

**The Mental Health Commission of Canada**  
**Stakeholder Consultation Session -Vancouver BC Oct.15, 2007**  
**Canadian Injured Worker Society Submission**  
**As Presented by:**  
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*First, on behalf of Canadians Disabled Due to Occupation and their Families, a vulnerable group to which I belong, I would like to commend the Senate Committee on Mental Health for their work illuminating the disparities in Mental Health and acting affirmatively to create this Commission as the first step to construction of national initiative to address this basic fundamental human need which is mental health, for the benefit of all Canadians. We also wish to congratulate the members here today on their appointment to the Mental Health Commission of Canada and those individuals and stakeholders who are assisting in this historic and collective concern for the health and well-being of fellow Canadians. It is time to act affirmatively as a community for the sake of all people who make up our Nation.*

***In every circumstance, issue and aspect of Canadian Society, and Mental/Physical health you will find persons disabled due to occupation.*** As a group, we confront the most barriers to health and well-being. These are identified as the social determinants of health. Many in this group have fallen out of view as civil society due to their social, health, and economic stratification declining. Accurate information and statistics are skewed, not trustable and as I witnessed at the International Union for Health Promotion and Education - world health conference, many in society are not counted. Their vulnerabilities are not honestly portrayed nor are their conditions, i.e. mental and physical health status. This is a crisis which hinges on the most influential of all the social determinants of health, which are structural, within the health and social policies. *Some of the greatest minds on health and social policy in the world at the I.U.H.P.E. recommend inclusion of the actual members from the vulnerable groups themselves, as opposed to just strictly traditional voices, experts, academics, researchers, Govt. etc. all who have vested interests and agendas.* Even peer groups and some labour have been resistant to addressing the concerns for mental health, mental/physical well-being of *disabled workers* due to the threat of loss of funding, and/or conflict of interest with the benefit provider themselves. Workers Compensation Boards consider themselves as owning the issues with total jurisdiction and ownership of the disabled worker. No more is this demonstrated than in the mental health crisis being experienced by permanently disabled workers and families.

The discriminations experienced in society flow from the structural discriminations allowable, in health, social policy and law. There are no boundaries to discrimination with the current subrogation of rights of individuals who need to acquire benefits and health supports, subsequently "individuals who are disabled due to occupation" are not protected by our prime laws or gain any benefits in the developing areas of rights law, in potential improved standards and initiatives in health and the partial remedies in constitutional/Charter, Tort and civil law. These developments should benefit all, especially with Canadian Charter; Section (7), applications in health. The right to mental and physical well-being seems yet to be precedence, which needs consideration by this Commission.

CIWS as a group, and from my experience since the start of the Senate Committee on Mental Health I can state with confidence that disabled workers in Canada would like to see this Commission acknowledge this disparity, and work immediately to make sure there is equality and equity as with other disabled persons in Canada who suffer from this inappropriate and non-integrated approach to mental with physical health. This fundamental change must occur at all levels within the health system, government agencies, bodies and institutions, so the foundation is laid this time so the national strategy and flowing initiatives from this Commission are not subrogated by the effect conflicting law created on the pretense of "public interest", but in reality is to attract business investment by the WCBs.

We would also like to see the Commission to move quickly to establish an inclusive and co-operative role for, and to include more than those who have held the monopoly of voice and

work directly with these vulnerable groups. I personally and the CIWS would like to assist this Commission to address the barriers to 'best possible recovery' and health outcomes that are sustaining for those who are disabled due to occupation and their families. This is an unacknowledged mental health crisis that has traditionally been excluded from view.

Mental health must be addressed naturally, simply and properly integrated in consideration from the outset. The process to achieve benefits or simple diagnosis in treatment, continuity and preventative care in physical and mental health is a very destructive, litigious process that has profound affects on all workers and their families. These are mental health victims; their concerns in mental health are treated punitively or not considered at all. This is very different of course if you are an employee of the WCB, then the very best treatment in mental health for them and their families is covered and expedited.

Mental health is being limited to nothing, stress narrowed to single incident, PTSD. Complex PTSD or accumulative stress syndrome does not exist for disabled workers in policy, but does in reality. I must add this is a shared issue between the returning soldiers and disabled workers – in mental health. The health system itself has become highly adversarial due to WCB interferences. This disparity in mental health care should be addressed by the Commission and also include an in-depth review of the practices of WCB and Military systems of definitions, diagnosis and determinations in these processes.

The psych assessment process is being used to profile, and is a highly prejudicial process to marginalize a claim or deny it outright. As mentioned, the systemic discrimination flows to the health community for the worker and consequently quite often the manifested physical affects of mental health deterioration are not treated and these patients are either pointed at the wrong door for care, fired from care, or cherry picked out of care. This can have lethal consequences, such as stress effects on the heart.

The Commission, in dealing with stigma and discrimination must look to the systemic and structural '*cause of the causes*' of discrimination based in our benefit systems, especially WCB schemes which then also flow through and are established in our health system accordingly.

CIWS is well placed to assist this Commission with all the recommendations as they do not, have not received federal or provincial funding or have any other encumbrance. CIWS is composed of true 'rank and file' members of this vulnerable group and free to be involved in criticizing unhealthy public policy and help to shape our institutions. I support this organization and recommend that we, the disabled due to occupation are included as stakeholders in these developing strategies and initiatives to create 'healthy' public policies and initiatives in health/mental health.

We also recommend and can assist the Commission to work closely and consider the important work started by the Senate Subcommittee on Population Health who were set to review the 'Social Determinants of Health of Canadians, and as is the World Health Organizations Commission on the same (WHO - CSDH). These two very important inquiries will be fundamental and extremely valuable for the Mental Health Commission of Canada to consider in the future as a substantial source for remedial initiatives, and affirmative action on many of the causes of poor mental health within whole health for individuals and society.

The Canadian Senate Subcommittee is now in abeyance, and it will need your support to re-establish and continue with the very valuable present members. Canada is a signator to the W.H.O. and it would be a tragedy if Canada does not place importance on the value of this angle of view on health when the W.H.O. does. As disabled workers, our barriers to health and recovery necessitate this view to health promotion. With the current crisis in mental health that I can testify to as a disabled worker, there is exploitation and abuse of mental health, which includes the wholesale exclusion, dumping onto mental health by WCBs to eliminate a *physical* injury/disability claim. This practice is rampant since 2005 and dumps responsibility for care and associated costs on the public health system which is loathed to handle care and costs. Also the claw-back of prime benefits compounds the overall draw on the public systems, and community health.

I must also state to the Commission that Occupational Health and Safety (OH&S), prevention, and mental health in the workplace are not interchangeable issues with mental health factors or other mitigating circumstances for the disabled due to occupation. It is time, to look at the mental health realities and barriers to health and recovery placed before this vulnerable group and the effects to mental health for their families and children. There is a bait and switch on these

issues that I have continually had to confront with stakeholders. There appears to be constructed intent and a willful denial of the plight of this group.

## **SUMMARY**

### **Goals for the first term of the Commission.**

- 1) Through true analysis, and working with this vulnerable group establish equality for persons disabled due to occupation with other disabled persons, and the vulnerability removed as originally intended in our Charter, originally intended by Workers Compensation to offset disability. Improve standard of care and duty of care flowing from the Commission need to benefit all who suffer poor mental health via process upon injury/disability. This benefit should not be subrogated by effect of Worker Compensation Acts in combination with section 15B of the Charter. This disparity in laws must be removed so all are included to benefit.
- 2) The Commission, in identifying and removing stigma which is discrimination address the systemic /structural sources that have the most profound bearing on people's lives. This should be comprehensive as social discrimination flows from our institutions and adopted by mainstream society as acceptable. This needs to be comprehensive to include 'engineered stigma'.
- 3) Due to a great number of persons disabled due to occupation being of such vulnerability and falling out of consideration as civil society, due to poor economic, social, mental and physical health status / stratification, the Commission work with this vulnerable group by creating a special advisory role from our group to represent and identify the severe impact of special issues experienced by this group. This person(s) would compliment with Mr. Bill Wilkerson.
- 4) The Commission address the conflict of "accommodation" and "pre-existing conditions", along with the use/abuse of the psych assessment process at the onset of injury/disability, (physical and or mental) for Canadian Workers. If we are to accept and encourage disabled to participate in the workplace, then it must be with our differences, and not subjected to extraneous processes to eliminate an injury claim which are highly destructive and also with reference to item 1) above their status changed in rights perspective due to becoming an "injured worker", where their rights as a "disabled person" under the Charter are subrogated.
- 5) That mental health be "simply and properly integrated from the outset" in every area of health and social policy.
- 6) That the Commission take advantage the work of the WHO Commission and the Canadian Senate Subcommittee on Population Health on the Social Determinants of Health
- 7) Due to the questionable ethics and redundant value of research presently underway that guidelines and values are assessed and carefully weighed with effective standards be put in place to protect those who participate and the Commission is not stalled in action reliant on redundant research. Now is the time for action more than research in many critical areas of mental health.

### **Working with the Commission CIWS can;**

- 1) Assist with provided mandate and support to assist the mental health Commission with identification of the mental health issues of this very large vulnerable group which includes families and children.
- 2) Assist with affirmative action to help implement recommendations of the Commission and to liaise with others in the care provider, professions, sectors, etc. and community to address these issues and remove disparities in health and social policy, service. and care delivery, in each Province, Territory and the nation as a whole. This is to avert mental health crisis which is epidemic.
- 3) Assist in knowledge transfer between the Commission and the group of persons disabled due to occupation.

*The above mentioned issues mentioned in this brief are neither complete nor comprehensive or meant to be inclusive to cover all of the dynamics of mental health for persons disabled due to occupation.*

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