

CANADIAN JOURNAL OF

Disability Studies

Published by the Canadian Disability Studies Association · Association Canadienne des Études sur l'Incapacité

Canadian Journal of Disability Studies

**Published by the Canadian Disability Studies Association
Association canadienne d'études sur le handicap**

Hosted by The University of Waterloo

www.cjds.uwaterloo.ca

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Good afternoon, my name is Georgia Vrakas. I am a psychologist and professor, and I live with a mental illness. To start, I would like to thank you for inviting me to testify before the Special Joint Committee on Medical Assistance in Dying. I want to take a stand against including mental illness as the only medical condition to access medical assistance in dying. This issue is vital to me as a professional in the mental health field and as a person living with mental illness since the age of 23.

For more than 20 years, I thought I had a major depressive disorder. I had several episodes, which resulted in a lot of suffering and time off work. I also had suicidal thoughts. In March 2021, I had my most recent relapse. I was discouraged and disillusioned, as I had gone through all the treatments recommended to me. The problem was that I hadn't received the correct diagnosis.

I was finally diagnosed on May 3, 2021, one year ago. I have type II bipolar disorder, a severe and persistent mental disorder. The months leading up to my diagnosis were very difficult and painful. I seriously considered suicide. I had a plan and I started to carry it out. Ultimately, I went to the emergency room.

I also talked to a worker at the Suicide Prevention Centre. She helped me hold on to life. I didn't want to die, but I wanted to stop suffering. The reason we have these types of services is to help us find hope. A promising drug treatment gave me back my confidence. Even after 20 years and several relapses, I am still standing. Not only am I alive, but I also plan to stay that way.

This is my personal story, but it is also the story of many others in Canada. As you know, approximately 20% of the population in Canada will experience a mental illness in their lifetime,¹ and 90% of people who die by suicide have a mental disorder.² Mental illness and suicide are public health problems that require a public health response.

Including mental illness as the sole reason for the Canadian Medical Assistance in Dying Act is a political response to a public health problem. This law reduces a societal problem to the individual level: “I'm sick, I want to stop suffering.” Mental illness is still taboo, access to mental health services is very difficult, psychiatric research is underfunded, and funding for promotion and prevention programs continues to decline.

Our governments have chosen not to invest in what we need to improve our mental health upstream or what we need to recover when we are already ill. Now they want to include people like me with mental illnesses in medical assistance in dying. This will supposedly help us die better. But we don't even have access to the minimum services that would help us live better. I'm talking about living, not surviving.

¹ CMHA (2021). <https://cmha.ca/brochure/fast-facts-about-mental-illness/>.

² Mishara, B., & Chagnon, F. (2011). In O'Connor, et al. (Eds), *International Handbook of Suicide Prevention: Research, Policy and Practice*. UK: John Wiley & Sons, Ltd.

In this context, giving people like me the green light to get medical assistance in dying is a clear signal of disengagement from mental illness. It sends the message that there is no hope and that we are disposable. Yet, we invest in suicide prevention. We know that it is not death that people are looking for, but the end of suffering. We say it over and over again, suicide is not a solution. So how can we reconcile medical assistance in dying with this, knowing that 90% of people who die by suicide have a mental illness? How do we differentiate between the desire to die by medical assistance and the desire to commit suicide?

We are told that we cannot exclude mental illness as the sole reason for MAID to avoid discriminating against people living with mental illness. Yet in life we face discrimination daily, whether it is access to housing, work, a decent income or disability insurance. In my view, the argument of discrimination in the face of death cannot be considered legitimate when there is discrimination in the face of life. **For me, the argument of discrimination against death cannot be considered legitimate when there is discrimination against life.**

MAID on the grounds of mental illness alone, in the current context, is an easy and cheaper solution to a complex problem. The solution lies in increasing promotion and prevention programs, increasing mental health services, investing in psychiatric research, investing in mental health education programs, and fighting stigma.

MAiD for the sole reason of mental illness in the current context is an “easy” solution to resolve a complex problem. The solution is through:

- Increased mental health promotion and risk factor prevention programs.
- Increased mental health services and greater accessibility to them.
- Investment in psychiatric research.

- Investing in mental health/illness education programs, combating stigma.

The last 20 years have not been easy for me in terms of mental health. The last year has been very difficult, but I am still alive. I know that the road to recovery will be fraught with challenges, but I am slowly learning to rebuild myself. **Recovery does not mean the elimination of all our symptoms, nor a return to pre-diagnosis life. It is a process of rebuilding oneself that includes mental illness but is not limited to it.**

Recovery does not mean the elimination of all symptoms or a return to life before diagnosis. It is a process of rebuilding oneself that includes, but is not limited to, mental illness. Many of us go down this bumpy road. Rather than stopping us halfway along our journey, give us a chance and help us move forward in our recovery process and live with dignity.

The Quebec government has obviously heard us by excluding mental illness from medical assistance in dying. Will you hear us?