Union of Veterans' Affairs Employees of the Public Service Alliance of Canada/
Syndicat des employé-e-s des Anciens combattants de l'Alliance de la Fonction publique du Canada

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Brief to the House of Commons Committee on Veterans' Affairs

Supports and Services to Veterans' Caregivers and their Families

Introduction

The Union of Veterans' Affairs Employees (UVAE), a Component of the Public Service Alliance of Canada represents the majority of frontline workers at Veterans Affairs Canada. We are submitting this to be included as part of this study by your Committee and wish you much success in your work to improve services to Veterans, Veterans' Caregivers and their families.

In previous submissions and presentations to your Committee we have presented evidence from front-line workers at Veterans Affairs Canada. Today, we will continue that tradition with a special focus on services to Veterans' Caregivers and their Families. To refresh your memory UVAE carried out a survey of our members from coast to coast in April and May 2020 regarding their work with veterans and their families. We specifically asked them to not only identify issues and problems, but to make suggestions for improvements.

In total, 526 UVAE members from across the country participated in that survey from all regions of the country. All positions and all levels of members took part in this survey, of which 55 self-identified as Veterans. We conducted a follow-up survey in September and October 2020, which focused on issues of Harassment, Discrimination, and Mental Health. Again, this information was collected anonymously from 422 respondents. The results of this survey were disturbing. While the Department disputes our results, preferring instead to rely upon their own carefully crafted numbers, facts do not lie: 36% reported being harassed at work, with 5.5% of those reporting the harassment to be sexual in nature. 19% reported experiencing discrimination at work, with disability and race being the two biggest areas of concern. Given the number of

Veterans working at VAC, the discrimination based on disability number is especially concerning. Hopefully this committee will find the time in the future to explore these issues further, especially given the recent situation in the Governor General's office.

Attached as an Annex to this Brief you will find the recommendations from our first survey, a report submitted to Departmental Executives and this committee following our second survey, and a list of mental health demands recently submitted to the Department. We ask you to pay particular attention to the Mental Health portion of this report. We will talk a little more about Mental Health Services further in this Brief, but if we want Veterans and their families and caregivers to have the supports and services they need, the people serving them need support as well. As you will see from the Report, staff at Veterans Affairs Canada are getting sick themselves as they try and assist Veterans and families in need. We urge you to consider the numerous recommendations at the end of the Report and respond to this cry for help from front-line workers at the department. And please note that to date, the only response the Department has offered to any of this is that they will think it over.

Services to Veterans' Caregivers and their Families

When considering the difficulties in providing front line service to the families and caregivers of Veterans, we have to recognize that the current Departmental framework is a hodgepodge of legislation, regulation, policy, and personal managerial preference built around the reaction to negative press, an assumption of access to provincial services, and antiquated ideas about the duty of a "wife". Much of what we have to work with is based on the assumption that the spouse of a Veteran bears the majority of the responsibility of care, with provincial home care services offering the rest. The Department steps in to "top up" to a higher level of care to ensure uniformity for all Veterans, regardless of where they reside. While the financial commitment may be different, the idea is that the end result will remain the same. This can best be seen in funding for nursing home care.

Prior to Nova Scotia regulating nursing homes and bringing in a provincial long-term care funding program, a Veteran Service Agent in Halifax might put in place nursing home funding well in excess of $80,000 per year. The same Veteran seeking the same level of nursing home care in Vancouver at that time would have seen VAC funding of a little more than $400 per year, due to the provincial funding available for the cost of nursing home care.

Unfortunately, as governments and mandates changed, so too did the focus of programs at Veterans Affairs Canada. The focus has shifted over the past decade from providing a uniform level of care to providing a uniform level of financial assistance. The reason for this is very simple: it is much easier to quantify and count dollars than it is the quality of care. The quality of care is highly dependent upon provincial resources, which are highly variable from province to province, and from rural to suburban to urban settings. One of the main drivers of this uniformity of funding has been the change to the Veterans Independence Program elements of Housekeeping and Grounds Maintenance.

In 2016 these elements were moved from a reimbursement of actual expenses to a biannual grant system. This grant is determined by the "Grant Determination Tool" (GDT), an automated questionnaire that scores answers to a series of questions, and calculates a grant amount based on a chart of the number of hours per year of service to be approved, and a chart of the maximum rates available in the Veteran's area. The questions asked range from the size of the home, the Veteran's ability to perform certain services, and whether or not they have someone who is "Ready, Able, and Willing" to perform the services for them. The end result is that the Department can claim that regardless of where a Veteran lives – whether it is Vancouver Island in BC or Fogo Island in Newfoundland – the funding they receive is the same based upon the "assessed needs". What is not mentioned is that this change to a grant program has required most Veterans to pay out-of-pocket for some of their home care expenses, whether it be to cover additional help they require or because the Department has limited the hourly wage paid in a particular area. The Grant Determination Tool itself is subject to the influence of individual interpretation, which highly skews the outcome. Depending upon how the assessor has been instructed to interpret the "size of the home/livable area", it is entirely possible for a Veteran or eligible survivor living in a 6 bedroom, 3 bathroom, 4 level home to be assessed the same as someone living in a one bedroom cottage; after all, a single person really only needs one bedroom, one living room, one kitchen, and one bathroom. Our Members have raised issues with the Employer and the Union for many years with the frequent "redefining" of segments of the GDT, all intended to reduce the amount of grants provided. But this is not the only policy/procedural problem facing families and caregivers.

While the Department has "grandfathered" the case plans of those who were receiving VIP Housekeeping and Grounds Maintenance before the change to a grant system, if they move to a new home or have a "significant change" to their health or situation the grandfathering ends and they are reassessed according to the new rules. There have been many cases in Atlantic

Canada in which a Veteran who, through the home assessment of a VAC Case Manager, had originally been approved for 3-4 hours per day of home care services who then had their grant cut to 2 hours per week solely because they bought a new home. For the Survivors and Caregivers of Veterans, the death of the Veteran is considered a “significant change of situation” and their needs are reassessed based on the new grant rules. Widows or Widowers who had become accustomed to and relied upon daily home care assistance are left to deal not only with the loss of their spouse, but also having their home care services cut back to less than once per week of funding. And god help them if they did not report the death immediately. All too often our members are left to advise survivors that not only have their home care grants been drastically, reduced, but they also have to pay back sometimes thousands of dollars.

The change in the funding for Housekeeping and Grounds Maintenance is not the whole story when it comes to the dramatic change in funding available to Survivors and Primary Caregivers. But it is one of the more dramatic and traumatic experiences for our members, who must make these calls and tell grieving families that the services they had been relying upon for years are disappearing overnight and you now owe a huge debt to the crown.

This is a common theme our members face when it comes to providing services to the families and caregivers of Veterans. In our view the Department does not treat the families and caregivers of Veterans the same. Depending upon the program, there is a marked difference if you are the survivor of a Veteran who received home care services through the VIP, if the Veteran did not receive services prior to their passing, or receives benefits under the Pension Act. The Survivors of those who had received home care services prior to their passing fall under the regulations and policies pertaining to “Primary Caregivers”. For those Veterans who did not receive benefits prior to their passing, their Survivors are assessed under the “Veterans Independence Program Expansion”, referred to as VIPE survivors. If you are classified as a “Primary Caregiver”, you could theoretically obtain the maximum Housekeeping and Grounds Maintenance grants, currently capped at $11,531.06 per year. If you are a VIPE survivor, you are capped at $3,114.70 per year, regardless of assessed need. And it is up to our front-line members to explain these arbitrary rules to families who are actively grieving and operating under the assumption that “the government” is there to help. This is not how a trauma informed organization is supposed to operate.

The other major issue facing our members when they try to address the needs of the families and caregivers of Veterans is the number of benefits provided under the Pension Act that terminate one year following the death of the Veteran. Benefits such as the Attendance

Allowance and Exceptional Incapacity Allowance have a one-year “grace period” to allow the survivor to “make other financial arrangements”. The real impact, however, is that on the one-year anniversary of the Veteran’s death the survivor experiences a significant financial loss. This is not how a trauma informed organization is supposed to operate.

These are some of the simpler ways to describe the challenges that our members face on a daily basis when trying to provide services to Veterans and their families. There is so much more that our members regularly face that involve the families and caregivers of Veterans that is exponentially more complicated and psychologically damaging. Whether it be the near impossible process of trying to have a Veteran and their spouse placed in the same nursing home, to obtaining mental health treatment for the families of Veterans, our members walk a daily tightrope knowing that the slightest slip could result in disaster for the Veteran and their family; or worse, according to the Department, bad press for them.

Mental Health Services

It has become clear that the main priority of Veterans Affairs Canada is not the psychological health of their staff, but instead a tunnel-vision focus on statistics and positive media coverage. They seem to be similarly unhelpful and uncaring when it comes to providing mental health treatment to Veterans and their families and caregivers. Given the sheer number of Veterans coming to the Department seeking assistance for mental health issues, often serious trauma, you would think VAC would be a shining example of a trauma informed organization. VAC should be the national experts on how to provide trauma informed mental health assistance to Veterans, their families, and their caregivers. But sadly, they are not even close.

Providing care and support to a person with a mental health condition is not easy. Anyone who has suffered from PTSD or who has someone in their family who has, can relate to how difficult it can be for the whole family when their mental health is on a downturn. It is well-recognized that being the primary support for a person with a mental health condition is itself psychologically damaging. The immediate family members and caregivers for Veterans with mental health conditions need appropriate training by a qualified mental health professional on what their Veteran’s mental health condition is, how it presents, and the warning signs to watch out for. But beyond education, they also require mental health support themselves. Just as family doctors need their own family doctors, the immediate family and caregivers of Veterans need their own mental health support and treatment.

Mental health issues do not exist in a vacuum. It is not like an amputated arm, which medically mostly impacts only the person missing the limb. Mental health issues are dispersed among those around the individual with the condition. It impacts and influences every part of their lives, and the lives of everyone around them. How they interact with others, whether it is with joy or rage, how they care for themselves and others, whether it is obsessive worry and control or absolute neglect, everything is expressed through the filter of their mental health condition. What is expressed and how it manifests can change from minute to minute and from person to person. Living in such an unpredictable situation has long term psychological effects on the families and caregivers of Veterans; and on the VAC staff who must assist them in getting better.

A little over a year ago there was a media story about an accused killer receiving mental health treatment from VAC as part of their father's VAC treatment plan. There was immediate public outcry. The Department's response was predictable: bring an immediate end to the mental health treatment of all family members, regardless of the situation. Not only did this traumatize our Veterans, it traumatized their family members, caregivers, and VAC front line staff who were left to deal with the fallout.

It was not Senior Management who were getting the angry phone calls and instant messages, it was our front-line members. It was not Senior Management who were scrambling to get invoices paid and find alternate sources of treatment or funding, it was our front-line staff. And when the pendulum of public opinion swung the other way, when the media put the spotlight on the chaos and trauma caused by stopping treatment for family members, the policy was put back in place. But not because it was the right thing to do. Not because the clinical data showed that this mental health treatment was required and providing a positive treatment outcome for our Veterans. No, this was done as nothing more than a reaction to the negative media coverage. That is not how a trauma-informed organization is supposed to act.

In our very first appearance before this Committee in the Spring of 2020 we highlighted the concerns that our members had about that situation, especially when it came to family counselling for family members of Veterans. Case Managers from across the country told us that they had been directed to tell family members that they were no longer entitled to access counselling or see a psychologist because of the policy change. Understandably, the family members were not happy about this change and the Case Managers were worried about the impact on spouses and children. Here are some of the comments that they reported directly to us.

> “Kids are getting kicked off counselling when they have issues like ‘If I’m good, maybe Dad won’t kill himself.”
>
> “Medavie Blue Cross has been calling social workers telling them they have to cut family members off.”
>
> “Cutting veterans or family members off benefits like counselling is utterly ridiculous and short-sighted.”

The sad thing is that many of these situations continue to this very day. UVAE has been pressing the Department to take meaningful immediate action to alleviate the mental health burden upon our members so they can better focus on providing quality service to our Veterans and their families. Following our Spring 2020 survey, we sent a long list of recommendations to the Deputy Minister and Senior Management. Having not heard anything from the Department on these recommendations, and based on the urgent need identified in our Fall 2020 survey, we came to the Department with a list of seven demands. The only reply provided is that they “agree in principle” and “will consider” some of the items. [See Annex 1]

When it comes to providing mental health support to Veterans, their families and caregivers, and VAC staff, the Department is years behind where they should be. When one of our front-line members needs advice and guidance on the provision of mental health support to a Veteran or their family, they can consult one of three health professionals VAC currently have on staff across the country: an Occupational Therapist, a Registered Nurse, or a semi-retired general practitioner physician. VAC does not have a single psychologist or psychiatrist on staff or on contract to support the mental health work that our members do every day. Our members are ***not*** mental health professionals, despite many of them holding social work degrees and registrations. Our members are certainly not experts in conditions such as PTSD, Schizophrenia, Dissociative Personality Disorder, and the host of other mental health issues for which our Veterans currently hold disability entitlement.

RESPONSE TO VAC TESTIMONY

In this February 17, 2021 testimony before this Committee, Steven Harris, the Assistant Deputy Minister – Service Delivery, testified that the Department had made more than 18,000 “check-in” calls to Veterans to see how they are faring under COVID19. (Page 2, paragraph 2) But as our members told us in our Spring 2020 survey, this work is being done by front-line staff who are

already stretched incredibly thin, and is work being done in addition to their already psychologically unhealthy caseloads. UVAE has asked the Department to both give staff more time between calls to decompress, and to assign these check-in calls to non-front-line work units to alleviate the strain on those responsible for providing primary service to Veterans and their families. This has not been done, and our members and the Veterans they serve suffer because of it.

Mr. Harris further testified that both staff and Veterans have access to “a range of supports to mental health services for our Veterans and their families.” This is true. But for the VAC staff who are coordinating these services, their access is severely limited. The Department’s response to any mental health need by staff is to refer them to the “Employee Assistance Program”, as service similar to “VAC Assistance Services” for Veterans. However, many of our members in rural areas have reported extreme difficulty accessing EAP services in their area. One member in Newfoundland reported that the only EAP provider within 100km of their location was a retired Priest who provided “pastoral counselling and prayer”, and refused to discuss a litany of issues, including same-sex relationships and racial issues. And while our members do have access to private psychological care via their Public Service Health Care Plan, just as Veterans with mental health disabilities have access to private care via VAC Health Care Benefits, the plan, like VAC, requires a physician’s prescription, which is not always available in urgent situations. We commend the Department for providing Veterans with access to over 12,000 mental health professionals across the country; we just wish they provided the same access to their own staff.

During questioning by The Hon. John Brassard (Page 7) regarding a well-known vocal critic of the Department having their benefits terminated, Mr. Harris wasted no time in throwing our members under the bus, laying the entire decision at the feet of “bureaucrats” within the Department. This is an all too common occurrence when the Department is criticized in the press or in public testimony. This has a serious negative impact upon the overall morale of the Department, and a significant mental health impact upon our members who were involved in implementing the decisions of the Department.

RESPONSE TO OVO TESTIMONY

In their testimony, the VAC Ombudsman, Col. (Ret’d.) Nishika Jardine, frequently highlighted the major gap in mental health services available to the families of Veterans. When a Veteran

has VAC eligibility for a mental health condition, and when the Veteran's mental health treatment provider believes it is necessary for the Veteran to have a positive treatment outcome, the Department can provide limited mental health treatment to the family of that Veteran. However, the Department does not provide treatment to the families of Veterans for their own independent mental health needs, even if the Veteran has VAC entitlement for a mental health condition. So where do these family members go for support?

Most often their first and most frequent source of support is one of our front-line members. It is the Veteran Service Agent or the Case Manager who listens to these family members and aids them in finding the community resources they require, if such resources are available. But as we know, mental health treatment is not cheap. Few family members can afford to pay out-of-pocket for mental health treatment. All too frequently the only emotional support they have available to them is the staff at Veterans Affairs Canada. This situation becomes even more traumatic and complicated when Military Sexual Trauma is added to the mix, when something as simple as the gender or sexuality of our member can become an issue in the clinical relationship with the Veteran and their family. This places an incredible psychological strain on our members, many who are not only carrying caseloads of 40-60 Veterans, but unofficially working to aid their family members as well.

RESPONSE TO OVO REPORT OF JANUARY 19, 2021

As the OVO report highlights, the Department's decisions regarding mental health treatment for the family members of Veterans has caused far more harm than good. Not only did the initial decision traumatize Veterans, their families, and the UVAE members that serve them, but their "revision" of the policy further muddied the waters and made life more difficult for everyone. UVAE has long believed that the Department does not do nearly enough in the field of mental health, when they should be national leaders in the subject. The most senior ranks of the Department do not have even the most basic training in providing trauma-informed leadership, and yet every day they make decisions that impact the lives of thousands of Veterans with trauma, and the families and caregivers who support them. The Department's decisions are based on public opinion and quantifiable statistics, not on the more tangible quality of life and care that our Veterans expect us to provide. Unless and until the Department makes mental health a priority, and, starting from the very top, makes the concerted effort to obtain the

necessary education and training in trauma-informed decision making, they will continue to repeat the knee-jerk reactions of the past.

CONCLUSION

UVAE recognizes that our submission was heavily focused upon the mental health of our members. While it is our members who make the day-to-day decisions regarding the access families and caregivers have to VAC services and benefits, they do not have the decision-making authority necessary to bring about significant change to government policy, regulations, or law.

The purpose of this submission is to bring to the Committee's attention the fact that those who provide direct front line services are psychologically wounded. The people that Veterans, their families, and caregivers rely upon to help them get the mental health help they need are themselves in need of the very same help. The common link tying them all together is a Department that has chosen to turn a blind eye to the mental health crisis that has been forming for years, if not decades. Certainly, the moment Canada returned to combat missions overseas, mental health should have become a main pillar informing everything the Department did. However, this did not happen. Instead the Department continued to move along as it always had, trying to impose rules written for World War II veterans upon combat Veterans returning from multiple tours in Afghanistan. The Department was not and is not currently prepared to seriously deal with the mental health needs of their Veterans, families, caregivers, and staff. Until such time as they make mental health, and particularly trauma education a requirement from the top on down, the Department will simply not be able to provide adequate mental health assistance to anyone.

But they can be. UVAE has provided multiple recommendations and demands to move the Department forward. It is our fervent hope that this Committee will be able to help us make this a reality with VAC becoming a Trauma-Informed Workplace.