

## *Ashley Smith and Sammy Yatim—our stories, too*

The *NSSS Advocacy Bulletin* rarely comments in detail on cases in other jurisdictions.

There is so much unnecessary tragedy to report on. So many cases of system failure. So many obstacles to timely treatment.

The Treatment Advocacy Centre in Arlington, Virginia, whose work we follow, keeps a Preventable Tragedies database on such cases in the U.S. A search of these incidents for the last 20 years turns up 6,041 entries, and that would be just a fraction of the cases that qualify.

We have enough difficulty keeping track of these tragedies in the B.C. Lower Mainland and adjoining areas like the Sea to Sky, not to mention the rest of the province.

Yet there are two out-of-province cases that we can't help giving space to, one old and one new, because they touch us so profoundly.

The first is Ashley Smith, the troubled young New Brunswick woman shunted from one penal institution to another, until she strangled herself with a ligature in her cell at the Grand Valley prison for women in Kitchener, Ontario, while guards watched.

The second is Sammy Yatim, a mentally disturbed 18-year-old, shot eight times by a police officer in an empty streetcar in Toronto.

Ashley Smith's and Sammy Yatim's stories are our stories, too.

### *Prison the wrong place for someone so troubled*

Ashley was originally taken into custody at the New Brunswick Youth Centre, when she was 15 years old, ostensibly for throwing crabapples at a postman, but that was just a detail in a turbulent pattern of behaviour.

She rang up a string of minor offences. She was so unruly and disruptive that she was placed in solitary on her first day at the Centre, and would spend most of the next four years, until her death, in segregation there and elsewhere.

She made continued attempts at self-harm, including head-banging. In the three years remanded to the Centre she was involved in more than 800 reported incidents and at least 150 attempts to physically harm herself.

She could be aggressive and manipulative, but also sweet and funny.

She was subsequently diagnosed with anti-social personality disorder together with elements of borderline personality disorder.

Shortly after she turned 18 she was shunted into the federal prison system.

It's a well-known case, reported nationally, including ground-breaking coverage by the CBC's flagship investigative program, the fifth estate.

A lengthy inquest in Toronto, still underway, has revealed more details.

Maybe the most shocking revelation was that guards were under orders not to intervene in Ashley's strangulation attempts while she was still breathing. She was so troublesome and manipulative with previous ligature events, she had been taking up an extraordinary amount of custodians' time. The order to guards by prison officials was meant to discourage this costly and maddening gameplaying by Ashley.

It was the prison officials themselves, however, in handing out the order, who were playing the ultimate game.

Ashley had fashioned the ligatures from torn towels and other material, and hid them, and pieces of glass she used to make them, in her body cavities.

The Correctional Service of Canada had previously been harshly criticized for body searches, and subsequently ordered few of them. Abandoning all common sense, they shied away from these searches with Ashley, too. It meant that Ashley, unstable and self-harming, could continue to have with her the means of her own strangulation.

Equally damning was her being moved from institution to institution – 17 times in the 11 months she was in federal custody. For someone as highly troubled as Ashley, this was disastrous.

All that being said, the main question is the same one we raised when we first mentioned the case in our April 2009 issue.

Why was somebody so highly troubled, and obviously not a criminal, in a federal prison?

Almost everyone who had contact with her knew she shouldn't have been there.

What she required from the beginning, when she was 15 years old, was highly specialized care and a treatment plan with continuity, together with whatever security was necessary to keep her from self-harm. Sticking with it, in order to gradually build relationships and stability, would be a part of that.

Short-term efforts were made in forensic hospital units to which she was sent in her year under federal custody, but nobody seems to have stepped back and said, "Prison is wrong. What do we need? Let's go to bat for this young woman and make sure we get it in place."

As extremely difficult a case as Ashley was, the system failure was even greater.

The inquest, after a summer recess, continues.

### *Was mental illness there, but nobody could see it?*

The Sammy Yatim case also generated a great deal of media coverage, especially in Toronto.

He had exposed his genitals and brandished a knife on a streetcar, but had attacked none of the other passengers with it, and by the time the police arrived, he was all alone.

Video footage, from cell phones and a nearby convenience store, shows that at no time while he was standing at the foot of the streetcar did he appear to make threatening moves toward the police outside.

The officer who shot him has been charged with second-degree murder by the independent Ontario Special Investigations Unit.

The police officer's actions are going to take a lot of explaining. There is a prior question, though: How could police training be so inadequate that the shooting happened at all?

It's not the first time a police officer in Toronto has unnecessarily shot and killed a mentally ill man.

The case touches us in another way because Sammy's descent into mental illness reminds us so much of similar histories NSSS is familiar with here in B.C., including an instance where exposure of genitals by a young man was also involved.

Sammy's pattern of behaviour in the preceding years suggests first-break schizophrenia – a classic incidence of insidious onset where the psychosis develops slowly and then breaks through, in his case that night in the streetcar.

Nobody grasped that he was falling ill, although the early signs were there. In Grade 10 his behaviour changed, in small but puzzling ways. He had to repeat Grade 11. He became very, very introverted, according to a friend.

He was a heavy user of pot, which can precipitate schizophrenia. He tried hard at things but didn't seem to get far. He felt himself adrift.

He had continuing arguments with his father, especially about his marijuana use. The arguing ended with a big blowup, after which he moved out – perhaps generic teen-age rebellion, but more likely Sammy defending himself in his confusion.

A close friend, who last saw him a week before the incident, recounted, "I feel he wanted to tell me something so bad. You know? Saying so much by not saying anything at all."

Had he wanted to say something about what was really happening to him? Had he wanted to share some delusional ideas?

Sammy was a quiet, respectful kid who had the misfortune to have his illness go unrecognized because of the insidious onset and then, with the psychotic break, to be confronted by a reckless police constable.

Ashley Smith and Sammy Yatim. Two quite different stories, but in one way very much the same – the cruel senselessness of their deaths.

## *Smoking pot poses danger to vulnerable*

To go to pot or not to go to pot, that is the question – a question not without its ironies.

Federal Liberal leader Justin Trudeau, for example, generated a lot of publicity with his freely given admission that he had smoked a bit of weed while he was a sitting Member of Parliament.

It was at a dinner party he gave a few years ago. A joint was passed around, and Trudeau took a puff when it came his turn.

In talking about it, he made a point of underlining how ordinary the action was, and went on to use the incident to reinforce his argument, backed by his party in a 2012 resolution, that the use of marijuana should be legalized.

He also talked of his willingness to be open about the dinner-party incident. He thought politicians should speak freely about their take on things instead of ducking for cover.

You can agree with all of that and yet be heartsick by one thing he didn't mention freely or mention at all, or at least wasn't reported to have mentioned: that marijuana can give rise to psychosis in those who are vulnerable to mental illness.

That's unfortunate enough, but what especially caught our attention was his not bothering to reflect on the role that marijuana played in precipitating several psychotic episodes suffered by his own mother, Margaret Trudeau.

As Margaret, who suffers from bipolar disorder, explained to a reporter, "Marijuana can trigger psychosis. Every time I was hospitalized it was preceded by heavy use of marijuana."

## *Trudeau not the first to overlook mentally ill*

Justin Trudeau, mind you, wasn't the first federal politician to overlook or understate the impact of smoking pot on those with a predisposition to mental illness.

The late Jack Layton, former leader of the New Democratic Party, also was slow in recognizing the problem.

Layton had known many people personally suffering from catastrophic illnesses like AIDs, who had been helped by marijuana in alleviating their

pain in their closing days.

What about serious and often catastrophic illnesses like schizophrenia and bipolar I, however, and the role that marijuana can play in bringing those illnesses on?

When an NSSS member brought the issue up with Layton, in 2003, not too long after he became NDP leader, it was the first he had ever heard of the risk.

Eight years later, in the 2011 election campaign, he finally acknowledged problems, especially given marijuana's increasingly higher potency, and called for a full public discussion about marijuana use.

Still, ignorance about the risks has been the rule.

Recently it was reported that a new meta-study by researchers had concluded that early use of cannabis puts some teens at risk of developing mental illness. This was treated as breaking news, but it was old hat!

What the "meta-study" had done was review 120 other studies where the epidemiological research was actually carried out. Many of those studies, including some key ones, have been around for a long time.

Yet the risk to those vulnerable to mental illness has hardly penetrated the public consciousness. In the debate about marijuana legalization, it's as if those at risk didn't exist...or didn't count if they did.

As the *Advocacy Bulletin* has pointed out before, any discussion of the legalization of marijuana should include a recognition of the dangers of cannabis to those with a genetic predisposition to schizophrenia or other serious mental illness.

If legalization does follow, moreover, it should include an intensive educational campaign, especially for youth, explaining the risk.

It should also include a general warning because while in most instances there is some inherited genetic linkage, there are also "spontaneous" cases of schizophrenia – that is, cases where there is no prior clue of vulnerability.

Anyone, in that sense, could be vulnerable.

*(For a full discussion of this question, please see the January 2013 issue of the Bulletin.)*

*(For a review of Margaret Trudeau's moving account of her struggle with bipolar disorder, Changing My Mind, please see the November 2011 issue of the Bulletin.)*