1. **Under what circumstances is a psychiatric or psychological injury compensable?**

WCB will consider a claim for psychiatric or psychological injury when there is a confirmed psychological or psychiatric diagnosis as defined in the most current version of the *Diagnostic and Statistical Manual of Mental Disorders*, (DSM)* and the condition results from one of the following:

- organic brain damage (see Question 4)
- an emotional reaction to a work-related physical injury (see Question 5)
- an emotional reaction to a work-related treatment process (see Question 6)
- traumatic onset psychological injury or stress (see Questions 8-10)
- chronic onset psychological injury or stress (see Questions 11 and 12)

*NOTE: When a new edition is published, WCB will designate an effective date, as close as practicable to the date for publication, for use of the new edition (see Addendum A).

2. **How does WCB determine whether a psychiatric or psychological injury is compensable?**

As with other types of injuries, to be compensable the psychiatric or psychological injury must arise out of and occur in the course of employment. Unless elsewhere specified, WCB uses the “but for” test to determine causation (see Policy 02-01, Part II, Application 7). Additional criteria applying to specific circumstances are contained in this policy (for example, see chronic onset stress in Question 12).
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3. How does WCB determine ongoing compensability for psychiatric or psychological injuries?
   Ongoing compensability for a worker’s psychiatric or psychological injury will be evaluated on a case by case basis. It will be accepted when the medical evidence shows that the current symptoms are caused by the work or work-related injury (that is, when the appropriate causation test is still met - see Questions 2 and 12).

4. When is organic brain damage compensable?
   Organic brain damage is compensable when it is causally connected to a work-related head injury, exposure to toxic chemicals or gases, anoxia, or other work-related injury, disease, or condition.

5. When is an emotional reaction to a work-related physical injury compensable?
   An emotional reaction is compensable when it is in response to the work-related physical injury (for example, depression related to prolonged disability or an amputation).

6. When is an emotional reaction to a work-related treatment process compensable?
   An emotional reaction to a treatment process is compensable when it is in response to a work-related treatment process (for example, complicated recovery from surgery, added pain from a treatment process).

7. What is mental stress?
   Mental stress is a commonly used term that describes an individual’s non-specific physical and psychological response to the events or changes that occur in his or her life. These events are known as stressors. Some level of stress is a normal part of life; however, when a person’s ability to cope with the stressors is overwhelmed, distress, a negative form of mental stress, can develop and result in diagnosable psychological or psychiatric injuries.

   It should be noted that “stress” is not an accepted medical diagnostic term, but can result in psychiatric or psychological diagnoses such as adjustment disorders, anxiety disorders, or mood disorders, depending on the circumstances.
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8. *When is traumatic onset psychological injury or stress compensable?*

   Traumatic onset psychological injury or stress is compensable when it is an emotional reaction in response to a single traumatic work-related event or a cumulative series of traumatic work-related events experienced by the worker.

   A traumatic event(s) is defined as a direct personal experience of a work-related event or directly witnessing a work-related event that, reasonably and objectively assessed, is:

   - specific, sudden, frightening or shocking; and/or
   - an actual or threatened death or serious injury to oneself or others or threat to one’s physical integrity.

   Examples include: a victim of a robbery or hostage-taking event; witnessing the death or severe injury of a co-worker; or providing assistance to victims of severe physical trauma or fatalities.

   Traumatic event(s) may also include workload or work-related interpersonal events that are excessive and unusual in comparison to the pressures and tensions experienced in normal employment (see Question 9). These must be beyond the normal scope of maintaining employment from a reasonable person’s perspective. For example, clear and confirmable harassing behaviour at the workplace where a worker has been subjected to threats of harm, violations of personal privacy, public shaming or baseless threats to his or her employment status.

   NOTE: A full psychological or psychiatric evaluation may not be required for short-term claims for psychological injury resulting from a single traumatic work-related event.
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Presumption for accidents on or after April 1, 2018*  
*For presumptions for PTSD see Question 10

If a worker:

- is, or has been, exposed to a traumatic event or events, as defined above, during the course of the worker’s employment, and

- is, or has been, diagnosed with a psychological injury by a physician or psychologist,

the psychological injury shall be presumed, unless the contrary is proven, to be an injury that arose out of and occurred during the course of employment. If questions arise about the linkage between the event and the injury, or reporting is unclear, further investigation may be required to determine appropriate benefits.

When further investigation is required, if it indicates that the presumption may not apply, evidence that may rebut the presumption includes, but is not limited to, information such as:

- The traumatic event or series of events did not arise out of and occur in the course of employment
- The worker did not witness and/or was not directly involved in a traumatic event or series of events
- Evidence indicates that the worker’s psychological condition is not caused by the traumatic event or series of events (that is, it was caused by something not related to employment).

When the traumatic event(s) includes workload or interpersonal events, additional information which may rebut the presumption includes, but is not limited to the following:

- The workload issues or work-related interpersonal events are not considered traumatic in comparison to
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Presumption for accidents on or after April 1, 2018 (continued)

Normal pressures and tensions experienced within employment

- The workload did not differ significantly from the usual workload experienced by the worker or their coworkers and is not considered beyond the normal scope of maintaining employment
- The unusual workload had not been in place for a significant amount of time
- The event(s) did not escalate to the point of aggressive, threatening or discriminatory behaviour
- Information from witnesses (e.g., coworkers, employer) contradicts the worker’s perception of the event(s)
- Evidence that the event(s) is the result of voluntary personal relationships and/or their breakdown within the workplace.

9. What are considered the normal pressures and tensions of employment?

In addition to the duties reasonably expected by the nature of the worker’s occupation, reasonable actions taken by an employer relating to management of work and employees are considered a normal part of employment.

Normal employment expectations include, but are not limited to, the following:

- Hiring and firing employees
- Performance evaluations and/or performance corrective actions
- Staff assignments, transfers, or restructuring
- Promotions, demotions, and lay-offs
- Periodic workload fluctuations and/or assignment changes
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Normal pressures and tensions of employment (continued)

- Timeline pressures
- Work environment, including health and safety concerns, and union issues.

Interpersonal events between a worker and coworkers, management, or customers are not considered traumatic events unless they result in behaviours that are considered aggressive, threatening, or discriminatory.

10. **What is the presumptive coverage for workers under section 24.2 of the WCA, who are diagnosed with post-traumatic stress disorder (PTSD)?**

Section 24.2 of the *WCA* provides that, if a correctional officer, emergency dispatcher, firefighter, paramedic, peace officer, or police officer, as defined in the section, or any other class of worker prescribed by the regulations, is diagnosed with PTSD by a physician or a psychologist, WCB will presume the PTSD arose out of and occurred in the course of employment, unless the contrary is proven.

For the purposes of the presumption, correctional officers are considered to be correctional peace officers or correctional service workers whose duties involve the enforcement of law and order in a correctional institution. For other workers in correctional institutions, see Question 8 and the traumatic event presumption for accidents on or after April 1, 2018, which applies to all workers.

The diagnosis of PTSD must meet the criteria described in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

NOTE: from December 10, 2012, to April 1, 2018, inclusive, presumptive coverage for PTSD applied only to first responders: emergency medical technicians, firefighters, peace officers, and police officers as defined in the *WCA*. 
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11. When is chronic onset psychological injury or stress compensable?

   Chronic onset psychological injury or stress is compensable when it is an emotional reaction to:

   a) an accumulation, over time, of a number of work-related stressors that do not fit the definition of traumatic event,

   b) a significant work-related stressor that has lasted for a long time and does not fit the definition of traumatic event, or

   c) both a) and b) together,

   and when all the criteria outlined in Question 12 below are met.

12. When does WCB accept claims for chronic onset stress?

   As with any other claim, WCB investigates the causation to determine whether the claim is acceptable. Claims for this type of injury are eligible for compensation only when all of the following criteria are met:

   • there is a confirmed psychological or psychiatric diagnosis as described in the DSM,

   • the work-related events or stressors are the predominant cause of the injury; predominant cause means the prevailing, strongest, chief, or main cause of the chronic onset stress,

   • the work-related events are excessive or unusual in comparison to the normal pressures and tensions experienced by the average worker in a similar occupation, and

   • there is objective confirmation of the events.

   In addition to the duties reasonably expected by the nature of the worker’s occupation, normal pressures and tensions include, for example, interpersonal relations and conflicts,
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Chronic onset stress (continued)

health and safety concerns, union issues, and routine labour relations actions taken by the employer, including workload and deadlines, work evaluation, performance management (discipline), transfers, changes in job duties, lay-offs, demotions, terminations, and reorganizations, to which all workers may be subject from time to time (see also, Question 9).

Ongoing compensability for chronic onset stress will be accepted when the medical evidence shows that the work or work-related injury is the predominant cause of the current symptoms.

13. When does WCB sponsor treatment of non-compensable psychiatric or psychological conditions?

WCB may provide treatment for a non-compensable psychiatric or psychological condition as a rehabilitative measure if treatment might:

- accelerate recovery from a compensable physical disability, or
- lessen or eliminate any handicap resulting from a compensable accident.

An offer of treatment for an unrelated condition is entirely at WCB's discretion and does not imply any acceptance of responsibility for the underlying cause.

14. When is this policy application effective?

This policy application (Application 6 – Psychiatric or Psychological Injury) is effective April 1, 2018, and applies to all decisions made on or after that date, except when noted otherwise in a specific policy section(s).
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Previous versions

- Policy 0301 Part II - April 2018
- Policy 0301 Part II - August 2015
- Policy 0301 Part II - April 2014
- Policy 0301 Part II - November 2013
- Policy 0301 Part II - June 2013
- Policy 0301 Part II - February 2012
- Policy 0301 Part II - February 2004
- Policy 0301 Part II - January 2004
- Policy 0301 Part II - June 2002
- Policy 0301 Part II - June 2001
- Policy 0301 Part II - December 2000
- Policy 0301 Part II (consolidated manual 1st Issue) - February 1997