



**18th Canadian Collaborative  
Mental Health Care Conference (2017)**

*Connecting People in Need with Care*

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

*Collaborating to Improve Access to Social Benefits for  
Persons with Mental Illness and Addictions: An  
Interactive Workshop*



## **18th Canadian Collaborative Mental Health Care Conference (2017)**

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**Michael Tau, MD, Jackie Esmonde MA, LLB, LLM, Rami Shoucri, MD, CCFP, JohannAaMacDonald, LLB, LLM, Marie Chen, LLB, LLM, Mary Marrone, LLB, Abbas Ghavam-Rassoul, MD, MHSc, CCFP, Gary Bloch, MD, CCFP Jon Hunter, MD, FRCPC, Kristina Powles, MD, CCFP, Nadiya Sunderji, MD, MPH, FRCPC**

# PRESENTER DISCLOSURE

**Presenter:** Michael Tau

## **Relationships with commercial interests:**

- **Grants/Research Support: None**
- **Speakers Bureau/Honoraria: None**
- **Consulting Fees: None**
- **Other: None**



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# PRESENTER DISCLOSURE

**Presenter:** Jackie Esmonde

## **Relationships with commercial interests:**

- **Grants/Research Support: None**
- **Speakers Bureau/Honoraria: None**
- **Consulting Fees: None**
- **Other: None**



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# PRESENTER DISCLOSURE

**Presenter:** Abbas Ghavam-Rassoul

## **Relationships with commercial interests:**

- **Grants/Research Support: None**
- **Speakers Bureau/Honoraria: None**
- **Consulting Fees: None**
- **Other: None**



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# PRESENTER DISCLOSURE

**Presenter:** Nadiya Sunderji

## **Relationships with commercial interests:**

- **Grants/Research Support: None**
- **Speakers Bureau/Honoraria: None**
- **Consulting Fees: None**
- **Other: None**



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# LEARNING OBJECTIVES

- By the end of this session, learners will be able to:
  - Describe how health professionals impact access to social benefits for persons with mental illness and addictions
  - Describe examples of interdisciplinary efforts between lawyers, family physicians, psychiatrists, and other health professionals to dialogue on and influence health care practice and social policy surrounding access to social benefits
  - Explain how insights from these efforts towards one's clinical practice can influence social determinants of health at the individual, systems, practice, and policy levels.
- Who are you? What are your learning objectives?



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# Who are we?

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Michael Tau

Jackie Esmonde

Abbas Ghavam-Rassoul

Nadiya Sunderji

**St. Michael's**  
Inspired Care.  
Inspiring Science.

  
**ISAC**  
INCOME SECURITY ADVOCACY CENTRE  
Centre d'action pour la sécurité du revenu



Family & Community Medicine  
UNIVERSITY OF TORONTO



Psychiatry  
UNIVERSITY OF TORONTO

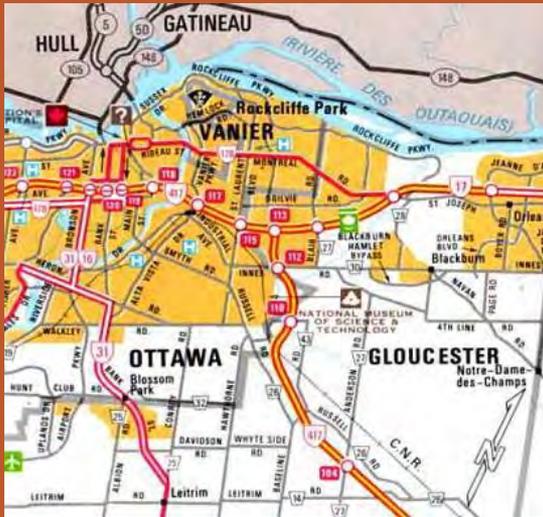
# The Collaborative Mental Health Care Working Group

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Joint initiative: departments of Psychiatry and Family and Community Medicine at the University of Toronto

Goal: identifying ways in which their respective areas of medicine can work together more effectively in the mental health care system.

# Road map



1. Who are you?
2. Case presentation part 1: Disability application
3. Discussion 1: The application process
  - Personal/professional reflections
  - Micro and macro interventions
  - Intervention case study: The report
4. Case presentation part 2: The medical review
5. Discussion 2:
  - Macro interventions
  - Intervention case study: Revising the review process
6. Debrief/reflections



Image source: <http://www.bbc.com/earth/story/20160516-why-it-is-hard-to-find-the-source-of-rivers-like-the-amazon>

# Upstream vs. Downstream Interventions

<https://www.youtube.com/watch?v=qarQXqkblg>

# Learning Objectives

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By the end of this session, learners will be able to:

- Describe how health professionals impact access to social benefits for persons with mental illness and addictions
- Describe examples of interdisciplinary efforts between lawyers, family physicians, psychiatrists, and other health professionals to dialogue on and influence health care practice and social policy surrounding access to social benefits
- Explain how insights from these efforts towards one's clinical practice can influence social determinants of health at the individual, systems, practice, and policy levels.

Who are you? What are your learning objectives?

A close-up photograph of a computer keyboard. The central focus is a single white key with rounded corners, featuring the words "Case Study" printed in a dark blue, serif font. The key is slightly raised from the keyboard's surface. Surrounding it are other white keys, some with faint symbols like a bracket and a dash. The keyboard is set against a light-colored, wood-grain textured background.

**Case  
Study**

# Case Presentation



- 40-something divorced woman with one 8-year old son.
- Diagnoses: Major depressive disorder, panic disorder, agoraphobia, frequent migraines.
- Recent migrant from another country; now permanent resident.
- Speaks minimal English.
- Minimal mental health treatment up until recently.
- Sees FP in private office every few months.

## Case Presentation (con't)



- FP: psych referral.
- Hesitantly tried a medication once → side effects, then discontinued.
- Psychotherapy resources not readily available.
- Cultural explanations for mental health.
- Currently receives Ontario Works and Canada Child Benefit:
  - \$1079/month
- Worsened symptoms & ++ difficulty leaving apartment.
- Friend suggests she applies for ODSP (in addition to Canada Child Benefit)
  - \$1658/month

## Case Presentation (con't)



- Gets application and brings it to her FP, who fills it out and mails it.
- 3 months later she receives a letter:
  - Your application was denied.
  - If you disagree, you can ask for an internal review.

## Case Presentation (con't)



- Connects with legal clinic
- Applies for internal review
- After 30 days, she receives another letter:
  - Original decision upheld
  - Option to appeal
- Lawyer helps her file the appeal
- 30 days later, receives a summary of the reasons her application was denied



# Ontario

Ministry of Community  
and Social Services

Ministère des Services  
sociaux et communautaires

Ontario Disability Support Program  
Disability Adjudication Unit

Programme Ontarien de Soutien aux Personnes  
handicapées  
Unité des décisions sur l'admissibilité des personnes  
handicapées

Box / Case postale B18, Toronto, ON M7A 1R3

Phone / Tél. : (416) 326-5079

Outside Toronto / Extérieur du Toronto : 1 888 256-6758

Fax / Téléo : (416) 326-3374

TTY / ATS : (416) 326-3372

## Initial Application Adjudication Summary

MEMBER ID: [REDACTED]	Adjudicator #: 88
APPLICANT'S NAME: [REDACTED]	[REDACTED]
Age at Date of Decision: 45 Gender: Female	
DECISION: Not a Person with a Disability	Date of Decision: April 4, 2017

**CONDITIONS:**

Age at Date of Decision: <b>45</b> Gender: <b>Female</b>	
DECISION: <b>Not a Person with a Disability</b>	Date of Decision: <b>April 4, 2017</b>

**CONDITIONS:**

**The following conditions have been verified on the Health Status Report, Activities of Daily Living Index and/or enclosed supporting documents:**

1. Major Depressive Disorder
2. Panic Disorder
3. Agoraphobia
4. Frequent Migraines

**IMPAIRMENTS:**

**The following impairments were verified by approved health professionals and are expected to last one year or more and are continuous or recurrent:**

1. Depressed, anxious mood, anhedonia, decreased motivation, decreased energy, insomnia, feeling of hopelessness, easily stressed.
2. Anxiety
3. agoraphobia
4. Headaches

**The Disability Adjudication Unit has concluded that the above mentioned impairments are not substantial.**

The family physician indicates severe symptoms in area of emotion; and moderate symptoms in areas of consciousness, insight, intellectual function, judgement, learning, memory and motivation.

Areas of bodily functions, impulse control, motor behaviour and perception are marked with minimal symptoms.

With this assessment, it would be expected to read frequent visits to the ER for psychiatric or psychological crisis, frequent psychiatric hospitalizations, and/or self-harm behaviour, but none is reported. Further, with this assessment, it would be expected to read regular follow up by a community mental agency, involvement with Children's Aids Society (CAS) and/or problems with the law, but again none is reported.

Symptoms are not supported by any specialist's report. The applicant is prescribed no psychoactive medications. Did not continue with one conservative medication prescribed and had no follow up with psychiatrist. No suicide attempts. No current psychiatric treatment.

**RESTRICTIONS:**

**Although the applicant does not have a substantial impairment, which is required for eligibility as a person with a disability, for the sake of completeness, restrictions are also addressed.**

Based on the information and other supporting documents: trouble leaving her home, unable to work, attend school; cannot motivate herself for any task, lacks energy to function; unable to function due to pain, anxiety and tension.

The DAU has concluded that the degree of functional restrictions described in the Activities of Daily Living Index appears to be disproportionate to the expected direct and cumulative effect of the impairment(s) described in the Health Status Report and are therefore, not substantial.

The family physician completing the Activity of Daily Living Index endorsed two severe/complete limitations in areas of ability to use means of public transit and ability to utilize commercial series; four moderate (physical strength, ability to participate physically in sustained activity, walking three or more blocks and climbing stairs) and one mild limitation in area of responding to situations requiring memory.

These ratings are not adequately supported by the treatment employed so far. The listed impairments are assessed as not resulting in substantial restrictions.

**All information provided about the applicant's personal factors has been considered in determining whether the applicant's impairments result in a substantial restriction in his or her activities of daily living.**

Education: Grade 3

Work Experience: None

**DECISION:**

This applicant has been determined to be not a person with a disability within the meaning of the Ontario Disability Support Program Act.

The reason is as follows: a) You do not have a substantial physical or mental impairment.

# The legal threshold for disability

The screenshot shows the Ontario e-Laws website interface. At the top, there is a dark green header with the Ontario logo on the left, a search bar containing the text "SEARCH LAWS" and a "SEARCH" button on the right, and a "contact" link. Below the header is a breadcrumb trail: "HOME PAGE | LAWS | ONTARIO DISABILITY SUPPORT PROGRAM ACT, 1997, S.O. 1997, C. 25, SCHED. B". The main content area is titled "Ontario Disability Support Program Act, 1997, S.O. 1997, c. 25, Sched. B". Below the title are two tabs: "Versions" (selected) and "Regulations under this Act". Under the "Versions" tab, there is a list of versions with the following text: "current", "December 15, 2009 – (e-Laws currency date)", "January 1, 2009 – December 14, 2009", "November 27, 2008 – December 31, 2008", and "5 more". At the bottom of the content area, there are two buttons: "Print" and "Download".

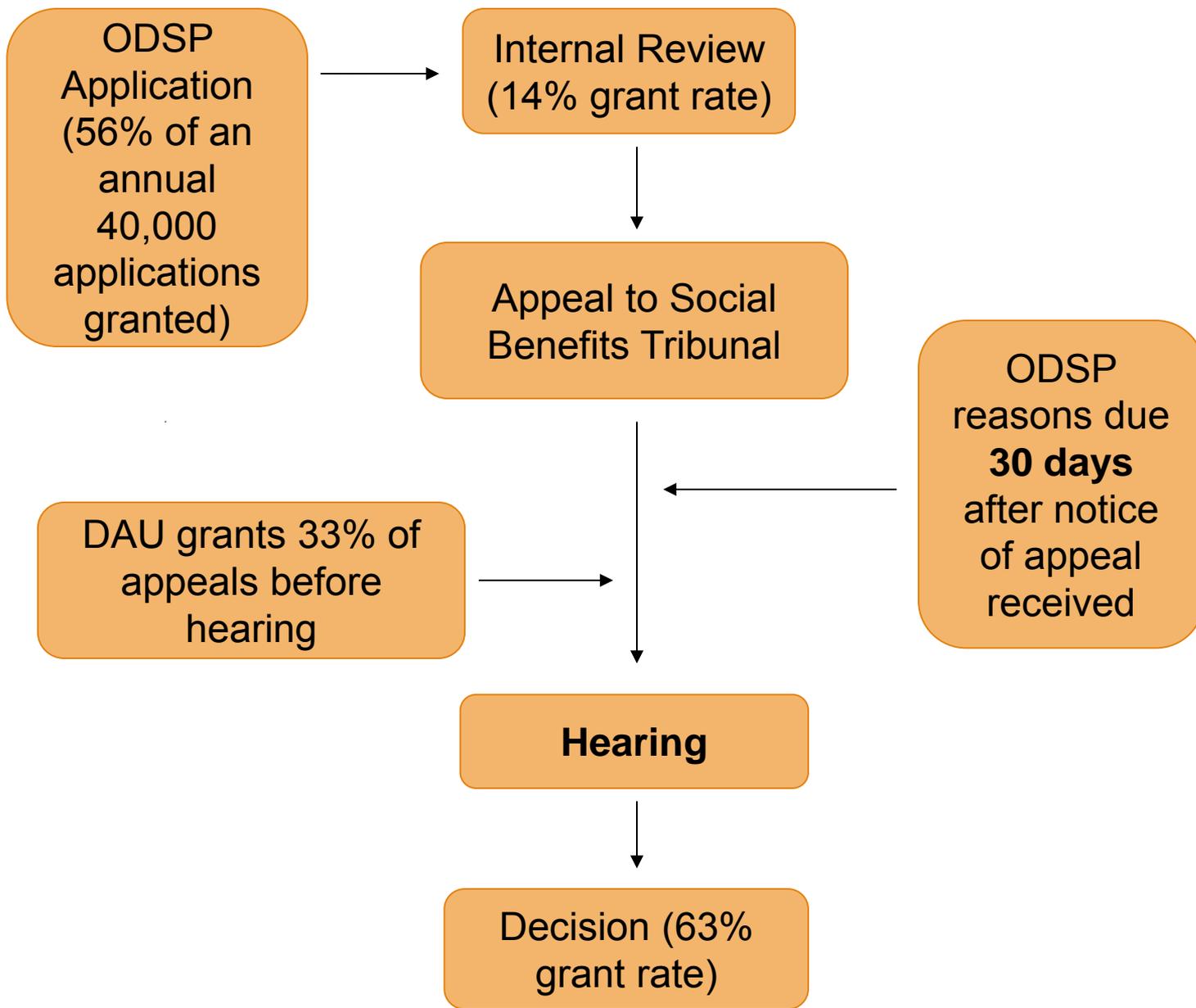
# The legal threshold for disability

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## **Person with a disability**

4. (1) A person is a person with a disability for the purposes of this Part if,
- (a) the person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more;
  - (b) the direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and
  - (c) the impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications. 1997, c. 25, Sched. B, s. 4 (1).

# Appeal Process







What are your ideas about macro-level interventions?

# Example of a Macro-Solution

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Report of the Collaborative Mental Health Care Working Group

**Title:** “Appreciating The Complexity of Treatment of Mental Illness and Addictions”

Collaboration:

- Department of Family & Community Medicine, University of Toronto
- Department of Psychiatry, University of Toronto
- Income Security Advocacy Centre

Designed to be submitted with ODSP applications, reviews, or appeals.

Focus: Issues that need an evidentiary rebuttal

# Issues addressed in the Report

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The difficulty with drawing conclusions about the degree of disability based on the amount of treatment:

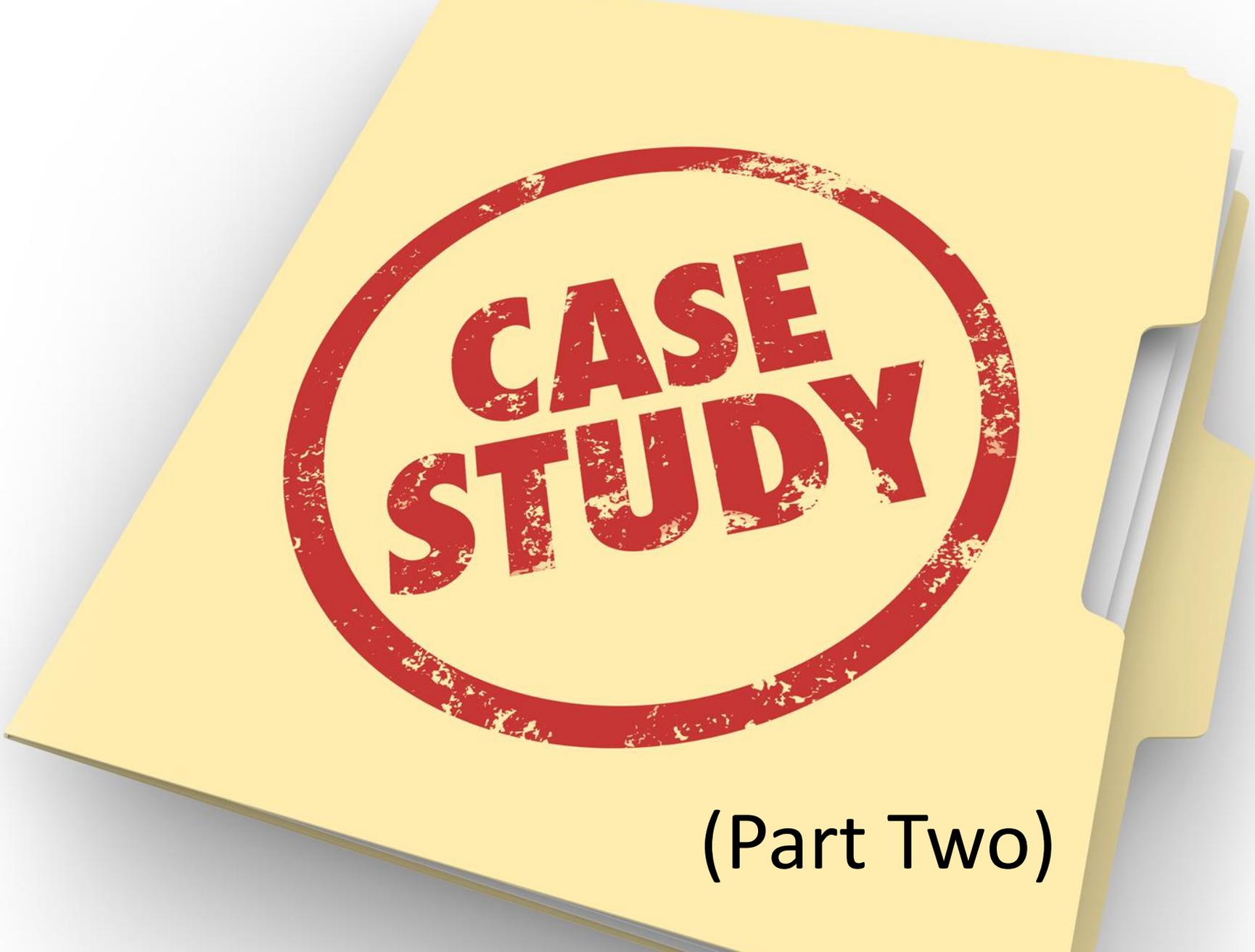
- Limited access
- Stigma
- Treatment  $\neq$  severity
- Limits to tolerability
- Limits to effectiveness
- Varied prescriber practices

# Issues addressed in the Report (con't)

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## Addictions:

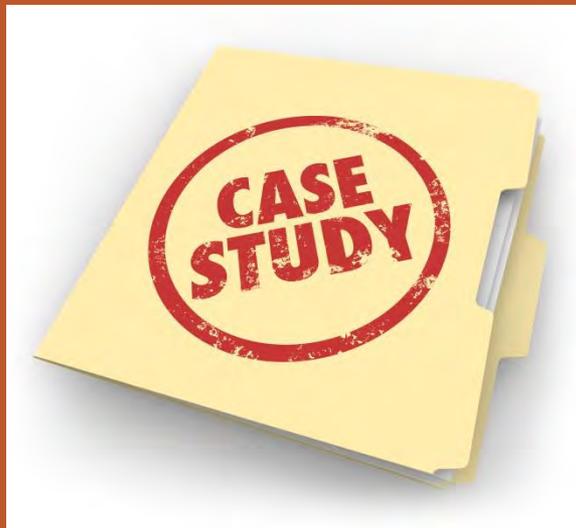
- “During periods of remission there remains a great deal of vulnerability to stress and relapse; it is often the retreat from potential triggers / stressors that enables people to maintain sobriety. Abstinence may be a full time job. Additionally, there is a lot of disruption in their other foundational aspects of life (e.g. family and social support, education and employment history, housing, etc) that support functioning. A return to fuller functioning and employment takes time and may not be realistic for some.”

A yellow folder is shown at an angle, with a red circular stamp in the center. The stamp contains the words "CASE STUDY" in a bold, distressed, red font. The folder has a tab on the right side.

# CASE STUDY

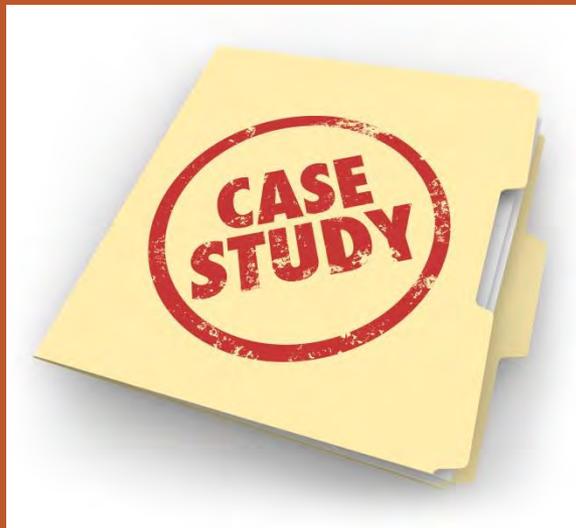
(Part Two)

# Case Study Part 2



- Social Benefits Tribunal appeal granted with two-year medical review date.
- Patient receives package 2 years later with same forms her doctor filled out when she applied for ODSP.
- She is given 90 days to return the forms.
- Patient had improved due to financial supports provided by ODSP, but deteriorates significantly when she receives the letter.

# Case Study Part 2



- Family doctor retired six months ago and she has not been able to find a new one.
- She feels hopeless and scared about going through the same process all over again.
- Ms. X misses the deadline and her ODSP benefits are cut off three months later.



# Discussion

What problems do you see with this process?

How would you address this on a systems level?

# Reforming the medical review process – the “Before”

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- 14 page application forms were same as original application
- Forms did not ask the right question – has the condition improved?
- Two follow-up phone calls from a stranger at the DAU if the application was not submitted in time.

# BEFORE

## Health Status Report.

1. Please provide factual objective information for all answers.

Last Name		First Name	
Height	Weight	How long have you known this patient?	Indicate the number of visits in the last year by checking the most appropriate box. <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> Greater than 20

2. Please complete the chart below, listing the current and ongoing medical, surgical and/or psychiatric condition(s) of the patient, and the impairment(s) resulting from those conditions. Do not list conditions that have been resolved or are not current or not ongoing within the last year.

**NOTE:** For each condition listed below, you must complete all the columns listed (A-F). This section must be completed or the application cannot be processed.

(A) Condition(s)	(B) Impairment(s)
Lung Cancer	Shortness of breath
example	

# BEFORE

For your reference, the following definitions are provided:

- (A) **Condition** – is the name of the disease or disease state or diagnosis or syndrome.
- (B) **Impairment** – is the loss, loss of use or derangement of any body part or system or function. Function can be psychological or psychiatric in origin.
- (C) **Restriction** – is the limitation to the activities of daily living arising directly or indirectly from the impairment.

(C) Restriction(s)	Duration		(F) Prognosis of Condition(s)
	(D)	(E)	
Cannot walk more than 3 blocks before having to stop.  <div style="font-size: 2em; font-family: serif; opacity: 0.5; margin-left: 100px;">example</div>	Expected to last: <input type="checkbox"/> less than 1 year or <input checked="" type="checkbox"/> 1 year or more	and is <input type="checkbox"/> recurrent/episodic or <input checked="" type="checkbox"/> continuous	Is likely to: <input type="checkbox"/> improve <input checked="" type="checkbox"/> deteriorate <input type="checkbox"/> remain same <input type="checkbox"/> unknown

# BEFORE

## B. Intellectual and Emotional Well-being Scale

▶ *It is not necessary to complete this area for persons whose conditions are solely of a physical nature.*  
 For each item indicate the most characteristic class for that item where Class 1 represents no symptoms or signs while Class 2 represents minimal symptoms or signs, Class 3 represents moderate symptoms or signs and Class 4 represents severe symptoms or signs. Check one choice only.

Psychologist's/Psychiatrist's report attached	No assistance from another person is required to complete the activities specified		Assistance from another person is required in order to complete the activities specified	
	Class 1	Class 2	Class 3	Class 4
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	• No Symptoms or signs	• Some safety concerns • Minimal symptoms or signs	• Safety concerns • Moderate symptoms or signs	• Unsafe • Severe symptoms or signs
Mark "X" for most appropriate description(s)				
A. Bodily functions (eating, eliminating, sleeping)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Consciousness (attentional focus, levels of consciousness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Emotion (affect, mood, anxiety and other emotions, associated psychological disturbances, panic phobia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impulse control (difficulty with behavioural control)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Lack of insight (grandiosity, excessively negative self evaluation, difficulty in understanding one's own mental health problems)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Intellectual function (cognitive disturbances, planning, organizing, sequencing and abstracting difficulties)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Judgement (difficulties anticipating impact of one's behaviour on self and others)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Learning (language processing, mathematics, attention difficulties)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Memory (amnesia, hypervivid flashback, dissociation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Motivation (depressive avolitional problems)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Motor behaviour (conversion, motor coordination deficit, agitation, retardation and compulsions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Perception (visual processing, hallucination, illusion, dissociation, sensory distortions, pain amplification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Thinking (delusions, obsessions, flight of ideas, blocking)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Reforming the medical review process – **New Process**

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- 30% of medical review files are now granted on initial “paper” review with no further medical information required.
- Two phone calls from the recipient’s ODSP caseworker if the application is late.

# New Process

<b>Previous Medical Condition 2</b>		<b>Prognosis</b> of condition is likely to <input type="checkbox"/> improve <input type="checkbox"/> remain same <input type="checkbox"/> deteriorate <input type="checkbox"/> unknown	
<b>Previous Impairments</b>	<b>Still Present</b>		<p>► Describe below any <b>clinically significant change</b> in listed impairments or indicate if there has been no change since</p> <p>Date (yyyy/mm/dd) _____</p>
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>List any new impairments</b>		<b>Duration of Impairments</b>	
		Expected to last ▼	And are ▼
		<input type="checkbox"/> less than 1 year	<input type="checkbox"/> recurrent/episodic
		<input type="checkbox"/> 1 year or more	<input type="checkbox"/> continuous

# New Process

## 1.2 Answer the following questions to determine if Section 2 needs to be completed

1. Did any impairments or restrictions listed in Section 1 show clinically significant improvement?  Yes  No
2. Did you indicate for any medical condition in Section 1 the prognosis is to "improve" or is "unknown"?  Yes  No

- ▶ If you have answered **No** to both questions, **do not complete Section 2 and proceed directly to Section 3** to sign and date the form. **Do not complete Part B.** Nothing further is needed
- ▶ If you have answered **Yes** to either question, **complete Section 2.** The ministry needs this information to make a decision about whether your patient continues to qualify for ODSP.

# New Process

## 2.2 Answer the following questions to determine if Part B needs to be completed

Are there any other medical conditions not listed in Section 1 that:

- present with impairments and restrictions, and
- contribute to the patient's current status?

- No** ► If you have answered **No**, do not complete Medical Form Part B. Proceed to Section 3 below to sign and date the form. Nothing further is required.
- Yes** ► If you have answered **Yes**, proceed to Section 3 to sign and date form, and then complete Medical Form Part B. The ministry needs this information to make a decision about whether your patient continues to qualify for ODSP.

# New Process

## 2.3. Intellectual and Emotional Wellness Scale (IEWS)

Rate the symptoms in the context of the patient's presenting conditions and impairments. For episodic symptoms, please describe how fluctuations in the severity of symptoms affect the patient.

Rating Scale

DK = Don't Know    0 = not present / not at all    1 = mild / just a little    2 = moderate / quite a bit    3 = severe / very much

Symptoms	DK	0	1	2	3
Amotivational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For episodic symptoms, describe how fluctuations in the severity of symptoms affect the patient

# TRENDS IN MEDICAL REVIEWS:

Reduction in the  
number of  
medical reviews  
assigned

	2014 / 15	2015 / 16	2016 / 17
Medical Review Assignment rate	43%	21%	14%

# In Closing ...

The tension: what does advocacy mean?

- Advocating for the person vs for the disability
- Values regarding work
- It's a determinant of health, ergo role of HCP

Next steps for you?



# Health Justice Initiative

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Partnership between the community legal clinics in Ontario's legal clinic system and St. Michael's Hospital Academic Family Health Team.

Location – densely populated urban centre. Six medical clinics sites serving 40,000 patients. Jurisdiction with high instances of homelessness and poverty, newcomers, and individuals living with mental health disabilities.

Partnership development stages from 2012-14, and operations since 2015 . Funded by Legal Aid Ontario and in kind contributions.

Goals - improve access to justice and the social determinants of health for our patient-client population by providing embedded, preventative legal-care services and engaging in collaborative systemic advocacy activities with health care providers and low income individuals in our community.

Top 6 issues – housing instability, newcomer status issues, advanced care planning/consent and capacity, domestic violence, employment issues re. discrimination and harassment, income security.

