

Mental Disorders and Workers Compensation



The Impact of Mental Disability, Bill 14 & Employee Perception on Workers Compensation Claims

Presented by:

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CUPE OH&S Conference – October 2014

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Presentation Materials

This Power Point can be
accessed online at CUPE BC:

<http://www.cupe.bc.ca/committees/occupational-health-and-safety>



Introduction

- The B.C. government's Bill 14 has created new barriers for employees with mental disorders.
- Filing Workers Compensation claims (“WC”) for mental disorders is now much more difficult despite claims increasing 300%.
- **3 key factors affect the claims process – the WC process, the mental disorder and resiliency / perception.**



*Perception is
everything*



Overview of Presentation

- I. What is the scope of the problem?
- II. How did we get here? Bill 14
- III. Bill 14 – help or hindrance?
- IV. Translating Bill 14 into claims – post prevention perspectives
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Overview of Presentation Cont'd

- VIII. What is the employee's perspective and how is it formed?
- IX. What is the impact of resilience and employee coping mechanisms?
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- IX. Mental disabilities and an aging workforce – specific considerations
- X. Support for employees in the WC process
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Overview of Presentation Cont'd

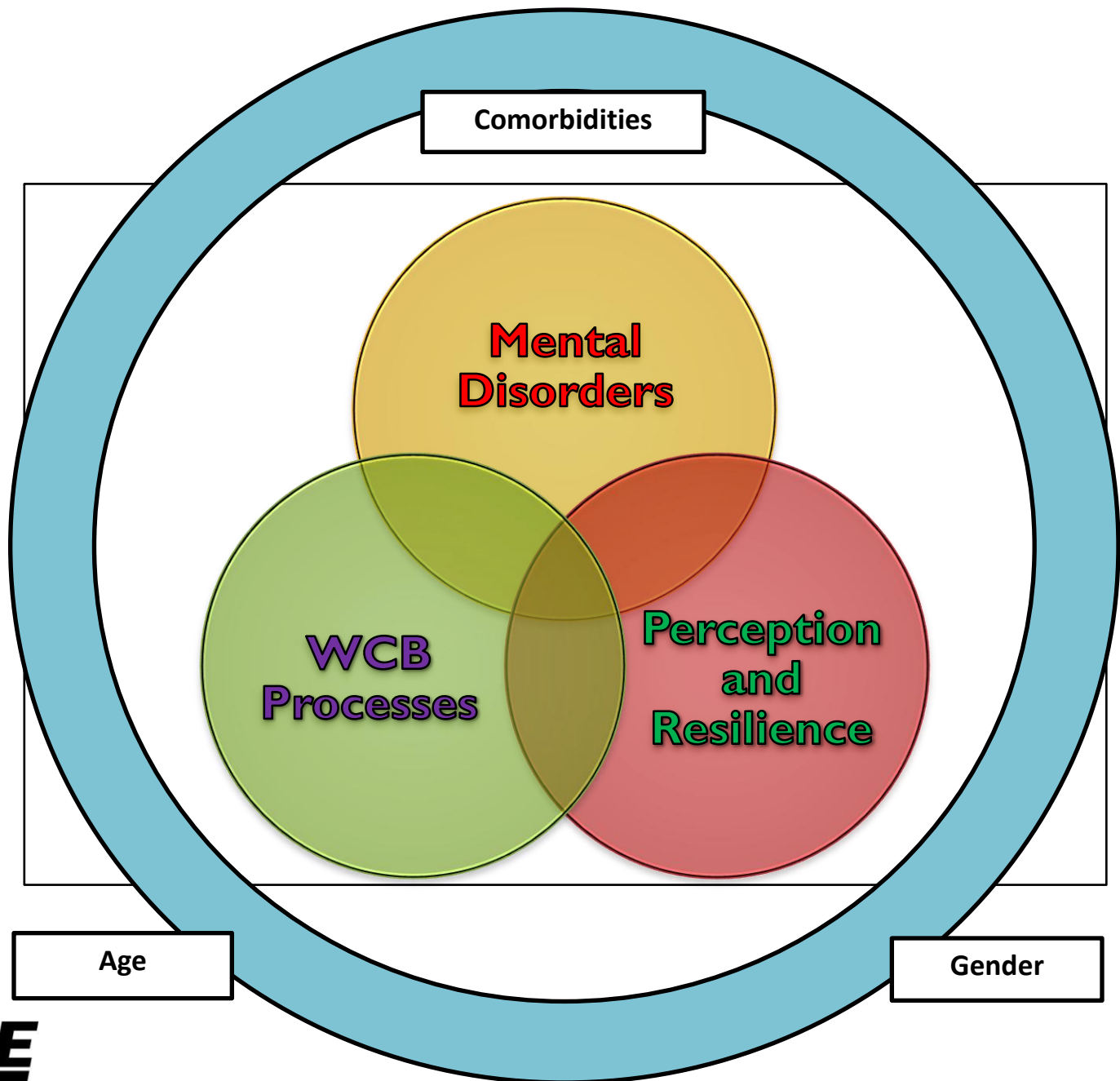
IX. Questions

X. Resources

XI. Terminology



TOM RYABOV WENN



What is the scope of the problem?

STIGMA makes it impossible to truly know the scope of the problem. Statistics only scratch the surface.

What is the scope of the problem Cont'd?

The Big Picture – Mental Disorders...

- Affect employees' ability to do their job
- Affect morale
- Affect involvement in / with the Union
- Affect costs for the employer
- Can result in Human Rights complaints, grievances, Section 12 complaints, LTD claims, etc.

What is the scope of the problem Cont'd?

How severe is the problem:

- Mental disorders affect all areas of life – home and work. There is no relief.
- Mental disorders require a multi-disciplinary approach from the outset.
- WC, MTD, LTD, DTA, EFAP, Human Rights processes may be needed.
- One process can lead to numerous others.



Mental disorder claims
tend to become
entangled and branch
off into many areas



What is the scope of the problem Cont'd

What are the \$ costs of mental disorders?

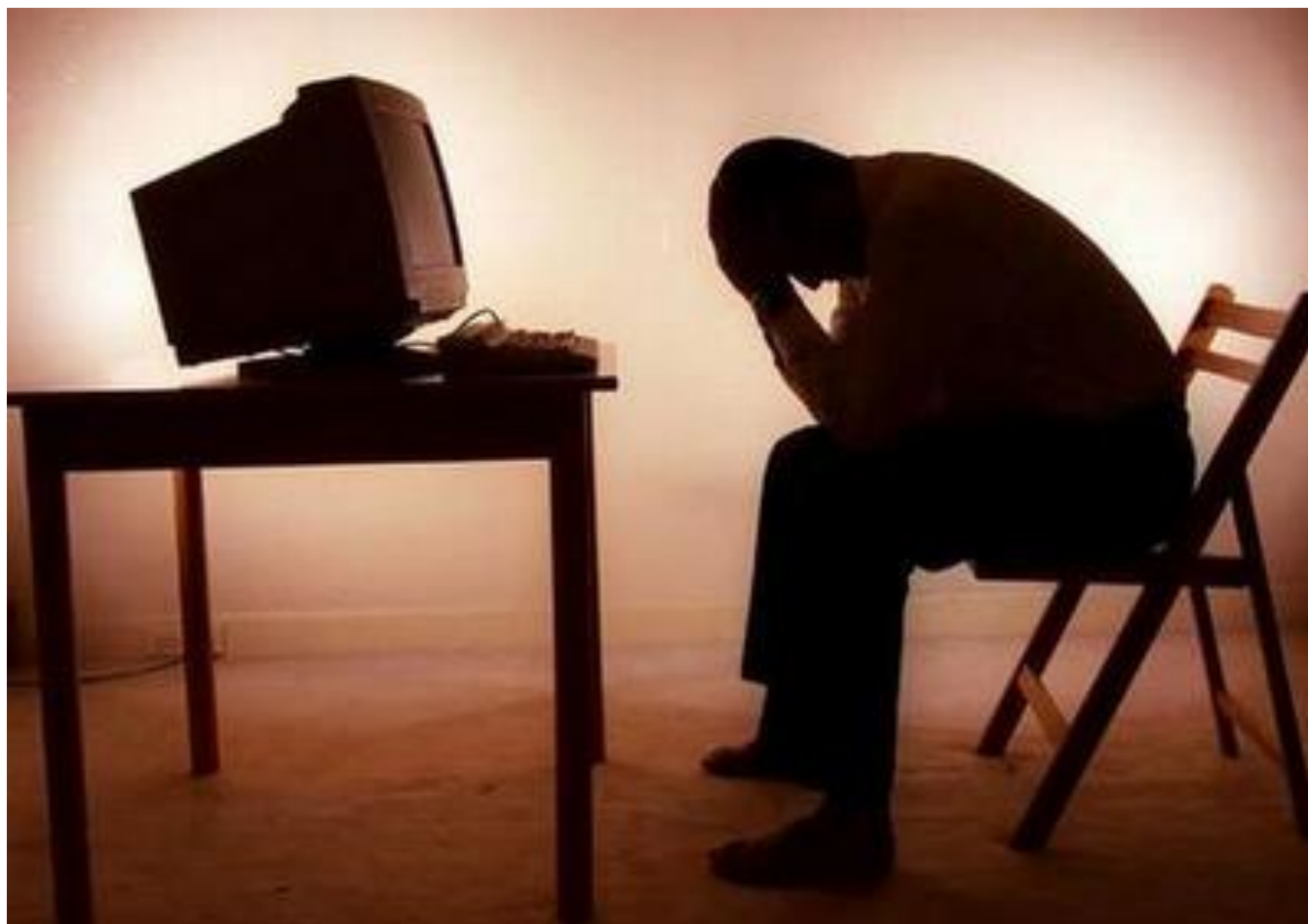
- ☐ 40% of employee turnover / repl. cost
- ☐ 55% of EAP
- ☐ 30% of **direct** STD and LTD costs
- ☐ 83% to 85% of indirect STD / LTD costs
- ☐ Contributing factor to 60% of workplace accidents
- ☐ 10% of drug plan costs
- ☐ **30% to 40% of disability claims**

What is the scope of the problem Cont'd

What are the social costs of mental disorders?

- ❖ Family dysfunction.
- ❖ Financial problems.
- ❖ Drug / alcohol use and dependence.
- ❖ Secondary diagnoses / comorbidities.
- ❖ Suicide / attempted suicide.

Ongoing stigma



What is the scope of the problem Cont'd

Who is affected by mental disorders?

- 1 out of 3 persons will develop a mental disorder or mental distress in their lifetime (Comer, 2010).
- 21.4% of employees currently experience mental health problems that can affect productivity (Institute of Health Economics). Other studies say 25%.
- The unemployment rate for persons with a mental disorder is 70 to 90% (CMHA, 2012).

What is the scope of the problem Cont'd

- Persons with depression have a high chance of comorbidity i.e. anxiety disorder (50%) or substance abuse (60%).
- 50% of persons with Chronic Pain develop clinical depression.
- Between 10% and 37% of persons with mental disorders may have substance abuse problems.

What is the scope of the problem Cont'd

- Up to 44% of employees report mental health issues.
- One third of people will experience a mental stress / duress in their lifetime.

Sources: WHO, CMHA, NIH, CMHA.

Where did this begin?

BULLYING

**IT WON'T
END
UNLESS
YOU DO
SOMETHING
ABOUT IT**

How did we get here?

Bill 14.

- Bill 14 arose out of a court decision following a WC claim appeal.
- Plesner Case – BC Court of Appeal.
- The B.C. Court of Appeal struck down the application and interpretation of mental stress claims in B.C.

How did we get here? Bill 14 Cont'd

- The BC Court of Appeal found that those suffering from mental disability were treated differently from those suffering from physical disability, and that the differential treatment constituted discrimination under Section 15 (of the Charter of Rights and Freedoms).
- Disagreement occurred among stakeholders.



How did we get here? Bill 14 Cont'd

- There was also lobbying for bullying and harassment protection.
- May 31, 2012, the B.C. gov't passed Bill 14, the *Workers Compensation Amendment Act*.
- Bill 14 criteria amended section 5.1 of the *Workers Compensation Act*.
- A maze of new WC policy tests occurred.



How did we get here? Bill

14 Cont'd

The new WC policy tests require (primary tests):

1. A reaction to one or more traumatic events arising out of and in the course of employment, or
2. To be predominantly caused by a significant work-related stressor, including bullying or harassment, or a cumulative series of significant work-related stressors, arising out of and in the course of employment.

How did we get here? Bill 14 Cont'd

3. the employee's mental disorder must be diagnosed by a psychologist or psychiatrist (previously a physician's diagnosis was sufficient) and be one of the conditions described in the most recent American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders ("DSM")

How did we get here? Bill 14 Cont'd

- It was a balancing of interests, obligations and rights.
- It tried to address bullying & harassment, as well as mental disorders.
- Employers and the WCB had concerns about potential costs and increased claims.
- The result was a tug of war over rights vs. cost containment.



How did we get here? Bill 14 Cont'd

- Resulting policy has raised many issues and problems.
- Filing WC claims for mental disorders has become **much** more difficult.
- Overlap between Compensation, Prevention, labour relations, Human Rights, and Collective Agreement entitlements has created confusion among employees, Unions, employers and advocates.

How did we get here? Bill 14 Cont'd

- No consistent body of jurisprudence has been established.
- Each case is determined by its facts - in a larger context of other processes and individual factors i.e. employee resiliency, comorbidities, age and gender.
- Conflict and confusion have **increased** in the workplace.



Bill 14 – Help or Hindrance?

- Bill 14 has generally been seen as reducing employee rights to WC benefits.
- Bill 14 outcomes have been different for Prevention vs. Compensation.
- Employers have been increasingly using consultants to sort out claims.
- There is uncertainty over whether bullying and harassment investigation results can be disclosed and to whom.

Bill 14 – Help or Hindrance Cont'd

- Employee privacy is under attack as a WC claim and /or appeal can allow access to the most intimate details of an employee's life.
- WC claims do not directly address bullying and harassment as these fall under the Prevention realm.
- Little coordination between Compensation and Prevention.
- **Core issues often remain unresolved.**

Bill 14 – Help or Hindrance Cont'd

- WC claims adjudication for mental disorder claims is much longer than other types of claims.
- Medical evidence tests make it difficult for employees to get timely assistance.
- New tests i.e. “predominant cause” that run contrary to Plesner now exist.
- Judicial reviews are very likely.



Bill 14 – Help or Hindrance Cont'd

- Pre-Bill 14 WC policy had higher WC claims and appeals acceptance rates.
- Employees are attempting to use the new WC policy from Bill 14 to address long standing workplace labour relations issues.
- There has been a 300% increase in mental disorder claims post Bill 14.
- 2500 WC claims occur annually currently.

Bill 14 – Help or Hindrance Cont'd

- The primary reason for **90%** of denied WC mental disorder claims - labour relations reasons being the cause of the claim.
- Underlying causes of labour relations issues remain unaddressed as employees seek redress in WC.
- **Forum shopping is curtailed i.e. WC vs. grievances vs. human rights.**

Mixed messages prevail



Translating Bill 14 into Claims – Post Prevention Perspectives.

- **Prevention vs. Compensation - even the definitions are in confusing.**
- “Mental disorder” refers to the medical condition.
- “Disability” is a legal term used in WC, insurance and human rights legislation (See *Morris v. BC Rail*, [2003] BCHRT 14 (Lyster)).

Mental disorder or mental distress?

Translating Bill 14 into Claims – Post Prevention Perspectives Cont'd

- Bill 14 created obligations for employers and employees with regard to bullying and harassment.
- Bullying and harassment is a basis for WC mental disorders claims not distress claims.
- **Employees experience confusion over Prevention and Compensation - both must be considered.**



Translating Bill 14 into Claims – Post Prevention Perspectives Cont'd

- **Many questions arise regarding process.**
- Do bullying and harassment investigations need to occur? By whom?
- Do grievances need to be filed?
- Does STD, MTD and LTD need to be applied for?
- What about Human Rights?

Translating Bill 14 into Claims – Post Prevention Perspectives Cont'd

- Most OH&S Committees are not equipped to deal with the new Prevention and Compensation issues.
- Patchwork assistance and poor coordination at the WCB lead to guesswork on the part of employers and medical practitioners.

Guesswork or assistance?



Translating Bill 14 into Claims – Post Prevention Perspectives Cont'd

- It takes eight (8) weeks to be seen by a psychiatrist after referral from a physician (Fraser Institute, 2007).
- Does the employee need a referral to EFAP / EAP in the interim?
- Does the employee have all the CUPE Guides and Templates / Forms?



How are Mental Disorder Claims Different than Other Types of Claims?

- Complexity.
- Duration.
- Onus shifts to the employee, regardless of what WC Policy or legislation states.
- Higher tests – i.e. predominant cause.
- More medical information required often from specialists vs. general practitioners.

Employee exhaustion is common



How are Mental Disorder Claims Different than Other Types of Claims Cont'd

- WCB has the ability to request and review the employee's most private medical history including previous mental disorders, addictions, etc.
- The adjudication process is longer.
- Only **15%** of claims are fully accepted.
- Only **10%** of appeals are accepted.
- RTW initiatives are not as successful.

How are Mental Disorder Claims Different than Other Types of Claims Cont'd

- WC mental disorder claims are affected by secondary chronic conditions / comorbidities.
- The WCB often denies comorbidities.
- Treatment, such as medication (psychotropic and opioids) may affect the duration of the claim. Addictions are a risk.

How are Mental Disorder Claims Different than Other Types of Claims Cont'd

- Treatment (medication) may create a hurdle to returning to work i.e. safety considerations.
- There is **much** more paperwork.
- There is a risk of self harm, suicide, addiction to medication, not returning to work.

Injured employees feel overwhelmed



How are Mental Disorder Claims Different than Other Types of Claims Cont'd

- Long term, multiple accommodations may be required.
- RTW / re-entry into the workforce takes longer and less effective.
- Long term RTW monitoring is often required.
- **The Union's role has changed dramatically.**

Questions that Need to be Asked

- Are they aware of their rights?
- How do you know that?
- Should the Union file a grievance instead?
- What about Human Rights?
- Which forum is best?
- What can / should the Union be involved in?
- Usually the employee cannot forum shop.

Questions that Need to be Asked Cont'd

- Unions do not have to participate in WC processes. Should they be involved?
Exercise caution!!
- Unions should be VERY careful in assisting persons with WC claims – especially those that involve a mental disorder.
- Employees can access advocacy at the BC Workers Advisors Office, for example.



Down the Rabbit Hole - the Paperwork.

- The starting point is the employee's perception.
- Do you know their story? Who else?
- Is it (1) one or more work-related traumatic event(s) or (2) significant work-related stressor(s) including bullying & harassment? Is it physical?
- Who is doing the paperwork? Who is coordinating it?
- Ensure there is a lead person.
- **The WC claim starts that process.**

Down the Rabbit Hole – Paperwork Cont'd

- The WCB requires written evidence to satisfy the three (3) primary tests for mental disorder claims.
- Is there a DSM diagnosis from a registered psychologist or a psychiatrist?
- Is there evidence that the disorder was predominantly caused by employment? See RSCM II – C3-13.00
- Is there evidence that labour relations issues were NOT a factor?



Down the Rabbit Hole – Paperwork Cont'd

- The employee may not want to file a claim due to stigma, retaliation, fear, lack of information.
- Has the employee filled out the Form 10D90?
- Has the employee read the CUPE Form 10D90 Guide first?
- **Has the employee read the CUPE Mental Disorders Guide?**

Down the Rabbit Hole – Paperwork Cont'd

- Investigations – who conducted? When?
- Was the Union present?
- What was recorded?
- Union records may be needed for DTA.
- Were risk factors / stressors present?
- Significant work-related stressors must be excessive in intensity and/or duration from what is experienced in the normal pressures or tensions of a worker's employment.



Down the Rabbit Hole – Paperwork Cont'd

- Medical is needed to assess functioning.
- The employee may be required to attend an assessment with a WCB psychologist.
- There is a 10 day turn around time.
- In 2013 it took 21 days to receive benefits for all conditions combined. Mental disorder claims are much longer.
- **40 day WC claim adjudication period.**

Down the Rabbit Hole – Paperwork Cont'd

- Are the employee's physicians supportive?
- What do the Clinical Records say?
- Does the physician know their role?
- See the BCMJ site:

<http://www.bcmj.org/worksafebc/new-coverage-work-related-mental-disorders>

- See the CUPE “Guide to Filling Out the WorkSafeBC Form 8/11”.



Down the Rabbit Hole – the Paperwork Cont'd

- The employer may have access to the employee's medical records during the claims and appeal process.
- Privacy is a huge concern. How are you protecting it?
- 25% of claims investigations are suspended due to employee concerns over privacy, etc.
- Is the employee aware of the potential disclosure to the employer?

Down the Rabbit Hole – the Paperwork Cont'd

WC is not about cost control.

It is about safely returning an employee to work in a timely manner that ensures maximal long term productive functioning.

Down the Rabbit Hole – Paperwork Cont'd

- Has the employee applied for LTD or sick leave in the interim?
- Are WC Special Care Services required? Is there a risk of self harm?

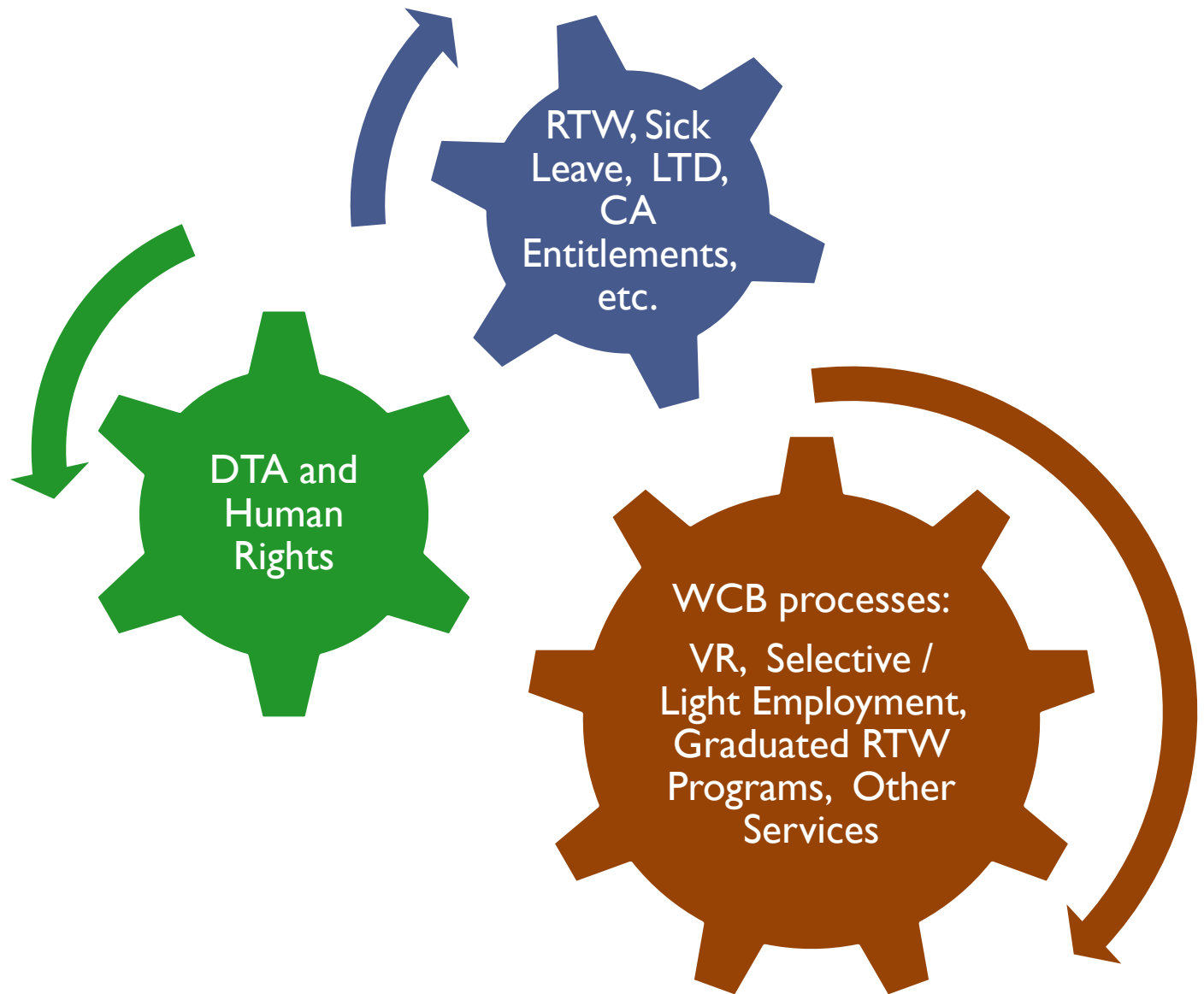
See:

http://worksafebc.com/claims/services_seriously_injured_workers/special_care_services/default.asp



Down the Rabbit Hole – the Paperwork Cont'd

- What does the Collective Agreement state?
- Is the Union involved?
- Has the CUPE National Representative been advised?
- WC often occurs with many other processes such as RTW and DTA.
- Has the employer or employee commenced other processes? They are interconnected.



Down the Rabbit Hole – Paperwork Cont'd

- Keep separate files for various processes.
- Ensure files are coordinated.
- There are WC, PIPA, Section 12 and other privacy considerations. Privacy is key.
- Use initials whenever possible.
- NEVER use Social Insurance Numbers.
- Use the right people for the right process at the right time! **Can you even help?**



What is the Employee's Perspective and How is it Formed

- The employee may not understand what is happening to them.
- The employee may not have support at home or at work.
- Nearly half of employees do not want to seek help for mental disorders.
- Stigma is a barrier to treatment.
- **Time is important – comorbidities may arise if treatment does not occur.**

What is the Employee's Perspective and How is it Formed

Cont'd?

- Initially shaped by reaction of others such as employer – **first reactions are key.**
- “Disabled” may equal not being valued.
- “Disability” means lack of access to career progression.
- Disability often means enhanced scrutiny by employers and coworkers.
- Disabled employees often feel less valued or merely tolerated.



What is the Employee's Perspective and How is it Formed

Cont'd

- Frustration is common.
- The claims process can take many months.
- Appeals take two (2) or more years, plus implementation of decision time.
- The employee needs to have support during this period. Support means more than just filing a claim
- **The employee may be forced to return to work during the WC claim or shortly after.**

What is the Employee's Perspective and How is it Formed Cont'd

Common employee (mis)perceptions include:

- (1) lack of control over the RTW process,
 - (2) lack of recognition about the impact of the injury,
 - (3) inability to perform the pre-injury job,
 - (4) fear of re-injury, and
 - (5) need for workplace accommodations.
- (Campbell et al., 2013).

What is the Employee's Perspective and How is it Formed Cont'd

- Clarify what the employee sees as happening.
- Clarify what their goals are.
- Clarify what their expectations are.
- Do their expectations match the WCB's or the employer's expectations?



What is the Employee's Perspective and How is it Formed Cont'd

- The nature of the injury and resulting disability initially strongly affects the employee's perspective.
- Is it mental or physical? It may be both.
- Is it permanent or temporary?
- Is medication involved?
- Second, is there family support?
- Union's need to know this for WC claims and appeals.

What is the Employee's Perspective and How is it Formed Cont'd

- Disabled often means lower performance expectations from co-workers – what workplace supports exist?
- This affects the disabled employee's morale and self-concept.
- Confusion exists – limitations and restrictions – employers, employees, carriers, and physicians often confuse these terms – “**should not** perform” (**restriction**) versus “**cannot** perform” (**limitation**).





What is the Employee's Perspective and How is it Formed Cont'd

- See *R0120764 & R0123188 July 25, 2011 and RSCM II Policy Selective Light Employment (34.11) Bulletin for Employers*
- **Employees are often not able to oversee their illness or recovery.**
- See “*How policy on employee involvement in work reintegration can yield its opposite: employee experiences in a Canadian setting*” (Maiwald et al., 2013)

What is the Employee's Perspective and How is it Formed? Cont'd

- **Different types of communication may be needed. Know which!**
- Employees often **do not feel in control** (Maiwald et al., 2013)
- Employees often **do not feel included** (Maiwald et al., 2013)
- Failure to communicate leads to employee frustration and resistance.
- How is communication framed?



What is the Employee's Perspective and How is it Formed Cont'd

- Perception of disability and of the employer are shaped by factors such as **age, type of work performed, work supports, culture of workplace.**
- 50% of co-workers expect the injured employee to perform at suboptimal levels.
- Expectations shape reality - stereotypes of injured or disabled employees.



What is the Employee's Perspective and How is it Formed Cont'd

- Does the employee feel like they are continuing to be unsupported by the employer or the Union?
- Are there ongoing issues in the workplace? i.e. Bullying and Harassment.
- *What is the perception of safety?*



What is the Employee's Perspective and How is it Formed? (con't)

- See “Reconstructing the self and social identity: new interventions for returning long-term Incapacity Benefit recipients to work” (Wainwright et al., 2012)





What is the Impact of Resilience and Employee Coping Mechanisms?

- Perspective is heavily influenced by resilience.
- Resilience is important to the WC claims process because:
 - ❑ It affects the employee's ability to file and continue with a WC claim.
 - ❑ It affects WC and RTW efforts and actions.
 - ❑ It affects receptiveness to medical, employer, Union and advocate assistance.

What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

- **Resilience** is usually something which refers to the employee's **ability to**:
 - ❑ “bounce back” or recover from stress
 - ❑ adapt to stressful circumstances
 - ❑ not become ill despite significant adversity
 - ❑ function above the norm in spite of stress or hardship (Smith et al., 2008)

What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

- Resilience is not a character trait (Thies et al., 2006).
- The characteristic of resilience is not linear cause and effect. This is important in mental disorder claims.
- Heavily affected by the employee's feelings of competence in various areas of life and at work. **Has WC Vocational Rehabilitation occurred?**

What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

- Four (4) main domains:
 - ☐ Individual factors
 - ☐ Family factors
 - ☐ Community factors, including work
 - ☐ Culture
- See “*Protective Factors Across Ecosystemic Levels*” (Thies et al., 2006)
- Have the Union and employer considered these? Anything is possible with support!





What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

Why should you care? Employees are:

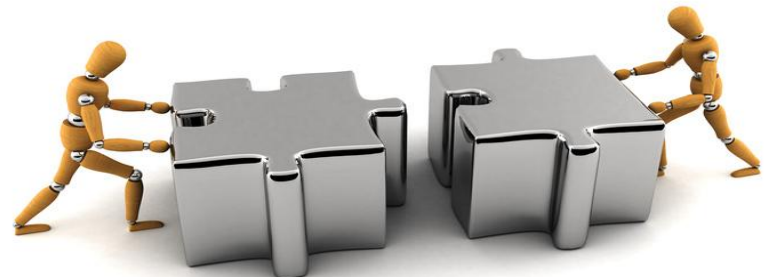
- ❖ less likely to have time off following an injury
- ❖ more likely to recover and return to work quickly
- ❖ more emotionally and physically ready to return to work
- ❖ less likely to place blame for injury/accident

Source: Comcare, Odgers (2013)

What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

There are direct financial consequences:

- Building resilience and coping skills reduces claims duration and costs by up to 300%.
- See “*Psychological Distress and Post-Traumatic Symptoms Following Occupational Accidents*” (Ghisi et al., 2013; Odgers, 2013).





What is the Impact of Resilience and Employee Coping Mechanisms Cont'd

- Lack of resilience and coping, accompanied by no workplace support may lead to re-injury (Ghisi et al., 2013)
- Lack of resilience and employer support may lead to grieving and loss as per “*Letting Go and Moving On: Work-related Identity Loss and Recovery*” (Conroy et al., 2013)
- **Secondary mental disorders are common.**

What is the impact of resilience and employee coping mechanisms Cont'd

- Familiar people and familiar contexts are key factors in recovery and rehabilitation.
- Emotional, informational, and tangible support can assist full or partial recovery.
- WC and other treatment plans should be individual and personalized.
- See “*I Can Fix That: Manageable Factors in Patient Rehabilitation and Recovery*” (Mathews, 2013)



What Affects Resilience and Employee Coping Mechanisms Cont'd

- Employer perception of the disabled employee is a predictor of employee recovery.
- See “*The influence of employment social support for risk and prognosis in nonspecific back pain: a systematic review and critical synthesis*” (Campbell et al., 2013).
- How is the employer viewed...





Mental Disabilities and an Aging Workforce – Specific Considerations

- Mental disorder claims are affected by a number of factors. **These factors directly affect WC claims and how often they are filed.**
 - Gender
 - Age
 - Comorbidities
- Almost one half (49%) of persons who suffered from depression or anxiety have never gone to see a physician (CMHA, 2014).

Mental Disabilities and an Aging Workforce – Specific Considerations

Aging:

- As per the Cornell University study on the aging workforce (Bruyere et al., 2012; US Bureau of Labour Statistics; Shrader et al., 2012).
- ❑ In 2013, 1 in 5 workers were over the age of 55.
- ❑ In 2014, employees the age of 50 and over will make up 32 percent of the workforce (U.S. Bureau of Labor Statistics).
- ❑ 7 in 10 plan to continue working at age 65 (United States).



Mental Disabilities and an Aging Workforce – Specific Consideration Cont'd

- ❑ 50% plan to continue working into their 70's and 80's.
- ❑ Nearly 22% have a chance of developing a disability.
- ❑ Over 42% of workers over the age of 65 reported functional limitations.
- ❑ The presence of mental disorders increases in older employees.

Mental Disabilities and an Aging Workforce – Specific Considerations Cont'd

- ❑ Employees 40 and under have a 5% prevalence of disability (any type).
- ❑ Employees 60 and over – 10% prevalence of disability (any type).



Mental Disabilities and an Aging Workforce – Specific Considerations Cont'd

- The IAIABC (UC Berkeley) study on the aging workforce and injuries stated that:

“...under reporting increases substantially after workers reach 65.

As a rough estimate, a worker over the age of 64 is 40% to 60% less likely to report an occupational injury than a similar worker 55-64 in the same job working the same number of hours...”

Mental Disabilities and an Aging Workforce – Specific Considerations Cont'd

Gender:

“Gender and injury

Between the ages of 25 and 64, women have injury rates 20% to 40% higher than men in the same job, working the same number of hours...”





Ageism, sexism and stereotyping
directly affect WC claims

directly affect WC claims
Ageism, sexism and stereotyping

Mental Disabilities and an Aging Workforce – Specific Considerations Cont'd

Mental Disorders:

- 50% of employers would refuse to hire a person with a mental disorder.
- See “*Stigmatization of mental illness in the workplace: evidence and Consequences*”(Thornicroft, 2013).
- Many persons in the workplace already have mental disorders.



Support for Employees in the WC Process – Before, During and After

- Proactive workplace analysis, risk assessment and prevention.
- Ongoing training of employees and supervisors.
- Wellness programs and EAP.
- EAP must be confidential.
- Safe, physician supported and meaningful Stay at Work programs – employee input is critical
 - one size does not fit all.



Support for Employees in the WC Process – Before, During and After Cont'd

- Be vigilant in mental disorder claims.

**Is the employee at risk
for self harm?**



Support for Employees in the WC Process – Before, During and After Cont'd

- RTW can occur at any point during a WC claim.
- The WC claim is not always linear in mental disorder cases.
- See “*Negotiating reasonable workplace accommodations: Perspectives of employers, employees with disabilities, and rehabilitation service providers*” (Gold et al., 2012)

SMART Goals

S Specific

M Measurable

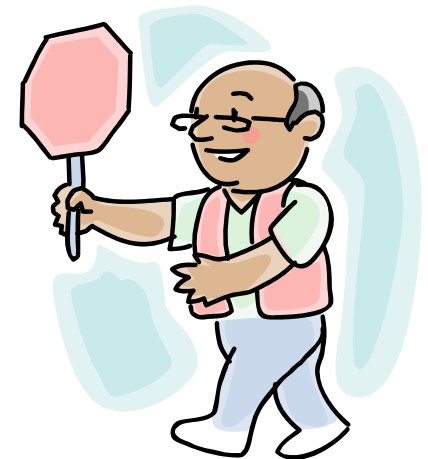
A Achievable

R Realistic

T Timely

Support for Employees in the WC Process – Before, During and After Cont'd

- Coordination of services is important.
- Avoid conflicting advice, recommendations, and demands.
- Predictability, certainty, and a feeling of control are key elements in RTW process for persons with mental disorders.





Long Term Outcomes. What Can We Expect?

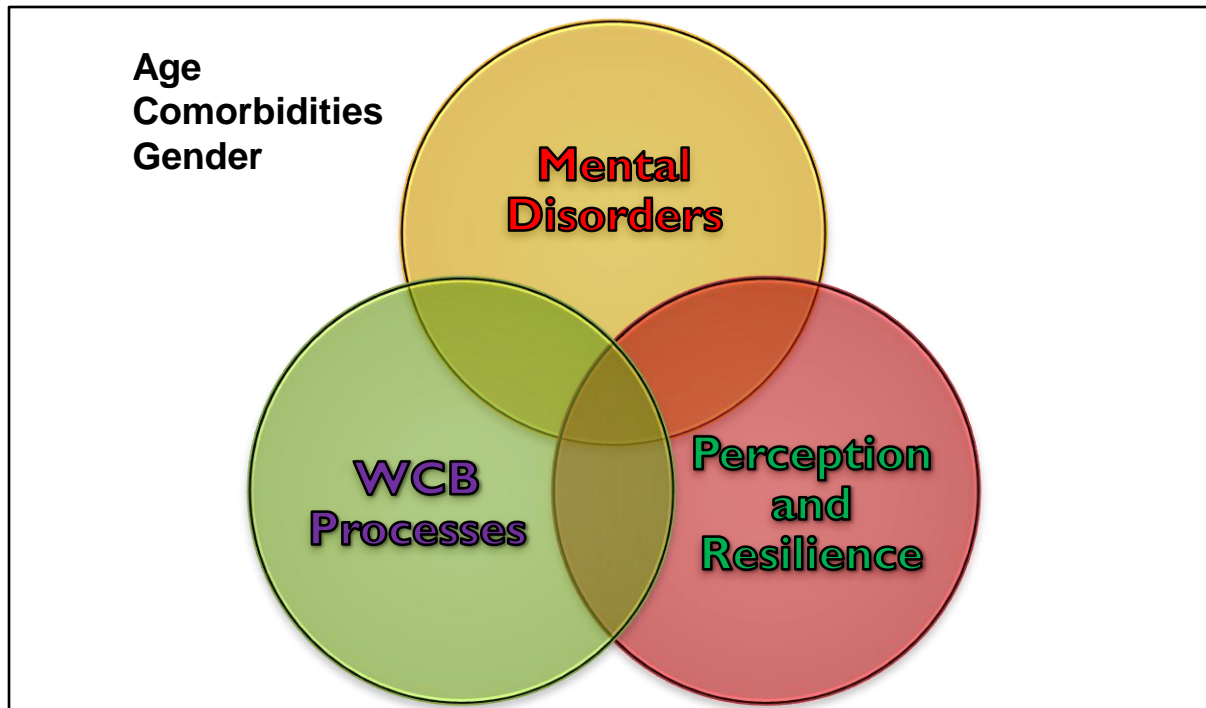
- Only 77.5% of employees who filed WC claims are returned to work successfully (WCB, 2013).*
- Of these 48% had to return to new employers or self-employment.
- The number is likely much lower for employees with mental disorders.
- **What about the other 22.5%?**

* All injuries and conditions.



Long term outcomes. What Can We Expect Cont'd

- Outcomes are based on addressing all of the factors i.e.



Highlights of Presentation

- Mental disorder claims are very different than other types of WC claims.
- WC claims overlap with mental disorders and the employee's resiliency & perception.
- WC claims (and mental disorders) are affected by age, gender and chronic conditions (comorbidities).
- An integrated approach is required for the life of the WC claim.

Questions?



Resources

Contact information for various agencies:

- ❑ WorkSafeBC (Mental Disorders)
<http://www.worksafebc.com/claims/MentalDisorders/default.asp>
- ❑ WorkSafeBC (Vocational Rehabilitation)
http://www.worksafebc.com/claims/rehab_and_rtw/vocational_rehabilitation_services/default.asp
- ❑ Canadian Mental Health Association
<http://www.cmha.ca/>

Resources Cont'd

CUPE offers many courses. They can be customized for Locals or Sectors. Here are a few examples:

- ☐ Duty to Accommodate – 1 to 5 days (Conni Kilfoil)
- ☐ Attendance Management Programs – 1 to 2 days (Tom McKenna)
- ☐ Filing a Mental Disorder Claim – 1 day (Tom McKenna)
- ☐ Return to Work Programs – 1 to 3 days (Tom McKenna)
- ☐ Workers Compensation – 1 to 5 days (Tom McKenna)
- ☐ Bullying & Harassment – 1 to 5 days (Vanessa Wolff)
- ☐ Facing Workplace Stress & Mental Health Issues – 1 day (Vanessa Wolff)

Terminology

CA – Collective Agreement

DTA – Duty to Accommodate

FCE – Functional Capacity Evaluation

GRTW – Graduated Return to Work

HR – Human Rights

IME – Independent Medical Examination

JDA – Job Demands Analysis

Terminology Cont'd

MARP - Medical And Return-to-Work
Planning Assessment

RTW – Return to Work

RD – Review Division

RSCM II – Rehabilitation Services and Claims
Manual (2 versions)

SLE – Selective / Light Employment

VR – Vocational Rehabilitation

Terminology Cont'd

WC – Workers' Compensation

WCAT – Workers' Compensation Appeal
Tribunal

WCB – WorkSafeBC

Closing Quote



***“Never look down on someone unless
you’re helping them up.”***

Reverend Jesse Jackson

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