

# ***Posttraumatic Stress Disorder (PTSD)***

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## **Update**

Schedule 2 Quarterly Meeting  
April 3, 2017

## Posttraumatic Stress Disorder (PTSD)

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- On April 6, 2016 the Ontario Government amended the Workplace Safety and Insurance Act (WSIA) with the passage of Bill 163 titled Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016.
- As a result, if a **first responder or other designated worker** covered by the legislation is diagnosed with PTSD by a psychiatrist or psychologist and makes a claim for benefits, the WSIB must **presume** the condition is work-related, unless the contrary is shown.
- Occupations covered by the legislation include but are not limited to firefighters, police officers, paramedics and correctional workers.
- A full definition of who is considered a **first responder or other designated worker** for presumptive entitlement purposes is contained in operational policy 15-03-13 titled *Posttraumatic Stress Disorder in First Responders and Other Designated Workers*.
- Claims for PTSD that may be covered under the presumptive legislation are reviewed by the WSIB's Traumatic Mental Stress (TMS) Program.
- The TMS Program employs a multidisciplinary approach with Case Managers (CMs), Nurse Consultants (NCs) and Work Transition Specialists (WTS) dedicated to handling these cases.

# Implementation Update

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## Stand-Up of PTSD Team

- New teams established with CMs, NCS in Toronto and Ottawa with provincial WTS capacity-review staffing levels with ongoing case volumes.
- Temporary data collection tools built with CBIA, with supporting strategy for conversion to ACES.

# Implementation Update (cont'd)

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## Delivery Model

- Key features include:
  - 2 day first contact standard with worker and employer
  - 5 day target to have case positioned and referral for assessment coordinated, where DSM diagnosis not available or being coordinated by the worker's treating health professional
  - NC recovery reviews five days post claim registration and every six weeks thereafter, or as needed
  - NC referral letters to psychologist/psychiatrist detailing expectations for assessment, treatment plan and reporting timelines
  - Dedicated WT staff, focused on early intervention and partnered with employers to support recovery and return to work – no later than 12 weeks
  - 10 week comprehensive case file review – CM, NC and Manager
- Learnings from implementation will inform approach to adjudication and case management of psychological disorder claims more broadly.

# Building Capacity

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- The PTSD roster has been established to assist in providing early clinical expert assessment and recommendations to the WSIB for workers in communities across Ontario.
  - The roster is available to injured workers with claims for work related PTSD. Once a claim is established, the CM and NC assigned will work with the worker and their treating health care provider to make them aware of the roster and initiate a referral where required. This means we can move quickly to get workers the treatment they need. Supporting recovery and safe return to work (RTW) for workers with PTSD requires specialized intervention and treatment which this roster will deliver.
- The TMS Program remains committed to providing quality and compassionate services to workers suffering from PTSD to:
  - Support timely decision-making
  - Facilitate timely assessment and treatment to assist workers in their recovery
  - Assist workers and employers in the return to work process.
- Our goal continues to be to work with our health and safety partners to make Ontario a national leader in prevention and support workers suffering from PTSD.

## Schedule I and II, Presumptive Occupation Claims

- There were 959 claims registered between April 6, 2016 and February 28, 2017 (inclusive) with presumptive occupations outlined in the new PTSD policy.

Presumptive Occupation Cases Schedules I and II	#	%
Paramedics	281	29%
Police Officers	263	27%
Workers in a correctional institute (including health care workers)	202	21%
Firefighters	125	13%
Workers involved in Dispatch	63	7%
Other (i.e., Emergency medical attendants, members of an emergency response team, workers in a place of secure custody, etc.)	25	3%
<b>Grand Total</b>	<b>959</b>	<b>100%</b>

Of the 959 claims registered:

- 609 have been Allowed
  - 290 (48%) allowed under TMS Policy
  - 319 (52%) allowed under Presumption
- 195 cases are Pending an entitlement decision

**Data Source:** TMS Operational Report as at March 8, 2017 for claims registered between April 6, 2017 and February 28, 2017.

## Schedule II, Presumptive Occupation Claims

- There were 822 claims registered between April 6, 2016 and February 28, 2017 (inclusive), with presumptive occupations outlined in the new PTSD policy.

Presumptive Occupation Cases	#	%
▶ Schedule II		
Paramedics	243	30%
Police Officers	220	27%
Workers in a correctional institute (including health care workers)	201	24%
Firefighters	89	11%
Workers involved in Dispatch	53	6%
Other (i.e., Emergency medical attendants, members of an emergency response team, workers in a place of secure custody, etc.)	16	2%
<b>Grand Total</b>	<b>822</b>	<b>100%</b>

- Of the 822 claims registered;
  - 527 have been Allowed
    - 255 (48%) allowed under TMS Policy
    - 272 (52%) allowed under Presumption
  - 167 cases are pending an entitlement decision

**Data Source:** TMS Operational Report as at March 8, 2017 for claims registered between April 6, 2017 and February 28, 2017.

## Schedule I and II, Claim Type & Claim Status

### All Registered Cases :

Of the 959 presumptive occupation cases registered since April 6, 2016 from Schedules I and II;

- ↳ 792 cases (83%) are Lost Time (LT)
  - 689 of these cases (87%), are Schedule II
- ↳ 167 cases (17%) are No Lost Time (NL)
  - 133 of these cases (80%), are Schedule II

Presumptive Occupation Cases	LT	NL	Total Registered by Schedule
Schedule I	103 (13%)	34 (20%)	137 (14%)
Schedule II	689 (87%)	133 (80%)	822 (86%)
<b>Total by Claim Type:</b>	<b>792 (100%)</b>	<b>167 (100%)</b>	<b>959</b>

↳ all scheduled & denied  
claims

Data Source: TMS Operational Report as at March 8, 2017 for claims registered between April 6, 2017 and February 28, 2017.



## Schedule I and II, Claim Type & Claim Status

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### Allowed Cases :

Of the 609 allowed presumptive occupation cases from Schedules I and II,

- ↳ 527 of these cases (87%) are Schedule II
  - 462 cases (88%) are LT, and 65 cases (12%) are NL

Presumptive Occupation Allowed Cases	LT		NL		Total Allowed by Schedule
	#	%	#	%	
Schedule I	67	82%	15	18%	82 (13%)
Schedule II	462	88%	65	12%	527 (87%)
<b>Total by Claim Type:</b>	<b>529</b>	<b>87%</b>	<b>80</b>	<b>13%</b>	<b>609 (100%)</b>

*Data Source: TMS Operational Report as at March 8, 2017 for claims registered between April 6, 2017 and February 28, 2017.*

# Referrals to Work Transition Specialist

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- Entitlement to PTSD has been allowed or remains pending with PTSD case management team
- The worker may or may not have physical injuries and the most disabling diagnosis relates to the post-traumatic stress
- Earlier involvement of WTS to support recovery and RTW
- Focus on maintaining relationship with injury employer
- A small group of specialized WTS manage these cases

# Considerations for RTW

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- Build relationship and trust, validate worker's experience and feelings, ask worker's permission to engage in discussion about the workplace and related incident(s)
- Discuss WTS role with an emphasis on support and guidance, services focused on restoration of function which could include RTW activities; or activities outside of the workplace designed to promote recovery through structured activity
- Multi-disciplinary team and collaborative approach that includes the treating psychologist and/or Occupational Therapist
- Understanding worker's support system
- Understanding treatment, goals, triggers and coping strategies
- Explore, as appropriate, worker's perception of the work environment and awareness of supports available in the workplace listening for any obstacles or opportunities

# Considerations for RTW

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- Educate WPPs on benefits of RTW program specific to mental health
- Review best practices on maintaining communication with employee during absence from work and who is best positioned to make the contact (direct supervisor, staff psychologist or nurse and peer supports)
- Evaluate workplace culture, co-workers perceptions and expectations, knowledge of mental health in the workplace (resources such as EFAP); promote supportive environment for RTW
- Review worker's current level of function
- Review pre-injury and alternate jobs with a focus on physical, cognitive and emotional demands
- Assess environment and cognitive triggers specific to the case
- Scope potential for integrated treatment in the workplace (Cognitive Behavioural Therapy, exposure therapy, driver rehabilitation)
- Brainstorm and discuss accommodation strategies/support plan options for future RTW

## Schedule I and II, Work Transition First Referrals (includes all TMS and PTSD)

### WT Referrals:

- Total WT 1<sup>st</sup> referrals increased by ~450% in 2016 compared to 2015
- Time from Date of Injury/REO to 1<sup>st</sup> WT referral has improved across all referral windows in 2016

WT First Referral (TMS including PTSD)	2015		2016	
	#	%	#	%
Schedule I	41	47%	193	40%
Schedule II	46	53%	290	60%
<b>Total:</b>	<b>87</b>	<b>100%</b>	<b>483</b>	<b>100%</b>

WT 1 <sup>st</sup> Referral Sent from Date of Injury/Latest REO	2015	2016
<b>Schedule 1</b>		
% Within 6 Months	14.6%	28.0%
% Within 9 Months	24.4%	40.4%
% Within 12 Months	39.0%	48.2%
% Within 24 Months	70.7%	83.4%
% Over 24 Months	29.3%	16.6%
<b>WT First Referrals</b>	<b>41</b>	<b>193</b>
<b>Schedule 2</b>		
% Within 6 Months	6.5%	34.1%
% Within 9 Months	23.9%	43.4%
% Within 12 Months	34.8%	53.8%
% Within 24 Months	67.4%	80.3%
% Over 24 Months	32.6%	19.7%
<b>WT First Referrals</b>	<b>46</b>	<b>290</b>
<b>Total</b>		
% Within 6 Months	10.3%	31.7%
% Within 9 Months	24.1%	42.2%
% Within 12 Months	36.8%	51.6%
% Within 24 Months	69.0%	81.6%
% Over 24 Months	31.0%	18.4%
<b>WT First Referrals</b>	<b>87</b>	<b>483</b>

Data Source: WR Measures: "Time To First Work Transition Specialist Referral Sent"  
(CRIA, 28Feb2017)

## Schedule I and II, Work Transition RTW Outcomes (includes all TMS and PTSD)

RTW with Injury Employer (TMS including PTSD)		2015	2016
<b>Schedule 1</b>			
WT Plans Completed Resulting in RTW with IE		11	31
WT Plans Completed		50	58
% Of WT Plans Completed Resulting in RTW with IE		22.0%	53.4%
<b>Schedule 2</b>			
WT Plans Completed Resulting in RTW with IE		24	61
WT Plans Completed		27	67
% Of WT Plans Completed Resulting in RTW with IE		88.9%	91.0%
Total WT Plans Completed Returning in RTW with IE		35	92
Total WT Plans Completed		77	125
Total % Of WT Plans Completed Resulting in RTW with IE		45.5%	73.6%

### RTW Outcomes:

- Overall 115 workers RTW in 2016 compared to 63 in 2015 (Sch 1 & 2)
- 98.5% of Sch 2 WT plans completed resulted in RTW in 2016 with 91.0% returning to their injury employer

RTW Overall (TMS including PTSD)		2015	2016
<b>Schedule 1</b>			
WT Plans Completed Resulting in RTW		38	49
WT Plans Completed		50	58
% Of WT Plans Completed Resulting in RTW		76.0%	84.5%
<b>Schedule 2</b>			
WT Plans Completed Resulting in RTW		25	66
WT Plans Completed		27	67
% Of WT Plans Completed Resulting in RTW		92.6%	98.5%
Total WT Plans Completed Returning in RTW		63	115
Total WT Plans Completed		77	125
Total % Of WT Plans Completed Resulting in RTW		81.8%	92.0%

Data Source: WR Measures: "Work Transition Plans Completed Resulting In RTW"  
(CBA, 28-Feb-2017)

## Questions/Comments

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