

WSIB overview: Mental stress injuries

Sal Cavaricci, Director, Mental Stress Injuries Program, November 6, 2018

Agenda

WSIA: Entitlement for mental stress injuries

Policy overview

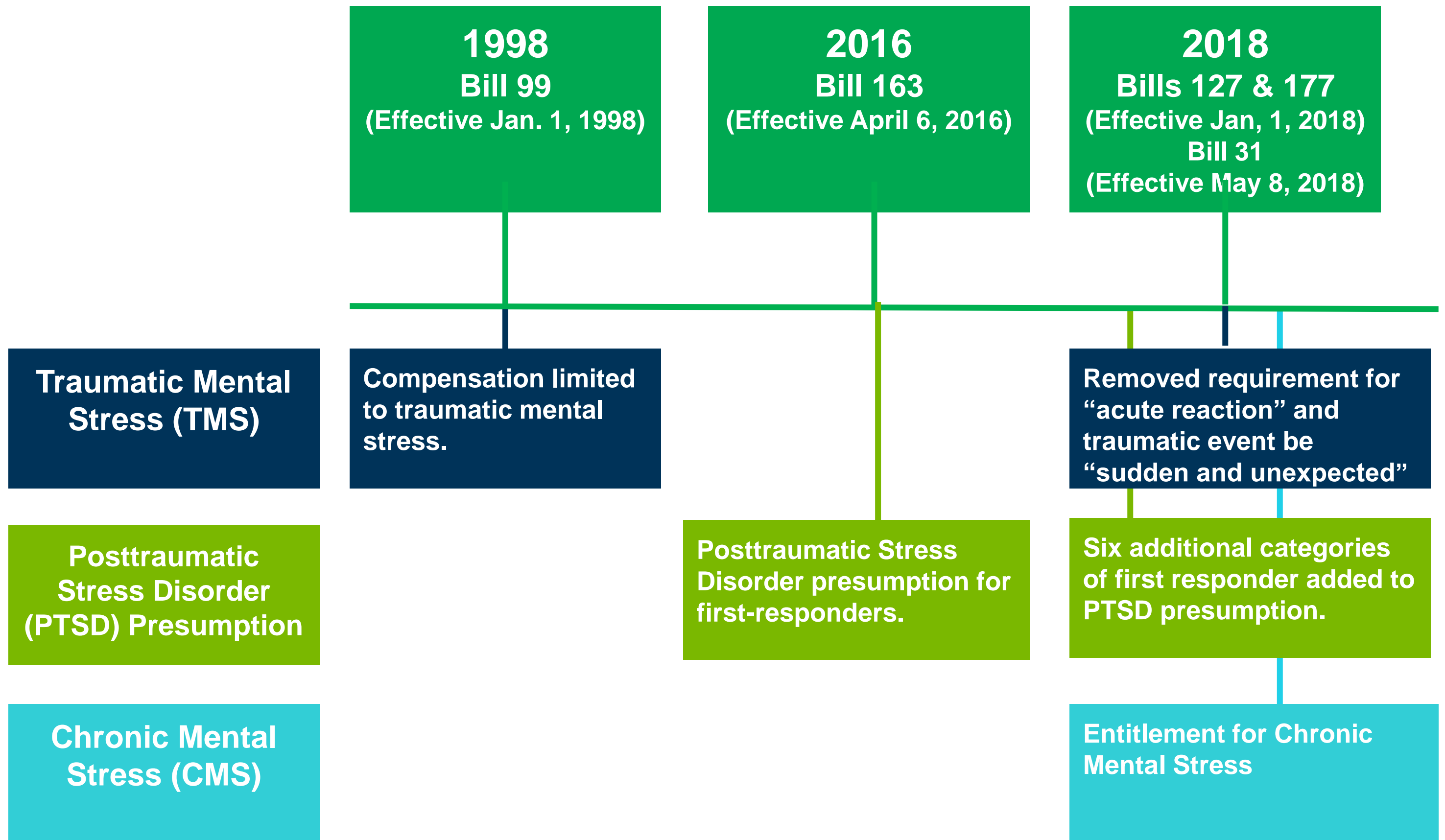
Service delivery model

Summary

Discussion

Workplace Safety and Insurance Act (WSIA): Entitlement for mental stress injuries

Overview of legislative history



Bill 127, 177 and 31 amendments

- May 17, 2017: **Bill 127** included amendments to section 13 of the WSIA that:
 - allowed WSIB compensation for CMS claims with accident dates on or after January 1, 2018, and
 - eliminated the requirements for TMS that there be an “acute reaction” to the traumatic event and that the traumatic event be “sudden and unexpected”, for TMS claims with accident dates on or after January 1, 2018.
- December 14, 2017: **Bill 177** introduced additional amendments to section 13 of the WSIA providing transitional rules that allow compensation for TMS, as amended, and CMS for:
 - new mental stress claims with accident dates on or after April 29, 2014, and
 - mental stress claims that are pending a final decision (before the WSIB or WSIAT) as of January 1, 2018.

Under this new legislation, which took effect on January 1, 2018:

- People are entitled to benefits for work-related TMS, as amended, and CMS.
 - Mental stress caused by an employer’s management decisions or actions is generally not covered by the WSIB.
- May 8, 2018: **Bill 31** introduced additional amendments to section 13 of the WSIA to include six additional categories of first responders to PTSD presumption

Amended TMS policy: Overview

Amended TMS policy (15-03-02)

All three **entitlement criteria** must be met:

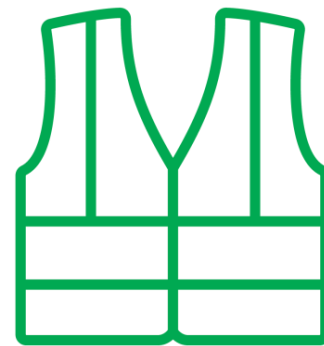
1

Diagnostic requirement:
A diagnosis under the DSM



2

Injuring process:
One or more objectively traumatic events that arose out of and in the course of employment



3

Causation standard:
Significant contribution



Mental stress caused by an employer's management decisions or actions is generally not covered by the WSIB. This exclusion does not apply when an employer's actions include violence or threats of violence.

Amended TMS policy (15-03-02)

- The amended TMS policy took effect on January 1, 2018
- The amended TMS policy applies to all TMS claims with accident dates on or after January 1, 2018 and all TMS claims that fall within the transitional provisions (Bill 177)
- Under these transitional provisions, people with work-related traumatic mental stress must meet the three key entitlement criteria and:

1

have an accident date on or after April 29, 2014, have not filed a claim with the WSIB for the mental stress before January 1, 2018 and the claim is filed on or before July 1, 2018; or

2

have not yet received a final decision on their mental stress claim by the WSIB and/or the WSIAT as of January 1, 2018.

Amendments: Former vs. amended TMS policy

Entitlement criteria and exclusion		Former TMS Policy	Amended TMS Policy
DSM diagnosis	Requires a DSM diagnosis by psychiatrist or psychologist for <u>immediate reaction TMS</u> ?	X	X (may be required in complex claims)
	Requires a DSM diagnosis by psychiatrist or psychologist for <u>cumulative effect TMS</u> ?	✓	X (may be required in complex claims)
Injuring process	Requires clearly and precisely identifiable and objectively traumatic events?	✓	✓
	Requires an “acute” reaction to a traumatic event	✓	X
	Requires the traumatic event to be “sudden and unexpected”?	✓	X
	Entitlement for cumulative effect of multiple traumatic events?	✓	✓
Causation standard	Traumatic events must <u>cause, or significantly contribute to</u> , diagnosed DSM disorder?	✓	✓
Exclusion	Entitlement excluded for TMS caused by an employer’s decisions or actions?	✓	✓

New CMS policy: Overview

New CMS policy (15-03-14)

All three **entitlement criteria** must be met:

1

Diagnostic requirement:

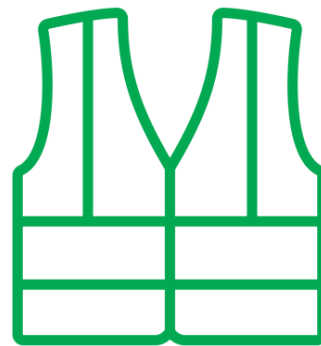
A diagnosis under the
DSM



2

Injuring process:

Substantial work-related stressor,
including workplace bullying or
harassment



3

Causation standard:

Predominant cause



Mental stress caused by an employer's management decisions or actions is generally not covered by the WSIB. This exclusion does not apply when an employer's actions include violence or threats of violence.

New CMS policy (15-03-14)

- The new CMS policy took effect on January 1, 2018
- The new CMS policy applies to all CMS claims with accident dates on or after January 1, 2018 and all CMS claims that fall within the transitional provisions (Bill 177)
- People with work-related chronic mental stress must meet the three key entitlement criteria and:

1

have an accident date on or after April 29, 2014, have not filed a claim with the WSIB for the mental stress before January 1, 2018 and the claim is filed on or before July 1, 2018; or

2

have not yet received a final decision on their mental stress claim by the WSIB and/or the WSIAT as of January 1, 2018.

PTSD presumption policy: Overview

PTSD presumption policy (15-03-13)

A first-responder's PTSD is presumed to be work-related if the following criteria are met:

1

Employment requirement:

Employed as a "first responder" for at least one day on or after April 6, 2014 (Bill 163 first responders) or on or after May 8, 2018 (Bill 31 first responders)



2

Diagnostic requirement:

Diagnosed by a psychologist or psychiatrist with PTSD (all first responders)



3

Diagnostic requirement:

A diagnosis of PTSD under the DSM (all first responders)

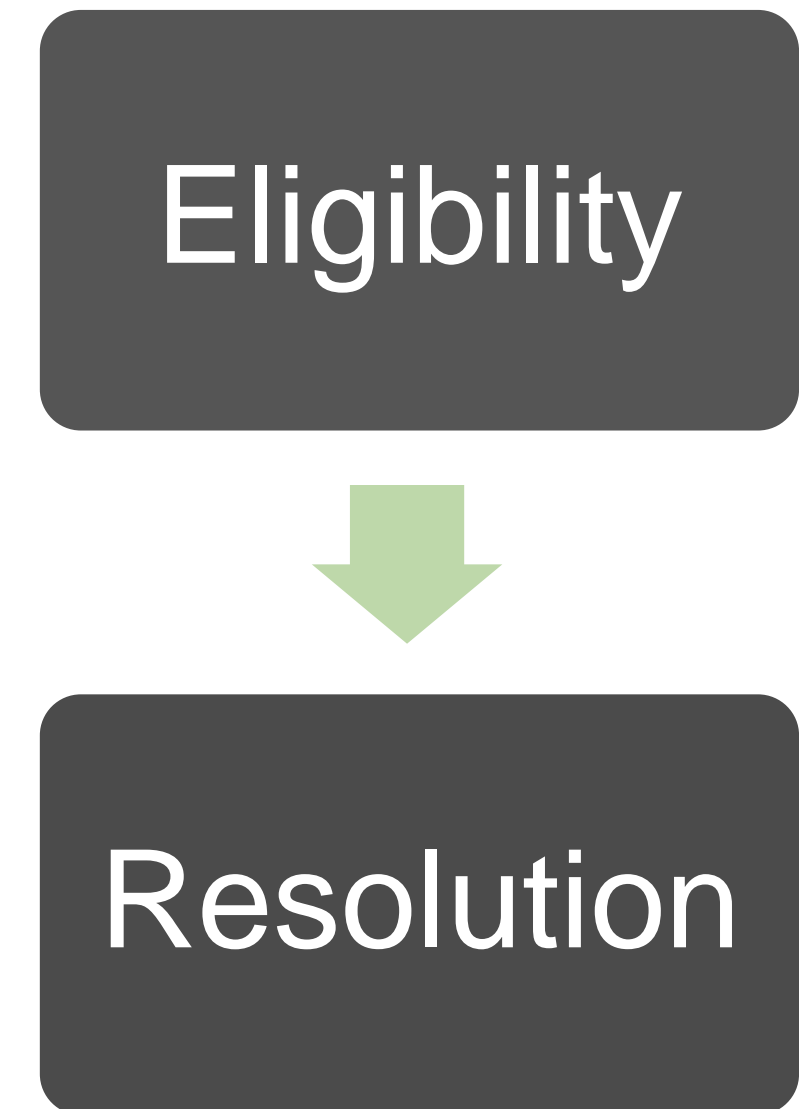


PTSD caused by an employer's management decisions or actions is generally not covered by the WSIB. This exclusion does not apply when an employer's actions include violence or threats of violence.

Service delivery model

Mental Stress Injuries Program

- The Mental Stress Injuries Program is a specialized unit dedicated to managing claims involving mental stress injuries including:
 - presumptive PTSD cases from first responders and other designated occupations
 - traumatic mental stress
 - chronic mental stress
- The unit includes Case Managers, Nurse Consultants, Team Managers and is supported by dedicated Return-to-Work Specialists
- The Mental Stress Injuries Program is responsible for the entire management of the claim from eligibility through to resolution of the case



Key features of the service delivery model

Triage and initial decision-making



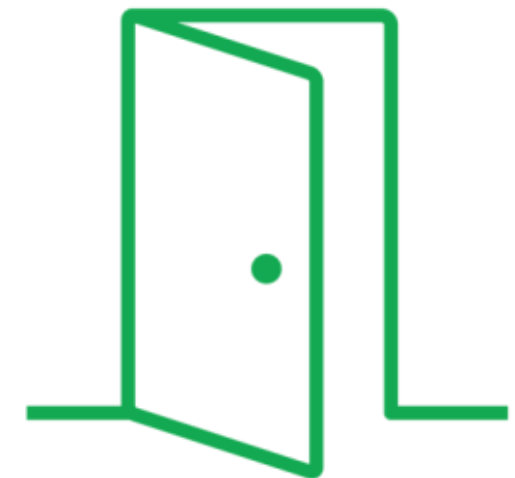
Inquiry



Case management

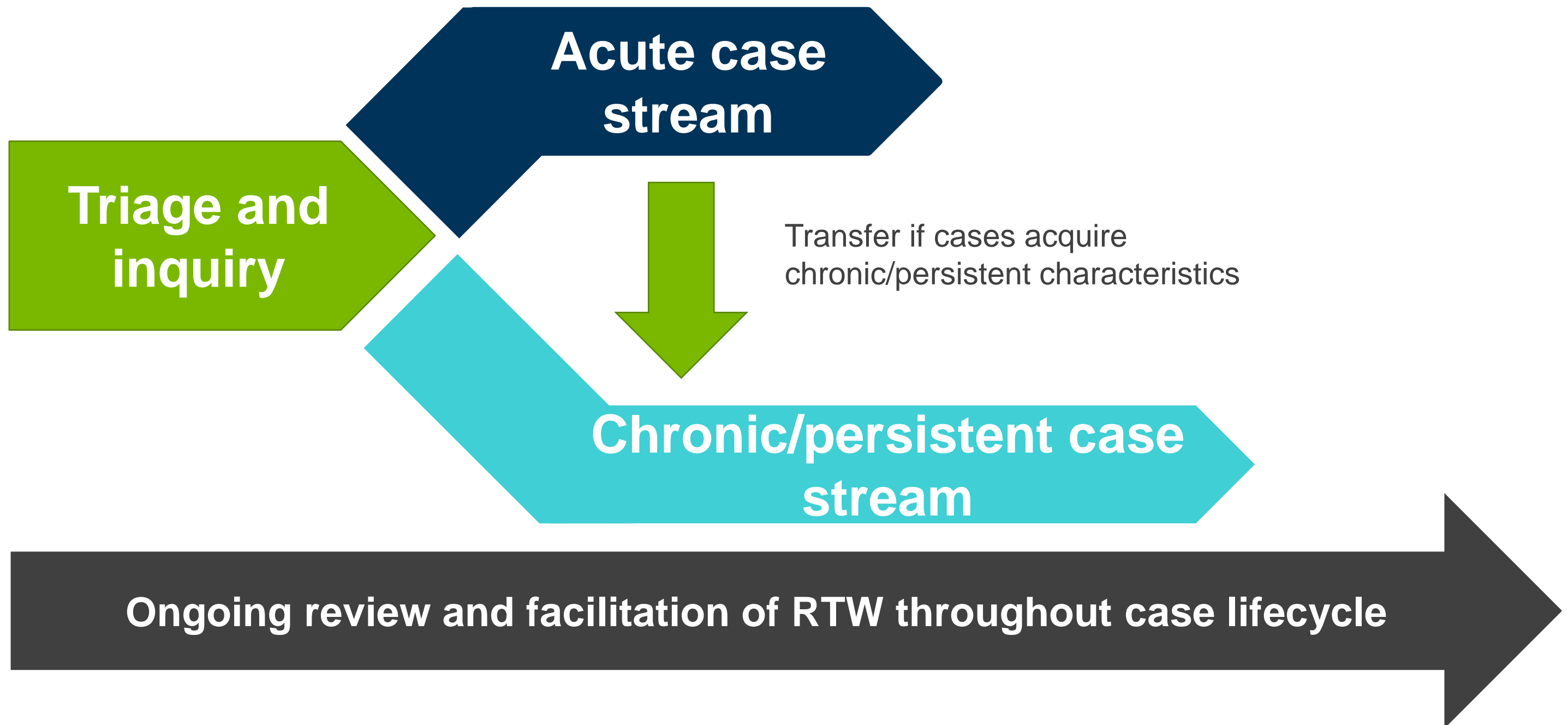


Return to work



Customer-centric approach

Service delivery model



Objectives:

- Decision accuracy and consistency
- Timely decisions
- Suitable and sustainable return to work
- Optimal recovery

Triage and initial decision-making



- Triage function helps us to review all primary mental stress injury claims and make decisions quickly
- Standardized reporting form for health professions to report work-related mental stress injuries to the WSIB
- Allowed cases requiring further case management will be assigned to one of the following case streams for review based on case characteristics:
 - Acute case stream
 - Chronic/persistent case stream
- Claims that need further review will be assigned to inquiry to determine eligibility

Inquiry



- The inquiry function helps us to gather relevant information
- Decision-makers review available information including:
 - Employer's Report of Injury/Disease (Form 7)
 - Workers' Report of Injury/Disease (Form 6)
 - Health Professional's Report for Occupational Mental Stress (Form CMS8)
- Decision-makers may also:
 - Contact the injured person, employer and witnesses (if necessary) to clarify and/or get additional information
 - Arrange for a field representative to make further inquiries
- We may require an assessment by a psychologist or psychiatrist to determine eligibility in complex cases. Options for assessment include:
 - Community Mental Health Program
 - Mental Health Specialty Program at the Centre for Addiction and Mental Health (CAMH), Homewood Health, St. Joseph's Healthcare – Hamilton, or University Health Network
 - PTSD Provider Network (for first responders)

Case management: Acute case stream



- The goal in the acute case stream is to:
 - support people who remain at work
 - promote return to work where people are off work
 - facilitate appropriate health care to support optimal recovery
- Acute case characteristics include:
 - stay at work or return to work is imminent
 - the person's expectations of return to work are optimistic
 - evidence of communication between the employer and employee
 - employer willingness to cooperate in removing/mitigating workplace stressors
 - permanent impairment is unlikely
- Proactive case management approach focused on:
 - Case Manager and Return-to-Work Specialist interventions in collaboration with the workplace parties and treating health practitioner
 - timely return to work and optimal recovery

Case management: Chronic / persistent case stream



- The goal in the chronic / persistent case stream is to:
 - address recovery and RTW challenges
 - facilitate appropriate health care to support
 - review and monitor ongoing cases
- Chronic/persistent case characteristics include:
 - return to work is not imminent and/or may be unlikely
 - the person's expectations of return to work are guarded or poor
 - evidence of return-to-work and recovery challenges
 - permanent impairment is likely
- Proactive case management approach focused on:
 - building relationships to help people with chronic and complex conditions progress from not being able to work, to improved occupational function and readiness for work, to engaged in return-to-work services and eventually back to work
 - reviewing and monitoring to determine maximum psychological recovery and permanent impairment

Case Management: Health services



Community Mental Health Program

- For all people with a WSIB registered claim who require psychological assessment or treatment
- Collaboration with the Ontario Psychological Association

Community Mental Health Network

- Network of psychologists and psychiatrists across Ontario
- All health-care providers registered with the network can be found in a directory

Specialty Programs

- Provide fast access to expert specialists for people with work-related injuries or illnesses
- specialize in recovery and achieving a healthy and safe return to work by providing assessment and treatment of more complex injuries and illnesses
- Includes a specialty program on mental health

New Health Professional's Report for Occupational Mental Stress (Form CMS8)

- For the reporting of work-related chronic mental stress disorders or conditions
- Health-care providers can use this form to provide details about a patient's condition

Return to work



Support people who remain at work sustain their occupational function through timely return-to-work interventions



Promote and facilitate return to work where people are off work



Collaborate with workplace parties to identify and contain/eliminate workplace stressor(s), and create necessary accommodations for suitable and safe return to work



Return-to-Work Specialists intervene in some pending cases to support the injured or ill person, health professional and employer in planning for return to work

Inter-disciplinary approach



Unique challenges in MSI claims



Return-to-work approach for mental stress injury claims

- Provide support and guidance
- Help getting back to day-to-day function
- Promote benefits of activity
- Support work readiness
- Support work sustainment
- Identify obstacles and facilitate return-to-work solutions
- Adapt the approach
- Build strategies to maintain or repair trust
- Provide employer support

Mental health in the workplace

Preventing mental stress

Everyone
has a role



Be proactive
by promoting
mental health



Support those who
report substantial
stressors like bullying
or harassment



Visit [StressAsses.ca](https://www.stressasses.ca),
[ThinkMentalHealth.ca](https://www.thinkmentalhealth.ca),
[FirstRespondersfirst.ca](https://www.firstrespondersfirst.ca),
[CivicAction.ca/mindsmatter](https://www.civicaction.ca/mindsmatter)



Summary:

We provide quality and compassionate services to people suffering from work-related psychological conditions to:

- support timely, accurate and consistent decision-making
- facilitate timely assessment and treatment to help people achieve optimal recovery
- help people and employers in the return-to-work process

Discussion

