APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

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
   - an emotional reaction to a work-related physical injury
   - an emotional reaction to a work-related treatment process
   - traumatic onset psychological injury or stress
   - chronic onset psychological injury or stress

   (See Question 11 for further details on when WCB accepts claims for chronic onset psychological injury or stress.)

   *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 11).
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 11).

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.
APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

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 incident or a cumulative series of traumatic work-related incidents experienced by the worker.

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

   - sudden,
   - frightening or shocking,
   - having a specific time and place, and
   - involving actual or threatened death or serious injury to oneself or others or threat to one’s physical integrity.

   For example: a victim of a robbery or hostage-taking incident; witnessing the death or severe injury of a co-worker; or providing first response to victims of severe physical trauma or fatalities.

   A full psychological or psychiatric evaluation may not be required for short-term claims for psychological injury resulting from a single traumatic work-related incident.
APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

9. What is the presumptive coverage for first responders who are diagnosed with post-traumatic stress disorder (PTSD)?

This policy question is effective December 10, 2012 and applies to claims occurring on or after this date.

Section 24.2 of the WCA provides that, if a first responder, as defined in the section, 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. 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.

WCB will assist a first responder who is diagnosed with PTSD in obtaining treatment by a culturally competent clinician. Under s.24.2, culturally competent means a clinician who is familiar with the research concerning treatment of first responders with PTSD.

This presumption came into effect on December 10, 2012. The legislation is not retroactive; however, it is subject to the provisions of s.26 of the WCA. See Policy 01-05, Part II, Application 1, Questions 5 and 6.

Cases adjudicated prior to December 10, 2012 do not fall under the presumption as they have already been investigated and work-relatedness has been confirmed or refuted.
APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

10. **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 incident,

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

c) both a) and b) together,

and when all the criteria outlined in Question 11 below are met.

11. **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,
APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

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.

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.

12. 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.

13. When is this policy application effective?

This policy application (Application 6: Psychiatric or Psychological Injury) is effective April 1, 2014, and applies to all decisions made on or after that date, except when noted otherwise in a specific policy section(s).

Previous versions

- Policy 0301 Part II - April 2014
- Policy 0301 Part II - November 2013
- Policy 0301 Part II - June 2013
APPLICATION 6: PSYCHIATRIC OR PSYCHOLOGICAL INJURY

- 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