree with Dr. Lacroix, however, he views the difference in diagnosis as more academic than real. It was Dr. Robertson's view that the psychotic symptoms experienced by Mr. Donnelly during his incidents of violence in 2006, 2009, 2017 and most recently in 2023, exhibit psychotic symptoms are well beyond what would typically be seen with a schizoaffective disorder, bipolar type.

[50] Dr. Robertson explained that a bipolar disorder is normally characterized by periods of elevated mood and typically people have problems with sleep and they exhibit high energy. They generally feel very good about themselves and there are depressive episodes associated with a bipolar disorder. By contrast, the doctor noted that Mr. Donnelly experiences psychosis with his bipolar disorder. The doctor explained that psychosis is where people lose touch with reality and they can experience hallucinations or delusions. This again is consistent with what has been observed with Mr. Donnelly over time.

[51] Dr. Robertson noted that regardless of which diagnosis is preferred, the

treatment of Mr. Donnelly's illness would include an antipsychotic, as a buffer to ameliorate the symptoms of his illness.

[52] Dr. Robertson explained that with Mr. Donnelly there is a relative preservation of his cognitive and day-to-day functioning which aligns more with a diagnosis of bipolar disorder with the psychotic features. With schizoaffective disorder bipolar type there is often seen a decline or a negative affect on day-to-day activities and cognitive function.

[53] In conclusion on this point, Dr. Robertson said regardless of the diagnosis, the risk management approach would be the same. Mr. Donnelly has had some cognitive deterioration. The doctor viewed this decline more in keeping with bipolar disorder with psychosis.

[54] Dr. Robertson was asked about extending the disposition to 24 months, from the usual 12-month annual review. The doctor thought it was reasonable to assume that whether it is 12 months or 24 months, there is unlikely to be a material change in Mr. Donnelly's overall presentation. This is based on the unpredictability of Mr. Donnelly's course under treatment and whether he will improve. The doctor also noted that it would be unlikely that community access would be supported or recommended within the next 24-month period (Note: The Hospital position is for strict custody with no community access)

[55] Dr. Robertson was asked about the defence request to modify condition 4 in the existing disposition regarding the use of "sharps" for hospital programming. Dr. Robertson indicated that whether it is permitted or not in the disposition, the matter would be reviewed by the Programs and Privileges Committee at the Hospital, chaired by the Person in Charge at FPH, to determine whether Mr. Donnelly could have access to "sharps" for programs. The doctor emphasized with concern the manner of offending by Mr. Donnelly and the many instances of the use of knives in the commission of his acts of violence. Currently, Mr. Donnelly is not permitted the use of metal cutlery on the unit. The doctor said even if the term was modified that they would use a cautious approach to permitting such access.

[56] Counsel for Mr. Donnelly suggested that overall Mr. Donnelly was improving. Dr. Robertson was not inclined to adopt this suggestion. The doctor indicated that Mr. Donnelly is relatively stable, however, he still has religious preoccupation. The doctor noted that when Mr. Donnelly is well his preoccupation with religious themes is not as present. For the most part, Mr. Donnelly follows staff direction.

[57] Dr. Robertson agreed with counsel's suggestion that whether the disposition is 12 or 24 months, it is difficult to predict how Mr. Donnelly will be doing. When it was suggested, there is a chance he will improve further, Dr. Robertson commented, "I guess so".

[58] From a day-to-day behavioural and clinical perspective, with his bipolar disorder and no psychosis, Mr. Donnelly presents as relatively well.

[59] Dr. Robertson's main concern for Mr. Donnelly is his risk. As noted, all his offending behaviour has happened when he has presented well clinically. His risk is not tied to his clinical presentation, or a reduction in his symptoms. In the case of Mr. Donnelly, he masks the extreme acts of violence which he commits on the sudden, without warning. Mr. Donnelly is considered a high risk for future violence.

[60] Dr. Robertson is not anticipating any significant medication changes for Mr. Donnelly in the future.

[61] Dr. Robertson confirmed that Mr. Donnelly has not been permitted the use of metal cutlery at least since his return to FPH after the September 2023 offences. Currently, he eats by himself at what is called the "second seating".

[62] Dr. Robertson confirmed that all urine drug screens for Mr. Donnelly have been negative for illicit substances. The doctor did note, however, that there is very little testing done on Unit A1. Due to the high security on the unit, it is not considered to be necessary.

[63] The panel asked Dr. Robertson about Mr. Donnelly's delusions verses beliefs in terms of religious themes. Dr. Robertson said that regarding the September 2023 incidents (and the earlier ones as well), there was clear psychosis in that God was telling Mr. Donnelly to do certain things. In general, Mr. Donnelly has a religious education and has worked with the church, so he has a background and a baseline with religiosity. As noted, when Mr. Donnelly is doing better with treatment, the religious preoccupation subsides somewhat. More recently, Mr. Donnelly has been preoccupied with news about the end of time.

[64] It was suggested by a panel member that Mr. Donnelly's delusions are often first observed *post facto* with no warning signs. Dr. Robertson agreed this is a feature of Mr. Donnelly's illness and his offending behaviour. It was noted that Mr. Donnelly's delusions arise suddenly and it is difficult to rely on his delusional thought evaluation as a precursor to offending behaviour. Dr. Robertson agreed with this characterization. The doctor went

further, stating that there was nothing to suggest a bipolar breakdown prior to the most recent index offences. There were no psychomotor symptoms (agitation, difficulty sleeping, purposeless actions), which Dr. Robertson said is atypical of the bipolar illness.

[65] It was suggested by a panel member that there is no reliable way to predict what Mr. Donnelly will do in terms of acts of violence. Dr. Robertson said, “we can't, I agree with you”. The question posed by the panel member to the doctor was the following, “Even if Mr. Donnelly is stable in the next 24 months, how will we be able to predict what this man will do, even in a condition of total stability and absence of symptoms” The doctor agreed with this characterization. For Mr. Donnelly, you cannot adequately or confidently predict when he can be safely in the community based on a clinical presentation.

[66] The panel noted that Mr. Donnelly has had limited psychotherapy in the past. Dr. Robertson indicated there a few sessions with the treatment team; however, more intensive psychotherapy is worth considering. The doctor was asked about reports that there were 15-minute checks on the unit of Mr. Donnelly for unpredictable behaviour. Dr. Robertson indicated that when he started working with him in May of this year, that was the arrangement and it has continued. Dr. Robertson indicated he has not seen the need for this level of monitoring, and he will consider in the future if it remains necessary. The doctor was asked why the 15-minute interval checks had been implemented and he was unsure.

[67] Dr. Robertson was asked again about condition 4 in the current disposition regarding “sharps”. Currently, the disposition allows for metal cutlery for purposes of meals, however, the Hospital does not allow this for Mr. Donnelly as it is considered risk enhancing.

[68] Even if Mr. Donnelly was approved for woodshop, for example, (which would involve a “sharp”), staff at the woodshop would take a risk mitigation plan into account as they have been harmed in the past (not by Mr. Donnelly).

[69] Mr. Mirok, the Forensic Care Coordinator, assigned to Mr. Donnelly’s treatment team gave brief evidence at the hearing. He was asked about the likely timing of Mr. Donnelly’s transfer from A1 to A2. On A1, the residents are mostly remands from jail. As Mr. Donnelly is no longer on remand, the team has agreed that he can be put up for transfer to A2. There is a long waiting list for A2. Mr. Mirok thought it could take closer to six months or longer for the transfer.

[70] No further evidence was called at the hearing.

[71] In final submissions, the parties maintained their initial positions with respect to the recommended disposition.

ANALYSIS AND DISPOSITION

[72] The threshold issue for the Board's consideration is whether Mr. Donnelly is a significant threat to the safety of the public.

[73] The Board must consider whether Mr. Donnelly constitutes a significant threat as defined by s. 672.5401 of the *Criminal Code*. A person is a significant threat if they pose 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 the public, we must then determine the necessary and appropriate disposition.

[74] In making our positive finding that Mr. Donnelly is a significant threat to the safety of the public, the Board relies on the joint recommendation of the parties to the Board, and the expert evidence of Dr. Robertson, as supplemented by his report, including his risk assessment.

[75] The Board's finding of significant threat is made without hesitation. Mr. Donnelly has a long history of acting out violently with the use of weapons. His illness is such that when he has behaved violently, he presented with no warning signs. The Board notes that on September 10, 2023, the accused was assessed for purposes of one of his regular day leaves as being "settled, calm and cooperative". He subsequently absconded from FPH, traveled to Vancouver and stabbed three innocent bystanders who were attending a festival in Chinatown. The Board is satisfied that Mr. Donnelly's mental condition either deteriorated very quickly after he left FPH or was present but well hidden from experienced treatment providers who know him well. Regardless, the result was that Mr. Donnelly engaged in significant unprovoked violence without warning.

[76] The Board adopts with approval the risk formulation of Dr. Robertson as set out in his report at page 15 and following:

"Mr. Donnelly remains at risk of committing another serious violence offence. In each of his serious violent offences he had used an edged weapon to stab or attempt to stab others. The victims have been his daughter, a friend and former co-patient, co-patient residing with him at

Hawthorne House, a cellmate and three strangers. Therefore, the potential victim or victims of his violence could be anyone.

In terms of the factors leading to his violence, a significant concern would be that of a relapse of bipolar disorder. This has occurred while he was not being treated or getting medication for the illness, this has occurred while he has been treated for the illness and supervised and provided with medication that he was taking and it has occurred with a relapse into cocaine use. Any of these scenarios could unfold in the future, leading to violence.

A significant concern is that Mr. Donnelly can present as being well in his mood without any outward depression or mania, and without showing signs of psychosis for extended periods of time. He can also function well in these intervals. In Mr. Donnelly's case, relapse to illness and subsequent serious violence have occurred rapidly and could do so in the future.”

[77] Having made a finding of significant threat, the Board's task is to craft a necessary and appropriate disposition. The Board accepts the expert evidence of Dr. Robertson that given Mr. Donnelly's high risk for violence, the strict custody disposition reviewable in 12 months is necessary and appropriate. We do not support the Crown's request for a 24-month review. The Board is not persuaded that there is any compelling evidence to depart from the usual annual review of Mr. Donnelly's disposition as mandated by the *Criminal Code* (s. 672.81(1)). In our view, It is appropriate to review his ongoing risk in the usual 12 month period. During this time, Mr. Donnelly will be subject to strict custody with no escorted or unescorted community access.

[78] Regarding any change to provision 4 in the current disposition, the Board is not persuaded that any change to permit the use of “sharps” for hospital programming is appropriate. The evidence is that Mr. Donnelly is a significant risk to co-patients and others in his immediate environment. His violence is unpredictable and on the sudden. It would be an abdication of our duties as a Board in upholding the paramount factor of public safety and potentially providing Mr. Donnelly with the means to carry out further knife attacks, even in a hospital setting, as he has done in the past.

[79] In arriving at our disposition, the Board has carefully considered the evidence and the paramount factor of public safety, Mr. Donnelly's mental condition, his community reintegration and other needs, all as required by s. 672.54 of the *Criminal Code*.

[80] A disposition will issue accordingly, to be reviewed within 12 months.

Reasons written by C. Fraser and Dr. R. O'Shaughnessy, Dr. L Murdoch, S. Boorne and R. Puetz concurring.

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