

Health care and community social services workers miss out on presumptive coverage despite workplace risks

“Knowing that social workers and other social service providers would be covered under presumptive coverage for PTSD and other mental illnesses related to our often painful and challenging work would be a relief. In my role I help people navigate large, unwieldy bureaucracies every day. Anything that could reduce that emotional and administrative burden for staff who are negatively impacted by their work would leave them more time to focus on their recovery.” – Gwyneth Jones

What is presumptive coverage?

In 2018 the NDP government introduced *The Workers Compensation Amendment Act*, adding a mental health disorder presumption for correctional officers, emergency medical assistants, firefighters, police officers and sheriffs. In early 2019 they expanded the coverage to also include nurses, health care aides, wildland fire fighters, and dispatchers.

Presumption is applied to those mental health claims made under 5.1 (1.1) of the *Workers Compensation Act*.ⁱ

Under the presumptive clause, when a worker from an eligible occupation receives a formal diagnosis of PTSD or another mental health disorder as a result of a work-related traumatic event or events, it is easier to advance a Workers Compensation claim.

Background:

The Health Sciences Association applauds the government’s decision to expand presumptive coverage to nurses and health care aides. This will reduce stress for workers, encourage them to get help when they need it, and remove onerous bureaucratic steps.

We know that the faster someone seeks help, the faster the recovery and the faster they are back at work.

However, there are a number of health care and community social services professionals currently not covered by the legislation who face ongoing workplace risks. In fact, workers in all sectors of work can experience work-related trauma.

Statistics reveal that acts of violence or physical force are the second highest cause of workplace related injury for workers in BC’s healthcare sector.ⁱⁱ Exposure to violence, or the potential of violence, has been clearly linked to PTSD and related mental health diagnoses.ⁱⁱⁱ

Overall, health care occupations are rated among the top professions in Canada for lost time claims.^{iv} Building robust supports for health care and community social service workers means that we acknowledge the very real toll workplace violence and traumatic events can take on a person’s mental health.

Respiratory therapists, for example, deal with cardiac arrest and death on a day-to-day basis.^v Social workers in health care often provide support to patients who have experienced trauma and abuse. Statistically, they experience high rates of burnout^{vi} and PTSD associated with their work.^{vii} Research points to elevated risks for suicidal ideation and depression for psychologists on health care teams.^{viii}

A recent study documents that across health science professionals, including diagnostic professionals, physiotherapists, occupational therapists, and pharmacists, female health care workers were found to have higher suicide rates than women in other occupations.^{ix}

Ultimately, current presumptive coverage regulations fail to account for the needs of all health care and community social services professionals who face substantial mental health risks as a result of work-related traumatic events.

How presumptive coverage is applied across Canada:

BC joins other provinces like Alberta, Ontario, New Brunswick, Manitoba and Saskatchewan in adopting presumptive coverage.^x

Other provinces have extended presumptive coverage to include a diversity of health science professionals, not just nurses and health care aides. For example, since 2016, the Workers Compensation Board of Manitoba does not limit PTSD presumption to a specific occupation.^{xi} This has helped to destigmatize PTSD and has resulted in more streamlined access to supports – essential given the links between recovery and early intervention.^{xii, xiii}

PEI and Saskatchewan grant presumptive coverage to all workers for a broad set of psychological injuries.

We are pleased BC has adopted an inclusive model of presumption that acknowledges an assortment of “mental disorders” that can arise as a result of workplace trauma – the presumption is not limited to PTSD alone.^{xiv} This is important because trauma does not correlate with just PTSD diagnoses, but an assortment of diagnoses that can impact the health and wellbeing of workers.^{xv, xvi}

Application of the Presumption		Jurisdiction ^{xvii}													
		BC	AB	AB	SK	MB	ON	NB	NS	PEI	NL	QB	NV	NWT	YK
Description	Psychological Injury	√	√		√					√		X	X	X	
	PTSD			√		√	√	√	√		√	X	X	X	√
Occupation	All Workers		√		√	√				√	√	X	X	X	
	First Responders/ or First Responders and Limited Professions	√		√			√	√	√			X	X	X	√

Presumption is working:

Of the 4,404 new mental disorder claims reported to WorkSafeBC in 2018, 264 were submitted under the updated presumptive clause of the *Workers Compensation Act*.^{xviii} 95% of these claims were allowed, where an allow/disallow decision was made.^{xix} These statistics speak to the success of presumptive coverage in helping workers to access the mental health supports they require.

Overall increases in acceptance rates for mental disorder claims in 2018^{xx} are a result of the presumptive clause for eligible occupations, and a general policy change that removes a restriction limiting the definition of a traumatic event to an “unusual and distinct” circumstance.^{xxi,xxii} These positive changes recognize both acute trauma and the cumulative impact of ongoing trauma over the course of a worker’s employment. For workers experiencing mental health injury, reducing barriers to advancing a WCB claim is critical.

Year	# Number of Mental Disorder Claims Allowed	% Percentage of Mental Disorder Claims Allowed
2016	1,253	54%
2017	1,351	55%
2018	1,516	62%

Mental health disorder claims for related occupations in health:

Jan 1 2016 – Oct 30, 2018	Mental Disorder Claims
Nurses	579
Social and Community Service Workers	434
Nurse Aides, Orderlies and Patient Service Assoc.	217
Paramedical Occupations	330
Home Support Workers, Housekeepers and Related	93
Social Workers	62
	TOTAL: 1715

*WorkSafeBC Data excludes Bullying and Harassment Claims^{xx}

Claim rates are one indicator of the need for inclusion under the WCB presumptive clause. However, claim rates alone do not tell the full story of potential risk associated with an occupation and the need for proactive policy in the event of work-related trauma. It is critical to take into account the nature of work and potential risk faced by workers in the course of employment.

For example, sheriffs are currently included as an eligible occupation; however, less than ten mental disorder claim submissions were reported each year to WorkSafeBC for this occupational group in 2016, 2017 and 2018.^{xxiii} For the same years, fire fighters submitted 182 claims and police officers 161.

While health science professionals currently not included in the presumption reflect fewer submission rates than nurses, they too face considerable risks associated with their work.

This level of risk has been acknowledged in other jurisdictions. For example, after documenting high rates of disallowed PTSD claims for child protection workers, social workers, and mental health workers among other professions, the Government of Manitoba took action and granted presumptive coverage for PTSD to all workers in the province.

More broadly, across Canada, governments and unions emphasize stigma reduction as a critical goal of PTSD/psychological injury presumption in order to encourage more people to report trauma-related mental health injuries and to seek help when they need it.^{xxiv,xxv,xxvi}

As a respiratory therapist my average work day includes being a part of the worst day of someone's life. Maybe today I am initiating life support on a person who may never again live without that machine or I am securing the airway and breathing of a premature baby who may or may not survive being born too early. For the most part it is a tremendous honour to be a trusted care provider in such dire circumstances, but there are times when the armour wears thin and the case of the day hits a little too close to home." – Trevor Whyte

Conclusion:

We are asking the BC Government to expand presumptive coverage for mental health disorder claims that result from a workplace traumatic event to include the whole team of health care and community social service workers in BC.

For workers suffering from a psychological injury, presumptive coverage is an important pathway through the complex maze of the workers' compensation system. A pathway that can reduce stress and stigma for workers in need.

We appreciate that there is a cost to the government's budget to expand presumptive coverage, but there is also a cost when a worker does not quickly get the support and resources they need after experiencing work-related trauma.

The province is currently facing a severe shortage of health care and community social services professionals. We need to ensure that workers filling these critical roles are protected and supported, and that includes reducing the barriers to accessing assistance upon receiving a mental health disorder diagnosis stemming from a workplace traumatic event.

***They Support Us.
Let's Support Them.***

-
- ⁱ Government of British Columbia. "Workers' Compensation Act," [RSBC 1996] 2019.
- ⁱⁱ WorkSafeBC. "Claim Count by Incident Type." [WorkSafeBC](#), 2019
- ⁱⁱⁱ Browne, Angela. "Violence against Women by Male Partners: Prevalence, Outcomes, and Policy Implications." *American Psychologist* 48, no. 10 (1993): 1077–87.
- ^{iv} Association of Workers' Compensation Boards of Canada. "[2017 Lost Time Claims in Canada](#)." Statistics, 2019.
- ^v Johnson, Saumy. "Code Blue Calls: Role of Respiratory Therapist." *Journal of Pulmonary and Respiratory Medicine* 4, no. 4 (2014): 135.
- ^{vi} Siebert, Darcy Clay. "Personal and Occupational Factors in Burnout among Practicing Social Workers: Implications for Researchers, Practitioners, and Managers." *Journal of Social Service Research* 32, no. 2 (2006): 25–44.
- ^{vii} MacDonald, Heather A., Victor Colotla, Stephen Flamer, and Harry Karlinsky. "Posttraumatic Stress Disorder (PTSD) in the Workplace: A Descriptive Study of Workers Experiencing PTSD Resulting from Work Injury." *Journal of Occupational Rehabilitation* 13, no. 2 (2003): 63–77.
- ^{viii} Kleespies, Phillip M., Kimberly A. Van Orden, Bruce Bongar, Diane Bridgeman, Lynn F. Bufka, Daniel I. Galper, Marc Hillbrand, and Robert I. Yufit. "Psychologist Suicide: Incidence, Impact, and Suggestions for Prevention, Intervention, and Postvention." *Professional Psychology: Research and Practice* 42, no. 3 (2011): 244–251.
- ^{ix} Milner, Allison, Humaira Maheen, Marie Bismark, and Matthew Spittal. "Suicide by Health Professionals: A Retrospective Mortality Study in Australia, 2001-2012." *Medical Journal of Australia* 205, no. 6 (2016): 260–65.
- ^x Keefe, Anya, Stephen Bornstein, and Barb Neis. "An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (Including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions." St. John's, NF: Centre for Occupational Health and Safety Research, 2018.
- ^{xi} Workers Compensation Board of Manitoba. "[PTSD Presumption](#)." Presumption Details, 2019.
- ^{xii} Keefe, Anya, Stephen Bornstein, and Barb Neis. "An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (Including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions." St. John's, NF: Centre for Occupational Health and Safety Research, 2018.
- ^{xiii} Kearns, Megan C., Kerry J. Ressler, Doug Zatzick, and Barbara Olasov Rothbaum. "Early Interventions for PTSD: A Review." *Depression and Anxiety* 29, no. 10 (2012): 833–42.
- ^{xiv} Government of British Columbia. "Workers' Compensation Act," [RSBC 1996] 2019.
- ^{xv} Y. Auxemery. "When Bullets Cause Psychological Injuries...An Essential Continuity of Care from Debriefing to Follow-Up. *European Journal of Trauma and Disassociation*, 1(3), 177-182, 2017.
- ^{xvi} W. Gnam. "Mental Disorders, Mental Disability at Work and Workers' Compensation." Victoria, BC: Royal Commission on Workers' Compensation in British Columbia, 1998.
- ^{xvii} Updated September 17th, 2019.
- ^{xviii} WorkSafeBC. "[Mental Disorder Claims \(Reported to WorkSafeBC 2016 to 2018\)](#)," 2019.
- ^{xix} WorkSafeBC. "[Mental Disorder Claims \(Reported to WorkSafeBC 2016 to 2018\)](#)," 2019.
- ^{xx} WorkSafeBC. "[Mental Disorder Claims \(Reported to WorkSafeBC 2016 to 2018\)](#)," 2019.
- ^{xxi} WorkSafeBC. "[Mental Disorder Claims \(Reported to WorkSafeBC 2016 to 2018\)](#)," 2019, page 2.
- ^{xxii} Mike Paine and Ed Dowling. "Mental Disorders Presentation: Strategic Engagements, WorkSafeBC," New Westminster BC, June 2019.
- ^{xxiii} WorkSafeBC. "[Mental Disorder Claims \(Reported to WorkSafeBC 2016 to 2018\)](#)," 2019.
- ^{xxiv} Nora Fien. "Manitoba's Changes to Workers Compensation Legislation Regarding Post-Traumatic Stress Disorder: Analysis and Legislative Process." *Manitoba Law Journal*. 40 (2), 1-27, 2017.
- ^{xxv} Government of Saskatchewan. "[Backgrounder: Amendments to the Workers' Compensation Act, 2013](#)."
- ^{xxvi} Rosemary Ricciardelli and Alan Hall. "[A Call for Presumptive Legislation: Post-Traumatic Stress Disorder, Occupational Stress Injuries and the Well-Being of the Workforce](#)." St. John's, NL: Memorial University of Newfoundland, 2018, page 8.