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Number 7, Winter 1999



CANADIAN MENTAL
HEALTH ASSOCIATION
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POUR LA SANTÉ MENTALE

BC's
Mental
Health
Journal

Visions

Poverty, Unemployment and Income

How do they impact mental health?

What kind of income support is available?

And how difficult is it to get?



Guest Editorial • Robin Loxton

Do income supports really help people with mental health problems feel more a part of our communities?

In 1991 CMHA, BC Division, the BC Coalition of People with Disabilities, and the BC Association of Community Living got together to form a lobby group called Ad Hoc. The mission of Ad Hoc was

to "advocate for fundamental reform of income support systems as they affect people with disabilities." The guiding principle was, "social support is a right and an investment in our future."

Over the next few years, Ad Hoc advocated for a broader definition of "disability" for persons on income assistance so that more people could qualify for higher benefits. In 1996, the Ministry of Human Resources introduced an "improved" definition of disability and a separate Disability Benefits Program Act under BC Benefits. Many of us in the community were pleased with these developments and were looking forward to more good news.

The good news did not happen. BC Benefits has proved to be a leaner and meaner system for persons needing income support. Many cutbacks have been introduced over the past two years, while the red tape has increased. The provincial government has defended these policy changes on the basis of federal funding cuts, or public opinion, or the need for individual accountability. Whatever the excuse, everyone on income assistance has been hit hard. But I believe the group that has been hardest hit is the mental health community.

I have been helping mental health consumers access income assistance benefits for the past ten years. Many of the hurdles people have to jump over to qualify for various benefits are higher than ever before. One must prove to the Ministry that one is truly in need and that one has no alternative sources of income. Often applicants are told they have to obtain documentation and doctor's letters to support their requests for benefits, yet very little assistance is offered to help with this part of the process. If someone is not obeying the rules, then chances are that he/she will be investigated by Prevention, Compliance and Enforcement. Many folks reach the point where they are afraid to go to their local welfare office; some drop out or fall between the cracks.

As an advocate, I can assist some of the people some of the time. But my job is getting harder every day. When a level one disability benefits category was introduced 18 months ago it became more difficult for persons to get full disability ben-

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Visions is a quarterly publication produced by the Canadian Mental Health Association, BC Division. It is based on and reflects the guiding philosophy of the Canadian Mental Health Association, the "Framework for Support." This philosophy holds that a mental health consumer (someone who has used mental health services) is at the centre of any supportive mental health system. It also advocates and values the involvement and perspectives of friends, family members, service providers and community.

In this journal, we hope to create a place where the many perspectives on mental health issues can be heard.

The Canadian Mental Health Association is grateful to the Ministry of Health, who has assisted in underwriting the production of this journal.

The Canadian Mental Health Association invites readers' comments and concerns regarding the articles and opinions in this journal. Please send your letter, including your name, address and phone number to: "Visions" Editor, Canadian Mental Health Association, BC Division, Suite 1200 - 1111 Melville Street, Vancouver, BC V6E 3V6 or e-mail to: office@cmha-bc.org

The opinions expressed are those of the writers and do not necessarily reflect the views of the Canadian Mental Health Association, BC Division or its Branch offices.

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efits. No cost-of-living increases in the rates, including the comforts allowance, for over four years has meant that people can hardly afford the basics, while the Ministry has made it more difficult to get extra money. Meanwhile, demands made by Ministry staff to apply for CPP Disability benefits have caused stress and fear for individuals. I am left wondering what more bad news is yet to come.

The goal of welfare advocates has changed over the past few years. Our top priority is no longer to eradicate poverty and to improve our social safety net. Instead, we are in a defensive position - we are fighting to help people hang on to what they have got and trying to make sure that they are not worse off.

There have been many studies to establish the correlation between mental wellness and poverty. Many mental health resources are provided because our social welfare system is inadequate. When the mental health services are not available, there is the food bank line and the charity group. If the food bank is not reached, there is the cold and brutal reality of the street.

Despite this sad state of affairs, I am aware that many folks do survive the system. But then I ask myself, 'is survival enough? What about human dignity and social support as a right and an investment in our future?' The Preamble to the Disability Benefits Program Act states that "*disability benefits programs support the inclusion and integration of people with disabilities into the mainstream of the community and the enhancement of their quality of life.*" This is not happening. We should expect better.

I believe that it is still possible to make a difference by working together and advocating for posi-

tive change. Consumers, community organizations, family members and allies can influence public opinion and government policy. One of the good news items from the past few years has been the recognition of the importance of self-advocacy and community advocacy in consumers' lives. Let us build on this strength and lobby as individual and as communities for a better income support system. BC Benefits is not benefiting the mental health community.

Editor's message

The income assistance bureaucracy is overwhelming and often undermines people's abilities to maintain their dignity. And that's if you *don't* have a disability such as a mental illness.

The combination of living with a mental illness, particularly if its symptoms are more present, and living with low-income or in poverty can be too much to bear. Those who do thrive in this kind of system deserve our kudos, respect, and mostly, our willingness to advocate for changes to this unjust system.

For all those who manage to live in poverty, there are many who give up. Some give up after trying once to access disability benefits; a couple more hundred dollars per month. The path of appealing and dealing with a bureaucracy that holds your future in its decision-making hands is too daunting. Others give up trying to work within the system, and learn how to lie, cheat or steal because they cannot find other ways to live on \$500, \$596 or \$771 (or \$546 if over age 56) per month. Others give up hope altogether and they are lost through suicide, drugs or alcohol abuse.

As you read through this issue, keep in mind that it is all of us who can make a difference in how our system works. Will we ask our elected officials to make changes and hold them accountable to the issues the United Nations have identified as unjust? Will we contribute to organizations which provide services and supports to people with a mental illness? Will we volunteer to help advocate for each other when we need help gaining access to housing, income, benefits, work opportunities and a decent quality of life?

If you have a comment, question or concern, contact the editor by e-mail at dellery@cmha-bc.org, or by phone, 604/688-3234.

Robin Loxton has been an advocate for 10 years. He currently works as a senior advocate for the Mental Health Empowerment Program at the Mental Patients Association and as the program director of the Advocacy Access Program at the BC Coalition of People with Disabilities.

Dedication: Ros Libbey

This issue of Visions is dedicated to the memory of Ros Libbey.

Rosalinde Rae Libbey (Ros) was born in Fredericton NB, July 18th 1964 and passed away in Vancouver BC, July 28th, 1998 at the age of 34.

Ros graduated from UNB with a BA in English. She had been living in Vancouver for the past few years. She had aspirations of becoming a writer and editor and had written a lot of poetry which her family and friends aim to see published one day.

Ros was an engaging creative and intelligent woman whom many people were drawn to. However, she struggled with the fact that the challenges of living with a mental illness made it difficult for her to achieve and contribute.

She is deeply missed by her family in Fredericton: her parents Harry and Jackie Libbey, her sister Sandra Libbey, grandmother Lila Libbey and her sister in Vancouver Heather Libbey as well as, many friends and relatives. Her family would like to share one of her poems and thank those who contributed to the CMHA in her memory.

when you love me

when you love me
my soul unfolds
blossoms
silently explodes
spreads open wide
when you love me.

The impact of living on a low income on mental health

Linda Moreau

Canadian anti-poverty activists use a tool called the Poverty Game to give people who are not living on a low income an experience of life for a single mother on welfare. Developed in the early 1980's by a group of people living on a low income in Dawson Creek, BC, this workshop has educated thousands of people in Canada.

I have facilitated the Poverty Game since it was first developed, and during every workshop whether the participants are students, people who work in law, health, social work, education or are affiliated with a place of worship something amazing happens. Everyone starts to feel bad. They might say later that they feel depressed, anxious, ashamed, angry, worthless, frustrated and suicidal. Participants feel these intense feelings after playing a role, pretending to live in poverty for only 2 hours!

And if you already have a mental illness, poverty makes it worse. The City of Toronto Department of Public Health published a study called *The Unequal Society - a Challenge to Public Health*

in 1985 which starts out by saying that "poverty and poor health have been synonymous since the relationship between the two was first studied in the 12th century." The study also reported that "if you are from the lowest income group in Canada you can expect to have a prevalence of mental disorders 2.09 times higher" (both sexes).

One definition of good mental health is having a sense of your own power and that you have control over your life. Yet poverty can all but eliminate this sense of power and control.

As Miriam Jurigova, a mental health advocate with Vancouver's Kettle Friendship Society Advocacy Service states, "The strain of living with extreme poverty - a circumstance experienced by the majority of men and women with mental health disabilities - affects their well being so profoundly that the trauma is almost irreversible. The strain of poverty in itself negatively affects one's mental health, let alone the burden of living with a mental illness."

Poverty negatively affects all areas of wellness, all of which are contributors to our mental health.

Poverty's impacts of *physical health* are clear in years of stats that show that the poorest fifth of people in Canada have more of nearly every illness, die sooner, and have a high infant mortality rate than that of richer people.

How to become poor: scenarios from the Poverty Game

Linda Moreau, drawn from the Poverty Game.

Here's what happens when you're poor. June is a person who has never experienced poverty and suddenly does. This could happen if she lost her job and couldn't find another one, if her partner died or left the relationship, if June didn't have experience or skills to offer in the job market, or if June became physically disabled. Maybe June is a single mom of young children and they need her at home. What if June was a battered woman and needs the welfare system to leave her abuser?

Let's say June didn't have family and friends to support her financially. She might blame herself and believe she is bad or worthless. If June goes to a federal or provincial office for financial assistance she will: be treated like a number; made to wait for hours, months or years; be intimidated by overworked and frustrated workers; forced to attend demeaning training sessions at her own cost (ie: bus fare, childcare, etc); be forced to go around collecting information from banks, landlords, other government agencies informing all these people she's applying for assistance, begging her doctor to fill in forms and pay for them and be bullied and degraded by doctors or other professionals if she has a disability.

June has entered a system where the illusion is "this is a place to get help". The reality is very different, due to cuts and poor-bashing attitudes. June's experience of the system will be, "maybe we'll help you, probably we won't, but you have to give up your dignity, privacy, the expectation you will have enough money to eat properly or live in a decent and safe place."

Intellectual health is impacted negatively as you blame yourself for your situation and have to fight against this form of internalized oppression. It takes enormous amounts of energy to keep your pride and a sense of self worth. Trying to get education or training is very difficult, if not impossible, because they are expensive.

Keeping good *spiritual health*, the agility to find personal meaning and purpose in the world is difficult if you are impoverished. It's common for people to look to their work to give them this meaning and purpose. Without work, there are less opportunities to make a place for one's self in the world and to feel a sense of purpose and a role in the greater scheme of things.

Social health is very hard to maintain when you are poor. You can't afford social activities. You might not have clothes that you feel look good. And people treat you differently if you answer the question, "And what do you do?" with: "I'm a doctor..." than "I'm on welfare..."

Occupational health means trying to find a job (expect to have a roller coaster of emotions), or

Conference Highlights

Wednesday, August 18, 1999

- **Pre-Conference Workshops:**
 1. *Early Intervention*
 2. *Fundraising*
 Both all-day workshops are available independently of the Conference.

To celebrate their 40th anniversary, the Vancouver/Burnaby CMHA Branch hosts a Welcome Reception this evening.

Thursday August 19

- **Keynote Speaker:** Margot Kidder — actress, advocate, and consumer. Ms. Kidder, famous for her role as Lois Lane in the highly successful Superman films and native of Vancouver, talks about her personal experience with mental illness. This heartening talk is open to the public.
- **Gala Dinner. Keynote Speaker:** Jim Haberl, accomplished mountaineer, professional mountain guide, and writer, will inspire with his tales of climbing K2.

Friday August 20

- **Keynote Speaker:** Ruben Nelson, well-known futurist, will address coming trends that affect the mental health field.

Saturday August 21

- **Keynote Speaker:** Dr. Ralph Masi, a leader in community health issues as they relate to ethno-racial communities, will speak on cross-cultural aspects of mental illness.
- A special luncheon "Celebration" wraps up the 1999 Conference.



Mark this one on your calendar!



Reaching for the Sun

Canadian Mental Health Association 1999 National Conference

University of British Columbia, Vancouver
August 18 - August 21, 1999

CMHA, BC Division invites you to attend this informative conference designed for professionals in the mental health community, general practitioners, consumers, or anyone wishing to add to their knowledge of the latest findings in the mental health field. The conference will be bringing together individuals and organizations from across the country to share their knowledge and experiences.

For further information please call (604) 688-3234, or fax us at (604) 688-3236, or visit our website at www.cmha-bc.org for up-to-the minute Conference information.



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Occupational health means trying to find a job (expect to have a roller coaster of emotions), or

volunteering and trying to see that work is important even if you're not being paid (society's way to be rewarded for work). This aspect of health might mean seeing mothering as your work. It definitely means finding worth in yourself when most people's attitudes are negative and stigmatizing toward you.

Keeping your *emotional health* may be easier when you can afford therapists, counsellors, psychiatrists, rests, vacations, stress leave, a night out with good food and an uplifting concert. It's a real challenge without these things that bring relief, reduce stress, or increase joy in your life.

Lately, when I facilitate workshops with people living on a low income I end with an invitation to participants to tell the group how they keep healthy. As a person who was raised in poverty and was a single mother of two on welfare for the 1980's I find people's answers very uplifting, inspiring and helpful. People say they go for walks outside and find strength in nature, they meditate, play or/and listen to music, have close friendships, create art, read, maintain good relationships with their children and others and become active organizers for social justice to change things for others.

Linda Moreau has been a community organizer with End Legislated Poverty since the anti-poverty organization began in 1985. Linda also draws from her experience living in poverty as a single mother on welfare.

Moving out of poverty and illness means work and good 'meds'

Bill Baker

Mental illness and poverty do not always go hand in hand, yet mental illness often creates poverty for those living from cheque to cheque on social assistance. Mental illness does not strike the poor more or less than any other financial status, thus poverty is not a cause.

However, when mental health survivors look back, we realize that poverty adds additional emotional and physical stress that makes recovery more difficult.

In many cases, as in mine, poverty was a contributing factor in my surviving bi-polar schizophrenia. It made daily life in my first MPA house on McDonald a challenge. It was difficult to have tobacco all month. I was unable financially to take tangents of excess, whether they be: drugs, alcohol, nightclubbing or grandiose eats. My survival was based on continuing to take medication and not skipping meds even when feeling "pure" again.

The idea that my diagnosis was for life was a hard fact to grasp. When I was feeling so good, believing that god was always with me, I would start to think that I didn't need my meds. It took five years of "the revolving door syndrome" for me to accept that I need medication. Once you can settle yourself with "meds for life" then you can work on a solid foundation (meds) and rebuild your life to meet your financial goals.

Working to support myself will forever depend on being stable and not over-medicated. If one cannot get out of bed in the morning due to the effects of medication, work is out of the question.

As a survivor of bi-polar manic disorder, over-medication was not something I chose. Then, it was a choice of the needle or the psych ward. After five years of weekly injections, I was selected to try the Clozapine program, and in the Winter of '93 I came out of the psych ward stabilized on Clozapine. It was a new lease on life, sanity, energy and good nights of sleep daily. Once again equipped with my wits about me, I looked for a way to re-join the work force in a small way, to live more independently.

In 1996, I attended meetings for people with disabilities interested in self-employment sponsored by the Community Futures Development Centre in Duncan. Being a Manic grandiose dreamer, at the second meeting I felt compelled to say that dreaming and imagination were two factors of my illness that I had to avoid for health reasons.

Nevertheless, by the end of the third meeting we had created a small group ready to do odd jobs and sell firewood. We walked away with a \$250 pre-paid order for firewood and a gardening job employing four people.

I have been out of hospital and in no need of the psych ward since November 1993. I work part time and I'm a happily married father of two.

It must be stressed, **one must be properly balanced on good meds before contemplating re-entry to the work force.**

Resolved that:

... the Vancouver/Richmond Health Board, in order to help reduce the impact of poverty on the health of BC's poorest citizens, strongly urge the provincial government to increase welfare rates for everyone on welfare and to rescind regulations that deny welfare to people in need; and that the Vancouver / Richmond Health Board design an action plan to bring the inadequacy of welfare rates and their impact on health to the public's and government's attention.

- Resolution passed at January 22 1998 Vancouver/Richmond Health Board meeting

Bill Baker is the driving force behind "Work Warriors General Contracting." Bill and his team take on a wide variety of odd jobs and small jobs and have an excellent reputation for their professionalism, reliability and their commitment to doing quality work.

BC Benefits : Which Situation Describes You? What are your options?

Disability Benefits Level I (DB I)

Criteria for application. You must:

- be 19 - 64 years of age
- have a medical condition that is likely to continue for a minimum of six months and is confirmed by a physician
- due to the medical condition, have ongoing extra costs, or need ongoing help to perform daily living tasks, and
- have no alternative source of funding to pay for extra needs resulting from your medical condition

In this category, you do not have to be designated unemployable. An assessor provides information on how your medical condition affects your ability to handle daily living needs.

You must reapply for status to remain in this category every 6 months, prior to your designated expiry date (Though in some cases people have remained on DBI since it's in MHR's best interests, instead of applying for DB II)

Maximum rate for a single DBI recipient: \$596/mo.

Full Disability Benefits (Level II, or DB II)

You must:

- be 18 years or older
- have a mental or physical impairment that affects your ability to handle daily living needs, i.e., you require extensive assistance or supervision in order to perform daily tasks within a reasonable period of time
- OR
- require unusual and continuous monthly expenditure for transportation, special diets, or other usual but essential and continuous needs; and
- have a medical condition confirmed by a phy-

sician that is likely to continue for at least two years or more

or

- your medical condition is likely to continue for at least one year and is likely to recur

You must be able to quantify your needs, i.e., hours and/or amount or cost of needs.

You do not have to be designated "unemployable." An assessor provides information on how the medical condition affects your ability to handle daily living needs.

Maximum rate for a single DB II recipient: \$771/mo.

Employable (Regular BC Benefits, also known as "social assistance," or "welfare")

You must:

- be a BC Benefits client who is able and available to work, able to look for work, or take part in employment or training programs
- look for work while you are receiving benefits
- must complete and have signed a form that states you are either waiting or not eligible for employment insurance (also known as UIC)
- meet a number of criteria in order to be eligible for these benefits: you can't have been fired from your job, be on strike, and you must be either a Canadian citizen or a landed immigrant. You cannot have more than \$500 in assets if you

are a single person, no more than \$1,000 if a couple. You may own your own house or car if you can make payments on them

- you must have identification

In terms of benefits you can apply for, no medical or dental benefits, and no bus pass are available.

Your file will be reviewed yearly, though you may be required to prove you are looking for work at monthly check-ins.

Maximum rate for a single Employable recipient: \$500/mo., \$325 of which is allocated for shelter

Temporarily Excused

You must:

- be an employable BC Benefits client who is temporarily excused for up to six months from training or job search activities because of illnesses or injuries.

The decision to temporarily excuse is made by your Financial aid worker (FAW).

Maximum rate for a single Temporarily Excused client: \$500/mo.

This information does not reflect rates for the Children in Home of Relative Program (CIHR), Hardship Benefits, or benefits for single parents.

Sources: BC Ministry of Human Resources, Kettle Friendship Society and Canadian Mental Health Association, BC Division.

Statutorily Excused from Employment Search

You must:

- be a single mother with a child under years

This category is included in the Act which outlines benefits available for BC residents.

You may be in DB I or DB II category and also fit in this category, depending on your situation.

Compiled by Barb Bawlf, at CMHA, BC Division.

Health benefits available for Disability Benefits recipients

Schedule C: This is a plan outlining the health benefits for Disability Benefits One and Two, with slight differences between the two. These addi-

tional medical benefits do not go into effect for either plan until a period of six months has passed.

BENEFIT	DB I	DB II
Dental Services	\$250 per year	\$500 per year/\$700 to a child. Dentures (conditions outlined in schedule)
Eyewear	Basic eyewear and repairs	Basic eyewear and repairs
Physiotherapy	12 visits a year	12 visits a year
Chiropractic Services	12 visits a year	12 visits a year
Massage Therapy	12 visits a year	12 visits a year
Transportation (medical)	Least expensive mode	Least expensive mode
Orthodontic	If for reduction of health risk	If for reduction of health risk

Disability Benefits checklist

If you receive full Disability Benefits (DB II) from the Ministry of Human Resources (MHR) you may be able to access the following programs. Contact your Financial Assistance Worker (FAW) at your local MHR office for more details about the following:

- **Enhanced Medical benefits.** Includes medical supplies, medical equipment and other essential health items and services. Doctor's letter usually required.
- **Dental Coverage.** Basic dental up to \$500 per year. Pre-authorized services (including dentures) for special work.
- **Diet Allowance.** Up to \$40 per month for person with special diet needs. Doctor's or dietician's note required.

- **Annual Bus Pass.** Persons on DB II are entitled to a yearly bus pass issued by the Ministry of Finance. The pass may be used in any city or town in BC that has a transit system, and costs \$45.00 annually.

Procedure for Obtaining Bus Pass:

- call 682-0391 which is actually a Victoria number that you can dial free of charge without an area code from Vancouver
- give the person at the office your Social Insurance number so they can check for eligibility
- once your eligibility, date of birth and spelling of name have been verified, an application will be mailed to you
- the processing of your application will take approximately six weeks, after which time, the bus pass will be mailed to you
- **Taxi Savers.** You can apply to your Financial Aid Work for vouchers to help you with transpor-

Continued on page 10

Disability Benefits checklist

Continued from page 9

tation costs, particularly if you don't have access to public transportation.

■ **Volunteer Incentive funds.** "CVP" program provides \$100 extra per month for volunteering in the community. Usually long waiting lists. TIB program provides \$50 per month (time limited).

■ **Earning Exemption.** \$200 per month flat rate + 25% of total earnings

■ **Trust Exemptions.** Large sums of money - e.g. inheritances, ICBC settlements, can be set up in special trust, which allows assets and income to be exempted. It is necessary to have a lawyer or notary do the trust settlement.

■ **Crisis Benefits.** When unexpected items of need arise or for when a person runs out of basic necessities such as food.

■ **Motor vehicle fuel tax rebate.** If you fit criteria #7, that you would receive benefits under the GAIN Act (i.e. you are receiving Disability Benefits), you can receive a rebate on your gas purchases. Keep all your gas receipts, fill in forms and you receive a rebate and official gas tax number. Apply to the Ministry of Finance and Corporate Relations, Consumer Taxation Branch (Parliament Buildings, Victoria, V8V 2L9)

■ **Car Insurance Discount.** Once you receive a gas tax number (above) you can fill in a form at your local ICBC agent to receive a 25% discount on the basic portion of your car insurance. If you've been on DB II for over a year, you can ask for your discount to be back-dated by one year.

You may also be able to access further benefits through other sources. Always ask.

■ **Homeowners Grant.** A further Homeowner's Grant is available to disabled homeowners. This does not usually include people with mental health diagnoses. However, if you own your own home and now live on Disability Benefits II, you do qualify for this property tax deduction. You must be receiving financial assistance from the Disability Benefits II program. You will however, have to reapply for it, with evidence that you are on Disability Benefits II, every year. You forward the proof that you are on Disability Benefits II to your municipal or provincial tax collector by December 31st each year.

Compiled by Freda MacLellan, Senior Advocate at the Mental Health Empowerment Advocates Program of the Mental Patients Association of BC, and Jill Stainsby, consultant to CMHA, BC Division.

In 1991, The BC Coalition of People with Disabilities opened its Mental Health Empowerment Advocates program (MHEAP). The stories which appear here, and on the following pages, are from an anthology from the BC Coalition of People with Disabilities, entitled, "Turned Away." It is their attempt to provide government officials and the public with a snapshot of what people in the community are experiencing. They selected real cases to illustrate how the Ministry of Human Resources' policies affect people with mental illness.

Robert

Robert contacted our office to ask for help applying for DB II. He has a major depressive disorder in addition to physical impairments. We helped him fill out the application, with input from his psychiatrist and physician. The application was denied because MHR perceived no need for assistance or extra costs. We went on to the reconsideration level, and lost, and finally went to tribunal. We won at this level, including retroactive payments. MHR took the case to the appeal board where we won our case again. This drawn out, antagonistic process was very stressful for Robert who already suffers from depression. Instead of granting DB II in the first instance, to which Robert was eventually entitled, MHR chose to try to repeatedly deny support to a person with a mental illness. Why?

Martin

Martin came to Advocacy Access to reapply for the DB II category which he had been denied because MHR saw "no need for ongoing assistance with daily living tasks or extra costs." Martin's conditions are clinical depression, chronic peptic ulcers, arterial disease and malnutrition. Doctors have prescribed Prozac and sleeping medication. These conditions create a range of problems; for example, he cannot lift or carry groceries, do laundry or stand to prepare meals. Because of his paranoid feelings, Martin is afraid to be out in public and needs someone to assist him with chores. With advice from MHR and BCCPD, Martin submitted an application for DB II. Health Services granted Martin DB I, denying full benefits because the "assessor and physician do not confirm the need for assistance as described by applicant." A reconsideration was also denied. We asked to proceed to tribunal, even though Martin was very worried and disturbed at the thought of more confrontations, and felt it might be best to settle for DB I. At the tribunal, the MHR representative told the tribunal that Martin could use existing programs for support, go to food banks and/or volunteer to receive additional money. In response, we showed the ways in which Martin was using other programs for meals, volunteering, etc. And that he still didn't have enough funds to manage his disability. When the tribunal asked us to wait outside while they made their decision, I noticed Martin was anxious and had taken a puff of the nitro he has prescribed for him. I also saw the MHR representative sitting on a bench crying. The woman clearly had no idea of the details of the case she'd been given and felt horrible having to argue that Martin didn't deserve DB II. The tribunal called us in and told us they'd decided to grant Martin DB II, including retroactive payment to the time of the original application. We were also told that the decision would be sent to the Appeal Board. When we heard this, I saw my client's ecstatic face drop as he realized it might not be over. His chest started tightening and he puffed again on the nitro which he's only supposed to use twice a day. He was so distressed with pains in his chest, that we took him to the hospital emergency ward. Ten days later, he received an MHR form letter with an application for Disability Benefits. He went to MHR in a rage asking why he had to ask his doctor to fill in the form again when he had already been granted DB II. We eventually sorted the case out after six months of extreme stress to a vulnerable client. And, in the end, he received what he was clearly entitled to in the first place.

Excerpted from the from the BC Coalition of People with Disabilities' anthology, Turned Away.

The facts about CPP (Canada Pension Plan)

**Compiled by
Barb Bawlf and
Freda McLellan**

please note corrections to this article, printed in the next issue of *Visions* (#8 on Sexuality), page 13.

The Canadian Pension Plan is another means by which persons with a disability can access financial benefits. In order to be eligible (if applying after January 1998), the applicant must have worked the last 4 out of 6 years, thereby contributing to the pension fund.

Criteria for eligibility:

- condition must be severe (person can't work)
- condition must be prolonged (indefinite)
- applicant must have a specialist's report (in the case of a person with mental illness, a psychiatrist's report)
- person must make a declaration of unemployment and cannot be attending school full-time

Other facts about CPP:

- it is not income-tested, applicant can have unlimited assets
- a person can be eligible for up to \$835 a month, depending on their previous income, but CPP is taxable when over \$771, or your basic yearly tax exemption rate (\$6456 per year, but more if you have applied for a disability tax credit)
- there are no medical or dental benefits available
- volunteer work is allowed
- provincial income assistance program will top up CPP as usually the federal plan pays only \$300-400 a month
- CPP is not considered a social program

Barb Bawlf works at the Canadian Mental Health Association, BC Division. Freda McLellan is Senior Advocate at the Mental Health Empowerment Advocate Program at the Mental Patients Association in Vancouver

Miriam Jurigova, a mental health advocate with Vancouver's Kettle Friendship Society Advocacy Service:

"... we clearly see a relationship between poverty and the exacerbation of psychiatric symptoms, regardless of which aspects of the person's illness are more prominent, a person's symptoms are aggravated by poverty and poor housing. The poverty and discrimination a person faces directly affects their dignity and self-esteem, resulting in further unwellness.

Everyday at the Kettle we see people seeking social interactions at our drop-in, requiring low cost meals, needing help with their disability benefits, requesting housing, needing a place to bath or do laundry, or just needing to recuperate from the harsh realities of their impoverished lives in a setting which attempts to provide them with support and comfort. We support and advocate for them to the best of our abilities, and knowing their reality, we can confidently assert that having more of their basic rights to good food, and decent shelter protected would be one small step to regaining their dignity."

When, how and when not to apply:

- you apply through the Income Security office, through Human Resources Development Canada
- according to advocates in the mental health field, it is not a good idea to apply if you have just been diagnosed with a mental health problem, or don't have contributions
- you should apply when you feel you can't work anymore
- * If you require further information, call CMHA BC Division and ask for Barb Bawlf.

Benefits checklist for people on Canada Pension Plan (CPP)

Housing:

- Accessible/Affordable Housing
Call BC Housing Management Commission - 604/433-2218
- Annual Property Tax Deferral
Call 1-800-663-7867 or 660-2421 in greater Vancouver
- Home Owner Grant (for home owners)
Apply to Ministry of Municipal Affairs or nearest City Hall Property Tax Department (see also, information on checklist for DB II recipients)

Income Tax:

- Disability Tax Credit (for persons with taxable income)
Contact Revenue Canada for T-2201 form and have doctor fill it out (see also, information under article "Ways to save...")

Leisure:

- BC Parks Access Card
Contact the BC Government, Ministry of Environment, Land and Parks in the 'blue pages' of the telephone directory.

Transportation:

- BC Ferry Pass
Have your doctor provide a letter to BC Ferries or a selected community group, e.g. the Canadian Paraplegic Association, BC Ferries 1-888-223-3779
- Handicapped Driver Discount
Call ICBC at 1-800-663-1466
- Provincial Motor Vehicle Fuel Tax Rebate
Call the provincial government Consumer Taxation Branch in the 'blue pages' of the telephone directory)

Ways to save: various benefits, plans and other cost-saving avenues available for persons with disabilities

**Compiled by
Barb Bawlf, Sandy
Jakkavanrangsri and
Jill Stainsby**

If you are not receiving income assistance and live with a limited income you can apply for some of the following breaks.

The Disability Tax Credit.

This is an income tax benefit that is useful for individuals who have income and have a mental health diagnosis. It is a tax credit of \$4233 a year. To qualify, you must have been significantly impaired in your "thoughts, perceptions and remembering" for at least a year. A doctor must complete a Disability Tax Credit Certificate (available from Revenue Canada) on your behalf, and you must file it when you complete your income tax. The certificate is good for as long as the doctor has stated you will be disabled. You take the deduction each year when you file your income tax, even though you do not file a new Certificate each year.

An important fact about the Disability Tax Credit is that it can be backdated. If you had income in previous years, and you didn't claim the credit, you still can – for up to seven years. Have your doctor complete a Disability Tax Credit Certificate, dating it back to when you were first disabled, and

mail it to Revenue Canada asking them to re-evaluate your previous returns. Be sure and keep a copy for yourself.

Attendant Care Tax Deduction.

You can also claim a tax deduction for an attendant you hire to assist you to be able to work. You must have income against which to claim this deduction.

No-charge psychiatric medications - PLAN G:

This is a plan that was instituted April 8, 1998 to provide access to no charge psychiatric medication for persons with a mental illness. The idea was to make medications free to people who are not on disability benefits and have an income under \$20,000 per year.

In order to qualify for Plan G, the applicant must meet the following criteria:

- have a mental illness, the severity of which would require medication
- have a net family income of less than \$20,000 a year
- your physician says you meet clinical criteria; e.g. you had a previous hospitalization for a psychiatric condition, or without medication you are likely to be hospitalized or experience serious consequences
- apply by bringing a doctor's form and prescription to your mental health center. If the center director approves your application, you can go to any pharmacy and receive the medication at no cost.

For more information, contact your local mental health center, the numbers of which are located in blue pages of the phone book.

*** Writer's Note:** While doing research on the above, I spoke to seven different people in two different government ministries before finally getting the right person. If I experienced a great deal of frustration spending a whole day getting information, imagine how stressful it would be for a person coping with a serious mental illness to go through this experience.

Emergency assistance available while waiting for employment insurance benefits:

"Hardship" assistance is available through the Ministry of Human Resources for those who are awaiting the receipt of employment insurance benefits. The amount allowable for a month is \$500.

Drew

We had a client, Drew, who has paranoid schizophrenia. He was accepted for DB I, but refused for Level II. In his Disability Benefits application, his physician stated that Drew was persistently troubled by paranoid thinking, even when taking medication to alleviate the problem. He also has had several psychiatric hospitalizations. The doctor said that the extra funds under DB II would be a great help to Drew for over the counter medication, a better diet, and funds to attend social activities and to maintain a better living environment. Drew's disability has made it impossible for him to maintain any form of employment, and he has virtually no social relationships to support him. His application was denied on the basis that his need for assistance was not extensive. We helped Drew appeal, but were unsuccessful. He became despondent and lost contact with us.

Excerpted from the from the BC Coalition of People with Disabilities' anthology, Turned Away.

Procedure:

- you apply for income assistance
- Ministry of Human Resources gives you one form to fill out for assistance and another to take to the Employment Insurance office to determine your eligibility for EI
- if there is going to be a waiting period for EI (which there always is), you may receive hardship from MHR
- once you begin to receive EI, you must pay back the hardship monies given to you by MHR unless you have dependent children or a DBII designation. (Check with your MHR office to see if you're exempt.)

Educational funds available for mental health consumers:

There are two educational funds available through BC Division; these are the **Lorne Fraser** and **Evelyn Holman** funds. Both are provided to assist persons with mental illness pursue post-secondary education. Please call Barb Bawlf at the Division at 604/688-3234 for further information.

ICBC: Breaks for mental health consumers?:

Although ICBC does not offer anything spectacular in terms of discounts to mental health consumers, they do suggest that when you are unable to go to work for a period of time to change the 'vehicle use rating' on your car to 'pleasure use.' For that time when you are unable to use your car regularly, you will be able to get a refund on the difference between the premiums. When you are ready to change your vehicle use rating back, ICBC will put you back to the higher premium. If you become unable to use your car for a longer length in time, ICBC suggests that you cancel your license plate and insurance and use the 'vehicle in storage' policy.

Call your local insurance agent for more information regarding ICBC policies for mental health consumers. You can also reach ICBC Customer Relations at (604) 661-2800 for a more detailed explanation.

Students with disabilities:

The Simon Fraser University Centre for Students with Disabilities assists students who register with them as having a mental health disability. There are several advantages to doing so.

First, supportive counselling and a chance to discuss concerns are available through the Centre, says the Director, Eileen Lennox. The Centre can also refer students to the campus psychiatrist. The Centre will support students requesting deferrals on assignments, or arrange for extra time, rescheduling, or relocation of exams. "It's very

individual," states Eileen Lennox. "I suggest students come and check in with me on a daily basis." She often talks with individual students about managing their stress levels. To access this service, new students must register with the Centre and provide medical documentation verifying their disability.

Transportation options.

With a doctor's note verifying that you can not travel by bus due to anxiety or other illness-related symptoms, you can apply for a Handi-Pass. Once you receive a Handi-Pass you are able to use BC Transit's Handi-Dart system. In addition, you may be eligible for taxi savers, which taxi companies all honour.

Susan

MHR had a question for Susan, a Disability Benefits client, so they "flagged" her cheque. Susan was expected to come into the office to pick it up. However, Susan has a history of depression; she experienced a mental health relapse, so she didn't go into the office immediately. As a result, it was two weeks after cheque issue day before she called the MHR office. The MHR worker told Susan that her file had been closed because she hadn't contacted the office sooner. The circumstances of her relapse were not considered in the decision. The worker told Susan she had to fill out a new application form for income/asset testing. Since this would take a minimum of two weeks, this meant that Susan lost about one month of benefits. Susan was resigned to this hardship as her health wouldn't permit her to challenge the Ministry.

Excerpted from the from the BC Coalition of People with Disabilities' anthology, Turned Away.

Janice

Janice is a single parent with a long-standing mental health disability that makes her vulnerable to stress. Janice, who received DB II, was expecting a small settlement from ICBC. As required by MHR, she told her FAW that the settlement was forthcoming and the FAW requested a letter from Janice's lawyer confirming the expected settlement. She obtained the letter, with difficulty and at a cost, and dropped it off at her MHR office a few days before cheques were to be issued. A few days later, when Janice hadn't received her Disability Benefits cheque, she phoned the office. She was told she would have to come down to the office to see her FAW. Janice dutifully arranged for child care and went in immediately. The receptionist told Janice her FAW was busy and she would have to wait. Janice said she had already provided the information that MHR needed in order to process her cheque. The receptionist said she would still have to speak to the FAW. Janice became extremely agitated and left the office. When she got home, she found a message from her FAW saying she could pick her cheque up from the office. A couple of days later, Janice received a letter from MHR saying that her behaviour in the office "will not be tolerated" and that, if she were to exhibit such behaviour again, she would be administered by an outside agency. This threat upset Janice and she felt it was unfair; she had done everything "by the book" to accommodate MHR's demands. Her reaction to the office delay which turned out to be unnecessary anyway should have been understandable in the context of her disability. But she was threatened with administration because she expressed agitation at the way she was treated.

Excerpted from the from the BC Coalition of People with Disabilities' anthology, Turned Away.

Jill Stainsby is a consultant for CMHA, BC Division. Barb Bawlf and Sandy Jakkavanrangsri work in consumer issues and anti-stigma education programs, respectively, at CMHA, BC Division.

Free and low-cost stuff in your community

Having little income or being unemployed is tough. You not only have to contend with struggling to make financial ends meet but also keeping yourself physically and mentally healthy. Here's a checklist of resources in your community where you can find low-cost entertainment, recreation, food, clothing, and services.

Boosting Self-Esteem

Support Services

Adjusting to unemployment or having little income is sometimes a shock to the system, especially when being a part of the workforce is important to one's self-image. Maintaining your self-esteem is so important, to remain healthy. Support services within your community can help you cope with some of your problems through openly sharing the issues that are bogging you down. Some support services also offer counseling, courses and workshops to support you or prepare you for re-entering into the job market.

- call your local Canadian Mental Health Association branch for more information on services.
- check also your local community centres/neighbourhood houses for programs and support groups.

Unemployment Referral & Information Lines

Unemployment and Job Agencies can help you find the assistance you need to regain or improve and update your skills.

- contact your Employment Insurance office/Canada Employment Centre or consult 'blue pages' section in your phone book for more numbers to call.
- also contact local YMCA/YWCA centres for more information on types of employment services and courses they offer.

Feeling overwhelmed with your problems?

Call a crisis line to talk it out and vent your frustration. Most are open 24 hours.

- check your yellow pages under 'crisis centres' for numbers to dial.
- also check with your local Canadian Mental Health Association branch for more up-to-date information.

Keeping active by filling your time

Recreation centres/Community centres

Local recreation and community centres offers a wide range of activities to keep you in control and focused on maintaining a healthy and active lifestyle. Take a swim or go work out at the gym.

- check under 'blue pages' in your phone book for local community centres and recreation centres.

Volunteer work

Feeling restless and looking for a way to make a difference in your community? Volunteering will keep you busy and motivated and also provide you with valuable experience and contacts in new fields.

- check with local community centres and neighbourhood houses for postings.
- also check at your local library's bulletin board about such offerings.
- your local newspaper or community cable channel often posts requests for volunteers.
- match your interests with your volunteering, like working with animals at the SPCA if you love animals, working with older people at a nursing home, or writing for a newsletter put out by your favourite non-profit organization.
- if your community has a volunteer or self-help centre, call them and find out what opportunities there are

Continue to learn

Looking to gain a new set of skills or improve on an old set? Local School Boards, Community Colleges and Universities offer courses for personal advancement or for fun. Many offer discounted rates if you have a limited income, if you ask. Contact the *Continuing Education Departments* of the following for more information about the programs they offer.

University of Northern British Columbia 250/960-5555

University of Victoria 250/472-4747

University of British Columbia 604/822-1444

Simon Fraser University 604/291-5100

Open Learning Agency (Disability Services Office) 1-800-663-1663

Lower Mainland 431-3043

- note: this is a partial list. Check the yellow pages under schools for a more complete listing of local community colleges.

- look in the white pages for the name of your local school board, and ask for their Continuing

Education department. They offer all kinds of courses at night. Ask if they have a policy for discounted rates for people living on a limited income.

Making ends meet

Worrying about money is stressful. Explore the options that can help you stretch your money further.

Food Banks

■ check the white pages for locations nearest you.

Clothing Stores

■ check under 'thrift stores' in the yellow pages for locations in your area. These might include Salvation Army thrift stores, Value Village, or independent thrift stores.

■ also look under 'consignment sales' for good second-hand clothing stores.

Medical/Dental Services

■ check your yellow pages for free drop-in 'clinics' nearest you.

Inexpensive entertainment

Need a stimulating yet inexpensive night out? Attend a theatre play or movie, or do something creative..

■ check local high school plays and reduced-price movie nights for great entertainment.

■ also check the activities planned at your local

community centre and neighbourhood house.

■ be creative. Go somewhere and people-watch. Organize a games night and gather at someone's house. Make it a pot luck!

On-line services on the world-wide web

Getting connected to the internet is easier than ever now! Go and visit your local library to access the web for free.

Legal, bureaucratic and mental health system problems

Need some expert advice on some problems and issues you do not understand?

■ consult the 'blue pages' in your phone book and also look under legal aid for some more contact numbers to call.

■ Some advocacy organizations offer help accessing income benefits or help with your bureaucratic needs. For example, the Vancouver area has Kettle Friendship Society and the Mental Patients Association which offers advocacy help. In Kelowna, the Consumer Development Project can put you in touch with an advocate. Your local Canadian Mental Health Association or BC Schizophrenia Society may also be able to help you find an advocate.

■ The provincial mental health advocate is another source to help you find a local advocates. Call toll-free at 1-877-222-0412 for a mental health advocate near you, or <http://www.web.net/povnet>, a network of anti-poverty advocates.

Compiled by Sandy Jakkangrangi at CMHA, BC Division, and based on the brochure, "Staying Sane While Unemployed" published by CMHA, Vancouver/Burnaby Branch.

Disability Benefits: Behind the times!

Judy Shirley

Disability benefits to the mentally ill in institutional care and in the community are a major concern at Riverview Hospital. It is high time for the BC government to look at the present monies allotted to the mentally ill and other disabled individuals and make an appropriate and realistic change. Also I would like to express another grave concern with some of the new practices in financial aid offices across the lower mainland.

Patients in care at Riverview Hospital receive \$82 dollars a month support monies. After general monthly expenses, most patients are left with just a few dollars. Although the hospital supplies the basics to patients, many like to buy their own shampoo, soap, aftershave and some clothing. Individuality is lost when everyone is wearing the same clothes, using the same soap and shampoo. When people cannot even afford to go out and have a cup of coffee, quality of life is affected. This small pleasure is taken for granted by working, able-bodied individuals.

Moving on from Riverview Hospital is, more often than not, a bleak experience. Individuals face a lack of proper housing and inadequate financial aid. The \$771 that is allotted does not even come close to reflecting the present cost of living. Re-entry into this financial aid system is proving more and more difficult with all the inane and new rules that have recently been introduced. It is my understanding that people must participate in an orientation program before they receive funds. Also, if an individual does not have appropriate ID he/she will end up on hardship for months until the ID comes through. This type of bureaucracy puts unwarranted pressure on the individual and inhibits their success in the community.

Our government must look at these issues very carefully and make the changes that are needed. Disability benefits are a crucial factor in the quality of life of someone who is mentally ill. Our society must move forward from a philosophy which appears to promote a "survival of the fittest" outlook.

Judy Shirley is a member of the Mental Patients Association Hospital Wide Advocacy Program at Riverview Hospital. She encourages anyone who is concerned about income issues which affect people with mental illness to call or write to the Minister of Human Resources, Minister of Health, and local MLAs.

ARA researching the experiences of mental health consumers/survivors living in poverty

Cindy-Lee Robinson

In October 1997, ARA - Mental Health Action Research and Advocacy of Greater Vancouver - began research to interview and collect information on the issues facing mental health consumers/survivors who are living in poverty. We are also interested in documenting improvements in the quality of life for people who are currently receiving more benefits than they did previously or have better housing than before. The purpose of this research is not to count numbers (i.e. not to count how many mental health consumers/survivors are living on how many dollars per month) but rather, to gather a written record of the experiences of the interviewees.

Recurrent themes quickly emerged as common experiences for mental health consumers/survivors who are living on very limited incomes. In particular, people spoke of the huge improvement in their quality of life after being accepted into the category of Disability Benefits II, for which they get "extra" money each month to the maximum rate allowed.

Three of the people interviewed shared with the Researcher that they stole money and other

items to provide for their basic needs when they were receiving the minimum welfare assistance. More than one man said that he committed crimes just to get into jail, where he knew he would be assured of three meals a day and a roof over his head. These are obviously basic needs that everyone in Canada should be able to receive, but this man could not secure these needs for himself on the amount of money allowed him on welfare. He said that life is so much better now that he is receiving the maximum amount of welfare for a person with a Level II Disability. He points out that he never would have had to commit those crimes if he had received that welfare assistance then.

The cost to society (police expenses, court costs, increased insurance fees, an erosion of a sense of security for the people who owned the property he stole) and most of all, the cost to this man's dignity, was hugely out of proportion to the "extra" amount of assistance he could, and should have received then - \$311 a month.

Many mental health consumers/survivors have reported that they were also living in poverty as children in their families of origin. They have related that the families were under so much stress from money worries that there was little energy left to attend to the children's emotional needs.

The research, currently being compiled, will also document which supports, besides financial assistance, makes a positive difference in the lives of mental health consumers/survivors who are living on very limited incomes.

Cindy-Lee Robinson is primary researcher with ARA - Mental Health Action Research and Advocacy of Greater Vancouver. Her report is scheduled to be completed by March 1, 1999. For copies, call Cindy-Lee at 689-7938.

Advocating in the income benefits system: where pathology wins over recovery

Lori Gabrielson and Dena Elery

One of the most frustrating aspects of helping people to access income supports is trying to work within a system that doesn't acknowledge the real support needs of people living with mental illness. Lori Gabrielson, coordinator of the Advocacy Program at Vancouver's Kettle Friendship Society, works with many people who are at various stages of applying for - and in many cases, who are denied - Disability Benefits.

Lori says that the Ministry of Human Resources' definition of 'disability' is a very narrow and functional one. The eligibility criteria requires a doctor to confirm 'severe mental or physi-

cal impairment,' as well as the duration of the impairment, proof of the person's need for assistance/supervision with the tasks of daily living, and of costs related directly to the disability. People with mental illness often identify needs that Lori says don't fit easily into this definition. She says the "eligibility criteria is based on a person's functionality, rather than what is needed for the person to attain quality of life and to live successfully in the community."

"The task of daily living [for a person with mental illness] is managing the mental health disability. There are many more things to consider be-

Financial Aid Worker says budget restraints put greater pressure on people to prove eligibility for income assistance

Dena Ellery

Financial Aid Workers working for the Ministry of Human Resources have felt increasing pressure from the ministry to reduce caseloads in an effort to maintain fiscal restraint. Some Financial Aid Workers (FAW's) recognize that this places additional expectations on individuals to show that they are eligible for benefits. For some individuals, particularly those with mental illness, this creates even more stress and pressure, and many give up.

This interview was granted on the condition that the financial aid workers' identity not be revealed.

Ann (not her real name) says that the process of asking for help is demeaning to begin with, and she tries in her work to be as compassionate as possible to try to help people as painlessly as possible through the difficult process. "I try to make the effort to be sensitive. It takes a longer amount of time, but I prefer a more personal approach," she says.

However, Ann feels that being sensitive to people's needs is secondary to saving Ministry of Human Resources' money. In an effort to save money and reduce caseloads, FAW's feel pressured to be as stringent as possible when it comes to determining eligibility for financial assistance. "While the expectation is not to make people ineligible, it often feels as though the goal is to reduce caseloads and therefore, any reason to find them ineligible" is warranted.

In other cases of budget restraining efforts, Ann has seen FAW's deny people crisis grants. Crisis grants are available to help with unexpected items of need, when all other sources of income have been unsuccessfully tried, and/or there is a potential danger to a person's children. "Sometimes when it's a single individual [who's asking for a crisis grant because they don't have money to eat], they will tell them food is not an 'unexpected' item," says Ann.

Within this context of budget restraint, Ann feels challenged to deal with situations on a humane perspective while still following the rules. To help make this happen Ann is encouraged when people bring an advocate with them. "You're in an adversarial position right away when you have to ask for assistance," she says. "There's an assumption that you're not getting all the information you need. Having an advocate takes the edge out of it, so the FAW doesn't seem to have as much control, and makes us look less scary."

Ann says an advocate helps her in her own work. They ask the extra questions, like explaining in more detail the significance of legislation and how it impacts a person's eligibility. Ann

brings compassion and empathy to this part of her work by being sensitive to how information is communicated. "Compassion or empathy changes the way you speak to people. Using less formal language and other kinds of comments makes the persona feel comfortable," she points out.

Using plain language and a sensitive approach are ways people can feel less intimidated, but Ann insists that the settings can make a difference, too. Ann feels that accommodations could and should be made to make people more comfortable. For "people in a vulnerable position . . . they shouldn't have to go into an office, or they should be able to go into a separate office where there's less people, (it's) quieter . . . where they wouldn't be uncomfortable around a lot of noise and other people.

There's an emotional side to working in a financial aid office, and financial aid workers are working with people who are in variety of states when they come to ask for help. "In a financial aid office, there's a whole cross-section of society. They're all in a difficult position. The feelings in a room include anger, grief, fear, sadness and shame - and that's just the people who don't have a problem with their mental health."

Ann added that emotional aspects of the job are inevitable. It's not a required part of the FAW's job to attend to people's emotions, but it is inevitable. Ann says "some workers seem to be able to provide a kind approach," but adds that often, "others are not able to deal with emotional side of the work."

The negative impact of relying on financial assistance results in a significantly reduced quality of life, Ann says. "It's hard to live on income assistance because the rates are so low. It's hard to *survive*. People don't want to live on income assistance — they want a job. It's not people's fault they're on income assistance," she says.

Ann points to lack of suitable housing as a major problem for people on assistance. She says assistance rates are so low that it's hard for people to maintain a safe, decent standard of living. "Most people must spend a minimum of \$400 for shelter" no matter where you live in the province, whether you live alone or with someone else. "If you must live alone [due to your illness] you have to pay \$500 for a shitty apartment. (And) you better believe if landlords know that (assistance) rates go up, their landlords put the rates up. Proper housing would make a huge difference. There's just not enough out there."

sides how a person budgets or grocery shops. Many informal supports (non-medical) that can lead to an enhanced quality of life are [not] acknowledged when applications are assessed," says Lori.

Informal supports are difficult to quantify in a disability application. Such supports can include anything from long distance costs to keep in touch with friends and relatives, money to attend bowling with friends or to access alternate mental health resources. These are examples of things that can contribute to wellness and recovery and are best determined by the individual applicant, not the doctor or caregiver. Yet these supports are not recognized as legitimate needs or expenses within the eligibility requirements prescribed by the Ministry guidelines.

As a result, Lori and her advocate colleagues spend a significant part of their advocacy work helping people fill in forms that focus on an individual's illness and its severity instead of on what they really need to stay well and be recovery-focused. "It's too bad" says Lori, "because I feel like we develop an expertise in pathologizing people" instead of being able to promote recovery.

Ironically, the nature of a mental health disability can make it difficult for some mental health consumers to attain eligibility. For example, a person's illness might give them the appearance of being able to exist adequately, independent of the formal mental health service or support system. To illustrate, someone who has a label of chronic paranoid schizophrenia for example, might not be seeing a doctor or taking medications, and might not be welcome at drop-in centres due to past incidents or simply because they're uncomfortable around people.

This is an example of someone who would not be able to demonstrate a need for supports according to disability benefits criteria, since they could appear to be living adequately without a specialized support system or help with the tasks of daily living. In reality, however, they may need an even more complex kind of assistance not prescribed under Ministry of Human Resources' criteria. Their application will be rejected because they are not able to demonstrate a need for either assistance or supervision, even though their "independent" living is a result of their mental illness, not a true reflection of their needs.

Kettle advocates assist with all stages of a disability application. Approximately 35% of disability applicants are successful in their initial application. The rest have to go through an appeal process when the decision-makers say "no" to their requests for additional benefits (either DB I,

at \$596.00 per month or DB II at \$771.00 per month). If they are denied eligibility, there is a Reconsideration (appeal) process where a written argument is prepared for the Ministry outlining why an application should be reconsidered. This argument is reviewed by the Area Manager for the Ministry who can grant or refuse disability status. If disability status is refused, the next level of appeal is a Tribunal.

At Tribunal the applicant's request is reviewed by a three-person panel consisting of a Chairperson, a Ministry nominee (one person chosen by Ministry of Human Resources) and an appellant's nominee (a third person, chosen by the applicant). The applicant attends the Tribunal — usually with an advocate, who presents an oral submission and written material detailing why the person is entitled to disability benefits. The applicant may be required to answer questions asked by Ministry or Tribunal members. A representative of the Ministry, usually a District Supervisor, attends to represent the Ministry and to state why the Ministry is denying the disability status. Applicants often attain eligibility for disability status at this point, but the process can be very stressful and intimidating. If the applicant or the Ministry loses at Tribunal they can appeal one level further to the BC Benefits Appeal Board.

The whole process can be overwhelming. It increases the requests made of doctors to provide medical documentation. And most doctors charge a fee for this documentation that patients cannot afford. The entire process is a strain on a person's emotional, mental and economic well-being. "Many mental health consumers find the mere process of applying for benefits to be intrusive, self-pathologizing and demeaning", says Lori. As a result many people decide, for one reason or another, to abandon the appeal process. They walk away resigning themselves to regular BC Benefits at \$500.00 per month after they've been denied Level I or II Disability Benefits. "It's difficult for people to stand on their rights to achieve a benefit, yet the Ministry commonly counts on this attrition to be a cost saving for them", says Lori.

Mental health advocates have raised their concerns about the Disability Benefits Program with Ministry officials who are currently reviewing the program. Advocates hope that any substantive changes to the program will consider the unique needs of mental health consumers.

Lori Gabrielson is coordinator of the Advocacy Program at Vancouver's Kettle Friendship Society. Dena Ellery is editor of Visions.

When a community loses its soul: unemployment in single-sector towns affects individual and community health

Dena Ellery

Many communities in BC rely solely or primarily on one or two industries. When those industries face decline, such as in fishing and forestry sectors, the mental health and overall well-being of the community suffers as its economic health does.

One of the most significant Canadian studies on the community effects of whole-sector declines is the Newfoundland CMHA's research report, *Working it Out: The Challenge of Change from Within*, published after the 1992 announcement of the cod moratorium. Fishers were offered a package of money to tide them over until they found new ways of providing income and a new way of life. Recipients of monies provided by this tie-over package were identified within the community as "on the package."

This study found that people experienced individual and family losses and changes, and this translated into losses to the community as well.

Individual and family losses

With changes in income came changes in daily activities and routines, leisure activities and habits. Nearly half of the fishers studied socialized less. They went out less to gather with friends to socialize or even for coffee or meals, all of which leads to isolation. People began to spend their time differently and many experienced boredom from not fishing or working in fish plants. People described their situations as: losing motivation; one day runs into the next; frustration; "not sure why I'm getting up in the morning;" loss of goals, loss of seasonal time frame, and depression.

Domestic tensions increase due to financial pressures and worries about money. Roles change or shift, in terms of who provides income and who takes care of children and household chores, or *expectations* of roles change (when one partner is laid off, the other partner may expect more help around the house, but not receive it). In the study some family relationships were affected negatively; some positively. In many cases parents spent more time with their children and strengthened family relationships, or the family had a sense of "pulling together." However, in other cases

where parents increased their alcohol or drug use, family conflicts or fear of family conflicts and violence increased.

People reported feeling demoralized and powerless, feeling trapped and having lost a sense of purpose. As a result, many were experiencing depression and several participants in the study reported they had considered suicide.

Community health

In addition to the loss of a tax base and the municipal services funded out of the tax base, businesses were slower. However, more people volunteered for and were more active in community organizations.

But despite more involvement on behalf of some volunteers, the overall concept of community was greatly diminished by the loss of the fishing industry. Towns and villages' concept of community changed as the very identity upon which their community was built changed. A loss of spirit and incentive to improve the community resulted. A general sense of community optimism diminished.

When the moratorium was announced, people who went on "the package" payments from the Federal government felt they were resented by others who had applied for it but had been denied. Many felt they were "looked down upon" if they were receiving income supports from the package. In communities where this happened, people showed up less to community activities like bingo or fundraisers in order to not face the "others."

The study concluded that in Newfoundlanders' cases, their history of ability to deal with adversity as a way of coping gives them a strong ability to be resilient as a community. Having said this however, the research did identify that communities as a whole felt they needed more information and control over the future of the decision-making of their community in order to feel a stronger sense of control over their lives. The agenda for the future direction of the vitality of the community had to be in the hands of the community - whether it be training, re-education or career reorientation - as well as needing opportunities to get together in order to respond to the

changing situation. Participants recognized that the future health of the community depended on finding ways to get over "envy and bitterness" which existed in the community.

The study concluded that: "In all forums, it was agreed that the future depends on people coming together to formulate practical responses to the problems facing their communities. Several participants said they should start by looking for common ground, to focus on the aspects that unite communities and help them come together rather than those which cause fragmentation and disunity."

Here in BC, we have the example of Chemainus, south of Nanaimo on Vancouver Island. The town's major lumber processing employer shut its facilities down. After an initial period of shock, the community gathered together to tell the story of the logging industry and the people of the area in murals, painted on the sides of local businesses. The town built a new industry - tourism - on its history, and is now known as "Chemainus: The Little Town that Did" on its destination brochures.

Dena Ellery is editor of *Visions*. The research results summarized in this article are from *Working it Out: The Challenge of Change from Within*, published by the Newfoundland Division of the Canadian Mental Health Association, 1993.

Unemployment: Its Impact on Body and Soul

Sharon Kirsh, Ph.D.

Review by Sandy Jakkavanrangsri

With unemployment figures steadily increasing within the past years, the impact of job loss means more than financial instability: it is the emotional shock our system receives which affects us equally, if not more than financial strain. Our sense of self purpose and familiarity of daily routines becomes uprooted as we question our place within the societal system.

Above the financial difficulties we will encounter, the greatest impact of unemployment is on our mental and physical well-being. *Unemployment: Its Impact on Body and Soul* raises the issue of the effects of joblessness on our health, specifically, those that dismantle the harmony between our mental and physical health. When facing unemployment, it is crucial that we learn to cope and to readjust within the current situation so we can attain a balance in our well-being.

When unemployment occurs, feelings of frustration, anger, helplessness or depression take over. Unemployment becomes an emotion-filled ride often categorized with some or all of the same feelings most commonly linked to grieving. The ride begins as we progress into a series of stages filled with extreme emotions, until we finally find a new job or role.

In *Unemployment: Its Impact on Body and Soul*, Kirsh suggests that we go through three distinct phases in adjusting to unemployment. In the first stage, *denial and shock*, we continue to relate to the self-image of "a worker." As unemployment sinks in, we begin to internalize the situation and start to blame the employer and ourselves for our situation.

In the second, *disorganization* stage, a whole complex set of emotions begins to take place. We begin to re-evaluate and question our beliefs, values and self-purpose. We begin to question whether the whole process of job hunting and

employment is worthwhile at all. As this occurs, our "life space" of the leisure and the work world starts to fuse into one identity, with the belief that working at home, and housekeeping activities will replace actual income work. During this stage many will lose their sense of self-esteem and become withdrawn from social activities, as once-familiar activities become unfamiliar.

The last stage, *re-organization*, brings with it acceptance and adaptation to the situation. Creating new routines and coping strategies signals the renewed commitment to building self-esteem and carrying on with our daily activities. Kirsh suggests that we must keep in mind that unemployment is common-place in our society, and by all means not an exclusive group - given that as close to 3 million individuals are affected by it.

As we progress through the three stages, keeping the harmony between our psychological and physical well-being is important. Kirsh suggests establishing strategies to lower your stress level, build up confidence, maintain a healthy lifestyle and keep strong relationships while unemployed, to relieve the anxiety of being isolated in the world. These are the areas which are affected indirectly but significantly by unemployment.

Filled with many Canadian statistics and diagrams that help us to further understand what we go through psychologically and physically during unemployment, this CMHA report is one of the best resources suggested by anti-poverty advocates about the experience of unemployment. The report not only explores changes that affect the unemployed directly but also the indirect effects. It asks and answers questions concerning the human impact of unemployment, and finally culminates with suggestions for action and policy change.

To obtain a copy of this report contact Canadian Mental Health Association, BC Division at 604/688-3234, toll-free 1-800-555-8222 or through e-mail office@cmha-bc.org

Sandy Jakkavanrangsri works at the Canadian Mental Health Association, BC Division, in the anti-stigma program, Open Mind: The BC Resource Centre for the Elimination of Stigma.

United Nations Committee on Economic, Social and Cultural Rights reprimands Canada on economic injustices

Excerpts from the UN Committee's observations at hearings, held 26 & 27 November, 1998:

Principal subjects of concern:

The Committee has received information about a number of cases in which claims were brought by people living in poverty (usually women with children) against government policies which denied the claimants and their children adequate food, clothing and housing. Provincial governments have urged upon their courts in these cases an interpretation of the Charter which would deny any protection of Covenant rights and consequently leave the complainants without the basic necessities of life and without any legal remedy. (*item #14*)

The Committee is deeply concerned to receive information that provincial courts in Canada have routinely opted for an interpretation which excludes protection of the right to an adequate standard of living and other Covenant rights. (*item #15*)

The Committee is greatly concerned at the gross disparity between Aboriginal people and the majority of Canadians with respect to the enjoyment of Covenant rights. . . . In particular, the Committee is deeply concerned at the shortage of adequate housing, the endemic mass unemployment and the high rate of suicide, especially among youth in the Aboriginal communities. (*item #17*)

The Committee notes with concern that in all but two provinces (NB and Nfld.), the National Child Benefit introduced by the Federal Government which is meant to be given to all children of low-income families is in fact only given to children of working poor parents since the provinces are allowed by the Federal Government to deduct the full amount of the NCB from the amount of social assistance received by parents on welfare. (*item #22*)

The Committee is concerned that provincial social assistance rates and other income assistance measures have clearly not been adequate to cover rental costs of the poor. In the last five years, the number tenants paying more than 50% of income toward rent has increased by 43%. (*item #25*)

The Committee is concerned that the minimum wage is not sufficient for a worker to have

an adequate standard of living, which also covers his or her family. (*item #32*)

The Committee is also concerned about significant cuts to services on which people with disabilities rely, such as cuts to home care, attendant care, special needs transportation systems and tightened eligibility rules for people with disabilities. Programmes for people who have been discharged from psychiatric institutions appear to be entirely inadequate. Although the Government failed to provide to the Committee any information regarding homelessness among discharged psychiatric patients, the Committee was told that a large number of those patients end up on the streets, while others suffer from inadequate housing with insufficient support services. (*item #36*)

Suggestions and Recommendations:

The Committee urges the State Party to establish officially a poverty line and to establish social assistance at levels which ensure the realization of an adequate standard of living for all. (*item #41*)

The Committee recommends that federal and provincial agreements should be adjusted so as to ensure, in whatever ways are appropriate, that services such as mental health care, home care, child care and attendant care, shelters for battered women, and legal aid for non-criminal matters, are available at levels that ensure the right to adequate standard of living. (*item #42*)

The Committee recommends that the federal, provincial and territorial governments address homelessness and inadequate housing as a national emergency by reinstating or increasing, as the case may be, social housing programmes for those in need, improving and properly enforcing anti-discrimination legislation in housing, increasing shelter allowances and social assistance rates to realistic levels, providing adequate support services for persons with disabilities, improving protection of security of tenure for tenants and improving protection of affordable rental housing stock from conversion to other uses. The Committee urges the State party to implement a national strategy for the reduction of homelessness and poverty.

No help available: When mental illness affects sponsored immigrant families

Dena Ellery

When mental illness occurs unexpectedly within a family whose members include sponsored immigrants, family relationships and financial situations can reach crisis proportions. In addition to the language and cultural differences which represents immigrants' most significant barrier to accessing any kind of health or other service in Canada, there are also government legislations which prevent people from getting the help they need if they develop a mental illness.

Karen Rai works with the South Asian community as a mental health worker at the Surrey-Delta Immigrant Services Society. She says that when a family or individual sponsors a relative to come to Canada, they are vouching for their extended family for ten years. In other words, they are ensuring that their family member(s) will not be a burden or financial strain on Canadian services for their first ten years of residency here.

If a new immigrant to Canada develops a mental illness at any point of their first ten years in Canada, they can not use any income assistance or specialized health care services other than

medical services and the use of mental health centres or mental health teams. New immigrants are not allowed to access programs such as Canada Pension Plan, BC Benefits or specialized health services such as extended care. As a result of these constraints, families whose sponsored relatives become ill must bear the financial and caregiving load which comes with the mental illness.

Rai says families she works with who face this kind of situation are dealing with significant financial and emotional stress as ill family members become increasingly dependent on their family for support. Added to this are stigmas within many cultural traditions which force people with mental illness to be "hidden" under the blanket of their family, and the illness not at all talked about outside the family.

In some families Rai works with, a member of the sponsoring family may become ill. This is particularly difficult, Rai says, if it's a man who becomes ill. "If you're a man, you have a dream and it's not being fulfilled, you feel you're not successful," she says. Often, being able to sponsor family members to Canada means the financial expectation of supporting them as may be necessary. When the sponsor becomes ill, financial concerns become a problem, depending on the new family members' dependence on the sponsor. "CPP or BC Benefits is not enough to live on," says Rai, especially if a sponsor is trying or expected to support a family.

Karen Rai is a mental health worker with the Surrey-Delta Immigrant Services Society. Dena Ellery is editor of Visions.

Access to mental health services compromised by language barriers and poverty

Karen Rai says the number one barrier facing immigrants is their compromised ability to access services. For instance, services - even though their intention is to help - are offered in a language totally unfamiliar to newcomers. In order to receive services, newcomers face an unfamiliar and overwhelming bureaucratic process. In the case of some refugees who have fled intrusive governmental regimes, this may be too much to bear. And some services themselves may be potentially helpful, but may simply be too unknown or too new to newcomers to try.

These excerpts from Working Group on Poverty's report, "Unfulfilled Expectation, Missed Opportunities: Poverty Among Immigrants and Refugees in British Columbia" repeat some of Karen Rai's observations:

"Many low-income immigrants and refugees have no family, community or support in their new homes and are profoundly isolated and alone. Some cannot access those programs which are in place precisely to lessen the impact of poverty, because of agency rules and procedures, because of language and cultural barriers and because of the fear of government authorities . . .

"In many ways poverty should not be a significant problem among recent immigrants and refugees, given their education, their ability in English, their family structure and their participation in the paid labour force. The reality, however, is dramatically different . . . Twenty-five percent of all immigrant and refugee families, and 51% of those who arrived between 1991 and 1996 are living poverty, compared to 11.2% of non-immigrant families."

Where do we go from here? New directions for income advocacy

Jill Stainsby

The Ad Hoc Coalition, a group of organizations with membership from the BC Coalition of People with Disabilities, the Canadian Mental Health Association, and the BC Association for Community Living, achieved some success on poverty issues, particularly in 1995. The criteria for establishing eligibility for Disability Benefits II were changed to include episodic illnesses. The requirement to exhaust all avenues of potential training was also alleviated. The Coalition folded in 1998.

Yet the issue of addressing poverty and mental illness remains. Housing, food, clothing, personal necessities, transportation, medical and dental needs are crucial and quantifiable financial needs. Quality of life, stability, social supports and safety are factors that are more difficult to quantify, but which also depend on a person's ability to access sufficient funds. Combined, these are what contribute to overall individual health and constitute determinants of health.

Mental health consumers frequently have their access to employment and income reduced by the effects of their illness and treatments, such as extended hospitalization. Yet their recovery depends on their ability to establish a safe, supported living arrangement, and unfortunately, many are not able to do that on the funding that is available to them.

There are still critical poverty issues that need addressing, which CMHA and other advocacy groups may consider taking the lead on addressing.

- The goal of redirecting Disability Benefits from the Ministry of Human Resources to a separate division where it would be treated as a right rather than a charity of last resort still needs pursuing.
- The 'comforts allowance' for hospital inpatients is abysmally low.
- The Disability Benefits forms which people have to fill out need to be clearer and simplified.
- Up to 80 per cent of people who are at first denied Disability Benefits are finally successful at

the last appeal stage (Tribunal). There may be more effective ways to intervene earlier in order to determine eligibility. This might include making criteria for eligibility clearer and more readily available.

- The requirement that people receiving Disability Benefits must apply for Canada Pension Plan benefits – and potentially lose some of their benefits as a result of provincial off-loading onto the federal government – is an onerous process.
- An additional problem around Canada Pension Plan entitlements is that there are two very different definitions of disability. In order to be entitled to CPP benefits you must be disabled not able to work again. The provincial Disability Benefits program now acknowledges that some people may be able to work at times when their illness is not as debilitating. This confusion between provincial and federal program creates problems around eligibility that must be addressed.
- One-time needs, such as those required by people returning from hospitalization and starting over, should be accepted as bona fide expenses for people living with mental illness.
- Increasing the amount of income people are allowed to make in addition to their disability benefit amount would encourage greater participation in the community and increased quality of life. Currently, people receiving Disability Benefits II are allowed to make only \$200 above their benefit amount. And those on Disability Benefits I are not allowed to make anything at all. The same rules around earned income need to apply to both categories.
- Therapies of a person's choice, which work best for a person and increase their quality of life should be considered allowable, rather than Ministry-mandated choices alone.

These are just a few of the possible areas of concern in the area of income advocacy, which deserve further attention.

Provincial Mental Health Advocate announces disability benefits will be her highest advocacy priority

Dena Ellery

Nancy Hall, BC's new Mental Health Advocate announced March 6th that disability benefits will be her number one priority. Nancy was speaking at a meeting of the Board of Directors of the Canadian Mental Health Association in Vancouver.

Nancy determined disability benefits to be a critical issue after hearing from people all across BC, in face-to-face meetings and from phone calls from consumers, family members and mental health advocates. This is one of four system issues she will be working on in her first year as BC's first Mental Health Advocate.

People across BC have been calling the Mental Health Advocate office, complaining about the income assistance available for people with mental illness.

Nancy said the forms people must fill out are long, intrusive and are not written in plain language. She says people who are ill and unable to fill them out, and people whose first language is not English are among those who have found the forms a barrier to receiving assistance.

In addition, people have identified that Canada Pension Plan (CPP) benefits represent a confusing and unfortunate situation. Some people receiving benefits from the province (Ministry of Human Resources) were asked to apply for feder-

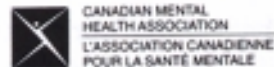
ally-funded CPP. Initially, this was an attempt by the province to share the cost of supporting people on assistance. Those who were eligible for CPP would receive some of their current income from CPP, the rest from the provincial Disability Benefits program.

Many people who applied for CPP were given a retroactive, lump sum CPP payment. Afterwards, people were asked to pay taxes on this amount, often after they had spent their lump sum. Many people who called the Advocate's office said they were left having to pay, for example, \$200 back to the government, and were unable to afford this unexpected amount. And now, the federal government has stopped the lump sum option, awarding people their CPP benefits only in monthly installments. This means many who have been expecting a lump sum will now not be able to receive it.

Nancy invited people to think creatively about solutions around disability benefits: how to resolve the CPP back-payment issue fairly, how to make applying for disability benefits easier, and how to ensure that people with mental illness do not have to fight so hard in order to access to disability benefits (see story on page 16, "Advocating in the income benefits system"). And Nancy agreed that people's ability to become well or maintain their mental health is severely impaired by the amount of income available to survive on.

The other issues she will be working on include reviewing the infrastructure of advisory, advocacy and decision-making and service delivery in a reformed mental health system, developing a longer-term vision for the work of the advocate's office, and developing a network of mental health advocates in BC.

Dena Ellery is the editor of *Visions*.



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