

CANADA / JUDGMENT

Aeichele (Re)

2025 ONCA 707

COURT

Court of Appeal for Ontario

DECIDED

20 October 2025

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Aeichele (Re) Collection Decisions of the Court of Appeal Date 2025-10-20 Neutral citation 2025 ONCA 707 Docket numbers COA-25-CR-0231 Judges Fairburn, J. Michal; Wilson, Darla A.; Rahman, Moiz Subject Criminal Decision Content COURT OF APPEAL FOR ONTARIO CITATION: Aeichele (Re), 2025 ONCA 707 DATE: 20251020 DOCKET: COA-25-CR-0231 Fairburn A.C.J.O., Wilson and Rahman JJ.A. IN THE MATTER OF: Matthew Aeichele AN APPEAL UNDER PART XX.1 OF THE CODE Anita Szigeti, for the appellant Amy Alyea, for the respondent, Attorney General of Ontario Michele Warner, for the respondent, Person in Charge of Centre for Addiction and Mental Health Heard: September 10, 2025 On appeal from the disposition of the Ontario Review Board dated January 24, 2025, reported at [2025] O.R.B.D. No. 224, with Reasons for Disposition, dated February 20, 2025, reported at [2025] O.R.B.D. No. 225. REASONS FOR DECISION

- [1] The appellant, Matthew Aeichele, appeals from the January 24, 2025 disposition of the Ontario Review Board (the “Board”) ordering his continued detention at the Forensic Service of the Centre for Addiction and Mental Health, Toronto (the “Hospital”).
- [2] It is without dispute that the appellant remains a significant threat to the safety of the public. The issue on appeal is whether the Board erred in concluding that the least onerous and least restrictive disposition is a detention order. The appellant maintains that the Board should have ordered a conditional discharge with terms requiring his attendance and voluntary readmission to the hospital if requested. We are not persuaded that the Board erred and we dismiss the appeal for the reasons that follow. A. Background [3] The appellant has an extensive history of substance abuse commencing at the age of 13. This included alcohol and a panoply of drugs. His consumption of drugs led to his first episode of psychosis and hospitalization at age 17. Subsequently, he has had several hospitalizations as a result of mental health concerns. He was addicted to cocaine from the age of 19 and at the time of the index offence, he was using numerous drugs on a regular basis.
- [4] The victim lived in the same apartment building as the appellant. A few weeks prior to the index offence, the appellant had punched the victim in the head without provocation. The victim did not report the matter to the police.

- [5] The index offence occurred on May 1, 2022, when the appellant approached the victim, who was smoking outside of a grocery store. The appellant went up to the victim and stabbed him in the head. The victim stumbled and fell to the ground as the appellant continued to stab him. The victim escaped by getting on a streetcar. He was bleeding profusely and required stitches and staples to close his wounds.
- [6] The appellant was charged with aggravated assault and on October 10, 2023, he was found not criminally responsible on account of a mental disorder. He was diagnosed with chronic and recurrent drug-induced psychosis and severe drug addiction, and he was detained at the Hospital.
- [7] By way of disposition dated January 18, 2024, the appellant was detained at the Hospital with the outer limit privilege being to live in the community in accommodation approved by the person in charge. By way of disposition dated January 24, 2025, this detention order was continued. B. Analysis (1) The Board's Decision [8] At the annual review hearing in January 2025, the appellant sought a conditional discharge with terms. The Hospital and the Attorney General recommended the appellant's continued detention on the same terms and conditions as the initial order. At the hearing and before this court, it was agreed that the appellant remains a significant threat to the safety of the public.
- [9] The Board considered the hospital report and the evidence of Dr. Valoo, the appellant's treating psychiatrist, who testified that substance abuse was the most significant risk factor for the appellant. She stated that it is essential that the appellant maintain abstinence when he transitions from being an in-patient to living in the community because there is a high risk of relapse. Dr. Valoo opined that the appellant requires a detention order as it is critical that he is placed in a housing facility approved by the hospital because he was only in the early stages of community reintegration. In Dr. Valoo's opinion, during this critical transitional period, the appellant needs to be in a location that has a reporting relationship with the outpatient team. Further, given the appellant's significant history of drug usage, and the fact that relapse can give rise to florid psychosis, it is essential that he be monitored in the initial stages of his transition to living in the community. Dr. Valoo also stated that the hospital needed to be in a position to return the appellant to the hospital quickly should he use illicit substances which will lead to his descent into psychosis. In Dr. Valoo's opinion, the Mental Health Act, R.S.O. 1990, c. M.7 (the "MHA") is insufficient for this purpose.
- (2) Issues on Appeal [10] The appellant argues that the Board erred in determining that a detention order was appropriate in the circumstances and was the least onerous and restrictive disposition. The appellant submits that that the Board erred in finding that the evidence reasonably established that it was necessary that the Hospital be able to approve his accommodation in order to manage his risk to the public and further, that it was unreasonable for the Board to have accepted the expert opinion of Dr. Valoo that a detention order was necessary to move quickly should the appellant be required to return to the hospital.

- [11] We do not accept these submissions. In our view, the reasons of the Board fall within a range of reasonable outcomes, demonstrating an internal coherence and a rational chain of analysis. It is justified on the facts of this case: *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65, [2019] 4 S.C.R. 653, at para. 85. Because it is an expert Board, it is owed significant deference on appeal.
- [12] The Board found that it was critical the Hospital approve the housing for the appellant so that he would be properly supervised during the initial stages of his reintegration into the community. That was a reasonable determination based on the evidence. Furthermore, the Board accepted the evidence of Dr. Valoo that if the appellant needed to be admitted to the hospital quickly in order to ensure the safety of the public, the provisions of the MHA are inadequate to accomplish this. That finding was reasonable and is supported on the evidence.
- [13] The evidence before the Board amply supports the conclusion reached that a detention order was necessary to enable the hospital to approve the appellant's transition to accommodation outside the hospital and to ensure that should he relapse and start using illicit substances that put at risk the stability and positive gains he has made, the hospital can intervene quickly. This court has said repeatedly that the Board's power to require hospital approval of proposed accommodations is only possible under a detention order. While the appellant submits that he is prepared to remain in the hospital until appropriate transitional housing is available, it was for the Board to determine whether that undertaking was good enough to address the risk to the public.
- [14] In light of all of the circumstances at work in this case, as carefully recounted in the Board's reasons, the Board's conclusion that it is "critical for the hospital to maintain eyes on [the appellant] in the initial stages of his transition to community reintegration" as well as have "the structure and support" that transitional housing would provide was entirely reasonable.
- [15] We do not find that the detention order is unreasonable because the Board's rejection of a conditional discharge was based on its finding that the provisions of the MHA to re-admit the appellant would be insufficient to manage his risk. This was not a conclusory opinion, but one rooted in the evidence, including the appellant's own history of substance abuse and the expert opinion of Dr. Valoo. The Board considered the ability to return and commit the appellant to the hospital under the MHA and was satisfied that those mechanisms would simply be insufficient to the task, should the need arise. That was a determination that was open to the Board, and it is reasonable. C. Disposition [16] For these reasons, the appeal is dismissed. "Fairburn A.C.J.O." "D.A. Wilson J.A." "M. Rahman J.A."

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