

Release Date: August 12, 2005

THE PROVINCIAL COURT OF MANITOBA

IN THE MATTER OF: *THE FATALITY INQUIRIES ACT*

AND IN THE MATTER OF: **RICHARD FRANKLIN LAGIMODIERE**
(DATE OF DEATH: JUNE 29, 2003)

**Report on Inquest and Recommendations of
The Honourable Judge Fred H. Sandhu
Issued this 9th day of August 2005**

APPEARANCES:

Mr. S. Johnston, Provincial Counsel to the Inquest
Mr. S. Restall, Federal Counsel to Inquest
Ms. C. Cheater, Federal Counsel to Inquest

RELEASE DATE: August 12th, 2005



MANITOBA

The Fatality Inquiries Act

Report by Provincial Judge on Inquest

Respecting the death of: **Richard Franklin LAGIMODIERE**

An inquest respecting the said death having been held by me on February 3rd through 10th, 2005 at Winnipeg, in Manitoba, I hereby report as follows.

The name of the deceased is **Richard Franklin LAGIMODIERE**.

The deceased came to his death as a result of suicide by hanging at the age of 32 in his cell at Stony Mountain Institution in Stonewall, Manitoba. His suicide by hanging took place in his cell, A7-7 of Unit 1, commonly known as the “mental health unit”, at Stony Mountain Institution at approximately 4:20 a.m. on June 29th, 2003. While conducting an institutional count, a correctional officer found Mr. Lagimodiere hanging from the bars in his cell. The correctional officer immediately called for assistance and three other correctional officers responded to the area. The cell was opened and Mr. Lagimodiere was found to have used a blanket to wrap around the bars of his cell and then around his neck. He was slumped down with one foot still on the ground and had asphyxiated himself. He was cut down with a rescue knife and placed on his bed. Resuscitation attempts were made utilizing CPR and a ventilator bag, without success.

The suicide of Mr. Lagimodiere occurred on the early morning shift during a period when the institution was under lock down. Mr. Lagimodiere was serving a three year sentence for robbery and break and enter and theft

from May 21st, 2003. He was admitted to Stony Mountain institution on May 23rd, 2003. Mr. Lagimodiere had a previous history of robbery and property offences. He was previously diagnosed with chronic paranoid schizophrenia and had required significant administrative intervention during a prior federal incarceration. He had three prior suicide attempts and was known to use threats of self harm on previous occasions. There was no indication of a motive for suicide, although there were indications that Mr. Lagimodiere was depressed or concerned about the possible outcome of a DNA sample and had requested to speak to the R.C.M.P. about a possible prior crime that had gone undetected. Additionally it had been reported that he had recently terminated a long-term relationship with his girlfriend who was the mother of his son.

Despite the efforts made by correctional officers to resuscitate Mr. Lagimodiere upon discovery of his body in his cell, the efforts were unsuccessful.

An ambulance arrived at the institution at approximately 4:50 a.m. and the attendants were escorted to Mr. Lagimodiere's cell by correctional officers. R.C.M.P. officers were also called and arrived at the institution at approximately 5:00 a.m. CPR and resuscitation efforts were halted at approximately 4:55 a.m. and the medical examiner was called. The medical examiner arrived at the institution at approximately 5:55 a.m. and the body was removed to the health care department at approximately 6:20 a.m. He was later pronounced deceased.

Attached hereto and forming part of my report is a schedule of all exhibits required to be filed by me.

DATED at the City of Winnipeg in Manitoba this 9th day of August, 2005.

Fred Sandhu, P.J.

Copies to: Chief Medical Examiner (2)
Deputy Attorney General
Chief Judge, Provincial Court of Manitoba

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I. HOLDING OF INQUEST

[1] At approximately 4:20 a.m. on June 29th, 2003, at Stony Mountain Institution, Stonewall, Manitoba, an inmate, Mr. Richard Lagimodiere, was found hanging in his cell from the bars of his cell on Unit I (the mental health unit) cell A7-7. That cell block range was part of a “specialized” unit commonly called at the time the “mental health range” and was subject to regular range checks by correctional officers performed in the usual and ordinary course of their duties. The inmate involved in this suicide, Richard Lagimodiere, was 32 years of age at the time of death and was serving a three year sentence for robbery and break, enter and theft which sentencing had occurred on May 21st, 2003. He was admitted to Stony Mountain Institution on May 23rd, 2003. Mr. Lagimodiere had a previous history of robbery and property offences. He had been previously diagnosed with chronic paranoid schizophrenia and had been under psychiatric care of a Dr. Stanley Yaren for a lengthy period of time prior to his admission to the federal institution. His institutional record indicated that he had three prior suicide attempts and was known to use threats of self harm on previous occasions.

[2] Upon discovering Mr. Lagimodiere, correctional officers removed Mr. Lagimodiere from the bed sheet restraint that he had placed around his neck

and placed him on his cell bed. It was indicated by correctional staff that no vital signs were present; however, staff commenced resuscitation procedures and continued applying resuscitation procedures until they were told to discontinue the procedures by members of the Stonewall Ambulance Service under the orders of a physician. Mr. Lagimodiere was declared deceased at 4:55 a.m. by medical personnel at the scene.

[3] All reporting requirements regarding the incident to the R.C.M.P., the coroner's office, regional and national headquarters was completed appropriately and in a timely manner. A Royal Canadian Mounted Police member was notified and notification of Mr. Lagimodiere's next-of-kin in regards to his death was completed. Stress management services were provided or offered to all staff involved in the incident in a timely manner according to institutional rules and follow-up support services to the inmates were provided on the day of the incident and in the days following. The Board of Investigation that was convened following the death identified no issues of non-compliance by members of the service with respect to this incident.

[4] As outlined in Exhibit 1 filed at this inquest, being a letter dated December 23rd, 2003, from the Chief Medical Examiner Dr. T. Balachandra,

under s.19(3) of the Fatality Inquiries Act an inquest into the death of Richard Franklin Lagimodiere is mandatory. The letter of the Chief Medical Examiner states that Mr. Lagimodiere was a 32 year old man who had been admitted to the Stony Mountain Institution on May 23rd, 2003 to begin serving a three year sentence for bank robbery and was discovered hanging by his neck from a sheet that had been tied high on the bars of his cell. A corrections officer found him at 4:20 hours on June 29th, 2003, while conducting a routine check of the residents in the mental health unit at Stony Mountain Institution. The letter notes that resuscitation attempts by correctional staff and ambulance attendants was discontinued at 4:55 hours. The letter also noted that Mr. Lagimodiere had a past history of substance abuse and paranoid schizophrenia. A medical-legal autopsy confirmed the cause of death was asphyxiation due to hanging and that the manner of death was suicide.

[5] In accordance with s.19 of the Fatality Inquiries Act a Provincial Court Judge was directed to hold an inquest into the death of Richard Franklin Lagimodiere for the following reasons:

- (1) to fulfill the mandatory requirements of an inquest as defined under s.19(3);
- (2) to determine the circumstances under which the death occurred; and,

- (3) to determine what, if anything, can be done to prevent similar deaths from occurring in the future.

[6] Under s.33(1) of the Fatality Inquiries Act a presiding judge on an inquest has a responsibility to:

- (a) make and send a written report of the inquest to the minister setting forth when, where and by what means the deceased person died, the cause of the death, the name of the deceased person, if known, and the material circumstances of the death;

.....

and may recommend changes in the programs, policies or practices of the government and the relevant public agencies or institutions or in the laws of the province where the presiding provincial judge is of the opinion that such changes would serve to reduce the likelihood of deaths in circumstances similar to those that resulted in the death that is the subject of the inquest.

[7] In addressing those responsibilities, the presiding provincial judge must also be reminded of s.33(2)(b) of that same Act which states that a provincial judge:

...shall not express an opinion on, or make a determination with respect to, culpability in such manner that a person is or could be reasonably identified as a culpable party in respect of the death that is the subject of the inquest.

[8] The fatal inquiry regarding the death of Richard Franklin Lagimodiere was held from February 3rd to February 10th, 2005, in Winnipeg, Manitoba, except for Saturday and Sunday, February 5th and 6th, respectively.

II. REVIEW OF EVIDENCE

A. Psychological and psychiatric history and profile of Richard Franklin Lagimodiere

[9] Richard Lagimodiere entered the Stony Mountain Institution, this being his second entrance, on May 23rd, 2003, to begin serving a three year sentence for robbery and break, enter and commit theft. He was initially placed onto the intake assessment unit as are all inmates. Mr. Lagimodiere had previously been diagnosed with schizophrenia, and was familiar to his psychiatrist, Dr. Stanley Yaren, prior to his admission to the Stony Mountain Institution. Dr. Yaren had been providing care to Mr. Lagimodiere for approximately ten years, including times that Mr. Lagimodiere had been previously incarcerated and in the community between times when Mr. Lagimodiere was not incarcerated. Mr. Lagimodiere was thus diagnosed with schizophrenia for a period of ten years prior to his death. The illness was being controlled and managed through continued consultation with medical authorities, medication and regular contacts with his psychiatrist. It was noted that upon admission to Stony Mountain Institution, Mr. Lagimodiere was on medication consisting of the drug Haldol (Halipardol) which was administered through injection at 180 milligrams every four weeks. Institutional records confirm that Mr. Lagimodiere received his last medication of

Haldol on June 17th, 2003, as directed by Dr. Stanley Yaren under a psychiatric order.

[10] At the time of Mr. Lagimodiere's admission to Stony Mountain Institution there was a well documented file with respect to his prior psychiatric history. That history included previous suicide attempts. On October 11th, 1996, Mr. Lagimodiere was discovered with a bed sheet tied around his neck and the cell bars. At that time he was sitting in a position on the floor of his cell and the sheet was not restricting his ability to breath and therefore the suicide attempt was unsuccessful. On July 23rd, 1997, Mr. Lagimodiere again attempted suicide whereby he used a razor blade to cut three slash wounds to the left side of his neck. Again this suicide attempt was unsuccessful and he was placed in suicide monitoring and later questioned about his actions and referred to his psychiatrist.

[11] At the time of Mr. Lagimodiere's admission to Stony Mountain on May 23rd, 2003, being a transfer from the Headingley Provincial Correctional Centre Remand Unit, the prior information available on Mr. Lagimodiere was well known to the community parole officer who had noted the previous suicide attempts and mental health concerns due to his prior history and mental illness. All this information was also included in an e-mail message that was sent from the

community parole officer to the Stony Mountain Intake Unit on the very day of the subject's admission to the Institution.

[12] Mr. Lagimodiere was a second time federal offender serving a three year term of incarceration on convictions of break, enter and theft and robbery. Mr. Lagimodiere had an extensive criminal history over the prior fourteen years commencing in 1989. Prior to 2003, Mr. Lagimodiere's criminal record included the following:

Date	Charge	Sentence
1989-08-17	Escape Lawful Custody	Three months
1991-10-17	Possession of Stolen Property	Fine \$150
1992-09-10	Two counts Break, Enter & Theft	Gaol – Five years and three months
1998-08-26	Robbery	Gaol – Two years, less a day and 3 years Probation

[13] Mr. Lagimodiere was released on statutory release on 1996-03-15 and was required to reside at an institution known as the Haven which is a mental health group home. Apparently his diagnosis of schizophrenia had occurred just prior to his having been admitted into the Haven. He was under psychiatric care while he was in the institute just prior to his residency requirement at the Haven. His statutory release was suspended, although not revoked and he was again released on 1996-05-21 with the requirement that he reside at the Community Correction Centre. He immediately violated his release by failing to return to the Community

Correction Centre and was suspended on 1996-05-22. His parole was subsequently revoked on 1996-07-07 and he served three additional statutory releases with residency requirements all resulting in failure to return to the Community Correction Centre throughout the summer of 1997. He was released as his warrant had expired on 1997-12-22.

[14] Mr. Lagimodiere was convicted of robbery again on 1998-08-26 and sentenced to a term of two years less a day imprisonment, plus probation for a period of three years. He was released from incarceration on 2000-01-04.

[15] On May 21st, 2003, Mr. Lagimodiere was convicted of break, enter and theft and robbery and sentenced to a term of three years imprisonment which was the term of imprisonment he was serving at the time of his death.

[16] Mr. Lagimodiere also had an extensive history of youth court involvement commencing at the age of 17 years of age in 1988. This criminal history is not relevant to this inquest except to say that it was an extensive record resulting in periods of incarceration at the Agassiz Youth Centre for one year on May 25th, 1989.

[17] Institutional records indicate that Mr. Lagimodiere's involvement with the law commenced shortly after his father's death and was, as described in his

institutional file, part of “a rebellious period during which he lost interest in his family and school”.

[18] Mr. Lagimodiere was diagnosed with schizophrenia in 1993 while serving a term of imprisonment in Stony Mountain Institution as has already been indicated.

[19] Mr. Lagimodiere has been reported to have had a good relationship with his father who also suffered from schizophrenia which was diagnosed as chronic paranoid schizophrenia. Mr. Lagimodiere’s disease had been effectively managed with psychotropic medications. Reports contained in Mr. Lagimodiere’s psychological history and profile indicated that his father’s disease was progressive and he developed an addiction to prescription medications. Mr. Lagimodiere’s father committed suicide by hanging in 1988.

[20] Mr. Lagimodiere is reported to have not taken his father’s death very well. He is reported to have lost interest in school and become heavily involved in drugs and criminal activity to the point that his mother had to place him in the care of Child and Family Services. His mother has been reported to have been a chronic alcoholic with a minor criminal record of property offences. Another brother in the

family has also been diagnosed with schizophrenia and resides either in inpatient psychiatric facilities or mental health group homes.

[21] In 2000 Mr. Lagimodiere met his girlfriend, who remained his girlfriend just prior to his death. They lived together on and off for a number of years, but considered themselves to be in a common-law union. They never resided together on any permanent basis as Mr. Lagimodiere's psychiatrist, Dr. Stanley Yaren, did not recommend such an arrangement. She was aware of Mr. Lagimodiere's mental health issues and assisted him in that regard. Their union resulted in the birth of a male child who was two years of age at the time of Mr. Lagimodiere's death. Mr. Lagimodiere's girlfriend indicates that the relationship between Mr. Lagimodiere and his son was good and he was a good caretaker to his son. Also according to his girlfriend, Mr. Lagimodiere suffered from a drug addiction, being crack cocaine. Apparently it was the desire to get money to support the crack cocaine habit that led to the charges that resulted in Mr. Lagimodiere's readmission to Stony Mountain Institution in May of 2003.

[22] Mr. Lagimodiere first developed a relationship with mental health specialists in November 1991. He was involuntarily admitted to St. Boniface Hospital Psychiatric Ward after an attempted suicide on the Ebb and Flow First

Nation. At that time he was diagnosed as suffering from paranoid schizophrenia and was started on a course of psychotropic medications, being Haldol. He was in and out of the St. Boniface Hospital Psychiatric Facility for a period of six months before his illness stabilized. He continued to be under the care of a psychiatrist at the time of his death, being Dr. Stanley Yaren. Mr. Lagimodiere was well aware of the nature of his disease, its process and the need to be compliant with the medication to have been in remission with respect to his illness for a number of years, at least in terms of his symptomology. It would appear that his symptoms were well controlled by the injection of Haldol to which he was compliant. According to Mr. Lagimodiere's psychological profile as contained on his file, his disease appeared to be well controlled. The following appears in his psychological profile as contained in the institutional records:

“Despite Lagimodiere's lengthy history of psychiatric symptoms and problems, depression was not considered a major feature of his symptom constellation. For the most part he is considered to be focused. However, he did appear to struggle with the debilitating affects of schizophrenia. According to family, he was motivated to succeed, however, the lethargy that is an aspect of the disease process was difficult for him to overcome. His recent return to crack cocaine and crime was a major setback for him and he struggled with his sense of failure”.

[23] The same psychological report indicates that Mr. Lagimodiere did not appear to be depressed according to staff, inmates and according to his own girlfriend. He was placed on the mental health unit because of his past history of suicide. He appears to have been well known to the psychological and psychiatric contract staff of the Stony Mountain Correctional Institution. On the night prior to his death he was observed playing cards with other inmates and acting normally. He had reported no problems with sleep or appetite. However, the inquest heard a great deal of evidence pertaining to Mr. Lagimodiere's preoccupation with the results of a DNA sample which had been taken earlier by members of the Winnipeg Police Service. He was apparently concerned, as indicated by other inmates who had befriended him, about an old sexual offence that might be revealed and he was concerned about having to serve a lengthy gaol term. This last revelation was contained in a letter to his girlfriend which was found in his cell. On the evening prior to his death he had attempted to call his lawyer and he had requested the staff to contact the R.C.M.P. in order that he could confess to an old crime. However, as the request was made just prior to a weekend he was advised by institutional staff that he could not do so until the following Monday. His suicide occurred in the intervening time. Institutional records and observations indicate that although he was concerned about the possibility of a new and serious

charge he was acting appropriately in terms of asking for assistance, accepting feedback and did not appear to be emotionally overwhelmed.

[24] Upon admission to Stony Mountain Institution, he spoke with a correctional officer and advised of his history of frequently thinking about ending his own life but denied any plan or intent to do so. He spoke with a psychologist on June 2nd, 2003 and to another psychologist on June 20th, 2003, and again indicated similar information. He indicated that he was not suicidal at the time and was assessed by the psychology staff at Stony Mountain Institution as presenting a low or moderate risk for suicide.

[25] Mr. Lagimodiere was not placed on suicide watch during any of his period of incarceration, although he had been placed on suicide watch on eight occasions during prior federal incarcerations.

[26] Mr. Lagimodiere had three prior suicide attempts which have already been outlined. In the one month prior to and immediately prior to his suicide there was no evidence of suicide attempts or self-injury. It should be noted that Mr. Lagimodiere was placed on the mental health unit on his own request in order to access programs and to continue the intake process. He was described as being well adjusted and got along well with his peers. During interviews by staff,

including psychological staff, he admitted to his prior history of suicide and his current suicide ideation, but denied any plans or attempts.

[27] As already indicated, he was responding well to his Haldol injections and was compliant with the medication. There was a suggestion that the schizophrenia was in remission. Mr. Lagimodiere had been under psychiatric care basically with one psychiatrist for a period of ten years prior to his death. He was seen by Dr. Stanley Yaren as an outpatient for three years prior to the year 2000. This included meeting with Dr. Yaren at an outpatient clinic for interviews and for injection of his Haldol medication at four week intervals. The Haldol regime of 180 milligrams was described by Dr. Stanley Yaren as being a high dose, but was effective in Mr. Lagimodiere's instance in that there was a good response and no reoccurrence of symptoms. Mr. Lagimodiere was described as being quite motivated to improve his illness and had a good degree of insight. Although new drugs were available for the treatment of schizophrenia, Mr. Lagimodiere was content with the Haldol treatment and was anxious regarding any changes in the medication regime to which he was now quite content. Dr. Yaren's care of Mr. Lagimodiere continued not only in the community but also extended to the periods of time that Mr. Lagimodiere was incarcerated.

[28] Dr. Yaren last saw Mr. Lagimodiere on June 11th, 2003 and noted that there had been no relapse of Mr. Lagimodiere's schizophrenic symptomology for a period of four years. There was no cognitive decline. Mr. Lagimodiere was seen by Dr. Yaren on June 11th as this was a prearranged appointment at a regularly scheduled clinic held at Stony Mountain Institution. Dr. Yaren appeared to be content with the progress of Mr. Lagimodiere's treatment and the prescription was renewed with a return visit to be scheduled at the next clinic.

[29] All collaterals, with the notable exception of Mr. Lagimodiere's girlfriend, were surprised or very surprised to hear of Mr. Lagimodiere's suicide.

[30] It was noted by Dr. Yaren, whose evidence will be dealt with in more detail later in this report, that Mr. Lagimodiere's desire to confess to a prior crime was a clear stressor, but that Mr. Lagimodiere had tolerated other stressors quite well in the past during his treatment of him and that when Mr. Lagimodiere had gone to gaol previously, this being a major stressor, he had handled that well.

III. WITNESSES CALLED AT THE INQUEST

Correctional Officer C. McDonald

[31] This witness gave evidence in her capacity as a Correctional Officer. At the time of Mr. Lagimodiere's death she had been in this capacity for a period of three

and a half years. She testified that she has a caseload of inmates of approximately seven or eight. Her work involves daily interaction with the inmates, thirty day reports and generally deals with the inmates in terms of their problems, security, assistance to the inmates and related duties. Mr. Lagimodiere was not on her caseload.

[32] She testified that on June 29th, 2003, one of her duties was to do a count on the mental health range of the inmates at specified hours. She started her shift at 3:30 p.m. and was doing a double shift. Her shift started at 3:30 p.m. and was to be of sixteen hours duration. She testified that there are two types of counts, one being the formal count and one being a takeover account. During formal counts the number of inmates on a particular range in the Stony Mountain Institution is done at specific times. In a takeover count the whole institution is counted with one person being assigned. On June 29th, 2003, she was the person responsible for the takeover count with other correctional officers assigned to each range.

[33] She testified as to the use of the Tag of inmate counting. This was known as the "Dyster system". Essentially the counting of inmates is done manually by utilizing a walk on the specific range. As the correctional officer walks down the range, he or she writes down the number of inmates on the range and this is

manually recorded in a recording manual. On June 29th, she commenced her count of ranges A1 - A8. These ranges are on opposite sides of a long hallway which is best depicted in a video which was taken during the holding of the inquest one day at the institution specifically set up for the inquest to have a view of the area in which Mr. Lagimodiere had been placed and had committed suicide.

[34] She testified that she started counting Unit 1 which checked out okay and then Unit 5 which checked out okay and then went to Unit 1. She was using a manual count sheet to count the number of inmates on each unit. Unit 1 is also known as range A7 and is also known as the mental health range, which is the range in which Mr. Lagimodiere had been placed. She initially checked on his cell A7-20 and then proceeded in descending order to cell A7-19, 18 and so on. When she got to cell number A7-7 she found the inmate Lagimodiere hanging by a blue bed sheet which had been attached to the bars of the cell.

[35] She testified that at first she just saw a blue colour when she pulled back the curtain, which curtain is contained on every cell. She saw a twisted hand and then a noose at the top of the cell bars. She did not open the door as is policy that cell doors are not to be opened unless two officers are present. The doors are actually opened from a central location, known as “the pod”, which is at the front

of the ranges. She walked approximately 20 feet away for assistance to the pod, also known as a kiosk and waited for assistance. Assistance arrived almost immediately and she and another correctional officer went back to the cell. She touched the inmate through the bars. She could see through the bars. The door was opened and Mr. Lagimodiere was found as indicated hanging from the cell bar with one foot on his bed and one foot on the floor.

[36] She testified that it was approximately one minute from her initial call for help for a second officer to the time that she and the second officer arrived at the cell of Mr. Lagimodiere and opened the cell. She testified that from the time of her first observation of Mr. Lagimodiere to the time of the opening of the cell was three to five minutes in total.

[37] The entire chronology of her actions that night as follows:

- 1) 4:10 hours arrives at Unit 1 upper to complete the formal institutional count. She proceeds with this process on A6 and A8 ranges.
- 2) 4:19 hours she enters A5 range completes the count and then proceeds up the stairs located at the back of the range leading to A7 range.
- 3) 4:20 hours she begins the count at A7 range starting at the back of the range and proceeds towards the front. She arrives at cell A7-7 and observes inmate Lagimodiere with a bed sheet fastened around his neck and is suspended from the second horizontal cell bar located to the left side of the cell door.

- 4) 4:21 hours she proceeds to the front of A-7 range to inform a CO I of the incident and instructs him to call for immediate assistance.
- 5) 4:22 hours she returns to cell A7-7 and makes an attempt to have Mr. Lagimodiere respond by calling his name several names as well as pushing on his back through the cell bars. There is notable response from inmate Lagimodiere.
- 6) 4:23 hours two CO I officers arrive at Unit 1 upper, a third CO I obtains a 911 rescue knife from the key safe and the officers proceed to cell A7-7.
- 7) 4:24 hours a fourth CO I arrives at Unit 1 upper retrieves a CPR airbag from the fire equipment room and proceeds to cell A7-7.
- 8) 4:25 hours the CO II (McDonald) opens cell A7-7 from the kiosk and the three CO I's enter the cell. Two CO I's support Mr. Lagimodiere's body and the third CO I utilizes the 911 rescue knife to cut the ligature secured around the subject's neck. Once the ligature (a blanket) is cut, Mr. Lagimodiere is lowered onto the cell bed by two of the correctional officers.
- 9) 4:25 hours McDonald calls 911 and requests for an ambulance to attend the institution.
- 10) 4:26 hours the fourth CO I delivers CPR airbag to cell A7-7 and the three CO I's begin to perform CPR on inmate Lagimodiere.
- 11) between 4:28 hours and 4:53 hours attempts at resuscitation are made by correctional officers and by ambulance attendants who arrive subsequently without success.

Correctional Officer D. T. Felix

[38] Correctional officer Felix testified that he was informed by correctional officer McDonald that Lagimodiere was hanging from the bars on cell A7-7. He contacted the keeper of the prison (Burns-CX3) for backup. When backup arrived

he entered the cell along with correctional officer Thomas and correctional officer Daoud (CO I) he noticed that the inmate Lagimodiere was hanging from what appeared to be his bed sheet. Mr. Lagimodiere's back was against the bars on the left side of the door to the cell. It appeared that the inmate Lagimodiere had sat on the edge of the bed and tied the sheet high on the bars. Correctional officer Felix cut the inmate Lagimodiere down with the rescue knife. The inmate was placed on his bed and correctional officers Daoud, Thomas and himself performed CPR until the ambulance arrived at 04:52 hours. The ambulance attendants pronounced the inmate Lagimodiere deceased at 04:55 hours after talking on the phone with a physician.

[39] He testified that his last walk through the range past the cell of Mr. Lagimodiere was at approximately 03:20 hours and there was no indication of problems at that time.

[40] He also testified regarding the hourly count that is done on the mental health range where Mr. Lagimodiere was placed. He indicates that these walks are done hourly and each walk around the range takes about four minutes or less. He looks into each cell through the window in each cell which is not covered by the privacy curtain, using a flashlight. As already indicated his last walk and his last

look into the cell of Mr. Lagimodiere was at approximately 3:20 a.m. He believes that to be the last time that an observation was made of Mr. Lagimodiere's cell. He further testified that he arrived at the cell to cut the blanket around Mr. Lagimodiere's neck there was no signs of life. He is trained in CPR and in the use of an airbag. He testified that he did all he could according to his training, including use of the airbag, CPR resuscitation methods and chest compressions, all without success.

Correctional Officer S. Thomas

[41] Correctional officer Thomas testified that he is a CO I correctional officer of twenty-one years experience. He testified that he was called to Unit 1 at approximately 4:20 a.m. while working the midnight shift. He responded to the request as he was nearby in Unit 5. He testified that he went upstairs to range A7 and that this was his first time attending to a suicide. He testified similarly to correction officer Felix. He testified that when he arrived at the cell the cell door was open and upon observing the inmate Lagimodiere hanging by a bed sheet from his cell bars he lifted the inmate a bit in order that another officer could cut the blanket. He found no pulse. He commenced chest compressions while another officer tilted Mr. Lagimodiere's head back. Another officer did mouth-to-mouth

resuscitation. He noted the nails of Mr. Lagimodiere to be black and blue and there was no signs of life.

[42] He testified that CPR efforts continued until the ambulance attendants arrived and until they were told to discontinue resuscitation at approximately 4:55 a.m. He testified that the R.C.M.P. arrived shortly thereafter with a video camera and took a video of the scene.

Correctional Officer M. Plowman

[43] Correctional Officer Plowman (CO I) testified that on June 29th, 2003, at approximately 4:20 a.m. a call came through on the radio from another correctional officer to attend Unit 1. He arrived at cell A7 on range 7 and noted correctional officer Thomas and correctional officer Daoud doing CPR on the inmate Lagimodiere. He spoke to an inmate who resides in cell A7-8 next door to inmate Lagimodiere. The inmate indicated that he did not hear or see anything. The inmate told him that he was awake all night and heard nothing from the adjoining cell of the inmate Lagimodiere. The inmate told him that the inmate Lagimodiere had broken up with his girlfriend the day before and seemed depressed all day. He testified that his involvement in the incident was minimal and that he helped more with the R.C.M.P. and medics when they got there.

Kevin Belton

[44] This witness testified that on June 28th, 2003, at 9:00 p.m., some nine hours before the discovery of the body of Mr. Lagimodiere, he was approached by Mr. Lagimodiere at the Unit 1 upper kiosk and asked if he could speak with him. Mr. Lagimodiere and Mr. Belton went off to one side and Mr. Lagimodiere then stated he wanted Mr. Belton to contact the R.C.M.P. as he wished to confess to a crime he had committed some years before. Mr. Lagimodiere only wanted to discuss the matter with the R.C.M.P. Mr. Belton advised Mr. Lagimodiere that certain guidelines had to be followed regarding the contact of outside law enforcement agencies and that he would have to speak with his superior which would not be possible until probably Monday morning. The witness testified that Mr. Lagimodiere stated he would wait until then to speak to the R.C.M.P. and Mr. Lagimodiere returned to his range. Mr. Lagimodiere was observed throughout the evening writing on a notepad and could be seen walking about the range. The witness testified at no time during the evening did Mr. Lagimodiere show any visible signs of being agitated or upset and also no indication from the other inmates on the range that there were any problems during that evening. Mr. Belton is a correctional officer II. He has been so employed since 1994. On the evening in question when he met with Mr. Lagimodiere he was the acting correctional

supervisor for the general population. He testified that if he had detected any suicidal ideation from Mr. Lagimodiere he would have advised the psychology department or taken other action.

Correctional Officer D. Zawada

[45] This witness is a correction officer who works on the intake assessment unit and was so assigned on June 29, 2003. His duties include assessing all incoming inmates for placement within the institution or placement outside the institution should that be necessary. Mr. Zawada did not see Mr. Lagimodiere. He received Mr. Lagimodiere's community file which he received from Mr. Lagimodiere's community parole officer A. Penner. He testified that the community parole officer provides a report when an inmate first comes in. He does not have suicide watch training or formal training in psychology. Part of his job is to have the inmate complete forms which includes questions regarding the inmates mental health. He testified that according to the community parole officer's report there was no current suicide ideation, although there was a past history of attempts. Overall he testified that he was not left with the impression that Mr. Lagimodiere, despite his previous suicide attempts and psychiatric history, was at risk to commit

suicide. An e-mail from Abe Penner, the community parole officer, directed to the various individuals at the Stony Mountain Institution reads as follows:

- “Richard Lagimodiere, date of birth 1971/06/09 at HCI two years, six months for robbery and break and enter and theft effective May 21st not suicidal, but has attempted suicide
- before waiver signed and they promised to send this morning
- has a history of mental problems
- spent time in SMI before
- presented well during interview – does okay when on medication, I suppose
- did not indicate concerns for personal safety, but did request he be placed in mental health right away”

[46] Mr. Zawada testified that Mr. Lagimodiere entered the Stony Mountain Institution on May 23rd, 2003. Mr. Lagimodiere was assigned a parole officer M. K. Lang to whom all reports regarding Mr. Lagimodiere would go. He testified that case management is done by the parole officer who is assigned to an inmate. He testified that any mental health assessments are done by the psychology department, which can be done relatively quickly although it would take a few days.

Taking of inquest video at Stony Mountain Institution on Friday, February 4th, 2005

[47] At the request of myself as the presiding judge of this inquest, all parties with standing, including the Court, the court clerk and all counsel attended to the Stony Mountain Institution to view the range on which Mr. Lagimodiere had committed suicide and also viewed the range on which another inmate by the name of Alan Nicolson, the subject of another inquest, had committed suicide. In addition the inquest viewed and had videotaped the suicide watch range at Stony Mountain Institution on the same date.

[48] The video was taken by an employee of Corrections Canada and has been filed as an exhibit in this inquest being Exhibit 7.

[49] The video depicts the range and the cell in which Mr. Lagimodiere had committed suicide and is a visual aid to this inquest in terms of the structure of the area in which Mr. Lagimodiere was held and the surrounding area. Rather than describe what is on the video in any great detail, the reader of this inquest report is referred directly to the contents of that video. The physical description of the range will be contained in summary in this inquest report at a later point as described in the testimony of viva voce witnesses.

[50] The attendance at the Stony Mountain Institution by this inquest was an invaluable tool and aid in being able to visualize what had occurred on the morning of June 29th, 2003 and has aided me in arriving at the recommendations as contained at the end of this report.

Greg Eckes

[51] This witness is a nursing assistant at Stony Mountain Institution and has been for nine years. Prior to that he worked at the Health Sciences Centre for ten years. While he was previously employed at the Health Sciences Centre he did work at the psychiatric ward at times and on other wards, but was not involved in any mental health assessments. He testified that he knew Mr. Lagimodiere in 1996 during his prior incarceration, but he has no recall of anything specific. He testified that he did deal with Mr. Lagimodiere in 2003. His specific recollection was that on August 6th, 1996, he observed a scuffle between Mr. Lagimodiere and another inmate in the psychology lounge.

[52] The witness testified what was then known in 2003 as the “mental health range” is now called the supportive living range, the name being changed in 2004. He testified that he has not been involved so much with the unit as of late, but more involved in doing testing in the intake assessment unit. In 2003 he testified

that he had daily interaction with inmates in terms of assisting with medical needs, counseling, and so on. He testified that he made no notes from 2003 dealing with Mr. Lagimodiere, but does recall meeting Mr. Lagimodiere on the intake assessment unit. He testified that Mr. Lagimodiere requested that he wanted to go immediately to the mental health unit.

[53] He testified that he invited Mr. Lagimodiere to a meeting to discuss his placement and that Mr. Lagimodiere seemed satisfied with that. Eventually Mr. Lagimodiere was moved from the intake assessment unit directly to the mental health unit.

[54] He testified that the mental health unit name is a bit misleading in that the mental health unit, as it was then called, rarely if ever was filled with mental health “patients”. He testified that he has no suicide prevention training. He testified that after the death of Mr. Lagimodiere and another inmate, Alan Nicolson, in the summer of 2003, he did not notice any changes to the intake assessment unit procedure, although he was not really involved with Unit 1 after that time.

[55] He testified that placement of an inmate after the assessment procedure has been completed is done by a team including a psychologist, a correctional officer, an institutional parole officer and a unit manager.

[56] He testified at time-to-time he went to these meetings although he was not involved in any decision as to placement. He was simply there to assist with information to the team. He testified that the psychology department is in a separate area of the building. He testified that in a meeting with Mr. Lagimodiere he did not have any concerns with Mr. Lagimodiere being suicidal.

Mark Fortier

[57] This witness was Mr. Lagimodiere's assigned parole officer. He had been employed as of June 2003 for one and a half years at Stony Mountain Institution. He has a Bachelor of Arts degree in Social Work and a Bachelor of Arts degree in Justice. Previous to his employment with Corrections Canada he had worked for Addictions Services in Saskatchewan as a counselor on an outpatient and was involved with diagnosis and general counseling. Mr. Fortier is involved in the intake assessment process and was involved in that process with Mr. Lagimodiere. He gathers information, including social history, crime history, court documents, police reports, all for the purposes of placement of the inmate and security classification of the inmate. He testified that upon admission of an inmate he will have the inmate's institutional file available to him as well as a community assessment from the community parole officer.

[58] He testified that he would do a correctional plan for the inmate, although in the case of Mr. Lagimodiere the process had not yet even started. Mr. Lagimodiere did go through the security classification and custody rating scale, but at the time of the suicide he had not yet finished the formalized intake assessment process with approximately two weeks remaining in that process. On June 18th, 2003, Mr. Lagimodiere submitted a request to move to the mental health unit range in order to gain access to programming and opportunities to make more money. The request was reviewed and consultations occurred between the parole officers responsible for the intake assessment unit and the mental health unit. The request was approved. Mr. Lagimodiere was moved onto the mental health range on June 20th, 2003, for completion of the intake assessment process.

[59] Mr. Fortier testified that he knew Mr. Lagimodiere had schizophrenia and was on injectable medication. He had recommended to Mr. Lagimodiere's parole officer Charmaine Nichol that he be approved to move to the mental health unit which as indicated was done.

[60] He testified that Mr. Lagimodiere seemed pleased with his recommendations. He testified that Mr. Lagimodiere appeared stable to him and displayed no overt symptoms and expressed no suicidal thoughts. Mr. Fortier

testified that he realized and was aware of an incident that occurred on June 24th, 2003, whereby Mr. Lagimodiere disclosed that another inmate had been making daily sexual advances towards him as a result of which a fight had occurred and he had bit of a portion of the eyebrow of the offending inmate.

[61] Mr. Fortier testified that this did not raise alarms with him respecting Mr. Lagimodiere's mental state, as he considered this an isolated act. He testified that there was no indication Mr. Lagimodiere was considering suicide, he presented as quite forthright, open and stable and that Mr. Lagimodiere said that he had lots of things to live for, that he wanted to do his time and get back to his family.

[62] The witness testified that he considered the suicide risk of Mr. Lagimodiere to be low. He further testified that although he was Mr. Lagimodiere's intake parole officer he did not have access to Mr. Lagimodiere's health care records, or to his psychology records directly. He was, however, aware of Mr. Lagimodiere's psychological assessment at the time of admission and that Mr. Lagimodiere was getting treatment for schizophrenia.

Theresa Houston

[63] The witness is a psychologist employed with Stony Mountain Institution and was so employed from January 2002 to the time of the inquest. She testified that there are a number of psychologists on staff, of which she is an associate. She has a Bachelor of Arts degree and a Masters Degree in Educational Psychology. She had worked previously as a therapist at several locations in community mental health and specialized in male violence. She graduated with her Masters Degree in 1989.

[64] She testified that she was given no specific training by Corrections Canada. She was given an orientation session prior to her employment in the psychology department. She testified that a suicidal ideation is quite common with inmates. She testified that she had a case load of 15 inmates in June 2003, of which she considered two suicidal. She testified that although suicidal ideation is not uncommon, a more serious form of diagnosis being “suicidal ideation with intent” is rare and that if this occurs an inmate is sent to suicide watch. She testified that she is involved in the intake assessment process in that she does an initial psychological assessment by interviewing the inmate, reviewing the community parole officer report, by doing a psychological intake screening which is actually

done by the unit manager, but which she reviews, and by a formal psychological intake assessment which she conducts. This assessment is mandatory and in the case of inmates with three or more schedule 1 offences (serious offences) and it is a fairly sophisticated assessment involving psychological tools and a clinical interview. She testified that she administered the best suicide scale test (BSS) to Mr. Lagimodiere and he scored 16 on that test which is a rating of high. The suicide assessment form is filled out by the inmate.

[65] She testified that upon the finding of the score she sent the result to all interested parties, the primary notification being to health care at the institute and also to Mr. Lagimodiere's parole officer and unit manager. She testified that 95% of inmates report drug and addictions concerns which was also reported by Mr. Lagimodiere.

[66] She testified that there is no psychiatric nurse on staff. She testified that she "would love to see more involvement from the mental health unit in the assessment process". She testified that mental health issues are not being properly addressed in terms of treatment. She testified that where serious mental health issues arise, for instance in cases of inmates with schizophrenia, they are transferred to the mental health unit.

[67] She describes the mental health unit as being an area of the prison that is segregated from the general population, which is they are isolated from the general population but there is not much difference in their treatment other than the segregation. She testified that she is not directly tied to the mental health unit. She testified that she would desire that there be a psychologist attached directly to any mental health unit at the institution, that there be a full time psychiatric nurse at the institution and that there be more programming and treatment resources and facilities provided. She in effect testified that there is little to nothing being done at Stony Mountain Institution with respect to the treatment of inmates with serious psychological disorders.

[68] She testified that since the death of Mr. Lagimodiere and the death of another inmate, Alan Nicolson, there has been changes to the suicide protocol, that the protocol is more defined. She testified that a crisis suicide intervention team is created whenever an inmate is placed on suicide watch. She testified that her immediate supervisor is the institution psychologist Dr. Kent Sommers. She agreed that in the case of Mr. Lagimodiere there were a number of increased risk factors, along with a number of reduced risk factors, the reduced factors being that he was compliant with medications and did not overtly threaten suicide. She agreed she would have notified others in the institution if she had suspicions of self harm by

Mr. Lagimodiere. She relies on the self reporting by inmates with respect to suicide although there is no way to tell if they are being honest. She agreed that Mr. Lagimodiere's mental condition was stable from June 6th to June 20th, 2003.

[69] She testified that the psychology department is making continuous requests for more resources, such as a full time psychologist for the mental health unit and a psychiatric nurse to be utilized both by the mental health unit and by the intake assessment unit, which requests to date have not been complied with. She testified that in the past there has been a full time psychiatric nurse at the institution but that is no longer the case.

Vanessa Einarsson

[70] This witness was the girlfriend of Mr. Lagimodiere. She testified that she met Mr. Lagimodiere in January of 2000 and has been with him ever since. They have a son named Wayne born on November 16th, 2000. Before Mr. Lagimodiere went to gaol she describes having a good relationship with him, in which he fully participated in raising their son. She was aware of Mr. Lagimodiere's psychological history and went with him for his injections of Haldol every four weeks. Towards the end of the period just before his injections she would note that Mr. Lagimodiere would get edgy, but when she went with him to Dr. Yaren's

office at the Winnipeg Health Sciences Centre for his injections that his mood would change for the better. According to her Mr. Lagimodiere had delusions, including an incident in March 2001, in which he became so delusional that she was concerned about his overall health but he eventually calmed down.

[71] She testified that the injections of Haldol were really quite helpful to Mr. Lagimodiere, in that he would be able to sleep better, he acted normally and generally the injections were very effective in controlling his mental disorder. She was not aware of Mr. Lagimodiere's earlier suicidal attempts that have already been described. She was aware of Mr. Lagimodiere's family history of suicide and knew he had a major psychological disorder. She describes her overall relationship with Mr. Lagimodiere as "rough". She was aware that Mr. Lagimodiere at times would use crack cocaine and when he did she would not want him around. According to her recollection he began using crack cocaine some time in July 2002 and eventually this led to him being kicked out of her residence in April of 2003. Mr. Lagimodiere according to her recollection was arrested on April 11th, 2003. She did not see him while he was in prison, but would speak to him several times a day. She says that Mr. Lagimodiere was never violent with her or her son, but that he was capable of violence when angry.

[72] She testified that Mr. Lagimodiere was very concerned about an undisclosed past crime and more so after the R.C.M.P. took a DNA sample from him pursuant to a court ordered DNA Order. The DNA sample that he gave and the results that may come back were constantly on his mind. Mr. Lagimodiere disclosed to her that he was involved in a Main street stabbing at the age of 16 and that he believed that he may be tied to the stabbing as a result of the DNA sample that he gave.

[73] She testified that Mr. Lagimodiere sent a suicide note to her and she provided a copy of this suicide note to the inquest. Upon review of the suicide note it was agreed by all parties to the inquest that in fact this was not a suicide note, but rather an expression of general concern and angst, but did not indicate that suicide was imminent. She testified that she was constantly worried about Mr. Lagimodiere doing self harm and that he had told her that if he and she broke up he would kill himself. She testified that she called Stony Mountain Institution on June 28th, 2003 and expressed her concerns to whomever she spoke to that she was afraid that Mr. Lagimodiere was suicidal. She testified that she called Corrections Canada Stony Mountain by telephone and spoke about three minutes with someone she could not identify.

[74] She testified that she was concerned Richard Lagimodiere would do self harm and she identified herself as his girlfriend. She testified that whoever she spoke to on the phone, she had an East Indian accent, said “we’ll look into it”. She testified that she made the call from her house and she does not know if it was recorded. With respect to the suicide note, as it was termed, this was filed as Exhibit 14. She testified that on the morning of June 29th, 2003, she woke up at 4:00 a.m. as she had a nightmare involving Mr. Lagimodiere being in distress.

[75] She testified that she was told at approximately 6:00 a.m. on June 29th that Mr. Lagimodiere had committed suicide. She testified that she spoke often with Mr. Lagimodiere while he was at the Stony Mountain Institution and while he was at the Winnipeg Remand Centre and also while he was at Headingley Correctional Institute. She believes that the note referred to in Exhibit 14 was further to a conversation that they had on June 28th, 2003 in which she had indicated that she may be breaking up with Mr. Lagimodiere.

[76] She further testified that a female person from Corrections Canada had come to her residence prior to June 29th, 2003 on a date she could not recall which was further to Mr. Lagimodiere’s intake assessment. She did not speak with anyone else from Corrections Canada regarding Mr. Lagimodiere.

Kent Siemens

[77] This witness is a psychological associate at Stony Mountain Institution. He holds a Master of Arts Degree in Marriage and Family Counseling and was a practicing family therapist in British Columbia for a number of years. He first began employment with Stony Mountain Institution (Corrections Canada) in 1996. He indicates that he received no formal training prior to his employment but did attend two or three orientation sessions. He had previous training in suicide and suicide prevention as part of his Master of Arts Education. He had also attended a one day seminar “Assessing Suicide Risk” put on by the Manitoba Psychological Society which is the educational wing of the Manitoba Society of Psychologists. In his current job he is a clinician with the Sex Offender Program at Stony Mountain Institution. He commenced this job in the spring of 2003, having received two weeks training in sex offender therapy. He returned to Stony Mountain shortly after his training. Prior to being a sexual offender program clinician he did do psychological intake assessments and was involved in crisis intervention for inmates. His job in that regard was taken over by Theresa Houston.

[78] He testified that the Department of Psychology’s role at Stony Mountain Institution was multi-faceted. The role of the department included he being notified

of new offenders, and receiving a printed copy of the inmate's preliminary assessment. After reading the report if there was any mental health concerns then he himself would proceed to the intake unit and interview that inmate in an interview that would take up to one hour. He would take notes during the interview with the inmate. His final assessment of the intake in terms of mental health would take from one day to eight weeks to complete. If there are no mental health concerns then his assessment would take one day, but if there were mental health concerns of a major nature then a full assessment was required, which would take up to eight weeks. His report would be submitted to a case management team that would meet to consider the inmate's placement within the institution, including security placement and general health/mental health follow-up.

[79] He indicates that prior to 2000 he was part of a mental health team as the primary clinician and did so from the fall of 1997 to 1999. He testified that there are currently no clinicians as part of the mental health team. He indicates that there are currently no program officers to provide programming to inmates with mental health needs.

[80] He testified that prior to 1997 there was a psychiatric nurse on staff but this is no longer the case. He testified that the contract psychiatrists to the Stony

Mountain Institution, being Dr. Stanley Yaren and Dr. Daniel Globerman, do not regularly attend mental health team meetings, although that has happened infrequently in the past. As to why he became involved with Mr. Lagimodiere in June of 2003, he testified this was a result of Theresa Houston advising him that Mr. Lagimodiere had an elevated suicide risk.

[81] He testified that it was not his position to do a suicide assessment but he did so because he was available. He testified that he reviewed Mr. Lagimodiere's two page suicide self report which he uses as an aid in assessment of Mr. Lagimodiere's or any inmates overall psychological profile. He indicates that the self report form (BSS) is routinely administered to new inmates. He then meets with inmates and he did meet with Mr. Lagimodiere as a result of the self report form and a review of Mr. Lagimodiere's "psychology file". He was not sure if he had seen all of Mr. Lagimodiere's intake materials before meeting with him, but he did see Mr. Lagimodiere's psychological intake screening interview. He says he was not aware of any particular protocol if an inmate had a high BSS score.

[82] He testified he met Mr. Lagimodiere on June 19th and assessed Mr. Lagimodiere in terms of Mr. Lagimodiere's current state of mental fitness, current stressors, current mood, any suicidal ideations and as a result of his

interview and his overall knowledge of Mr. Lagimodiere's file, he did not place Mr. Lagimodiere in suicide watch, but felt that further assessment was indicated and that a full assessment in terms of a psychological profile needed to be done. This was a process that was still ongoing prior to Mr. Lagimodiere committing suicide on June 29th.

Dr. Kent William Sommers

[83] This witness is a registered psychologist, having obtained his Doctorate in Psychology at the University of Manitoba in 1998 and has been a registered psychologist in Manitoba since 2000. He worked nine years for the Child Guidance Clinic and also in private practice up to the year 2000. He has been employed by Corrections Canada since the spring of 2000 as the Chief Psychologist on the psychology unit at Stony Mountain Institution. The psychology unit consists of himself as the Chief Psychologist, an administrative clerk, apparently borrowed from another department, contract psychologists who are hired on an occasional basis and two psychological associates, one of which is currently doing sexual offender treatment.

[84] He indicates that in the past the department has been much larger, including a Chief Psychologist, two registered PHD Psychologists inside

Manitoba, two registered PHD Psychologists outside Manitoba, a psychological assistant, two clerks and contract psychologists who would be responsible for psychological assessments on intake or for the parole board and a contract psychologist from the Manitoba Schizophrenic Society.

[85] Dr. Sommers testified that through the years the number of personnel in the psychological unit has been considerably reduced as indicated. He testified that the mental health services are available to all inmates and that the mental health team is available to anyone for consultation. Specific services are provided to vulnerable persons, inmates with documented mental illness and inmates with assessments of suicidal problems.

[86] He testified that it is desirable to have a psychiatric nurse, a program officer with an assistant nurse and a parole officer, all of whom would be assigned directly to the mental health unit. As already indicated he testified that the resources have eroded over time due to restraints of budget and shifting demands on the mental health unit's time. Why this has occurred according to him is because of the shift of emphasis to intake assessments being done and parole assessments being done on a timely basis and further resources being taken up by

sexual offender treatment. As a result there is less time for interventions for programming and absolutely no time for research.

[87] With respect to research psychological intervention in an incarceratory setting is an area of research that appears to be quite lacking. He testified that he never met Mr. Lagimodiere. He testified that a recent change from the mental health unit range now being called the “supportive living range” is really only a matter of semantics.

[88] He testified that the range is not truly a mental health range and that there is no true orientation towards mental health. There is a lack of true mental health services and that this is a matter of money. He felt that his unit is not responsible for the mental health range in any way. The responsibility of the unit is to the unit manager and not to the mental health range. The mental health services at the Stony Mountain Institution is a consultive service, where as the running of the range is by the unit manager. They may be called to the unit on a consultive basis, but they are not involved in treatment or programming of anyone on the mental health range or as it is now called, “the supportive living range”.

[89] He views the mental health range as being like any other range with some extra limited resources. He testified that prior to 2003 and the deaths of

Mr. Lagimodiere and Alan Nicolson by suicide, the psychiatric and psychological resources available to inmates functioned somewhat separately. For instance if psychiatry admits someone to the suicide observation then only psychiatry can remove the inmate. If psychology admits someone to the suicide watch or suicide range, then only psychology could remove the inmate. This was the case in 2003. He testified the situation now is that anyone can admit an inmate to suicide watch or observation. The psychology department or health care staff will do the observation of the inmate. An assessment is done by a nurse on weekends or by the psychology department. There is a meeting by the mental health team to plan further action with respect to an inmate on suicide observation. Upon recommendation by the psychology department or the psychiatry department, the department being under contract, an inmate can be removed after recommendation to the warden.

[90] He testified that since 2003 there is better communication between the two disciplines of psychiatry and psychology and that this was in direct response to the recommendations of the commission investigating the death of an inmate, Alan Nicolson, which also occurred in the summer of 2003. He testified that as a result of a new directive, being directive 843, there is now more suicide awareness training and prevention for new employees and refresher training for current

employees. However, he testified that there is really nothing with respect to providing resources for research or for programming.

[91] He testified that training is now required for all CO I and CO II Correctional Officers, which are provided by Corrections Canada on hiring and on demand from correctional program officers and that there is one correctional officer, Greg Hart, CO II classification, designated for training on suicide prevention and detection.

[92] He testified that the contract psychiatrists, Dr. Yaren and Dr. Globerman are attached to the health care unit which is separate from the institutional psychology unit.

[93] He testified that Mr. Lagimodiere was undergoing a psychological intake assessment at the time of his death which was more intensive than the routine intake assessment.

[94] He testified that there are new standing orders from Corrections Canada with respect to suicide and suicide prevention being standing order #843 and #850, which have been filed as exhibits in this inquest.

Dr. Stanley Yaren

[95] Dr. Yaren is a qualified expert in forensic psychiatry and was so permitted to give opinion evidence. Dr. Yaren testified that he has been the contract psychiatrist for Stony Mountain Institution since 1983 and has been attending Stony Mountain Institution for three half day clinics a week along with Dr. Globerman who is the other contract psychiatrist and attends to one of these half day clinics per week. He testified that he receives referrals from Stony Mountain Institution as a result of:

- recidivism, that is from past history of psychiatric illness upon intake;
- screening by medical staff of new inmates where there are indications of anxiety, depression, psychosis, past history self harm ideation, or where the inmate is already on psychotropic prescription;
- by way of psychology department direct referral on intake;
- during family physician clinics at Stony Mountain Institution which are held several times a week;
- correctional staff will also initiate referrals which are filtered through the nursing staff;
- self referred mechanism by the inmate which is then proceeded through a screening process, eventually arriving to him.

[96] Dr. Yaren testified that he was very familiar with Mr. Lagimodiere prior to Mr. Lagimodiere's last entrance to incarceration at Stony Mountain Institution. He cared for Mr. Lagimodiere for almost ten years, including past times that Mr. Lagimodiere was in gaol and in the community between times when Mr. Lagimodiere was in gaol.

[97] Dr. Yaren testified that Mr. Lagimodiere was diagnosed with schizophrenia and that his treatment for the past ten years was directed towards this disease. Dr. Yaren had known Mr. Lagimodiere for three years as an outpatient prior to the year 2000 which included meeting Mr. Lagimodiere regularly for clinical interviews, usually during the time when Mr. Lagimodiere would attend for his four week interval injection of Haldol, which is a psychotropic medication.

[98] Dr. Yaren testified that Mr. Lagimodiere was receiving a high dose of Haldol being 180 milligrams injectible to which he was showing a good response. Mr. Lagimodiere's response to the medication was effective, there had been no reoccurrence of symptoms for several years and Mr. Lagimodiere was quite motivated to take the medication.

[99] He testified that Mr. Lagimodiere had a good degree of insight into his disease although he rejected new drugs as he was content with the Haldol treatment

and was anxious regarding any change in his medication. Dr. Yaren testified that Haldol, was a drug that was first administered starting in 1970 and has shown to be effective in treatment of forms of schizophrenia. He indicated that Haldol has been implicated in psychosis and can result in a dysphoric which can contribute to self harm. However, he had not seen this as a side effect in Mr. Lagimodiere. Dr. Yaren referred to his clinical notes of June 11th, 2003, which was the last time he saw Mr. Lagimodiere. Dr. Yaren attended Stony Mountain Institution on June 11th as a result of a prearranged appointment at a scheduled clinic. His notes indicate that Mr. Lagimodiere had no relapse for four years and that there had been no cognitive decline in Mr. Lagimodiere during that period of time.

[100] His notes indicated that Mr. Lagimodiere admitted to starting using crack cocaine approximately three years ago, which had led to further criminal activity. Mr. Lagimodiere was encouraged to try new medications. Mr. Lagimodiere apparently indicated that he would consider the new medication when he was transferred to the mental health range. Dr. Yaren renewed Mr. Lagimodiere's prescription and scheduled Mr. Lagimodiere to be seen on his next regular visit to Stony Mountain Institution.

[101] Dr. Yaren testified that he was “very surprised” to hear of Mr. Lagimodiere’s suicide. He testified that there is no such thing as a zero risk of suicide in any of his patients with mental illness. He testified that the risk for self harm is greater for individuals with schizophrenia and it is greater during the acute phases of schizophrenia.

[102] He testified the risk for self harm also increases with past history of self harm, history of substance abuse, being younger, social alienation and the presence of stressors. He testified that Mr. Lagimodiere’s desire to possibly confess to a serious past crime, possibly homicide, was a clear stressor. However, Mr. Lagimodiere had tolerated other stressors quite well in the past during his treatment of him and as well Mr. Lagimodiere had been in prison for lengthy periods of time previously and had handled those periods well.

[103] With respect to Dr. Yaren’s relationship with Stony Mountain Institution, he testified that he reports directly to the Chief of Health Care, being Dr. Kim Shaw. He has a day-to-day relationship with the nursing staff that assists him with his clinics.

[104] He testified that he has occasional discussions with the psychology department on a case-by-case basis. He shares his psychiatric file on an inmate on

a request basis. He testified that the health care file is subject to privacy regulations but is shared on a request basis.

[105] He testified that the intake psychological assessment is placed in the health care file and that he does have access to it. He does not use the self reporting suicide assessment scale, although he is aware that some psychiatrists do use it. He indicated that a high score on the BSS would be of interest to him combined with other knowledge of his patient, but that his other knowledge of his patient may override any score on a BSS self reporting. He testified that there is no psychiatric nurse position currently at Stony Mountain Institution. He testified that it would be highly desirable to have a registered psychiatric nurse (R.P.N.) which is a specialized stream separate from the registered nurse stream.

[106] He testified that a registered nurse who is not a registered psychiatric nurse could be trained in the area, or a registered nurse with experience or training in the psychiatric area would be of assistance. However, ideally he would like to see a registered psychiatric nurse at Stony Mountain Institution. He testified that the absence of a nurse very much affects his ability to assist inmates.

[107] He testified that the function of a registered psychiatric nurse would be:

- to make him and the psychiatry department more familiar with the inmate;
- to provide ongoing care;
- to assist in communication with psychiatrists and the psychology department;
- there would be much better continuing of care between his visits;
- to assist with clinics and provide quick updates on inmates;
- liaison with staff, administration and the psychology department;
- would allow psychiatry to focus on treatment and free time for others in the psychology department of Stony Mountain Institution.

[108] He testified that a registered psychiatric nurse would be very desirable and valuable in the Stony Mountain Institutional setting and would increase the overall functioning of psychiatric aid to inmates. He testified that his ongoing caseload at Stony Mountain is 50 inmates with Dr. Globerman having an ongoing caseload of 25 inmates.

[109] He testified that the majority of Stony Mountain inmates that he sees would be outpatients if they were not in gaol, but this is because there would be a lot more resources available outside of gaol. He testified that in terms of access to a psychiatrist, this is probably better for inmates than it is within the community, as

within the community it would take up to several months to see a psychiatrist, whereas in the institution the psychiatrists go there three times per week.

[110] He testified that the ability of himself and Dr. Globerman to see an inmate as needed compensates for the lack of community resources. He testified that treatment of individuals in an institutional setting is more than just housing them in the same area and that there is no point to housing individuals in the same area if resources are not provided for their treatment.

[111] He testified that there needs to be more up front investment in health issues, including addictions issues and “classic” mental health treatment. He testified that both of these are lacking at the Stony Mountain Institution. Dr. Yaren testified that it is his own perception that he is very experienced in the treatment of schizophrenia.

[112] He testified that he respects all the staff at Stony Mountain in terms of the medical staff and that they have varying degrees of experience and competence. He testified that he was not involved in setting up of the mental health range at Stony Mountain Institution or of any other facility like Stony Mountain Institution. There is no formal notification to him or his department when an inmate is placed on the mental health range. He advises that he is informed by the nursing staff if an

individual is placed on suicide watch and the inmate is either his patient or Dr. Globerman's patient, but is otherwise not advised.

[113] He further testified generally about the progression of schizophrenia which he described as being a progressive disease, going through certain phases. He testified that even upon treatment of individuals who have gone through the phases that relapses are common.

[114] He testified that many patients are fully treated or "cured", but this is only in the minority of cases. He testified that before Mr. Lagimodiere went to gaol in 2003 he was "quite stable", "very cooperative", "insightful", "very compliant", and "never missed his Haldol injection". Mr. Lagimodiere was described as someone with a pleasant demeanor who continued to be quite stable and seemed in particularly good spirits for someone in gaol.

[115] Dr. Yaren further testified and concluded his testimony by stating that he was confident Mr. Lagimodiere was stable at the time of his admission to Stony Mountain Institution and that he saw no signs of concern to him with respect to suicidal ideation when he last met with Mr. Lagimodiere on June 11th, 2003.

IV. ISSUES ADDRESSED AT THE INQUEST

[116] Some context should be referenced in terms of the physical layout of the “mental health range”, as it was then known. The inquest had the opportunity to attend to Stony Mountain Institute (hereinafter referred to as “SMI”) and view the mental health range. We also viewed the suicide watch cells, although this part of the viewing was not relevant to this inquest. A video was taken of our visit and is filed as an exhibit. The video best depicts the areas. The following is a partial summary.

[117] The mental health unit consists of a long rectangular area with a total of 40 cells on two levels, one above the other. As you enter the unit area, there is located a rather spacious control area separate from the inmate area. At this control area a correctional officer will be on duty monitoring the mental health range immediately in front of his “pod” and to his left. To the right is an identical area of 40 cells on two levels that are a mirror the mental health range. This is the Intake Unit range.

[118] Both units are accessed by a hallway and the upper levels further accessed by stairways at each end of the rectangular block. As you enter the mental health

range, all the cells are to the right, on the main level. The second level above is identical.

[119] Each cell is for a single inmate and is rather Spartan, consisting of a bed, a toilet/sink area and a chair/table. The cells were built in a long ago era. The light and plumbing are contained in metal conduits that are exposed. The cell door consists of many vertical and horizontal steel bars. The height of the highest bar is perhaps 6 feet. It was one of these horizontal bars from which Mr. Lagimodiere was able to hang himself, despite his feet still being able to touch the ground. The cell door has a small window and a privacy curtain. The window can be looked into by staff while conducting range counts and monitoring.

[120] At the time of Mr. Lagimodiere's death, the mental health range had 25 occupants. There was some discussion and evidence at the inquest as to how modifications could be made to the cells so as to prevent persons from physically being able to hang themselves. This suicide was the third that had occurred in the mental health and intake units in 5 years, all by hanging.

[121] Having reviewed the evidence and examined the physical layout of the cells, I have concluded that physical changes would be physically and fiscally impossible and would in any event not affect the ability of a determined suicidal

inmate to make a successful attempt by hanging. In so saying, reference should be made to the testimony of the SMI Chief of Works/Engineering, Bruce Cameron, and my more detailed comments in that regard in the subsequent inquest, which I also conducted, of an **Alan Nicolson**.

1. Personal History of Mr. Lagimodiere

[122] It is important to understand the personal history of Mr. Lagimodiere as a backdrop to the decisions that were made by those that came into contact with him during his incarceration. This history is well documented in his institutional files, and is contained in the exhibits filed with this inquest. A good deal of the inquest was devoted to reviewing this background.

[123] In summary, Mr. Lagimodiere clearly had a troubled existence. It was an existence well known to the staff at Stony Mountain Institution. He had an extensive criminal record which has already been outlined, spanning a period of 14 years, commencing in 1989. He first revealed a mental health concern in 1991 when he was admitted to the psychiatric ward of the St. Boniface General Hospital after a suicide attempt. He was diagnosed with paranoid schizophrenia and commenced a regime of psychotropic medication which continued to the time of his death. His illness stabilized within 6 months and continued to be under psychiatric care in the community and during periods of incarceration. He was self-

aware of his problems and compliant with medication and treatment. Symptomology was considered in remission at the time of his death. However, in the months prior to his death he became addicted to crack cocaine and addictions were a complicating feature of his personality.

[124] Just prior to his death he did not appear to be depressed, according to staff. This is contraindicated by his girlfriend/common law wife, although the depression was not seen, even by his wife as being problematic as it was a chronic feature of his personality.

[125] According to his girlfriend he often spoke of ending his own life. He has a documented history of 3 prior suicide attempts. He was placed on suicide watch on 8 occasions during his prior incarcerations, 2 times in response to attempts to harm himself and 6 times as a result of perceived symptoms. While in the community he was compliant with medication and with appointments with his psychiatrist, Dr. Stanley Yaren.

2. Non-Medical and Non-Administrative Institutional Contacts and Response While in Custody from May 23, 2003 to date of death June 29, 2000

[126] A summarized chronology of major events, outside of contacts with Intake, Administrative and the Mental Health departments of SMI on and after Mr. Lagimodiere's admission to SMI on May 23, 2003 is contained in an excerpt

from The National Board of Investigation report (Exhibit 24) from pages 11 to 14 and which I accept as accurate and which is in accordance with the evidence adduced at this inquest.

[127] In addition, Mr. Lagimodiere's girlfriend testified that he had telephoned her in the days prior to his death in which he wanted to end their relationship and that he was contemplating thoughts of suicide. She related that she called SMI with this information, but is unsure what happened with the information. There was no evidence that her concerns expressed were relayed to anyone else in the institute.

[128] With regard to this telephone contact, I am unable to determine if it in fact did occur, given the girlfriend's difficulty with recall and her complete failure to relate this incident to the National Board of Investigation that interviewed her much more shortly after Mr. Lagimodiere's death. The issue is however one of some importance. If it did occur, then certainly the information should have been passed on at the very least to his parole officer. Although the information itself would not have triggered a change in Mr. Lagimodiere's status, it would likely have resulted in some type of follow-up. This would appear to a failing of communication between the institute and those in the community familiar with an

inmate. Mr. Lagimodiere's girlfriend appeared to have pertinent personal information regarding an inmate's well-being.

3. Intake Process and Involvement of Health Professionals

[129] Mr. Lagimodiere was initially interviewed by Assistant Correction Supervisor Michael Dunitz on the day of his entry on May 23, 2003 as no Intake Assessment Unit staff was available. This was approximately one hour after he had been seen by Healthcare, in which no issues were noted. The purpose of this interview was to determine if there were any medical or security issues. Mr. Dunitz was advised by Mr. Lagimodiere that he was not suicidal or thinking of self-harm. He was polite and cooperative. He was advised of institutional rules, given a handbook, allowed a phone call and routinely processed.

[130] Mr. Lagimodiere was extensively interviewed in the Intake Unit on June 5, 2003 by Mr. Dunitz. His notes, entered on the Casework Record Log, indicated that he had no concerns regarding suicide. Mr. Lagimodiere was noted to be a 31 year old federal recidivist offender serving a 3 year term. His past psychological history was discussed and he admitted to crack cocaine addiction. His family background was discussed. He was described as "very cooperative, easy to talk to, polite and respectful".

[131] Mr. Lagimodiere had met with his psychiatrist, Dr. Stanley Yaren, as has already been related, on June 11. His parole officer, Charmaine Nickels met with him on June 19. She discussed his placement within the institute. He again disclosed his psychiatric history and his medication. He was advised that he was accepted to be moved to the Mental Health Range, which would occur tomorrow. No other concerns were reported.

[132] Mr. Lagimodiere met with his parole officer Mark Fortier on June 24, he now being on the Mental Health Range. He apologized for his behavior regarding the ear biting incident with another inmate. This incident was discussed in detail. No further concerns were noted. Charmaine Nickels was advised of Mr. Lagimodiere's comments.

4. Institutional Resources Related to Psychiatric and Psychological Care

[133] With respect to psychiatric care, a psychiatrist attends to SMI on 3 days per week for a half-day. This is premised upon a contractual relationship with Dr. Stan Yaren and Dr. Daniel Globerman. This is an arrangement that has been in existence for almost 10 year. Referrals to the psychiatrists can be made from a variety of sources, including self-referral, intake referral, and referral from the psychology department or from another inmate, subject to approval. Regarding the last, there is a "Samaritan program", whereby designated inmates, trained in

suicide counseling, can make a referral. The evidence adduced at the inquest satisfies me that the psychiatric services offered are adequate. Indeed, as noted by Dr. Yaren, access to his services in SMI is considerable easier than if one were in the community. The quality of these services is not an issue.

[134] There was more evidence adduced at the inquest about the availability and quality of resources available from the psychology department at SMI. There appears to be a lack of resources provided for inmates in the specific areas of treatment, programming and research. The head of the department expressed clear concerns about the utilization of his limited staff. The current utilization is primarily, if not exclusively to the areas of intake assessments and assessment required by the Parole Board. There is in fact no treatment of mental health concerns of inmates at SMI. There is no research, an important area where the professionals are dealing with a rather unique situation – convicts with mental health issues.

[135] The “mental health range” as it was then known is really only a name. No more mental health services are provided than might be available to other inmates in other areas of the prison. It appears that there are more frequent walks by institutional correction staff, so that inmates are kept a better eye on, but other than

that, I have no evidence that being placed in the mental health range means anything. There is no programming. There is no treatment. The mental health staff in the psychology department has no special duties or responsibilities to those inmates housed in this ward.

[136] There appears to be adequate communication between the psychiatric and psychological staff. This was not the case before the **Richard Hansen** inquest report of Judge Joyal of January 18, 2001, but this did not arise as an issue before me.

5. Supervision and Monitoring of Mental Health Range During Early Morning Shifts

[137] SMI has written policies pertaining to the monitoring of the whereabouts of all inmates at specified times and intervals. Inmate counts are either formal or informal. Formal counts are to be done four times per day at set hours. Informal counts are to be done as directed by the Correctional Supervisor in charge of the institution. On the “mental health range”, in addition to the formal counts, there was to be an hourly count. This count was done manually at the time of Mr. Lagimodiere’s death. There is also an electronic system, known as “Silvergard”.

[138] The National Board of Investigation identified a concern regarding these systems, as contained in the report at page 25:

“The Post Order specifies that informal range patrols will be completed by two (2) officers proceeding down the range. This is not possible on the morning shift, as only one (1) officer is available to complete the informal range patrol, while one (1) officer remains at the kiosk to monitor the officer conducting the range patrol. Stony Mountain Institution Post Order #07, entitled Range Patrols, should be updated to reflect the current practice on the morning shift.

It was noted that Stony Mountain Institution utilizes only one (1) Silverguard wand for the purpose of completing the informal range patrols on the morning shift. A CO II attends each unit and provides the Silverguard wand to the officer, who then performs and registers the informal range patrol. This practice would unfortunately limit the unit officers ability to perform and register timely informal range patrols, should the CO II become occupied in another area of the institution. It also limits the flexibility to stagger informal range patrols and to register additional patrols or checks if deemed necessary. In the absence of the CO II, other staff could assist the unit officer in that regard, however in the absence of the Silverguard wand to register the informal range patrol, there would be no documented proof that the action occurred. It is felt that Stony Mountain Institution should explore the option of assigning and placing Silverguard wands to each of the units.

It was determined by the Board of Investigation that the current placement of the Silverguard discs are inadequate to ensure that informal range patrols are completed according to the policy requirement. Security Bulletin 00-14, Security Patrols and Inmate Counts, outlines the importance of ensuring the well being of any inmate observed during counts and patrols with an onus on the institution to establish mechanisms to ensure that these requirements are met. i.e. complete rounds. The Silverguard Data

Collector scanned disc report for the period leading up to the incident identifies that on 2003-06-29 informal range patrols occurred on A7 range at 0101:25 hours, 0159:54 hours and 0315:47 hours. On those specific occasions, it would appear that the officer entered the front of A5 Range, proceeded down the range and performed a cursory check of the inmates located there. He then proceeded to the disk, which is mounted on the outer range wall midway down range, and registered the wand on the disk. The officer then proceeded to the stairs, located at the end of A5 Range and, proceeded up the stairs to the backend of A7 Range. He then proceeded to conduct the cursory check of the inmates on that specific range, finally arriving at the front-end of A7 Range, and registering the wand on the disk located at the front of A7 Range.

Because of the current location of the Silverguard disks, it is not possible to determine the exact time spent on each specific range. It is verified that the length of time that elapsed between the time that A5 and A7 disks were punched, as indicated in the timeframes specified above, is forty-two (42) seconds on the first occasion, fifty-six (56) seconds on the second occasion and fifty-three (53) seconds on the third occasion. Upon initial review, these do not appear to be reasonable lengths of time to conduct proper an informal range patrol, to ensure the presence of live, breathing bodies as required by Commissioner's Directive 566-4, Inmate Counts, however as stated previously the current location of the disks do not cover the ranges in their entirety. It was also determined that although there are a total forty (40) cells located on A5 and A7 Ranges, only twenty five (25) of the cells were occupied on the date of the incident. Further complicating the issue is that the time needed to proceed between the ranges also needs to be factored into those specific timeframes. As well, some disks are located on the outside wall, which means staff could conduct their walks without necessarily walking close to the cells, and if they did walk adjacent to the cells, they would then need to proceed to the outer wall to register the wand on the disk. As such it is difficult to determine the actual amount of time spent on the individual ranges, for the actual patrol. When Correctional

Officers were questioned about the thoroughness of the informal range patrols in relation to scanned disk report, all staff indicated that they checked each inmate according to policy. This being Stony Mountain Post Order 561.45, entitled Conducting Inmate Counts, which specifies; ‘To ensure by personal observation, that each inmate on the Register is alive and in the cell assigned to him, or is in a place where he is authorized to be.’ In addition to this, the CO II, whose duty was to monitor the officer conducting the informal range patrol from the kiosk, advised the board that her personal observation of the officers conducting their informal range patrols on the night of the incident, was according to that policy.”

[139] The inquest was told that the Silvergard system is now in place. The adequacy of the monitoring was an issue at the inquest in that there was speculation that more frequent monitoring may have detected Mr. Lagimodiere earlier and saved his life.

[140] I have concluded that more frequent monitoring would not have made any difference. It would be an easy matter for an inmate in his cell to note the passing of a guard by his cell for a count and to time the suicide attempt accordingly. The issues raised at the inquest regarding the monitoring do not impact the mandate of this inquest.

6. *The Emergency Response to the discovery of the body of Richard Lagimodiere*

[141] The initial part of this inquest focused on the initial response by staff at the SMI to the discovery of the body of Mr. Lagimodiere. All staff that were involved in the discovery and follow-up acted promptly and efficiently. I had some concerns about the delay caused upon discovery of Mr. Lagimodiere found hanging, occasioned by institutional policy requiring two officers to be present upon opening of a cell. However this delay would not have made a difference to the saving of his life, and I am satisfied this was required as a security and safety issue. The emergency measures that were utilized involving the use of CPR and an airbag were performed with the requisite skills and timeliness.

[142] On the totality of the evidence and circumstances, I am satisfied as to the manner of response by correctional and other emergency personnel after the discovery of the body of Richard Lagimodiere.

V. RECOMMENDATIONS

[143] In making these recommendations, I had thought of making some others. However, I am cognizant of the statutorily mandated limits of this inquest. I bear in mind the inquest scope direction I have received from the Medical Examiner, and thus I promote the following.

RECOMMENDATION NO. 1

The immediate hiring of a registered psychiatric nurse, to be assigned to the institution's psychology department and made available for consultation with the contract psychiatrists.

[144] As indicated by both Dr. Yaren and Dr. Siemens, there is an acute need for a psychiatric nurse. The duties of the nurse would be to assist in the intake process; to monitor, observe and take notes of inmates assessed with mental health issues; to act as liaison between psychiatry and psychology; to be a contact person for relaying of familial information or outside institution concerns; and to help create and administer treatment and therapeutic programs.

[145] I appreciate that anything that might be said in terms of detection of suicidal ideation by doing something different is speculative and based much on hindsight. I accept that the detection of suicidal ideation is difficult, particularly when one recognizes that it would be the desire of the suicidal person to conceal such ideation. In the case of Richard Lagimodiere, the ability of a psychiatric nurse to be in day to day contact with him, to have responsibility for his day to day general psychiatric well-being and to be the contact person for concerned family - this may have been able to prevent suicidal ideation from then taking such a tragic

outcome. Alternatively the ideation may have been detected and dealt with by intervention and therapy.

RECOMMENDATON NO. 2.

Consultation by Stony Mountain administration with the psychology department with the goal to creating programming and to promote research with regards to mental health issues in an institutional setting; at a minimum to bring staffing levels back to pre-1997 levels.

[146] The creation of an ‘Integrated Mental Health Unit’, as it was referred to during the inquest would attach itself directly to a true mental health unit where treatment and programming would be provided to identified inmates. Such a unit would consist of a registered psychiatric nurse, a program manager, a dedicated parole officer and an assistant nurse.

[147] I appreciate that corrections officials and administration have a difficult job. I appreciate that there are limited financial resources. Inmates in penitentiaries are no doubt more difficult to deal with than the norm. They evoke less sympathy, perhaps rightly so, than law abiding citizens.

[148] Thus they are not high on the list of governmental priorities in the allocation of fiscal resources. Nevertheless they are human beings. They are still citizens. We, as a society have decided to punish them by absolute confinement.

They are our societal responsibility. As we must house and feed them, so too must we care for their medical needs. Defined psychiatric disabilities are a subset of general medical disabilities. Inmates should be treated for their mental health issues, and the resources made available for their treatment, in the same way as any other medical disability.

RECOMMENDATION NO. 3

Specialized training in suicide presentation and recognition as a mandatory component of all new hires for Correctional Officers.

[149] There appears to be some progress in this regard as evidenced by Commissioner's Directive 843, dated November 24, 2004 (Exhibit 19) and Commissioner's Directive 850, dated May 2, 2002 (Exhibit 20). This recommendation is an endorsement of that progress and those directives. Could this tragedy have been avoided? I do not know. Even a trained, competent and involved psychiatrist, Dr. Yaren was surprised by the death of Mr. Lagimodiere, having seen him in person less than 3 weeks before his death.

RECOMMENDATION NO. 4

A formalized process of referral where outside persons, such as family, are able to have concerns pertaining to the physical and mental well-being of an inmate addressed and documented.

[150] This recommendation is a direct response to Mr. Lagimodiere's girlfriend apparently relaying the purported threat of suicide to someone at the switchboard of SMI. Such or similar information, as a matter of institutional policy should ideally be relayed to the registered psychiatric nurse, failing the existence of which, the information be relayed to the inmate's parole officer.

[151] In conclusion, what I can say with certainty is that the lack of resources at SMI with respect to mental health is an oversight bordering on gross institutional misconduct. The health care needs of inmates are the responsibility of the institution, as much as food and shelter are institutional responsibilities. To limit access to mental health resources in the name of fiscal restraint is an oversight that must be rectified.

[152] I respectfully submit my recommendations and conclude this report this 9th day of August 2005, at the City of Winnipeg, in Manitoba.

Judge Fred Sandhu

EXHIBIT LIST

<u>Exhibit No.</u>	<u>Description</u>
A.	Light blue binder: Richard Lagimodiere Inquest
1	Officer Statement: C. McDonald (Located in Exhibit A at Section 3; page A7)
2	Officer Statement: F. Felix (Located in Exhibit A at Section 3; page A8)
3	Officer Statement: S. Thomas (Located in Exhibit A at section 3, page A3)
4	Officer Statement: M. Plowman (Located in Exhibit A at Section 3; page A4)
5	Officer Statement: K. Belton (Located in Exhibit A at Section 3; page A9)
6	Information package from D. Zawada
7	Video tape – Stony Mountain Institute (allowed to be released to the Nicolson case per: Judge Sandhu Feb 10, 2005.)
8	A44 Officer's report by Eckes dated December 4, 1996
9	Officers Statement of Mr. Fortier (Located in Exhibit A at Section 3; page A14)
10	Offender Management System Casework Record Log
11	Psychological Intake Screening Report
12	Report – email from Wayne Siemens (Located in Exhibit A at Section 3; page A88)
13	Letter from Vanessa and baby to Richard Lagimodiere
14	Letter from Richard Lagimodiere to Vanessa

<u>Exhibit No.</u>	<u>Description</u>
15	BSS Form with score of 16
15(a)	Entire BSS Form
16	Sentence completion test of Mr. Lagimodiere
17	Email of Wayne Siemens (Located in Exhibit A at Section 3; page A88)
18	Standing Order 843
19	Commissioner's Directive 843
20	Commissioner's Directive 850, Mental Health Service Directive
21	C.V. of Dr. Yaren
22	Doctors Order and Progress notes dated June 11, 2003 re: Richard Lagimodiere
23	Section 1 of Exhibit A in its entirety
24	Section 4 of Exhibit A – Inquiry

DISTRIBUTION LIST

1. Dr. A. Thambirajah Balanchandra, Chief Medical Officer
2. Chief Judge Raymond E. Wyant, Provincial Court of Manitoba
3. The Honourable Gord Mackintosh, Minister Responsible for *The Fatality Inquiry Act*.
4. The Honourable Bruce MacFarlane, Deputy Minister of Justice
5. Mr. Brian Kaplan, Director of Winnipeg Prosecutions
6. Mr. Steven Johnston, Counsel to the Inquest (Provincial Crown)
7. Mr. Sid Restall, Counsel to the Inquest (Federal Crown)
8. Mr. Tyler Kochanski, Counsel for Dr. Yaren
9. Mr. Mike Anthony, Exhibit Officer, Provincial Court
10. Ms. Karen Fulham, Executive Assistant and Media Rep., Provincial Court