



Citation: *WP v Minister of Employment and Social Development*, 2026 SST 112

## Social Security Tribunal of Canada Appeal Division

# Decision

**Appellant:** W. P.  
**Representative:** Jill Hewgill

**Respondent:** Minister of Employment and Social Development  
**Representative:** Stéphanie Boivin and Ian McRobbie

---

**Decision under appeal:** General Division decision dated June 5, 2025  
(GP-25-57)

---

**Tribunal member:** Pierre Vanderhout

**Type of hearing:** Teleconference

**Hearing date:** February 6, 2026

**Hearing participants:** Appellant  
Appellant's representative  
Respondent's witness  
Respondent's representative

**Decision date:** February 18, 2026

**File number:** AD-25-498

## Decision

[1] The appeal is allowed. The Appellant is entitled to a Canada Pension Plan (CPP) disability pension. Payments start as of February 2023.

## Overview

[2] I will refer to the Appellant, W. P., as the “Claimant” in this decision. I will refer to the Respondent, the Minister of Employment and Social Development, as the “Minister.”

[3] The Claimant was 53 years old at the end of 2024. She last worked as a housekeeper at a hospital in southern Ontario. She suffered workplace injuries in April 2022 and June 2022. She had reduced hours and duties after the April 2022 injury. She stopped that work in September 2022. She has not worked since. She moved from southern Ontario to Sault Ste. Marie (in northern Ontario) in May 2023 because she could not afford to keep her house in southern Ontario.

[4] The Claimant applied for a CPP disability pension on December 4, 2023.<sup>1</sup> She identified a back injury (bulging disc) and right leg nerve damage as her main conditions. She said these injuries left her with depression and anxiety too.<sup>2</sup> The Minister denied her application initially and on reconsideration.

[5] The Claimant appealed the Minister’s decision to the General Division of the Social Security Tribunal (Tribunal). The General Division dismissed her appeal. The Claimant then applied to the Tribunal’s Appeal Division for leave to appeal the General Division decision. One of my Appeal Division colleagues granted her leave to appeal. As a result, I held a *de novo* hearing. Nobody asked me to consider the evidence from the General Division hearing. However, the Claimant submitted some new documents.<sup>3</sup>

[6] I must decide whether the Claimant had a severe and prolonged disability by December 31, 2024.

---

<sup>1</sup> See GD2-35.

<sup>2</sup> See GD2-38.

<sup>3</sup> See, for example, AD9-28 to AD9-29.

[7] For the reasons set out below, I find that the Claimant had a severe and prolonged disability by the end of 2024. I also find that her CPP disability pension is payable as of February 2023.

## Issues

[8] The issues in this appeal are:

- a) Did the Claimant have a severe disability by the end of 2024?
- b) If so, did the Claimant also have a prolonged disability?
- c) If the answer to b) is “yes,” when does the Claimant’s CPP disability pension start?

## Analysis

[9] The Claimant’s minimum qualifying period (MQP), or coverage period, ended on December 31, 2024.<sup>4</sup> That is the date by which she must establish a disability. Her disability must also have been continuous since then.<sup>5</sup>

[10] Under the *Canada Pension Plan*, a disability must be both severe and prolonged.

[11] The *Canada Pension Plan* says a disability is **severe** if it makes a person incapable regularly of pursuing any substantially gainful occupation.<sup>6</sup>

[12] When assessing severity, I must look at all of the Claimant’s medical conditions together to see what effect they have on her work ability.<sup>7</sup> If she can regularly do some type of work from which she could earn a living, she is not entitled to a disability pension.

---

<sup>4</sup> This date is based on the Claimant’s CPP contributions. Her CPP contributions are at GD2-57. Service Canada uses a person’s years of CPP contributions to calculate their coverage period (MQP). See section 44(2) of the *Canada Pension Plan*.

<sup>5</sup> See *Canada (Attorney General) v Hoffman*, 2015 FC 1348, at paragraph 31.

<sup>6</sup> See section 42(2)(a) of the *Canada Pension Plan*.

<sup>7</sup> See *Bungay v Canada (Attorney General)*, 2011 FCA 47, at paragraph 8.

[13] The *Canada Pension Plan* says a disability is **prolonged** if it is likely to be long continued and of indefinite duration, or is likely to result in death.<sup>8</sup>

### **Did the Claimant have a severe disability by the end of 2024?**

[14] I find that the Claimant did have a severe disability by the end of 2024. I will first set out her claimed functional limitations.

#### **– What were the Claimant’s functional limitations by the end of 2024?**

[15] The Claimant’s self-reported functional limitations by the end of 2024 were primarily physical and related to pain. Most of those limitations were related to movement, although she also claimed difficulty with sitting or standing for extended periods. She also reported some cognitive limitations and anxiety (especially in public places). I will now explain how I determined these claimed limitations.

[16] The Claimant completed her application for a CPP disability pension in late 2023. In that form, she was asked to rate her ability to perform various tasks. The potential ratings were excellent, very good, good, fair, and poor. I will focus on the abilities that she rated as “poor.”

[17] The Claimant said she still had some ability for physical tasks such as computer-related tasks and driving. But she rated most of her physical abilities as “poor.” Those poor abilities were:<sup>9</sup>

- Remaining on her feet for at least 20 minutes.
- Walking a block on flat ground.
- Going up and down 12-15 steps.
- Getting into a kneeling or squatting position and back up again.
- Bending down to pick up coins from the floor.
- Changing an overhead light bulb.
- Sitting for at least 20 minutes in a straight-back chair.

---

<sup>8</sup> See section 42(2)(a) of the *Canada Pension Plan*.

<sup>9</sup> See GD2-41.

- Transferring to and from a bed, chair, toilet, or car.
- Pulling or pushing a heavy door to open it.
- Picking up two bags of groceries and walking a block.

[18] The Claimant said depression affected her behaviours and emotional abilities. However, the only “poor” abilities in this category were:<sup>10</sup>

- Managing her anxiety.
- Being in public places or situations.

[19] A number of the Claimant’s communication and thinking abilities were still “good” or “fair.” However, she said she was poor at:<sup>11</sup>

- Concentrating and focusing her attention for at least 30 minutes.
- Keeping track of what she is doing.
- Learning new things.
- Prioritizing and planning her day.
- Deciding between two options.

[20] Based on her back and leg concerns, the Claimant also rated the following daily activities as “poor”:<sup>12</sup>

- Taking care of personal hygiene.
- Dressing herself.
- Feeding herself.
- Getting to the bathroom in time.
- Doing housekeeping and home maintenance without frequent breaks.
- Using public transportation.

---

<sup>10</sup> See GD2-42.

<sup>11</sup> See GD2-43.

<sup>12</sup> See GD2-44.

[21] The more general statements by the Claimant around the end of 2024 support many of the specific limitations identified by the Claimant in late 2023.

[22] In July 2024, the Claimant said she had no balance, could not lift, and was mentally exhausted.<sup>13</sup> In January 2025, she said she never knew if her legs would give out on her.<sup>14</sup> In May 2025, she reported an ongoing lack of sleep that resulted in confusion, exhaustion, and difficulty dealing with other people.<sup>15</sup> In July 2025, she said she was still limited by pain, frustration, and confusion.<sup>16</sup>

[23] I will now see if the medical evidence could support the claimed limitations by the end of 2024. This is important because CPP disability applicants must provide some medical evidence about their underlying conditions.<sup>17</sup>

– **Does the medical evidence support the claimed limitations?**

[24] I find that the medical evidence could support the claimed limitations. I will now explain why.

[25] In September 2024, Dr. Ghally (family doctor) said the Claimant's main condition was chronic pain. Her secondary diagnoses were anxiety and depression. She also had a mood disorder.<sup>18</sup> In both October 2025 and February 2026, Dr. Ghally said the Claimant continued to have chronic pain in her back and leg. She also had anxiety and depression.<sup>19</sup>

[26] Dr. Ghally's diagnoses could support the limitations reported by the Claimant. The main chronic pain diagnosis could explain her various physical limitations. The depression and anxiety diagnoses could explain the claimed non-physical limitations.

---

<sup>13</sup> See GD2-17.

<sup>14</sup> See GD1-4.

<sup>15</sup> See GD8-2.

<sup>16</sup> See AD1-2.

<sup>17</sup> See *Warren v Canada (Attorney General)*, 2008 FCA 377, and *Canada (Attorney General) v Dean*, 2020 FC 206.

<sup>18</sup> See GD2-91.

<sup>19</sup> See AD9-28 and AD15-3.

[27] Next, I will look at the Claimant's personal characteristics.

– **What were the Claimant's relevant personal characteristics?**

[28] When deciding whether the Claimant had a severe disability, I must consider factors such as her:<sup>20</sup>

- Age
- Language ability
- Education level
- Past work and life experience

[29] These factors will help me decide whether the Claimant could work in the real world. I will look at each of them in turn.

[30] As noted, the Claimant was 53 years old at the end of 2024. She still had 12 years until the typical retirement age in Canada. This means her age would likely only preclude jobs requiring extensive training or hard physical labour.

[31] The Claimant speaks English fluently. English is one of Canada's official languages. This means her language ability would not affect her ability to work in the real world.

[32] The Claimant completed a college diploma.<sup>21</sup> At the hearing, she said she did a community service work (CSW) program. She also completed trade school for hairstyling and aesthetics. Besides being qualified in her areas of study, her ability to complete a college program points to an ability to learn or do many other jobs. She also has basic computer skills. She would be precluded, however, from work requiring a degree or highly specialized education outside CSW, hairstyling, or aesthetics.

---

<sup>20</sup> See *Villani v Canada (Attorney General)*, 2002 FCA 248.

<sup>21</sup> See GD2-47.

[33] The Claimant has fairly extensive work and life experience. Her jobs have included:<sup>22</sup>

- Hairstylist
- Aesthetician
- CSW roles, including counselling children with addictions
- Automotive auditor (identifying and fixing parts that needed to be fixed)
- Quality liaison between car parts maker and auto manufacturer
- Hospital housekeeping aide

[34] Some of these jobs are highly specialized and do not necessarily show capacity for anything besides that particular job. However, being a housekeeping aide shows capacity for many cleaning and physical roles. Similarly, the quality liaison role shows capacity for sales and customer service roles. The automotive auditor role shows a broader capacity for quality control and manufacturing roles. The CSW role suggests a general capacity to work with children.

[35] **Without considering the Claimant's medical conditions**, I find that her personal characteristics would have prepared her for being:

- a hairstylist
- an aesthetician
- a youth worker
- a sales or customer service representative
- an assembly worker
- a quality control worker
- a cleaner
- a labourer with moderate physical demands.

[36] When a CPP disability applicant has some work capacity, she must show that efforts at obtaining and maintaining employment have been unsuccessful because of

---

<sup>22</sup> See the Claimant's evidence at the Appeal Division hearing. See also GD2-46, GD2-82, GD2-111, and GD3-2.

her health condition. The Federal Court of Appeal's decision in a case called *Inclima* mandates this.<sup>23</sup>

[37] I will now apply the Claimant's personal characteristics to her limitations, so I can decide whether she had any residual work capacity by the end of 2024. I need to focus on the period leading up to the end of 2024 because that was the end of her MQP. If she were not severely disabled continuously since then, her appeal cannot succeed.

– **Did the Claimant have any residual work capacity by the end of 2024?**

[38] The Claimant did not have residual work capacity by the end of 2024. I will now explain why.

[39] Dr. Ghally has been the Claimant's family doctor since 2000. Dr. Ghally's assessments of the Claimant's work capacity have been very consistent. In September 2023, Dr. Ghally said she could not work at **any** occupation, whether part-time or full-time. This was due to her combined physical and mental health limitations. Dr. Ghally noted her limitations with mood changes, coping with stress, concentration, joint motion, standing, lifting, memory/thinking, pain, dressing, and driving.<sup>24</sup>

[40] In April 2024, Dr. Ghally said the Claimant's medical status had not changed. She still had ongoing back and leg pain, as well as anxiety and depression. Dr. Ghally said her condition was chronic and she could not be gainfully employed as a result.<sup>25</sup>

[41] In September 2024, Dr. Ghally said the Claimant's condition had worsened due to a lack of supports and increased anxiety. Besides the limitations identified in September 2023, Dr. Ghally added limitations with balance, stamina, coordination, and eating. The Claimant was still unable to work at any full- or part-time occupation. Dr. Ghally said this was due to increased pain, decreased concentration, limited range of motion, and inability to learn new information.<sup>26</sup>

---

<sup>23</sup> See *Inclima v Canada (Attorney General)*, 2003 FCA 117, at paragraph 3.

<sup>24</sup> See GD2-178, GD2-179, and AD15-2.

<sup>25</sup> See GD2-88.

<sup>26</sup> See GD2-91 and GD2-92.

[42] In October 2025, Dr. Ghally said the Claimant's condition had deteriorated over the last year. She still had ongoing back and leg pain, along with significantly increased anxiety and depression. Her condition was chronic and she couldn't be gainfully employed. Dr. Ghally said she could not work at any type of job because she could not sit, stand, or walk for any length of time.<sup>27</sup>

[43] The Claimant's Appeal Division testimony also sheds light on her limitations. She said her condition continued to worsen after she stopped working in September 2022. Besides the distracting pain, her associated lack of sleep leads to headaches and difficulty with concentrating. She has had a number of falls: her legs are unsteady and sometimes give out. She could only stand for 5-10 minutes. She said her depression affected her sleep and resulted in confusion, brain fog, and frustration.

[44] At the Appeal Division hearing, the Claimant also noted her inability to retain information or regulate her emotions. Her anxiety came through as sweating, chest pain, headaches, tension, and a feeling that something bad will happen. She didn't enjoy being around people. She can't really sit: she has to keep moving so she doesn't seize up. But she could only walk 5-10 minutes at a time before needing to assess her leg. Stairs are a constant struggle. She tries not to lift things.

[45] The Claimant added that she limits her driving to short distances. She also has to reread things constantly. She said she could not do an office job because she could not sit, stand, or focus. She said her mental health medications left her tired and "blank." More generally, she only has one or two good days per week. On bad days, she said she is "laid up." This could continue for many days or even weeks before she had another good day.

[46] When I consider the real-world jobs identified in the previous section, most are precluded by the Claimant's physical inability to sit, stand, or walk for any length of time. In my view, her need to constantly change positions means that youth worker and sales or customer service representative would be the only real-world options she could

---

<sup>27</sup> See AD9-28 to AD9-29.

physically do. However, her mental health limitations, especially her mood changes, poor stress coping, and poor concentration, would preclude those roles too.

[47] I do not see any suitable real-world roles that the Claimant could reasonably perform with her limitations by the end of 2024. Nor do I see any capacity for such roles since then. She would have been incapable regularly of pursuing any substantially gainful occupation. This means she appeared to have a severe disability by the end of 2024. I will now determine if her severe disability started before then.

– **When did the Claimant’s severe disability start?**

[48] I find that the Claimant has had a severe disability since October 2022. She has had no work capacity since then.

[49] As set out in my analysis of work capacity, Dr. Ghally determined that the Claimant was unable to work at any job (even part-time) since at least September 2023.

[50] Dr. Ghally completed two disability forms in February 2023. On both forms, Dr. Ghally said the Claimant had no physical abilities and had extensive psychological limitations.<sup>28</sup> This is consistent with a complete lack of work capacity then.

[51] I do not see any detailed reports from Dr. Ghally between September 12, 2022, when the Claimant stopped working, and February 2023. This is unfortunate, as the other medical records from this period do not assess the combined impact of the Claimant’s limitations.

[52] In particular, I see two very detailed reports during this period from Dr. Girardi (Orthopedic Surgeon). However, these reports are from the “Lower Extremity Specialty Program”.<sup>29</sup> As a result, they focus on the Claimant’s right leg limitations. Dr. Girardi admitted that the limitations and restrictions in his reports only pertain to the Claimant’s

---

<sup>28</sup> See AD9-21 and AD9-24.

<sup>29</sup> See GD2-117 and GD2-135.

right leg. He noted that Dr. Ghally took her off work due to her back injury. Dr. Ghally apparently made that order on October 30, 2022.<sup>30</sup>

[53] In that context, I cannot give much weight to Dr. Girardi's November 2022 and January 2023 suggestions that the Claimant try a graduated return to work.<sup>31</sup> However, I also cannot find it likely that the Claimant had a severe disability since September 2022. Although that was when she stopped working, Dr. Ghally only ordered her off work in October 2022. Thus, I find it likely that the Claimant has only had a severe disability since October 2022.

[54] However, that is not the end of my analysis. The Minister has suggested that the Claimant didn't follow treatment recommendations, particularly about mental health treatment. I now need to decide whether this affects a finding of severity.

– **Did the Claimant fail to mitigate, by not following treatment recommendations?**

[55] I find that the Claimant failed to mitigate her condition by not following two key recommendations. Both were made after the apparent disability onset date of October 2022. However, in the particular circumstances of this case, I also find that her non-compliance was reasonable. I will now explain why.

[56] The Minister said the Claimant did not follow treatment recommendations made by Dr. Farooqi (psychiatrist). Dr. Farooqi saw her for the first time on March 20, 2023. He advised her to start a new medication (Rexulti) and to continue taking Pristiq. Although his note is incomplete, he also appeared to advise continuing a day hospital program. She was to follow up with Dr. Farooqi in two weeks.<sup>32</sup>

[57] The Claimant saw Dr. Farooqi again on April 5, 2023. She had a problem getting Rexulti from the pharmacy, but got some samples from her family doctor. She also

---

<sup>30</sup> See GD2-120, GD2-123, GD2-128, GD2-139, GD2-143, and GD2-147.

<sup>31</sup> See GD2-128 to GD2-129 and GD2-147 to GD2-148.

<sup>32</sup> See GD2-111 to GD2-113.

appeared to continue taking Pristiq, and seemed to remain in the day program.<sup>33</sup> Up to that appointment, she appeared to be following Dr. Farooqi's recommendations.

[58] At that time, Dr. Farooqi said the Claimant still needed support. She was to keep taking Rexulti and Pristiq (100 mg). She was also to start taking Mirtazapine. Finally, she was to see Dr. Farooqi for follow-up in three weeks.<sup>34</sup> However, she never saw Dr. Farooqi again. By September 2023, Dr. Ghally said the Claimant was only taking Pristiq. But even her Pristiq dosage (50 mg) was less than the dose noted by Dr. Farooqi (100 mg). And Dr. Ghally recommended psychiatric follow-up.<sup>35</sup>

[59] The Claimant does not really dispute that she failed to comply with Dr. Farooqi's recommended treatment in two main areas. The first is not continuing the medication he recommended on April 5, 2023. The second is not seeing him after April 5, 2023.

[60] The Federal Court of Appeal has said that I must consider whether any refusals to undergo treatment were unreasonable. If they were, then I must also consider the impact that refusal had on the Claimant's disability status.<sup>36</sup> As the Claimant did not comply with recommended treatment, I must decide whether those failures were reasonable. I will first review the relevant evidence.

[61] At the hearing, the Claimant said she moved to Sault Ste. Marie (SSM) around May 2023. She could not afford to keep living in southern Ontario, where Dr. Farooqi was. She said she was overwhelmed. She initially lived with her brother for six months in SSM, before getting her own place. She may even have been in SSM earlier, as Dr. Farooqi said in April 2023 that she was at her brother's place.<sup>37</sup>

[62] In August 2025, the Claimant said she never refused treatment. She said she did the group therapy recommended by Dr. Farooqi, although she thought it made her symptoms worse. She said she was told to stop one of Dr. Farooqi's medications

---

<sup>33</sup> See GD2-108 and GD2-110.

<sup>34</sup> See GD2-110.

<sup>35</sup> See GD2-178 and GD2-179.

<sup>36</sup> See *Lalonde v Canada (Minister of Human Resources Development)*, 2002 FCA 211.

<sup>37</sup> See GD2-54, GD2-108, and AD15-3 to AD15-4.

because it made her sick. She said she could not afford one of the medications, while she took another one for two years.<sup>38</sup>

[63] In October 2025, Dr. Ghally said the Claimant was no longer taking Pristiq due to the cost, while Abilify was discontinued due to side effects. Dr. Ghally added that she tried referring the Claimant to a different psychiatrist (after Dr. Farooqi) in southern Ontario, but that area had an ongoing desperate shortage. Dr. Ghally could not line up a psychiatrist in SSM either: she said SSM also had a shortage of psychiatric help.<sup>39</sup>

[64] The Claimant wanted to believe that Pristiq helped. However, she got it directly (in the form of free samples) from Dr. Ghally and could not afford to continue it after she moved to SSM. She said she had a couple of bad reactions to Rexulti: the side effects worsened after being mild initially. It caused an upset stomach and diarrhea. She said she was told to stop taking it. She said she had the same reaction to Abilify.

[65] The Claimant added at the hearing that she stopped seeing Dr. Farooqi because she found him “triggering.” She said he brought up a lot of stuff from her childhood, and she did not think it was relevant to her current state. She said she had finally been accepted by a psychiatrist in SSM. She was to have her first appointment with that specialist the week after this appeal’s hearing.

[66] Based on this evidence, I find that the Claimant’s failure to continue the prescribed medication after April 2023 was reasonable. It was reasonable to stop medications such as Rexulti when it caused an upset stomach and diarrhea.<sup>40</sup> She said she was advised to stop taking it.

[67] As for Pristiq, the barrier appeared to be cost. I see no binding decision saying that financial circumstances are a relevant consideration. However, the Tribunal’s Appeal Division has said a “real-world” approach must include the ability to pay for ongoing treatment. The Appeal Division said it is unreasonable to force someone to

---

<sup>38</sup> See AD3-1.

<sup>39</sup> See AD9-28 to AD9-29.

<sup>40</sup> See, for example, *AH v Minister of Employment and Social Development*, 2021 SST 410, at paragraphs 13-18 and 34. While other Tribunal decisions are not binding, they can be persuasive.

exhaust their financial resources to follow all treatment recommendations.<sup>41</sup> As a result, the Claimant's failure to continue Pristiq was reasonable in this case.

[68] I also find the Claimant's failure to continue seeing Dr. Farooqi after April 2023 was reasonable in the circumstances. In general, a person should not stop seeing a specialist. However, psychiatric help that triggers traumatic events is not a typical situation. In my view, psychiatric care demands a certain level of comfort and trust between the doctor and the patient. That does not appear to have been present here. Dr. Ghally also did not appear to criticize the end of that treatment relationship.

[69] The standard of reasonableness should not be equated with the best possible response to a traumatic situation. Ideally, the Claimant would have raised her concerns about triggering with Dr. Farooqi. This may have enabled treatment to continue. However, perfection cannot be expected. The Claimant has a buried history of prolonged sexual abuse by a babysitter, being raped as a young adult, and her fiancé's death by drowning.<sup>42</sup> Her reasons only need to be reasonable, not perfect.

[70] While the Claimant failed to comply with important treatment recommendations, those failures were reasonable when considered in context. Given the impact of her medical conditions on her real-world work capacity, she has established a severe disability as of October 2022. This is before the key date of December 31, 2024. I will now determine whether her disability is also prolonged.

### **Does the Claimant also have a prolonged disability?**

[71] I find that the Claimant also has a prolonged disability.

---

<sup>41</sup> See *DP v Minister of Employment and Social Development*, 2018 SST 487, at paragraphs 8 and 13. While other Tribunal decisions are not binding, they can be persuasive. The *DP* decision relied, in part, on the Federal Court of Appeal decision in *Villani v Canada (Attorney General)*, 2001 FCA 248. See also *VN v Minister of Employment and Social Development*, another decision of the Tribunal's Appeal Division, at paragraph 92.

<sup>42</sup> See GD2-112.

[72] I see no evidence that the Claimant's disability is likely to result in death. This means her disability is prolonged if it is likely to be long continued and of indefinite duration.

[73] The latest medical evidence consists of October 2025 and February 2026 letters from Dr. Ghally. While the evidence was not created during treatment, it summarizes the Claimant's history and current status. Dr. Ghally had treated her since 2000. In October 2025, Dr. Ghally said:<sup>43</sup>

- The Claimant is unable to work, or to get gainful employment, due to her medical condition.
- She cannot work at any type of job because her pain prevents her from being able to sit, stand, or walk for any length of time.
- Her disability is permanent and her chronic medical condition isn't improving.
- She has ongoing pain in her back and leg, with both anxiety and depression.
- Her depression and anxiety have increased due to her ongoing pain and inability to support herself.
- She has reached maximum medical recovery from her injury.

[74] Dr. Ghally treated the Claimant again in November 2025. In February 2026, Dr. Ghally said:<sup>44</sup>

- The Claimant still reports severe constant chronic pain (back radiating to the right leg), depression, and anxiety.
- She is unable to return to any form of gainful employment.
- She has reached maximum medical recovery from her injuries.
- She is unable to sit or stand for any length of time; walking is a challenge too.
- Her weak legs sometimes give out on her, causing her to fall.
- Her limitations with pain and movement are so extensive that she is sometimes unable to complete her daily home exercises.

---

<sup>43</sup> See AD9-28 to AD9-29.

<sup>44</sup> See AD15-3 to AD15-4.

- She has tried many different medications, which have been stopped due to cost or severe side effects.
- Her mental health will continue to decline without substantial changes in her current situation.

[75] I find these letters persuasive. I further note that, more than a year before these two letters, Dr. Ghally found that maximum medical recovery had already been achieved. Dr. Ghally had also found that the Claimant's response to treatment had, to that point, been minimal.<sup>45</sup>

[76] My only concern is whether the Claimant's imminent psychiatric treatment is likely to change her prognosis.

[77] On a balance of probabilities, I do not think the Claimant's prognosis will significantly change with the new treatment. Her previous psychiatric treatment was not successful. But even if her new treatment ultimately succeeds in restoring some work capacity, I find it impossible to say when that might occur. Her current lack of work capacity may still be long continued and of indefinite duration.

[78] Further, Dr. Elliott (the Minister's medical witness) was asked whether the Claimant's interruption in psychiatric treatment would have been detrimental to her mental health. Dr. Elliott admitted that it was possible, although she also suggested that treatment options with "covered" medication still existed.

[79] I believe that both the Claimant and her new psychiatrist want her treatment to succeed. Success is certainly possible. Treatment might even succeed in the relatively short term. However, in the circumstances, I cannot say that it is likely. As a result, I must conclude that her disability is likely to be long continued and of indefinite duration. This means it is prolonged. In turn, this means that her appeal must succeed.

---

<sup>45</sup> See GD2-92.

### **When do the Claimant's CPP disability payments start?**

[80] The Claimant has had a severe and prolonged disability since October 2022. The *Canada Pension Plan* says a person cannot be considered disabled more than 15 months before the Minister receives their disability pension application.<sup>46</sup> After that, a four-month waiting period must pass before payments start.<sup>47</sup>

[81] The Minister received the Claimant's application in December 2023. This means she can be considered disabled as of October 2022. Her pension payments start as of February 2023.

### **Conclusion**

[82] The appeal is allowed. The Claimant is entitled to a CPP disability pension. Payments start as of February 2023.

Pierre Vanderhout  
Member, Appeal Division

---

<sup>46</sup> See section 42(2)(b) of the *Canada Pension Plan*.

<sup>47</sup> See section 69 of the *Canada Pension Plan*.