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A DIFFICULT ROAD TO JUSTICE: THE RELATIONSHIP BETWEEN MENTAL HEALTH AND ACCESS TO JUSTICE

—————MCGILL LAW JOURNAL ANNUAL LECTURE—————

*Hon. Michelle O'Bonsawin**

Kwaï nidôbak. N'deliwizi Miselis O'Bonsawin. Nojiawi Odanak, Wôbanakik, Alnôba ta Plawinno nia. W'doza Richard ta Diane.

Bonjour à toutes et à tous. Je commence par m'introduire dans ma langue abénakise. Je me nomme Michelle O'Bonsawin. Je suis une fière abénakise de la première nation d'Odanak et du clan de la tortue. Je suis la fille de Richard et Diane.

Je tiens tout d'abord à remercier la Revue de droit de McGill de m'avoir invitée à m'adresser à vous aujourd'hui. Je suis ravie d'être ici.

Je veux vous parler de deux sujets qui me tiennent à cœur : la santé mentale et l'accès à la justice. Personne ne peut nier que notre santé mentale est de plus en plus mise à l'épreuve. D'après les recherches, la santé mentale et la toxicomanie étaient déjà l'une des principales causes d'invalidité au Canada lorsque la COVID-19 a frappé.¹ Avec l'arrivée de la pandémie, nous avons toutes et tous souffert encore plus de stress, de peur et vécu plusieurs deuils.

En tant qu'étudiantes, étudiants, professeures et professeurs d'université, je suis certaine que vous êtes parfaitement conscientes et conscients de cette réalité. Votre santé mentale est un facteur important

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¹ Canadian Institute for Health Information, "Canadians Short On Access to Care for Mental Health and Substance" (2 August 2023), online: <cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/canadians-short-on-access-to-care-for> [perma.cc/ZTQ3-G27V], citing Justin J Lang et al, "Global Burden of Disease Study Trends for Canada from 1990 to 2016" (2018) 190:44 CMAJ 1296.

de votre réussite universitaire. Cependant, pour plusieurs personnes, l'anxiété, la dépression et la détresse scolaire ne sont jamais très loin.

I often start off by reviewing statistics because, for many, it is easier to relate to an issue through numbers. According to a survey administered to a random sample of McGill undergraduate students, in 2012, close to fifty per cent had symptoms of general anxiety, depression, and eating concerns, and more than seventy per cent experienced symptoms of academic distress and social anxiety.² It is quite possible that these numbers have increased since the pandemic.

Turning to the Canadian population at large, research tells us that one third to half of all Canadians will have or has had a mental illness over the course of their lifetime.³ According to Statistics Canada, close to one in ten Canadians have declared having a mood disorder, which includes major depression and bipolar disorder, and another one in ten declared having been diagnosed with an anxiety disorder.⁴ In addition, approximately one per cent of Canadians suffer from schizophrenia.⁵

We must also keep in mind that mental illness does not spare our youth. It is estimated that approximately one in five Canadian youth suffers from a mental illness, and that most individuals see their symptoms begin before age eighteen.⁶

I know that is a lot of numbers, and that most of us chose law to avoid mathematics, but if there is one thing you should remember, it is that everyone is affected by mental illness. If you are not the one directly ex-

² Lina DiGenova and Vera Romano, *Student Psychological Wellbeing at McGill University: A Report of Findings from the Counselling and Mental Health Benchmark Study* (Montreal: McGill University, 2014) at 18. Similar results have been found in recent studies on the state of mental health of university students in Quebec: see Jessica Béard, Jean Bouchard & Vincent Roberge, *Enquête « sous ta façade » : Enquête panquébécoise sur la santé psychologique étudiante* (Montreal: Union Étudiante du Québec, 2019) at 31–39; Frédérique-Emmanuelle Lessard, “Enquête sur la santé psychologique étudiante : quand la parole rejoint la théorie” (12 December 2016), online: <acfas.ca/publications/magazine/2016/12/enquete-sante-psychologique-etudiante-quand-parole-rejoint-theorie> [perma.cc/MJT2-PSXW].

³ Public Health Agency of Canada, “Mental Illness in Canada - Infographic” (last modified 24 December 2020), online: <canada.ca/en/public-health/services/publications/diseases-conditions/mental-illness-canada-infographic.html> [perma.cc/8PWN-PXKN]; Canadian Mental Health Association, “Fast Facts about Mental Health and Mental Illness” (19 July 2021), online: <cmha.ca/brochure/fast-facts-about-mental-illness/> [perma.cc/823Q-XX2D] [CMHA].

⁴ Statistics Canada, *Health of Canadians*, Catalogue No 82-570-X (Ottawa: Statistics Canada, 13 September 2023).

⁵ CMHA, *supra* note 3.

⁶ *Ibid.*

periencing such issues, chances are a family member, a friend, or a colleague is currently touched by them. Mental illness is not something that can be seen. It is not like a broken arm that is covered by a cast. Mental illness is much more widespread than you might think.

Mental health intersects with access to justice. D'un côté, les problèmes juridiques affectent la santé mentale et peuvent provoquer un stress extrême. Selon une enquête canadienne réalisée en 2014 sur les problèmes juridiques quotidiens, environ une personne sur six a connu un problème juridique qui a affecté sa santé mentale ou lui a causé un stress extrême.⁷ Presque quarante et un pour cent d'entre eux ont déclaré avoir consulté un médecin ou utilisé des services de conseil plus souvent qu'auparavant en raison de leurs problèmes juridiques.⁸ Que le problème juridique découle d'une rupture, de violence domestique ou d'un licenciement, il peut peser lourdement sur la santé mentale, en particulier sur celle des personnes souffrant d'une maladie mentale préexistante.⁹

N'oublions pas non plus que les obstacles d'accès à la justice au Canada peuvent provoquer et aggraver des problèmes de santé mentale. En effet, les coûts, les longs délais d'attente et l'incertitude inhérente à notre système judiciaire actuel peuvent avoir des conséquences psychologiques lourdes sur les justiciables.

D'un autre côté, des études montrent que, parmi les facteurs de vulnérabilité, le handicap, tant physique que mental, est l'un des meilleurs prédicteurs de la probabilité d'être impliqué dans un problème juridique.¹⁰

Our jurisprudence has recognized that it is often more difficult for those living with mental illness to access the justice system.¹¹ If the legal system can sometimes feel a little complex, confusing, and intimidating to us in the legal profession, imagine, for example, how alienating it can become for someone living with anxiety or depression. From an outsider's

⁷ Matthew Dylag, "How Ontarians Experience the Law: An Examination of Incidence Rate, Responses, and Costs of Legal Problems" in Trevor CW Farrow & Lesley A Jacobs, eds, *The Justice Crisis: The Cost and Value of Accessing Law* (Vancouver: UBC Press, 2020) 110 at 121; see also Lisa Moore et al, *The Cost of Experiencing Everyday Legal Problems Related to Physical and Mental Health* (Toronto: Canadian Forum on Civil Justice, 2017) at 9. According to a 2006 nationwide survey, this proportion rises to more than one third: Ab Currie, *The Legal Problems of Everyday Life: The Nature, Extent and Consequences of Justiciable Problems Experienced by Canadians* (Ottawa: Department of Justice Canada, 2009) at 74.

⁸ Dylag, *supra* note 7 at 121–22; see also Moore et al, *supra* note 7 at 9.

⁹ Hazel Genn, "When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice" (2019) 72:1 *Current Leg Probs* 159 at 163–69.

¹⁰ Currie, *supra* note 7 at 26.

¹¹ *AIC Limitée v Fischer*, 2013 SCC 69 at para 27.

perspective, the justice system speaks in a different language, wears odd clothes, and follows rules that they do not know.

Si les problèmes juridiques et d'accès à la justice ont un impact négatif sur la santé mentale, et qu'une mauvaise santé mentale peut augmenter en retour la probabilité d'être impliqué dans un problème juridique et de faire face à des obstacles d'accès à la justice, alors les Canadiennes et Canadiens sont confrontés à un cercle vicieux. En tant que membres de la profession juridique, nous avons la responsabilité de ne pas contribuer à ce cycle.

As future lawyers, you will have to take this harsh reality into consideration when advising your clients on the solution that will best meet their needs. This translates into giving serious consideration to alternative methods of dispute resolution, which are often faster, cheaper, and give your clients more control over the outcome. It also requires all of us to consider reform initiatives to improve the accessibility of legal services and legal information. Courts are a place for all Canadians, not just those fortunate enough to live without a mental illness or those with legal educations.

I now wish to talk about a field that is very near and dear to me: forensic mental health law. For those of you who wish to practise in criminal law, the forensic mental health system is a value-added and enriching area of the law, but it is normally not front of mind. It has a range of challenging legal issues and clients that have often been marginalized by society who require your help.

To start with, it is a fundamental principle of criminal law that individuals accused of a crime cannot be found guilty if they were incapable of appreciating the nature and quality of their actions or omissions or of knowing that their actions were wrong when they committed the offence.¹² If that is the case, then the accused is found non-criminally responsible on account of mental disorder, or what is commonly known in the legal world as “NCR.” In the past, a trial judge was required to order an accused found NCR to be held in strict custody until the pleasure of the Lieutenant Governor of the province was known.¹³ Since 1992, NCR accused are now subjected to the jurisdiction of provincial review boards.

These boards were created under Part XX.1 of the *Criminal Code* [Code]. A review board can order one of three dispositions as per section 672.54 of the *Code*:

¹² *Criminal Code*, RSC 1985, c C-46, s 16.

¹³ See *R v Swain*, [1991] 1 SCR 933 at 958, 1991 CanLII 104 (SCC).

1. if the NCR accused is no longer considered a significant threat to the safety of the public, they can be discharged absolutely; otherwise
2. they can be discharged with conditions; or
3. they can be detained in custody in a hospital and subject to conditions.¹⁴

The number of NCR accused under the jurisdiction of review boards has steadily increased across Canada since the 1990s.¹⁵ Consequently, we find ourselves confronted with a reality in which individuals living with mental illness increasingly find themselves in the forensic mental health system instead of receiving treatment for their mental illness beforehand.

A possible explanation of this trend is the failure of the civil mental health system. To understand why, let's have a look at how mental health services are accessible in Canada, which consists of three main routes.

The first is voluntary treatment through the civil mental health system. This route is often full of obstacles. There is a lack of publicly funded resources such as treatment professionals, support groups, beds in hospital settings, and pharmaceuticals.¹⁶ Today, much of the required care of those living with mental illness must either be paid out of pocket, through the private sector, or accessed through long waiting times.¹⁷ This became even more evident during the COVID-19 pandemic where access to those services were in even higher demand.

The second route to obtain mental health care is also through the civil mental health system, but it is involuntary. All provinces and territories have legislation providing for the mandatory detention and, oftentimes, treatment of individuals who are a danger to themselves or to others. The threshold is high for mandatory detention, let alone treatment orders.

¹⁴ *Criminal Code*, *supra* note 12, s 672.54.

¹⁵ Erika M Jansman-Hart et al, "International Trends in Demand for Forensic Mental Health Services" (2011) 10:4 *Intl J Forensic Mental Health* 326 at 328; Anne G Crocker et al, "The National Trajectory Project of Individuals Found Not Criminally Responsible on Account of Mental Disorder in Canada, Part 2: The People Behind the Label" (2015) 60:3 *Can J Psychiatry* 106 at 107 [Crocker et al, "Part 2"].

¹⁶ Colleen M Flood & Bryan Thomas, "Fragmented Law & Fragmented Lives: Canada's Mental Health Care System" in *Law and Mind: Mental Health Law and Policy in Canada* (LexisNexis Canada, 2016). For a discussion of public funding of mental health care in Canada, see Phillip Jacobs et al, *The Cost of Mental Health and Substance Abuse Services in Canada: A Report to the Mental Health Commission of Canada* (Alberta: Institute of Health Economics, 2010). See also Mary Bartram & Steve Lurie, "Closing the Mental Health Gap: The Long and Winding Road?" (2017) 36:2 *Can J Community Mental Health* 5–18.

¹⁷ Flood & Thomas, *supra* note 16.

De plus, les ordonnances de traitement ne sont pas un chemin facile à parcourir, surtout pour les membres de la famille des personnes touchées par la santé mentale. Par exemple, j'ai été l'avocate des Services de santé Royal Ottawa lors d'une enquête du coroner. Le patient en question avait été admis involontairement dans l'unité de la schizophrénie et s'était enfui. Il s'était rendu chez ses parents et ceux-ci s'étaient sentis obligés d'appeler la police. Le patient a ensuite été abattu : il avait en main un couteau à beurre. Ce qui ressort clairement de l'enquête, c'est que les membres des familles des personnes qui sont touchées par la santé mentale sont souvent laissés dans l'ignorance en ce qui concerne le diagnostic, le régime médicamenteux et le pronostic de leur proche.¹⁸

Souvent, les législations provinciales et territoriales n'autorisent pas l'équipe de traitement à partager ces informations avec les membres de la famille si la patiente ou le patient refuse qu'elles leur soient divulguées. Cette situation est difficile pour les membres de la famille qui reprennent normalement la patiente ou le patient chez eux après sa sortie du centre de santé mentale.

The third route is to access mental health care through the forensic mental health system. There is a trend called the “forensication” of mental health care in Canada.¹⁹ Given the underfunding of mental health resources²⁰ and the very long wait times to access basic mental health services, at times, the forensic criminal justice system becomes the only gateway towards treatment for some individuals living with mental illness.²¹

This has gut-wrenching consequences. Family members are sometimes compelled to engineer criminal responsibility assessments for loved ones living with mental illness and charged with minor offences in order

¹⁸ Roke, *Re*, 2014 CarswellOnt 19467.

¹⁹ Jansman-Hart et al, *supra* note 15 at 328.

²⁰ Flood & Thomas, *supra* note 16 at Part II, Underfunding of Mental Health Care Needs; for a comparative analysis of Canada's public funding of mental health care with other developed countries, see Jacobs et al, *supra* note 16 at 14–16.

²¹ Richard D Schneider, Hy Bloom & Mark Heerema, *Mental Health Courts: Decriminalizing the Mentally Ill* (Toronto: Irwin Law, 2007) at 25–26, 31; Anne G Crocker et al, “The National Trajectory Project of Individuals Found Not Criminally Responsible on Account of Mental Disorder in Canada, Part 1: Context and Methods” (2015) 60:3 Can J Psychiatry 98 at 99; Andrew Galley, Frank Sirotych & Sara Rodrigues, *The Mental Health Needs of Justice-Involved Persons: A Rapid Scoping Review of the Literature* (Mental Health Commission of Canada, 2020) at 38, citing Allison D Redlich & Karen F Cusack, “Mental Health Treatment in Criminal Justice Settings” in Bruce L Levin, Kevin D Hennessy & John Petrila, eds, *Mental Health Services: A Public Health Perspective* (New York: Oxford University Press, 2010) 421.

to get help.²² According to research, approximately twenty per cent of the interactions between the police and individuals with mental illness are initiated by the family,²³ and family members are the most frequent victims of individuals found NCR.²⁴

At other times, long hospital wait times and low probabilities of mandatory detention by psychiatrists push police officers to lay charges for relatively minor offences committed by individuals in crisis in order for them to be seen by psychiatrists.²⁵ This unfortunate pattern might help explain why as many as half of the NCR findings by courts involve less serious criminal acts such as minor assault, theft, property damage, disorderly conduct, and drug possession.²⁶ More accessible than a physician, police officers have become, at times, *de facto* “front line mental health workers.”²⁷

Many initiatives have been set-up to combat the forensicization of mental health care in Canada. For example, social workers are sometimes invited to collaborate with police officers to create crisis intervention teams to try to prevent the criminalization of those in crisis. Other initiatives, like mental health courts, divert those who have been charged for a relatively minor offence back into the civil mental health care system.²⁸

While these initiatives are certainly commendable, they can only do so much. When the civil mental health system is at full capacity, there is no service to which a patient may be diverted.²⁹ This is why the forensic mental health system is heavily interdependent with the civil mental health system, and any solution demands the collaboration of both.

²² Schneider, Bloom & Heerema, *supra* note 21 at 22, 17–18; Gary Chaimowitz, “The Criminalization of People with Mental Illness” (2012) 57:2 Can J Psychiatry 1 at 4.

²³ Johann Brink et al, *A Study of How People with Mental Illness Perceive and Interact with the Police* (Calgary: Mental Health Commission of Canada, 2011) at 32.

²⁴ Crocker et al, “Part 2”, *supra* note 15 at 114.

²⁵ Jennifer L. Schulenberg, “Police Decision-Making in the Gray Zone: The Dynamics of Police–Citizen Encounters With Mentally Ill Persons” (2016) 43:4 Crim Justice & Behavior 459 at 463; Anne Derrick, “We Shall Not Cease from Exploration: Narratives from the Hyde Inquiry about Mental Health and Criminal Justice” (2010) 33:2 Dal LJ 35 at 48.

²⁶ Crocker et al, “Part 2”, *supra* note 15 at 114.

²⁷ Frank Iacobucci, *Police Encounters with People in Crisis: An Independent Review Conducted by The Honourable Frank Iacobucci for Chief of Police William Blair, Toronto Police Service* (Toronto: Toronto Police Service, 2014) at 8; Schulenberg, *supra* note 25 at 462.

²⁸ Schneider, Bloom & Heerema, *supra* note 21 at 2–3.

²⁹ *Ibid* at 28; Redlich & Cusak, *supra* note 21 at 435–36.

En attendant des solutions qui prennent en compte cette interdépendance, il est important de reconnaître que nous devons tous respecter la dignité des personnes touchées par la maladie mentale. Ceci signifie agir avec compassion à leur égard, ne pas se laisser influencer par la stigmatisation et être conscients de l'impact que nos préjugés peuvent avoir sur leur vie. Quelle que soit la personne que vous représenterez à l'avenir, vous devez aborder son cas avec un esprit ouvert.

Trop souvent, la stigmatisation de la santé mentale fausse la façon dont nous voyons et interagissons avec les personnes souffrant de problèmes de santé mentale, nous empêchant de voir les preuves réelles, ou leur absence, des effets de leur maladie mentale sur leur comportement.

Il est clair que les causes de la maladie mentale sont encore mal comprises.³⁰ Elles sont nombreuses : une question génétique, des facteurs environnementaux, des expériences traumatiques lors de l'enfance ou même le manque d'accès à un logement sûr et abordable.³¹ Cette causalité complexe peut faire en sorte que certaines personnes croiront que l'individu a contribué à sa maladie mentale, ou que celui-ci est responsable de ses problèmes de santé mentale.

At other times, these individuals are inappropriately seen by many as wired in a way which cannot be understood and are therefore unpredictable and dangerous.³² For example, in the US and Germany, public perceptions of dangerousness, expression of fear, and desire for social distancing has increased over the last thirty years in relation with schizophrenia.³³

Unfortunately, stigma against individuals living with mental illness persists. Some tend to think of those living with schizophrenia and other severe mental illnesses like substance abuse disorder as unpredictable or unstable,³⁴ as well as dangerous³⁵ or at least “high risk,”³⁶ when in fact research keeps telling us that having a mental illness, including schizo-

³⁰ Jennifer A Chandler, “Mental Health and Disability in Canadian Law: Evolving Concepts, Concerns and Responses” in *Law and Mind: Mental Health Law and Policy in Canada* (LexisNexis Canada, 2016), “What Are the Causes of Mental Health Problems?”.

³¹ CMHA, *supra* note 3.

³² George Schomerus & Matthias C Angermeyer, “Time Trends in Public Stigma” in David L Vogel & Nathaniel G Wade, eds, *The Cambridge Handbook of Stigma and Mental Health* (Cambridge: Cambridge University Press, 2022) 73 at 78.

³³ Bernice A Pescosolido et al, “Trends in Public Stigma of Mental Illness in the US, 1996-2018” (2021) 4:12 JAMA Network Open 1 at 7; Schomerus & Angermeyer, *supra* note 32 at 78.

³⁴ Schomerus & Angermeyer, *supra* note 32 at 76.

³⁵ *Ibid.*

³⁶ Galley, Sirotich & Rodrigues, *supra* note 21 at 39.

phrenia, bipolar disorder, or major depression, is not a predictor of violence, and that individuals living with mental illnesses are much more likely to be victims of violence than perpetrators.³⁷

Given taboos and stigmas surrounding mental illness, individuals tend not to talk openly about it, and rely instead a lot on newspapers for gathering information about mental illness.³⁸ Unsurprisingly, those newspapers tend to portray individuals with mental illness as dangerous, unpredictable, and violent.³⁹ We can all think of recent high-profile cases of NCR accused such as Allan Schoenborn, Vincent Li, and Guy Turcotte.

These extreme and uncommon cases distort the public's perception of individuals living with mental illness. They instill unease and even fear at the prospect of having to deal with someone with a serious mental illness. In the context of a police interaction, stigmas can be the difference between life and death.⁴⁰ In the context of a solicitor-client relationship, stigmas may alienate clients against the justice system.

Research suggests that individuals with mental illness in the forensic mental health system rarely feel listened to by their lawyers, let alone heard and understood.⁴¹ Given the pace of the legal practice, some lawyers rarely take the time to explain the judicial process and translate legal jargon to their clients. At times, interactions with clients rather tend

³⁷ Eric B Elbogen & Sally C Johnson, "The Intricate Link Between Violence and Mental Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions" (2009) 66:2 *Archives General Psychiatry* 152 at 155–57; Anna M Ross et al, "A Systematic Review of the Impact of Media Reports of Severe Mental Illness on Stigma and Discrimination, and Interventions That Aim to Mitigate Any Adverse Impact" (2019) 54:1 *Soc Psychiatry & Psychiatric Epidemiology* 11 at 12; Statistics Canada, *Mental Health and Contact With Police in Canada, 2012*, Jillian Boyce, Cristine Rontenberg & Maisie Karam, Catalogue No 85-002-X (Ottawa: Statistics Canada, 2015) at 3.

³⁸ Rob Whitley & JiaWei Wang, "Good News? A Longitudinal Analysis of Newspaper Portrayals of Mental Illness in Canada 2005 to 2015" (2017) 62:4 *Can J Psychiatry* 278 at 279; Ross et al, *supra* note 37 at 11.

³⁹ *Ibid* at 12.

⁴⁰ We should not forget that individuals living with mental illness are over-represented in police shootings, stun gun incidents, and fatalities (see Brink et al, *supra* note 23 at 32). See also Inayat Singh, "2020 Already a Particularly Deadly Year for People Killed in Police Encounters, CBC Research Shows", *CBC News* (23 July 2020), online: <news-interactives.cbc.ca/fatalpoliceencounters> [perma.cc/U4M9-9MQS].

⁴¹ Sue-Ann Belle MacDonald & Audrey-Anne Dumais Michaud, "Social Exclusion in a Mental Health Court?" (2015) 4:2 *Intersectionalities: A Global J Soc Work Analysis, Research, Polity, and Practice* 51 at 60, 62, 66.

to be directive, focused on their upcoming testimony, and, at times, frankly patronizing.⁴²

As future lawyers, you may believe you are better positioned to know what your clients need, but you must never fail to listen and always respect their dignity. Nous ne sommes peut-être pas des travailleuses et travailleurs sociaux, mais nous restons les ambassadrices et ambassadeurs du système judiciaire et, à ce titre, nous ne pouvons pas nous permettre de perpétuer la stigmatisation des personnes atteintes de maladies mentales.

And we must work towards improving access to justice too. Chief Justice Wagner⁴³ and former judges from our court⁴⁴ have all made significant contributions to raising awareness about the disconcerting issues our justice system is facing in terms of costs and delays, and to finding innovative and promising solutions that can lead to improvements. Everyone can and must contribute to improving access to justice.

I pause here to commend the McGill Law Journal's recent decision to transition towards an "open access" journal, allowing all Canadians to access its vital legal scholarship. This is definitely a step in the right direction.

J'aimerais terminer en partageant avec vous quelques conseils :

- À vous toutes et tous, informez-vous au sujet de la maladie mentale, de ses causes, de ses symptômes et de son impact sur la vie quotidienne des personnes qui en sont touchées, afin de mieux la comprendre.
- Aux étudiantes et étudiants, rappelez-vous à quel point le système judiciaire peut être exclusif et aliénant. Je vous invite à être attentifs aux besoins de vos futur.e.s clientes et clients, à faire preuve d'empathie et de compassion. Gardez un esprit ouvert lorsque vous avez affaire à une personne atteinte d'une maladie mentale.

⁴² *Ibid* at 66.

⁴³ Richard Wagner, "Access to Justice: A Societal Imperative" (4 October 2018), online: <scc-csc.ca/judges-juges/spe-dis/rw-2018-10-04-eng.aspx?pedisable=true&pedisable=true> [perma.cc/3R6Y-R4PN].

⁴⁴ Beverly McLachlin, "Foreword" in Michael Trebilcock, Anthony Duggan & Lorne Sosin, eds, *Middle Income Access to Justice* (Toronto: University of Toronto Press, 2012) ix; Action Committee on Access to Justice in Civil and Family Matters, *Access to Civil and Family Justice: A Roadmap for Change* (Ottawa: Action Committee on Access to Justice in Civil and Family Matters, 2013).

- Aux professeures et professeurs, je vous demande de parler de la maladie mentale, de son impact sur notre profession et sur notre système juridique. Vous formez ces merveilleux esprits juridiques et ces connaissances sont nécessaires pour devenir de meilleur.e.s avocates et avocats. Nous avons tout à gagner, en tant que profession, à faire du progrès en matière de santé mentale.

Je sais que vous pouvez toutes et tous participer au changement positif en matière de santé mentale, car vous êtes toutes et tous les avocates et les avocats du futur. Alors, je vous demande : soyez des actrices et des acteurs de changement en matière de santé mentale et de la stigmatisation qui y est associée.

We benefit as a profession by taking strides to address mental health and supporting one another. I know you can all be part of the positive change when it comes to mental health, because you are tomorrow's lawyers. So please, be advocates for mental health and help reduce the stigma associated with it.

I am very humbled and thankful to have been a part of your evening. Merci/Thank you/Wliwni. Wli nanawalmezi. Take good care of yourselves.
