

Reflections on Mental Health

The Honourable George R. Strathy

Chief Justice of Ontario

A Reflection on Mental Health

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I want to tell you a story. It is a private story; one I have never shared publicly. It is about my mother.



My mother's family name was Russell, which is how I got my middle name, George Russell Strathy. Her given name was Lucille, but everyone called her "Sue" or "Susie". She was born in the little town of Wetaskawin, Alberta, where her father worked in a bank. When she was about two years old, her mother died, a victim of the so-called "Spanish flu" pandemic, which tore through that province and the rest of Canada after World War I, killing some 4,400 Albertans and 55,000 Canadians. She was raised by her father and by my great-grandmother, and they moved to Niagara Falls and later Toronto.

She married my father during World War II, just before he went overseas. I only recently learned that during the war, my mother pinned a map of Europe on her

bedroom wall and tracked the progress of his unit up through Italy, France and Belgium and into the Netherlands, where he was when the war ended.

I was a “baby-boomer”, born in 1948, after the war. My sister, Pat, was born just sixteen months later, in 1949.

When I was 11 years old, my father came home from work one day, sat my sister and me down in the kitchen, and told us that our mother was in hospital because she had had what he called a “nervous breakdown”. Sixty years later, I can still remember our confusion – tinged, perhaps, with a little fright. We understood what “nervous” meant – people get nervous when they do something that scares them. And we understood what a breakdown was, because cars had breakdowns. But we could not really process a “nervous breakdown”. How do your nerves “break down”? It was hard to understand. I don’t think my father fully comprehended what had happened and he certainly did not have the language to explain it to us.

What most surprised us, I think, was that it came out of nowhere. Our mother was a good, kind and loving mother. She was beautiful, energetic, and fun. We had a good home life. I wonder now whether my 11-year-old self should have noticed signs of her impending illness. But if there were signs, I sure didn’t notice them. One day she was driving us to school in her convertible and the next day she was in hospital with a “nervous breakdown”.

A few days later, my father told us that our mother would be staying in the hospital for a while because she was having something called “shock treatment”. Again, this scared us. What was shock treatment and how would it make our mother better? The images conjured up by our imaginations did not explain how this was a good thing. I think we both hoped that this treatment would quickly “shock” this stranger out of what was affecting her and return our mother to us.

A couple of weeks later, she came home. She seemed better. She was a little shaky and exhausted, but seemed to be happy to be home with us again. And as the days passed, she got better and better. We were relieved to see her return to doing the things she usually did. She managed the household, cooked meals, played with us, socialized with her friends and went out with our dad. It seemed like life was back to normal.

That lasted for a couple of weeks. One morning, she did not get out of bed, She stayed in the bedroom, with the lights off, for two weeks. I honestly don’t

remember that she ever came out or ate anything during this time. We went into the bedroom a couple of times at first, but it was pretty clear that our presence was not making her feel better. We tiptoed around the house, stayed away from our parent's bedroom and wondered what was going on.

On some level we wondered whether we were somehow responsible for what was happening. Had our incessant childish fighting with each other got on her "nerves" and caused her to "break down"?

Then, miraculously, one morning, she emerged from the bedroom and seemed to be happy to be with us. She was "better", being a mother again. Once again, it seemed that she had been miraculously cured and our mother had become fun and exuberant. She organized activities for us. She and my father picked up their social life. She took my sister on shopping trips.

But, as you all probably expect, it did not last. About two weeks later, just as if someone had thrown a light switch, the cycle began again and she didn't – couldn't – get out of bed one morning. She slipped back into a period of darkness.

At some point, our father told us that she had been diagnosed with "manic depression". The expression was really hard to understand for an eleven-year-old and his nine-year-old sister. "Manic" sounded to us like "maniac".

I don't remember anyone, not my father, not my grandparents, not a family friend or doctor ever explaining our mother's illness to me and my sister. As a family, we talked about how our mother was doing, whether she was "up" or "down", we wondered privately about how it happened, but no one made any effort to explain mental illness to us, possibly because they themselves were mystified and perhaps a little frightened or even embarrassed by it. I suspect that stigma, ignorance and outdated conceptions about child raising prevented our father and other relatives from discussing these things with us, but it certainly added to our confusion and fear.

Looking back, my mother became almost invisible during the depressive phases of her condition – she did not want company, sought refuge in her bedroom and although she was present in the house, she could not participate in the life of the family.

The cycle of depressed moods, followed by elevated moods, followed by depressed moods continued, with occasional interruptions, for the next 35 years, until our mother's death in 1995. For long periods, the cycle recurred with a high degree of regularity. Today, her condition would be described as "bipolarity" or bipolar disorder type I. It might have been described as bipolar disorder with rapid cycling, a term applied when manic and depressive cycles appear at least four times a year.

She spent some of those 35 years at home, some of it in hospitals and other institutions and some living more or less independently. She was treated by compassionate and expert medical professionals at respected institutions and received all manner of treatments, psychotherapy, electro-convulsive therapy, mood stabilizers, and what seemed like a fistful of other psychopharmaceuticals.

Unfortunately, although my mother loved my father until the day she died, their marriage did not survive her illness. My father was a product of his times. He grew up in the depression and went to war for his country. After the war, he went into banking. He was of the "stiff-upper-lip", "suck-it-up-and-stop-feeling-sorry-for-yourself" generation and he applied those standards to his wife and his children. While I am sure that he was as puzzled, troubled, and concerned as my sister and I were, I suspect that some part of him believed that my mother was responsible – if not for her illness, then responsible for failing to pull herself together and soldier through it. I am also certain that he experienced both stigma and self-stigma as a result of my mother's condition – something he could not discuss, even with close friends and family.

Both the depressive and the manic phases of my mother's illness took their toll on my father. When she was in a depressed cycle, our mother did not want to have contact with anyone. And she had some supercharged manic stages, including uncontrolled spending, and other reckless behaviour. Incidents like inviting friends to a party, but forgetting to cook the food were not uncommon and made home life challenging at times. For me and my sister, bringing friends into the house was always a little nerve-racking, because of the unpredictability of our mother's behaviour.

My mother's friends gradually fell away from her. They had good memories of her, but the person they saw did not reflect those memories. She did not want to

see them when she was depressed and they were cautious around her when her mood was elevated. They did not do well with unpredictable behaviour.

The language of mental illness, at the time, in the 1960s and 70s, and my mother's own language, referred to the depressive episodes as being "down" or "low" and the manic episodes as being "high" or, in our words, "well". We could not understand how there were times when she was "high" – happy and fun to be with – "well", from our perspective – yet she did not stay that way. Her way of managing her condition – which was completely understandable – was to plan important events around her manic phases. So, she would say, "we can't have your birthday party at the end of June (say a month away) because I will be down then". It seemed to us that if she could predict it, she could prevent it. It seemed like she was surrendering. In other words, we failed to fully appreciate, or empathize with the fact that she had an illness. Something that she could not control. I am deeply ashamed to admit to you today that at some level my sister and I blamed our mother for her own illness. An illness she could no more have controlled than she could have controlled any other severe illness.

I know that my experience is not unique. Statistically, most of us will experience some form of mental illness at some point in our lives, either personally or through a family member or close friend. I also know that I am not alone in not sharing my experiences, whether due to shame, embarrassment, or fear. I also know that keeping it bottled up just made things worse, because it got in the way of sorting through our own emotions, not only for our family, but most of all for my mother.

In the final years of her life our mother lived in an institution, where she had friends amongst the staff and the residents and was treated by highly skilled and compassionate caregivers. She had regular visits from her children and grandchildren, whom she loved. She maintained her sense of humour, her faith and a sense of joy.

Even today, experts are not certain about the causes of bipolarity. What they have always known, is it that it is not caused by moral weakness or a fault in character. It is an illness and, thankfully, it is treatable, for people who are able to get professional help.

The medical profession, aided by great strides in psycho-pharmaceutical science, has made real progress in the diagnosis and treatment of bipolar

disorder, anxiety and other psychiatric conditions. We know today that while bipolarity may be a lifelong condition, inroads in understanding it and advances in pharmacology have enabled people with the condition to live healthy, satisfying and productive lives. We have the language to explain that, and we have the knowledge and resources to ensure that it happens.

So, let me turn to our own profession.

One of the greatest judges this province has produced is Justice Ted Ormston, who started the innovative Mental Health Court at Old City Hall in 1998. When he was introducing new judges to the Mental Health Court, he often said, “it’s time to close the book and open our hearts, because empathy is the key to dealing with mental illness”.

Empathy is putting yourself in someone else’s shoes – walking the path that they walk. And lawyers familiar with mental illness – including some of those speaking today and tomorrow – tell us that far too many people with mental illness delay seeking treatment, because of stigma – fear of what friends, family, peers and employers may think. And one of the most difficult aspects of stigma is self-stigma – internalized feelings of guilt, shame and inferiority. Studies have shown that stigma and self-stigma can sometimes be longer lasting and more life-limiting than a diagnosed mental illness itself.

Which brings me to why I decided to speak this morning about my mother, whose mental health challenges I have never discussed publicly, not even with my closest friends.

One of the great privileges of my job as Chief Justice, is meeting some extraordinary people. I want to mention two, both of whom are here today. The first I met was Orlando Da Silva, an extraordinary recipient of the Law Society Medal and a former president of the Ontario Bar Association. Orlando bravely and candidly used the disclosure of his own mental health challenges to promote a dialogue about mental health in our profession. The other is Beth Beattie, one of the Co-Chairs of this Summit. Beth is Senior Counsel at the Ministry of the Attorney General and her practice focuses on health issues. Since 2018, as a member of Bell’s “Let’s Talk” campaign, Beth has been on a remarkable mission to help end the isolation and stigma that surrounds mental illness. Their courage has inspired me – and inspires all of us – to speak openly about the impact of mental illness in our lives – sharing stories about struggles with mental health,

and about coping mechanisms and support systems that have helped, and have proven to effectively combat stigma and self-stigma.

I've been told that Orlando and Beth met a few years ago and thought it would be interesting to get together with others in the Ministry of the Attorney General who have lived mental health experience or who have cared for loved ones with mental health issues. The Voices of Mental Health was born and over 30 employees of the Ministry have shared their stories at educational events. My hat goes off to the Ministry of the Attorney General for fostering an environment in which this could happen and to Beth, Courtney Harris, Hayley Pitcher and Lauren Linton, who put together the programming for this Summit.

I am sure that you will be hearing about the incidence of mental illness in our profession. Law is a stressful profession. Many of us are type-A personalities, perfectionists, driven to succeed.

Paradoxically, there is a strong correlation between signs of depression and the traditional markers of career success in the legal profession. The bottom line is that the more successful a lawyer is, the more likely they are to experience mental health challenges. Equally striking is the fact that lawyers are much less likely than other professionals to seek assistance for mental health issues – about 50% less likely, in fact.

Depression, anxiety, alcoholism and addiction are widespread in our profession, including, and in some cases particularly, amongst younger members of the profession. Lawyers are motivated to cultivate a reputation as being “tough”. Firms have encouraged and rewarded those who can boast that they have “no life”. Working regular and reasonable hours or taking time off is regarded as a sign of weakness. Our profession has historically glorified those who “work hard and play hard” and playing hard usually means operating on little sleep and consuming excessive amounts of alcohol. Studies show that many lawyers who are aware of their mental health and addiction challenges do not seek assistance because of fear that others will find out that they needed help – in other words, fear of stigmatization.

Needless to say, the stresses of legal work in the pandemic and the isolation that has accompanied it has seen increases in the incidence of anxiety, depression and addiction.

Let's face it, it has been hard for us to talk about mental health. I am 72 years old and even now I find it hard to discuss this topic with you.

In this environment, is it any surprise that lawyers with mental illness are reluctant to "out" themselves, or – even more damaging – fearful of seeking treatment or requesting accommodations, out of concern that they will be stigmatized?

It does not have to be like this. We now have the language and the knowledge to re-frame the conversation – asking for help is not a sign of weakness – it is a sign of a strong, self-aware and responsible member of our profession.

Law firms and other legal offices have an essential role to play in fostering an environment in which their employees – lawyers and staff – are encouraged to reach out for assistance and are appropriately supported when they do so. Membership in a profession obliges us to protect, mentor and sustain our colleagues when they experience difficulties. This is not only the right thing to do, it promotes collegiality, respect and ultimately a healthier workspace and a healthier work force.

Thankfully, there is support available – education about mental health, to enable self-management; substance abuse treatment; medication, psychotherapy; peer and self-help groups and support from family and friends. The Law Society's member assistance program, the Canadian Bar Association's partnership with the Mood Disorder Society of Canada and Bell's Let's Talk are just some examples of the resources available.

My story – which is really my mother's story – has its roots in the late 1950s. In the past half century, we have learned so much more about the causes and treatment of mental illness. Isn't it time to make empathy the priority, so that our colleagues can receive the support they deserve?

I am grateful for the opportunity to share my story with you. It has been a cathartic experience. I hope it encourages you to share your stories about mental health. When we speak openly about it, we combat stigma and encourage ourselves and those around us to seek support when it is needed. I am honoured to join with you in building this community of understanding and support.

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