



Guest Resident at Great-West Life Assurance Company  
330 University Avenue, Suite 400, Toronto, Ontario M5G 1R8  
☎ 416 552-5937 ✉ bill.wilkerson@gwl.ca  
www.mentalhealthroundtable.ca

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Text of Keynote Address  
By  
Bill Wilkerson  
Co-Founder, Chairman and CEO  
Global Business and Economic Roundtable on Addiction and Mental Health  
And  
General Chairman, US-Canada Forum on Mental Health and Productivity  
And  
Chairman, Advisory Committee on Mental Health in the Workforce  
Mental Health Commission of Canada

To the  
12<sup>th</sup> Annual Iris Gala  
The Manitoba Schizophrenia Society  
Winnipeg, Manitoba  
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***“Toward The End of Mental Illness as We Know It”***

This is spring. A time of renewal. An evening of celebration. I am privileged to be with you. My assignment: to give you a sense of where mental health is going in Canada as business, economic and social issues.

I will do that – but within the context of the main focus of this Society – advancing toward not only improved care and treatment for Canadians living with Schizophrenia but mapping out the pathway that will find an effective cure.

From the perspective of Canada’s economic and social interests in the matter, mental disorders reach deeply into the fabric of our national life. Three years ago, the publishers of three of Canada’s top newspapers signed a statement which said this:

“There are three great issues facing this generation: one is terrorism, a second is the integrity of our public institutions, a third, is mental illness.

“How we respond to each of these will define this generation.” This defines the magnitude of the challenge.

There is momentum in mental health. The subject and thus the hopes of millions are coming out of the shadows at last, and forever. The Globe and Mail has embarked on a series of articles which will force those shadows to recede even further.

Mental health and mental illness is a poignant and universal influence on the lives of every Canadian, one way or another. Consider these basic facts:

The demographic of greatest vulnerability are men and women in the prime working years – active members of the labor force – and their adolescent children.

The average age of onset of anxiety disorders in Canada is age 12; substance abuse, age 18; depression, age 21. The aging population and the aging boomer generation reflect the past. Canadians suffering from mental illness are mostly about the future.

For business, this has strategic implications. Just as brain illnesses – depression, bipolar disorder, schizophrenia, anxiety disorders – become the leading cause of workplace disability (mainly depression), most new jobs demand the very skills these conditions attack: brain skills.

Disabling mental illness can also be deadly. Depression is present in most suicides – most by far. Suicide is now the leading cause of violent death in the world. But suicide is not the only expression of mortality defined by mental illness.

When depression and heart disease co-occur among those recovering from a heart attack, the risk of a fatal, second heart attack inside six months of the first goes up 500%.

I like to say that cognition – thinking – is the ignition of the global economy. The former CEO of Citibank once said knowledge about money is now more important than money itself – financial markets living perpetually in the angst of analysis and forecasts.

Indeed, public awareness of the nature and importance of mental health issues in our life has spiked sharply and I believe the Roundtable has contributed to that. I thank my board of directors for sticking with me, and supporting this effort these past 10 years.

Perhaps, the advent of the Mental Health Commission of Canada and Prime Minister Harper's great speech on August 31<sup>st</sup> 2007 are the clearest signs of the momentum we have achieved in advancing a national mental health agenda.

The Commission is focused on three priorities: a national strategy, an anti-stigma campaign and knowledge exchange. There are eight advisory committees focused on the workforce, children, seniors, aboriginal Canadians and other key topics.

I want you to join me this evening in paying tribute to your Executive Director, Chris Summerville, for his contribution to the Commission as a board member. He represents the Winnipeg and broader Manitoba community admirably. We thank him for that.

This is the Roundtable's 10<sup>th</sup> anniversary and, naturally, we will be looking back and forward 10 years to take stock of what purpose the Roundtable has served and what and where the fight for mental health and against mental illness will lead in the decade hence.

Certainly my role, personally, will change. We need younger people to help lead this cause and I no longer fit that description – adequately, at least. In looking back, we can see material progress, in looking ahead, we can see great promise.

To his everlasting credit, MHCC Chairman Michael Kirby has tied the Commission's mandate to improving the quality of life of those who live with mental illness. This goal is simple because it is clear; it is profound because it is necessary and achievable.

Let me say why I say that – in doing so, let me concentrate specifically on schizophrenia in recognition of the fine work and necessary dedication of this society and the fabulous attendance at tonight's annual gala. The turn-out is tremendous.

Plausibly, there is ample room to suggest that in this generation, or the next, we will begin to see the pathway to schizophrenia and the course to ultimate treatments even without knowing the cause.

Today, 400 years later, we still don't fully understand what causes heart attack yet we know how the circulatory system works and therefore, we understand the dynamics of a heart attack and what we need to do to prevent and treat it.

Dr. Robert Williamson of the University of Western Ontario draws this comparison and, in my judgment, while using the term 'cure' implies knowing the cause of something, I believe that those who suffer accept remission and control as a form of cure.

And that is a kind of cure science will one day lead us to in understanding and controlling the symptoms of schizophrenia. In doing so, we will have taken the first steps toward ending mental illness as we know it today.

Science is moving toward consensus – that is:

1. Schizophrenia is a neurodegenerative disorder caused by genetic, metabolic, viral and other factors – and, pointedly -
2. The regions of the brain affected by schizophrenia have been identified. Science now points to defaults in connectivity among these regions in triggering, likely, development of these symptoms.

Hold your hats for what I am now about to tell you (and, by the way, I am not the expert but I read what the experts say) –

That old saw about people with schizophrenia having a split personality? Well, it turns out *all of us have two personalities* in our brain and *we all hear voices*.

This is nature's gift to each of us – but then, for some, the gift becomes a burden when the brain misfires.

Those who live with schizophrenia and those who do not live with schizophrenia are sources of a kind of human energy generated by brain function, closer to each other in this than the mythology of mental illness heretofore allowed.

**VERBATIM**

***Dr. Jill Bolte Taylor, Harvard University Neuroscientist***

*“When you look at the brain, it’s obvious that the two cerebral cortices are completely separate from one another. Our right hemisphere functions like a parallel processor, the left functions like a serial processor.*

*“The two hemispheres do communicate with each other through the corpus collosum, which is made up of some 300 million fibres. But other than that, these two hemispheres are entirely separate.*

*“Each hemisphere processes information differently, each hemisphere thinks about different things, cares about different things and, dare I say, each hemisphere has very different personalities.*

*“Our right hemisphere is all about this present moment. It’s all about the here and now. It thinks in pictures. Information in the form of energy streams in simultaneously through all of our sensory systems and then the right hemisphere explodes this collage of information into what the present moment looks, smells like, sounds like, feels like.*

*“(We are) an energy being connected to all the energy around us -- we are energy beings being connected as one human family – by the consciousness of our right hemisphere.*

*“Our left hemisphere is a very different place. It thinks linearly and methodically. Our left is all about the past and it’s all about the future, it thinks in language and it’s that ongoing chatter that connects me and my internal world to my external world.*

*“It’s that little voice – that calculating intelligence – that says to me – remember to pick up the laundry – buy some groceries and eat those groceries in the morning. Most important, it’s that little voice that says to me “I am, I am.”*

Consider the profound implications of this narrative. As human beings, we have two personalities in the brain, two distinct perspectives, two hemispheres of the brain, one thinking in pictures, the other in language.

There is chatter between these regions of the human brain, and there are voices – thoughts, I presume – which are generated and acted upon.

Those who live with schizophrenia are not abnormal beings but, instead, they suffer a break-down in certain functions of the brain with devastating effects. But weigh this:

We all have two personalities in the brain and we all hear voices. For some, these personalities communicate clearly, their perspectives on the world are reconciled and, for some, the voices are just thoughts. For others, this reconciliation has not happened. The voices are more than thoughts.

Canadians living with schizophrenia are not freaks, cursed or fearsome. They are good people, loving people who live with disappointment and desire and their humanity is linked to each of us.

If one child lives with schizophrenia, I live with schizophrenia. If one child lives with the risk, inherited, of schizophrenia, the risk lives with us all.

If nature – by whatever hand, divine or otherwise – scripts the burdens and blessings with which we enter this world, there but for an accident of fate, go us all.

Almost always I try to make the business case for mental health. Almost never, do I try to put a human face on the numbers and statistics. When people become business people, they are moved by numbers. At least during office hours.

But we must make the case for passion and compassion in advancing mental health as a great social and national cause of the times in which we live. Social climate change may not melt the polar ice cap, but it can melt human resilience. A pre-condition to mental illness.

We must marshal every resource. I have spoken of the importance of scientific advance. But to win this fight, we need the poet as much as we need researcher.

We need to cultivate a popular understanding of the human brain so illnesses based there are not ascribed to the innate nature of the person suffering them. Mental illness is not a character flaw, not a sign of human weakness. The opposite is true.

Mental illness strikes decorated war heroes. It is therefore a disorder of the brave. Mental illness strikes employees with long records of service. It is therefore a disorder of the hard-working.

Mental illness strikes baseball players. It is therefore a disorder of the athletically skilled and powerful. Mental illness strikes doctors and lawyers; it is therefore a disorder of the learned.

Mental illness struck Abraham Lincoln and Winston Churchill; it bonded Lewis and Clark through a warning by Thomas Jefferson to look after each other on their journey west.

Therefore, mental illness is a disorder of the courageous, and wise and politically strong. None of the myths of mental illness stand up to light. Those living with mental illness are more likely to suffer violence than to inflict it.

So we need science and art to come together – one to advance knowledge of the brain, the other to celebrate and harmonize it. We need brain exhibits that are creative and informative; we need music and an anthem to inspire.

Forever, the heart has gotten great PR. Automatically, it flashes in the mind's eye to mean courage and love and warmth of nature. Yet, it is simply a muscle – one we need but needn't glamorize. It is not glamorous.

A First Nations spokesperson points to her chest when sourcing that part of her body through which she speaks.

This is a case of a metaphor taking precedent over a muscle to create a net effect which celebrates a pump. She should point to her head. But that's not where the imagery is.

You can't easily put the brain to music. "You've gotta have heart" – sounds OK – but "you've gotta have brain" – doesn't really work, does it. Yet brain is the heart in metaphorical terms. It is the seat of thoughtfulness, courage, insight and wisdom.

But, the image we have of the brain is one defined by complexity and coldness. Custom tells us that by appealing to the heart, we appeal to emotion and by appealing to the brain, we appeal to bloodless logic. So says custom. Scientific fact says otherwise.

Seabiscuit had heart. Lassie had heart. The Tin Man wanted one but we know what he really wanted – feelings. Feelings come from the brain. Scarecrow wanted a brain – he wanted to be smart. So he got two for one: feelings and human intelligence.

In 2005, a great astrophysicist and neuroscientist received the US Medal of Science and their accomplishments were really a mirror of two great frontiers of human discovery.

One explored the vastness of outer space. The other, the vastness of neural networks which rival the Milky Way in complexity and multitude.

It gives one pause. In 1961, President Kennedy said the US would land a man on the moon and return him safely to earth which the US did eight years later. But Kennedy's intent was not a one-shot wonder, it was to set events in motion for various purposes.

Which he did. If a prime minister or president declared his or her nation's intention to find a cure for mental illness, that visionary would set in motion life-changing dynamics.

This is the stuff of legends. A fine place for science and the arts to meet.

We will be on track to end mental illness as we know it today if we have the will and the money and the wisdom: if scientists become less competitive and more sharing – if corporations join government in funding this great quest. This is the Mission of the Brain Trust we launched last fall.

For inspiration, we need only to hear the words written by George Bernard Shaw but spoken by many: "Some see the world as it is, and ask why – I see the world as it might be and ask why not." The question defines the answer.

Why not a world without mental illness as we know it today,

Why not indeed. Thank you.

Refer: [bill.wilkerson@gwl.ca](mailto:bill.wilkerson@gwl.ca)