

Disability Tax Credit Program

Canadian Psychiatric Association presentation
to the House of Commons Sub-Committee on the
Status of Persons with Disabilities

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Speaking Notes

Madame Chair and respected members of the Committee:

My name is Blake Woodside. I am presenting today as President-elect of the Canadian Psychiatric Association. I am a psychiatrist. In my day-to-day work I head an inpatient program in Toronto that treats severe anorexia nervosa.

Thank you for inviting psychiatrists to discuss with you what can be done to improve the fairness and administration of the Disability Tax Credit Program specifically as it affects those with a mental illness.

May I firstly commend this committee for taking the time to hear from the many groups and individuals who to date have presented concerns around the special issues affecting Canadians impacted by the disability of mental illness. Social and health policy discussions have too often neglected the particular issues surrounding mental illness. I hope this is beginning to change.

Introduction

As some of you know, the Canadian Psychiatric Association, has been working with four other major national organizations, the Schizophrenia Society of

Canada, the Mood Disorders Society of Canada, the National Network on Mental Health and the Canadian Mental Health Association, to draw Canadian policy makers attention to the needs of Canadians with mental illness. Through what is still a small coalition, called the Canadian Alliance on Mental Illness and Mental Health, we have developed some proposals for national action in this regard.

These are outlined in a paper called “A call to Action: building consensus on a national action plan on mental illness and mental health in Canada”.

(copies available)

In this discussion paper we included a recommendation that one of the steps the federal government can take is to ensure that the needs of the mentally ill are considered in all its policies. This should apply to its tax policies as an important component of Canada’s social policies, as should the distinct needs of psychiatric disabilities be adequately considered in Canada’s other social policies related to disabilities.

The Canadian Medical Association has outlined how physicians have been impacted by the current design of this program. We generally concur with their global recommendations for program integrity and standardization. Some of our mental health colleagues such as the Canadian Mental Health Association and the Canadian Psychological Association, as well as individual consumers have presented evidence about how the program affects caregivers and those living with a severe mental illness.

I am here to present some considerations and recommendations based on the experience of psychiatrists with this program. I will try not to repeat the expert evidence you have already heard. I will address the following two main points:

1. Lack of perceived fairness due to restrictiveness of definitions and/or the lack of clarity about applicability to mental illnesses.
2. Administrative issues in relation to mental illness, namely the inappropriateness of the forms and the need for guidelines and better information.

Discussion

Restrictiveness of definitions and lack of clarity about applicability to mental illnesses

Mental illnesses are among the most prevalent causes of disability. They account for five of the 10 leading causes of disability worldwide. (1) So we should expect this to be the most common type of claim, if fairly and equitably administered.

Yet there is a perception that this tax credit unfairly discriminates against those living with a severe mental illness. While we do not have the data to determine the relative proportion of claimants for each category, many psychiatrists report anecdotally that the criteria as presented in the instructions to the form T 2201 mean that generally their patients do not qualify, regardless of severity of their illness.

In part this is due to the restrictiveness of the conditions under which individuals are eligible for the credit. Psychology and individual earlier presenters have already commented that the criteria used in the definition of basic activities of living, specifically that of the *inability to think, perceive or remember* and markedly restricted meaning *almost all the time* (in effect 90% rule) means that

only those with severe neurological disorders will generally qualify. Others have noted how the definition for *prolonged* disqualifies many with mental illness because of the episodic manifestation of symptoms with most mental illnesses.

The problem here is the word “inability”, a term clearly borrowed from physical disability. A person is judged to be “unable” to see when they meet the agreed upon criteria to qualify as legally blind, which criteria do not require 100% absence of vision. No such criteria are in place to evaluate the severity of mental illness. The use of primitive efforts (such as “almost all of the time “ , “greater than 90%”, or “prolonged”) simply does not address the complex issue of characterizing psychiatric disability. This lack of clear definition is the primary reason the current system discriminates against those with mental illness. Fortunately, as I will come to later, there is a straightforward approach to finding a solution to this problem.

And we need to find a solution.

Approximately 3% of the population are affected by “severe mental illness that produces profound and persistent disablement (2)”, that is, a diagnosed mental illness using DSM IV criteria such that it severely impairs daily functioning.

These individuals, who suffer from severe and persistent illness, while alive and mobile, have no ability to “see, hear, or perceive” their existence in any fashion that you would recognize as consistent with your everyday experience.

It is easy to see why persons living with severe mental illness feel that the current disability tax credit program is unfair or even discriminatory.

A fair system will not be one where individuals with mental illness have unfettered access to the disability tax credit, but rather one where the same care, consideration and consultation are taken to define mental disability as have been taken to define physical disability. This system as it is lacks this fairness.

The impact of the restrictiveness and lack of clarity about eligibility also affects the many family members who care for those living with a severe mental illness. They take on not only the emotional burden of caring for their family members with a mental illness but also the very significant financial burden this tax credit appears to have been intended to recognize. And, with ongoing reorganization and constriction in the health care system, families of all disabled persons must take on an increasing burden of care for their loved ones.

Administrative issues

As reported by others, psychiatrists generally find the form T2201 inappropriate. In an attempt to make the form easy to complete, it is now too simplistic. Clearer definitions of psychiatric and mental health disability must be developed that allow practitioners to accurately describe their patients' conditions. The development of more detailed guidelines must be accompanied by an education strategy for practitioners.

Finally, the requirement for this most severely mentally ill group, often homeless or on welfare, to pay for the form to be completed, is a blatant example of discrimination and unduly restricts the group most in need from having access to this program.

Conclusions and Recommendations

As a first step the federal government should clarify whether the intent of the "social policy" that stands behind this program is to recognize the special needs and burden of care for those with a severe diagnosed mental illness at parity with physical restrictions. We believe that it should recognize the unique burdens suffered by those living with severe mental illnesses as well as the family members that care for them. Specifically, we suggest:

1. That the CCRA work with patient and the professional groups involved in the diagnosis and treatment of individuals with mental illnesses in order to come up with a mutually acceptable and understandable set of criteria that recognizes the burden of mental illness in a manner that is comparable to the way the credit currently recognizes the burden of a physical disability. This will allow the achievement of the principle of parity between physical and mental disabilities. This is an easily achievable goal and the Canadian Psychiatric Association would be pleased to partner in this effort with other stakeholders
2. That a more appropriate set of questions be provided to practitioners to allow for a more accurate characterization of the patient's disability as a consequence of his or her mental illness. Again, this should be undertaken in consultation with appropriate stakeholder groups.
3. That more detailed interpretation guidelines for professionals required to complete the forms be developed accompanied by an education program for professionals.
4. That clear guidelines be available to potential claimants and that an education program be created to ensure persons with mental illnesses are aware of their rights to claim.

The CPA would be pleased to work with others to bring ***parity, fairness, and clarity*** to the disability tax credit program. We have members who have special expertise in this area who would be most willing to work on behalf of the Canadian Psychiatric Association with officials and other professional groups as well as patient groups to help develop clearer definitions, criteria, forms and educational material.

References

1. Murray CJL, Lopez AD (eds) *The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge: Harvard University Press, 1996.
2. McEwan, K, Goldner, E.M. *Accountability and Performance Indicators: Mental Health Services and Supports*. Federal/Provincial/Territorial Advisory Network on Mental Health, Health Canada Report, 2001

See also Goldner, E. *Summary Information and Research Findings on Mental Illness in Canada*, Canadian Alliance on Mental illness and Mental Health Submission to the Standing Senate Committee on Social Affairs, Science and Technology, June 2001.

The Canadian Psychiatric Association

Founded in 1951, the Canadian Psychiatric Association is the national voluntary professional association for psychiatrists. The CPA serves a membership of 3,000. It is dedicated to providing a strong, collective voice for psychiatrists across the country and to fostering a community dedicated to ensuring the highest possible standard of professional practice in providing psychiatric services to Canadians.

The CPA's approach to the promotion of quality psychiatric care is biopsychosocial multidisciplinary and multi-sectoral. The association strives to open lines of communication and encourage collaboration both within psychiatry and with other professions, consumer groups, government, and the private sector in advocating for improved mental health services and strategies.

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