



Paramedic Association of Manitoba Submission

Stakeholder Consultation

WCB Presumptive Coverage for Post-Traumatic Stress Disorder

The Paramedic Association of Manitoba is pleased to participate in stakeholder consultation regarding amendment of the Workers Compensation Act to provide presumptive coverage for Post-Traumatic Stress Disorder (PTSD).

Post Traumatic Stress Disorder, and the very serious consequences that can accompany this issue, has received significant attention in recent years. We're pleased to know that PTSD is a priority for our provincial legislators. Amending the Workers Compensation Board Act to recognize PTSD as a presumptive injury among first response and emergency services personnel will help reduce the anxiety that PTSD victims experience. It's a significant step forward, and together with developing a supportive environment including appropriate education and an emphasis on timely treatment and rehabilitation programs, it validates PTSD as a real and complex problem and helps reduce the stigma attached to this illness.

The Paramedic Association of Manitoba (PAM) is a voluntary membership professional association for licensed Emergency Medical Services (EMS) practitioners throughout the province. With over 1500 members, PAM represents over 77% of the province's 1949 licensed paramedics. In response to increased awareness of PTSD issues and in partnership with our national parent organization, the Paramedic Association of Canada (PAC), PAM has been active in soliciting survey data related to mental health wellness among paramedics across Manitoba.

- 73% of Manitoba paramedics identified a personal need for psychological support following a critical incident (traumatic call) they had experienced;
- 68% identified a personal need for psychological support resulting from the cumulative effect of incidents they had experienced throughout their career;
- Over 25% of respondents indicated that they had contemplated suicide;
- Over 38% know a paramedic who has contemplated suicide;
- Nearly 51% expressed concern that a fellow paramedic might be at risk for suicide.

These results clearly support a need to ensure quick and consistent access to mental health resources and treatment for victims suffering the emotional and psychological stress of PTSD.



The Paramedic Association of Manitoba respectfully submits the following in response to the key questions related to the Stakeholder Consultation Document: Amending the Workers Compensation Act to Provide Presumptive Coverage for PTSD.

1. Have you or your organization been involved in a worker's compensation claim based on PTSD? Was the claim satisfactorily resolved, and why?

Our Association has never been directly involved with a worker's compensation claim. However, we have received anecdotal information from members on multiple occasions informing us of difficulties related to their claims for worker's compensation for post-traumatic stress.

2. Is there a need to amend the Act to improve the timeliness and consistency of adjudication in respect of claims based on PTSD?

Between April 29 and December 31, 2014, 27 Canadian first responders died by suicide. Already in 2015, 15 of our first responders have taken their own lives. The importance of protecting the physical and mental health of our emergency service personnel has never been more evident. Ensuring emergency service workers have access to compensation coverage and treatment for PTSD as soon as possible is crucial in order to successfully resolve their symptoms. Any amendments to the Act that can improve timely access to benefits and treatment would be beneficial.

3. Is a legislative presumption an appropriate method by which to improve the timeliness and consistency of adjudication in respect of claims based on PTSD?

By way of reference to the stakeholder consultation document, "*A presumption would speed up claim adjudication providing quicker access to treatment*". Our Association also agrees with the suggestion in that document that presumption may reduce the stigma associated with mental illness and PTSD in particular. According to the Alberta Workers' Compensation Board, the amendment for presumption in that province allows first responders to receive coverage and treatment for PTSD as soon as possible.

4. What are the advantages and disadvantages of a presumption based on particular types of occupations?

Many of those opposed to a presumptive diagnosis of PTSD will argue that it creates an inequality amongst various classes of workers when determining benefit coverage, and that argument has some validity. However, the nature of the work undertaken by emergency medical services personnel, firefighters, police, and peace and corrections officers exposes these occupations to a known and considerable incidence of traumatic events and situations, increasing the probability of work-related PTSD. The risk of exposure to PTSD triggers, whether those be event related or cumulative in nature, is significant enough that immediate consideration should be given, based on occupation type, to improve access to benefits and treatment for these professions. As noted in the consultation document, psychological injuries are compensable under the Act, allowing all workers access to compensation even without presumption.



5. If the Act were amended to provide a presumption in respect of PTSD for certain occupations, what occupations should be included?

In response to question #5, we have suggested that emergency medical services personnel, firefighters, police, peace officers and corrections officers all face routine and significant risk of exposure to critical incidents as a result of occupation, and as such should qualify for PTSD presumption. However, recognizing that our knowledge of risk related injury is limited to our area of expertise, which is the emergency services sector, we would not argue against including other occupations for which evidence-based argument for inclusion can be made.

6. What are the advantages and disadvantages of a presumption based on the triggering events for, and a diagnosis of, PTSD?

The advantage of presumption based on a diagnosis would seem obvious from an administrative perspective, in that a medical diagnosis of PTSD leaves little room for argument against compensation and immediate professional treatment. The disadvantage from our perspective, and based again on anecdotal information from members, stems from a seemingly limited number of mental health professionals immediately available to assess and diagnose these patients soon after a critical incident or other trigger has occurred. If waiting for a diagnosis takes an extended period of time, compensation and further treatment may be delayed, adding to an already tenuous situation for the client.

7. Should a legislative presumption be made retroactive and for what period of time?

This is a difficult question for our Association to answer with any authority, as again it is outside of our area of expertise. If previous amendments to the Act have been implemented with a period of retroactivity, the argument would be made to handle this presumption in a similar manner. At the very least, we would recommend allowing retroactivity to the date of the Throne Speech giving intent to this amendment (November 20, 2014), as well as allowing any WCB applications and appeals related to psychological injury at the time presumptive legislation is enacted to be included in a retroactive period.

8. Do you have any other comments or suggestions on the subject of PTSD in the context of the workers compensation system in Manitoba?

As recognized in the consultation document, PTSD treatment outcomes are generally more effective when appropriate care is made available soon after the trigger has occurred. PTSD presumption will undoubtedly reduce the stigma of mental health illness that currently precludes many victims from seeking help, and thus ensure better outcomes through the provision of more timely access to benefits and treatment.

It's important that any legislative definition of PTSD not limit the illness to one that develops after exposure to a single traumatic event, but rather recognizes that cumulative stress from high-risk occupations can also be a trigger for this disorder.

Although perhaps falling outside of the context of the workers compensation system, the Paramedic Association of Manitoba would encourage WCB and the provincial



government to recognize the need for development of additional resources to augment presumptive legislation. Consultation and partnership with all emergency services stakeholder groups to target PTSD reduction through education, resiliency training and the allocation of appropriate professional mental health resources is essential to improved outcomes and rehabilitation.

Summary

The Paramedic Association of Manitoba supports legislation that will *“raise awareness of workplace mental health for front-line personnel...with new resources for effective follow-up...and improved access to workers’ compensation benefits”*. To ensure success in this endeavor, our recommendations include:

- Presumptive coverage under the Workers Compensation Act for Post-Traumatic Stress Disorder for high-risk occupations including paramedics, emergency medical responders, firefighters, police, and peace and corrections officers;
- Recognizing that PTSD can arise from different sources, ranging from a single critical incident to prolonged and ongoing exposure resulting in a cumulative stressor;
- Consultation with all stakeholder groups to develop a PTSD reduction strategy, including standardized guidelines for workplace support, education and resiliency training;
- Identification of appropriate professional mental health resources to ensure early assessment, intervention and rehabilitation for those affected by PTSD.