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INQUEST

TOUCHING THE DEATH OF

Edward McNeil

JURY VERDICT AND RECOMMENDATIONS

December 20th, 2005



Office of
The Chief
Coroner

Bureau du
coroner
en chef

Verdict of Coroner's Jury Verdict du jury du coroner

We the undersigned **Douglas Gold** of **Toronto**
 Nous soussigné **Gus Tzatsanis** of **Toronto**
Barbara Shannon of **Toronto**
Susan Santelli of **Toronto**
Deena Mandell of **Toronto**

the jury serving on the inquest into the death of / dûment assermentés, formant le jury dans l'enquête sur le décès de:

Surname / Nom de famille **McNeil** Given names / Prénom **Edward**

aged **44** held at the Coroner's Inquest Courts, Toronto, Ontario
 âgé(e) de qui a été menée à
 from the **12th** to the **20th of December** 20 **05**
 du a la
 By Dr. **Richard Isaac** Coroner for Ontario
 Par coroner pour l'Ontario

having been duly sworn, have inquired into and determined the following: / avons enquêté et avons déterminé ce qui suit:

1. Name of deceased **Edward McNeil**
 Nom du (de la) défunt(e)
2. Date and time of death **February 6, 2003 at 15:35.**
 Date et heure du décès
3. Place of Death **Basement of 2783 Danforth Ave., Toronto**
 Lieu de décès
4. Cause of death **Cardiac arrhythmia associated with tunneling coronary artery, restraint, superficial blunt force injuries and agitated state with contributory factor of chronic rheumatic aortic valvular heart disease.**
 Cause du décès
5. By what means **Death was accidental.**
 Circonstances entourant le décès

Original signed by: Foreman/Président du jury

Original signed by jurors/jurés

The verdict was received on the
 Ce verdict a été reçu par moi le

day of

20

Original signed by Coroner

Inquest.

JURY RECOMMENDATIONS

These Recommendations are not necessarily in order of priority.

Coroner's Inquest – Edward McNeil (Deceased)

We the Jury wish to make the following recommendations:

TO THE TORONTO POLICE SERVICE

1. We recommend that the Chief of Police of the Toronto Police Service review the practices and protocols of the call takers in the Communications Centre to ensure that more information is obtained on calls involving an "unwanted guest".
2. We recommend that a panel representing front-line police officers, training officers and Communications Centre personnel meet on a semi-annual basis to review best practices.
3. We recommend that the Chief of Police of the Toronto Police Service review the practices and protocols of contact officers arriving on the scene to ensure that sufficient information is gathered for adequate assessment of the situation.

Rationale for recommendations 1 to 3: Based on the evidence presented at this inquest, we have determined that the contact officer required more information to adequately assess the situation.

4. We recommend that police officers be required to successfully complete Advanced Patrol Training prior to assuming front-line duty, whether as an initial assignment or as a result of transfer from another position.

Rationale: The evidence indicates that Advanced Patrol level of training best provides frontline officers with the necessary tools to deal with Emotionally Disturbed Persons.

5. We recommend that the Chief of Police of the Toronto Police Service request and support sufficient funding to continue and expand the current Mobile Crisis Intervention Team (MCIT) to sufficiently serve the entire City of Toronto.

Rationale: From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

TO THE TORONTO POLICE SERVICES BOARD

6. We recommend that the Toronto Police Services Board approve sufficient funding to ensure the continued operation of the Mobile Crisis Intervention Team currently in operation and that they recommend funding to ensure the program is expanded city wide.

Rationale: From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

TO THE CITY OF TORONTO

7. We recommend that the City of Toronto provide sufficient funding to the Toronto Police Service to continue the current Mobile Crisis Intervention Team program and expand it to sufficiently service the entire City of Toronto.

Rationale: From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

MINISTRY OF HEALTH

8. We recommend that the Ministry of Health approve sufficient funding to assist the participation of hospitals across the City of Toronto in the Mobile Crisis Intervention Team program.

Rationale: From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

CENTER FOR ADDICTION AND MENTAL HEALTH

9. We recommend that CAMH participate in the Mobile Crisis Intervention Team response efforts to Emotionally Disturbed Persons .

Rationale: From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

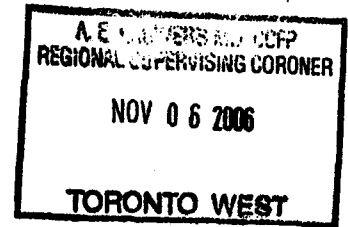
TORONTO EAST GENERAL HOSPITAL

10. We recommend that the Toronto East General Hospital participate in the Mobile Crisis Intervention Team response efforts to Emotionally Disturbed Persons.

Rationale: From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.

Verdict Explanation

Inquest
Edward McNeil
December 12, 13, 14, 15, 16, and 20, 2005
Coroners' Courts
Toronto



I intend to give a brief synopsis of issues presented at this inquest. I would like to stress that much of this will be my interpretation of the evidence and also my interpretation of the jury's reasons. The sole purpose for this is to assist the reader to more fully understand the verdict and recommendations of the jury, and is not intended to be considered as actual evidence presented at the inquest. It is in no way intended to replace the jury's verdict.

PARTICIPANTS:

Counsel to the Coroner: Ms. S. Kingstone, Barrister etc.

Investigating Officer: Det. Constable L. MacIntyre, Ontario Provincial Police

Coroner's Constable: Constable W. G. Annand, Ontario Provincial Police

Court Reporter: Mrs. Ala Kleinberg
C/O Coroners' Courts, Toronto

Parties granted standing:

1. Mr. & Mrs. Walter McLean, uncle of the deceased, representing themselves.
2. Sgt. G. Cantelon and Constable G. Forrest, Toronto Police Service, represented by Mr. G. Clewley, Barrister Etc., as council.
3. Chief of Police, Toronto Police Service and the Toronto Police Services Board, represented by Ms. S. Clapp, Barrister Etc., as council.

SUMMARY OF THE CIRCUMSTANCES OF THE DEATH

This inquest was held on a mandatory basis, the death being one in actual police custody (Section 10 (4) of the Coroner's Act of Ontario).

Mr. McNeil was a single, 44-year-old, currently unemployed man. No formal psychiatric diagnosis had been made, but he was easily excitable, and lived a chaotic and stressful life. He was known to have used alcohol and also used tobacco and caffeine-containing drinks frequently. He had been medically investigated for a leaky aortic heart valve. Recently, he appears to have lost his residence and was off work. He had also lost the

use of his automobile. He had had several contacts with mental health services in both Ontario and Quebec, and contact with the police in Quebec.

On the morning of February 6, 2003, he had an interaction with police at a coffee shop in Toronto, but left on his own.

About noon, on February 6, 2003, he attended a small restaurant on Danforth Avenue in Toronto. He was served one alcoholic drink, but subsequently he was refused service because of his behaviour. Over the intervening 2-3 hours his behaviour became more agitated and unusual; he moved up and down the stairs to and from the basement washroom and uttered some words. He refused to leave when requested, saying that the basement area was his home. A 911 call was made to police and received by the dispatcher as an "unwanted guest" call. No further information about the circumstances of the call was requested of the caller at that time.

A police Sergeant arrived first at the restaurant, but waited for back-up of another officer who arrived shortly thereafter. Mr. McNeil was in the basement area and was approached by the police officers. He retreated to a toilet stall in the men's washroom there and braced himself in the stall, kicking at the wall tiles and breaking some. At this point, the police feared the use of these tiles as a weapon, and feared self-harm or harm to others. The decision was made to arrest Mr. McNeil under the provisions of the Mental Health Act. Police officers pushed into the stall. There was a vigorous struggle with the deceased, who appeared very strong for his relatively slight build. Two blows were administered by police with a baton, to the deceased's lower extremities. He ultimately "gave up" and was handcuffed with hands behind his back. He was placed on his side, lying on the floor of the open area of the washroom. An ambulance was called in a routine fashion to take Mr. McNeil to hospital for mental health assessment. Shortly thereafter, he was found to not be breathing. CPR was administered and the ambulance call was expedited. Resuscitation efforts were continued by the ambulance personnel. He was ultimately taken to a hospital emergency department where he was pronounced dead on arrival.

Autopsy revealed multiple body bruises. There was tunneling of a coronary artery through the muscle of the heart, in a fashion that would constrict that coronary artery on a contracture of the heart muscle. There was a mild degree of enlargement of the muscle of the left ventricle of the heart, and mild increase in the size of the heart generally. There was also rheumatoid disease of the aortic valve of the heart, which would result in leakage of this valve. Toxicology examination revealed traces of alcohol in the urine and no alcohol in the blood. No other commonly assessed drugs or poisons were found.

Evidence was heard at the inquest over five sitting days. 15 witnesses were heard, including Mr. McNeil's family physician, the pathologist who conducted the autopsy and a police sergeant with expertise in training and use of force. 24 exhibits were admitted into evidence.

The evidence reviewed the 911 emergency call system in Toronto. This is operated by the Toronto Police Service using non-police personnel. Calls are received by a central dispatcher who elicits information and may forward the call to the ambulance service, the fire department, the police service or otherwise. Various protocols exist, particularly in the ambulance service, to elicit information and give advice. "Unwanted guests" calls

are very frequent. There is no protocol to elicit further information about the nature of these calls or the reason that the guest is wished to leave. Police personnel wish to have as much information as possible about the nature of calls they are summoned to attend. Also, back up special units e.g. MCIT – Mobile Crisis Intervention Team, and/or other tactics could be arranged or mobilized, based on further information received.

The Mobile Crisis Intervention Team (MCIT) consists of one police officer and one nurse with special training in mental health. At the time of the inquest, this team is available during prime times of need, specifically between 1 p.m. and 11 p.m. daily. It is currently available in two specific police divisions (51 and 52 Division) of the Toronto Police Service and available in arrangement with the St. Michael's Hospital. Funding and effectiveness are being re-evaluated. Negotiations are underway with other health care facilities to provide teams in their areas.

RECOMMENDATIONS (refer to jury verdict)

Recommendation #1 – To the Toronto Police Service

"We recommend that the Chief of Police of the Toronto Police Service review the practices and protocols of the call takers in the Communications Centre to ensure that more information is obtained on calls involving an 'unwanted guest'."

Jury's Rationale for Recommendations 1, 2 and 3:

"Based on the evidence presented at this inquest, we have determined that the contact officer required more information to adequately assess the situation."

Coroner's Comment:

Further information could be elicited by a question as simple as, "Why do you wish the guest to leave?" This information would be relayed to the attending police. It might indicate some degree of urgency of the call and could lead to deployment of other services, other tactics or more back-up. "Unwanted guest" calls appear to be frequent.

Recommendation #2 – To the Toronto Police Service

"We recommend that a panel representing front-line police officers, training officers and Communications Centre personnel meet on a semi-annual basis to review best practices."

Jury's Rationale for Recommendations 1, 2 and 3:

"Based on the evidence presented at this inquest, we have determined that the contact officer required more information to adequately assess the situation."

Coroner's Comment:

Such regular review could heighten the acuity of this process, increase communication, identify other problem areas and identify further areas for development of protocols.

Recommendation #3 – To the Toronto Police Service

"We recommend that the Chief of Police of the Toronto Police Service review the practices and protocols of contact officers arriving at the scene to ensure that sufficient information is gathered for adequate assessment of the situation."

Jury's Rationale for Recommendations 1, 2 and 3:

"Based on the evidence presented at this inquest, we have determined that the contact officer required more information to adequately assess the situation."

Coroner's Comment:

This recommendation reinforces the need for optimal communication to contact officers as they attend scenes.

Recommendation #4 – To the Toronto Police Service

"We recommend that police officers be required to successfully complete Advanced Patrol Training prior to assuming front-line duty, whether as an initial assignment or as a result of transfer from another position."

Jury's Rationale:

"The evidence indicates that Advanced Patrol level of training best provides front-line officers with the necessary tools to deal with Emotionally Disturbed Persons."

Coroner's Comment:

An advanced patrol training course is required on an annual basis for all front-line officers. In this case however, an officer who had moved to a front-line position from a non-front-line (investigative) position had not yet had the benefit of this annual course; it was required once a year in that year but not necessarily prior to going on front-line duty in that year. Evidence presented to the jury reviewed the content of this training and the development of this content over several years. Dealing with emotionally disturbed persons has recently been a regular part of this annual training program.

Recommendation #5 – To the Toronto Police Service

"We recommend that the Chief of Police of the Toronto Police Service request and support sufficient funding to continue and extend the current Mobile Crisis Intervention Team (MCIT) to sufficiently serve the entire City of Toronto."

Jury's Rationale:

"From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons."

Coroner's Comment:

This recommendation supports the continuance and expansion of the MCIT to serve the entire Toronto area.

Recommendation #6 – “To the Toronto Police Services Board

“We recommend that the Toronto Police Services Board approve sufficient funding to ensure the continuing operation of the MCIT currently in operation and that they recommend funding to ensure the program is expanded city wide.”

Jury's Rationale:

“From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.”

Coroner's Comment:

As above. Funding for the MCIT is, in part, determined by the budget of the Toronto Police Service.

Recommendation #7 – To the City of Toronto

“We recommend that the City of Toronto provide sufficient funds to the Toronto Police Service to continue the current Mobile Crisis Intervention Team program and expand it to sufficiently serve the entire City of Toronto.”

Jury's Rationale:

“From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.”

Coroner's Comment:

As above. Ultimately, the budget of the Toronto Police Service is approved by the City of Toronto.

Recommendation #8 – To the Ministry of Health

“We recommend that the Ministry of Health approve sufficient funding to assist the participation of hospitals across the City of Toronto in the Mobile Crisis Intervention Team program.”

Jury's Rationale:

“From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons.”

Coroner's Comment:

Funding for MCIT is provided in part by the Ministry of Health and Long-term Care, through local participating hospitals.

Recommendation #9 – To the Centre For Addiction And Mental Health

"We recommend that CAMH participate in the Mobile Crisis Intervention team response efforts to Emotionally Disturbed Persons."

Jury's Rationale:

"From the evidence we have concluded that the Mobile Crisis Intervention Team is a necessary support to front-line officers dealing with Emotionally Disturbed Persons."

Coroner's Comment:

The Centre for Addiction and Mental Health provides focused research, education and service in the area of mental health in the City of Toronto and in Ontario. No evidence was heard from witnesses from the Centre for Addiction and Mental Health, nor was the Centre notified in advance of this inquest or of this issue, which arose during testimony in the latter portion of the inquest.

Recommendation #10 – To the Toronto East General Hospital

"We recommend that the Toronto East General Hospital participate in the Mobile Crisis Intervention team response efforts to Emotionally Disturbed Persons."

Jury's Rationale:

"From the evidence we have concluded that the MCIT is a necessary support to front-line officers dealing with Emotionally Disturbed Persons."


Coroner's Comment:

The Toronto East General Hospital maintains an active community mental health outreach. No witnesses were heard from the Toronto East General Hospital, nor was that hospital notified of this inquest or of this issue, which arose during testimony in the latter portion of the inquest.

Closing Comment

In closing, I would like to stress once again that this document was prepared solely for the purpose of assisting the Chief Coroner and interested parties in understanding the jury verdict. It is worth repeating that it is not the verdict. Likewise, many of the comments regarding the evidence are my own, and are not put forth as actual evidence. If any party feels that I have made error in this summary, or misrepresented a conclusion of the jury, I should be spoken to.

Respectfully submitted,


Richard Isaac MD, LI.B.
Presiding Coroner

September 28, 2006
Date