



Fact Sheet: Deaths of people labelled with schizophrenia in custody in Canada

**TRACKING
(IN)
JUSTICE**

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Tracking (In)Justice: A Law Enforcement & Criminal Justice Data & Transparency Project

The criminalization of people with mental health issues

Since the year 2001, Tracking (In)Justice has documented a minimum of 14 people in custody by police, in jails, prisons, mental health facilities, or immigration detention across Canada who were diagnosed with schizophrenia and who died after a use of force incident.

People with serious mental health needs are disproportionately represented in the criminal legal system. Estimates show that rates of mental illnesses are 4 to 7 times more common in prison than in the community [1], with around 2-5% of men incarcerated in Canadian prisons being labelled with a psychotic disorder such as schizophrenia [2].

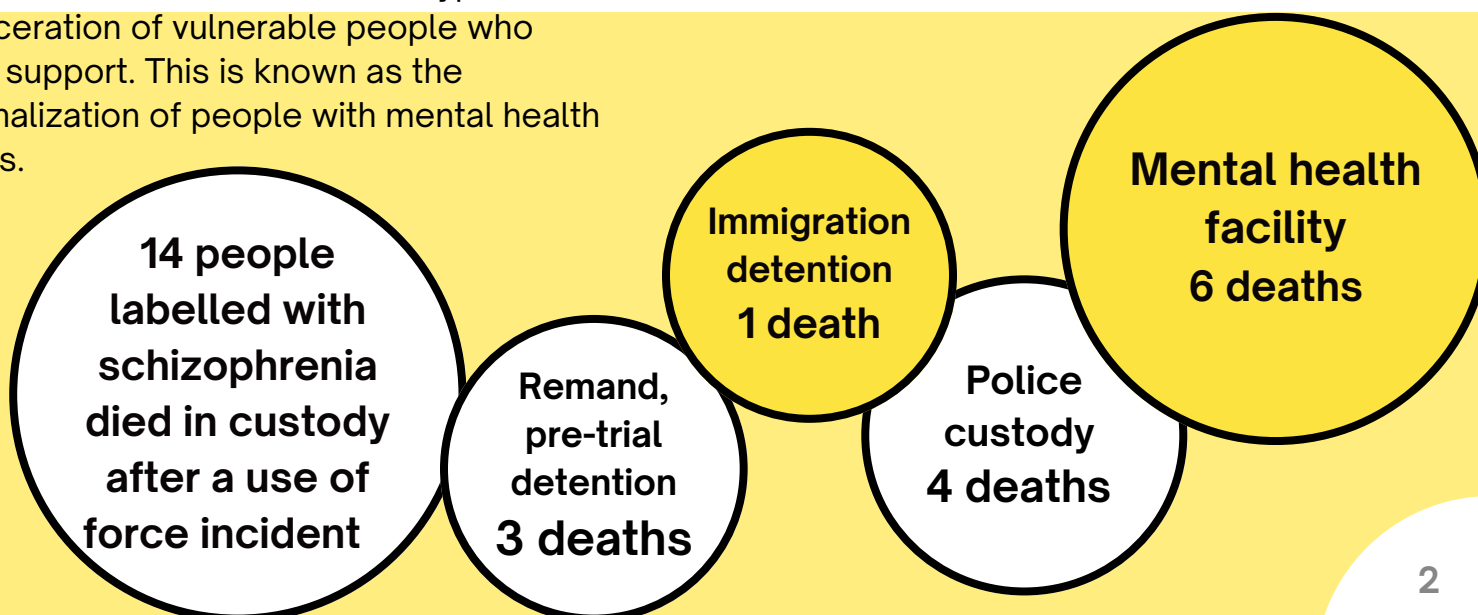
Additionally, people who are labelled with schizophrenia are more likely to be on antipsychotics (that they may not have access to inside), which increases risk of cardiovascular events. [3]

Most people with this label never commit a violent crime, rather lack of mental health services in communities means hyper-incarceration of vulnerable people who need support. This is known as the criminalization of people with mental health issues.

Instead of care people face violence

When in custody, instead of receiving specialized care, preventative approaches, or de-escalation of crises, police, prisons, and jail officers exert force to manage complex problems. The use of force can be physical handling, restraint equipment, medical sedating drugs, and weapons, including tasers, pepper spray, or batons, and guns.

In 2015, the John Howard Society of Ontario released a report entitled *Unlocking Change: Decriminalizing Mental Health Issues in Ontario* [4], which called for a reset on how we think about and respond to people with mental health issues when they interface with the justice system. The report challenged policymakers to interrupt the reliance on punitive measures and redirect resources to upstream, preventative solutions. It stated, **“When the healthcare system fails to treat mental illness, the criminal justice system punishes the symptoms.”** [5]



Hard to track

There is a lack of data being collected or reported by government institutions on the use of force against individuals with mental health issues by police, prison guards, and mental health staff. There is currently no system which reports on the use of force within prisons, jails, or by police, against people living with or labelled with mental health diagnoses.

In many provinces, there is no requirement that deaths of people in mental health custody in seclusion or following chemical restraint are publicly reported, nor that there be an inquest into those deaths. As a result, we do not have a concrete understanding of how many deaths occur, where, when, or why.

Calls to end use of force

Howard Hyde, a man with schizophrenia who was in a psychotic state, was tasered by police multiple times on November 22, 2007, while awaiting a mental health assessment. Thirty hours later, instead of receiving a mental health assessment, he was hit with the stun gun, and died while being restrained by jail guards. His death was ruled accidental. Hyde's death inquest resulted in multiple recommendations, including a call for an end to the use of force towards people experiencing mental health crises. [6]

Our findings

Since 2001, Tracking (In)Justice has documented a minimum of 14 deaths of people in custody across Canada where force was used on individuals with a mention or diagnosis of schizophrenia.

Out of the 14 people who experienced these types of force with a mental health diagnosis of schizophrenia and died in custody, 3 were in remand custody, 4 were in police custody, 6 were in a mental health facility, and 1 was in immigration detention.

Most of these tragic incidents involved police, guards, and mental health staff using force against people experiencing mental health crises.

Our research cannot conclude that the use of force led directly to the individual's medical cause of death. However, we can demonstrate a relationship between mental health, crisis, and the use of excessive force with deaths in custody.

We have only included people with formal diagnosis in our findings. Furthermore, incarcerated people experiencing psychosis may not have access to a formal diagnosis. As a result, our findings may not include people who died while restrained who are labelled with schizophrenia in settings outside of custody.

Tracked deaths since 2001 involving people labelled with schizophrenia involving use of force

The following table summarizes each case where force was used on an individual with schizophrenia in custody across Canada.

Date of Death	Summary of Incident
April 14, 2001	<p>Robert Thomas Bowness was a 42-year-old man who died at Foothills Medical Centre on April 14, 2001. His medical cause of death was cardiac arrhythmia due to excitation delirium. Bowness was diagnosed with schizophrenia and medical issues including chronic obstructive pulmonary disease and dilated cardiomyopathy. Mr. Bowness became agitated and security guards and nurses used physical handling to force him back into a treatment room. A violent struggle ensued, he was placed face down on his stomach, handcuffed, and sedated. Within a few minutes of the second sedative being administered, Mr. Bowness became unresponsive and died.</p>
May 11, 2001	<p>Cakmac Kasim was a 37-year-old man who died at the Royal Alexandra Hospital on May 11, 2001. His medical cause of death was excited delirium due to or as a consequence of chronic paranoid schizophrenia. During an incident, Mr. Kasim was not cooperating with the Edmonton Police officers, and they responded with force to his burst of energy by pushing him to the ground, pepper spraying, and handcuffing. Within minutes Mr. Kasim became unresponsive and died.</p>

Date of Death	Summary of Incident
<p>September 2, 2004</p>	<p>Peter Stevenson was a 30-year-old Indigenous man who died at St. Anthony's General Hospital on September 2, 2004. Mr. Stevenson was diagnosed with schizophrenia and his medical cause of death was sudden cardiac arrest consistent with agitated delirium due to consequences of physical restraint due to or as a consequence of elevated blood alcohol and clozapine. Mr. Stevenson got agitated and was physically restrained and handcuffed by RCMP officers as he resisted. Within minutes he became unresponsive and died.</p>
<p>July 14, 2005</p>	<p>Jeffrey James was a 34-year-old man who died at the Toronto Western Hospital on July 14, 2005. He was considered to have schizophrenia and experienced delusions. Mr. James collapsed at the Centre for Addiction and Mental Health after his release from being in a physical mechanical restraint for 5 days with no release to walk for the sake of his blood circulation. He had been subdued by 8 staff after becoming agitated and put in a 4-point restraint in a locked isolation room and given a sedating agent. Once released from the physical restraints, he sat for five minutes and gradually started to walk where he reported dizziness and weak legs. He was gently lowered to the floor and became unresponsive. He briefly regained consciousness and then lapsed into cardiopulmonary arrest as the result of a thromboembolism. He was transported to the hospital where he later died.</p>
<p>June 29, 2006</p>	<p>Vincent Patrick Beaudry was a 32-year-old Indigenous man who died in the custody of the Edmonton Police Service on June 29, 2006. His medical cause of death was due to chronic drug and alcohol use leading to sudden cardiac arrest. Mr. Beaudry was suffering from schizophrenia, and was arrested, and put into a police holding cell. His medical condition was not properly taken into account during processing, and he died in the police holding cell without adequate checks and medical care.</p>

Date of Death	Summary of Incident
<p>June 20, 2007</p>	<p>Glen Bocksei was a 58-year-old man who died while on remand at the Niagara Detention Centre on June 20, 2007. His medical cause of death was untreated schizophrenia, acute psychotic episode, struggle led to excited delirium and exhaustion. On June 18, 2007, he became uncooperative when he had to appear in court via video conference which led to a struggle with guards where he was restrained and carried back to his cell. On June 19th, he was placed on special handling due to his behaviour the day prior. On June 20th, he was to appear in court via video again but was hearing inner voices before being removed from his cell. On his way to the video room, he got scared, and another struggle ensued with the guards. After returning to his cell, he was discovered in his cell in a proline position and was unresponsive. He was taken to the Niagara Health System where he was pronounced dead.</p>
<p>March 14, 2009</p>	<p>Kymiye Hussein Aganeh was a 22-year-old man who died on March 14, 2009, at the Huronia District Hospital after being institutionalized at the Penetanguishene Mental Health Centre. His medical cause of death was sudden cardiac death due to olanzapine toxicity from the treatment of schizophrenia. Mr. Aganeh got into a struggle with a staff member striking him several times. A violent struggle ensued, and Mr. Aganeh fell to the ground with several staff members on top of him. He was promptly brought to his feet and walked back towards his room by three staff members using a three-person restraint including a chin lift with their forearms to control his head, while the other two restrained each of his arms. Mr. Aganeh was placed against the wall in his room and administered a sedating agent. He was put on his back to lie on a mattress on the floor and staff left. They soon came in and discovered that he was unresponsive and transferred him to the hospital where he later died.</p>

Date of Death	Summary of Incident
May 26, 2013	<p>Nokolaos Mpelos was a 65-year old man who died at St. Joseph's Health Centre on May 26, 2013. Mr. Mpelos medical cause of death was dilated cardiomyopathy. He was a man labelled with schizophrenia. He came to the hospital in Toronto looking for help where he was locked in a room without meeting the criteria for seclusion and was overly medicated when injected with a drug orally prescribed. He was accused of throwing a food tray and restrained, when videotape evidence demonstrated that he had actually fallen, then died alone and unnoticed while in restraints. His death was not noticed for hours after his death.</p>
March 29, 2015	<p>Jason-Lee Thomas Wilson was a 45-year-old man who died in RCMP custody on March 29, 2015. His medical cause of death was methamphetamine toxicity. Mr. Wilson had a history of schizophrenia and drug use. He was found on the floor in his room at a motel in Surrey where the RCMP attempted to arrest him and handcuff him. His arms were stiff and the police officer held his legs and the other struck him in the torso to gain compliance. Shortly after he quit breathing and paramedics were called to resuscitate him. He had a pulse for a short time but later died at Surrey Memorial Hospital.</p>
June 3, 2015	<p>Abdurahman Ibrahim Hassan was a 39-year-old Somali man who died at the Peterborough Regional Health Centre after being transferred from the Central East Correctional Centre on June 3, 2015, where he was held on immigration detention. Mr. Hassan died due to sudden death during struggle/restraint with a towel placed over his mouth. He was assessed as having schizophrenia and hypertensive heart disease. While in the hospital under the guard of two police officers and surrounded by nurses, Mr. Hassan had a towel held over his mouth by a police officer to prevent him from spitting. They administered a sedating agent and Hassan fell asleep. Less than three hours later Mr. Hassan woke up. Again, he was held down, his mouth covered with a towel and held against the bed. Mr. Hassan struggled against police and nurses. Suddenly, he stopped moving, and was pronounced dead.</p>

Date of Death	Summary of Incident
<p>October 26, 2015</p>	<p>Kenneth Shymkiw was a 46-year-old man who died in an Edmonton Police Services transportation van en route from the Edmonton Downtown Division to the Edmonton Remand Centre on October 26, 2015. His medical cause of death was a hyperadrenergic state due to an acute schizophrenic psychosis. Mr. Shymkiw was removed from his cell to be escorted to the prisoner transformation vehicle and placed in a solitary compartment due to his mental and physical health. Just prior to being loaded, he became nonverbal and uncooperative to get in the vehicle but was not aggressive. He resisted going in face first, so they turned him around and he was physically directed to sit down. He was laid on his back in the compartment and pushed further into the vehicle. As soon as he was in far enough, the door was closed. Once the vehicle started moving, he began kicking against the sides and it continued for 4 minutes until it suddenly stopped. After 9 minutes the officers pulled over to check on the prisoner and he was unresponsive and later pronounced dead.</p>
<p>December 15, 2016</p>	<p>Soleiman Faqiri was a 30-year-old man who died while on remand at the Central East Correctional Centre on December 15, 2016. Faqiri was considered to have schizophrenia following a car accident resulting in a head injury. Mr. Faqiri was in segregation when he was struck by guards, sprayed with pepper foam in the face, placed in a prone position with hands cuffed behind him and correctional officers holding him down, then left on the floor of his cell with a spit hood over his face and no clearing of pepper spray from his face or mouth. In minutes he died, unable to be resuscitated.</p>

Date of Death	Summary of Incident
<p>January 24, 2017</p>	<p>Teresa Charlene Sakamoto was a 39-year-old woman who died in RCMP custody on January 24, 2017. Her medical cause of death was anoxic brain injury due to or as a consequence of opiate toxicity. Ms. Sakamoto had a history of schizoaffective disorder, manic depression, psychosis, and substance use. On January 18th, Ms. Sakamoto left the hospital on a two-hour day pass and did not return to the unit. A warrant for her arrest was sent by hospital staff to the RCMP and she was found later that evening at a local strip mall. RCMP arrested her, put her in handcuffs, and found drug paraphernalia on her. She was placed in the police car and transported back to hospital, when they arrived, the officer realized she was unresponsive and redirected to the emergency department. Once paramedics came out, they had to move her body outside the car and police removed the handcuffs and started resuscitation efforts and a pulse was gained. Ms. Sakamoto was transferred to intensive care where she was diagnosed with an anoxic brain injury and was later taken off life support and died on January 24, 2017.</p>

What is the Tracking (In)Justice project?

Tracking (In)Justice is a law enforcement and criminal justice data and transparency project that tracks and analyzes police-involved and carceral deaths across Canada.

We believe that accurate and verified data is one way to support communities advocating for justice, accountability, and transparency from police and corrections officials, and oversight bodies.

Due to ongoing systemic issues with a lack of access, transparency, and consistency in reporting data deaths in custody across Canada, tracking this issue is an imperfect and challenging process. Indeed, one of the purposes of this project is to shine a light on these issues.

To learn more about Tracking (In)Justice go to: www.trackinginjustice.ca

References

- 1: Simpson, S. (2023). Mental Illness and the Prison System. The Centre for Addiction and Mental Health. <https://www.camh.ca/en/camh-news-and-stories/mental-illness-and-the-prison-system#:~:text=Mental%20illness%20rates%20are%20about,prison%20than%20in%20the%20community.>
- 2: Pednault, C. I., Perley-Robertson, B., Mularczyk, K. P. , & Prevost, H. (2003). Approaches to Addressing Serious Mental Illness in the Canadian Criminal Justice System. Public Safety Canada. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2023-r001/index-en.aspx>
- 3: Li XQ, Tang XR, Li LL. (2021). Antipsychotics cardiotoxicity: What's known and what's next. *World Journal of Psychiatry*, 11(10):736-753.
- 4: John Howard Society of Ontario. (2021). Broken Record: The Continued Criminalization of Mental Health Issues. <https://johnhoward.on.ca/wp-content/uploads/2021/01/Broken-Record.pdf>
- 5: John Howard Society of Ontario. (2015). Unlocking Change: Decriminalizing Mental Health Issues in Ontario. <http://www.johnhoward.on.ca/wp-content/uploads/2015/07/Unlocking-Change-Final-August-2015.pdf>
- 6: Government of Nova Scotia. (2011). *Building Bridges: Improving Care In Custody for People Living With Mental Illness*. https://novascotia.ca/just/global_docs/Building_Bridges_Hyde_Report.pdf



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