



Citation: *CD v Minister of Employment and Social Development*, 2023 SST 1735

Social Security Tribunal of Canada General Division – Income Security Section

Decision

Appellant: C. D.
Representative: Joshua Pugen
Respondent: Minister of Employment and Social Development

Decision under appeal: Minister of Employment and Social Development
reconsideration decision dated May 3, 2022 (issued by
Service Canada)

Tribunal member: Shannon Russell
Type of hearing: Videoconference
Hearing date: October 31, 2023
Hearing participants: Appellant
Appellant's representative
Appellant's two witnesses

Decision date: November 29, 2023
File number: GP-22-1172

Decision

[1] The appeal is allowed.

[2] The Appellant, C. D., is eligible for Canada Pension Plan (CPP) disability benefits. Payments start as of January 2021. This decision explains why I am allowing the appeal.

Overview

[3] The Appellant is a 40-year-old woman who used to work for a bank as a customer care advisor. She worked in a call-centre type setting. She began the job in August 2019 and stopped working in April 2020 due to anxiety.¹ She tried to return to work in September 2020, but she only lasted a few days (Monday to Thursday). She asked her employer if she could work from home, but her employer wouldn't allow it. She also asked her employer if she could work part-time hours, but her employer said no to that too. She hasn't worked since September 2020.

[4] The Appellant applied for CPP disability benefits in May 2021. In her application, she said she can't work because of anxiety, depression and obsessive-compulsive disorder (OCD).²

[5] The Minister of Employment and Social Development (Minister) denied her application at both the initial and reconsideration levels of review. The Appellant appealed the Minister's reconsideration decision to the Social Security Tribunal's General Division.

[6] The Appellant's representative says the Appellant's disability was severe and prolonged by December 31, 2022. He points out that the Appellant's family doctor and an independent psychiatrist have both said the Appellant can't work. He also says the Appellant has been compliant with treatment recommendations. Despite her efforts, she

¹ Page GD2-38 and the Appellant's testimony.

² Page GD2-30

hasn't improved enough to work. She has been chronically unable to work for more than three years.

[7] The Minister says the evidence doesn't show the Appellant was disabled by December 31, 2022. The Minister acknowledges that the Appellant's family doctor said in March 2022 that the Appellant can't work. However, the Minister says the doctor didn't indicate any changes in treatment since his initial medical report of June 2021. This is despite a specialist saying in February 2022 that substantial improvement with treatment is possible. The family doctor's clinic notes from March 2022 to August 2022 show routine visits for a mild concussion, an ankle sprain and foot pain (plantar fasciitis). He didn't note any discussions about the Appellant's mental health symptoms or treatment updates. A pharmacy note of September 2022 confirms unchanged antidepressant therapy (Paxil) and notes the "anxiety is controlled now". More recently, in June 2023, the Appellant's doctor noted the symptoms of attention-deficit hyperactivity disorder (ADHD) are much better and "well controlled" after starting medication for the condition.

What the Appellant must prove

[8] To succeed with her appeal, the Appellant must prove she has a disability that was severe and prolonged by December 31, 2022. This date is based on her contributions to the CPP.³

[9] The words "severe" and "prolonged" are defined in the CPP legislation.

[10] A disability is **severe** if it makes an appellant incapable regularly of pursuing any substantially gainful occupation.⁴

[11] This means I have to look at all of the Appellant's medical conditions together to see what effect they have on her ability to work. I also have to look at her background (including her age, level of education, and past work and life experience). This is so I

³ Service Canada uses an appellant's years of CPP contributions to calculate their coverage period, or "minimum qualifying period" (MQP). The end of the coverage period is called the MQP date. See subsection 44(2) of the CPP. The Appellant's CPP contributions are on pages GD2-51 to GD2-53.

⁴ The definition of "severe" is set out in subparagraph 42(2)(a)(i) of the CPP.

can get a realistic or “real world” picture of whether her disability is severe. If the Appellant is able regularly to do some kind of work that she could earn a living from, then she isn’t entitled to disability benefits.

[12] A disability is **prolonged** if it is likely to be long continued and of indefinite duration, or is likely to result in death.⁵

[13] This means the Appellant’s disability can’t have an expected recovery date. The disability must be expected to keep the Appellant out of the workforce for a long time.

[14] The Appellant has to prove her case. She has to prove it on a balance of probabilities. This means she has to show it is more likely than not she was disabled by December 31, 2022.

Procedural Matters

I allowed the Appellant to file a document after the hearing

[15] During the hearing, I noted that the evidence doesn’t include a report from Dr. Sadek, one of the few mental health specialists the Appellant has seen. The Appellant’s representative offered to get a copy of the report and send it to the Tribunal after the hearing. I allowed this, as it appeared that Dr. Sadek is a specialist who had assessed the Appellant before December 31, 2022 and had made treatment recommendations.

[16] The Appellant’s representative filed a copy of Dr. Sadek’s report on November 7, 2023.⁶ I shared a copy of the report with the Minister, and I gave the Minister an opportunity to comment on it. The Minister filed its written comments on November 16, 2023.⁷

[17] I then allowed the Appellant’s representative to file a reply. This is because the representative told me at the hearing that he wanted an opportunity to reply to the Minister’s post-hearing submissions.

⁵ The definition of “prolonged” is set out in subparagraph 42(2)(a)(ii) of the CPP.

⁶ Dr. Sadek’s report is at pages GD14-3 to GD14-5.

⁷ The Minister’s post-hearing addendum is at pages GD15-1 to GD15-4.

[18] The Appellant's representative filed his reply on November 24, 2023.⁸

Reasons for my decision

[19] The Appellant has shown that her disability was likely severe and prolonged by December 31, 2022.

Was the Appellant's disability severe by December 31, 2022?

[20] Yes. The Appellant's disability was likely severe by December 31, 2022. I reached this finding by considering several factors. I explain these factors below.

– My focus is on functional limitations and not diagnoses

[21] The Appellant has been diagnosed with several conditions, including depression, generalized anxiety, panic disorder, agoraphobia, OCD, ADHD, and post-concussion syndrome.

[22] However, I can't focus on the Appellant's diagnoses.⁹ Instead, I must focus on whether she had functional limitations that got in the way of her earning a living.¹⁰ When I do this, I have to look at **all** of the Appellant's medical conditions (not just the main one) and think about how they affected her ability to work by December 31, 2022.¹¹

– What the Appellant says about her functional limitations

[23] The Appellant explained that she has had mental health difficulties for a long time. She said that everything got worse in 2020, when the pandemic began.

[24] When asked to describe her functional limitations from December 2022 to the present, the Appellant said this:

- Her depression causes her to not enjoy things like she used to. The depression also results in low energy and motivation. She spends a lot of time sleeping, often not getting up until 2:00 p.m.

⁸ The Appellant's reply is at pages GD17-1 to GD17-5.

⁹ See *Ferreira v Canada (Attorney General)*, 2013 FCA 81.

¹⁰ See *Klabouch v Canada (Social Development)*, 2008 FCA 33.

¹¹ See *Bungay v Canada (Attorney General)*, 2011 FCA 47.

- She gets big panic attacks when facing any kind of change or when she is in crowded places. Going to a store like Walmart causes sweaty palms, a racing heart, ringing in her ears, an inability to think straight, and a feeling like she is going to pass out.
- It's very hard for her to leave her house. She only leaves the house about once a week and even then, it's for 20 to 30 minutes. Sometimes she needs to take a Lorazepam just to leave her home. The Lorazepam helps calm her down, but it's only temporary. The Lorazepam wouldn't help her function in a workplace because it makes her drowsy.
- Her partner does a lot to support her. For example, her partner reminds her to shower, helps motivate her to clean, and gets the groceries.
- She has PTSD from a previous abusive relationship. There are things that can trigger a trauma state or flashback, including loud or sudden noises like yelling. But sometimes she can have a flashback without any triggers.
- The OCD causes her to check things, like making sure the oven is off. Otherwise, she doesn't have any counting rituals or anything like that.
- The ADHD makes it hard for her to finish projects. She currently has about 8 projects on the go that she hasn't finished. For example, she painted a wall in her home about 7 months ago, but she hasn't yet replaced the outlet covers.
- She got a concussion when she fell through a rotted deck board and hit her head on the corner of a mitre saw stand. Since then, she's noticed a lot of memory issues, some dizziness, confusion, and fatigue.
- She thinks the memory issues may also be due to the ADHD. An example of memory difficulty is that she can't remember things her partner tells her. Also, her water was recently shut off in her home because she forgot to pay the bill.

– **What the Appellant's witness says about the Appellant's functional limitations**

[25] The Appellant's partner testified at the hearing. She said she has known the Appellant for seven years. She said that when she first met the Appellant, she didn't notice the Appellant having difficulty with things like memory and attention. However, she notices it now. The Appellant forgets what she tells her within a short time (two hours).

[26] The Appellant's partner said that the Appellant had anxiety when they met but it wasn't severe. Now it's "super severe". It affects the Appellant to the point where she can't go out.

[27] The Appellant's partner explained that she works full time outside of the house. However, because of the Appellant's limitations, she does most of the household tasks. For example,

- She pays the bills;
- She does the grocery shopping and gets the Appellant's medication;
- She makes the meals and does a lot of the cleaning; and
- She provides most of the care for their son and also does the daycare drop offs and pick ups.

[28] The Appellant's partner doesn't think the Appellant has any functional abilities that might be consistent with work capacity. The Appellant's memory and attention "just aren't there". It's hard for the Appellant to learn something. She's always on edge and is always "ready to have a panic attack".

– **What the medical evidence says about the Appellant's functional limitations**

[29] The Appellant must provide some medical evidence to support a finding that her functional limitations affected her ability to work by December 31, 2022.¹²

[30] The medical evidence largely supports what the Appellant says.

[31] In December 2021, the Appellant saw a psychiatrist (Dr. Sadek). During that consultation, the Appellant reported symptoms of fatigue, muscle tension, restlessness, poor concentration, anxiety attacks, forgetfulness, loss of enjoyment in activities, excessive uncontrollable worries, attention problems and increased irritability. Dr. Sadek diagnosed a generalized anxiety disorder and probable ADHD. He recommended the Appellant's Paxil be increased to 20 mg and that the Appellant start Vyvanse 30 mg.¹³

[32] On February 3, 2022, the Appellant was assessed by another psychiatrist (Dr. Schaffer) for an independent medical evaluation. During the consult, the Appellant rated the intensity of her depressive symptoms as 4 to 5 out of 10. Dr. Schaffer noted the

¹² See *Warren v Canada (Attorney General)*, 2008 FCA 377; and *Canada (Attorney General) v Dean*, 2020 FC 206.

¹³ Pages GD14-4 to GD14-5.

Appellant's depressive symptoms include irritable and edgy mood (though the irritability had improved), significant anhedonia (inability to feel pleasure), tearfulness, difficulty falling asleep, low energy, significantly reduced motivation, difficulty making decisions, reduced attention and short-term memory, and feelings of guilt and frustration.

[33] Turning to the panic attacks, Dr. Schaffer noted they began about 10 years ago. They used to be very frequent. They now occur about two times a week and last about 10 minutes. They can happen out of the blue (without triggers). The panic symptoms include a rush from her stomach to her head, cold and sweaty extremities, shortness of breath, increased heart rate, light-headedness, dizziness, and a need to flee the situation.

[34] Dr. Schaffer said the Appellant has clear features of agoraphobia. She is quite fearful of being in public, and only leaves her home about once a week. Some of the fear is about being infected with the Covid virus, but part of it is a direct fear of having a panic attack.¹⁴

[35] Dr. Ghassemi has been the Appellant's family doctor since July 2020. He has provided reports about the Appellant's disability. He also testified at the hearing.

[36] In March 2022, Dr. Ghassemi reported that the Appellant's depression results in depressed mood, fatigue, restlessness, irritability, severe memory and concentration impairment, anhedonia, sleep disturbances, lack of motivation, isolation, and avoidance of social settings. The anxiety symptoms result in chest pain and chest tightness, ruminating (long or repetitive) thoughts, panic attacks in public situations, avoidance of leaving her home, emotional instability, and feeling anxious when answering the phone or taking public transportation.¹⁵

[37] In July 2022, Dr. Ghassemi noted the Appellant fell and hit her head on June 25, 2022. She was reporting dizziness, imbalance, memory loss, ringing ears, and difficulty

¹⁴ Dr. Schaffer's report is at pages GD2-122 to GD2-132.

¹⁵ Page GD2-62

with concentration. Dr. Ghassemi diagnosed a mild concussion, ordered a CT scan of the brain, and referred the Appellant to a neurologist.¹⁶

[38] On October 3, 2022, Dr. Ghassemi wrote that the Appellant's anxiety and ADHD symptoms are not well controlled. She has decreased attention, occasional impulsiveness, disorganization and problems prioritizing, poor time management, difficulties focusing on a task and following through with tasks and difficulties with multi-tasking. Dr. Ghassemi prescribed Vyvanse 30 mg, as recommended by Dr. Sadek.¹⁷

[39] On October 30, 2022, Dr. Ghassemi wrote that since the head injury of June 2022, the Appellant had been having ongoing headache, pressure behind her eyes, some blurred vision, and ongoing brain fog with poor memory and concentration. She was also having falls due to poor balance.¹⁸

[40] The Appellant saw a neurologist (Dr. Douglas) in February 2023. At that consult, the Appellant described symptoms of ongoing headache, tinnitus, photosensitivity, difficulty with memory recall, head pressure, some diplopia (double vision), dizziness, and impaired balance. She had fallen on several occasions. Dr. Douglas said a CT of the head was normal. He thought the Appellant likely had a concussion and persistent post-concussion syndrome afterwards. He said the ongoing intermittent headaches and photophobia were linked to the head injury because she didn't have these symptoms before the injury. However, he was uncertain whether the head injury fully explained her other subjective symptoms with cognitive difficulties and imbalance. He said some of these symptoms could be related to the anxiety.¹⁹

[41] In May 2023, the Appellant underwent a comprehensive mental health assessment by a registered counselling therapist (Daniel Vanderlans). Mr. Vanderlans said he is certain the Appellant has PTSD, though he acknowledged that official diagnosis is beyond the scope of his practice. He summarized the Appellant's traumatic history of abuse and explained his belief that her traumatic work experience in 2020

¹⁶ Page GD4-8

¹⁷ Pages GD6-6 to GD6-7

¹⁸ Page GD6-5

¹⁹ Pages GD6-12 to GD6-14

exacerbated her PTSD and caused her to become dysfunctional at work and at home. Mr. Vanderlans went on to say that he believes the PTSD is severe and debilitating on its own. He said he doesn't believe the Appellant can maintain employment. He explained she may experience some success in managing her anxiety and ADHD with medication and counselling, but her PTSD is debilitating.²⁰

[42] At the hearing, Dr. Ghassemi testified that the main issue that prevents the Appellant from working is the anxiety with panic attacks. Her main symptoms are shaking, racing heart, shortness of breath, and difficulty with concentration. Dr. Ghassemi explained the Appellant is unable to deal with stressful situations, like a workplace. He also said she struggles with crowded places and new situations. When she is faced with something new, her symptoms get worse.

[43] Next, I will look at whether the Appellant has followed medical advice.

– The Appellant's compliance with treatment hasn't been ideal

[44] To receive disability benefits, an appellant must follow medical advice.²¹ If an appellant doesn't follow medical advice, then they must have a reasonable explanation for not doing so. I must also consider what effect, if any, the medical advice might have had on the appellant's disability.²²

[45] The Minister says the Appellant hasn't optimized treatment. The Minister points out that Dr. Schaffer made treatment recommendations that haven't been followed. The Minister also suggests that these treatments would have made a difference because Dr. Schaffer explained the Appellant may have substantial improvement with treatment.

[46] The Appellant's representative says the Appellant has tried all recommended treatment modalities, including Paxil, Lorazepam, Effexor, Cipralex and psychotherapy.²³ He adds that the Appellant has a history of a substance use disorder

²⁰ Mr. Vanderlans' assessment is at pages GD8-2 to GD8-8.

²¹ See *Sharma v Canada (Attorney General)*, 2018 FCA 48.

²² See *Lalonde v Canada (Minister of Human Resources Development)*, 2002 FCA 211.

²³ Page GD4-3

and so she has concerns about addiction. Because of this, she didn't take the medication prescribed for ADHD when it was recommended.²⁴

[47] In my view, the Appellant's compliance with treatment recommendations hasn't been ideal. For example, Dr. Sadek prescribed Vyvanse for the ADHD in December 2021. The Appellant didn't start it until about June 2023.²⁵ In February 2022, Dr. Schaffer recommended that she increase her dosage of Paxil, and he explained that patients with anxiety and panic symptoms often require a dose higher than 20 mg. The Appellant didn't try an increased dosage until November 2022.²⁶

[48] Despite my concerns, I am reluctant to find the Appellant has been non-compliant.

[49] First, it took time, but the Appellant did eventually try the Vyvanse and an increased dosage of Paxil.

[50] Second, the Appellant stopped the Vyvanse because she was experiencing heart palpitations and dizziness. This is a reasonable explanation for not continuing the medication. It's unclear what happened with the Paxil 30 mg. The Appellant was adamant during her testimony that she has been on Paxil 30 mg for the past 7 months and that she just started a 40 mg prescription last week. However, Dr. Ghassemi testified that the Appellant's current dosage of Paxil is 20 mg. He said he prescribed 30 mg in November 2022 but after that the Appellant told him she wanted to return to 20 mg. While the conflicting evidence is puzzling, nothing really turns on this because either way the evidence shows the Appellant tried a higher dosage of Paxil.

[51] Third, and perhaps most important, the Appellant's family doctor has taken a rather passive approach to the Appellant's treatment. For example, at the hearing, when asked about medications and dosages, Dr. Ghassemi said "it's up to the patient" and he "follows what the patient says" about how the medication affects them and what they

²⁴ Page GD4-6

²⁵ Page GD6-2

²⁶ Page GD6-5

can tolerate. As for therapy, Dr. Ghassemi acknowledged that it would be helpful for the Appellant to see a psychologist, but he said she doesn't have medical coverage for that.

[52] In this context, where the Appellant is dealing with mental health limitations that affect her motivation and where her family doctor doesn't appear to be actively encouraging her to do more, I can't find the Appellant non-compliant with treatment recommendations.

– **The Appellant didn't have work capacity by December 31, 2022**

[53] The evidence shows that the Appellant likely didn't have the ability to work by December 31, 2022. Here's why.

The Appellant has significant functional limitations

[54] Not all of the Appellant's conditions result in functional limitations that would have affected her ability to work by December 31, 2022. For example, I don't think the OCD affected her in any significant way. I also don't think her other conditions, like lordosis, plantar fasciitis and headaches, would have made it hard to work. No limitations were noted for the lordosis or plantar fasciitis. As for the headaches, Dr. Douglas said in February 2023 that the Appellant was managing the intermittent headache pain reasonably well, and was rarely taking over-the counter Tylenol.²⁷

[55] However, the Appellant has significant functional limitations from her mental health conditions and possibly the post-concussion syndrome. I say "possibly" because the specific source of the functional limitations is complicated by the fact that there is so much symptom overlap amongst the Appellant's various conditions. Even so, I think it's fair to say that most of the limitations come from the Appellant's mental health conditions. According to Mr. Vanderlans, these conditions **tremendously** impair the Appellant's ability to think and function in a healthy and productive manner.²⁸

²⁷ Page GD6-14

²⁸ Page GD8-7

[56] The Appellant has difficulties simply leaving her home. She also has difficulties with memory, low energy, fatigue, lack of motivation, anxiety and panic attacks. The Appellant is heavily reliant on her partner, for everyday things like grocery shopping and reminders to take care of her personal hygiene. It is also significant that the Appellant has a young son who was born in January 2022, but since his birth she has had to rely on others to care for him while her partner is at work. When her partner is at home, she (the partner) does most of the tasks needed for their son's care, though the Appellant helps with what she can.

[57] The Minister says the Appellant has work capacity because she was able to work for almost 20 years with her conditions in the past, and because Dr. Sadek didn't indicate any severe impairments from her mental health symptoms.

[58] I don't find this argument compelling.

[59] First, the evidence shows that the Appellant's conditions **worsened** with the stress of the pandemic. She has never returned to her pre-pandemic level of function.

[60] Second, it doesn't matter that Dr. Sadek didn't specifically label any impairment as severe. The law doesn't require an impairment to be severe. Instead, the focus is on **how** the impairments or limitations affect the Appellant's ability to work.

Two mental health practitioners said the Appellant can't work

[61] Two mental health practitioners have said the Appellant can't work. Dr. Schaffer said this in February 2022²⁹, and Mr. Vanderlans said it in May 2023.³⁰ No other specialist on record has said the Appellant can work. The other specialists, Dr. Sadek and Dr. Douglas, didn't render opinions on the Appellant's ability to work.

²⁹ Page GD2-132

³⁰ Page GD8-7

The Appellant's family doctor said she can't work

[62] The Appellant's family doctor also said the Appellant can't work. He said this in June 2021 and March 2022. He also said it at the hearing. He testified that he believes it's mainly the anxiety and panic attacks that prevent the Appellant from working. He explained that because of these conditions the Appellant can't deal with stressful situations like a workplace. He also explained that crowded areas and new situations aggravate her conditions.

[63] Despite saying the Appellant can't work, Dr. Ghassemi also testified that because the Appellant hasn't worked for a long time, it might be time for her to try again. He added that if she tries again it would need to be in a low demand, low stress situation. I don't interpret his statement to mean the Appellant has regained work capacity. At most, the comment shows that Dr. Ghassemi may have a degree of uncertainty about whether the Appellant could function in a particular type of work setting.

[64] The Minister points out that Dr. Ghassemi has, at times, noted the Appellant's symptoms are well controlled or partially controlled. I asked Dr. Ghassemi about this at the hearing. He explained that if the Appellant is in a calm environment without much stress, then her symptoms are very controlled. However, stress affects both her mood and anxiety. For example, if she were to start a new job she would have difficulty with things like concentration, tremors, and remaining calm.

The Appellant's job searches don't mean she has work capacity

[65] The Appellant told me that she has applied for call-centre type jobs that would allow her to work from home. However, she has not been able to get through an interview. In one case, she missed the interview because she was sleeping. In another case, she couldn't answer the phone. This was because of her anxiety.

[66] The Appellant acknowledged that she continues to look for work she can do from her home. This might sound like the Appellant thinks she can work. However, I don't think this is the case. Mr. Vanderlans said the Appellant is desperate to return to work but he explained this is because her symptoms, like irrational shame and guilt, have

distorted her perceptions to the point where she feels “burdened” to be at work, despite what her body is telling her about her lack of employability. He also explained that a return to work, even in a casual, sporadic environment would ultimately cause more suffering to the Appellant.³¹

The Appellant’s favourable employability factors don’t mean she can work

[67] When I am deciding whether the Appellant can work, I can’t just look at her medical conditions and how they affect what she can do. I must also consider factors such as her age, level of education, language abilities, and past work and life experience. These factors help me decide whether the Appellant can work in the real world—in other words, whether it is realistic to say that she can work.³²

[68] I acknowledge that the Appellant has favourable employability factors. In December 2022, she was only 39 years old, so age wouldn’t be a barrier to finding work or retraining. The Appellant is proficient in English. She also has a good level of education (high school and a college diploma in pipe trades)³³ and work experience in an office and call centre setting.³⁴

[69] All of this tells me that if it were not for her medical conditions, the Appellant would be able to work in the real world. It also tells me that she would likely have a wider range of jobs available to her than someone, for example, with less education and no office experience. However, none of this changes the significant functional limitations the Appellant has from her medical conditions. These limitations render her unable to work.

Was the Appellant’s disability prolonged by December 31, 2022?

[70] Yes. The Appellant’s disability was likely prolonged by December 31, 2022.

³¹ Page GD8-8

³² See *Villani v Canada (Attorney General)*, 2001 FCA 248.

³³ Pages GD2-39 and GD2-127

³⁴ Page GD2-38

[71] The Appellant last worked in September 2020. By December 2022, she had been out of the workforce for more than two years.

[72] While there have been times when Dr. Ghassemi has noted improvement in his clinic notes, I accept that the improvement is in the context of the Appellant being stable at home without the stress of having to leave her home, interact with others, or work.

[73] In June 2021, Dr. Ghassemi said he didn't expect the Appellant to return to work at any time in the future.³⁵

[74] In February 2022, Dr. Schaffer described the Appellant's short-term prognosis as **guarded**. While he also said that her long-term prognosis **may** improve substantially, he didn't say he expected it to improve. Moreover, he explained that the improvement would be conditional on things like the Appellant receiving adequate mental health care and being able to sustain her improvement.³⁶ As I explained before, the Appellant has not received the mental health care that Dr. Schaffer had hoped for. She has also not had any kind of sustained improvement that would be consistent with work capacity.

[75] In March 2022, Dr. Ghassemi reported that the treatment modalities, like medications and Dr. Ghassemi's own support and monitoring, provided little or temporary benefit. He said her prognosis remains poor.³⁷

[76] In May 2023, Mr. Vanderlans explained that a return to work, even in a casual and sporadic work setting, would be detrimental to the Appellant.³⁸

When payments start

[77] The Appellant's disability became severe and prolonged in September 2020, when she tried to return to work but could not sustain it. In the previous month, Dr. Ghassemi had cleared her to return to work.³⁹

³⁵ Page GD2-98

³⁶ Pages GD2-130 and GD2-131

³⁷ Page GD2-62

³⁸ Page GD8-8

³⁹ Page GD2-65

[78] There is a four-month waiting period before payments start.⁴⁰ This means that payments start as of January 2021.

Conclusion

[79] The Appellant is eligible for CPP disability benefits because her disability was severe and prolonged by December 31, 2022.

[80] The appeal is allowed.

Shannon Russell

Member, General Division – Income Security Section

⁴⁰ Section 69 of the CPP.