

December 15, 2021

Attn: Louise Greenberg, PhD
Chairperson
Workers' Compensation Act Committee of Review

Dear Dr. Greenberg,

I am writing on behalf of the Psychology Association of Saskatchewan (PAS) in response to your invitation for submissions letter dated October 5, 2021. In the letter, you invited our association to share "views and suggestions" related to Workers' Compensation Acts and Regulations.

In reviewing the list of documents, we will provide comment only on those issues or areas that are most relevant to the provision of psychological assessment and treatment services to injured workers. Please understand that no formal survey of our full membership was undertaken, although separate responses to your invitation may have been provided by individuals or groups of Psychologists who practice in settings where injured workers are routinely treated. PAS wished to provide a separate submission, as we do often hear from individual Psychologists who voice questions or concerns related to provision of services to injured workers. The information we provide is based partly on some degree of professional experience in dealing with WCB clientele, and also on anecdotal information provided by other members of the profession that has been shared with members of our PAS Executive Council.

There was a 2015 Committee of Review, and the 2016 recommendations provided via that review are available on the WCB website. We will provide feedback on some of those recommendations that may be relevant to areas of psychological practice.

Culture and customer service: Focus on corporate culture and develop a customer-centric service delivery model.

Status: The WCB's culture and customer service excellence is being addressed as part of the WCB's continuous process improvement effort and through the strategy deployment system, which is aligning efforts to our vision and mission.

Regarding claims for compensation, members of our profession have shared that they routinely hear complaints from injured workers that payments and benefits are often delayed, sometimes with no clear reason provided. This has the effect of causing additional emotional and mental distress to injured workers, which we as treatment providers can do nothing to circumvent or prevent. At times, there may be extremely vulnerable injured workers whose basic needs (e.g., food and shelter) may not be sustainable without timely payment. It is very difficult to improve the

psychological well being of an individual if there is a very real threat that they may be evicted from their home, or cannot afford to buy groceries.

Another issue related to this “customer service” aspect of the recommendations relates to the occasion where an injured worker is required to travel great distance, or be required to stay far from their home in order to participate in either a Tertiary or Mental Health Program. Since the onset of the Covid-19 pandemic, virtual services have become widely acceptable as a treatment platform for mental health issues. We would recommend that the provision of virtual services become a standard option, especially in cases where injured workers would otherwise have to travel great distance or stay away from home for longer periods of time. This often can cause a valid source of distress for injured workers, and may undermine the intended benefits of treatment in some cases.

The compensation issue highlights some of these structural problems that WCB encounters. Oftentimes, a potential patient of WCB will sustain a non-physical injury at work, an injury affecting mental health. The usual process is for the employee to file a WCB claim and wait for a decision as to whether or not the claim will be accepted. If that individual is not able to work as a result of the mental health condition or change in mental health status, they then have to wait until WCB adjudicates the case. There have been many examples of employees waiting between 30 to 90 days for compensation approval or denial. It is fairly common for individuals to be unable to work because of the mental health issue, and many workplaces do not have adequate short-term disability insurance. The issue may be that the process between the employer and WCB are not aligned and they do not work seamlessly into each other. The long delays and not knowing if an individual is going to be able to pay their bills is an incredible pressure that often significantly exacerbates the mental health issue, or creates additional issues requiring time off.

It is not obvious to us whether or not the WCB has considered how their policies work alongside or in opposition with the employers or businesses that utilize WCB as a form of insurance. Absent engagement towards resolution of this barrier from employers, patients and WCB, it is likely that the delays in adjudication and/or payments will continue to be a significant barrier to the recovery of injured workers.

Psychological injury: Strengthen the psychological injury policy regarding post-traumatic stress disorder and mental health coverage for Saskatchewan workers. Status: Psychological injury claims were addressed in 2016 with an amendment to The Workers’ Compensation Act, 2013 (the Act) to establish a rebuttable presumption for workers experiencing psychological injuries caused by workplace trauma. In 2019, the WCB developed a specialized unit focused on adjudicating and managing psychological injury claims.

Section 28.1 of the Workers’ Compensation Act speaks to the Presumption of a Psychological Injury. The section states “Unless the contrary is proven, if a worker

or former worker is diagnosed with a psychological injury by a psychiatrist or psychologist, that injury is presumed to be an injury that arose out of and in the course of the worker's employment." In assessing and treating injured workers, members of our profession have reported that there have been concerns raised by injured workers who find it distressing having to provide specific details to WCB related to their psychological injury (e.g., PTSD and traumatic events) when these incidents and events may have already been well documented, and often times may not be in dispute. When this information is not being solicited or collected in the context of a specific assessment or treatment team process, even simply asking the injured worker to provide that level of detail may be extremely dysregulating and they may not have necessary supports in place to assist them with this process. It is our understanding that even though it can be difficult for injured workers to speak about details of traumatic events they have experienced, it is likely best done in the context of a more in-depth assessment process with a qualified mental health professional (e.g., Mental Health Assessment).

In addition to these areas outlined within the 2016 Recommendations, we have also been made aware of several general areas of concern that have been routinely raised with respect to the involvement of Psychologists who have provided assessment and treatment services to clients within both Tertiary Programs and Mental Health Programs. We will outline these below.

1. Communications with the former Health Services Manager (mostly related to provision of psychological services to injured workers in the Mental Health Programs) were often reported to be quite difficult. The impression had been given that the former HSM was quite adversarial and at times threatening in her communication style, and was often perceived to be giving Psychologists strongly worded direction as to how they should be providing treatment services, despite her having no qualifications to make such directives. Many examples have been shared of her having been perceived as dismissive of recommendations made by Psychologists related to restrictions for injured workers (e.g., being unable to work in a certain setting or pre-injury position, due to more severe psychological symptoms), or demanding information that was either not relevant or not ethical to obtain (e.g., heart rate monitoring being required to substantiate whether an injured worker's reported distress was "valid" or not). This has had the unfortunate result that a number of highly trained Psychologists simply withdrew their services from the Mental Health Programs. At this point in time, we are not aware if there have been changes to how the Mental Health Program is being overseen, but we would welcome the opportunity to have members of our profession who are involved in these treatment programs provide some feedback as to how to improve communications moving forward.
2. As mental health professionals, Psychologists would certainly welcome having some sort of professional input into provision of psychological services in general, and within the Mental Health Program in particular.


- Setting some standards of care would be one such example where consultation with members of our profession would be beneficial developing a stronger treatment program with clear guidelines. This would be helpful not only for the clinicians involved in providing services, but also the injured workers who are seeking treatment in these programs. It should be noted that the diversity of ways in which people heal from psychological injuries should be recognized, and a goal of having treatment become “codified” is unrealistic and potentially harmful. Standards of care and guidelines are helpful, but space to consider individual cases also needs to be included.
3. As Psychologists, we have extensive training and experience with clinical outcomes and evaluation research. It would be helpful if data on treatment outcomes and/or program evaluation could be more widely disseminated. This information sharing is highly sought after by psychologists and could be presented in the form of didactic training. It could be an initiative that is mutually beneficial, as psychologists would be able to fill continuing education requirements while getting training in areas that would benefit WCB.
 4. When a WCB Case Manager or Health Service Manager requests impromptu Psychological assessment, or use of psychometric assessment tools (e.g., a version of the MMPI, cognitive or neuropsychological), there should be a clear reason for the request provided to both the injured worker and the Psychologist who is requested to complete the testing. The Psychologist may disagree with the reasons provided; in such a case, the request for assessment could be detrimental to further treatment or deemed unnecessary by the Psychologist. Individuals who are not trained in provision of certain forms of Psychological assessment measures should not be making decisions regarding when it is appropriate or necessary to make use of these tests. At its core, a fundamental principle in any information gathering endeavor is the question of knowledge for what? And knowledge for whom?

Historically, feedback from our members has been that it has been difficult to provide any feedback to WCB directly from psychologists. Recently a group of psychologists who provide services to WCB was formed - The Saskatchewan Coalition of Rehabilitation Psychologists (SCRCP). That group has advised that they were informed that the only way to communicate with the WCB was through the Coalition of Physical Rehabilitation Centres of Saskatchewan (CPRCS). Therefore, any issues raised by these psychologists would have to go from the subcommittee through the coalition before reaching the WCB - a process that was seen as cumbersome and potentially problematic since the coalition does not have any psychologists as members. Although there is a Psychological Consultant for psychologists, this consultant does not necessarily represent or speak for all psychologists who provide services to the WCB.

In conclusion, our Executive Council appreciates the opportunity to provide our feedback and suggestions to the review process. We would certainly welcome the

opportunity to provide further consultation, or to assist with coordinating consultation efforts with those Psychologists who are directly involved in both assessment and treatment of injured workers. Please do not hesitate to contact us if there are any questions or if further information is required.

Sincerely,



Regan Hart, PhD, Registered Doctoral Psychologist
Saskatchewan Delegate - Council of Professional Associations of Psychologists (CPAP)
On behalf of the Psychology Association of Saskatchewan (PAS)

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