

Minister of Justice  
and Attorney General of Canada



Ministre de la Justice  
et procureur général du Canada

The Honourable / L'honorable Peter MacKay, P.C., Q.C., M.P. / c.p., c.r., député  
Ottawa, Canada K1A 0H8

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CHIEF CORONER

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MINISTRY OF SOLICITOR GENERAL  
OFFICE OF THE CHIEF CORONER

OCT 17 2013

Ms. Lisa Lapointe  
Chief Coroner  
Province of British Columbia  
Coroners Service - Ministry of Justice  
Metrotower II  
Suite 800 - 4720 Kingsway  
Burnaby BC V5H 4N2

Dear Ms. Lapointe:

Thank you for your correspondence, addressed to my predecessor the Honourable Rob Nicholson, concerning the inquest into the death of Duncan Leslie Roy Smears. I am pleased to respond.

The issue of mental health in the justice system has been identified as a priority issue for the Federal-Provincial-Territorial (FPT) Ministers and Deputy Ministers responsible for Justice. FPT Deputy Ministers recently instructed officials to develop an action plan on this subject for consideration. The action plan will set out the way for improving responses and identifying priorities in addressing the mental health needs of individuals involved in the justice system. I look forward to reviewing this action plan, and discussing practical solutions to this complex issue with my provincial and territorial counterparts.

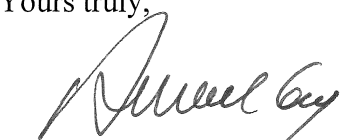
In the Findings and Recommendations as a result of the Inquest into the death of Duncan Leslie Roy Smears, recommendation number one proposes to enact legislation allowing individuals addicted to illegal drugs or suffering specified mental illnesses to be detained in a treatment centre. As matters of treatment for drug addiction and mental health fall within provincial jurisdiction, I would suggest that this recommendation be brought to the attention of the provincial health authorities.

Canada

You may be interested to know that, over the past five years, the Department of Justice Canada has provided funding for several projects in Vancouver in which mental illness was a focus. For example, most recently, we provided funding to the Canadian Mental Health Association Vancouver-Burnaby Branch to develop Aboriginal mental health education tools.

Thank you again for writing.

Yours truly,

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The Honourable Peter MacKay



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**DEC 11 2014**

MINISTRY OF JUSTICE  
OFFICE OF THE CHIEF CORONER

**DEC 08 2014**

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Ms. Lisa Lapointe  
Chief Coroner  
Province of British Columbia  
Metrotower II  
800-4720 Kingsway  
Burnaby BC V5H 4N2

Dear Ms. Lapointe:

I am writing in response to the March 2013 Verdict at Inquest (BCCS Case File #2011-0278-0202) on the July 16, 2011, death of Duncan Leslie Roy Smears in Vancouver, BC. Firstly, I extend my sincere apologies for our delayed response. Assistant Deputy Minister, Doug Hughes, has looked into the delay and we have found that there was an administrative error on our end. We have updated our procedures and tracking system to ensure that this does not happen again.

Thank you for your report; the Ministry takes these matters very seriously and conducted a thorough review of your analysis and findings. Our response is divided into two parts. The first provides additional information on the incident summary outlined in your report. The second specifically addresses the Jury's recommendation regarding the coordination of mental health services for adolescents and youth.

**Incident Summary: Additional Information on Biohazard Suit Protocols**

From my perspective, the incident description provided on page 3 of the report raised key questions about the communication between the Vancouver Coastal Health (VCH), the BC Ambulance Services (BCAS) and the Vancouver Police Department regarding the need for biohazard suits and the associated delays. Your report notes that the Car 87 mental health nurse provided the diagnosis of bacterial endocarditis over the phone leading to the police request for biohazard suits, which resulted in significant delays. However, given that bacterial endocarditis is not infectious, I instructed ministry staff to follow up with senior VCH management to clarify protocols.

After interviewing the nurse and reviewing all relevant records, VCH concluded that there was no evidence that the VCH nurse instructed the police officers to use the Emergency Response Team or biohazard suits. The VCH nurse was not on the scene but provided the patient's diagnosis and confirmation of "no known infectious issues" via phone. VCH indicated that the BCAS staff that were on the scene accessed the same diagnosis directly from the hospital.

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From this information, it remains unclear why biohazard suits were requested. VCH indicated that VPD have their own protocols and may have requested the biohazard suits to protect the police officers from body fluids considering Mr. Smears was covered in feces. The Ministry takes these matters very seriously and will be directing VCH to discuss this matter with the VPD to review their communication and protocols and address any gaps.

### **Response to the Jury Recommendation**

This section responds to the Jury's recommendation: *that there should be established a working group involving organizations such as Vancouver Coastal Health, Providence Health Care, Vancouver Police Department, Covenant House and other stakeholders to provide coordinated mental health services to adolescents and youth.*

I agree that increased coordination is critical to improving outcomes for adolescents and youth with mental health and substance use issues and the Ministry of Health (the Ministry) is taking action in these key areas:

#### ***Improving Health Services for Individuals with Severe Addiction and Mental Illness (SAMI)***

In November 2013, I released an action plan to respond to the health needs of people with severe mental health and substance use (MHSU) issues in all health regions, including children and youth. Actions are underway that focus on new services and improved coordination among partners:

- a 6 to 8 bed youth (age 16-24) group home linked to Providence Health Care's Inner City Youth Mental Health Program (ICYMHP);
- a new Intensive Case Management Team (ICMT) for youth (16-24) as part of ICYMHP;
- collaboration with the Ministry of Children and Family Development (MCFD) to better understand and prevent youth homelessness; and,
- work between Vancouver Coastal Health (VCH) and MCFD to define the required service continuum for youth and expand evidence-based treatments including early psychosis intervention programs, mobile crisis response and outreach, and protocols for transitioning between programs and services.

#### ***Provincial Stewardship & Systems Change***

Released in 2010, *Healthy Minds, Healthy People: A 10 Year Plan to Address Mental Health and Substance Use in BC* (Healthy Minds, Healthy People) provides strategic direction for MHSU services in BC, including services to children and youth. With a recognition that most often, mental health problems begin early in life, Healthy Minds, Healthy People has served to strengthen provincial focus on mental health promotion by building strengths and resilience in children, youth and families. The Plan also outlines prevention and early intervention strategies to prevent and delay the onset of problems and improve treatment and support when problems occur: [www.health.gov.bc.ca/library/publications/year/2010/healthy\\_minds\\_healthy\\_people.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf).

In an effort to improve services, timely interventions, and the continuity of care for children and youth, the Ministry and MCFD have partnered on the following key projects:

- developing an information-sharing guide to improve service coordination among partners with a focus on children and youth;
- expanded suicide prevention gatekeeper training;
- the development of an electronic service map which allows the public to locate mental health and substance use services across the province;
- increased access to child and youth mental health training for general physicians;
- linking service data across systems to better understand patient pathways for children and youth served through a health authority or MCFD; identify system gaps and better align services and interventions moving forward; and,
- development and implementation of protocols for youth transitioning from child and youth mental health services to the adult system, as well as for children and youth transitioning from community-based services to acute services, back to community-based services and home.

The Ministry is currently developing a Healthy Minds, Healthy People 2014-2017 work plan to identify provincial priorities for the next three years within the broader 10 year plan; actions to improve the mental well-being of children and youth will be a key area of focus within the plan.

### ***The Child and Youth Mental Health & Substance Use Collaborative***

In 2013, the Interior Health Authority, in partnership with the Ministry of Health, Doctors of BC, MCFD, the Ministry of Education, and patients and families, developed the *Child and Youth Mental Health and Substance Use Collaborative* (the Collaborative) to improve access to integrated mental health and substance use services. The Collaborative is based on the established "structured collaborative" change model, a method of rapid, continuous quality improvement in health care, and convenes families with lived experience, care providers and decision makers, to address important local issues while contributing to regional and provincial picture. Eight working groups address the following key issues: physician compensation, information sharing, transitions, physician recruitment, emergency room protocol, model of care, specialist support, rural and remote Telehealth.

***Ongoing Provincial Investments***

The Ministry (through the health authorities) and MCFD provide a range of child and youth MHSU services and continue to work together to improve coordination and transitions:

- Inpatient beds: 87 child and youth mental health treatment beds province-wide, an increase of 38 percent from 2002;
- Mental health promotion and prevention programs (e.g. [www.mindcheck.ca](http://www.mindcheck.ca));
- Early Psychosis Intervention and Advanced Practice to help clinicians identify early signs and symptoms of psychosis and provide rapid assessment, treatment and follow-up care;
- Crisis response teams and crisis lines to support youth in a mental health crisis;
- Tele-mental health for clinical and educational purposes; and to provide services for youth including those with developmental disabilities; and,
- Youth substance use services and treatment including withdrawal management, outreach, outpatient counselling, intensive day treatment, and residential treatment.

Thank you again for bringing these matters to my attention. The Ministry with its partners is committed to taking action to promote the health and safety of adolescents and youth with MHSU concerns and help prevent deaths of a similar nature. I believe the work outlined above will lead to significant improvements, but recognize that further enhancements will be needed as we measure and assess progress.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Lake". The signature is fluid and cursive, with a large initial "T" and a long, sweeping underline.

Terry Lake  
Minister



City of Vancouver  
Police Department

## OFFICE OF THE CHIEF CONSTABLE

2120 Cambie Street, Vancouver, British Columbia, Canada V5Z 4N6 604-717-2950 Fax: 604-665-3417

JIM CHU  
Chief Constable

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AUG 07 2013

MINISTRY OF SOLICITOR GENERAL  
OFFICE OF THE CHIEF CORONER

August 1<sup>st</sup>, 2013

Ms. Lisa Lapointe, Chief Coroner  
Province of British Columbia  
Metrotower II  
Suite 800 - 4720 Kingsway  
Burnaby, B.C.  
V5H 4N2

Dear Ms. Lapointe:

**Re: Coroner's Inquest into the death of:**  
SMEARS, Duncan Leslie Roy  
Case File # 2011-0278-0202

The Executive of the Vancouver Police Department (VPD) has reviewed and carefully considered the recommendations that resulted from the above referenced matter. The following sets out the response of the VPD to the recommendations:

**Jury Recommendation # 2:**

- *Provide each ERT member of the Vancouver Police with a Type B Tyvec suit to be included with their daily work equipment.*

The VPD has carefully considered this recommendation but, for numerous reasons, will not be adopting this recommendation. The present storage location of the suits is central and ensures that the suits are stored safely to prevent damage to them. As well, all of the supporting equipment necessary to use the suits safely, such as breathing apparatus and sealing tape is also stored in this area, and there are sufficient suits to equip rescue and de-contamination personnel as required. These suits are used very infrequently.

The nature of calls that require the use of these suits requires proper planning and preparation prior to entry and, in many cases, pick up of the equipment can be arranged and completed during the planning phase.

**Jury Recommendation # 4:**

- *That officers, particularly patrol officers, should receive specific training in dealing with and assisting individuals with addictions/mental health issues.*

The VPD is already meeting this recommendation. The VPD began training front-line officers with an in-house 40 hour Crisis Intervention Training (CIT) course in 2002. This training continued until the provincially mandated Crisis Intervention and De-escalation Course (CID) was implemented in 2012. The CID training will be provided to all members of the Operations Division. Over 90% of eligible members have already been trained and plans are in place to ensure that remaining members are trained by the end of 2013. Future courses will be scheduled as required to ensure that members transferring into operational positions receive this training.

**Jury Recommendation # 5:**

- *That for an ERT event a formal debriefing be held.*

The VPD Emergency Response Section is committed to debriefing events in order to provide continuous learning for the members. Debriefings take many forms depending on the complexity and duration of the incident, with formal debriefings being held after complex calls. In other cases the debrief may be a discussion between the involved members at the conclusion of the incident. In some cases, the debrief will be delayed due to investigative needs, such as when the Independent Investigation Office (IIO) is investigating the incident.

The Jury did not give a definition for the word "formal" used in this recommendation; however, it does imply a structured event. Given the wide variety and number of calls that ERT attends, it is not practical, or necessary, to hold a formal debriefing in every incident. ERT previously has made concerted efforts to de-brief incidents either formally or informally and, moving forward, ERT will re-emphasize the importance of post-ERT event de-briefs.

By doing this, the VPD will be meeting the spirit of this recommendation in that all incidents will be debriefed, but it must be acknowledged that not all debriefings will be formal events.

**Jury Recommendation # 6 (BCACP):**

- *That officers responding to a call involving a known individual have better access to medical/psychiatric information on PRIME such as the data on P.A.R.I.S.*

Although this recommendation was directed to the B.C. Association of Chiefs of Police (BCACP), it is appropriate for the VPD to respond due to the initiatives that are underway in an attempt to improve services provided to the mentally ill.

Over the past few years, the VPD and Vancouver Coastal Health (VCH) have made significant progress in increasing information sharing. This has been accomplished through a variety of efforts, including but not limited to *Project Link* and the Assertive Community Treatment (ACT) teams. *Project Link* is the name given to the formal steering committee and working group consisting of VCH and the VPD. It is here where the VPD and VCH work on balancing the need for information sharing and the duty to protect the privacy interests of mentally ill persons. ACT teams are intensive treatment teams which contain a variety of care providers that work together closely. Currently the VPD has two full-time officers imbedded in these teams and the



program and early results indicate a reduction in the number of negative police contacts between ACT clients and the VPD.

While these initiatives will not assist in every situation, they are an excellent indicator that there is recognition that improved communication and information exchange is required to deal effectively with these issues and that there is a desire to accomplish this. However, it is also recognized that there are very legitimate privacy concerns regarding the disclosure of health care information to the police by health authorities.

The VPD is actively working to improve communication with health care providers and this meets the spirit of this recommendation. This will be an on-going issue as the initiatives continue to evolve but, ultimately, the decision to share this information is the responsibility of the health authorities, not the BCACP who would welcome this information sharing.

Should you have any questions regarding the above, please feel free to contact me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Chu', with a stylized flourish extending to the right.

Jim Chu  
Chief Constable

/kc

cc: Superintendent Brad Haugli, President  
B.C. Association of Chiefs of Police



## VANCOUVER POLICE BOARD

"PROVIDING INDEPENDENT CIVILIAN OVERSIGHT, GOVERNANCE, AND STRATEGIC LEADERSHIP TO THE VANCOUVER POLICE DEPARTMENT,  
REFLECTING THE NEEDS, VALUES AND DIVERSITY OF VANCOUVER'S COMMUNITIES."

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September 9, 2013

Ms. Lisa Lapointe, Chief Coroner  
Province of British Columbia  
Metrotower II  
Suite 800-4720 Kingsway  
Burnaby, BC V5H 4N2

Dear Ms. Lapointe:

Re: Coroner's Inquest into the death of:  
SMEARS, Duncan Leslie Roy  
Case File #2011-0278-0202

As an oversight Board we would defer to the Vancouver Police Department to determine if recommendations emanating from the inquest jury are reasonable and practical within an operational context.

By now you will have received correspondence from Chief Chu noting that recommendation 2 was considered but that, for several reasons, it would be impractical for the Department to implement. Chief Chu also commented on several of the other recommendations, which appear to be addressed to some degree within current procedures.

Thank you for bringing this matter to the Board's attention.

Yours sincerely,

Gregor Robertson  
Chair

cc. Chief Constable Jim Chu

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SEP 16 2013

MINISTRY OF SOLICITOR GENERAL  
OFFICE OF THE CHIEF CORONER

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SEP 19 2013

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