

To: Committee on Veterans Affairs Canada (ACVA)  
Study on Supports and Services to Veterans' Caregivers and Families

The Caregivers' Brigade wish to thank the Committee members for allowing our inclusion within this important study. Our team has been reviewing the Caregiver Recognition Benefit (CRB) and Veterans Independence Program with hopes the policies will be modified to treat physical and mental health equally. The majority of benefits offered by VAC address physical health while almost completely dismissing the difficulties faced by Veterans with PTSD. If this was reversed, would it be ok; would it be acceptable to have policies in place that dismiss physical needs of Veterans?

Caregiver Relief Benefit was introduced July 1st, 2015 and offered a lump sum payment to caregivers to assist them in their self-care needs. The application allowed for people to submit comments about how they felt they met the criteria for the benefit. On April 1st, 2018, there was a change made and the CRB became the Caregiver Recognition Benefit which offers a monthly payment to the caregiver. Many believed (as did we) that this change would allow for more approvals, as the word 'recognition' implies identification and acknowledgement of those who serve as caregivers to our ill and injured Veteran community. Unfortunately, the approval criteria remained dismissive of mental health conditions. Of our three Directors, only one qualifies under the current criteria for the CRB. One is denied because VAC determined her Veteran spouse's physical needs aren't severe enough to qualify, the other was denied because her a portion of her husband's previous applications for benefits falls under the Pension Act which is an automatic disqualified for the benefit. Is our small group of three Veteran spouses symbolizing the approval rates of CRB? Is there an expectation for one of three applications to get approved, leaving two of three applications denied? How is this ratio demonstrating that VAC recognizes the value of caregivers in the lives of Veterans?

CRB policy specifies that Activities of Daily Living (ADLs) are to be assessed in order to determine the Veteran's self-care capacity. All ADLs assess physical abilities such as mobility, feeding, washing, dressing, grooming, taking medication and toileting. The policy lists what they consider to be Instrumental activities of daily living such as paying bills, preparing food, using the telephone and using public transportation (which many Veterans with PTSD cannot perform), but it is clearly written that these IADLs cannot be used for the purpose of meeting the criteria for the benefit. There is no consideration given for those who have sustained immense mental trauma and are incapable of completing basic tasks, not due to their physical capabilities, but because certain activities could cause intense and prolonged mental reactions. It's irrational and discriminatory for VAC policies to marginalize the struggles of Veterans with PTSD. There must be equal consideration made between physical and mental injuries sustained during service to Canada. Additionally, the RCMP cannot access CRB because they fall under the Pension Act (like many CAF veterans), so they are expected to apply for attendance allowance (which is a completely different benefit and is paid to the veteran), as the eligibility criteria states, "the Veteran has not been awarded a pension or compensation under the Pension Act". Because RCMP fall solely under the Pension Act, there is an expectation they will never qualify for CRB, leaving a population

that may at some point require caregivers that will not be recognized under this benefit. Recognition is not just a word that means nothing to caregivers. When our Veterans identify themselves as requiring the assistance of another person on a daily basis, that person should be identified and approved by VAC for the Caregiver Recognition Benefit. Denials are hurting families, who are feeling devalued.

Application criteria for the Veterans Independence Program (VIP) is similarly based on physical needs to that of the CRB. VAC perception is that physical activity leads to positive outcomes for those diagnosed with mental health conditions. Under this premise, Veterans with PTSD are denied VIP, justified that they will potentially improve by performing their own housekeeping and grounds maintenance. What isn't considered, or at least isn't being evaluated within the VIP approval process, is that exposure to certain activities, smells, and sounds can lead to reliving trauma without immediate access to relief. Exposure therapy is a recognized and beneficial treatment for PTSD, under safe and monitored conditions. It is reckless for VAC representatives to insist that Veterans with PTSD are to expose themselves to potentially traumatic conditions without providing safety protocols that are an important aspect of recovery through this treatment method. Safety of the Veteran and their family members should always be the first consideration when considering service and benefit applications. For this reason, it's not enough to ask whether a Veteran is physically capable of an activity, but ask instead whether there is any risk to their physical or mental health.

Families and spousal connections are factors in the life of a Veteran that are not being analyzed when assessing the needs of a Veteran. There has been some improvement in this area, as there are many more Veterans being approved VIP than there were previously, on the grounds that family members were earlier expected to take on housekeeping and grounds maintenance tasks. We wish to offer examples of areas that still need work regarding policies and unwritten rules that have become normalized within VAC's application process.

It is common for Veterans to sustain back injuries and apply for benefits from VAC. This physical disability can be progressive and require numerous adaptations to assist with mobility and other tasks. It is becoming more common to see Veterans asking for help with home adaptation such as lift chairs, grab bars, and bathroom renovations. Imagine having a home with a family of four with one bathroom that requires renovations for the Veteran. Not only is it important to recognize the needs of the family during the renovation period, minimizing the time that this room would be unusable to the family, but it is equally necessary to note that all family members use of this bathroom in the future may change the requirements to best suit any perceived difficulties. For instance, it might be suggested that a glass shower door may seem like a safety hazard for a Veteran as the door handle can be mistaken for a grab bar but will be unable to sustain direct weight when utilized in this way. However, if the Veteran has young children in the home that use this same shower, the risk of flooding the bathroom during use because a shower curtain is ordered instead of a door leads to higher safety risks to all members of the household and to the structure of the floor which would be a much higher cost in the long run. It is unacceptable for a VAC representative to state that a renovated room within a family home is 'for the Veteran'. VAC must not only recognize, but assess the

needs of the family when evaluating the needs of the Veteran.

On the topic of back injuries, there is an increasing number of Veterans (and this number will continue to rise) that require assisting devices in their homes. One option for Veterans under Program of Choice (POC) 13 is a mechanical bed that raises and lowers the head and foot areas to make it easier for the Veteran to get in and out of bed, as well as sleep in a comfortable position. We are hearing from many spouses that their Veteran has followed the process set out by VAC to apply for this device by having a home visit by an Occupational Therapist and getting a descriptive prescription from their physician, only to be told by VAC that a single bed (hospital type mechanical bed) is the only option to be provided. When asking if they could purchase a bigger bed to accommodate the spouse to remain in the bedroom, they are advised that the spouse side of the bed is at their own cost, not to be covered by VAC. This isn't about the money. Many Veterans have already paid for their spouse's side of the bed and it can be assumed many more will in the future. The principal of this policy is flawed in the dismissal of recognition of the importance for some Veterans to have their spouse in the same bed with them as they sleep. Granted, the initial purpose for mechanical bed is to accommodate a physical condition from which the Veteran suffers, but displacing the spouse to another location can have detrimental to the Veteran and the spouse's mental health. For Veterans with PTSD, some of whom suffer from night terrors, night sweats, and other chronic issues during the night, spousal presence is an important factor in their sleep regiment. A gentle hand touch from a spouse when a Veteran is triggered can often ease the Veteran's sleep pattern as an evidence based grounding technique. Isolation is detrimental and leads to negative outcomes.

Our final example is regarding a lesser utilized benefit through VIP under access to nutrition. Paragraph 34 of this policy states, "primary caregivers and survivors are not eligible for health and support, personal care, or access to nutrition services". This clause directly denied one of the Caregivers' Brigade Directors in the past and negatively affected the quality of life of her and her Veteran spouse. Being a caregiver of a Veteran is a huge responsibility that we take very seriously, and we strive to accommodate their needs to every extent possible. When a caregiver has a negative health issue, to the point of being hospitalized and requiring rehabilitation treatments themselves, there is a gap in what is able to be provided to the Veteran in their absence. During the period of the caregiver's absence, the Veteran remains in need of help, but asking for it directly from VAC, when they are used to relying on their caregiver to make those calls can be humiliating and demeaning to the Veteran. When our Director was incapacitated, her Veteran spouse recognized he needed help with meals as he was incapable of providing them to himself, but at the same time, he was not able to recognize the extent of his wife's illness. The Veteran was approved for access to nutritional meals that would be delivered to his home, but he was offered and accepted seven (7) meals per week (one meal per day). How is one meal per day an acceptable amount offered to Veteran who asked for help and admitted to not being able to care for himself? After our Director's release from hospital, unable to cook after a stroke, VAC continued to provide the Veteran with his seven meals per week with no consideration for how his caregiver might be assisted during their recovery period. Caregivers simply aren't the client of VAC, so there is no responsibility to provide food to them even when

they are struggling to help themselves let alone their Veteran. Instead, we have a Veteran that shares his prepared meals with his ill spouse and pays out of pocket for additional meals as they both struggle to improve their own health circumstances. If a portion of the mandate of VAC is, “to support the well-being of Veterans and their families”, it is important to hear and recognize what a Veteran and their family needs, and respond appropriately to those needs. Do you believe it’s acceptable to expect a Veteran to be offered on meal per day?

Finally, we’d like to acknowledge the most recent Veterans Ombudsperson’s report. We agree that access to mental health treatment for families must be expanded. It must be recognized that current VAC policy requires Veterans to be diagnosed and in treatment for a mental health condition for the family member to have access themselves. Family members often struggle with their mental health when providing care to a Veteran whether they are physically or mentally injured during service, and would benefit greatly from access to treatment. When a spouse, caregiver, or family member is struggling with their mental health, it is inevitable for the Veteran to be negatively affected. By providing access to mental health treatment to family members of Veterans, there will assuredly be a positive outcome for the Veteran. We implore the committee to consider a recommendation to make mental health treatment accessible to Veteran family members with utmost urgency.

We sincerely thank the Committee for allowing us to submit this document for consideration and taking the time to review our concerns.

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<https://canadianfamilies.wixsite.com/caregivers-brigade>

## References

CRB policy

<https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/2692>

Home Adaptations

<https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1017>

Home Care Services (VIP)

<https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1220>

Mandate of VAC

<https://www.veterans.gc.ca/eng/about-vac/what-we-do/mandate>

Mental Health (POC 12)

<https://www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/1104>