

PART C – Decision under Appeal

The decision under appeal is the reconsideration decision of the Ministry of Social Development and Social Innovation (the ministry) dated April 3, 2014 denying the appellant's application for designation as a person with disabilities (PWD). The ministry determined that the appellant did not meet two of the five criteria required for PWD designation as set out in the *Employment and Assistance for Persons with Disabilities Act*, section 2. The appellant has met the criteria of being 18 years or older, a medical practitioner has confirmed her impairment is likely to continue for at least 2 years and the ministry is satisfied that the appellant has a severe mental impairment. However, the ministry determined that, based on the information provided, the appellant had not met the following criteria:

- the appellant's impairment, in the opinion of a prescribed professional, directly and significantly restricts her ability to perform daily living activities (DLA) either continuously or periodically for extended periods (subs. 2(b)(i)); and
- in the opinion of a prescribed professional, the appellant requires help to perform the DLA restricted by her impairment (subs. 2(b)(ii)).

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (EAPWDA) – section 2
Employment and Assistance for Persons with Disabilities Regulation (EAPWDR) – section 2

PART E – Summary of Facts

The ministry did not attend the hearing. The panel received confirmation from the Tribunal that the ministry had been notified of the date, time and location of the hearing. Accordingly, under s. 86(b) of the *Employment Assistance Regulation*, the panel heard the appeal in the ministry's absence.

The evidence before the ministry at reconsideration consisted of the following:

1. The appellant's PWD Designation Application, containing the following three parts:
 - The appellant's Self Report completed August 20, 2013;
 - The Physician Report (PR) dated November 8, 2013, completed by the appellant's physician who indicates he has known the appellant since April 2013 and seen her 11 or more times in the previous 12 months (the ministry errs in stating in the reconsideration decision that the physician indicated "2-10 times" in the previous 12 months). Attached to the PR by the physician are a diagnostic imaging report for the appellant dated October 22, 2013 (2 pages), a letter to the appellant's physician from a consulting gastroenterologist dated October 22, 2013 regarding the diagnostic imaging report (1 page), and a report from a hospital dated October 2, 2013 regarding the appellant's colonoscopy (2pages); and
 - The Assessor Report (AR) dated September 10, 2013, completed by a nurse who indicates that she prepared the AR after one meeting with the appellant to complete the AR.
2. The appellant's Request for Reconsideration, dated March 21, 2014, to which was attached a six-page submission prepared by her advocate, together with a copy of the *Interpretation Act* and a one-page summary of the decision in *Hudson v. Employment and Assistance Appeal Tribunal* prepared by the advocate.

At the hearing, the appellant submitted a 1-page letter dated May 3, 2014 written by her mother, as well as a copy of the first page of her six-page submission on reconsideration (a copy of which is included in the appeal materials, but is incomplete as a result of photocopying), as well as a copy of the one-page summary of the *Hudson* decision which was submitted to the ministry with the appellant's request for reconsideration, but was not included in the appeal materials.

The letter from the appellant's mother refers to the information before the ministry set out in the PWD application, in particular the appellant's self report, and the commentary in the PR and AR. The first page of the appellant's submission on reconsideration was before the ministry at reconsideration, as was the one-page summary of the *Hudson* decision prepared by the appellant's advocate. The panel therefore admits as evidence the documents submitted by the appellant at the hearing as written testimony in support of the information and records that were before the minister when the decision being appealed was made (the letter from the appellant's mother) and as information that was before the minister when the decision being appealed was made pursuant to subs. 22(4) of the *Employment and Assistance Act*.

The following is a summary of the evidence from the PR and AR regarding the appellant's impairments as they relate to the two PWD criteria at issue. The panel has also included reference to the appellant's self report in the PWD application, as well as her submissions at the hearing.

Background - Age, Duration and Severity of impairments (criteria set out in subs. 2(2) EAPWDA)

In the reconsideration decision, the ministry notes that the appellant meets the age criterion as she is at least 18 years old, and that a medical practitioner has confirmed that her impairment is likely to continue for two years or more, as set out by her physician in the PR, meeting the second criterion.

At the hearing, the appellant confirmed that she does not challenge the ministry's determination that there is not enough evidence to establish that she has a severe physical impairment.

In the PR, the appellant's physician identified her impairments as generalized anxiety disorder with PTSD (post-traumatic stress disorder) symptoms, depression and migraine headaches, as well as Crohn's disease. The ministry notes in its reconsideration decision the information from the appellant's physician in the PR that she has deficits with cognitive and emotional functions in the areas of emotional disturbances, motivation, impulse control and motor activity, explaining that she is unable to control impulsive repetitive behaviour due to her OCD (obsessive compulsive disorder) traits and she has severe panic attacks where she blacks out. The ministry also notes the information from the nurse in the AR that the appellant's impairment causes major impacts to bodily functions, consciousness, emotion and motivation, and moderate impacts to impulse control, insight and judgment, motor activity and other neuropsychological problems. The reconsideration decision acknowledges that the ministry is satisfied that the information provided in the PWD application establishes that the appellant has a severe mental impairment (the third criterion for PWD designation).

Ability to perform DLA (criteria set out in subs. 2(2)(b) EAPWDA)

In the PR, the appellant's physician indicated that the appellant's impairments directly restrict her ability to perform the following listed DLA: personal self care, meal preparation, management of medications, use of transportation and social functioning. The appellant's physician indicated that the appellant was not restricted in her DLA of basic housework, daily shopping, mobility inside and outside the home, and management of finances. The appellant's physician indicated that the appellant's impairment continuously restricted the DLA of personal self care and use of transportation, and periodically restricted the DLA of meal preparation, management of medications and social functioning. The appellant's physician wrote the comment explaining his indication that the appellant requires periodic assistance, "when experiencing panic episodes, requires assistance from friends/family up to 3-4 times per week." The appellant's physician referred to his previous comment in the PR about the impact of the appellant's impairment on her social functioning; that is, "unable to control impulsive – repetitive behaviour/OCD traits. Severe panic attacks [with] physical symptoms (black outs) and compulsive behaviour several times per week." The appellant's physician also wrote that the appellant's "episodes can be as frequent as 3-4 X/week." In commenting on the assistance the appellant requires with her DLA, the physician wrote, "reminder to eat on regular basis, shower, dress, use medications, emotional support, appointments follow up [with] me & mental health [doctors]."

The nurse completed the AR after one meeting with the appellant. In describing the appellant's impairments that impact her ability to manage her DLA, the nurse wrote, "chronic abdominal pain – has frequent diarrhea needs to be close to a toilet – suffers from anxiety – has panic attacks – can't breathe, self mutilates – cries a lot – had sexual & emotional abuse as child and still suffers from

effects, poor trust or else over-trusts & gets hurt – regrets choices – has headaches & is always tired.” In the section of the AR indicating the degree that the appellant’s impairments impact her cognitive and emotional functioning, the nurse has indicated a major impact for the areas of bodily functions (circling the words “eating problems, toileting problems, poor hygiene, sleep disturbance”), consciousness, emotion (circling the words “anxiety” and “depression”), and motivation. The nurse indicated a moderate impact for the areas of impulse control, insight and judgment (circling the words “unsafe behaviour”), motor activity, and other emotional or mental problems. The nurse indicated a minimal impact for the areas of attention/concentration and executive, and no impact for the areas of memory and language. The nurse attached with her commentary in this section two additional pages of notes regarding her answers. In the extensive commentary, the nurse writes that the appellant “either doesn’t eat & needs to be told to eat or else over eats – never a happy balance.” The nurse writes, “she does not think about showering for 4 or 5 days then mother will tell her to shower but she can’t shower when alone in the house as that was where she was when [she was molested] so can’t bathe alone.” The nurse writes that the appellant sleeps poorly and will only sleep for 2 hours at a time. The nurse writes that showering causes the appellant anxiety, as does having to go somewhere unfamiliar. The nurse described the appellant’s anxiety attacks, noting that she has uncontrolled crying, shaking and rocking, scratching at her arms, pulling at her hair, punches at walls, has difficulty breathing and loses control of her motor functions. The nurse notes, “gets these episodes daily basis.” Further in the commentary, the nurse describes the appellant’s depression, “cries daily, always sad ... withdraws socially or else gets so busy that she blocks it out.” The nurse notes the appellant loses control of her impulses and ability to make good decisions when under stress and will scratch her arms, pulls her hair, rocks & sobs uncontrollably and that this is “precipitated by panic attacks which occur 2 or 3 times per week.” The panic attacks can last up to 2 hours at a time and are worse when she is alone – they will last longer. The nurse notes that the appellant’s panic attacks can cause her to black out and that she also suffers from flashbacks.

In the section of the AR regarding the assistance required by the appellant to perform her DLAs, the nurse indicated that the appellant can independently perform all tasks of the listed DLAs except bathing (the nurse indicates she requires continuous assistance and writes, “needs to be reminded to get dressed – put on clean clothes – but can’t do it if she is alone at home so often leaves showering for days”), using public transit and using transit schedules (the nurse writes, “hates to use the bus always fears she will miss her bus get stuck downtown, reading schedules freaks [her] out, ... fears getting lost if she takes the wrong bus – usually gets rides from family & friends therefore has been inconsistent with mental health appointments as she can’t always get a ride.”)

In the section of the AR listing the impact of the appellant’s impairment on her social functioning, the nurse has indicated that the appellant is independent in all listed areas (appropriate social decisions, able to develop and maintain relationships, interacts appropriately with others, able to deal appropriately with unexpected demands, and able to secure assistance from others). The nurse has not provided any explanation for these answers. The nurse indicates that the appellant has good functioning with her immediate social network and marginal functioning with her extended social network, but does not provide any additional commentary.

At the hearing, the appellant told the panel that she cannot perform her DLA of personal care (primarily bathing) without continuous assistance – she needs someone she trusts to be with her in her apartment otherwise she will not take a shower and can go several days without bathing. The appellant lives with a roommate, who the appellant said will remind her to get up in the morning and

feed herself. The appellant also testified that her mother will call her every single day and remind her to take her medications otherwise she would not remember to take them. The appellant said that her mother also reminds her to eat and that her mother stays on the phone and listens while the appellant takes her medicine and makes herself something simple – such as toast – and eats it. The appellant says without the reminders and urging of her roommate and mother, she would not remember to take her medications or to feed herself. The appellant also told the panel that she gets panic attacks and anxiety so regularly that she will not go out by herself and her mother comes into town once or twice per week and does the appellant's laundry for her, as well as her shopping and housecleaning. The appellant said that her mother will drive her to the bank where the appellant will cash her cheque, but her mother manages all other finances for the appellant (pays her rent, etc.). The appellant said that her roommate or her mother will drive her to her appointments, but she can't take public transit as it will trigger an anxiety attack for her. In her self report, the appellant wrote that most days, she doesn't bother getting dressed and usually eats after reminders from her mother and/or her roommate. The appellant also wrote that she relies on her mother or her roommate to talk her down when she is having a panic attack – when she has panic attacks, she cries uncontrollably, scratches herself on her arms and neck and pulls out her hair. The appellant says that she goes to her mental health appointments two times per week, but when she was transitioning from one mental health counselor to another, she missed some appointments. She also said she missed some of her appointments because her roommate didn't have a car and she couldn't get a ride to the appointment from her mother who lives in another town. She said this happened around the time the PWD application was being completed.

Assistance required/provided (criteria set out in subs. 2(2)(b)(ii) EAPWDA)

In the PR, the appellant's physician indicated that the appellant requires assistance – that she relies “on a friend's support to help her during stressful periods of time to assist her to her appointments” and, further in the PR, the physician indicates she requires assistance in the form of the following: “reminder to eat on regular basis, shower, dress, use medications, emotional support, appointment follow up with [her physician] and mental health.”

In the section of the AR describing the assistance provided for the appellant, the nurse indicated that the appellant receives help from family and friends writing, “sees counselor at mental health – has had counseling since grade 6.” The nurse did not check any of the listed assistive devices set out in the AR and check marked “no” that the appellant does not have an assistance animal.

In the May 3, 2014 letter, the appellant's mother wrote that she devotes a great deal of her time helping her daughter, but she can only do so much. The appellant's mother wrote that the appellant needs help with depression and anxiety, writing that the appellant needs “constant reminders to take her medication” and remember doctor's appointments, and for “simple things, such as personal hygiene, proper nourishment, eating and sleeping schedules.”

PART F – Reasons for Panel Decision

The issue in this appeal is whether the ministry reasonably determined that the appellant is ineligible for PWD designation because she did not meet all the requirements in section 2 of the EAPWDA. Specifically, the ministry determined that the information provided did not establish that the appellant's severe mental impairment, in the opinion of a prescribed professional, directly and significantly restricts her ability to perform daily living activities either continuously or periodically for extended periods and, as a result of those restrictions, she requires help to perform those activities.

The following section of the *EAPWDA* applies to this appeal:

2 (1) In this section:

"**assistive device**" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"**daily living activity**" has the prescribed meaning;

"**prescribed professional**" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either

(A) continuously, or

(B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires

(i) an assistive device,

(ii) the significant help or supervision of another person, or

(iii) the services of an assistance animal.

The following section of the *EAPWDR* applies to this appeal:

2 (1) For the purposes of the Act and this regulation, "daily living activities",

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

(i) prepare own meals;

(ii) manage personal finances;

(iii) shop for personal needs;

(iv) use public or personal transportation facilities;

(v) perform housework to maintain the person's place of residence in acceptable sanitary condition;

(vi) move about indoors and outdoors;

(vii) perform personal hygiene and self care;

(viii) manage personal medication, and

(b) in relation to a person who has a severe mental impairment, includes the following activities:

(i) make decisions about personal activities, care or finances;

(ii) relate to, communicate or interact with others effectively.

Significant restrictions in the ability to perform DLA.

In the reconsideration decision, the ministry wrote that while it acknowledged that the appellant has limitations regarding her physical and mental issues, considering all of the information provided by the appellant's physician and the nurse, the ministry "does not have enough evidence to confirm" that the appellant's impairments directly and significantly restrict her ability to perform her DLA either continuously or periodically for extended periods. The ministry referred to the information in the PR from the appellant's physician that the appellant requires continuous assistance with personal self care and use of transportation, and that she requires "periodic assistance (3-4 times a week)" with meal preparation, management of medications and social functioning. The ministry also refers to the information of the nurse in the AR that the appellant requires continuous assistance with bathing, but that she is independent in the remainder of her DLA "(except using public transit or using transit schedules as [the appellant does] not use them)" and that "there was no indication that they take [the appellant] significantly longer to perform" the rest of her DLA from the nurse in the AR. The ministry also noted the information from the nurse in the AR that the appellant was independent in all aspects of her social functioning and that she has good functioning with her immediate social networks and marginal functioning with extended social networks. The ministry wrote in its reconsideration decision that while the appellant's physician indicates she requires continuous assistance with personal self care and use of transportation and periodic assistance with meal preparation, management of medications and social functioning, "the ministry finds it difficult to develop a clear and cohesive picture of the degree of restrictions [the appellant has] with [her] daily living activities."

The appellant argues that the ministry's reconsideration decision does not place appropriate weight on the information provided by the appellant's physician in the PR and on the information provided by the appellant in her self report and in her submissions on reconsideration. The appellant argues that her severe mental impairment directly and significantly restricts two of her DLA on a continuous basis and she points to the evidence of her physician in the PR that her impairment continuously restricts her DLAs of personal self care and use of transportation. The appellant argues further that her severe mental impairment directly and significantly restricts three of her DLA on a periodic basis for extended periods and again points to the evidence provided by her physician in the PR where he indicated that her DLAs of meal preparation, management of medications and social functioning are periodically restricted. The appellant argues that in completing the AR, the nurse was confused about the impact of the appellant's anxiety about her Crohn's disease – which at the time the AR was completed was not diagnosed – and her ongoing anxiety and panic attacks, and that the nurse did not accurately indicate the impact of the appellant's severe mental impairment on her social functioning and other tasks of her DLAs. The appellant submitted that the nurse completed the DLA section of the AR with reference only to the appellant's undiagnosed Crohn's disease, and not with reference to her mental impairments.

The legislation requires that in the opinion of a prescribed professional, the appellant's severe mental impairment directly and significantly restrict her ability to perform daily living activities either continuously or periodically for extended periods. In the reconsideration decision, the ministry wrote that it based the reconsideration decision on "current information" in the appellant's PWD application – in other words, the information provided by the appellant's physician in the PR and the nurse in the AR. The ministry indicates in its reconsideration decision that the information provided by the

appellant's physician in the PR (that she has continuous restrictions in two of her DLA and periodic restriction in three other DLA) contrasts to the information provided by the nurse in the AR (that the appellant can independently perform almost all her DLA except the task of bathing and using transit and transit schedules).

The panel notes that the ministry in its reconsideration does not refer to the fact that the nurse who completed the AR did so after one meeting with the appellant, whereas the appellant's physician who completed the PR indicated that he had seen the appellant more than 11 times in the previous 12 months. The appellant told the panel at the hearing that the nurse who completed the AR did so after a one-hour meeting with her, whereas she has an ongoing relationship with her physician and had seen him several times before he completed the PR. The panel also notes that the information provided by the nurse in the AR is internally inconsistent. After describing the appellant's severe mental impairment as causing a major impact and a moderate impact on a total of 8 areas of cognitive and emotional functioning, and adding commentary that includes that the appellant has severe anxiety which can be triggered by simple things and results in panic attacks, and that she withdraws socially and can engage in unsafe behaviour where she hurts herself, the nurse indicates that the appellant is independent in all social functioning, including "able to deal appropriately with unexpected demands." Accordingly, given that the physician has had a longer professional relationship with the appellant consisting of nearly monthly visits for one year, as compared to the nurse who had one meeting with the appellant for the sole purpose of completing the AR, and given the internal inconsistencies in the AR, the panel places more weight on the information provided by the appellant's physician in the PR than on the information provided by the nurse in the AR.

In her submissions on reconsideration and before the panel, the appellant refers to the decision of the B.C. Supreme Court in *Hudson* – in particular, to paragraph 43 of *Hudson* in which the Court states: "The ordinary meaning of the plural "activities" in [section 2(2) of the EAPWDA] dictates that there must be evidence from a prescribed professional indicating a direct and significant restriction on at least two daily living activities." In addition to a restriction on at least two DLA (as per *Hudson*), the prescribed professional must indicate that the restriction is either "continuous or periodically for extended periods" (as per section 2(2)(b)(i)). The *Hudson* decision does not expressly analyze the provision in section 2(2)(b)(i) of the EAPWDA that the prescribed professional opine that the direct and significant restriction to DLA caused by the impairment be either continuously or "periodically for extended periods." The direct and significant restriction may be either continuous or periodic. If it is periodic it must be for an extended time. Inherently, an analysis of periodicity must also include consideration of the frequency. All other things being equal, a restriction that only arises once a year is less likely to be significant than one that occurs several times a week. While the legislation must be interpreted in a large and liberal manner, there still must be sufficient evidence on each of the legislative criteria to reasonably satisfy the ministry that they have been met. Accordingly, in circumstances where the evidence indicates that a restriction arises periodically, it is entirely appropriate for the ministry to require evidence of the duration and frequency of the restriction in order to be "satisfied" that this legislative criterion is met.

In the PR, the appellant's physician expressly indicated that her severe mental impairment directly restricts her ability to perform the DLA of "personal self care" and "use of transportation" continuously – this section of the PR does not list separate tasks under each DLA (as is done in the AR) so the information before the ministry and the panel from the appellant's physician is limited by the PR form. Although the panel gives less weight to the information from the nurse in the AR, the panel notes that

the nurse indicated in the AR that the appellant was continuously restricted in bathing (a listed task under the DLA of personal care) and that the appellant's mental impairment has a major impact on her bodily functions (toileting problems and poor hygiene) and the information in the nurse's commentary in the AR that the appellant "does not think about showering for 4 or 5 days then mother will tell her to shower but she can't shower when alone in the house." This information from the nurse in the AR corroborates the information from the appellant's physician in the PR regarding the continuous restriction to the appellant's ability to bathe and clean herself – a task of the DLA of personal self care. In the AR, the nurse also indicated that the appellant could not independently perform 2 of the 3 listed tasks under the DLA of "transportation" (she could independently perform the task of "getting in and out of a vehicle"). In the AR, the nurse did not check whether the appellant's impairment restricted her use of transportation continuously or periodically, but wrote that the appellant does not use transit as it creates anxiety, that she fears she'll get stuck downtown and/or lost. Again, although the panel places less weight on the information from the nurse in the AR than on the physician's information in the PR, the panel notes the nurse's information and commentary on the DLA of transportation in the AR corroborates that of the appellant's physician in the PR.

The appellant's physician indicates in the PR that the appellant's severe mental impairment also restricts her ability to perform the DLA of "meal preparation," "management of medication" and "social functioning" on a periodic basis for extended periods. The PR form is less descriptive than the AR form. The physician's commentary in this section of the PR is that the appellant requires periodic assistance for these DLA when she is experiencing a panic episode which can occur "up to 3-4 X week" and that the appellant needs "reminder to eat on regular basis, shower, dress, use medications, emotional support ...". In the AR, as noted by the ministry in its reconsideration decision, the nurse checked that the appellant could independently perform all the listed tasks under the DLA of "meals," "medications," and "social functioning" which contrasts to the information provided by the physician in the PR. However, as the panel noted previously, in the additional pages of commentary provided by the nurse in the AR, the nurse's information contradicts the check marks for "meals" and "social functioning" - the nurse expressly states that the appellant "either doesn't eat & needs to be told to eat or else over eats – never a happy balance," describes the appellant's anxiety attacks noting she "gets these episodes daily basis," and writes that as a result of her depression, the appellant, "cries daily, always sad ... withdraws socially or else gets so busy that she blocks it out." The panel finds that the information provided by the nurse in her commentary in the AR - which is more descriptive than the check marks on the DLA - corroborates the information provided by the physician in the PR that the appellant's severe mental impairment periodically restricts her ability to perform DLA, in particular, meals and social functioning. The panel notes that the information provided in the PR and the AR does not describe the duration of the periods in which the appellant's impairment restricts her performance of the noted DLA, other than "up to 3-4 X week."

The panel finds that the information provided by the appellant's physician in the PR establishes that the appellant's mental impairment severely restricts her ability to continuously perform the DLA of transportation and the task of bathing under the DLA of personal self care. The panel also finds that there is information provided by the prescribed professionals – both the physician and the nurse – that the appellant's mental impairment severely restricts her ability to perform other DLA periodically, such as meal preparation and social functioning, but that the information about the duration of the "periodic" restriction is limited.

Accordingly, the panel finds the ministry's determination that there was not enough evidence from the

appellant's prescribed professionals to establish the appellant was significantly restricted in her ability to perform DLA as required under subs. 2(2)(b)(i) was reasonable based on the evidence set out by the prescribed professional (the appellant's physician in the PR and in the corroborating commentary by the nurse in the AR).

Help with DLA

In its reconsideration decision, the ministry determined that as it "has not been established that [DLA] are significantly restricted (criterion 4); therefore, it can be determined that significant help is not required from other persons." The ministry also wrote, that "no assistive devices are required" and that the appellant does "not require the services of an assistance animal."

The legislation (section 2(2) of the EAPWDA) states that the minister may designate a person as a person with disabilities for the purposes of the Act if the person meets the criteria of having a severe mental or physical impairment that in the opinion of a medical practitioner is likely to continue for at least 2 years, and in the opinion of a prescribed professional directly and significantly restricts the person's ability to perform DLA either continuously or periodically for extended periods, and as a result of those restrictions, the person requires help to perform those activities. Further, subs. 2(3) of the EAPWDR provides that for the purposes of subs. (2), "a person requires help in relation to a daily living activity if, in order to perform it, the person requires (i) an assistive device, (ii) the significant help or supervision of another person, or (iii) the services of an assistive animal."

The panel notes the evidence before the ministry at the reconsideration as set out by the appellant's physician in the PR indicated that the appellant needs reminders to eat on a regular basis, and needs reminders to shower, dress, and use medications. The appellant's physician also wrote in the PR that the appellant relies on a "friend's support to help her during stressful periods of time to assist her to appointments" and that she requires assistance from friends/family "up to 3-4 X/week" when she is experiencing panic episodes. The information provided by the nurse in her commentary in the AR is that the appellant "doesn't think about showering for 4 or 5 days and then her mother will tell her to shower but she can't shower when she is alone in the house" and that the appellant doesn't use public transit as it will trigger a panic attack (it "freaks her out") and that she relies on her mother and/or her roommate to take her to her appointments. This information was repeated by the appellant in her submissions on reconsideration and to the panel, and was stated by the appellant's mother in her letter of May 3, 2014. The appellant also told the panel that her mother does all of her personal shopping for her and that her mother will drive her to the bank so that she can cash a cheque, but that her mother otherwise manages all of the appellant's finances, although this information was not provided in the PR or AR by the prescribed professionals.

This panel has upheld the ministry's determination that there was not enough evidence from the appellant's prescribed professionals to establish that she is significantly restricted in her ability to perform her DLA, as required by subs. 2(2)(b)(i) of the EAPWDA. While the panel notes that the appellant's physician has indicated that the appellant requires the help of her mother and/or her roommate (which is also corroborated in the nurse's evidence), the panel finds that the ministry's determination that "as it has not been established that [DLA] are significantly restricted (criterion 4); therefore, it can be determined that significant help is not required from other persons" is reasonable based on the evidence.

Conclusion

Having reviewed and considered all of the evidence, and the relevant legislation, the panel finds that the ministry's decision that the appellant was not eligible for PWD designation is reasonable based on the evidence. The panel therefore confirms the ministry's decision.