

Chronic Mental Stress

WSIB Policy and Case Management Approach

October 10, 2017

Canadian Society of Safety Engineers –Toronto
Chapter

Presentation Overview

- Background information: legislative amendment
- Discuss the final Chronic Mental Stress Policy (15-03-14) and amendments to the Traumatic Mental Stress policy (15-03-02)
- Provide an overview of the WSIB's case management approach for mental stress injury claims

Legislative Amendment

- On May 17, 2017 the Ontario Government passed [Bill 127](#) (budget bill) that included amendments to the *Workplace Safety and Insurance Act (WSIA)* to allow WSIB compensation for Chronic Mental Stress (CMS)
- The legislation details that:
 - Workers are entitled to benefits for Traumatic Mental Stress (TMS) or CMS arising out of and in the course of employment
 - Employer's decisions remain excluded (e.g., termination, discipline)
 - The legislation comes into force on **January 1, 2018** and only applies to injuries that occur on or after that date

CMS – Key Objectives

The policy development and case management design followed these three key objectives:



Achieve optimal return to work (RTW) and recovery outcomes through early intervention and support



Compensate only for work-related psychological injuries



Provide high-quality, timely and consistent decision-making

Chronic Mental Stress Policy

The Chronic Mental Stress Policy contains three key entitlement criteria:

1. Diagnostic requirements: DSM Diagnosis
2. Injuring process: Substantial Work-related Stressor
3. Causation Standard: Predominant Cause

Chronic Mental Stress Policy: Diagnostic Requirements – DSM Diagnosis

- The CMS Policy requires a diagnosis under the *Diagnostic and Statistical Manual of Mental Stress Disorders* (DSM)
- For initial entitlement this diagnosis can be from a regulated health professional (e.g., physician)
 - The WSIB has been collaborating with healthcare professionals to ensure the proper supports and tools (e.g., enhanced forms) are available to health care professionals to assist in making these diagnoses
- For complex claims a psychologist or psychiatrist diagnosis may be required

Chronic Mental Stress Policy: Injuring Process – Substantial Work-Related Stressor

- Following a DSM diagnosis by a regulated health professional or specialist, WSIB decision-makers determine the work-relatedness of the CMS
- Entitlement may be granted for CMS caused by a *substantial work-related stressor(s)* including workplace bullying or harassment
- Stressor(s) must be beyond the normal pressures/tensions experienced by workers in similar circumstances

Chronic Mental Stress Policy: Causation Standard – Predominant Cause

- The CMS policy includes a predominant cause causation test
- This means that the substantial work-related stressor must be the strongest, or main cause of the worker's CMS
- The use of the predominant cause test is consistent with other workers' compensation boards (Alberta and British Columbia) across Canada that also compensate for CMS

Case Management Approach

Guiding Principles:

- Early intervention and support will result in better Return to Work (RTW) and recovery outcomes
- CMS claims will present early opportunities for stay at work and RTW
- Collaboration with workplace parties to identify and contain/eliminate workplace stressors
- Right medical intervention at the right time
- Build resilience and coping skills in those requiring treatment, and employer capacity to support recovery, RTW and prevent future claims

Case Management Model

Intake & Initial Decision-making

- Standardized reporting form for health professions to report work-related mental stress injuries to the WSIB
- Robust triage function to expedite decision-making
- CMS cases will be adjudicated and managed by dedicated teams

RTW

- Support workers who remain at work through timely RTW interventions
- Promote and facilitate RTW where workers are off work
- Collaboration with workplace parties to identify and contain/eliminate workplace stressor(s)
- Intervention by RTW staff in pending cases, where appropriate

Case Management

- Integrated service delivery through specialized teams of Case Managers, Nurse Consultants and Work Transition Specialists
- Collaborative approach with the worker, employer and the primary health provider
- Facilitate timely assessment and treatment to assist workers in their recovery where recovery appears at risk
- Integrated recovery and RTW plan

Discussion

- Questions?
- Contacts:
 - Policy Questions: OPB@wsib.on.ca