**Report: A policy analysis of occupational** **stress injuries in two Atlantic Provinces**

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**Summary**

In Canada, little attention has been paid to current compensation and organizational occupational stress injury and disability policies in the Atlantic region. Instead, most policy analyses have concentrated on central or Western Canadian provinces. Focusing on three occupational groups – the police, correctional officers and child protection workers, we critically examine their current compensation and organizational policies in two Canadian Atlantic provinces: Newfoundland and Labrador (NL) and Nova Scotia (NS). The three occupational groups were selected because (1) they are composed of government employees who are engaged in security or protective safety work and (2) in response to the growing evidence of significant stress injury problems among these government public safety workers and the relative prominence in media and public discussions about the need for legislative and policy reform specific to mental health.

The central focus of our compensation policy analysis is operational stress injuries (OSI) which include “mental” health claims where the stress injury was a direct result of a workplace event (e.g., a traumatic event) and, although just currently rescinded in NL, “physical-mental” claims where mental health effects are deemed to be a consequence of adjusting to the original physical injury were also included. Analyses were based on the following: compensation policy manuals, compensation legislation, and publicly available compensation commission appeals. The primary clauses of compensation legislation and statements in policy documents associated with OSIs for the two provinces were compared to identify similarities and differences in employee eligibility requirements and decision criteria. Stress injury appeal cases were also coded to identify specific decision criteria and rationales for appeal decisions in relation to criteria associated with acute traumatic stress versus chronic or cumulative stress. Collective agreements (specifically clauses pertaining to stress related compensation, services and prevention) and employer human resource (HR) policies were collected and thematically coded for compensation, treatment services, and prevention programs among government employees working in corrections, child protective services, and a provincial/municipal police service.

Analyses focused on identifying differences between the occupational groups, the two provinces, and provisions that appeared to reflect some aspect of prevention as described in the national standard for psychological safety. Overall, our analysis recognizes many of the broader issues facing the development of stress prevention and compensation policy across occupations. We identify the barriers surrounding effective and consistent policy in stress compensation, treatment and prevention and discuss the much needed policy reform.

**Results**

According to compensation statistics collected by the Association of Workers Compensation Boards of Canada (AWCBC), correctional workers and police officers have experienced substantial increases in stress-related injury claims over the last ten years. However, considering the number of employees in each occupation (i.e. just under 69,000 police officers and 7700 correctional officers (Correctional Service Canada, 2017; Statistics Canada, 2017) and current estimates of rates of mental illness—particularly PTSD—across these occupational groups (see Wilson, Guliani & Boichev, 2016), the number of claims remains low with an average of 86.2 claims per year for police and 78.8 for corrections from 2010-2014. Provincial data for accepted claims in these occupational groups in NL and NS are unavailable because of the low number of claims made. However, in NL, of the claims accepted and reported for 2006, 2007, 2008, 2010, 2013 and 2014, none were from corrections or policing and four from social workers. Yet in NS, of the 36 claims accepted between 2005-2010, 26 were from correctional officers while police officers were absent. This suggests that police and correctional officers are either not making stress injury claims or are unsuccessful in having their claims accepted.

*Compensation Law and Policy in NL and NS: A Stress Injury Comparison*

Federal and provincial compensation legislation failed to explicitly address mental health injuries until the late 1980s (Lippel and Sikka, 2010). Provincially, the compensation system views mental health injuries as specifically related to a traumatic event, while also being explicitly clear that chronic stress is excluded – NL and NS are among these provinces that operationalize stress injuries as such. The federal government however has amended the definition of compensable injury within the Government Employee Compensation Act (GECA) to allow claims for chronic stress. In defining compensable stress injuries as arising *only* from acute traumatic events, provincial legislation continues to problematically define physical injuries almost exclusively as the bodily consequences of a specific action or event at a specific point in time—ignoring chronic strains. The emphasis on acute injuries is demonstrated in legislation, policy and across compensation board statistics, but the gradual introduction and expansion of compensable industrial diseases does indicate a shift away from this acute injury model.

However, the fight for chronic occupational mental health compensation is only in its infancy—most provinces exclude chronic stress from compensation policy and legislation and fail to recognize psychiatric classifications as industrial diseases; the exception being presumptive PTSD legislation in certain occupation in select provinces (see Aversa & Hall, forthcoming). Nonetheless, all such legislation share the exclusive emphasis on a traumatic event based stress consequences rather than chronic stress outcomes. Thus, whether the acceptance of presumptive PTSD policies in other provinces is a progressive step reflecting the relative power of the public safety employee unions or a defensive effort by employers and the state to put the occupational mental health issue into a very restrictive compensation box, we show in our review of NL and NS that their provincial laws have yet to progress at all.

*Common weaknesses and barriers*

Unless covered by GECA, in NS and NL workers’ eligible compensation rights are limited to acute injuries caused by specific trauma-related events. Though there has been media attention to push for presumptive legislation (see Laroche & Willick, 2017), neither province has introduced PTSD presumptive legislation or any other reforms to make the claims process easier for PTSD claimants. Although such legislation has taken different forms in Manitoba, Ontario and Alberta, the general thrust of presumptive legislation is always to provide easier acceptance of PTSD claims depending either on particular occupational categories (e.g. emergency responders in Ontario legislation) or traumatic events (e.g., Manitoba). In the former, the challenge then arises because traumas are widely defined as inevitable within the defined occupational groups, reinforcing a focus on treatment rather the prevention. Moreover, some argue the possibility that all workers may experience trauma at work and this must be recognized (Aversa and Hall, forthcoming). Perhaps factors influencing a number of unions representing excluded occupational categories that have contested the narrow definition of first responders (e.g. Ontario Nurses’ Association, 2016; Ontario Public Service Employees’ Union, 2016).

Regarding the latter, from the perspective of prevention, the central criticism is that presumptive legislation continues to limit compensation to trauma-based injuries, reinforcing the exclusion of chronic stress and gradual onset trauma as legitimate areas of compensation. Existing legislation in Ontario and elsewhere are criticized for ignoring non-PTSD stress injuries that may be tied to traumatic events and the long-term role of multiple or cumulative traumatic events (Lippel, 2011; Institute Canada, 2011). Despite these limitations, PTSD compensation and prevalence data reveals that compensation systems under-serve public safety employees experiencing post-traumatic stress injuries. Perhaps the reluctance of workers to report stress injuries because of the stigma associated with it (see Ontario Ombudsman, 2012), alongside the barrier in NL and NS compensation systems in making successful claims impact the lacuna in compensation claims for PTSD found in our analyses.

Some form of presumptive legislation may well be forthcoming in one or both provinces. We suspect the seeming reluctance of governments to move in this direction reflects the larger political-economic dynamic surrounding compensation in this area; that is, fear that any expansion of compensation rights covering stress, even if limited to PTSD and public safety personnel will not deflect, but rather fuel demands for expanded rights in the area of stress compensation. Certainly, the extent that public safety personnel groups are satisfied with presumptive legislation suggests as a political strategy for the government, the approach has some merit. However, as the development of the NSPSW and union criticisms (e.g. OPSEU, ONA) suggest, attempts to limit the compensation debate and focus to traumatic stress will continue to be scrutinized by those arguing that substantive sources of psychological problems in the workplace come from longer term exposure to work stressors rather than isolated traumatic events. Nonetheless, is change on the horizon around chronic stress and prevention in organizational policy and collective bargaining?

**Importance/Application of Findings**

In 2013, the Mental Health Commission of Canada (MHCC) and the Canadian Standards Association released a National Standard for Psychologically Safe Workplaces (NSPSW) that highlights the causal relationship between a psychological safe workplace and employee retention and disability. The NSPSW sets out guidelines, tools and resources available to workplaces to guide organizations in promoting health and preventing psychological harm. Though voluntary, they urge employers and employee groups to adopt their proposals for assessing mental health hazards and risks and engaging in mitigation and prevention measures. Although Public Safety Personnel (PSP; fire, police and paramedics) have had recent success in getting compensation policy and legislation amended to recognize trauma related injuries, this trend has yet to take hold in NS or NL. Accordingly, in our examination of workplace and government disability policies, and their intersection related to the three protective or security occupational groups, we found that a movement toward early interventions and treatment for mental health needs (specifically acute, rather than chronic) prevails, rather than meaningful primary prevention aimed at eliminating or minimizing work stressors. Nonetheless, it is promising that mental health is being discussed and developed at the HR policy level.

**Description of Partnership/Linkage with Partners**

During our research, we were able to nurture relations with existing and new community partners as we worked to become informed and gain access to different polices, collective agreements and legislation. Specifically, we connected with Newfoundland Association of Public Employees union (NAPE) staff along with other unions within the occupational groups examined (both federal and provincial). We also made contacts and developed relationships with Human Resource personnel in diverse police services, provincial correctional directors, and social service providers. Connections were also made with compensation policy and operational staff in NL and NS and nationally, including the Association of Workers’ Compensation Boards of Canada (AWCBC). Overall, the endeavours were fruitful and did much to expand our connections and partnered work in the community.

**Planned next steps related to this work (research grants, communication, further work)**

Future directions for this work is to continue to develop papers from the extensive policy and legislation reviews completed and then make movement towards advocacy for the recognition of mental health related to disability in the workplace in NL and NS, and later the other Atlantic provinces. We will continue to review several countries (e.g. Sweden, Denmark, Finland, Australia) and a number of provinces (e.g. Quebec, Saskatchewan, Ontario) that have introduced presumptive PTSD compensation legislation and other legislative reforms as well as health and safety legislation aimed at preventing harassment and violence in the workplace (see Lippel and Sikka, 2010; Lippel and Quinlan, 2011). We will also promote ways for NL and NS legislation to move beyond their current restrictions on chronic stress compensation and OHS laws given that such policies are limited to violence without broader harassment and stress prevention policies. With this in mind, we will put forward a grant, possibly focused on the Atlantic region or NL to incorporate the recommendations of the National Standards (2013) to conduct future studies about how regulations can be expanded to require employers and the government to be more accountable for creating a mentally safe and healthy workplace.

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