

My name is Joey Toutsaint and I am a 31-year-old federal prisoner. I am from the Black Lake Denesuline First Nation in Saskatchewan. I grew up on reserve the traditional way. I was raised by my grandfather, mother and maternal aunt. When I was a teenager, both my grandfather and my mother died, and after their loss I lived with my aunt. I grew up speaking Dene as my first language and only taught myself to read and write English after coming into custody. I spent time in youth custody and then entered the adult prison system when I was 18.

I have been diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD). I believe that I also suffer from Post-Traumatic Stress Disorder (PTSD) from the violence and trauma I have experienced in while in custody. Recently, a psychologist recommended I be assessed for Neurobehavioural Disorder Associated with Prenatal Alcohol Exposure.

I have a history of anxiety attacks, suicide attempts and very serious self-harm while in Correctional Service Canada ("CSC") custody. My body is covered in scars. I used to cut from side to side, but now I go up and down because I'm running out of space. Three times I've chewed through my arm to get to the artery. Sometimes I hurt myself to keep from hurting other people.

I have spent significant amounts of time in maximum security prisons. I have also spent significant time in solitary confinement – I would estimate as much as seven or eight years in total. I have been at the Regional Psychiatric Centre ("RPC") on three occasions, most recently from January to March, 2017. That was the last time I felt like I had meaningful treatment for my mental health, the freedom to move around, and the ability to participate in my Indigenous cultural practices.

Since January of 2017, I have been at six different institutions in five provinces. Each time I arrive at a new institution, my medications, my mental health providers and my treatment change. I have been on suicide watch often, and have hurt myself numerous times, sometimes quite severely.

#### *Prolonged solitary confinement*

When I was forced to leave RPC in March of 2017, I was sent to Edmonton Institution ("Edmonton"), a maximum security prison. I spent the next three months in various forms of solitary confinement. When I self-harmed or experienced suicidal ideation, I would be placed in an observation cell, which was just like segregation except a guard would watch me 24 hours a day through the window of my cell. I was moved back and forth between segregation and observation cells multiple times.

When I left Edmonton, my psychologist wrote in a psychological assessment that my mental health was deteriorating in segregation and recommended against my prolonged isolation. She also said I needed more intensive mental health treatment.

Nevertheless, in June of 2017, I was involuntarily transferred to Kent Institution ("Kent"), another maximum security prison, in B.C. I spent the next two months in segregation and observation cells, where I felt like I was having a mental breakdown. I was having anxiety attacks on a daily basis and couldn't calm down. I did not have regular meaningful human contact, and for the most part only got to see mental health staff when I was in crisis. Kent wanted to release me from segregation, but I felt so unstable that I worried I would hurt myself or someone else so I refused to leave.

The guards harassed me and I think they tampered with my food. I wanted to go out into the yard, but I was worried guards would "double-door" me and allow me to be attacked so I stayed in my cell. I love to draw, but staff took away my drawing pencils.

I was involuntarily transferred to Atlantic Institution, a maximum security institution, in August of 2017, and then transferred to the Shepody Healing Centre ("Shepody") in N.B soon after. I was at Shepody for about four months and was locked in my cell almost all the time. I would only get about half an hour out here and there, or I would get one hour of yard and one hour on the range by myself. But if I acted up my "privileges," which included leaving my cell, could be taken away. When I was finally allowed onto the unit with full privileges, I had been locked up for so long that I didn't like the feeling of coming out.

In January 2018 I was transferred back to Atlantic Institution, where I spent several more weeks in segregation and continued to self-harm. In early May I was transferred to Quebec, and I am currently in segregation at the regional reception centre. During the limited time I have spent on open units recently, I have been sexually harassed by other prisoners multiple times, which has triggered past trauma and contributed to physical altercations.

#### *Traumatic response to self-harm*

In all of these institutions, I have been subject to isolation in observation cells because of my mental health needs and incidents of self-harm. Some of the time I have been on high suicide watch, which means I am naked except for a "suicide smock" and am not allowed anything in my cell but a mattress and blanket. Sometimes when I self-harmed I would try to hide it from guards because I knew if they found out they would pepper spray me, even if I put the razor down. This kind of treatment has only served to make my self-harming worse, and over the last few years it has become more frequent.

At Kent, I was on suicide watch three times in two months. The observation cell, which is on the segregation range, had urine and feces on the walls and windows, and the mattress had blood on one side and OC spray on the other. When I tried to talk to a guard about it, I remember him saying, "you piece of shit dirty Indian, you should be used to it. You deserve to live in that dirty cell, which is no different from the reserve you come from." I slept on the side with the OC spray, which made my body burn. The lights were on 24 hours a day. Guards laughed at me, and when I asked their names they refused to give them. It felt like I was in a torture chamber. I tried to file a complaint with the Canadian Human Rights Commission, but I understand the Commission never received my complaint, which I tried to send by fax from Kent.

At Shepody, the institution sometimes called the Emergency Response Team ("ERT") and/or strapped me to a Pinel bed to stop me from hurting myself. Once I had to spend the night in Pinel restraints, my skin still burning from the pepper spray guards had used to make me stop cutting myself. The next day I was returned to confinement in an observation cell.

#### *Lack of access to a therapeutic environment*

At RPC, I felt like I was getting treatment for my mental health issues and I had the freedom to engage in meaningful activities. I could go to the library, the yard, the Social Programs office, the garden, and more. I could go outside and get fresh air, and I could attend sweats. I applied to stay at RPC under intermediate level care, but I was forced to leave because of safety concerns.

At Edmonton, while the environment was difficult, I saw a therapist every day, which helped a lot. When I left, my psychologist referred me the Regional Treatment Centre ("RTC") in BC, but when I got to Kent the psychiatrist said he wanted to see how my behaviour was at Kent first. I never got to go to RTC.

Even though Shepody is technically a treatment centre, I would not consider what I got there to be treatment. There was nothing to do and no one to talk to. No programs were available to me, and I was not even allowed to go to the library because of my security rating. When I asked to meet with my treatment team, they told me they met without me. Some of the time I was certified under the N.B. *Mental Health Act* and did not have the right to consent to treatment. I would be given a tranquilizer shots every two weeks, and if I refused they would call the ERT to force me and then put me in an observation cell for a few days. That was my “treatment.”

*Inadequate continuity of care*

Every time I change institutions, my mental health treatment changes. For instance, when I arrived in BC, I was cut off Ritalin and Ativan and given a new medication that made me feel like I was going out of my mind. When I tried to challenge the psychiatrist’s decision, I remember him saying something like, “there is no way I will put you back on your medications. If you’re rude, I will end this conversation.”

Recently, when I got to Quebec, I found out my Valium was discontinued. I feel like my medication is the only thing holding me together, and I didn’t even have an opportunity to speak with a doctor or psychiatrist about the change. I was able to get my medication temporarily restored, but I still have no idea what the plan is for my psychiatric medications or for my mental health treatment generally.

*Access to Aboriginal cultural and spiritual practices*

I want to return to Saskatchewan, where I grew up. I hardly know anyone in Quebec and can’t communicate in French. I feel lost out in the East, where I have no family and people do not speak my language. I do not have contact with staff who speak Dene or understand my culture and traditions. I was beginning to develop a good relationship with the Elder at Shepody, but when I was transferred that relationship was broken.

In addition to disconnecting me from my family, CSC has prevented me from engaging in my cultural and spiritual practices. For instance, when I was at Shepody, I asked to go to a sweat or pipe ceremony to pray for family I had lost. Staff said they were working on it, but I never got to go. I got to attend sweats at both Edmonton and RPC, which also helped me mentally and emotionally, but I have not attended any sweats since then. The Indigenous practices that I have been offered in New Brunswick and Quebec are different from my traditions. I understand I can have access to smudging, but not the other practices that are culturally important to me and help me maintain my mental health.

*Discrimination and denial of requests for accommodation*

CSC is discriminating against me on the basis of my disability by denying me access to a consistent therapeutic environment and appropriate treatment. The transfers, violence and prolonged isolation have caused more harm to my mental health, and represent a failure to accommodate my disability. CSC has denied or ignored the requests made by me and my advocate at Prisoners’ Legal Services for appropriate mental health care, and has instead placed me in conditions of social and psychological isolation that have exacerbated my mental health problems. Because of CSC’s decisions, my mental health has deteriorated and I have experienced serious and significant mental and physical harm.

CSC is also discriminating against me on the basis of my race, national/ethnic origin, colour and religion by preventing me from practicing my Indigenous spiritual and cultural traditions. My requests for culturally-appropriate treatment have been denied or ignored. This failure has also had a very damaging effect on my mental health and rehabilitation.