

East Coast Prison Justice Society Calls for Fatality Inquiry into Death of 25-Year-Old Man in Halifax / Kijipuktuk

Halifax, Nova Scotia – October 15, 2025

The East Coast Prison Justice Society (ECPJS) is calling for a public fatality inquiry into the tragic death of a 25-year-old man in Halifax / Kijipuktuk on February 22, 2025.

The Nova Scotia Medical Examiner determined that the manner of death was homicide, and the cause of death was complications of a physical altercation with Halifax Regional Police (HRP) officers during an acute psychotic episode.

The facts contained in the recently released Serious Incident Response Team (SiRT) report (file #2025-0019) reveal how a man living with a serious mental health condition—psychosis—and his family were repeatedly failed by the healthcare and policing systems that should have ensured his care and safety.

ECPJS is deeply concerned that this death reflects systemic failures in Nova Scotia’s response to mental health crises. These failures are evident in the following facts documented by SiRT:

- Repeated police contact without care: HRP officers responded to four separate calls related to mental health concerns in the days leading up to the fatal encounter. None of these interactions resulted in the man receiving appropriate mental health support or services.
- Limited mental health crisis response: The man’s family contacted the Mental Health Mobile Crisis Team (MHMCT) multiple times seeking assistance and wellness checks. On the day before his death, they were told the team was short-staffed and unable to send a response for two or three days, and were advised to call HRP if the situation became urgent.
- Failure of hospital-based care: On the day of his death, the man was voluntarily transported to hospital by Emergency Health Services (EHS) to seek mental health treatment. After waiting several hours without receiving care or support, he left the hospital still in crisis.
- Lack of coordinated crisis response: Later that day, HRP officers responded to another call involving the man—who was still experiencing psychosis—without the assistance of any mental health service providers, such as the MHMCT.
- Escalation to lethal force: HRP officers initiated physical force against the man, leading to a violent struggle involving the use of physical restraints, handcuffs, and a Conducted Energy Weapon (CEW). The encounter resulted in the death of a man in acute mental health crisis.
- Use of discredited terminology: The problematic and risky concept of “excited delirium” was used by an HRP officer, an EHS paramedic, and the medical examiner to describe and explain the circumstances of the death—despite its rejection by leading medical and

scientific authorities across Canada and internationally, as well as by the Hyde Inquiry final report.

ECPJS asserts that these facts expose serious systemic issues at the intersection of mental health and policing in Nova Scotia. A comprehensive and transparent fatality inquiry is necessary to examine these failures, ensure accountability, and recommend meaningful changes to prevent future deaths. Such an inquiry is not only in the public interest, but is also critical to improving public safety.

ECPJS Reiterates Calls to Action

Along with this call for a fatality inquiry, ECPJS reiterates its previous calls to:

- Implement an immediate moratorium on police deployment to wellness checks, and review current policies, guidelines, and training on police crisis response and de-escalation techniques, including the use of Conducted Energy Weapons.
- Prioritize the funding, development, and implementation of community-led, consent-based, non-police mobile crisis services across the province, including sustainable funding for the two existing civilian crisis support initiatives in HRM and West Hants so they can adequately meet community needs.
- Address gaps in the crisis service continuum by funding residential crisis services such as crisis stabilization centres and peer respite centres, and by investing in the prevention of mental health crises through improved access to healthcare, safe and dignified housing, adequate income, and meaningful social supports.
- Create a robustly resourced system of paid community mental health peer support workers, consistent with the Hyde Inquiry Recommendations 13–15.

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Further Information

Unsuitability of Police as First Responders to Persons in Mental Distress

ECPJS, along with many others in the community, has long opposed police deployment to wellness checks. Police are not trained mental health professionals, and by their very nature—arriving with weapons and authority—often escalate distress rather than alleviate it.

ECPJS members, including our late Co-Chair Harry Critchley, contributed to the 2022 report *Defunding the Police: Defining the Way Forward*, authored as part of the Halifax Board of Police Commissioners' Subcommittee to Define Defunding Police ("Defund Report").

The Defund Report stated: "Wellness checks should be done by mental health professionals that are specifically trained in crisis intervention and de-escalation." This was framed as part of a broader process of "detasking" police and "retasking" appropriate community service providers.

The report echoed years of community advocacy calling for police to be removed from mental health crisis responses. The Mobile Mental Health Crisis Team (MMHCT), introduced more than a decade ago, pairs a police officer with a health professional—a model that research has shown can reproduce risk rather than reduce it. In his presentation to the Defund Report, Dr. Jamie Livingston, Associate Professor of Criminology at Saint Mary's University, recommended that police only be involved in crisis responses when there is clear evidence of danger or criminal activity.

The joint submissions of ECPJS and the British Columbia Civil Liberties Association (BCCLA) to the Nova Scotia Mass Casualty Commission (MCC) reiterated this call:

"ECPJS and BCCLA recommend removing law enforcement as first responders to behavioural health crises in Nova Scotia and overhauling the current Mental Health Mobile Crisis Team model in conjunction with crisis care experts, including those with lived experience. Crisis calls should be exclusively diverted and responded to by civilian-only teams employing peers."

The MCC's final report reflected these recommendations:

"The Province of Nova Scotia should establish a comprehensive and adequately funded model of mental health care service provision for urban and rural Nova Scotians. This model should include first response to those in mental health crisis and continuing community support services to prevent mental health crises from arising or recurring." (*Vol. 5, p. 535*)

Through extensive public consultations, Nova Scotians have made it clear that police are not appropriate responders to complex mental health challenges. Yet recent deaths in Halifax demonstrate that Halifax Regional Police continue to pose a clear and present danger to people in crisis.

As the Defund Report notes: "Even in non-fatal interactions, the use of law enforcement to address health issues can create mental service barriers, especially to Black, Indigenous, and People of Colour, and other equity-deserving communities." (*p. 116*)

Halifax Regional Council and provincial authorities must act urgently to address this well-documented problem through robust funding and policy reform. As one community member stated during consultations: “Wellness checks and mental health services could be delegated to other groups—but funding and resources are needed. You can’t offload onto someone else without giving them the supports they need.” (p. 123)

The Hyde Inquiry

In 2010, an 11-month fatality inquiry into the 2007 death of Howard Hyde, a man living with schizophrenia who died following interactions with the criminal legal system, was concluded. Some of the circumstances contributing to Mr. Hyde’s death resemble those in the 2025 case—including police officers’ failure to seek assistance from the Mental Health Mobile Crisis Team when responding to a person in crisis.

The Hyde Inquiry produced 80 recommendations aimed at improving how healthcare and policing systems respond to people experiencing mental health crises. Among the most relevant were:

- Increased investment in developing a robust, consent-based community mental health system.
- Improved coordination between health and justice systems.
- Enhanced mental health education and training for front-line police officers and 911 dispatchers.
- Expanded use of the Mental Health Mobile Crisis Team (MHMCT) and other specialized crisis response models.
- Elimination of the term “excited delirium” from all policies and training.
- Reduced reliance on Conducted Energy Weapons (CEWs) and greater emphasis on verbal de-escalation techniques.

Fifteen years later, the circumstances surrounding this 2025 death demonstrate a persistent and devastating failure to implement these critical recommendations, underscoring the urgent need for renewed accountability and systemic reform.

Non-Police Crisis Response Services

Across Nova Scotia, police remain the default first responders to people experiencing mental health crises. While advocacy to reduce police involvement has spanned decades, these efforts have recently moved from the margins to the mainstream. Several major reports have recognized the need to shift from police-led responses toward community-based, health-oriented interventions.

In response, new civilian-delivered crisis services and wellness checks are being established in Nova Scotian communities:

- Crisis Intervention and Outreach (CIAO): Led and delivered by the Peer Outreach Support Service and Education (POSSE) project in West Hants, funded by the Nova Scotia Office of Addictions and Mental Health.
- Crisis Assistance and Response (CARE) Team: Delivered in the Halifax Regional Municipality (HRM)—beginning with a pilot phase in Dartmouth—by Souls Harbour Rescue Mission in partnership with 211 Nova Scotia, with funding from HRM.

Both initiatives are in the early stages of implementation, working toward full operational capacity in the coming months. Nova Scotia's foray into non-police-based crisis response models aligns it with hundreds of communities across Canada and the United States that have developed similar civilian-led approaches—reflecting a growing recognition that mental health crises require **care, not criminalization**.

While these developments are promising, the continued reliance on police officers as first responders to mental health crisis calls continues to create preventable risks and harms that demand immediate and sustained action from all levels of government, including leaders in the healthcare and policing sectors.