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| We | <u>Kirk Sinclair</u> | of | <u>Lively</u> |
| | <u>Lorraine Hebert</u> | of | <u>Sudbury</u> |
| | <u>Don Henry</u> | of | <u>Falconbridge</u> |
| | <u>Catherine Stanley</u> | of | <u>Coniston</u> |
| | <u>Ron Sturgeon</u> | of | <u>Capreol</u> |

the jury serving on the inquest into the death of:

Surname: **SEGARRA**

Given Names: **LEE**

aged: **23** held at: **Sudbury**

on the **19th-22nd** and **26th-28th** days of **June 2000**

by: **Dr. James E. Deacon** Coroner for Ontario

having been duly sworn, have inquired into and determined the following:

1. Name of deceased: Lee Segarra
2. Date and time of death: March 18, 1998 at 8:00 P.M.
3. Place of death: St. Joseph's Health Centre, Sudbury, Ontario
4. Cause of death: Multiple Organ Systems Failure due to frostbite
5. By What means: Undetermined

(Continue on page 2 if necessary)

This Verdict was received by me this _____ 28th _____ day of _____ June _____ 2000 _____.

Signature of Coroner

Distribution Original - Regional Coroner for forwarding to Chief Coroner Copy - Crown Attorney

We wish to make the following recommendations:

- 1) That the welfare system change its policy of not issuing cheques until the day of discharge from hospital.

Reason: so that the client can make a deposit on an apartment in advance one or two days prior to discharge and have his/her affairs organized upon discharge.

- 2) That legislation pertaining to conditions of discharge be amended to include a condition, at the discretion of the treating psychiatrist, that the client make use of downstream services to ensure continued compliance with medication and that this condition be enforceable by law.

Reason: enforcement of compliance to medication may reduce the number of 'recyclers' in the system.

- 3) That hospitals continue to revise and update their discharge processes with input from consumers and families and that hospitals continue to work together and where the consumer is willing that they work with the family, friends and other community services and supports, including housing, to ensure that effective discharge planning for the consumer.

Reason: there should be proper communication between mental health facilities to ensure the continued wellness of a patient.

- 4) That the Ministry continue to implement the housing objectives outlined in "Making It Happen" and also proceed with the present initiative to provide housing to the seriously mentally ill who are homeless or in danger of being homeless.

Reason: There should be housing readily available without having to go to a one-year waiting list.

- 5) That District Health Councils, the Regional Task Force and the Ministry consider the suitability of transition and crisis housing in the North Region.

Reason: We need a facility in our community that will provide a residential setting and support-counselling to the mentally ill who have been hospitalized and require additional support to slowly reintegrate into the community.

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6) That the Ministry proceed with the education initiative announced for the North.

Reason: there appears to be a need for increased education and community awareness, particularly addressing the stigma associated with mental illness.

7) That the Ministry continue to implement ACT Teams, that the Sudbury team be funded to full complement and that District Health Councils, the Regional Task Force and the Ministry consider whether a second tier of non-clinical Intensive Case Management would be appropriate in the region.

Reason: experience elsewhere with the ACT Teams seems to indicate that they are successful in the continued treatment of discharged patients.

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Explanation of Verdict
Lee Segarra Inquest**

I intend to give a brief synopsis of issues presented at this inquest and explain in some detail the reasons for the jury's recommendations. I would like to stress that much of this will be 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.

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| Date of Inquest: | June 19 - 22 and June 26-28, 2000 |
| Location: | Sudbury |
| Coroner's Council: | Andrew Slater |
| Investigating Officer: | R. MacTaggart |
| Coroner's Constable: | R. Daypuk |
| Court Recorder: | J. Mackey |

Lee Segarra was a young man living in and around Sudbury who suffered from serious mental health problems. He had repeated admissions to psychiatric care over a period from January of 1995 until February 1998. His last stay at the Sudbury Algoma Hospital was from October of 1997 until February 26, 1998. On March 11, 1998, Mr. Segarra was found incapacitated outside in the cold; he was suffering from hypothermia and severe frostbite. He was admitted to hospital and treated in the Intensive Care Unit. He died on March 18, 1998. It was decided to have an inquest on this death with the focus to be on discharge planning and community care of the seriously mentally ill patient.

Standing was applied for by and granted to the family of the deceased, the two psychiatrists who had last treated Mr. Segarra in Sudbury, Network North (the organization responsible for the Sudbury Algoma Hospital and two of its employees [a discharge planning nurse and a social worker] where Mr. Segarra's last psychiatric admission was) and by the Provincial Psychiatric Hospital in North Bay (where Mr. Segarra had two of his admissions) and the Ministry of Health. All parties were represented by legal counsel with there being one counsel for the two psychiatrists and one counsel for the North Bay Psychiatric Hospital and the Ministry of Health.

Eighteen witnesses were called by Coroner's Counsel. Evidence was given about the circumstances of his thermal injury, treatment and death. A lawyer practising in the mental health field gave an overview of the current Mental Health Act; family members gave a detailed review of Mr. Segarra's background and his mental illness history and their concerns and frustrations. Staff from the two hospitals gave testimony outlining their involvement with Mr. Segarra and his reluctance to accept any intervention upon discharge. After discharge he would eventually stop taking his medications and would deteriorate mentally and end up being hospitalized again. Explanations of different models of community care were explained including Assertive Community Treatment Teams (ACTT) and Intensive Case Management Models. Descriptions were given of different housing models including Crisis Housing,

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Transition Housing and housing under the auspices of the Canadian Mental Health Association.

The psychiatrists that treated Mr. Segarra testified that he suffered from a bipolar affective disorder with consideration being given to him perhaps having a schizoaffective disorder. They stated that he represented a small percentage of psychiatric patients that are very difficult to treat because he did not have a good response to treatment and he had many unwanted effects from the medications. They testified that Mr. Segarra did not have much insight into his illness and tended believe that he was not mentally ill. Dr. S. Malcomson, a senior psychiatrist now practising in Toronto was called as an expert witness on psychiatric care and planning. He gave testimony on different models in use and made suggestions to the jury about areas to consider for recommendations.

The counsel for the North Bay Psychiatric Hospital and the Ministry of Health called two witnesses. One was a clinical psychologist and lawyer who spoke to issues involving the Mental Health Act and the newly passed Bill 68 also known as Brian's Law. The second witness was the Provincial Manager of the Mental Health Unit for the Ministry of Health. He testified as to the planning for mental health that has taken place over the past 15 years which resulted in an implementation plan called "Making It Happen". He gave information about housing initiatives that have been tried, about the Gerstein Centre in Toronto and details about Assertive Community Treatment Teams as they now exist and as they are planned for.

The counsel for the family called a witness who was a former psychiatric patient and has a long history of mental health advocacy work. She gave evidence concerning the Gerstein Centre in Toronto which provides non-medical care to psychiatric patients, has short-term crisis beds and mobile teams. She also gave her opinions about how mental health patients, whom she deals with, feel and think about what is needed in Mental Health Care.

The jury's recommendations with my comments are as follows:

1. **That the welfare system change its policy of not issuing cheques until the day of discharge from hospital.**

Reason: so that the client can make a deposit on an apartment in advance one or two days prior to discharge and have his/her affairs organized upon discharge.

Evidence was heard from the social worker and discharge planning nurse from the Sudbury Algoma Hospital that their "usual" experience was that if an inpatient was not on social assistance (welfare) prior to admission that money could not be obtained until they had a community address. This often resulted in a patient having to find accommodations that could be held somehow without a deposit or borrow money for a rent deposit and then on the day of discharge attend the social services office, receive benefits and then go pay the rent. This would

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be in addition to all of the other tasks necessary to complete upon leaving the hospital such as moving in, getting food, getting medications and so on.

2. That legislation pertaining to conditions of discharge be amended to include a condition, at the discretion of the treating psychiatrist, that the client make use of downstream services to ensure continued compliance with medication and that this condition be enforceable by law.

Reason: enforcement of compliance to medication may reduce the number of 'recyclers' within the system.

Several witnesses testified that Mr. Segarra would stop taking his medications and stop attending outpatient follow-up appointments. One of his psychiatrists asked the jury to consider making a recommendation that would enable the treating psychiatrist to treat a patient until they are well as opposed only until they are not a danger to themselves or others. The 'consumer' witness spoke against forcing treatment upon people deemed competent to make decisions about their care. This recommendation would appear to arise out of these discussions and testimony about noncompliance with medications and how best to break the cycle of repeated admissions.

3. That hospitals continue to revise and update their discharge processes with input from consumers and families and that hospitals continue to work together and where the consumer is willing that they work with family, friends and other community services and supports, including housing, to ensure the effective discharge planning for the consumer.

Reason: there should be proper communication between mental health facilities to ensure the continued wellness of a patient.

Evidence was heard that often there is not effective communication between various agencies, institutions and groups because the Mental Health Act does not permit sharing information without the permission of the patient. The jury also heard testimony that discharge occurred from a second hospital without the referring hospital or MD being aware and that the family felt that they were not adequately involved in the process.

4. That the Ministry continue to implement the housing objectives outlined in "Making It Happen" and also proceed with the present initiative to provide housing to the seriously mentally ill who are homeless or in danger of being homeless.

Reason: There should be housing readily available without having to go to a one-year waiting list.

Several witnesses testified that there is a serious shortage of suitable housing for the chronically mentally ill. It is my understanding that the jury is referring to the Ministry of Health.

5. That District Health Councils, the Regional Task Force and the Ministry consider

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the suitability of transition and crisis housing in the North Region.

Reason: We need a facility in our community that will provide a residential setting and support-counselling to the mentally ill who have been hospitalized and require additional support to slowly reintegrate into the community.

Testimony was given that many patients who have been hospitalized for a long time and are on medications are often overwhelmed by the tasks needed to be done to look after themselves completely upon discharge. Evidence was also heard of the use of crisis housing that could be accessed for brief periods from the community and possibly prevent the need for hospitalization. It is my understanding that the jury is referring to the Ministry of Health.

6. That the Ministry proceed with the education initiative announced for the North.

Reason: there appears to be a need for increased education and community awareness, particularly addressing the stigma associated with mental illness.


Evidence was heard from family that they were not aware of educational material about Lee's illness and treatment and as a result did a lot of research on their own in libraries. Some witnesses spoke of the need for more public awareness and the need for more funding of groups such as the Canadian Mental Health Association to support their efforts at public education. It is my understanding that the jury is referring to the Ministry of Health.

7. That the Ministry continue to implement ACT Teams, that the Sudbury team be funded to full complement and that District Health Councils, the Regional Task Force and the Ministry consider whether a second tier of non-clinical Intensive Case Management would be appropriate in the region.

Reason: experience elsewhere with the ACT Teams seems to indicate that they are successful in the continued treatment of discharged patients.

A number of witnesses spoke to the topic of Assertive Community Treatment Teams and how they were able to look after patients such as Lee Segarra but it was pointed out that participation is voluntary. The Intensive Case Management model of patient care was also explored with a number of witnesses. It is my understanding that the jury is referring to the Ministry of Health. The Ministry of Health manager testified about the existence of a Northeastern Mental Health Initiative Task Force; I believe that this is the Regional Task Force being referred to.

In closing I would like to stress once again that this document was prepared solely for the purpose of assisting 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 personal recollection of the same and are not put forth as actual evidence. If any party feels that I made a gross error in my recollection of the evidence or conclusion of the jury, it would be greatly appreciated if it could be brought to my attention and I will gladly correct the error.


Barry McLellan MD FRCC