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Mental Health Care, Not Jail Time

Dr. Madeleine Cole

Madeleine Cole is a family doctor who lives and works in Iqaluit, Nunavut. Despite growing up in downtown Toronto, she is the anomaly that has found professional and personal happiness in a small northern community. She has a longstanding commitment to sexual health and reproductive rights and remains passionate about improving the health of Inuit and being an ally to all Indigenous people. Health Ethics is another professional interest and she led the creation of a hospital-based ethics committee. If she is not at the hospital, she is likely playing on the tundra with her partner Kirt and her kids Noah, Jayko and Naja Jane.

LEARNING OBJECTIVES

After reading this chapter you should be able to:

1. Appreciate the burden of bearing witness to injustice and suffering and consider ways of mitigating vicarious trauma.
2. Explain how race-based profiling and discrimination can contribute to adverse health outcomes, but also taint the humanity of nurses, social and mental health workers and police personnel who work with varying levels of training and institutional support
3. Illustrate how storytelling can help build empathy and awareness in health care providers

Let me share with you, two stories from Nunavut that keep me up at night; both non-fiction, cruel and true. I will tell you of the last hours of Solomon Uyarasuk, a young man in Iglulik and also a friend of mine whose name, unlike Solomon's, is not in the public domain. Both stories are sad and demonstrate how the health care and justice system often fail indigenous patients with mental illness.

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We, who work in the health field, recognize that a person's health is the product of a myriad of determinants, distant and proximal, biological, environmental, and systemic. Some are easy to see and others are opaque. Our life experiences and adverse childhood events, such as witnessing violence, suffering sexual abuse, or being the victim of bullying and racism, can lead the most resilient down a path of ill health.

Iglulik is a beautiful island hamlet of approximately 1500 Inuit, and perhaps a hundred long and short term non-Inuit residents, and is celebrated as a community at the centre of Arctic creativity in the arts. However, like any community recovering from a century of rapid societal change (newly sedentary lives, families pulled apart by residential school and tuberculosis care, and colonialism past and present), there is trauma.

As a young man, Solomon Uyarasuk was active in film and music and performed in the world renowned Artcircus. By his early twenties he was not a happy man. According to the inquiry, which investigated his death, Solomon had been taken into police custody for a noise disturbance. While initially co-operative, it was reported in Nunatsiaq News during the 2014 coroner's inquest that when taken into the RCMP truck, he thrashed and kicked while screaming: "Please don't beat me... Please don't smash my head in. I've been beaten before by police... No one did anything because you're the police" (Rohner 2014). He arrived at the jail cell with blood on his face and there he was left alone, naked but for his belt, while the RCMP officer went to get a nurse. And then he was dead.

Young Inuit men have the highest suicide rate in the world, at a mind-boggling rate of nearly 40 times the Canadian rate (Eggertson 2013) and Solomon was left alone with his belt. Was his death a fairly predictable outcome that could have been avoided by not leaving someone in crisis alone with the tool to kill himself? Despite inquiry after inquiry into the deaths of Indigenous people in custody, many of which have stated that hanging points should not exist in cells, he was left alone with a belt and a hanging point.

I have to believe, and I do believe, that police services have moved on from Neil Stonechild but sometimes it is hard. Neil was a First Nations teenager who in 1990 died a horrible intoxicated hypothermic death on the outskirts of Saskatoon within hours of having been in the custody of the police; an inquiry in 2003 found that at the time of his death the police investigation (which was concluded within a week of his being found) was "superficial and totally inadequate" (Wright 2004, 212) to determine what the circumstances were surrounding Neil Stonechild's death.

Sociologist and social justice educator Sherene Razack has asked a difficult and useful question, "How can inquests perform an anatomy of colonialism, rather than a dissection of the sick Aboriginal body? What would it mean to dissect indifference instead of its object?" (2011).

There are also parallels between the well-publicized death in 2014 of Michael Brown, an unarmed black man shot dead by police in Missouri, and the exit of Solomon Uyarasuk, an Inuk man, dying in RCMP custody in Iglulik two years earlier: one a death by commission, the other by omission. Nobody should be dying like this. Where is our Canadian demand for change to parallel that which boiled up after the race based killing in Missouri?

Let me keep your mind in the Arctic, and take you now to Iqaluit, Nunavut's capital and my home, where one day last year, one of my *iqqanaijaqatiit*, my co-worker, exuded an aura of strain and sadness. I reached out to ask how she was doing. She shared her story with me and permitted me to share it with you. My friend, the sole earner for her family, was living with intimate partner violence

- a frequent scenario that I have come across during my practice in Nunavut. I do not know what other traumas she has lived through. She became suicidal. In that moment, in desperation, looking for release from the pain of the life they were living, she voiced to her partner that she wanted to kill herself and perhaps her children too. RCMP officers were called to intervene - and their intervention focused singularly on her voicing of homicidal thoughts and protecting her children from perceived harm. She was put in jail for 42 days and had her children apprehended. Full of regret from the outset, she completed her incarceration, met all the conditions placed upon her by the court system, and after three (brutal) months was reunited with her children. When she told me this story, it shocked me to my core that a suicidal woman would be jailed.

In these stories, both very real human experiences, people in crisis who were sad and suicidal and likely very angry, too, ended up in RCMP custody without involvement of mental health care personnel. In Nunavut, nearly half of adults report having thought seriously about suicide at some point in their lives (Galloway and Saudny 2012, 8). I am a family doctor in the Arctic where the judicial system, and 'cells' seem to be the *de facto* mental health system for many and it makes me angry. There is no resident psychiatrist in all of Nunavut, nor is there a residential addictions treatment centre.

To state the obvious, much upstream, as well as downstream, work needs to be done in Nunavut and other Indigenous communities to decrease the mental health burden carried by First Nations, Inuit and Metis people in Canada. Communities with greater health needs require more resources: that's what equity based care is all about. Indigenous Canadians make up nearly a quarter of the prison population despite making up only 4 percent of the general population, according to a 2013 Corrections Canada report, and often this is due to a lack of mental health services (CTVNews.ca Staff 2013). As the WHO has pointed out, globally, prisons are bad for mental health and are sometimes used as dumping grounds for people with mental disorders (World Health Organization n.d.).

As well as the need for *more* mental health resources, the people in health care and justice need to reflect the populations they serve – they need to *be* the populations they serve, they need to care more about the people they serve. We need more Indigenous physicians, nurses, jurists, judges, lawyers, social workers and police and RCMP. And for non-Indigenous caregivers and justice workers, myself included, cultural safety is a long and challenging journey.

The stories of Solomon and of my colleague are two of many that have unfolded in Nunavut and their experiences, and those of many other Indigenous Canadians are a call for significant system change. Poverty combined with a very specific colonial history provide fertile breeding grounds for mental illness and also for crime: high unemployment, lack of educational opportunities, substandard housing, inadequate health care and recreation facilities and in many cases families whose generations are recovering from the deep mental anguish of residential school and other state led traumas. These will not get better with an apology and short-term programming and all of us need to advocate vociferously for change.

CRITICAL THINKING QUESTIONS

1. List 5 possible reasons why Indigenous Canadians may be distrustful of police? Do these same reasons apply to mistrust of health care providers? What might a health care provider or health care institution do to develop cultural safety skills?
2. How can health care providers, as witnesses and advocates use narrative to push for local and systems level change?
3. It is recommended that all Canadians read the 94 recommendations of the 2015 Truth and Reconciliation Commission (<https://www.documentcloud.org/documents/2091412-trc-calls-to-action.html>). Which two of the health focused recommendations (18-24) do you feel most might improve the experience of Indigenous patients like Solomon Uyarasuk and why?

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