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From: The Canadian Injured Workers Society
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cc: The Honourable Michael Kirby
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The Canadian Injured Workers Society is very interested in mental health issues as they relate to disabled workers and the workers compensation system in Canada. We are requesting that the Canadian Injured Workers Society be considered a stakeholder and a direct representative of persons disabled due to occupation. As the Mental Health Commission travels across the country to converse with stakeholders on the Mental Health Commission's early priorities, we would like to present to you our perspectives on the importance of including disabled workers in the Commission's agenda.

We feel that the inclusion of disabled workers in the Mental Health Commission's agenda is imperative. The health, mental health and social outcomes of many persons who are disabled at work becomes precarious at best after dealing with workers compensation boards.

We also feel it is imperative that the Commission include individual persons disabled due to occupation themselves in the consultation process as direct stakeholders. As a large vulnerable group, disabled workers need to be consulted directly rather than having their voice co-opted by special interest groups that have traditionally spoken for them (such as workers compensation boards and injured workers groups funded by workers compensation boards). As advised in the World Health Organization's Commission on the Social Determinants of Health "Conceptual Framework for Action",

"Policymaking on social determinants of health equity should work towards the highest form of participation as authentic empowerment of civil society and affected communities. . . . The essence of empowerment is the increased ability of oppressed and marginalized communities to control the political and economic processes that affect their wellbeing . . . The empowerment of disadvantaged communities is intertwined with state responsibility. The state bears responsibility for creating spaces and conditions of participation that can enable vulnerable and marginalized communities to achieve increased control over the material, social and political determinants of their own wellbeing. . . "

Mental health issues that concern the disabled worker community include:

1. the secondary psychological injury of workers compensation claimants (whether their primary injuries were physical or psychological) by workers compensation boards and their representatives during the adversarial and litigious claims process. This is a major contributor to mental health deterioration in the disabled worker community.
2. the psychological 'profiling' and stigmatization of the injured worker community by workers compensation boards and the public
3. inappropriate psychological assessment processes and application by workers compensation boards such as the practice of using signs of mental duress from the injury/disability and/or routine psychological assessments in an inappropriate way for the purpose of marginalizing and/or eliminating the 'claim'.
4. the abuse of the quasi-judicial powers given to workers compensation boards when they violate a disabled person's right to protection under the Charter and their right to care and benefits especially as it relates to mental health
5. the general denial of the existence and reality of psychological injury in the workplace (from many factors)
6. the discriminatory restrictions on (and denial of compensation for) certain psychological injuries in the workplace (such as workload-related psychological injuries)

To facilitate this inclusion of disabled workers as stakeholders in the Mental Health Commission consultations, the Canadian Injured Workers Society has asked Darrell Powell, a disabled worker from British Columbia, to be our spokesperson for this process. He has graciously accepted and he will be contacting you on our behalf.

Darrell Powell was an official witness to the Senate Committee on Mental Health, testifying as an 'Individual- Person Disabled Due to Occupation and the WCB Process.' He has traveled and met extensively with leaders of NGOs in health, mental and physical health providers, medical associations/governing bodies of health, researchers/academics, representatives in both federal and provincial governments, peer and advocacy groups, labour, the legal community as well as individuals affected by disability and associated issues of mental / health, acceptance and recovery. He has worked extensively during and after the Standing Senate Committee Social, Science and Technology - Mental Health hearings to raise awareness about the injustices injured workers and their families experience and to make sure initiatives and developments in health and rights law include the injured worker community. Mr. Powell has spoken for the need for simple and proper consideration and integration of mental health at all levels of care and in health and social policy generally and has been very effective in identifying stigma and discrimination by cause and effect due to the benefit provider process.

Most recently, he is poised to be a witness at the proposed Senate Sub-Committee on Population Health (if it goes ahead this fall) to speak on the social determinants of health for the vulnerable group of Canadians disabled due to occupation.

For this vulnerable group, discrimination has become an 'accepted' norm. There are very few groups or individuals who have been able to advocate on these issues to effect real social policy change. To effect such change, an honest assessment and portrayal of institutionally entrenched causes and effects of mental health stigma and discrimination emanating from such important health and social safety nets as workers compensation schemes (CPP, ODSP, etc.) must be identified, articulated, and critiqued. Unhealthy social policies, programs and laws that shape

our institutions in Canada must be reappraised to help create healthy initiatives and public policy.

Some other peer groups of the disabled worker community such as some 'injured worker' groups and some academic researchers have been constrained in the past from addressing the basic health/mental health crisis of disabled workers because it was seen as being too 'political' and conflicted with many of these groups' funding models as many are funded by workers compensation boards. This has constrained these groups to certain 'accepted' issues such as 'advocacy within the system', 'workplace safety', 'injury prevention' or other 'occupational health and safety' issues not related to treatment and benefits post-injury or systemic abuses by the workers compensation boards themselves. These funding models have also resulted in the funnelling of these groups and academics into long time-line research projects that avoid direct action on the real health crisis that exists right now.

The Canadian Injured Workers Society, like Mr. Powell, is unrestrained in our funding model and we have already touched many thousands of Canadians, gaining their support as a vital and critical voice on disabled workers' issues.

The Senate Committee on Mental Health has been very effective in opening these realities and disparities to public view especially with the much-appreciated assistance of individuals like Mr. Powell. We hope this standard can be maintained by the new Mental Health Commission and that individuals like Darrell Powell, who are part of the 'vulnerable group' affected, are included and valued through this very timely process to create a national initiative in mental health.

To that end, the CIWS would appreciate, as a stakeholder, to be included at this time (and in the future) in the Commission's work on this crisis in mental health and social policy - i.e., the 'whole' health and well-being of persons disabled due to occupation. (We must also not forget that these workers' families are also severely impacted in this crisis.)

Please advise us of where the Mental Health Commission proposes to hold meetings as it travels across the country and please arrange for Mr. Powell to be on the agenda as soon as possible to assist the Commission in addressing the mental health issues of this vulnerable group to which we belong and which we represent.

Darrell can be contacted directly at:

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Thank you,
Beth McQuinn-Nixon,
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