



VERDICT AT INQUEST

File No.: 2010 :0364:0124

An Inquest was held at Burnaby Coroners Court , in the municipality of Burnaby

in the Province of British Columbia, on the following dates November 13-15th 2012

before Liana Wright , Presiding Coroner,

into the death of SALEMINK Colette Marie 59  Male  Female  
(Last Name, First Name, Middle Name) (Age)

and the following findings were made:

Date and Time of Death: April 19th 2010 at 0548

Place of Death: Royal Columbian Hospital New Westminster, BC  
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Burns and Carbon Monoxide Inhalation

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) House Fire

DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death:  Accidental  Homicide  Natural  Suicide  Undetermined

The above verdict certified by the Jury on the

15<sup>th</sup> day of November AD, 2012.

Liana Wright

Presiding Coroner's Printed Name

[Signature]  
Presiding Coroner's Signature

**SALEMINK**

Surname

**Colette Marie**

Given Names

**PARTIES INVOLVED IN THE INQUEST:**

Presiding Coroner: Liana Wright  
Inquest Counsel: Rodrick MacKenzie  
Counsel/Participants: David Kwan/Attorney General of Canada (RCMP)  
Adam Howden-Duke & Timothy J. Wedge/ Fraser Health Authority  
Penny Washington/Provincial Health Services Authority/Riverview Hospital  
David Pilley/ Dr. R. Ramsundhar and Dr. C. Choi

Court Reporting/Recording Agency: Verbatim Words West Ltd.

The Sheriff took charge of the jury and recorded 10 exhibits as entered. Nineteen witnesses were duly sworn and testified.

**PRESIDING CORONER'S SUMMARY:**

*The following is a brief summary of the circumstances of the death as presented to the jury at the inquest. The summary and my comments respecting the recommendations, if any, are only provided to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.*

On April 19<sup>th</sup>, 2010, Coquitlam RCMP received 911 calls that the residence at 2558 Burien Drive was engulfed in flames. RCMP, Coquitlam Fire Fighters and British Columbia Ambulance Service paramedics attended the scene. Investigation revealed that the two level home had sustained significant fire damage. The lone resident, 59 year old Colette Marie Salemink, was removed from the structure by fire department personnel. She was rushed to Royal Columbian Hospital by paramedics. Despite resuscitation efforts, Ms. Salemink was pronounced deceased at 0548 hours. An autopsy was later conducted and revealed she had died from Burns and Carbon Monoxide Inhalation.

A criminal investigation was conducted by members of the Integrated Homicide Investigative Team (IHIT). The jury heard in evidence that Ms. Salemink's son Blake Salemink, had started the fire at the residence he shared with his mother. Mr. Salemink fled from the home by taxi cab and was later arrested by police officers in Salem, Oregon, USA. Mr. Salemink was returned to Canada, and faced several charges. In June 2012 court proceeding, Mr. Salemink was found Not Criminally Responsible due to a Mental Disorder. He continues to be housed and treated at the Forensic Psychiatric Institute at Colony Farm in Coquitlam.

The jury heard that Mr. Salemink suffered from schizo-affective disorder, described as a hybrid between schizophrenia and bipolar disorder. This mental affliction is characterized by bizarre delusions and hallucinations as well as manifestations of mania and depression. Dr. Ramsundhar, his psychiatrist, testified that Blake Salemink's illness was unpredictable and that he had only limited insight into his

illness. The doctor testified that Colette Salemink suffered from the same mental disorder; however, she was one of the patients that responded favourably to treatment and was able to live life well. Blake fell into the category of patients that did not respond well to treatment. He testified that these patients often die prematurely, end up living in lower socio-economic conditions and frequently end up in jail.

Blake Salemink was under the care of the Tri-Cities Mental Health Team which included his psychiatrist. A Review Board Panel issued a Form 8 under the Mental Health Act determining that Blake met the criteria for continued involuntary patient status. He was placed on an Extended Leave (Form 20) in July 2008 . Extended Leave is a provision under the Mental Health Act which allows release of involuntary patients into the community provided that the patients abide by conditions placed upon them. These often include keeping regularly scheduled appointments with a mental health team, taking medications as prescribed and residing at a particular address. Blake Salemink's Extended Leave included all three of these conditions, including directing him to reside at his mother's home.

On November 22<sup>nd</sup>, 2009, Coquitlam RCMP were called and attended the home of Colette Salemink. Ms. Salemink complained she had been struck in the face by her son Blake during an argument. She revealed to the attending officer, Cst. Bains, that Blake suffered from schizophrenia. She explained to the officer that they had argued and she had pushed Blake who then struck her in the left eye. The officer testified that Ms. Salemink did not want to pursue criminal charges against her son, but rather wanted him removed from her home. The officer chose not to arrest Blake, had him pack his belongings and he was taken away to stay elsewhere. On December 2<sup>nd</sup>, 2009, the officer emailed a mental health worker at the Tri-City Mental Health Team to report the incident. She had a business card from this contact from a previous training day she had attended when a mental health worker came to speak to police on crisis intervention.

On April 4<sup>th</sup>, 2010, Coquitlam RCMP were again summoned to attend Colette Salemink's home after an argument had broken out between Colette and Blake. The attending officer, Cst. Roy, acknowledged under cross-examination that they could have arrested Blake under the Mental Health Act; however, he and his partner dropped him at a family friend's home.

On April 17<sup>th</sup>, 2010, Coquitlam RCMP were called to attend Colette Salemink's home. The attending officer, Cst. Roberts, testified that he had previously attended this home and had met both Colette and Blake. He reported that he was told that Blake was acting threatening and aggressive. He had threatened his mother that he would hire a hitman from Mexico to kill her. The officer testified that he thought that Colette did not take the threat seriously. Colette could not confirm whether or not Blake had been taking his medications. Cst. Roberts reported that Colette wanted her son out of the house and he got the sense that she was 'fed up' with trying to manage him. The officer testified that he has an option to apprehend an individual under the Mental Health Act if he believes it is required or that he can arrest an individual if a mental health worker issues a warrant for apprehension. He reported that Blake was frustrated and claimed he could not financially afford to leave the residence. He reported that Blake was calm when he dealt with him and that Blake made a call to arrange an alternate place to stay. He then left the residence on his own, walking to a bus stop. The officer told Colette that she could obtain a restraining order in civil court. Colette had indicated she did not want her son criminally charged. Cst. Roberts testified that

he could have taken Blake to appear before a justice who could issue a Peace Bond with conditions. He chose not to follow this process.

The officer further testified that he was not aware that Blake was on an Extended Leave. This information is not available on their PRIME data system. PRIME is a provincial police data base which records, amongst other things, any contacts police had have with an individual. The officer testified that he had checked CPIC which is a federal police data base that lists charges and summary offenses. The officer reported that he has since undergone crisis intervention and de-escalation training following this incident. This consisted of a one day course held at the police training centre in Chilliwack that was taught by 'their own people', i.e. police, and not by mental health authorities.

Later on the evening of April 17<sup>th</sup>, 2010, Coquitlam RCMP were called to attend the home of a family friend of the Saleminks. Mr. Robert Steeves testified that Blake had appeared at their home telling them that his mother had kicked him out of the house and asked if he could stay over. Blake became agitated when he was refused a place to stay. Cst. Payette attended the Steeves' residence and was aware that Blake had made threats against his mother earlier and had been kicked out of her home. He drove Blake to another friend's home in Coquitlam and described him as calm and cooperative. He watched as Blake spoke with a woman who came out of that residence. Blake told Cst. Payette that she was going to drive him to a friend's home and the officer left.

Dr. Christine Choi, Emergency Room physician, testified that late on the evening of April 18<sup>th</sup>, 2010, Blake Salemink presented at the Royal Columbian Hospital emergency department. Blake requested prescription medication refills. She checked PharmaNet which confirmed the medications that Blake had been taking, which included anti-psychotics, and noted that they had last been filled on April 15<sup>th</sup>, three days earlier. He told the doctor that he was going to stay at a friend's overnight and she gave him a prescription for one dose of each pill. She was not aware that Blake was on an Extended Leave and testified that it would be useful to have access to this information.

Capt. Shawn Davidson, an assistant chief of the Coquitlam Fire Department, testified that he examined Colette Salemink's home after the fire had been extinguished. He testified that two smoke detectors had been found in the home; one was on the upper floor of the residence, disconnected from the ceiling, and the second one was found beneath Colette's body. Colette Salemink had been found on the main floor of the residence several feet away from the rear sliding patio door. No signs of accelerants were detected and faulty electrical appliances were ruled out. The investigator determined that the fire started in the middle of a room at the front of the house by 'human involvement'.

Cst. Erica Saurette of the Coquitlam RCMP, testified that she is a crisis-intervention training officer at her detachment. She serves as a liaison with the Tri-Cities Mental Health Team and has worked in this role for the last four years. She reported that police are trained to research a person/vehicle/residence on PRIME and CPIC when attending a call. Police can then read any files that record contacts that other officers have had. She testified that crisis-intervention de-escalation training is now mandatory for all police officers as a result of the Braidwood Inquiry. She further testified that the domestic violence policy in effect relates to a spousal relationship and that arrests can be made by a police officer even if the victim does not want charges laid. She was not certain that that policy specifically defines 'domestic'

as also including mother-son relationships. Police responsibility is to determine who the primary aggressor is and recommend charging him/her with assault/uttering threats, whatever the case may be. Police could arrest the aggressor. Cst. Saurette was not involved in the Salemink case. She reported that it would be useful if police could be made aware of a person on Extended Leave and its conditions. She further suggested that the collaborations between police and a psychiatric nurses in patrol cars who respond to mental health related calls, as seen in Vancouver and Surrey (Car 87/67), might be a helpful resource. She noted that statistically the call volume of mental health related files in Coquitlam may not lend itself to support this as a feasible venture.

The jury heard from Tri-Cities Mental Health Team psychiatric nurse Sue Bateman. Ms. Bateman was Blake Salemink's primary nurse since July 2009. She testified that Blake lacked insight into his mental illness which made him not suitable to become a voluntary patient. She reported that occasionally he would miss appointments and was disorganized, requiring reminders. She reported that attempts to find him alternate housing were met with resistant due to the cost involved; Blake wanted housing with no cost to him. She testified that on April 12<sup>th</sup>, 2010, she received a telephone call from Colette Salemink who told her she was overwhelmed with Blake and that she 'wanted him out'. She knew that Colette suffered from the same mental illness. She discussed some alternatives with Colette, and told her that if she wanted to give police the 'tools' to remove Blake from her home, she should obtain a restraining order. She reported that Colette was apprehensive to do this and feared he would become homeless. She admitted under further examination that Colette would have required support in order to be able to carry out what was required to obtain a restraining order. Support was available through their agency and she reported offering assistance to Colette but that she did not take her up on her offer.

Ms. Bateman confirmed that she had been aware of the assault committed upon Colette by Blake via an email that had been sent by Cst. Bains to her co-worker. She was not aware of any death threats uttered only that the incident was a result of a 'pushing match' between them. On cross examination, Ms. Bateman reported that there are many patients living in the community on Extended Leave and that many of them live with their family and do well. She explained that a Review Board Panel serves as a 'second opinion' for involuntary patients under the Mental Health Act. The treating physician will render his/her opinion to the Board explaining why the patient should remain committed and the patient and his/her family can also appear. The panel will then render a decision as to whether the certification for committal should continue. The reviews occur at certain intervals and Blake's last review was performed in January/February of 2010. The mental health team has the obligation to notify the family of the patient in advance and invite them to attend or contribute information. Ms. Bateman had spoken with Colette about a pending review hearing but she was reluctant to appear and reported it would be uncomfortable.

The jury later heard from Ms. Salemink's daughter Erika, sister to Blake, who testified that families are put in a difficult position when they believed their loved one should remain an involuntary patient. Erika testified that Blake wanted her to tell the board that he should be released when she felt strongly that he should remain an involuntary patient. She feared what repercussions might occur from Blake if she gave an opinion that he remain committed. Erika further indicated that she believed her mother was not receiving the support she required, given her mental health issues, from either the police or the mental health team to deal with Blake.

## VERDICT AT INQUEST

### FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST INTO THE DEATH OF

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Dr. Ramsundhar, Blake's psychiatrist, testified that on April 13<sup>th</sup>, 2010, Sue Bateman had received a call from Colette Salemink informing her that Blake had left a pot on the stove. Blake was contacted and asked to come in for an appointment to be seen. When he failed to show up, the doctor wrote a warrant for his apprehension. Blake did arrive but was somewhat late. After an assessment, he found Blake was doing well therefore the warrant was not issued. Blake returned to see the nurse on April 16<sup>th</sup> and reported that he had not been sleeping and asked for a prescription. When he was questioned about his harassment of his mother he reported all was well and that he had written her a letter of apology. Arrangements were made for an appointment the following week.

Dr. Ramsundhar reported he was not aware that the police had attended Colette's home or that Blake had physically assaulted his mother. He testified that he learned of it later through the police report which was disclosed by the Coroners Service prior to the Inquest. He confirmed that he did know of the email that was sent by Cst. Bains but that it indicated only that there had been some 'pushing and pulling' between Colette and Blake. He further testified that if he had known at that time that an assault had occurred, he would have issued a warrant for his apprehension.

The Senior Investigating officer testified that there existed information on the PRIME profile which clearly indicated that Blake had numerous contacts with police as a result of his mental illness. The officer testified that if the information on PRIME had been reviewed by the attending officers, they should have been aware of Blake's mental health issues. He gave the opinion that the officers could have arrested Blake and brought him before a Justice to obtain a peace bond/restraining order.

*Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:*

**JURY RECOMMENDATIONS:**

----- going forward in this document police refers to RCMP and local law enforcement

To: Officer in Charge, Coquitlam RCMP  
And Chief Constable, Port Moody Police  
And Chief Executive Officer, Fraser Health Authority

1. That they work collaboratively to establish a memorandum of Understanding which will create a coordinated approach to dealing with mentally ill persons requiring acute intervention and assessment in the Tri-City communities. This should include appropriate sharing of information and 24 hour resource availability. This should include formal scheduled meetings between Mental health/police and corrections officials to assist in building co-operation and understanding of privacy and mental health.

To: BC Association of Chiefs of Police

2. That copies of the Verdict at Inquest be made available to general duty police officers as a training aid.

To: Provincial Minister of Justice

3. With respect to Crisis Intervention and De-Escalation Training, that mental health professionals be included as part of the training delivery to police officers. That this training is kept current and is delivered at least twice per calendar year. One of these training sessions per year must be live/classroom training.

To: Commissioner of the RCMP  
And Provincial Minister of Justice  
And Provincial Minister of Health

4. Record of Extended Leave conditions and mental health contact information( ie. Doctor and Psych team) be included in CPIC and Prime so that officers are aware of any possible breach when they are dispatched to a location and required to investigate. The fact that they have an "Extended Leave" be documented on the MAIN SCREEN under the REMARKS section.

To: Provincial Minister of Justice  
And Provincial Minister of Health

5. After any incident/interaction with police a record/memo be sent to Doctor and Psych team with details. Ideally this could be a standardized template that can be sent through Prime once an officer completes his documentation.

6. Provide police the authority to temporarily revoke Extended Leave upon a known breach of conditions and escort the individual to a mental health facility or nearest designated facility with access to complete a psychiatric assessment.

7. For a trial period, institute a Provincial Program similar to Car 67 to encompass the entire lower mainland.

- consist of a 'strike force' of 5 cars positioned strategically throughout the area
- each car to include one police officer and one psychiatric nurse
- available 24/7 and 365 days of the year
- team could be the point of contact for psychiatric units requiring assistance with Extended Leave violations.
- during down time the team could provide training or awareness discussions within the law enforcement and general community

8. In lieu of above recommendation (7) Institute Car 67 program for the Tri-city area.

To: Provincial Minister of Justice

9. Expand the definition of Domestic Violence to include the following types of abuse:

- Spousal
- Adult child - above age of majority (living in the same dwelling)
- Child - minor
- Parental - living in the same dwelling

To: Provincial Minister of Health  
And Chief Executive Officer, Fraser Health Authority

10. If a caregiver provides support for a mentally ill person they should be supplied with a detailed list of information of the resources that have been made available to the mentally ill person. Such as community services, local housing, legal help and local support. The caregiver should also be supplied with their legal options (ie. Peace Bond or Restraining Order) and any other resources that may help them support themselves as well as the mentally ill person in their charge.

11. Educate police of mental health facilities and overnight/short term or emergency housing locations that are available.

To: Provincial Minister of Health  
And Chief Executive Officer, Fraser Health Authority

12. If a patient visits an emergency ward of a hospital requesting psychiatric medication, a nurse or doctor should administer the first dose of all medications and then refer them to their own doctor for follow-up.

13. All conditions of Extended Leave need to be met

- if it is a condition to "attend scheduled appointments with community mental health team" then it is imperative that the team ensure the patient adheres to the schedule or the appointment is rebooked at a mutually agreed time. It should not be left to the patient to dictate when or if they need to attend an appointment. If the patient has not communicated with his psychiatric team within 24 hours of a missed appointment a warrant should be requested.
- if any of the other conditions are not being met, then a warrant should be issued within 24 hours of the psychiatric team becoming aware of the situation

14. If a Caregiver wishes to alter the conditions of 'the extended leave' then the psychiatric team or psychiatrist needs to ensure that the Caregiver's wishes are adhered to within 24 - 36 hours. For example if the the Caregiver is no longer willing to allow the patient to reside at their residence it is the duty of the team to immediately find alternative accomodations. An updated Form 20 needs to completed and submitted to all necessary parties (ie CPIC, Prime and medical authorities) within 48 to 72 hours.

To: Provincial Minister of Health  
And Chief Executive Officer, Fraser Health Authority

15. Integrate record keeping between hospital, psychiatric and community health to ensure all parties have access to current patient information including medications/ conditions of leave and any other relevant medical information.

16. Create a focus group to study the best practices currently in place within North America dealing with mentally ill persons on Extended Leaves.