



Mental Injury among Justice Workers

Revised August 2024





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The office of the National Union of Public and General Employees is on the traditional and unceded territory of the Algonquin peoples and is now home to many diverse First Nations, Inuit, and Métis peoples.

We recognize the crimes that have been committed and the harm that has been done and dedicate ourselves as a union to moving forward in partnership with Indigenous communities in a spirit of reconciliation and striving for justice.

Bert Blundon, President

Jason MacLean, Secretary-Treasurer



Introduction

This paper examines the issue of mental injury among justice workers in Canada. It will define who justice workers are, what mental injury is, review what laws are in place to protect these workers, and what can be done to improve these laws.

Canadian justice workers are regularly exposed to violence and traumatic events, both directly and indirectly, as a normal function of their work. There is growing evidence that the ongoing exposure to such events contributes to clinically significant symptoms of mental health disorders. And there is broad international and Canadian evidence that these workers have substantially more difficulties with mental injuries than the general population.

Who Are Justice Workers?

In Canada, the research on mental disorder symptoms traditionally pertains to public safety personnel (PSP), which refers specifically to correctional officers (security and non-security roles), call centre operators or dispatchers, firefighters, paramedics (ambulance services), and police officers.

On a regular basis, these workers are exposed to many different types of traumatic and dangerous events. Exposure can be through personal engagement with such an event, or by witnessing it directly or indirectly. Because these are considered inherent or normal conditions of the PSP workers' employment, their rights to occupational health and safety (OHS) coverage and protections are limited.

Under normal circumstances, provincial OHS statutes stipulate that workers may refuse to work, or to do particular work, where they have reason to believe that such work is likely to endanger themselves or another worker. This includes the right to refuse working where there is the threat or instance of workplace violence. However, these rights do not normally apply to workers for whom danger is inherent in their work or in their normal conditions of employment. Included in this category are workers in any place of secure custody, or of temporary detention for young offenders, as well as in group homes, or other facilities for persons with behavioural or emotional problems.

Because dangerous circumstances are considered inherent in the worker's job, or normal conditions of the worker's employment, under the provincial OHS statutes, these workers do not have the right to refuse work that they believe is unsafe to themselves or another worker. Since they are exposed to many different and recurring dangerous and traumatic events as a normal part of their work, some recent peer-reviewed studies reveal that these workers experience very high frequencies of diagnosed mental disorders.

But it's not just these PSP workers who are showing symptoms of mental injury. To get a better picture of the breadth of mental injury in Canada, we need to consider other workers not included in the official definition of public safety officers, yet who share similar responsibilities, and have similar experiences of mental disorders.

A fuller, richer explanation of mental injury requires a better understanding of 2 categories of workers:

1. law enforcement officers facing similar occupational dangers and stressors;
2. other workers who may not directly face the same dangers, or who may not directly witness traumatic events, but who may be indirectly exposed to those dangers or events.

By examining the work and the experience of mental injury in these 2 categories of workers, we see the need to expand the official definition of public safety workers to include them.

In the first group are workers not included in the official definition of PSP, but who nevertheless face many of the same risks in their occupations as those who work in justice, public safety, or law enforcement:

- probation officers,
- sheriffs,
- highway safety officers, and
- conservation officers.

These workers have responsibilities that are directly comparable to those of police and corrections officers. And like their PSP counterparts, these workers typically experience dangerous and traumatic events as a normal part of their work.

In the other group excluded from the official definition of PSP are workers who, as a result of their work, are exposed to traumatic events, and who experience symptoms of mental injury. These workers are not necessarily directly experiencing or witnessing situations or events causing trauma. But they are indirectly exposed to, and deeply affected by events or situations resulting in *secondary trauma*, a term used to describe the indirect exposure that's secondhand in nature.¹ This group includes, but is not necessarily limited to

- RCMP public service employees who transcribe hundreds of hours of victim statements describing, for example, horrific child sexual abuse;
- institutional and community parole officers who document detailed histories of violent offenders; and
- correctional program officers who work in the assessment and treatment of sex offenders; and
- other workers in Canada's public safety and justice systems.

New research shows that a large proportion of these employees suffer an alarming rate of occupational stress injuries, including PTSD. This new evidence gives us a better and truer idea of the breadth of mental injury in Canada, of the range of workers and job types involved, and the occurrences of mental injury. The research shows that the definition of

PSP is too narrow and needs to be expanded to include others who may be indirectly experiencing or witnessing events causing trauma.

In other words, we need to look beyond those classified as PSP, because there are many other workers (in groups 1 and 2 mentioned above) doing similar work, and who experience the same or similar types of mental injuries. Then, when we've examined the evidence for these latter, we will see that the definition needs to include them—for in fact, they are PSP by the work they do. As it is now, the narrow classification includes just a few types of work and workers, and it does not represent the true picture of public safety work and the consequent mental injuries experienced by workers in Canada.

Because all these workers work under similar conditions of law enforcement, or because they work under the rubric of public safety occupations and justice systems, in this paper we will refer to all these workers as justice workers (JW).

The Data: What Is Mental Injury?—What Kind of Mental Injury?

Mental Disorder Symptoms among Public Safety Personnel in Canada

There is broad international evidence² published in highly reputable peer-reviewed literature that public safety personnel (PSP), defined as correctional workers, call centre operators or dispatchers, firefighters, paramedics, and police officers (municipal, provincial, and RCMP), may have substantially more difficulties with mental disorders than the general population. Canadian PSP have also reported substantial difficulties with clinically significant symptoms of one or more mental disorders. Research published in the *Canadian Journal of Psychiatry* (2018) and the *Canadian Journal of Behavioural Science* (2019) reviews this evidence, adds to this body of research, and reveals very troubling findings among PSP in Canada.

The 2019 study by the *Canadian Journal of Behavioural Science* offers clear empirical evidence that different traumatic events are frequently experienced by Canadian PSP. The most commonly reported traumatic event types across the PSP categories include the following:³

- sudden violent death,
- sudden accidental death,
- serious transportation accidents,
- threatened or actual physical assaults,
- fires and explosions,
- assault with a weapon,
- serious accident at work, home, or during a recreational activity.

With these findings, one of the noteworthy conclusions of the study is that “despite the frequent focus on PTSD,” exposure to many different types of potentially traumatic events “can be associated with many different mental disorders.”⁴

According to the authors, what this means is that we have to stop focusing just on PTSD. “The results support the growing evidence that traumatic exposures can be significantly associated with several mental disorders,” the study says, “including PTSD, but also depression, generalised anxiety disorder, panic disorder, and social anxiety disorder.” And all this has clear public policy implications: “the results raise important questions about focusing resources exclusively on PTSD for public safety personnel.”⁵

The 2018 study by the *Canadian Journal of Psychiatry* found that PSP are exposed to potentially traumatic events as a function of their work. And such exposures contribute to the risk of developing clinically significant symptoms related to a number of mental disorders. This research also discovered significant differences between PSP categories: for example, for municipal or provincial police relative to Royal Canadian Mounted Police (RCMP)—differences between categories that imply potential important differences in their experiences.

The 2018 findings are based on a self-reporting survey in English and French that was online and web based. The survey was undertaken between September 2016 and January 2017. The researchers interviewed 5,813 participants (32.5% of whom were women), and the survey included well-established measures for screening symptom levels of mental disorders. With that, the survey assessed current symptoms, and the participants were solicited from national PSP advocacy agencies and advocacy groups.⁶

The participants were grouped into 6 categories or sectors: call center operators or dispatchers, correctional workers, firefighters, municipal/provincial police, paramedics, and RCMP. According to the study, “substantial proportions of participants reported current symptoms consistent with 1 . . . or more . . . mental disorders based on the screening measures.”⁷ And furthermore, there were “significant differences across PSP categories with respect to proportions screening positive based on each measure.”⁸

The study noted that these workers are regularly exposed to potentially traumatic events as an expected part of their employment. This includes exposure to threatened or actual physical assaults, fires, and explosions. And such exposures “have been associated with increased risk for the development of mental disorders,” including the following:⁹

- post-traumatic stress disorder (PTSD),
- major depressive disorder (MDD),
- panic disorder (PD),
- generalized anxiety disorder (GAD), and
- social anxiety disorder (SAD), as well as
- (vulnerability to) alcohol use disorder (AUD).

In Canada, mental health disorders experienced by PSP that result from active duty have increasingly been relabeled by community members as “operational stress injuries,”¹⁰ a phrase originally coined for Canadian military experiencing mental disorders directly tied to their service.

PSP Almost 4.5 Times More Likely Than General Population to Have Mental Injury

The results from the survey are disturbing: PSP are almost 4.5 times more likely than the general population (44.5% compared to 10.1%) to screen positive for clinically significant symptoms consistent with one or more mental disorders, including PTSD, major depressive disorder, generalized anxiety disorder, social anxiety disorder, panic disorder, and alcohol abuse.¹¹

Those who were less likely to report symptoms of a mental disorder were participants who reported being¹²

- younger, or with fewer years of service (the most statistically significant difference being those between the ages of 19 to 29 and 40 to 49);
- married;
- more educated.

Statistically significant differences were identified across PSP categories, for example: correctional workers, paramedics, and RCMP were “generally significantly more likely to experience all mental disorders,” except AUD, when compared with municipal or provincial police officers.¹³

And the study also noticed some gender differences: women were more likely than men to report mental disorder symptoms, “but the difference was statistically significant only within the categories of municipal/provincial police and firefighters.”¹⁴ Furthermore, the results “align with evidence that women in the general population are more likely than men to report mental disorders which may correlate with factors including workplace stressors.”¹⁵

Furthermore, there was no statistically significant difference observed between civilian employees working for police and sworn officers and other PSPs.¹⁶ The only statistically significant difference was that civilian employees of police services were more likely than sworn officers to screen positive for an anxiety disorder, but “were otherwise quite comparable,” and a “lack of general differences” was reported.¹⁷ Accordingly, the report concluded that, for civilians, “direct trauma exposure appears to be only one factor associated with PSP mental health, and researchers should explore how best to provide specific civilian employee supports.”¹⁸

Corrections Officers Report the Highest Rates of Mental Injury

So the most significant finding of the 2018 study is that PSP personnel screened positive for symptoms of mental injury at a rate almost 4.5 times higher than the general population.¹⁹

But, if we examine each of the 6 sectors separately, among all PSP participants surveyed, those with the highest-reported symptoms of mental injury are correctional workers in security and non-security roles.²⁰ More than one-half (54.6%) of these correctional workers report symptoms consistent with at least one mental disorder, including the following:²¹

- PTSD
- major depressive disorder
- generalized anxiety disorder
- social anxiety disorder
- panic disorder
- mood disorder
- alcohol abuse

In other words, corrections workers are almost 5.5 times more likely than the general population (54.6% compared to 10.1%) to screen positive for clinically significant symptoms consistent with one or more mental disorders.²² The actual number could be much higher.

The survey was completed by more than 600 correctional workers across the country, who represented a variety of job titles, including correctional officers, parole officers, program officers, and administrative support. As reported in *Canadian Occupational Safety*, according to Rose Ricciardelli, one of the researchers for the study, if the survey were to look just at correctional officers (that is, excluding parole officers, program officers, and administrative support staff), the numbers would be “much higher.”²³

Ricciardelli is an Associate Scientific Director with the Canadian Institute for Public Safety Research and Treatment, specializing in the areas of community and institutional corrections, and the vulnerabilities, mental health, and well-being of prisoners. “The correctional officer occupation is hands-on all day, every day,” she said. While the trauma experienced by workers in administrative and other sectors is “significant and high,” within the correctional institutions, “it will be higher,” she says. “The stuff that’s dealt with on the day-to-day is much more challenging and the lack of resources in the institution, the strain that is placed on the officers, the expectations . . . [are] going to have an effect.”²⁴

According to Ricciardelli, one reason why mental injuries are so high among corrections workers is because they work in a confined environment, in the same place, dealing with the same issues, and the same people day after day, unlike first responders. And the issues they are dealing with are very dangerous. Correctional workers regularly witness and personally experience a wide variety of violent incidents at work, involving physical and verbal abuse:²⁵

- hitting, punching, spitting, and having feces thrown on them;
- receiving threats against themselves and their families.

In addition, they respond to incidents where inmates are mutilated, severely stabbed, and bleeding profusely.

There have even been cases where correctional officers were stabbed, held hostage, were murdered, or were sexually assaulted by inmates.²⁶

According to statistics from the Government of Alberta, 33.5% of all assaults in prisons and jails are committed against staff by inmates, and in a 20-year career, a correctional officer will be seriously assaulted at least twice.²⁷

It is the recurring exposure to such traumatic events that results in mental injuries. And the 2018 study adds to a growing body of research pointing to how the rates of mental injury among corrections workers are steadily increasing.

A 1992 study published in *FORUM on Corrections Research* found 17% of the 122 Ontario correctional officers surveyed “experienced effects severe enough to be clinically diagnosed as suffering from PTSD.” This was, according to the study, “significantly higher than the 1% level found in the general population, and is approaching the 20% level found in Vietnam veterans wounded in battle.”²⁸

In a 2003 survey of 271 corrections employees in Saskatchewan, B.L. Stadnyk found that 25.8% reported “symptom levels of PTSD suggesting a probable clinical diagnosis of the disorder.”²⁹

A 2011 survey authored by Neil Boyd of more than 200 correctional officers in British Columbia revealed that they are significantly more likely to experience violence on the job than workers in any other protective service in the province. According to the study, 80% indicated that these kinds of exposures were “somewhat” or “very stressful.”³⁰

Furthermore, the overwhelming majority of respondents (about 90%) said their jobs “have become more stressful over the past years.” And the most common reasons given for this increased stress include inmate-to-staff ratios, overcrowding, violence, and management, and workplace policies.³¹

According to a May 2016 story reported in the *Globe and Mail*, Lori MacDonald, then assistant deputy minister in the federal Department of Public Safety, told a House of Commons committee “that about 36 per cent of male correctional officers have identified as having post-traumatic stress disorder,” rates she described as “very high.”³² In comparison, the newspaper story explained that “between 1.1 [per cent] and 3.5 per cent of the general population of Canada has PTSD in any given year.” And “9 per cent of Canadian military personnel returning from Afghanistan are now collecting disability benefits after being diagnosed with the disorder.”³³

In May 2017, using data obtained through the *Access to Information Act*, a CBC Nova Scotia investigation revealed that, from 2011–2016, approximately 1 in 20 employees at federal penitentiaries has been diagnosed with PTSD or other stress injuries.³⁴ But the union representing federal correctional officers believes the real numbers are “significantly higher,” because, according to Jeff Wilkins, then Atlantic president of the Union of Canadian Correctional Officers, “people sometimes don’t report their condition and live alone in silence and suffer with it.”³⁵

Finally, in April 2019, a *CBC News* Manitoba story reported that about 36% of correctional officers in Manitoba suffer from post-traumatic stress disorder. This data was according to an internal Correctional Service Canada (CSC) report. The contents were revealed during

the testimony of the Commissioner of the Correctional Service of Canada before a parliamentary committee. According to the story, another internal CSC report explained that, in the fiscal year 2017/18, the number of assault-on-staff incidents was projected to be 32% higher than in the previous fiscal year.³⁶

This steady increase in mental injury among corrections workers has prompted calls for enhanced treatment programs, supports and resources, as well as *presumptive coverage* for mental injuries (a point we will return to below). Labour unions have long demanded that provincial governments provide automatic coverage to correctional officers, or include them with other workers who are covered by presumptive legislation. Currently, there are many jurisdictions without presumptive legislation, and there are others in which corrections officers are not covered by the legislation.

Other Justice Workers Not Defined as PSP—Federal Public Servants

So far, the focus of this paper has been mental injury suffered by workers who directly experience trauma, such as public safety personnel. To get a better understanding of mental injury, we need to broaden the scope of discussion and examine mental injury among other justice workers.

Contributing to this broader understanding is a report released June 20, 2017, by the Union of Solicitor General Employees (USGE), now known as the Union of Safety and Justice Employees (USJE), entitled *Moving Forward: A Report on the Invisible Toll of Psychological Trauma on Federal Public Safety Workers*. The report presents the findings of an in-depth study into the experiences of federal public servants in 17 departments, agencies, and commissions within the public safety and justice ministries.³⁷ These employees perform various duties on behalf of the federal governmental entities that are responsible for justice, corrections, national security and safety for people living in Canada. This includes work as public servants within the RCMP, in Canada’s federal prisons with the Correctional Service of Canada, in the Department of Justice, and in the Parole Board of Canada. Employees represented by USJE perform a vast number of different jobs in the public service, many of which involve difficult and stressful subject matters.³⁸

These employees work as parole officers, teachers, correctional program officers, librarians, case management assistants, mechanics, food service workers, as well as RCMP detachment assistants, investigators in crime units, federal court transcribers, clerical or administrative staff for departments, among many other jobs.³⁹

Qualitative and quantitative data were gathered from a national online survey of 36 questions and in-depth interviews with members of USJE. The respondents were

- predominantly female;
- RCMP public service employees who transcribe hundreds of hours of victim statements—for example, describing horrific child sexual abuse;
- institutional and community parole officers who document detailed histories of violent offenders (employees of the Parole Board of Canada); and

- correctional program officers who work in the assessment and treatment of sex offenders (teachers and others working in federal prisons).

The study found that these public servants who are not directly experiencing or witnessing trauma are nevertheless indirectly exposed to and deeply affected by secondary trauma.

Based on the survey, the report shows that a majority of public safety employees who responded are negatively affected by the violent nature of criminal histories, victim statements, graphic evidence, and related materials they manage in high-stress work environments.

Interviewees and survey respondents reported experiencing some or all of the 7 symptoms of secondary trauma including⁴⁰

1. recollection, dreams, and sudden re-experiencing of the event
2. avoidance of thoughts, feelings, or activities
3. detachment, or estrangement, from others and activities
4. emotional difficulties or outbursts
5. concentration problems
6. physiological reaction (difficulty sleeping) and
7. hypervigilance

“The toll from constant exposure to trauma on front-line workers such as police, paramedics and firefighters is widely recognized,” said USJE National President Stan Stapleton. “Yet public safety and justice workers working behind the scenes are disproportionately affected by exposure to second-hand trauma. These workers receive almost no training or preparation, few protections, and little recognition for their injuries.”⁴¹

The report states the following:⁴²

- Almost 80.0% of the public safety workers surveyed said they had experienced at least some personal impact from viewing traumatic materials such as written files, images, audio files, and videos as part of their job.
- 69.8% of respondents who work for the RCMP said that they experienced at least some personal impact.
- 82.9% of Correctional Service Canada employees (CSC)—workers in Canada’s federal prison system—who responded to the survey said that they experienced some personal impact.

Furthermore, 80.2% of all survey respondents indicated that they experienced at least one of the following symptoms as a result of working with traumatic material:⁴³

- nightmares
- depression
- increased consumption of alcohol and drugs
- unhealthy eating habits and a decrease in physical health
- relationship problems
- insomnia

And insomnia was widely reported, with 69.8% of survey respondents saying that they experienced insomnia as a result of working with traumatic material and situations.

Comments gathered from the national survey, along with interview responses, showed that many of these workers deal with other symptoms, such as the following:⁴⁴

- hypervigilance,
- mistrust,
- desensitization,
- physical illness, and
- general fear, grief, and anxiety.

As we will discuss shortly, despite all this clear empirical evidence, these justice workers do not all receive the same treatment under the law as their PSP colleagues.

Other Justice Workers Not Defined as PSP—Probation Officers, Sheriffs, Highway Safety Officers, Conservation Officers

So far we have examined the research on 2 groups of justice workers: public safety personnel who are directly exposed to traumatic events, and federal public servants who are indirectly exposed to traumatic events. In both cases, we have reviewed the empirical evidence that such exposures contribute to mental injuries at rates much greater than those experienced by the general population.

To get a better picture of mental injury in Canada, we need to now consider those workers who are also excluded from the official definition of PSP, but who also face great dangers at work, and who are also directly exposed to traumatic events. In addition, for these workers, there is considerable anecdotal evidence that such exposures contribute to mental injuries. In-depth scientific research is needed to determine the extent of these injuries.

Though not included in the official definition of PSP, these workers nevertheless face many of the same risks in their occupations as those who work in justice, public safety, or law enforcement—for example, probation officers, sheriffs, highway safety officers, and

conservation officers. These workers have responsibilities that are directly comparable to those of police and corrections officers, as they deal with offenders and criminal justice issues as a condition of their employment. Many of them are also required to carry firearms as part of their employment.

Like their PSP counterparts, these workers typically experience recurring direct exposure to dangerous and traumatic events as a normal part of their jobs. These workers receive threats, or are physically assaulted, and they are exposed to other events comparable to those experienced by paramedics and firefighters. For example, on our highways and roads, it is the highway safety officers who are often the first on the scene, where they are exposed to the same “traumatic event types,” or “critical incidents,” discussed in the scientific literature, such as “serious transportation accidents” and “sudden accidental death.”⁴⁵

Likewise, due to the nature of their work, probation officers often face traumatic situations and are more likely to suffer PTSD.⁴⁶ Offenders who have been sentenced to probation must regularly report to their probation officer, who supervises the offender, providing help and direction. Probation officers evaluate offenders from the beginning of the probation period, and they evaluate the offender’s situation on an ongoing basis. If offenders are at high risk of reoffending, they must meet with their officer more often and take additional steps to increase their success of reintegrating and to reduce their chances of returning to criminal activity. Because all these different types of justice workers witness trauma, or experience it personally, they also suffer from mental injury.

Thus, to accurately portray mental injury among workers in Canada, we need to expand the official definition of PSP to include other law enforcement workers who face similar occupational dangers and stressors. As we will see, like their colleagues in the federal public service, the problem is that these justice workers do not all receive the same treatment under the law as their PSP colleagues.

Existing Policy Framework—Presumptive Coverage

Empirical evidence shows that exposure to work-related traumas can be associated with many different diagnoses and symptoms of various mental health conditions. Despite this evidence from the best occupational health and safety and medical research available, justice workers continue to be underserved by provincial laws, policies, and regulations. This lack of comprehensive policy towards Canada’s public safety personnel, and other workers, is explained in part by one of the many points raised within the 2019 study in the *Canadian Journal of Behavioural Science*. As alluded to earlier, and outlined in the 2019 article, resources for addressing mental health presumptive coverage areas are concentrated almost exclusively on post-traumatic stress disorder for workers defined as public safety personnel.

Emphasizing this overconcentration of resources on PTSD for workers defined as PSP is not to say we should deplore the legislative attention put on it. Instead, we ought to celebrate this as a victory of the Canadian labour movement. Organized labour was instrumental, and eventually successful, in pressuring provincial and territorial governments across

Canada to adopt presumptive legislation not only for post-traumatic stress disorder but also for general occupational stress. Another success for Canadian labour was pressing for the legislation that placed the responsibility on employers for ensuring minimal risk of occupational injury, prompting employers to develop approaches and strategies to prevent these types of work-related mental injuries. In all, presumptive legislation is meant to allow for quicker access to workers' compensation benefits, resources, and timely treatment.

Although there have been various successes in the realm of presumptive-coverage legislation, the existing policy framework in Canada is foundationally flawed for 2 key reasons. First is the problem outlined above, that the various pan-Canadian examples of presumptive legislation focus almost exclusively on PTSD while not addressing the plethora of other reported and potential work-related mental health injuries. Second is that pan-Canadian legislation for presumptive coverage excludes many workers who are not defined as public safety personnel (PSP).

Regarding the first reason presumptive coverage in Canada is flawed: focusing on PTSD is inadequate for mental health considerations, because there are many more mental health injuries other than PTSD that originate from workplace events/traumas. This is clearly noted in the section above of this document under the heading, "The Data: What is Mental Injury-What Kind of Mental Injury?", wherein workers screen and self-report positive for a variety of mental health injuries outside of PTSD, or tangentially related to it, such as major depressive disorder, panic disorders, generalized/social anxiety disorders, and increased vulnerability to substance abuse including drugs and alcohol. These types of mental health injuries deserve the same recognition, validation, and legislative inclusion as prescribed for PTSD coverage.

To the second problem, provincial and territorial laws exclude and neglect the many workers who are categorically exposed to similar kinds and levels of traumatic events/incidents as their counterparts who are defined as public safety personnel. As such, there is unequal treatment between workers whose jobs are defined as PSP, and those whose jobs entail similar risk of traumatic events/exposure but are not classified as PSP.

These flaws exist because provincial and territorial laws are inconsistent. Instead of having one consistent national policy for presumptive coverage, Canada has a misaligned collection of subnational legislation, regulations, and policies under which workers submit claims through their regional workers' compensation bureaucracies. This inconsistency results in a patchwork approach to presumptive coverage in Canada, where Canadian workers in different provinces and territories end up with different rights to mental health coverage depending on which jurisdiction they live and work in. This type of inconsistent treatment for workers with psychological injuries is a serious flaw in the Canadian model of presumptive legislation.

What Is Presumptive Coverage?

In Canada, presumptive coverage is a legislative mechanism that ensures if a worker has been diagnosed by a medical professional as having a physical or mental injury, that injury is presumed to be the result of a singular or cumulative work-related event. Presumptive

coverage applies automatically through the workers' compensation claims process, unless contradictory evidence is presented by a medical professional who disagrees with the diagnosis. Legislated presumptive coverage removes the onus on the worker of having to prove that their injury was a result of a specific work-related event. This means that there is less stress and intimidation surrounding the worker's compensation claims process, especially for workers in this process, who are particularly vulnerable and stigmatized in multiple ways.

Once an injury is diagnosed by a medical professional, the process of filing a claim with one's respective Workers' Compensation Board is expedited, as workers do not have to prove any causal link between their injury and a workplace event. Overall, this allows the worker to get the assistance they need in a timely manner. Assistance extends not only to compensation for lost wages due to injury but also to medical and health care expenses, rehabilitation services, return-to-work programs, mental health services and re-education and training programs for workers.

Pertaining to presumptive coverage for mental health injuries specifically, diagnosed mental health and psychological injuries alike are presumed to be the result of workplace exposure to trauma. Under the legislation, once a worker is diagnosed as having a qualifying mental health condition/injury by an accredited medical professional, typically either a psychiatrist or psychologist, the worker's injury is, unless proven otherwise through the workers' compensation claims process, assumed to have risen out of, or to have occurred during, an event at work.

Similar to the general description of presumptive coverage, this means that, when a worker has experienced a workplace-related trauma and, as a result, is diagnosed with a mental health injury, they will have access to assistance and compensation without having to prove the causal relationship between the traumatic workplace event and their mental injury. In other words, the worker is given the benefit of the doubt.

Some Problems with Existing Presumptive Coverage—A Canadian Patchwork

In Canada, workers' compensation legislation falls under the jurisdiction of the provinces/territories, and this includes even workers in federally regulated job sectors and roles, such as correctional officers at federal institutions. Due to this framework, the laws pertaining to presumptive coverage vary across the country. The following is a breakdown of these variations into 4 distinct categories: 1. asking where presumptive coverage exists for mental injury; 2. what mental injuries are included/excluded from legislation; 3. what workers are included/excluded from said legislation; 4. and lastly, if the legislation rules out chronic mental injury.

Where Presumptive Legislation Exists for Mental Injury

- 9 provinces and 1 territory have presumptive legislation for some kind of mental injury.
- 1 province (Quebec) and all 2 territories (Northwest Territories and Nunavut) do not.

What Mental Injuries Are Included in the Legislation?

- 4 provinces (Alberta, Saskatchewan, Prince Edward Island, and British Columbia) have presumptive coverage for any diagnosis of a mental or psychological disorder/injury recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- 5 provinces and 1 territory (Ontario, Manitoba, New Brunswick, Nova Scotia, Newfoundland and Labrador, and Yukon) have presumptive coverage only for a diagnosis of PTSD.

What Workers Are Covered by That Legislation?—by Province

- In 4 provinces (Saskatchewan, Manitoba, Prince Edward Island, and Newfoundland and Labrador) all workers in any occupation are covered.
- In Yukon and New Brunswick, coverage applies only to first responders defined as police officers, firefighters (excluding forest/wildland firefighters), and paramedics. Yukon further offers coverage to community health nurses who attend ambulance calls and air ambulance medevacs (i.e., medical evacuations).
- In Ontario, those covered by the legislation are as follows: firefighters (excluding forest/wildland), police officers, paramedics, members of emergency response teams (including First Nations teams), ambulance service managers, correctional workers, emergency dispatchers, nurses, provincial bailiffs, probation officers, special constables, and forensic police officers.
- In Nova Scotia the legislation covers police officers, firefighters (excluding forest/wildland), paramedics, continuing care assistants, correctional officers, emergency dispatchers, and nurses.
- In Alberta, coverage extends to first responders including firefighters (excluding most wildland), police officers/sheriffs, emergency medical responders, primary and advanced care paramedics, as well as correctional officers, emergency dispatchers, and peace officers.
- In British Columbia, legislation covers the following: correctional officers, emergency medical assistants, firefighters (including forest/wildland), police officers, sheriffs, community integration specialists, coroners, harm reduction workers, parole officers, probation officers, respiratory therapists, shelter workers, social workers, transition-house workers, victim-services workers, and withdrawal-management workers.

Does the Legislation Rule Out Chronic Mental Injury?

A key problem across the Canadian patchwork of presumptive policies is that there exists inconsistent language regarding chronic mental injury, or gradual onset mental health/psychological injury and stress. An example of this is the distinction between whether presumptive coverage covers mental health injuries caused by one traumatic workplace incident/event, or if coverage extends to injuries incurred through a series of smaller traumatic/nontraumatic events gradually contributing to mental health injuries

over time. Different legislation uses specific definitions for traumatic events and distinguishes between single or multiple events during employment to establish if a worker qualifies for presumptive coverage.

In provinces such as British Columbia, Alberta, Saskatchewan, Ontario, Prince Edward Island, and Newfoundland and Labrador, the legislation identifies that an individual qualifies for compensation if they are exposed to an acute traumatic “event” or multiple “events” throughout the course of employment.⁴⁷ If this prerequisite is filled, then the mental health injury will be presumed under the legislation, unless evidence to the contrary appears in the workers’ compensation claims process. These jurisdictions then cover both acute and gradual onset mental health injuries.

There is nuance in this legislation: for example, in British Columbia, Ontario, and Alberta, presumptive coverage extends to events triggering mental health injury that are both traumatic and nontraumatic, as long as the event is classified as a significant workplace stressor.⁴⁸ In all these jurisdictions, however, the decision-maker of a given workers’ compensation case is allowed some maneuverability in interpretations of trauma on a case-by-case basis. For example, in Ontario the WSIB (the worker’s compensation bureaucracy) adjudicates the traumatic or nontraumatic triggering events on a [balance of probabilities](#). In Saskatchewan, Prince Edward Island, and Newfoundland and Labrador, presumptive coverage exists only if the acute or gradual onset of mental stress is triggered directly by a traumatic event as outlined in the respective legislation.⁴⁹

In Nova Scotia, the policy around chronic mental injury is somewhat complicated. Section 10 of the Nova Scotia *Workers’ Compensation Act* says that workers are entitled to compensation for personal injury “by accident arising out of and in the course of employment.”⁵⁰ The definition of “accident” under Section 2 specifically excludes “stress, other than an acute reaction to a traumatic event.”⁵¹

The Nova Scotia Workers’ Compensation Board (WCB) Policy 1.3.9 implements the provisions of the act by laying out 4 criteria for mental stress to be covered. One of these stipulates there must be “one or more Traumatic Events.”⁵² More specifically, mental stress is covered if it develops as an “acute response to one or more” sudden events, such as witnessing a horrific accident, or being involved in an armed robbery or hostage-taking.⁵³ While acute reaction to a traumatic event normally happens in a single incident, Policy 1.3.9 acknowledges that “some workers, over a period of time may be exposed to multiple traumatic events.” Accordingly, “if the worker has an acute reaction to the most recent traumatic event, entitlement may be considered even if the worker may experience these traumatic events as part of the employment and was able to tolerate the past traumatic events. An example is a drugstore pharmacist after multiple robberies.”⁵⁴

The complex legislation within Nova Scotia could be simplified in forthcoming legislation. According to the Workers Compensation Board of Nova Scotia, “[gradual onset psychological injury](#)” will be compensable under the presumptive legislation in legislation meant to be introduced in fall 2024. This means that workers who experience mental injury as a result of gradual exposure to traumatic or nontraumatic events will be allowed coverage under new legislation.

In contrast, in New Brunswick, the law rules out chronic mental stress that develops gradually and cumulatively over time. Section 7(1) of the New Brunswick *Workers' Compensation Act* says that workers are entitled to compensation for personal injury caused by an accident arising out of their employment. And in Section 1, the definition of "accident" excludes "mental stress or disablement caused by mental stress, other than as an acute reaction to a traumatic event."⁵⁵ As one observer notes, "mental stress is covered only if it's caused by a discrete and traumatic work-related event, which rules out chronic mental stress that develops gradually and cumulatively over time, as well as stress in response to continuous or multiple exposures to workplace stressors that do psychological harm but don't rise to the level of trauma."⁵⁶

In jurisdictions without any presumptive coverage, the failure to recognize chronic mental stress has the potential to be highly problematic, especially in light of some reports that provincial Workers' Compensation Boards routinely deny chronic mental stress cases.⁵⁷

Summary—The Patchwork of Mental Injury Legislation Is a Serious Flaw

This hodgepodge of pan-Canadian legislation highlights a serious flaw in the way psychological injury is considered and categorized in Canada. Workers in Canada are not treated equally, and in some cases, their rights to occupational health and safety are not protected at all by the mess of inconsistencies.

In 2 provinces all workers are covered for all mental injuries. Yet in 3 other jurisdictions, there is no presumptive coverage at all. And in some provinces, not all workers are covered by the presumptive legislation that does exist.

In some provinces, all psychological injuries are covered, while in others only PTSD is mentioned in the legislation. Some provinces cover chronic mental injuries triggered only by trauma, while others cover chronic mental injury triggered by both traumatic and nontraumatic stressors. And some provinces rule out altogether any chronic mental stress that develops gradually and cumulatively over time.

Summary—Mental Injury and Presumptive Coverage in Canada

Saskatchewan and Prince Edward Island

In both Saskatchewan and Prince Edward Island, presumptive coverage exists for all workers covered by the jurisdictions' respective *Workers' Compensation Act*. This coverage exists for any mental/psychological injury recognized in the DSM and incurred through work, including but not limited to, PTSD. The diagnosis may occur because of both acute and chronic contributing events; however, only if the triggering event(s) are traumatic.

In 2017, Saskatchewan became the first jurisdiction in Canada to establish presumption for all forms of psychological injury.⁵⁸ The following year, PEI became the second. This was the result of a private member's bill by the Opposition unanimously passed into law that provides support through Workers' Compensation to any Island worker suffering trauma disorders and stressor-related disorders, including PTSD. This presumption applies to all workers covered by the PEI *Workers Compensation Act*.⁵⁹

Manitoba, Newfoundland and Labrador

In both Manitoba⁶⁰ and Newfoundland and Labrador (NL), the presumptive coverage is exclusively for PTSD, for all workers in any occupation with a diagnosis, and who have been exposed to a traumatic event or events at work. In NL, effective July 1, 2019, all workers covered by the *Workplace Health, Safety and Compensation Act* who experience “a traumatic event or multiple events at work”⁶¹ are presumed to have developed their diagnosed PTSD as a result of their work.

Ontario

In Ontario, presumptive coverage is only for a PTSD diagnosis. In Ontario, workers covered by the legislation are firefighters (excluding forest/wildland firefighters), police officers, paramedics, members of emergency response teams (including First Nations teams), ambulance service managers, correctional workers, emergency dispatchers, nurses, provincial bailiffs, probation officers, special constables, and forensic police officers.

New Brunswick and Yukon

In New Brunswick and Yukon, presumptive coverage extends exclusively to diagnoses of PTSD. The coverage extends only to first responders, including firefighters (excluding forest/wildland firefighters), police officers, and paramedics.⁶² [Yukon](#) further includes community health nurses who attend ambulance calls and air ambulance medevacs. Both Yukon and New Brunswick preclude chronic mental stress that develops gradually and cumulatively over time.

Nova Scotia

In Nova Scotia presumptive coverage is exclusively for a diagnosis of PTSD. Coverage extends to police/peace officers, sheriffs, firefighters (excluding forest/wildland firefighters), paramedics, continuing care assistants, correctional officers, emergency dispatchers, and nurses.

Alberta

Presumptive coverage in Alberta extends to any diagnosis of a mental or psychological disorder/injury recognized in the DSM. Coverage in Alberta is for first responders, including firefighters (excluding most forest/wildland firefighters), police officers/sheriffs, emergency medical responders, primary and advanced care paramedics, as well as correctional officers, emergency dispatchers, and peace officers. In Alberta, “firefighter” means a full-time, part-time, casual, or volunteer firefighter employed by a municipality or Métis settlement. Alberta is unique in that they have [specific legislation](#) applying existing presumptive coverage legislation for firefighters who fought in the Fort McMurray and Horse River wildfires from May 1, 2016 to June 1, 2016 (Alberta Workers’ Compensation Board). However other wildland firefighters are still not included within presumptive legislation.

British Columbia

British Columbia [extends presumptive coverage](#) for any mental/psychological disorder/injury recognized in the DSM (BC Government News). In British Columbia, the following workers are covered by the legislation: correctional officers, emergency medical assistants, firefighters (including forest/wildland firefighters), police officers, sheriffs, community integration specialists, coroners, harm reduction workers, parole officers, probation officers, respiratory therapists, shelter workers, social workers, transition house workers, victim service workers, and withdrawal management workers. This legislation does not extend to call takers and dispatchers, but Bains said his government “will consider over time expanding presumptions to other types of workers who experience traumatic events at work, as well as continuing to focus on overall workplace safety.”⁶³

Quebec, Northwest Territories, and Nunavut

Quebec has no presumptive coverage. [Nunavut and the Northwest Territories](#), while not having presumptive coverage, are unique: they are the only jurisdictions that share a workers’ compensation bureaucracy, which enforces 2 different *Workers Compensations Acts* through the inter-territorial Workers’ Safety and Compensation Commissions of Nunavut and the Northwest Territories. If a legislative change occurs in these jurisdictions, it is likely to be in unison.

Implications

The implications of all this inconsistent legislation are not just inconveniences for workers. The implications can also be tragic. As reported in the February 2018 issue of *Canadian Occupational Safety*, in jurisdictions without presumptive legislation, workers must prove their PTSD was caused by their job, and once they get a diagnosis, they submit it to the Workers’ Compensation Board, where it can be under review for quite some time. The same process applies to any other mental health disorders that workers develop over the course of their employment. During the waiting period, the worker is just sitting at home, not getting treatment, and “suffering tremendously,” said Jason Godin, then national president of the Union of Canadian Correctional Officers, and “this is when suicides happen.”⁶⁴

Is Presumptive Coverage Enough?

Even if the laws in Canada were created in a unitary manner, wherein all provincial and territorial jurisdictions are provided the same legislative protections for presumptive coverage, there would still be more work to do regarding strengthening protections for workers, especially for mental and psychological health care. Some key points that would still require legislative action include comprehensive mental health support within the workplace, incentivizing employers to proactively encourage or mandate screenings, and access to mental health services.

Research and data collection are other areas where legislative change could prove helpful, particularly by conducting labour surveys in job sectors with low levels of existing knowledge and data. Exploring more labour sectors regarding mental injury research is an

important step to helping all Canadian workers prioritize mental health. Further in the new context of labour post COVID-19, unions and advocacy groups alike should consider the implications of working from home on employees' mental health and how to tailor online work to effectively support remote or hybrid workers in their health and well-being.

Better Training

Another area needing improvement is around training and professional development. In the aforementioned study by the Union of Solicitor General Employees, a high percentage of workers surveyed said that they had received “little to no training” to prepare them for dealing with the persistent exposure to traumatic events, criminal histories, and graphic content⁶⁵. This begs the need for more workforce training and development programs emphasizing how to deal with potentially traumatic events/material, teaching healthy coping mechanisms, and offering resources available. And ideally, the creation and facilitation of peer/co-worker support groups would add a layer of support.

Removing Stigma

More work must be done to remove the stigma around mental injury in the workplace. It continues to take a lot for impacted injured workers to come forward and seek help/compensation. There is a mountain of evidence from the various articles explored here that traumatized employees are frequently not taken seriously.

The Union of Safety and Justice Employees' (USJE) study is illustrative in this regard, emphasizing how more than half of surveyed Correctional Services Canada workers reported a work environment that viewed mental health impacts as a sign of weakness in staff.⁶⁶ One interview respondent mentioned that “the culture at work only supports taking time off when staff are physically assaulted.”⁶⁷ The survey respondent added that “they shame staff who become depressed or overstressed due to traumatic material or threats to their safety.” In this regard, removing the social stigma associated with mental health injuries is fundamentally important to establishing presumptive coverage for those workers experiencing injury. It seems the basis, the root of the problem. Establishing presumptive coverage depends on it, Furthermore, these reports from USJE and others like it emphasize the need for a culture change among certain workplaces and institutions.

Better Education

More work needs to be done to promote better education on workers' rights. The fear of losing one's job creates an obvious disincentive for injured workers to seek the help they need through their employers. Better education on resources available through various provincial ministries, programs, and bodies such as provincial workers' compensation authorities would enable workers to take alternative paths to injury resolution outside of going to the employer.

Quick Access to Services

Injured workers ought to have easy and quick access to services that help them file and report issues with the proper bureaucracies. This not only includes access to, and knowledge of, Workers' Compensation processes, but also access to health care. A

diagnosis of PTSD must, by definition, be made no earlier than one month after consistent symptoms have been recognized.⁶⁸ If a worker does not have access to a primary care physician in the short term, diagnoses may take too long, and in turn, injuries may persist longer.

Movements Around Presumptive Coverage

One ongoing labour campaign for a change in presumptive legislation comes from the [Union of Safety and Justice Employees \(USJE\)](#). The [union is seeking urgent changes](#) to federal legislation regarding the exclusion of public safety personnel from presumptive coverage for broader mental health injury in various jurisdictions across Canada.

USJE identifies many of the key problems with presumptive legislation in Canada, as have been outlined above. It emphasizes the need to close a key gap in federal legislation so that federal public safety personnel have access to workers' compensation for injuries related to mental health, as first responders in most provinces and territories do. The union is pushing for legislative change through supporting Private Member's Bill C-357, which would expand the definition of PSP to include more workers routinely exposed to trauma-inducing material, individuals, and situations. The proposal for legislative change is supported in solidarity with other unions representing federal employees affected by this legislation, particularly PSAC and NUPGE.

Change Culture in Our Workplaces, and Change Laws across Canada

For things to get better there needs to be a culture shift in Canadian workplaces, a change that provides an environment where employees are encouraged and supported by employers to come forward on issues of mental or physical injury. Workers need an environment that destigmatizes mental health problems and injuries.

NUPGE is proud to say that our union has been playing a strong active role in removing the stigma against mental health injuries in the workplace. We've been working to ensure that the supports workers need are there when they need them. We have campaigned for presumptive legislation across the country to give injured workers the benefits they deserve. We will continue to work to ensure the very benefits we have fought for are not undermined by new legislation.

We will continue to educate our members and the public, and to push the urgently needed policy amendments explained here: to expand definitions of PSP to include these other workers, to get all mental injuries covered in provincial and territorial presumptive legislation, and to strive for coherence and consistency in legislation across Canada.

Notes

1 Union of Solicitor General Employees (USGE), *Moving Forward: A Report on the Invisible Toll of Psychological Trauma on Federal Public Safety Workers* (Ottawa: June 2017), 2, <http://www.tendacademy.ca/wp-content/uploads/2017/11/MovingForward.pdf>.

2 For a summary of the literature, see R. Nicholas Carleton et al., “Exposures to Potentially Traumatic Events Among Public Safety Personnel in Canada,” *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement* 51 no. 1 (2019): 38. See also: Vig KD, Mason JE, Carleton RN, Asmundson GJG, Anderson GS, Groll D. “Mental health and social support among public safety personnel,” *Occupational Medicine* 70, no. 6 (2020), 427-433. doi: 10.1093/occmed/kqaa129. PMID: 32705138; PMCID: PMC7566747. Ricciardelli, R., Taillieu, T.L., McElheran, M. et al., “Sleep quality and mental disorder symptoms among correctional workers in Ontario, Canada,” *Scientific Reports* 14, no. 14963 (2024). <https://doi.org/10.1038/s41598-024-65891-8>

3 Ibid., 42, 48.

4 Ibid., 49.

5 Ibid.

6 R. Nicholas Carleton et al., “Mental Disorder Symptoms among Public Safety Personnel in Canada,” *The Canadian Journal of Psychiatry* 63 no.1 (2018): 54.

7 Ibid.

8 Ibid.

9 Ibid., 55.

10 Ibid.

11 Ibid., 59, 60, Table 4, 62.

12 Ibid., 57.

13 Ibid., 59.

14 Ibid., 60.

15 Ibid., 60–61.

16 Ibid., 57–58.

17 Ibid., 57–58, 61.

18 Ibid., 61.

19 Ibid., 59, 60, Table 4, 62.

20 Ibid., 58 Table 1.

21 Ibid., 58 Table 1, 60, Table 4.

22 Ibid., 59, 62

23 Amanda Silliker, "Correctional Officers Calling for Presumptive PTSD Coverage Across Canada," *Canadian Occupational Safety*, January 2, 2018, <https://www.cos-mag.com/psychological-health-safety/35965-correctional-officers-calling-for-presumptive-ptsd-coverage-across-canada/>.

24 Ibid.

25 Ibid.

26 Ibid.

27 Ibid.

28 "Exposure to Critical Incidents: What are the Effects on Canadian Correctional Officers?" *FORUM on Corrections Research* 4, No.1, (1992) date modified March 3, 2015, <https://www.csc-scc.gc.ca/research/forum/e041/e041m-eng.shtml>.

29 B.L. Stadnyk, "PTSD in Corrections Employees in Saskatchewan," Executive Summary (MA thesis, University of Regina, 2004), 5, 6, 9, 10, Table V, <http://www.rpnas.com/wp-content/uploads/PTSDInCorrections.pdf>.

30 Neil Boyd, *Correctional Officers in British Columbia, 2011: Abnormal Working Conditions* (Burnaby, BC: Simon Fraser University, 2011), i, <http://former.bcgeu.ca/sites/default/files/FINAL%20Boyd-Report-2011.pdf>.

31 Ibid., 11.

32 Gloria Galloway, "PTSD Affects 36 Per Cent of Male Prison Officers, Federal Data Reveal," *Globe and Mail*, July 27, 2016, updated May 16, 2018, <https://www.theglobeandmail.com/news/politics/ptsd-prevalent-among-male-prison-officers-federal-data-reveal/article31145169/>.

33 Ibid.

34 Angela MacIvor. "Number of Prison Workers Suffering from PTSD Much Higher Than Official Stats, Union Says," *CBC News*, May 11, 2017, <https://www.cbc.ca/news/canada/nova-scotia/canada-prisons-corrections-ptsd-first-responders-coverage-1.2735583>.

35 Ibid.

36 Marianne Klowak, "Inmate Killings, Rising Violence Lead to Spike in PTSD Rate among Prison Staff: Union," *CBC News*, April 29, 2019, <https://www.cbc.ca/news/canada/manitoba/stony-mountain-james-bloomfield-workers-compensation-corrections-canada-1.5110580?fbclid=IwAR3oJGLbLPrEadHevUjC8o973Kv3tjQNsIVuZlpSMTXIXakHUKnQyUSIQ0>.

37 USGE, *Invisible Toll of Psychological Trauma*, 7.

38 Ibid.

39 Ibid., 7-8.

40 Ibid., 8.

41 "Psychological Trauma Widespread in Federal Public Safety Employees," *Union of Safety and Justice Employees*, June 20, 2017, <http://www.usje-sesj.com/en/psychological-trauma-widespread-in-federal-public-safety-employees>.

42 USGE, *Invisible Toll of Psychological Trauma*, 1-2.

43 Ibid., 2.

44 Ibid.

45 Carleton et al., "Mental Disorder Symptoms," 42, 49.

46 Ontario Ministry of Labour, "Supporting Probation and Parole Officers and Bailiffs with PTSD," news release, archived bulletin, December 6, 2017, <https://news.ontario.ca/mol/en/2017/12/supporting-probation-and-parole-officers-and-bailiffs-with-ptsd.html>.

47 For example, (Alberta) *Workers' Compensation Act*, RSO 2000, c W-15, s 24.2(3)(a). <http://www.qp.alberta.ca/documents/Acts/w15.pdf>; (Manitoba) *The Workers Compensation Act*, CCSM c. W200, s 4(5.8)(a), http://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=w200; Government of Newfoundland and Labrador, Executive Council, Service NL, "Presumptive Coverage for Post-traumatic Stress Disorder for All Workers Covered by the *Workplace Health, Safety and Compensation Act*," December 4, 2018, <https://www.releases.gov.nl.ca/releases/2018/exec/1204n04.aspx>.

48 "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in BC," OHS Insider, Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-bc>; "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in Alberta," OHS Insider, Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-alberta>; "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in Ontario," OHS Insider, Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-ontario>.

49 "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in Saskatchewan," OHS Insider, Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-saskatchewan>; "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in Prince Edward island," OHS Insider, Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-prince-edward-island>; "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in Newfoundland, OHS Insider," Accessed May 23, 2019, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-newfoundland>.

50 (Nova Scotia) *Workers' Compensation Act*, 1994-95, c 10, s 10(1), <https://nslegislature.ca/sites/default/files/legc/statutes/workers'%20compensation.pdf>.

51 Ibid., 7, s 2(a).

52 Workers Compensation Board of Nova Scotia, *Psychological Injury: Final Policy Decision and Supporting Rationale*, (January 2019), 4-5, 7, <https://www.wcb.ns.ca/Portals/wcb/Psychological%20Injury%20Policy%201-3-9R%20-%20Final%20Policy%20and%20Supporting%20Rationale.pdf?ver=2019-02-14-093723-923>.

53 Ibid., 6-7.

54 Ibid., 7.

- 55 (New Brunswick) *Workers Compensation Act*, RSNB 1973, ss.1, 7.1(1), http://laws.gnb.ca/en/showfulldoc/cs/W-13/#anchorga:s_85.
- 56 "OHS Director's Briefing: Workers' Comp Coverage of PTSD and Mental Stress in New Brunswick," OHS Insider, 2018, <https://ohsinsider.com/topics/wellness/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-new-brunswick>.
- 57 Sara Mojtehdzadeh, "Workers' Compensation Board Denies over 90 Per Cent of Chronic Mental Stress Claims, Audit Shows," the *Star*, December 4, 2018, <https://www.thestar.com/news/gta/2018/12/04/workers-compensation-board-denies-over-90-per-cent-of-chronic-mental-stress-claims-audit-shows.html>.
- 58 "Amendments to the Workers' Compensation Act to Recognize Psychological Injury," Workers' Compensation Board of Saskatchewan, <http://www.wcbsask.com/ptsd/>.
- 59 (Prince Edward island) *Workers Compensation Act*, https://www.princeedwardisland.ca/sites/default/files/legislation/w-07-1-workers_compensation_act.pdf
- 60 "PTSD Presumption," Workers Compensation Board of Manitoba, <https://www.wcb.mb.ca/ptsd-presumption-0>; Manitoba, *The Workers Compensation Act of Manitoba, Legislative Overview*, 2016, rev. January 2016, <https://wcb.mb.ca/sites/default/files/2016%20backgrounder.pdf>; *The Workers Compensation Act*.
- 61 Newfoundland and Labrador, Workplace NL, "PTSD Presumptive Coverage Available July 1," Press Release, Published Tuesday, June 25, 2019, <https://workplacenl.ca/article/ptsd-presumptive-coverage-available-july-1/#:~:text=As%20of%20july%201%2C%202019,on%20or%20after%20this%20date>
- 62 (New Brunswick) *Workers Compensation Act*, ss 7.1(1)–(4).
- 63 NUPGE, "B.C. Government Introduces New PTSD Presumptive Coverage," April 16, 2018, <https://nupge.ca/content/bc-government-introduces-new-ptsd-presumptive-coverage>.
- 64 Silliker, "Correctional Officers Calling for Presumptive PTSD."
- 65 USGE, *Invisible Toll of Psychological Trauma*, 4; "Psychological Trauma," USJE.
- 66 USGE, *Invisible Toll of Psychological Trauma*, 55; "Psychological Trauma," USJE.
- 67 USGE, *Invisible Toll of Psychological Trauma*, 4.
- 68 The US-based National Institute of Mental Health explains that "to be diagnosed with PTSD, an adult must have all of the following for at least 1 month: At least one re-experiencing symptom, at least one avoidance symptom, atleast two arousal and reactivity symptoms, at least two cognition and mood symptoms." "Post-Traumatic Stress Disorder," The National Institute of Mental Health, <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

Further Resources by Jurisdiction

Federal

National Information on Presumptive Coverage and Workers' Compensation:
<https://www.canada.ca/en/public-health/services/publications/healthy-living/federal-framework-post-traumatic-stress-disorder.html>.

NL

Workplace NL: <https://workplacel.ca/article/ptsd-presumptive-coverage-available-july-1/>.

WCA NL: <https://assembly.nl.ca/legislation/sr/statutes/w11.htm>.

PEI

OHS Insider Brief: <https://ohsinsider.com/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-prince-edward-island/?print=print>.

Occupations covered:

https://www.wcb.pe.ca/DocumentManagement/Document/pol01_psychologicalorpsychiatriccondition.pdf.

WCA PEI: https://www.princeedwardisland.ca/sites/default/files/legislation/w-07-1-workers_compensation_act.pdf.

NS

New regulation on gradual PSTD coverage: <https://www.wcb.ns.ca/gpi>.

OHS Insider Brief: <https://ohsinsider.com/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-nova-scotia/?print=print>.

WCA NS:

<https://nslegislature.ca/sites/default/files/legc/statutes/workers'%20compensation.pdf>.

NB

OHS brief: <https://ohsinsider.com/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-new-brunswick/?print=pdf#:~:text=In%20New%20Brunswick%2C%20workers'%20comp,PTSD%20and%20emergency%20response%20workers.>

NB WCA: <https://laws.gnb.ca/en/document/cs/W-13>.

QC

Workers Compensation Act (English) <https://www.legisquebec.gouv.qc.ca/en/pdf/cs/A-3.pdf>.

ON

Balance of probabilities, case-by-case: <https://www.wsib.ca/en/operational-policy-manual/traumatic-mental-stress>.

Workers included: <https://www.wsib.ca/en/operational-policy-manual/posttraumatic-stress-disorder-first-responders-and-other-designated>.

WCA ON: <https://www.wsib.ca/en/policy/workplace-safety-and-insurance-act>.

MB

WCB:

https://www.wcb.mb.ca/sites/default/files/resources/2990%20WCB%20PTSD%20Folder%20Inserts_Frequently%20Asked%20Questions-PTSD%20Presumption_0.pdf.

WCA MB: https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=w200.

SK

WCB SK: <https://www.wcbsask.com/psychological-injuries#:~:text=This%20means%20you%20need%20to,apply%20it%20to%20all%20workers>

WCA SK: <https://publications.saskatchewan.ca/#/products/69362>.

AB

Wildland firefighter Fort McMurray preclusion:

https://www.wcb.ab.ca/assets/pdfs/workers/WFS_Firefighters_with_cancer.pdf.

WCB Fact Sheet:

https://www.wcb.ab.ca/assets/pdfs/employers/EFS_Presumptive_coverage_for_traumatic_psychological_injuries.pdf.

WCA Alberta: <https://open.alberta.ca/publications/w15>.

BC

Coverage expansion: <https://hsabc.org/sites/default/files/2022-10/presumptive-coverage-2021.pdf>.

Preusmptive coverage news brief: <https://news.gov.bc.ca/releases/2024LBR0010-000892#:~:text=Introduced%20in%20April%202019%2C%20the,publicly%20funded%20org anization%20or%20setting>.

WCA BC: https://www.leg.bc.ca/content/CommitteeDocuments/41st-parliament/3rd-session/parref/meetings/WorkersCompAct_Redline2018.pdf.

YK

PTST Presumption Public Consultation: <https://www.wcb.yk.ca/getmedia/83c34b44-8528-4ca9-83c3-2da89c8e84f5/RE-0006-01-00-What-We-Heard-PTSD-Consultation-2017-08-01.pdf>.

2023 Ministerial Briefing: <https://open.yukon.ca/sites/default/files/WSCB-2023-Spring-SessionBrief.pdf>

Coverage for ambulatory and medivac nurses: <https://www.yukon-news.com/news/yukon-tables-presumptive-ptsd-legislation-6995361>

WCA: <https://laws.yukon.ca/cms/images/LEGISLATION/PRINCIPAL/2021/2021-0011/2021-0011.pdf>.

NT

WSCC: <https://www.wscn.nt.ca/>.

WCA: <https://www.canlii.org/en/nu/laws/stat/snu-2007c15/latest/snu-2007c15.pdf>.

NWT

OHS Briefing: <https://ohsinsider.com/ohs-directors-briefing-workers-comp-coverage-of-ptsd-and-mental-stress-in-northwest-territories-nunav/>.

WCA: <https://www.canlii.org/en/nt/laws/stat/snwt-2007-c-21/latest/snwt-2007-c-21.pdf>.

nupge

COMPONENTS



B.C. GENERAL EMPLOYEES' UNION



CANADIAN UNION OF BREWERY AND GENERAL WORKERS



HEALTH SCIENCES ASSOCIATION OF ALBERTA



HEALTH SCIENCES ASSOCIATION OF BRITISH COLUMBIA



HEALTH SCIENCES ASSOCIATION OF SASKATCHEWAN



MANITOBA ASSOCIATION OF HEALTH CARE PROFESSIONALS



MANITOBA GOVERNMENT AND GENERAL EMPLOYEES' UNION



NEW BRUNSWICK UNION OF PUBLIC AND PRIVATE EMPLOYEES



NEWFOUNDLAND & LABRADOR ASSOC. OF PUBLIC & PRIVATE EMPLOYEES



NOVA SCOTIA GOVERNMENT AND GENERAL EMPLOYEES UNION



ONTARIO PUBLIC SERVICE EMPLOYEES UNION / SYNDICAT DES EMPLOYÉS DE LA FONCTION PUBLIQUE DE L'ONTARIO



PRINCE EDWARD ISLAND UNION OF PUBLIC SECTOR EMPLOYEES



SASKATCHEWAN GOVERNMENT AND GENERAL EMPLOYEES' UNION

The National Union of Public and General Employees is an affiliate of the Canadian Labour Congress and a member of the Public Services International.