

March 16 2009

From: The Canadian Injured Workers Society (CIWS) <http://www.ciws.ca>

To: the Mental Health Commission of Canada:

Input into the draft Framework Document released February 2009

The Canadian Injured Workers Society is very interested in mental health issues as they relate to workers disabled by occupation and the workers compensation system in Canada. We feel that the inclusion of workers disabled by occupation 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. For example, please note the recent coroner's inquest in BC that linked the suicide death of Mr. Kang to abusive treatment by WorkSafe BC. (See "Worker's Suicide Linked to WorkSafe BC at Coroner's Inquest" http://www.ciws.ca/articles_suicide_coroners_inquest_kang_worksafe_bc.htm)

There are many more cases of suicide by workers compensation claimants that go uninvestigated. As well, there is widespread psychological stress inflicted on families by these boards due to discrimination, stigmatization and institutionalized psychological violence.

There are two specific sections of the Commission's framework that focus on our concerns.

1.) GOAL 2 - ACTION IS TAKEN TO PROMOTE MENTAL HEALTH AND WELL-BEING AND TO PREVENT MENTAL HEALTH PROBLEMS AND ILLNESSES.

The CIWS has evidence that workers disabled by occupation are a vulnerable group of Canadians who experience institutionalized psychological violence, discrimination and stigmatization from workers compensation boards across Canada. Workers compensation boards' discriminatory, stigmatizing and abusive treatment of persons disabled by occupation are "factors that increase risk of mental health problems and illness". It is an example of institutionalized psychological violence and MUST be investigated.

2.) GOAL 7 - DISCRIMINATION AGAINST PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES IS ELIMINATED, AND STIGMA IS NOT TOLERATED.

The framework states that the Mental Health Commission will "examine existing income support programs to see if they treat people living with mental health problems and illnesses in a comparable fashion to other Canadians who rely on them" and that they will "directly and forcefully address all instances where people living with a mental health problem or illness are discriminated against under existing social programs or in access to services." The CIWS has evidence that the workers compensation system's denial of chronic stress claims for certain workplace factors is such an instance. For example, workers compensation boards across Canada are an income support program that discriminates against

chronic stress related mental illness caused by certain factors in the workplace such as excessive workload. This is an example of a "structural," form of discrimination "meaning that it is reflected in policies, practices and laws". It is an example of how "institutions unfairly treat people living with mental health problems and illnesses." The CIWS has evidence that workers compensation boards do not accord workers disabled by chronic stress diseases "the same respect, consideration, rights and entitlements as people dealing with physical illnesses".

If, as the framework states, "the most effective anti-stigma strategies are targeted at specific populations or settings", the CIWS puts forth 'workers disabled by occupation' or 'injured workers' as a specific population that experiences stigma. We also put forth the workers compensation system across Canada as a specific setting where stigma has become an institutionalized norm. This whole area of Canadian mental health is in crisis. If we, as a society, ignore these cases, we are allowing institutionalized psychological violence to occur in our country. Workers compensation boards MUST be investigated and all cases of psychological violence must be exposed. The Mental Health Commission of Canada is our vehicle for doing this.

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. . .* "

Specific 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)

For Canadians disabled due to occupation, 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 for this vulnerable group. 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 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 mental health crisis that exists right now.

The Canadian Injured Workers Society, 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 injured workers' issues. We are also calling for a federal public judicial inquiry into wrongdoing by workers compensation boards across Canada through our petition at:

<http://www.gopetition.com/online/19942.html>

To that end, the CIWS asks that the Commission's work on social policy include the crisis in mental health experienced by persons disabled due to occupation. We must also not forget that these workers' families are also severely impacted in this crisis as poverty and mental health are inextricably intertwined issues.

The Canadian Centre for Policy Alternatives stated in "Turning the Tide - renewing workers compensation in Canada*", "*These are not minor failings - they are festering injustices. . . . Thousands of workers whose health has been undermined by their work are not receiving any compensation. . . . a fundamental national rethinking of workers compensation is required . . .*"

http://www.ciws.ca/turning_tide_2002_mb_workers_comp.pdf

The Canadian Injured Workers Society believes that this "*fundamental national rethinking of workers compensation*" is critical in addressing the mental health of Canadians disabled by occupation and it is long overdue.