

visions

Vol. 7 No. 2 2011



income

more for less: a guide to living well on a small income

when you are unable to work: a look at disability benefits

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people living with a mental disorder or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.

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| issn | 1490-2494 |

subscriptions and advertising

Subscriptions to *Visions* are free in BC to those living with a mental disorder or substance use problem, their families, and public or non-profit mental health or addictions service agencies. For all others, subscriptions are \$25 for four issues.

eVisions electronic subscriptions and back issues are available for free on our website. See www.heretohelp.bc.ca/publications/visions.

Advertising rates and deadlines are also online.

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Heretohelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven non-profit agencies working together to empower people to improve their quality of life by providing useful, accurate and good quality information on mental health, mental illness, substance use and addictions. We represent AnxietyBC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Family Services of the North Shore's Jessie's Legacy Program and the Mood Disorders Association of BC. BC Partners work is funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority. Visit us at www.heretohelp.bc.ca.

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*pseudonym

I was glad to read in the recent issue that a person named Bernie Kealey of Japan had written about his situation living with depression/anxiety and difficulty obtaining good psychiatric treatment in his adopted homeland. I too have suffered with depression/anxiety for many years but have worked with several doctors who have helped me. Thank you for your outstanding issue on Borderline Personality Disorder. I always enjoy *Visions*.

— Roger Smith, Vancouver

I wanted to say thank you for your last edition of *Visions* on Borderline Personality Disorder. I finally have a description for what it is that I have. It has taken me several years of trial and error with medications, and getting the right one. I also took Dr. Linehan's course, this was the turning point for me. I still struggle with symptoms, I am more self aware. I feel that the *Visions* issue is something I can share with others and say here, this is what I suffer from.

— Kim Bramble, Salmon Arm

editor's message

Twelve years ago, *Visions Journal* did an issue on Poverty, Unemployment and Income. Since 1999, the party in power has changed, the names of ministries have changed, the names of benefit programs have changed, and benefit amounts have changed (a bit). But the fundamental issues haven't really changed much at all. People with mental illness and addictions still face employment and income losses due to the episodic nature of their conditions. They still face a lot of barriers securing income support at a time when they're least able to advocate for themselves. The forms are different now but are still long and hard to fill out. People facing an income loss still feel grief and stress and worry, all of which can trigger or worsen mental health and substance use problems. And people receiving government income assistance are still often scared to try working again for fear of workplace discrimination and for fear of losing their stable income support.

Think of your own life. It would be hard to maintain or achieve optimal physical or mental health if you didn't have a decent, affordable place to live, if you didn't have the schooling needed to access the kinds of work that would help you live out your potential, and if you didn't have a job you liked that helped pay for the things you and your family needed to have a decent quality of life. At my organization, we describe housing, employment, income and education as basic elements of citizenship. They are very interconnected and it's hard to be healthy without them. Having them helps us connect socially with others. It helps give our lives security, meaning, value and dignity.

I know it's hard to talk about income and income gaps in this province without talking politics, but let's try and use a public health lens first.

Sarah Hamid-Balma



Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division. She also has personal experience with mental illness.

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/publications/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 2.

More Than Dollars And Cents

Guest Editor Catharine Hume

Income is a key determinant of health and is related directly to other determinants of health, including access to adequate healthy food and access to safe and secure housing.



Catharine is Project Site Co-ordinator for the Mental Health Commission of Canada's At Home/Chez-Soi project in Vancouver and Director of Grants and Community Initiatives at the Vancouver Foundation. Prior to her position at the Vancouver Foundation, Catharine was Director of Public Policy and Community-based Research at the Canadian Mental Health Association's BC Division. For many years, she worked project and advocacy work around housing/homelessness, income and justice

Many people in our communities take for granted that their income allows them to access things that are so important for their health and for their lives. However, about 11% of people in British Columbia—over 500,000 people—are in a low-income category.¹ Many of these people face difficult day-to-day decisions directly related to their low income. As costs continue to increase and incomes do not keep pace, people will face increasing challenges. People with mental illness are over-represented in this low-income category and many live in poverty. This prevents them from achieving health and wellness.

In Canada, as in many other countries, there is a growing gap between rich and poor. In British Columbia, people in the richest category earn 10 times more than people in the poorest category. This gap continues to grow.² While we have many social programs designed to address poverty, including income assistance and social housing,

people accessing these programs often continue to struggle with low incomes. The Vancouver Foundation's recent "Vital Signs" report from the Metro Vancouver region identified affordability as a key issue facing the region.

The Mental Health Commission of Canada's At Home/Chez-Soi project is exploring a Housing First approach for people who have experienced homelessness and mental illness. The project will focus on providing housing subsidies and outreach-based supports to help people maintain their housing and make connections in their communities. Members of the project's Speaker's Bureau speak about the critical importance of being able to

In British Columbia, people in the richest category earn 10 times more than people in the poorest category. This gap continues to grow.

related resources

Vancouver Foundation: www.vancouverfoundation.ca

Mental Health Commission of Canada's At Home/Chez-Soi project:
www.mentalhealthcommission.ca

Social and Enterprise Development Innovations' Independent Living
Accounts project: www.sedi.org

access safe and secure housing. This provides a basis for them to begin to address other issues in their lives and achieve well-being.

Vancouver is a site for the project, and the project team is working with 290 individuals over the next few years to help them secure housing. Through the project, we subsidize people's income and increase their housing options, which has often been limited to single room occupancy (SRO) hotels. The housing subsidy allows people to have housing options throughout Vancouver,

well beyond the Downtown Eastside or the Downtown core.

Social and Enterprise Development Innovations (SEDI) in Ottawa has recently published work on Independent Living Accounts for people living in shelters, many of whom have mental illness. This approach includes connecting people to a financial institution and working with people on financial skills such as banking and budgeting. It also provides matched savings as an incentive to save money towards the cost of securing

housing, which is a frequent barrier for people. This work encourages us to think beyond budgeting with very low incomes. It moves to working with people to understand their relationship to money, connecting them to financial institutions, identifying financial goals and working with them to achieve these goals.

Taking this financial literacy approach as we work with people with mental illness provides another vehicle for us to help support people as they continue to struggle with poverty. Advocating for increased employment of people with mental illness, living wages and other more systemic solutions are also critical. As psychiatrist and Pathways to Housing founder Dr. Sam Tsemberis has said, recovery from mental illness is a real possibility, but recovery from poverty can often be the more significant hurdle.³ ▼

If you believe...

- ... everyone has strengths
- ... people experiencing serious mental illness have the ability to recover
- ... people with dementia can enjoy a good quality of life
- ... you can make a difference in people's lives

Then we invite you to join us and put your beliefs to work.

Tertiary Mental Health Services is a new specialized program offered at Vancouver Coastal Health that can provide you with a rewarding opportunity to support people in a holistic mental health setting. Our campuses of care are located at UBC Hospital and Vancouver General Hospital in Vancouver and in Gibsons on the Sunshine Coast.

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- Peer Support Facilitators
- Physiotherapists
- Psychologist B
- Psychometrist/Psychology Assistant
- Recreation Therapists
- Rehabilitation Workers
- Social Workers
- Total Care Workers

Tertiary Mental Health Services

Vancouver
CoastalHealth



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To find out more and to apply:
jobs.vch.ca/mentalhealth

Where Do We Stand On Income?

Stephanie Wilson

Income is money you receive, such as a wage or salary from work or assistance from government programs. It's one of the most powerful determinants of health. Canadians rate finances among the top three sources of stress, above caring for children and personal relationships.¹

Research shows that lower income is seen along with higher rates of mental health problems.² But what does it mean to have a good or a poor income?

The cost of living

We know that it's always good to receive income. But it's what we can do with that income that is so important. Does the income cover the cost of basic necessities?

The cost of basic necessities is called the cost of living. The cost of living includes basic necessities like food, housing, clothing, medical care and transportation. In Canada, these costs are calculated on a system called the Consumer Price Index. This index tracks change in the cost of items and considers how these changes affect buyers. Some changes in prices affect people more than other changes. For example, a change in the cost of food has a big impact on your budget because you need to eat every day. However, a change in the cost of clothing might have a smaller impact on your budget because you don't usually buy clothes every day.³ In essence, the cost of living indicates how sustainable your income really is.

Housing is an area of concern for many British Columbians. In 2006, 29% of all people in BC paid more than 30% of their income on housing.⁴ (Housing that costs greater than 30% of your income is considered unaffordable.) This has an especially significant impact on people

living on a low income. But when housing costs are high compared to incomes, it also affects people living on a moderate income.⁵

High costs of living relative to income can create financial difficulties in the future. When a greater percentage of your income must be used for daily essentials, you have less money to put into savings. This means you're less equipped to handle emergencies or save for the future. Some people also may rely on credit cards or loans to bridge the gap between their income and the cost of daily necessities. Growing this kind of debt can also create financial difficulties.

Stephanie is the Editorial Coordinator for Visions



When a greater percentage of your income must be used for daily essentials, you have less money to put into savings. This means you're less equipped to handle emergencies or save for the future.

Poverty

According to the United Nations, poverty means that you don't have the income or other resources to meet your needs. Poverty issues include: "hunger and malnutrition; ill health; limited or lack of access to education and other basic services. . . homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion." As a result of not having your needs met, you have a hard time taking part in society.⁶

We can also think of poverty in terms of inequality (such as unequal access to income or opportunities) and vulnerability (such as a higher risk of falling back into poverty).⁷

Poverty usually is measured in monetary terms—the cost of living compared to income. There are two major ways to measure poverty: absolute poverty and relative poverty.

Absolute poverty means that you cannot afford basic necessities like food and shelter.⁸ The measure isn't based on people's incomes, but on whether people can or cannot make ends meet on the income they have.

Relative poverty means that your income is less than the majority of income earners in a given group. If the overall income level of the group decreases, the income level considered relative poverty would also decrease. If the income levels of the group increase, the income level considered relative poverty would also increase.⁸

Relative poverty measures inequality and shows how many people may have a hard time fully participating in their communities.⁹ Here is an example. While Canada has no official standard

for measuring relative poverty, other countries use a limit of 60%. That is, you're considered to be living in poverty if your income is less than 60% of the average income.

We know that the average after-tax income in BC is about \$35,000 per year. If we use the same 60% limit to measure poverty, a British Columbian who earns less than \$21,000 per year after taxes would be living in relative poverty.⁸

Canada doesn't have an official "poverty line." Instead, researchers may use one or more income measurements to define low income.

One measurement compares your income to everyone else's income. The median is the number that falls in the middle of a list of numbers. If your income is below the median, you are thought to have a low income.¹⁰ This is a measure of relative poverty. Based on 2009 data for BC, a low income would be \$24,437 after taxes.¹¹

Another approach measures the cost of a set of goods and services in your area (your "market basket") compared to your income. If your income doesn't cover your market basket, you are thought to have a low income.¹² However, this isn't a measure of absolute poverty because the basket is subjective. Based on the same 2009 data for BC, the low income would be \$15,032 after taxes.¹¹

The statistic used most often to measure poverty in Canada is the after-tax low income cut-off (LICO), which is a measure of relative poverty. This looks at the percentage of your income that you spend on basic necessities like food, shelter and clothing relative to the percentage of income spent on the

same goods by other people in a group. If you spend 20% more of your income on basic necessities than the average person in the group, you are thought to have a low income.¹³ Per the 2009 data, a low income in BC would be \$18,421 after taxes.¹¹

Where do we stand on income assistance?

In BC, the provincial government provides income assistance to support people who don't have a job and have no other way to support themselves, such as savings in a bank. This situation is a reality for many people living with long-term health problems like mental disorders.

There are three basic types of income assistance available from the Ministry of Social Development's BC Employment and Assistance program: basic income assistance, Persons with Disability, and Persons with Persistent Multiple Barriers.

Basic income assistance

When you receive this type of assistance, the government usually considers you "employable" and expects you to look for work, though there are exceptions.

In BC, a single person considered employable receives about \$7,778 per year. This includes the basic maximum assistance amount of \$7,320 (\$610 per month¹⁴) plus provincial benefits and

tax credits.²¹ In 2009, the after-tax low income cut-off, or LICO, in BC was \$18,421, which means anyone who earned less than that had a low income. Basic income assistance is less than half (42%) of what is considered low income.¹¹

Overall in Canada, median income assistance in 2009 was \$7,501, including other provincial or territorial benefits and tax credits. This represents 44% of the national median LICO of \$17,000. So people in BC, at \$7,778, receive slightly more income assistance than people in some other provinces.

However, people on income assistance in BC are slightly “deeper” in poverty, because they are farther away from the BC low income cut-off. The difference (or gap) between the national median income assistance and the median national LICO is \$9,499 (\$17,000 minus \$7,501). But in BC, this difference (\$18,421 minus \$7,778) is \$10,643. The national median income assistance rate is 44% of the corresponding LICO. In BC it’s only 42%.

Persons with Disabilities (PWD)

Persons with Disabilities is income assistance for people who are living with a health challenge and need help with day-to-day living. It specifically recognizes mental disorders, including disorders that may get better or worse over time. A single person can earn up to \$500 a month without losing income benefits. If you find employment and no longer receive income assistance, you keep the PWD designation and continue to receive medical supports. Unlike basic income assistance, you don’t have to look for work in order to receive benefits.¹⁵

In 2009, a single person who qualified for PWD received about \$11,392, including the basic maximum assistance amount (\$906 per month) plus provincial benefits and tax credits.¹¹ PWD benefits represent about 62% of the \$18,421 after-tax low income cut-off.

Overall in Canada, the median disability income in Canada was \$11,012, including other provincial or territorial benefits and tax credits. This represents 65% of the national median LICO of \$17,000. As with basic income assistance, people in BC receive slightly more disability income than people in some other provinces, but in BC there is a deeper gap between disability income levels and the low income cut-off.

Persons with Persistent Multiple Barriers (PPMB)

Persons with Persistent Multiple Barriers assistance is for people who face barriers in finding and keeping employment. It falls between basic income assistance and Persons with Disabilities assistance. You don’t have to look for work to receive benefits, and you can earn some extra income when you feel well—up to \$500 per month for a single person. However, PPMB assistance must be renewed every one to two years, and you need to receive income assistance for a year to qualify

for PPMB. Substance use disorders are specifically excluded from PPMB assistance.¹⁶

In BC, a single PPMB client can receive up to \$658 per month or \$7,896 per year, excluding other provincial credits or tax credits.* Without additional credits, this represents 43% of BC’s after-tax low-income cut-off.¹⁶

Income: A lot of math for few answers

Income is not just about how much money we bring in. It’s about what we can do with that money and how well we can participate in our communities. While there are a lot of numbers and statistics about income, we can’t forget that income is ultimately about people. ▽

*Data unavailable

Bipolar Disorder. Reckless Spending.

Pat Merrett and Marguerite*

Out of control and in the red

Marguerite says: “My life is so much better since I cleared up my money problems. Without the tremendous dedication of my friend at MDA, I don’t know what I would have done. I’ve been volunteering for 12 years at MDA. It is very healing to be with people who care.”

Pat is the Media Director for the Mood Disorders Association of BC (MDA) and was previously a business owner and teacher. Thanks to MDA, her husband’s depression was recognized and treated. MDA provides awareness, support and education for those living with a mental illness, their supporters and the community. www.mdabc.net

*pseudonym

Marguerite loved to spend money shopping and buying nice things for herself—expensive shoes, purses, clothing, makeup, and especially, jewellery. She had always liked the nicer things in life and never thought too much about the cost. She had a good job as an administrative assistant in a large national accounting company and a husband who had a secure well-paying job, so the bills were no problem.

When Marguerite was diagnosed in 1990 with bipolar disorder, her lifestyle changed. Unfortunately, she had difficulty finding a treatment plan that was effective. It took several years of trying different medications, having numerous hospitalizations and undergoing electroconvulsive therapy before her bipolar disorder was under control. Through all this Marguerite was unable to keep her job. Although no longer employed, she continued to buy expensive things. Her disability pension wasn’t large enough to cover all the bills, so she used her credit card.

Then Marguerite’s 20-year marriage broke up in 2000, largely due to her spouse’s alcohol addiction. She was able to secure subsidized housing and received spousal support, so she still had a reasonable income, though it was less than before.

Over the next few years, Marguerite continued to live beyond her means. She leased a car with all the extra costs that brings (e.g., gas, insurance, maintenance) and had expensive dental work done. She also opened department store credit accounts with large interest charges, and secured a bank loan in an attempt to consolidate some debts.

When her ex-spouse became disabled due to his own mental illness and could no longer work, Marguerite lost her support payments. Her income was reduced to just her disability pension. Making even minimum payments on all the credit cards left little for utilities, food and necessities. The impossibility of making all the payments resulted in daily calls from creditors wanting their money. Marguerite stopped answering the phone.

The stress of trying to manage all that debt began to take its toll. Her daily anxiety escalated as she wondered if the phone was going to ring, or if the day’s mail would have another demand for payment. The stress triggered an increase in depression, and feeling hopeless, she began to have suicidal thoughts. Her psychiatrist admitted her to hospital with severe symptoms of bipolar.

It came down to bankruptcy

Marguerite had been attending the Mood Disorders Association (MDA) self-help support group and often volunteered with our association, where I work as the media director, arranging display events, creating materials, assisting volunteers and so on. Marguerite often stopped by my office just to have a chat, and we built a friendly relationship over time.

I realized the distress she was in because of her money problems, and we discussed how she might deal with this problem. We sought assistance from a debt counselling service and on their advice gathered together all the information about Marguerite's financial situation.

As we were going through this process of pulling all her information together, another huge debt surfaced. A family member who had a bad driving record and past claims had persuaded Marguerite to insure his car under her name so he could get a cheaper insurance rate. Then he had an

accident—his fault—and the car was a write-off. The deception was quickly discovered, and Marguerite was told she was responsible for over \$20,000 and faced the possibility of legal charges due to the fraud.

With this added financial obligation, the counsellor recommended filing for bankruptcy because she felt it was unlikely that Marguerite would ever be able to repay her debts. The decision to go ahead with the bankruptcy, something Marguerite wasn't familiar with, increased her anxiety. But her psychiatrist adjusted the medications to help her cope.

Bankruptcy is a nine- to 21-month process for someone claiming bankruptcy for the first time. It involves meeting with a trustee licensed by the Office of the Superintendent of Bankruptcy (OSB) Canada, who evaluates the situation and explains how bankruptcy works. The trustee files the necessary papers with the OSB and deals directly with the creditors.

There is a monthly fee for the services of the trustee, which is based on the bankrupt person's total income and personal situation. Because of her low income, Marguerite was allowed to make a monthly payment instead of paying the full amount to the bankruptcy trustee.

Beginning in spring 2008, Marguerite was required to submit a report to the trustee each month showing her income and expenditures. Marguerite and I worked together to create a daily journal, where she recorded all the money she spent each day. For the first time, she needed to show a receipt for every expenditure.

Marguerite was amazed at how all those little amounts added up. And she realized things like how much she spent on unhealthy fast foods at the bakery to satisfy her craving for sweets and the take-out pizza place when her mood made it hard to prepare a meal. Realizing this and feeling more in control of her money, she started spending more of her food budget at the grocery and produce stores instead.

During the year, she was required to attend two counselling sessions with the bankruptcy counsellor to review how she was managing her finances.

Since her bankruptcy was discharged in 2009, Marguerite has continued to record her expenditures. We meet and review the information a couple of times a month and make adjustments to the budgeted amounts when necessary; for example, when the cost for her monthly transit pass increased. And now, instead of making a monthly payment to the trustee, she puts that amount in her savings account, along with any extra money she receives such

“I never want to go back to where I was a few years ago. I remember how I felt so helpless and was always crying. Having someone to help me with my money has made a big difference for me.”



as her HST credit payments. Marguerite has used her savings to pay for a new television and some dental work, and is currently saving for a washer and dryer.

An ongoing challenge

Before you think this is the perfect story, it isn't. In the spring of 2010, Marguerite's bipolar disorder required an extended stay in St. Paul's Hospital. On a couple of occasions, a friend took her out on a pass and they went shopping. The credit cards were gone, but she did have a debit card and her disability pension cheque had been deposited. After each outing, she arrived back at the hospital eager to show everyone her purchases: for example, a pair of designer sunglasses for \$125, new shoes for \$150, a leather purse for \$200, and several other pricy items.

Once she was discharged from hospital, we sat down to do our regular review, and she could see in writing, on paper, the effects of her shopping sprees. The consequence was that she had to use money she'd been saving in her account for the washer and dryer to cover her daily expenses.

Marguerite and I discuss any unusual expenses. When she needed dental work beyond the regular maintenance, she got a quote and questioned any possible alternatives before agreeing to the procedure. She now sees the necessity of saving money to get those nice things she wants—and to cover the unexpected.

Marguerite sometimes has difficulty distinguishing between needs and wants, but she is working on it. But she now realizes that reckless shopping provides an instant feeling



©iStockphoto.com/shironosov

related resources

Credit Counselling Society

The Credit Counselling Society helps you deal with debt, manage your finances and use credit responsibly. Their services are free and confidential. The Credit Counselling Society has offices in several communities in BC, and you can also speak to a counsellor over the phone. For more information, visit their website at www.nomoredebts.org or call toll-free at 1-888-527-8999.

Office of the Superintendent of Bankruptcy Canada

Visit www.ic.gc.ca for the Office of the Superintendent of Bankruptcy Canada. You can learn more about debt and bankruptcy, and download useful publications.

Clicklaw

Clicklaw features accessible legal information contributed by organizations like the Canadian Bar Association's BC Branch and Legal Services Society. For information on debt, credit, bankruptcy and other topics, visit www.clicklaw.bc.ca.

of well-being and self-importance, but later causes her distress and affects her bipolar disorder. She has also come to realize that her spending habits may have gone unrecognized as an effect of her bipolar disorder—when she is manic, she really likes to shop.

Marguerite now knows that just as her bipolar disorder needs to be controlled, so does her shopping behaviour. When her bipolar disorder is stabilized, she will stop and think

about her finances. She also thinks about facing me and having to justify the purchase.

Marguerite is still the only one with access to her accounts, but she recognizes the importance of having a trusted partner to monitor her spending and bank account, and to help her make decisions and fix the occasional oops. ▼

Measures of Our Worth

Frank G. Sterle, Jr.

“What do you do?”

“What do you mean?” I reply.

“I mean, what do you do for a living—what’s your job?”

Already I can see the conventional mindset about to challenge my value as a member of the community . . .

I’m left to reluctantly respond, “I’m currently unemployed.”

‘Unemployed’ ≠ not working

Yes, I’ve been paid for a small number of the essays and such that I’ve had published since the early 1990s and have done a very small amount of non-literary-based paid work. But since 1996, I’ve mostly volunteered my time and effort as editor, writer and producer for three mental-health-orientated publications—‘free freelancing.’ I’m currently working on one of these publications pro bono (that is, done without pay for the public good).

Because I’ve struggled with ongoing chronic mental illness, I receive a partial provincial disability pension. This is because the federal disability pension dollars I receive get deducted. In 1998, I applied for and received Community Volunteer Supplement (CVS) status; this adds \$100 to my provincial disability cheque, as long as I perform a minimum of 10 hours of volunteer work every month. There may, however, be additional perks to volunteering. For example, at my current placement, I’m reimbursed for up to \$10 toward lunch on the days I work.

I receive all of the above—minus the much-anxiety-inducing, private-sector employment pressure. From past experience, just knowing that my bosses expect to make a worthwhile profit from every hour’s wage they invest in me causes debilitating job performance anxiety.

However, be it wage earner or volunteer, I aspire to perform my volunteer editorial tasks with the same ‘professional’ intensity that I would with a private sector newspaper. In my two past volunteer editor positions, I frequently performed four-fold the 10 CVS hours required monthly. I also can be somewhat obsessive about written material submitted to the publications that I edit. Although, this is a typically futile attempt at perfection involving

Frank lives in White Rock, BC



the writing, editing, proofreading, paginating, printing/production and even distribution work I do.

My two most notable accomplishments within the unpaid workforce were the publication of two anthologies of mental health consumers' literature. The first was a small soft-cover, perfect-bound book, with a print run of 2,048 copies, funded by a mental health grant. The second grant-funded anthology, of which I was one of three equal-status, unpaid co-publishers, had a print run of just 224 copies due to the high costs of just preparing the book for printing. Regardless, with all that I've contributed as an unemployed mental health consumer, I still cannot help feeling like somewhat of a loser and societal burden.

As for 'public opinion,' my 'government handout' cheques miffed one middle-aged chess club peer with whom I'd spent much social time one year. When I asked him if I "should dig ditches" if my mental illness diminished job prospects that would use my intellectual abilities, he replied with a simple, "Well—yes." (Mind you, he, not being a mental health consumer, was having difficulty finding paid work at the time, which likely soured his point of view.) But then again, just because a job is of a physical rather than a mental sort doesn't mean there won't be just as much performance pressure and anxiety.

Welfare—it ain't no picnic either

I often consider my welfare-state disability pension as an only-source of income for me because of my intense anxiety-in-the-workplace issues. However, the fact is that a welfare office waiting room can itself provoke overwhelming anxiety.

On one particular occasion, for example, the wait seems endless as I sit, anticipating rejection of my fiscal needs or denial of part of my already extremely low funding. The anxiety makes me feel like my stomach and surrounding organs are trying to break free and fly out of my abdomen, out and into the future toward an unknown fate. The wait is heavy with burdensome emotion . . . until the welfare worker finally calls my name.

I follow the worker down endless corridors—left, right, right, left, straight then right—and eventually into the worker's office, which feels more like an inquisition chamber. We're surrounded by paper and electronic client files full of names, social insurance numbers (SINs), employment histories, marital statuses and assets noted. There, the worker checks my papers and information many times to make sure that welfare has no reason (excuse?) to refuse me 'government monies'—indeed, 'tax dollars' . . .

"Oh, I see," the worker says to me, with feigned sympathy. "You didn't include your SIN on your last cheque stub. Next cheque-issue date's in about three weeks." The worker then stares at me, eyes telling me that I may leave; thus, I get up. "Farewell," the welfare worker says to me, ending the fruitless, red-tape-entangled meeting. I depart, my misplaced hopes for immediate assistance dashed.

Making the shift to 'employed'—can be too risky

I would prefer leading a normal, tax-paying, employed lifestyle, contently using my mind (as I'm not physically inclined) to create a product for others to consume. If I were fully employed, I'd likely have less time to

focus on my severe depression and hyper-anxiety—not that I typically sit around dwelling on my psyche's misery. Furthermore, I'd most likely appreciate my days off work, especially holidays—though Mondays and other first days back to work could become another source of anxiety. Nonetheless, I believe I'd prefer that existence over my current subsidized situation.

But besides the difficulty of adapting psychologically to taking a regular-paying job after about two decades of disability status, there's the reality of potentially losing disability benefits. A job can include the risk of much-valued benefits almost immediately being withheld, with no certainty of regaining them if the employment unexpectedly comes to a sudden end. Also, there's the dollar-for-dollar deduction from disability benefits when one manages to 'earn a wage,' which may defeat much of the purpose of taking up a job if it's paying only minimum wage.

Regardless of whether a mentally ill person on a disability pension is stable enough to take up a paying job, he or she must deal with an unfair double standard. Unlike a visually noticeable disability (like a heavy limp from a stroke), a mental illness, as serious as it truly can be, is basically unseen. Therefore, in the eyes of some in 'normal' society, there is no solid, socially acceptable reason ('excuse') for a mentally ill person not to be employed and 'pay taxes like the rest of us!'

Walking a Financial Tightrope Into the Future

Trudy*

Our roller-coaster journey began in earnest about seven years ago. After moving to Vancouver on a whim in August 2003, our son Paul* was hospitalized in June 2004 at age 28. At first he was diagnosed with bipolar disorder, but it was changed to schizoaffective disorder (an illness that combines the symptoms of schizophrenia and a mood disorder).



Trudy was born and previously lived in Manitoba. In 2007, she retired from her job as a teacher assistant and moved to Vancouver Island. Having a son who has a serious mental illness, Trudy now spends a lot of time volunteering with the BC Schizophrenia Society*

*pseudonym

Paul needed help in every aspect of life. He would call his father and talk for hours about the horrible things in his mind that he believed were real. I took over Paul's finances, making sure he had money to pay rent and other necessities.

Finding a safety net

At the beginning of Paul's illness, when my husband and I were still living in Manitoba, I struggled to understand the large amounts of money Paul spent. He worked as an artist in the film industry in Vancouver and got paid well, but saved nothing.

After Paul was discharged from the hospital in 2004, he was unable to work, and social assistance was not enough to cover his expenses. We supported the idea that Paul stay in Vancouver to establish himself in his chosen field.

We agreed to help him with whatever money he was short.

His banking institution was a great help. They suggested I open an account in my name, get signing authority for his account and link it to his. This helped, as I was able to deposit money in my name only and then transfer money to him whenever needed. Often, this was required immediately.

A difficult balancing act

In June 2007, I retired. Circumstances required us to move, so I chose to try island living for a two-year period, and we moved to BC.

By this time, Paul had cleared his debt to us. But the film industry is not a stable work industry; at the end of shows or movies, employees are frequently laid off. Paul continued to



The word ‘worry’ is not strong enough to describe our feelings for the future. We will remain on this journey with Paul, supporting him mentally as well as financially. This could mean that he will have to live with us.

have times when, if not laid off, he was too ill to work. Once again, we found ourselves helping him with money to tide him over for a short period of time.

Retirement meant a significant drop in income for us. It’s a scary position to be in—weighing the decision of whether we could or could not continue to help our son.

Struggles with money limits

I have somewhat of a unique position when it comes to managing Paul’s money. He trusts me completely with taking control of all his income and expenses. When he worked, I was able to move large amounts of his pay to reduce his debts.

This payback approach was interrupted when projects became scarce. When he was ill and/or unemployed for

longer periods of time, Paul used his credit card to supplement his meagre funds. His mental illness clouded (and continues to cloud) his judgment on the limits to how much he should spend. We are troubled that he doesn’t grasp the value of a budget as a tool for managing one’s finances.

Will we know when to say no?

Saying “No, we cannot help you,” will be one of the hardest decisions to make. My husband and I successfully managed our income throughout our 40 years of marriage. With retirement, we knew we could have no debts. We have a small savings account left from selling our Prairie home and purchasing a mobile home here. This “nest egg” is the only thing we left to pay for things like repairs to our home, replacing appliances and keeping a safe vehicle on the road. From time to time,

we need to remind ourselves to keep this in mind.

Financially, we have been to the brink of needing to put what we call “plan B” in place. Paul would have to give up his apartment and move in with us. This is one of our worst fears because of the possible outcome. It would signal failure to him, compromising his health.

Keeping hope alive

The word ‘worry’ is not strong enough to describe our feelings for the future. We will remain on this journey with Paul, supporting him mentally as well as financially. This could mean that he will have to live with us.

When forced to think of when we are no longer here, the panic we feel is monstrous. We are in our middle sixties and have no set ideas about what will be in the future. Paul has an older brother Derek* who lives on the Prairies. They are close, and Derek has assured us he will do his best to help if needed.

In the meantime, we live with the hope that Paul will be able to draw on his strengths to keep himself healthy. It’s difficult, but we work to keep hope alive. ▾

Enriching Your Income and Your Life

AN EFFECTIVE APPROACH FOR CONSUMERS/SURVIVORS

David Chernochan

I feel so fortunate to be part of a community of mental health consumers/survivors. In my experience, we cleave together, are always happy to see each other and provide a wealth of personal support. It's within this close-knit community that I've been able to improve my financial situation.

Many mental health consumers/survivors are, I think, better off now than before we fell ill. The simple reason for this is that we are linked to the care system. This has resulted in better housing, better diet (with access to a dietitian) and access to such things as monthly income assistance, and grants and bursaries for education and training. There is also the Community Volunteer Supplement (CVS), which gives people on disability income a \$100 honourarium for working at least 10 hours a month. People on CVS choose a placement where they can get job experience and develop skills.

Many communities have subsidized access to municipal services. In Richmond, where I live, consumers with permanent disability can apply to any community centre for a Recreation Access Card, which gives 50% off most drop-in activities in the city's recreation facilities. The City of Richmond's Diversity Services also publishes the seasonal Low Cost, No Cost Programs brochure, which lists activities and services that are free or less than \$10.

In addition to the above benefits, consumers have a sounding board—the mental health care workers. They have the mental health care teams, which provide an abundance of programs. The Richmond Mental Health Team has, for instance, a crafts group, a quit-smoking group and a special

work program. In the work program, clients receive an honourarium for working in community settings such as a community garden and a seniors centre.

The Richmond Consumer and Friends Society (RCFC) has a monthly activity calendar, which includes subsidized outings to, for example, Vancouver Canadians, baseball games, pitch and putt golf, Playland and movie theatres. There are also walking groups, evening dinner groups, ski outings and more.

Similarly, the Canadian Mental Health Association (CMHA) clubhouses and the Coast Mental Health centres have great amenities. Our CMHA Richmond branch clubhouse has a computer room, a dining room, counsellors, someone who provides housing assistance, and a work program that pays a minimum of \$10 an hour, for 25 hours a month or more if wished.

Tune in to yourself and diversify

We are all worthy of doing work, having a career, holding a job, attending classes, taking part in activities, and living independently in our own home. A professional attitude results from taking responsibility and doing the activity of establishing oneself—financially. The by-products of a job are self-respect, greater self-confidence and strength of character, and increased politeness toward others.

David has been a volunteer at the West Coast Mental Health Network for five years. He is pursuing a career as an artist and recently ventured into writing. David states: "I hope to remain independent for the rest of my life. I enjoy hard work and the enterprise of self-employment"

Many mental health consumers/survivors are, I think, better off now than before we fell ill. The simple reason for this is that we are linked to the care system.

The amount of money in our wallet directly correlates to the shape of the smile on our face—that is, if we have a smile at all. More importantly, how happy we are depends upon our financial security. Although I have a ‘dream come true’ wish list, I only need a few hundred dollars more than my monthly benefit cheque to be very content—what I, as a poor person, consider well off.

When I was first discharged from the hospital eight years ago, I had \$65 a month spending money—the rest went to housing. As of this past March, I had worked up to \$850 or \$900 a month above my rent. It’s not a sports car, but I’ve bought a lot of nice new things—and I have my dreams.

It has taken eight years for me to develop a variety of things I can do for work. These include carpet and apartment cleaning, putting in new patio gardens, helping people decorate their apartments, and shopping for people. Mainly I sell my paintings and drawings, as well as prints of them. And I’m currently planning to write a book.

I advise training—especially in something that will develop your skills in a career you would love and that use your God-given talents. I took stock of my natural skills and found they were in the visual arts and artisan field. I had completed art school, but that was 20 years ago. So I refreshed my skills by taking four 12-week courses in acrylic and watercolour painting techniques at a community centre.

Our country has good schools with six- to eight-week, three-month, one-year or longer job training programs. You can get help paying for these. There

related resources

City of Richmond, Diversity Services: For the *Low Cost, No Cost Programs* brochure, call 604-276-4300, or pick one up at a Richmond community recreation facility near you. See www.richmond.ca/parksrec/about/access/about.htm.

Richmond Mental Health Consumer and Friends Society (RCFC): Phone 604-675-3977 or visit www.rcfc-society.org.

Canadian Mental Health Association Richmond Branch, Pathways Clubhouse: Phone 604-276-8834 or visit www.richmond.cmha.bc.ca.

are many supports in the mental health system, as well as grants, bursaries and subsidies available. Talk to your care workers about these things—they are usually most informative and helpful. I was able to get financial assistance for my painting courses from the City of Richmond’s Department of Cultural Services.

I also learned how to budget. Budgeting is an essential necessity for consumers/survivors who are on a low income. Budgeting is extremely simple and should be approached that way; it will become a natural thing to do. I keep my life in order, on paper—this is my budget. Every two days I assess my purchases, my bank balance and my pocket cash. I plan my weekly spending to a minimum and keep to my plan. I’m opening an account at a second bank, and I’ll put \$10 or \$20 or \$5 into that account often, and I won’t make a withdrawal. That will be money for when I’m old.

Believe in your value

I’m always making three-year and five-year plans of things to achieve and taking personal stock of myself on paper—and I never put myself down. I am only positive, I only speak the answer to a difficulty, and I never insult anyone—and I don’t borrow or lend money. And I have people, my good

friends, over for dinner or social time as often as possible, given our busy schedules.

If you take part in life and if you use what the care system offers, it will be very fulfilling for you and will bring you much enjoyment. If you can work two days a week, or even if it’s for only 10 hours a month, that will be a wealth to you on top of your ministry income benefits. All these things put together will balance your lifestyle, which is recovery for the vast majority of consumers/survivors.

It does take an effort. Sometimes one is afraid—gets the “can’t do it” type of cold feet. I started from that place after discharge from hospital eight years ago. I forced myself to get underway because I saw my life and I believed in my value as a person. It’s important to ask your workers to help you figure out what you could do with your spare time. You should also ask them about what financial aid you could access, who can support you in your application, and who can help you to make an appeal if your first request is not accepted.

I believe in you. We all have a very great value. Let’s develop it. Get established for happiness—yours and others. ▼

When You Are Unable to Work

A LOOK AT DISABILITY BENEFITS

Diane Champagne and Dan Eisner

The inability to work can create personal financial hardship. Employers often provide their employees with some level of disability benefits that supplement other benefits that are available. These other benefits include, for example, government programs such as Employment Insurance and the Canada Pension Plan.

It is important for you to understand what benefits are available to you through your employer before you get ill. You also need to know what is expected of you while you are on disability.

Types of disability benefits

Benefits that are available to workers vary from one employer to another, but we can make some broad observations.

There are three types of disability benefits:

1. **Sick days** – coverage for three to seven days per year for occasional absences
2. **Short-term disability** – coverage begins after an initial waiting period of one to two weeks, and typically lasts for 17 to 52 weeks
3. **Long-term disability** – coverage for periods beyond the short-term disability period, typically until an individual returns to work, reaches age 65 or no longer meets the definition of disability as per the benefit plan

These disability benefit payments are based on regular pay and are ordinarily reduced over time. For example, sick days are often paid at 100%, short-term disability payments may range from 60% to 100% of regular pay, and long-term disability may range from 50% to 70% of regular pay.

The actual amount of disability payment received may also vary due to whether or not the benefits are taxable. Where an employee pays for 100% of the disability plan's premiums, the benefit payments would not be taxed. On the other hand, if the employer pays for any portion of the disability premiums, then the payments would be taxed.

Filling out forms, making a claim

First, you will be asked to provide medical information to prove that you are disabled. Being disabled means your physical or mental condition stops you from performing most of the tasks of your job.

To prove you are disabled, you must get a form filled out by your doctor. This form is available from your employer or insurance company. It is important that your doctor completes the form correctly and in its entirety for you to be eligible to receive your payments. The information provided

It is important for you to understand what benefits are available to you through your employer before you get ill.

Diane and Dan are principals in the health and benefits business of Mercer, a company that provides human resources products and services (www.mercer.ca)

Diane is Leader of the Health and Productivity practice. She works with employers across Canada to help them gain and maintain a healthy workforce

Dan is a Senior Consultant. He assists employers in Western Canada to get the most value from their employee benefits programs



related resources

Ombudservice for Health & Life Insurance (OHLI):

OLHI is a not-for-profit, independent complaint resolution and information service for consumers of Canadian life and health insurance products and services. Visit www.oapcanada.ca.

by your doctor is used to determine if your condition is a medical illness covered under your benefits plan.

You will also need to sign a consent form. By signing this form, you allow your doctor to share any of your medical information that is needed by your employer or the insurance company.

You are responsible for ensuring that your forms are properly filled out and sent to the right address. This is called “making a claim.” Any delay in making your claim will delay the payment of your claim.

Failure to fulfill any of the requests made of you during periods of disability can result in delayed access to the benefits you are entitled to and the income replacement you rely on.

What happens after you send in your forms?

The information is reviewed and your claim will be either accepted, denied, or in some cases classified as pending. “Pending” means that more information is needed. You or your doctor will be required to provide this information within a specified time frame. If your employer or insurance company doesn’t receive the information within the specified time frame, your claim could be denied.

Claims can be denied for several reasons, such as lack of information, incomplete information, or unclear diagnosis and improper treatment according to the insurer’s standards. Diagnosing mental health can be difficult and complex, but insurers have guidelines to follow. If the case manager is not sure, he or she can get help from a consulting psychiatrist.

If your claim is denied, you won’t receive any payments and will be expected to return to work. So you may need to discuss options with your employer. If you have a union representative at work, you can request help and support while trying to come to an understanding with your employer. If you and your employer agree that you are unable to work due to your condition, there may or may not be some options available to you such as a leave of absence. There is no one way to accommodate ill employees, as each workplace is different.

If your claim is denied, you have the right to appeal the decision. There will be an appeal process in place, and it is important that you have a good understanding of the process and what is expected of you.

Don’t hesitate to ask your employer or insurance company about what you must do to prove your absence is medically justified.

Claims management and support during recovery

The purpose of claims management is not only to pay your claim, but also to support you during your recovery. You should expect calls from the insurer or someone in your workplace, such as the occupational health nurse or human resources representative. Their role is to make sure your absence continues to be justified and to follow your progress towards recovery. The frequency of these calls will vary according to your condition.

You might feel like this puts pressure on you, but you should try to view it as a good way for them to keep in touch with you so your payments won’t be stopped. If you are ill over a long period of time, you may find that different people will reach out to you. This is because case managers may get their workload changed due to the number of claims received.

By understanding your benefits and knowing what is expected of you, you should receive your income replacement and not need to worry during an already difficult time in your life. ▼

Visions recommends:

Navigating Workplace Disability Insurance Project:

cmha.bc.ca/advocacy/insurance

See the report:

Navigating workplace disability insurance: Helping people with mental illness find the way

See the video:

Navigating workplace disability insurance

Getting By on Social Assistance

NAVIGATING THE 'WELFARE' SYSTEM

Robin Loxton

If you are living on disability assistance (also known as “Persons with Disability” or PWD benefits)—granted by the Ministry of Social Development (MSD) under provincial Employment and Assistance legislation—you already know the harsh reality: the cost of living is going up every year.

The last increase in the disability rates was in 2007, and there is no hint as to when the next increase may come. So if you are only getting the current disability rate of \$906 per month, it's important to be aware of all the benefits that may be available to you.

In this article, I will go over the various benefits that are available to people on PWD, explain some recent changes in the income assistance system, and suggest some ways in which consumers can make the best of their situation.

Health supplements

Over and above the basic rates, you may be eligible for a number of supplements for specific health-related needs. The Ministry of Social Development has a number of special diet programs that can be applied for by people on assistance. For example, if you have diabetes, you are eligible to receive a diet supplement of \$35 per month to cover your diabetic diet. If you have a chronic progressive deterioration of health (i.e., your health gets worse over time) and need nutritional supplements, you may qualify for the Monthly Nutritional Supplement of up to \$205 per month. Unfortunately, there are no diet benefits that can be provided on the basis of a mental health diagnosis alone.

MSD can provide a number of other health supplements to people on PWD, such as optical services, a dental program, medical transportation, medical supplies and medical equipment. In 2010, however, a number of restrictions were introduced that impose limits on what kinds of items are covered and how much and how often MSD will pay for certain items. These changes have resulted in people being denied health needs such as foot orthotics. If you have been denied a health benefit, it's always a good idea to speak to an advocate to see if anything can be done about it.

Crisis supplements

If you run out of money during the month and are in urgent need of money to pay for your basic needs, you can ask for a crisis supplement or grant. Crisis grants are payments that can cover urgent needs for things such as rent payment to avoid eviction or an outstanding hydro payment. The two crisis grant requests that are made most often are for food and clothing. An MSD worker can authorize up to \$20 per month for food and up to \$100 per year for clothing.

Remember, when asking for a crisis supplement, it's important to stress that you have no money to pay for the needed items, you cannot get them

Robin is Director of the Advocacy Access Program of the BC Coalition of People with Disabilities (BCCPD). He helped set up the program in 1989 and has been actively helping people qualify for disability benefits ever since. You can learn more about the advocacy program and BCCPD at www.bccpd.bc.ca



from other sources, and you need them right away.

Income issues

A person on PWD is allowed to earn up to \$500 per month before deductions are made to their cheque amount. It should be noted that this exemption applies to work-related income only. Other kinds of income, such as federal Canada Pension Plan (CPP) disability benefit payments* or child support payments from an ex-spouse, are not considered earnings, so are not counted as part of the \$500.

If you have income from other sources, MSD requires you to report the income you receive during the month on your cheque stub. The cheque stub then has to be submitted by the fifth day of the following month. If your monthly income is the same each month, you don't have to hand in the stub every month, just when your income changes.

MSD also offers various volunteer and training incentive programs, such as the Community Volunteer Supplement. It pays \$100 per month if you volunteer for a non-profit society. However, there are long waiting lists for many of these programs.

Assets and savings

A single person on PWD is allowed to have up to \$3,000 in savings. People who expect to receive a lump sum payment that exceeds this amount (such as an inheritance or insurance settlement) can protect this money by putting the funds into a trust or a Registered Disability Savings Plan (RDSP).

The RDSP is also an excellent long-term savings plan where people with disabilities can qualify for generous

federal grants and bonds and can build assets (see RDSP resources listed at the end of the article).

Service delivery issues

Over the past couple of years, there have been significant changes to the way MSD provides services. A number of Employment and Assistance offices have closed, and people don't have designated workers anymore. Call centres have been set up, and workers rely on a new computer system to keep track of information.

It's not unusual to wait for 30 minutes to talk to someone on the phone. And if you have to go to the local office, you can end up waiting hours before talking to someone. We are told that workers are learning the new case management system and that things should improve in the future.

Advocacy tips

Dealing with the income assistance system can be frustrating and confusing. There are some things you do to increase your effectiveness. Here are some suggestions.

- If you have to go to the office and it isn't urgent, try and avoid busy times. The week cheques are issued can be very busy. Don't delay your visit if it's urgent, but be prepared to wait
- If you need to phone your office, be prepared to be on hold for a while. Don't use a cell phone if you pay for your minutes
- If you have to go to the office and it isn't urgent, try and avoid busy times. The week cheques are issued can be very busy. Don't delay your visit if it's urgent, but be prepared to wait
- Keep a record of your dealings with MSD. If you give them any

paperwork, ask for a date-stamped copy

- You can ask a friend or family member to accompany you to an MSD appointment
- If you have your benefits reduced or a request denied, you have the right to know why. You also have the right to appeal a refusal or reduction in benefits
- There are advocates who can give you advice about your rights and MSD programs (see resources below)
- Make sure you are up-to-date with your income tax filing. The HST and Climate Action Credits are income that will not reduce your disability benefits ▼

*For more on CPP disability benefits, see www.servicecanada.gc.ca.

online resources



- **BC Disability Benefits Help Sheets** – BC Coalition of People with Disabilities
www.bccpd.bc.ca/helpsheets.htm
- **Learn Why You Should Open an RDSP** – BC Coalition of People with Disabilities
www.bccpd.bc.ca/rdsp.htm
- **Find an Advocate** – PovNet
www.povnet.org/find-an-advocate/bc
- **Your Welfare Rights: A Guide to BC Employment and Assistance** Legal Services Society
www.lss.bc.ca/assets/pubs/yourWelfareRights.pdf
- **Ministry of Social Development**
www.gov.bc.ca/meia/online_resource

More for Less

A GUIDE TO LIVING WELL ON A SMALL INCOME

Jill Howell, Annie Davidson, BSW, Deborah Linthout, BSW, and Alexander Barclay

The Canadian Mental Health Association (CMHA) is a nation-wide, volunteer organization that promotes the mental health of all, and supports people experiencing mental illness. CMHA does this through advocacy, education, research and service. It strives to challenge ignorance and apathy, to remove the stigma from mental disorders, and to inspire support in the community.



Canadian Mental Health Association in Kelowna (CMHA Kelowna) offers many programs to support individuals in achieving wellness and mental health. One area of focus is helping people with their finances and money management.

Many of our clients receive Ministry of Social Development (MSD) funding. In 2010, approximately 180,000 people in BC were receiving temporary, Persons with Persistent Multiple Barriers (PPMB) or Persons with Disability (PWD) assistance through MSD. Temporary assistance (Social Income Assistance) for a single person means living with an income of \$610 per month. Other individuals may be eligible for PWD funding, totalling \$906 per month,

or Persons with Persistent Multiple Barriers, which provides up to \$658 per month.

For anyone, learning to live within these means can be very challenging, but it can be done.

How Joe does it

Joe is a composite of clients who successfully manage their small incomes. He acknowledges that living in subsidized, supportive housing (where the rent is cheaper and programs of support are offered) helps him make ends meet. But even more important is his attitude towards his budget and life priorities. Joe's income is \$610 per month. Minus \$400 for rent, he has a total of \$210 per month for

Jill is the Director of Programs and Services at CMHA Kelowna. Over her career she has worked in residential, vocational, community support and educational services. Jill believes that debt can lead to irreparable damage in one's life, so she enjoys educating others about preventing debt

Annie worked for CMHA Kelowna as an Outreach Worker for two years. She recently moved back to her hometown of Calgary. As a social worker, Annie has focused on supporting people at the street level, helping them connect with services

Deborah is a Bounce Back Coach with CMHA Kelowna. She has worked in the helping professions for over 20 years. Deb started providing mental health education for CMHA three years ago. Now she supports adults in building skills to help them manage signs and symptoms related to depression and anxiety

Alexander is interested in budgeting and stretching income. In the past he owned many businesses, worked for the Royal Canadian Mint and at a marina. Alexander lives in Kelowna's Willowbridge Transitional Housing and enjoys walking along the waterfront, helping people learn computer skills and spending time at the local library

everything else. But he manages to stay out of debt and live well with this small income.

Joe feels in control of his finances because he has made a choice to make a small income work. He also doesn't compare himself with others and doesn't judge himself harshly for his current situation. He makes his own decisions on managing his money. We believe this attitude gives him a great advantage.

Joe is successful in managing his money for other reasons too. He has chosen to live a healthy lifestyle; he has addressed addictions to drugs, alcohol and cigarettes. He has chosen to remain drug-free and one of the reasons for doing so is to be able to live within his means. This choice allows Joe the freedom to stay in control of his money and continue working on his goals of living independently. His priorities around his income are clear: he wants to be able to pay his bills, spend money on healthy food, take care of his appearance and save for unexpected expenses. His thoughtfulness allows him to make positive choices towards money management.

Joe is a self-proclaimed conservationist. This means that he is always conscious of how to make things last, get his money's worth from purchases and reduce wastefulness. He uses the toothpaste right down to the end, makes bulk purchases to stretch his food budget, portions his meals and plans his menus in advance. Advance planning prevents him from making impulsive purchases and allows him to buy bulk ingredients to use in multiple meals.

CMHA Kelowna on money management

We believe that income level does not determine one's value, but the way someone positively manages their money contributes to feelings of worth. We find that people who are ashamed of their low income or who feel regret, remorse or anger towards their current situation often make poor decisions with their finances. They let their emotions come in the way of making balanced decisions.

People who are able to accept the reality of where their money is right now make the best decisions about money. Staying out of debt and living within his means are choices that have helped Joe manage his budget and life priorities.

Here are a few more practical tips on managing a lower income from the staff and clients at CMHA Kelowna:

Do:

- Set up automatic deposit for cheques, to reduce the urge to cash it all in
- Write out your budget and financial record—seeing budgets on paper or recording expenditures can help you to know where your money is going and what you have left
- Buy food in bulk, or share cooking larger meals with friends

- Plan ahead and only buy what is on your shopping list
- Save money before purchasing items you want (as opposed to items you need). The rewards will be satisfying!
- Know your resources in your town. Many community agencies and churches provide help such as food banks, soup kitchens and free lunch or dinner programs
- Take on a positive attitude about your current situation. Focus on what you have, not on what you lack
- Reduce the number of credit cards you use
- Live within your means!

Don't:

- Don't allow addictions to control your finances. Ask for help
- Don't loan money to friends
- Don't borrow money from friends.
- Don't use cash stores to get cash. The fees are horrible!
- Don't order extra-large, double-shot cappuccinos when you still have to pay bills or get groceries
- Don't go grocery shopping when you're hungry, to help prevent you from making impulsive purchases
- Don't focus on what you don't have.
- Don't buy on credit. It may cost you more money (interest) than fits your budget v

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PovNet: An Online Anti-Poverty Resource

Lindsay Nielsen

What is PovNet?

PovNet is a Vancouver-based non-profit organization that provides online tools to facilitate communication, community and access to information about poverty and related issues.

The PovNet website (www.povnet.org) comprises networks, educational tools and support resources. The site is designed for advocates, community workers and marginalized people, as well as the general public. It serves people in urban and rural locations throughout British Columbia and Canada. The site addresses a wide range of topics, including income assistance, mental health, unemployment, housing, legal aid, disability, and special communities such as LGBTQ, Aboriginal, immigrants and refugees.

PovNet doesn't provide direct advocacy services, but is an information portal for connecting consumers with organizations that do. Front-line advocates can be helpful to people living with mental illness and addictions by assisting with housing issues, obtaining Persons with Disabilities status, finding appropriate employment, helping navigate the legal system, and much more. For example, front-line workers on a PovNet email list discussed options for helping a man with schizophrenia when his driver's licence was taken away despite his clean driving record.

PovNet resources

Email networks

Penny Goldsmith, the executive coordinator of PovNet, explains that the organization's confidential email

lists for front-line workers provide a forum for problem-solving. Workers can brainstorm solutions and share strategies for helping people access the services they need.

Advocates in BC can subscribe to lists addressing income assistance, mental health, intercultural issues, First Nations and Aboriginal issues, employment, workers' rights, housing and debt. PovNet operates national lists on Employment Insurance (EI), Canada Pension Plan and older adults, as well as a general issues list.

Lindsay lives in Vancouver



“If we are running a new course, we make sure that people can access it through their public libraries and on their computer at home. We don’t create any technology that would leave anyone out.”

The email lists can be useful for front-line workers that assist people who have a mental illness. In a recent example, Goldsmith noted, list users were able to share information about how to best help a person with a mental illness who was experiencing discrimination from a landlord.

Goldsmith says that because the lists are forums for grassroots advocates and self-advocates to discuss cases and share strategies, the lists are closed to government agency employees.

PovNetU

PovNetU’s online courses provide a practical opportunity for front-line workers to improve their knowledge and skills. The courses are facilitated by experienced advocates and are free of charge. Course topics include an introduction to advocacy, Employment Insurance (EI), business writing, Persons with Disabilities appeals, residential tenancy, seniors’ residential care, and income assistance advocacy.

Each online course involves the following components:

- Modular structure: Course modules take participants through the content week by week. They include

plain language, practical exercises, as well as links to other resources.

- Discussion forums: Courses include private, password-protected discussion lists, collaborative workspaces, and journals, where learners can discuss the course content. Participants can complete exercises independently or as a team.
- Facilitation: Experienced advocates lead the courses, moderate the forum conversations and provide feedback to participants



Illustration Kara Sievewright

Each course takes approximately four to six weeks to complete, and participants can access the course materials 24 hours a day, seven days a week. Goldsmith explains that this flexibility in scheduling makes the courses particularly attractive for people with busy lives: “You can put the kids to bed and go on PovNetU at midnight.” Additionally, she notes that the educational opportunities provided by PovNetU are well received by advocates in rural communities: “In some cases, PovNet is all they’ve got.” After participants have completed a course, they receive a PovNetU certificate of completion.

PovNet regularly consults with service providers to ensure that its courses are meeting the needs of the communities it serves.

Additional resources

The PovNet website also includes:

- A user-friendly directory of front-line workers in BC and across Canada
- News about poverty and related issues
- Links to provincial, territorial and federal laws
- An event calendar for non-profit groups
- Job board for non-profit groups and service providers
- Facebook and Twitter accounts where people can find up-to-date information about poverty and related issues

Accessibility

Today, a vast number of people have integrated the Internet into their lives. This wasn’t the case 14 years ago. When PovNet started in 1997, Goldsmith recalls speaking with many people who were concerned about

the accessibility of online resources. They were concerned that those living in poverty were unlikely to have easy access to the Internet and may not be familiar with the technology.

In PovNet's early days, many advocates themselves were hesitant about using an online resource. They were unfamiliar with the technology and believed that taking time out to learn about it would detract from their service to clients. However, they started using PovNet when they saw how much it helped them in their work.

PovNet has a strong mandate to ensure its resources are as accessible as possible. "If we are running a new course, we make sure that people can access it through their public libraries and on their computer at home. We don't create any technology that would leave anyone out."

For those who do not have access to the Internet, PovNet can be accessed at

local libraries and community centres. The Internet can also be accessed at locations funded through Industry Canada's Community Access Program (CAP) (see www.ic.gc.ca/eic/site/cap-pac.nsf/eng/home).

The PovNet board seeks to represent the broad communities that PovNet serves. Board members include representatives from disability, intercultural, First Nations and poverty groups, as well as legal advisors and researchers. The board also has a member who is on income assistance. Additionally, PovNet has an intercultural working group (a board sub-committee) that aims to identify the specific needs of settlement and community workers, and how they might best use PovNet tools in their communities.

The Law Foundation of BC is PovNet's core funder. Other organizations and unions provide financial support and facilitators for PovNetU courses.

Future projects

Goldsmith is currently working on a book about PovNet. A new course on debt and an advanced income assistance course are in the planning stages. An additional EI course may also be established if funding becomes available.

Reflecting on PovNet, Goldsmith says: "I'm incredibly lucky to be able to work with such an amazing community of advocates. I have a huge amount of respect for what they do and am glad to be able to help make PovNet tools work for them." ▽

additional resources

For more information about PovNet: www.povnet.org
www.facebook.com/povnet Phone: 604-876-8638
www.twitter.com/povnet Email: info@povnet.org

For consumers:

If you are looking for an advocate and related resources, visit PovNet's directory of community-based advocates in BC and the rest of Canada at www.povnet.org/find-an-advocate. After you click on your province or territory, you can use the menu of topics on the right-hand side to narrow down your search.

For advocates:

For more information about PovNet's confidential email lists, contact info@povnet.org.

For more information about PovNetU, visit www.povnetu.povnet.org. For details on up-coming PovNetU courses for advocates, contact the training coordinator at povnetu@povnet.org. All courses are free of charge.

resources

Reports

Canadian Mental Health Association

www.cmha.ca/citizens/resources.htm

Income Security, Health and Mental Health. A 2004 report on Canadian income trends and the effects of low income.

Canadian Mental Health Association, Ontario Division

www.ontario.cmha.ca/network.asp

Network Magazine: *Money*. The Fall 2007 issue of CMHA Ontario's *Network Magazine* explores money and mental health.

HUG Action for Mental Health (Scotland)

www.hug.uk.net/reports.htm

Poverty: The Views of People with Mental Health Problems about Poverty and Mental Health. A 2011 report on poverty and mental health from consumers' perspectives.

SEDI (Social and Enterprise Development Innovations)

www.sedi.org

Financial Inclusion for Homeless Persons and Those at Risk
A 2009 report on financial literacy and the use of financial services by people who are homeless or at risk of homelessness.

Social Research and Demonstration Corporation

www.srdc.org

Employees' Perspectives on Intermittent Work Capacity: What Can Qualitative Research Tell Us in Ontario? A 2011 report on employees living with episodic disabilities, including mental illness, that interrupt employment.

Services and Organizations

Canadian Centre for Policy Alternatives

www.policyalternatives.ca

CCPA is an independent social, environmental and economic justice-based research group. Check out their recent report on the state of poverty in BC, *The Cost of Poverty in BC*.

PovNet

www.povnet.org

A resource of poverty advocates in BC that can help you find an advocate, apply for income assistance and find resources, services and events in your community. Advocates can join mailing lists, network with others and take free online courses.

BCCPD (BC Coalition of People with Disabilities)

www.bccpd.bc.ca

BCCPD supports people living with any disability in BC, including mental illness. They provide advocacy, support programs, community workshops and research. Check out their guides on applying for or appealing a decision for Persons with Disability assistance (PWD), Persons with Persistent Multiple Barriers to Employment assistance (PPMB), and Canada Pension Plan (CPP) Disability Benefits.

Clicklaw

www.clicklaw.bc.ca

Clicklaw offers reliable, accessible legal information and legal education for British Columbians. Check out their resources on debt, income assistance and benefits, and employment. Many of their resources are available in several languages. Clicklaw is operated by Courthouse Libraries BC.

SPARC BC (Social Planning and Research Council of BC)

www.sparc.bc.ca

SPARC BC is a non-profit organization that aims to build healthy community through social justice. They focus on issues of accessibility, community development, income security and social planning. They offer research, consulting services and workshops. Check out their articles on income assistance.

Government

BC Ministry of Social Development

www.gov.bc.ca/hsd

This ministry is responsible for BC income assistance, including PWD and PPMB.

National Council on Welfare

www.ncw.gc.ca

NCW advises the Minister of Human Resources and Skills Development. They provide research and data on incomes and poverty in Canada.

Registered Disability Savings Plan (RDSP)

www.cra-arc.gc.ca

A savings plan specifically for people living with a disability.

 This list is not comprehensive and does not imply endorsement of resources.



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