

EDMOND YU INQUEST

VERDICT EXPLANATION

Dates of Inquest: February 1 through April 16, 1999

Parties with Standing:

1. Toronto Police Services Board represented by Dina Groskaufmanis
2. TPS Chief David Boothby represented by Frank Marrocco
3. TPS Constable Pasquino, Cowan, Bradford represented by Ian Scott
4. TPS Constable Rogers represented by Kevin McGivney
5. YU family represented by Julian Falconer
6. Queen Street Patient Council represented by Susan Fraser
7. Chinese Canadian National Council Justice Association represented by Paul Bennett
8. Toronto Transit Commission and Neil Beaton represented by Karen McGuire
9. Ministry of Health represented by Janice Blackburn

Coroner's Counsel: Tom Schneider (Scarborough Crown Office)
Investigating Office: Detective Sergeant Domenic Beckett, O.P.P.
Coroner's Constable: P.C. William Rands, O.P.P.

Court Reporter: Liz Ritzer
73 Brooklawn Avenue, Toronto, ON M1M 2P7
Tel: (416) 266-3323

I intend to give a brief summary of the circumstances surrounding Mr. Edmond Yu's death as well as a brief synopsis of the issues explored at the inquest. Where it is felt to be potential assistance, I will also comment on my understanding of the reasons behind the jury's recommendations. I wish to stress that it will be my own interpretation of the evidence and of the jury's reasoning. It is not intended to replace the actual evidence presented to the jury but is provided to assist the reader in interpreting the context in which their verdict and recommendations were made, so that they can be better understood. It is not intended to replace the jury's verdict.

Edmond Wai-Kong Yu was a 35 year old man of Chinese Canadian heritage. In the years prior to 1985, he was successful in many of his endeavors, including achieving entrance into the University of Toronto Faculty of Medicine in September 1984. During the latter part of his first year of medical school, his mental health began to deteriorate. In August of 1985, his concerned family sought to have him admitted to a psychiatric facility as an involuntary patient. His symptoms included agitation and paranoia, with delusions and hallucinations, resulting in a diagnosis of paranoid schizophreniform disorder. He was treated with the anti-psychotic drug Haldol and developed severe Parkinsonian symptoms as an adverse reaction.

In June 1988, Edmond Yu underwent further psychiatric assessment at a forensic unit, after having allegedly assaulted someone. In December of that year, he was again admitted as an involuntary patient to a psychiatric facility when his family became concerned about his ability to care for himself. His admitting diagnosis was "paranoid psychotic state" and he showed no insight into his illness. He was found to be not competent to consent to treatment but immediately challenged that conclusion to the Consent and Capacity Board. By April of 1989, his treating psychiatrists concluded that his voluntary status had expired, and Edmond Yu signed himself out of hospital against medical advice.

In March of 1992, he was once again admitted to a psychiatric facility after having been jailed with a charge of assault. While in jail, he was treated with neuroleptic medications, developing the severe and unfortunate side-effect of Extra-Pyramidal Syndrome.

From the time of his discharge from hospital until June 1995, Edmond Yu remained under the care of a Community Mental Health Clinic that was able to provide hi with service suited to his ethnic and cultural background. He also resided in a boarding house that attempted to address his ethno-specific needs. During this time, his mental health showed gradual signs of improvement although he did have occasional episodes where he was confronted for his unusual or unacceptable behaviour.

Services of the Community Mental Health Clinic were terminated after June 1995, but Mr. Yu maintained sporadic contact with his out-patient psychiatrist until June 1996.

In December 1996, Mr. Yu was threatened with eviction from a rooming house because of behaviors that were disturbing to other residents. He then began a period of living on the streets, seeking shelter in the various hostels available in the downtown Toronto area. He began to frequent a drop-in centre in the Parkdale area, geared toward former psychiatric patients (Consumer Survivors). Staff at the drop-in centre attempted to assist him but found him somewhat reserved and aloof. After several weeks, they were able to "make a connection" with Edmond whereupon he became somewhat more trusting and willing to pursue options for more permanent housing. On February 18th, 1997, Mr. Yu moved into a "safe house" that appeared suitable for his needs. On February 19th, he was visited by a worker from the drop-in centre who perceived that Edmond was adjusting to his new residential, environment.

On the 20th of February, 1997, shortly before 5:00 p.m., Mr. Yu assaulted a woman for no apparent reason while waiting for a bus at the Lower Spadina Avenue and Lakeshore Blvd., TTC Loop. Toronto Police Service was notified of the incident and responded to the site to investigate. Officers encountered Mr. Yu sitting at the rear of a bus that had been vacated by other passengers. They attempted to engage him in conversation and learned that he suffered from schizophrenia.

After several minutes of interaction with the officers, Mr. Yu appeared to become agitated and stood up. Shortly thereafter, he reached inside his coat and withdrew a steel hammer which he proceeded to raise above his head. The Officers withdrew their service revolvers and challenged Mr. Yu to stop and drop the weapon. One of the officers discharged his revolver, striking Mr. Yu three times. He was pronounced dead at the scene at 5:26 p.m. after a short period of attempted resuscitation by paramedics.

The jury heard evidence over a period of 38 days from a total of 47 witnesses. They also reviewed 73 exhibits.

VERDICT OF CORONER'S JURY

The jury determined the following:

1. Name of Deceased: Edmond Wai-Kong Hu
2. Date and Time of Death: February 20, 1997 at 5:30 p.m.
3. Place of Death: Queen's Quay and Spadina Avenue, City of Toronto
4. Cause of Death: Gunshot Wounds to the Head and Neck
5. By What Means: Homicide

JURY RECOMMENDATIONS

Recommendation #1

“The Ministry of Health should provide continued funding for research into the cause and treatment of schizophrenia including research into non-medical and non-drug alternatives”

Rationale: Evidence was given that one percent of the population suffers from schizophrenia, therefore, research on the efficacy of these alternatives is required as some consumer survivor groups reject the medical model treatment.

Coroner's Comments

The jury heard from a number of experts including psychiatrists supportive of the traditional “medical model” for diagnosis and treatment of schizophrenia. This medical model regards schizophrenia largely as a “brain disease” where treatment with neuropathic medications forms a strong component of the therapeutic approach.

The jury also heard from proponents of a “non-medical model” where management of acute psychosis in community treatment centres staffed by non-professionals with use of medication optional has been shown to lead to substantial improvement in a significant proportion of patients. One example was the Soteria model in Berne, Switzerland that

chooses an intensive, structured, closely monitored community residential setting for treatment.

The causes for schizophrenia remain uncertain. Traditional neuroleptic drugs have been ineffective in providing a cure for the disease and frequently have serious adverse side effects. For these reasons, psychiatric consumer survivors frequently reject the medical model of treatment and seek what they perceive to be more positive alternatives. The jury had therefore suggested that these alternatives should be researched further.

Recommendation #2

“As part of the “Making It Happen” draft, the Ministry of Health should proceed with these initiatives and be encouraged to ensure that ethno-specific psychiatric services and community-based non-medical outreach programs are funded. We would encourage these communities to present their needs to the Ministry of Health.”

Rationale: Evidence was presented that Mr. Yu did well at the Hong Fook Clinic and Rainbow Boarding House where ethnicity was respected. Supportive initiatives at this level would enhance Assertive Community Treatment team’s ability to ensure that basic street level needs are fulfilled.

Coroner’s Comments

The jury heard that the government is funding a number of initiatives that move toward community based mental health service provision. Given the diverse ethnic make-up of the community, services specific to those ethnic groups should be incorporated in the plan. In addition to traditional medical care, outreach programs must focus on such non-medical needs as provision of housing, accessing community resources, assistance with activities of daily living, provision of jobs and adequate social assistance funding. The community’s requests for specific services and needs must be assessed in an effort to provide the most appropriate services to those communities.

Recommendation #3

“The Ministry of Health should provide a long-term funding commitment, and appoint a long-term position, to the Mental Health Law Education Project. Its mandate should be extended to provide education to members of the public, in addition to mental health care professionals. The project should include a public relations campaign to inform consumers and their families of mental health services regarding the operations of the Mental Health Act and other mental health legislation. Particular attention should be paid to consent and capacity legislation and leave of absence provisions”

Rationale: It is unfortunate, but on many occasions, receivers and providers of psychiatric services and families failed to comprehend and apply the mental health

legislation as it is currently written. One of the provisions in the Mental Health Act, specifically the Leave of Absence provision, might have been a mechanism the Yu family could have used to help Mr. Yu when he needed it the most.

Coroner's Comments

The jury heard that the current Mental Health Law Education Project had a finite commitment and is mainly targeted toward mental health care professionals. The jury feels that by expanding its mandate and continuing as a public education program into the future, both the public and health care providers will be able to develop a better understanding of mental health services and legislation.

Recommendation #4

“The Ministry of Health should include a member of the mental health community in the drafting of amendments to mental health legislation in order to facilitate its comprehension by members of that community”.

Rationale: The current legislation is difficult to understand, interpret and apply in a consistent manner. Legislation should be written in “plain English” that can be comprehended by all members of the community to whom the Act is being applied. This would also allow for easier translation into other languages.

Coroner's Comments

Part of the confusion surrounding the current *Mental Health Act*, and which resulted in the need for the Mental Health Law Education Project, is that it has been drafted in language that is at times confusing and requires interpretation. Since the current legislation is under review, the jury has suggested that it be written in language that is more readily understood by everyone.

Recommendation #5

“Ensure that all psychiatrist and psychiatric residents receive and/or further education on the Mental Health Law of Ontario”.

Rationale: See rationale for recommendations 3,4.

Coroner's Comments

From the evidence presented, it is clear that many physicians including psychiatric residents and psychiatrists do not clearly understand the current mental health legislation and how to apply it. The jury feels that this lack of understanding must be addressed by appropriate measures.

Recommendation #6

“That all psychiatrist and psychiatric residents be educated that there are ethno-specific issues in psychiatry”.

Rationale: Evidence was presented that there are varied effects of anti-psychotic medications on different ethnic groups, such as Asians who tend to be more sensitive to neuroleptic medications.

Coroner’s Comments

Given that psychiatric illnesses present very complex management problems, it is important that psychiatrists and psychiatric residents become more informed on how various ethnic and cultural groups react and respond to mental illness. Also, there may be different physiological responses to treatment such as by neuroleptic medications with vary in different ethnic groups.

Recommendation #7

“The Ministry of Health and Ministry of Community and Social Services should continue initiatives for existing and new consumer-based employment organizations. The Ministries should consider proposals for consumer-based employment organizations as determined by consumer survivor groups”.

Rationale: Existing consumer-based employment initiatives have large waiting lists for employment. Consumer survivors require flexible hours and part-time work where needs are understood. Often work available is limited and not seen as meaningful. Employment would assist consumer survivors to contribute to and decrease the burden on society, therefore assisting to stop the vicious circle of illness.

Coroner’s Comments

The jury heard that psychiatric consumer survivor based employment opportunities and initiatives have resulted in substantial decreases in the need for recurrent or prolonged hospitalizations. The number of these programs is currently very limited and therefore has limited positive impact within the general psychiatric consumer survivor population.

Recommendation #8

“The Ministries of Health and Community and Social Services should continue funding for the purchase and construction of new housing for consumer survivors in Toronto. Such housing should include “safe-house” facilities such as the Gerstein Centre”.

Rationale: Housing is not always affordable and is difficult to obtain and retain because consumer survivors are not always seen as desirable tenants. Housing is a mental health issue and the absence of decent housing is a major determinant of health.

Coroner's Comments

The jury heard evidence that appropriate housing for psychiatric consumer survivors in the core area of Toronto is inadequate. As psychiatric patients continue to be deinstitutionalized, adequate, appropriate housing must be provided to promote emotional well being and prevent deterioration in their mental health.

Recommendation #9

“The Ministry of Health should create a long-term case management system whereby caseworkers will follow consumers of mental health services on a long-term or permanent basis”.

Rationale: In the matter of this inquest it would have been helpful if one or more persons knew all the information regarding Mr. Yu's mental health, forming a continuum of care. These persons may have worked with the Yu family to monitor his situation so that awareness of his decline in health and de-compensation may have been recognized earlier.

Coroner's Comments

As the Ministry of Health moves towards provision of increased community based services, continuity of care becomes an increasingly important concern. A case management approach that fosters long term involvement between providers and consumers of mental health services will assist in circumventing problems in future.

Recommendation #10

“We recommend that the Ministry of Health consider reducing the number of A.C.T. teams and redirecting this share of the funds for mom-medical “safe-houses” such as the Gerstein Centre”.

Rationale: The Ministry of Health should be responsive to the deficiencies in the system as identified by consumer survivors, specifically lack of safe housing where their special needs are understood and accommodated. The diverted funds from the A.C.T. teams would allow for the creation of this housing.

Coroner's Comments

The jury heard evidence that many psychiatric consumer survivors regard assertive community treatment (ACT) teams as representative of a “coercive” medical treatment

model for psychiatric illness. As such, they are resistant to involvement with these teams. The jury has suggested that designated funds might be redirected into alternative models that might be regarded as more acceptable to the community of consumers of psychiatric services.

Recommendation #11

“The Solicitor General should amend the Police Services Act to require annual Crisis Resolution training, of at least one day, in addition to annual use of force training. Priority should be given to front line officers; however, this training should be delivered to command officers and senior managers as well”.

Rationale: The jury recommends that the mandating of this course by legislation will prevent it from being discontinued in the future. We feel that it should be an integral part of police training on an annual basis.

Coroner’s Comments

A previous Crisis Resolution training course instituted by the Toronto Police Service was discontinued due to budgetary restraints. The jury was so impressed with the need for this type of training on an on-going basis that they felt it should be legislated. Police Services Boards will then be required to provide sufficient funding on an annualized basis to ensure that refresher training will continue to build on principles taught in basic courses. (See Recommendation #12)

Recommendation #12

“The Crisis Resolution Course should have the input of mental health professionals, consumer survivor and multicultural groups, and should include, but not be limited to, the following issues:

- A. Every opportunity should be taken to convert an unplanned operation into a planned operation.
- B. Unless impractical to do so, a “cordon and containment” approach should be adopted.
- C. That the aim of crisis resolution should be de-escalation and the resolution of situations without physical force.
- D. That the “first contact” and “time talk and tactics” approach be used by police whenever possible and that “active listening” be stressed as a skill that officers must develop.
- E. The fear and apprehension experienced by officers as a result of previous experiences, stereotyping or lack of knowledge, whether about mental illness, race, culture or other factors.

- F. The fear and apprehension which persons involved with the police may feel as a result of previous experiences, stereotyping or lack of knowledge, particularly due to mental illness, racial or cultural background.
- G. That police officers, whenever possible, should maintain a sufficient reactionary gap to give them the time to disengage, tactically reposition themselves and or react in such a way which prevents a situation from escalating from the verbal to the violent”.

Rationale: All of the above items should assist in the structure of the one-day annual Crisis Resolution Course. With deinstitutionalization of persons with mental illness there is an increase in police interactions with them in the community. The police must be able to safely intervene in situations and know where to turn for assistance.

Coroner’s Comments

Self-explanatory.

Recommendation #13

“That the five day Crisis Resolution course be offered as a training course at C.O. Bick College until all existing officers are trained.”

Rationale: Crisis Resolution is taught to all recruits. All existing officers who have not previously received Crisis Resolution training will receive the current five-day course that commenced March 11, 1999 until all are trained. Thereafter, the proposed legislated annual Crisis Resolution course, taken with the Annual Use of Force course, will be the mechanism for continuing this training.

Coroner’s Comments

Self-explanatory.

Recommendation #14

“The Toronto City Council provide adequate funding to allow the Toronto Police Service Board and the Toronto Police Service to implement the recommendations of this Coroner’s jury.”

Coroner’s Comments

Although the Toronto Police Services Board approves an annual budget for the Toronto Police Service, funding must be obtained from Toronto City Council. Since this body holds the purse strings, it is important that they appreciate that recommendations cannot be implemented if appropriate funding is not provided.

Recommendation #15

“That officers who work in divisions with higher concentrations of persons suffering from mental illness be given priority on the list of officers entering the Crisis Resolution course”.

Coroner’s Comments

Self-explanatory.

Recommendation #16

“That the C.O. Bick College evaluate the Crisis Resolution training to determine its effectiveness. The evaluation should include survey research, detailed interviews and/or performance appraisals of a proportion of graduate officers”.

Rationale: Evidence showed that there needs to be a mechanism that can determine whether behaviours and attitudes are changed as a result of this training. The course should be adapted to reflect the defined needs of the officers.

Coroner’s Comments

Self-explanatory.

Recommendation #17

“Continue decentralized training, using Live-Link or other approved methods, at those divisions that are determined to have a proportionately high concentration of emotionally disturbed persons”.

Coroner’s Comments

Given the size of the Toronto Police Service, the jury recognizes that it would be impractical to provide all education through the C.O. Bick College. Processes to decentralize training, including the Live-Link network should be utilized to provide ongoing education for Officers. Evidence was presented that training is provided to all Divisions equally with little or no differentiation of training needs that might be specific to certain divisions. I believe the jury is suggesting, with the recommendation, that those Divisions determined to have high concentrations of emotionally disturbed persons (EDP), should be selectively targeted to receive more information and training in dealing with EDP’s.

Recommendation #18

“That the Toronto Police Service follow the lead of the 57 other police forces in Ontario who have joined the Video Training Alliance in order to provide better decentralized training to it’s Officers”.

Rationale: Evidence showed that there was duplication of training videos dealing with emotionally disturbed persons.

Coroner’s Comments

See below.

Recommendation #19

“That the Toronto Police Service and the Ontario Police College establish a closer working relationship to facilitate the sharing of information, training expertise, and professional exchanges to avoid unnecessary duplication or delivery of conflicting training programs”.

Coroner’s Comments

Recommendations 18 and 19 speak to a similar theme. Because of its size and unique needs, the Toronto Police Service has developed many training programs “in-house”. Some of these programs in training may duplicate those which are provided to other police services, or may in fact conflict with theories being taught outside of the Toronto area. The jury is suggesting that there should be processes in place to communicate and share expertise. This is likely to benefit not only the Toronto Police Services across the Province.

Recommendation #20

“The Toronto Police Service Board should direct the Chief of Police to ensure that the Toronto Police Service assembles a list of available crisis teams telephone numbers according to police division in the Toronto area. Such information should be available to front line officers through their dispatchers.

Rationale: The Toronto Police service could make greater use of these teams to facilitate peaceful resolution of crises and to link persons to appropriate resources. Evidence was given that a crisis team would have attended the bus on February 20, 1997 if they had been called.

Coroner's Comments

Resources available in the community to assist front line officers on an urgent basis when dealing with EDP's have not been catalogued so that this information is readily available.

Recommendation #21

"That representatives of consumer survivor groups, in consultation with the Community Policing Support Unit should develop a pamphlet for police to give to persons in crisis on how to access services. The pamphlet should be prepared in the several different languages to serve our diverse community".

Rationale: Front-line police are interacting with deinstitutionalized emotionally disturbed persons on a daily basis. A combined effort of these groups would lessen the burden on police and ensure consumer survivor input.

Coroner's Comments

Self-explanatory.

Recommendation #22

"The jury endorses the Use of Force report and recommends that the Toronto Police Service implement the recommendations contained in this report".

Coroner's Comments

The Use of Force was presented and discussed in some detail. The jury was obviously moved to endorse this report in its entirety.

Recommendation #23

"That the Office of the Chief Coroner, or or about the anniversary date of this inquest, April 16, 2000, will discover and make public the progress of the implementation of the recommendations made by this jury".

Coroner's Comments

No comments necessary.

Recommendation #24

“It would be remiss of this jury not to comment on the issue of forced medication for those mentally ill persons who have a history of demonstrated dangerousness to the public.

We feel strongly that the public must be protected. Failure to take corrective medication may require the law to be changed to state that the alternative would be involuntary hospitalization in a mental health facility.

It is recommended that the Ministry of Health address this problem and attempt to reach a Solution”.

Coroner’s Comments

The jury was well aware that the Mental Health Act is currently under review. Although the issue of community treatment orders was not a subject of this inquest, there was discussion concerning options available to care givers under "Leave of Absence" clauses under the current legislation. At present, involuntary hospitalization for individuals who meet certain criteria can be readily effected. However, once in hospital, treatment must be either by consent of the patient or by consent of a substitute decision maker. There are likewise little or no mechanisms available to ensure medication compliance for those patients discharged from hospital and residing in the community. The jury is obviously of a view that mandatory treatment for certain, select individuals is an option that should be considered by the Ministry of Health.

In closing, I would stress once again, that this document has been prepared solely for the purpose of assisting the reader in understanding the inquest jury's verdict and recommendations. It does not replace the verdict and recommendations, but rather consists of my comments and recollections of the evidence presented, on which the jury based their conclusions. Should any party feel that my recollection or interpretation has been incorrect, kindly bring the matter to my attention so that the error might be appropriately corrected.

**William J. Lucas, MD., C.C.F.P.
Regional Coroner for Toronto**