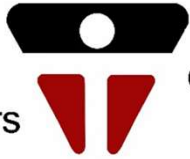


Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(ses)
de l'Ontario



Fundamental truth: Workplace Mental Health is Occupational Health

May 1, 2025



Outline:

1. Why psychosocial aspects of work should to be included as an integral part of H&S
2. Why they aren't



It's the top concern of Canadian workers:



2023 Workplace Exposures Survey



- The survey was conducted during **February - March 2023**.
- Study inclusion criteria: working in an organization with five or more employees;
- Available in either French and English.
- A total of **1,797 responses** were completed online in an average of 16 minutes.
- This included 1,019 with workers in **Ontario** and a target of 250 in each of **Québec** (261), **Alberta** (255) and **British Columbia** (262).
- Excluding the 24 records found to be invalid, the valid sample base was 14,780. Responses were received from 1,797 who completed the survey and 689 who were either screened out as ineligible or because of completed age or region quotas, thus the **participation rate is 16.6%**.
- The data set is weighted according to the Labour Force Survey from Statistics Canada on **age, gender and region**.



Concerns about Workplace Safety Hazards/Environmental Conditions:

exposure	not applicable	well designed/controlled	present but not usually an issue/concern	exposures cause concern	exposures cause annoyance	exposures interfere with ability to get job done	describe concerns and possible solutions
1. Are there concerns about the way exposures to radiation are managed? (X-rays, ultra-violet, laser, electromagnetic fields (EMF), cell phones, wireless communication devices, antennae, WiFi, microwave)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

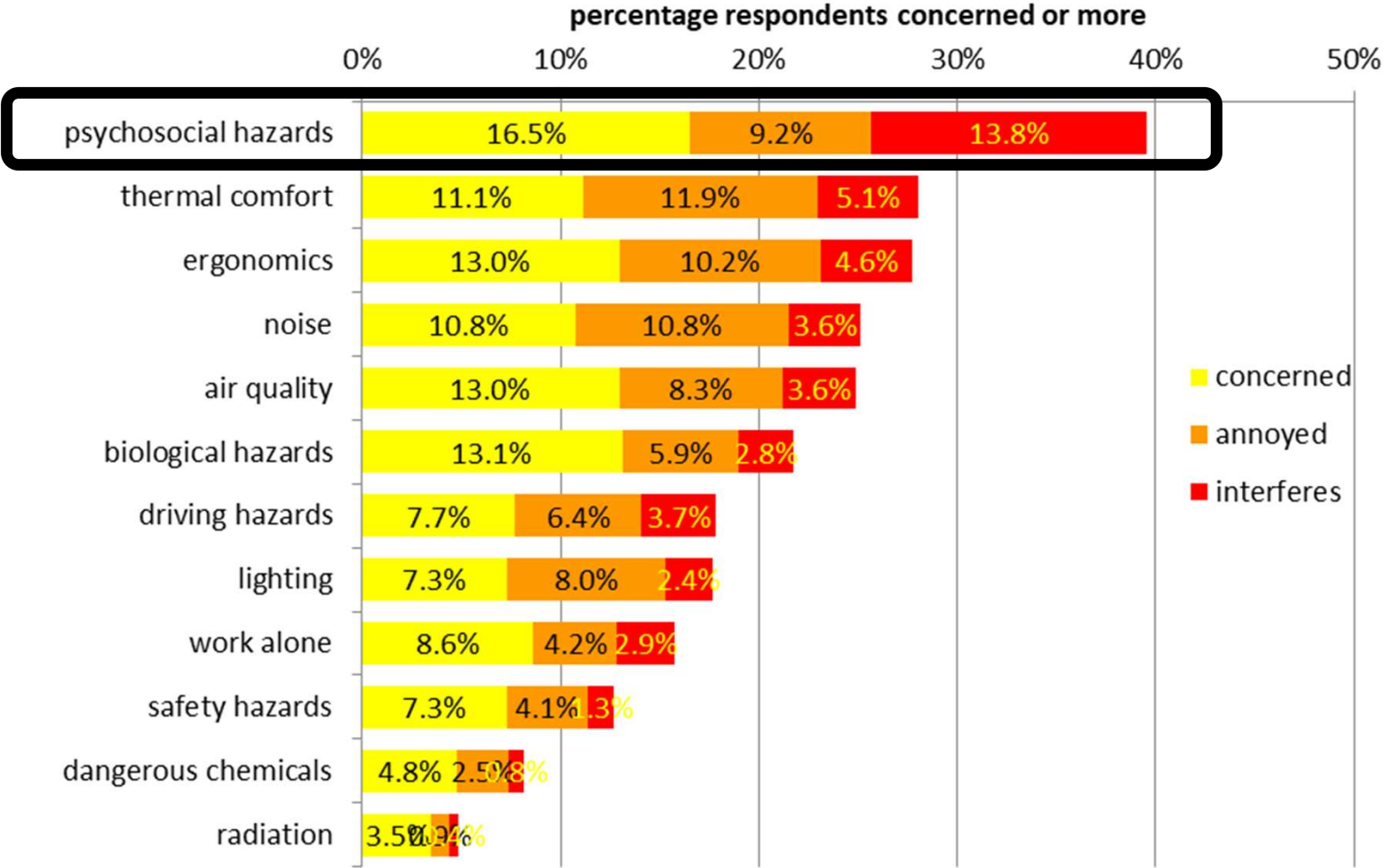


Which hazards/conditions were most frequent?

1. radiation concerns
2. driving hazards
3. biological hazards
4. chemical hazards
5. ergonomics
6. noise
7. lighting
8. thermal comfort
9. air quality
10. safety hazards
11. psychosocial hazards
12. working alone



Concerns about Workplace Safety Hazards/ Environmental Conditions:



rating scale

5	exposures interfere with ability to get the job done
4	exposures cause annoyance
3	exposures cause concern

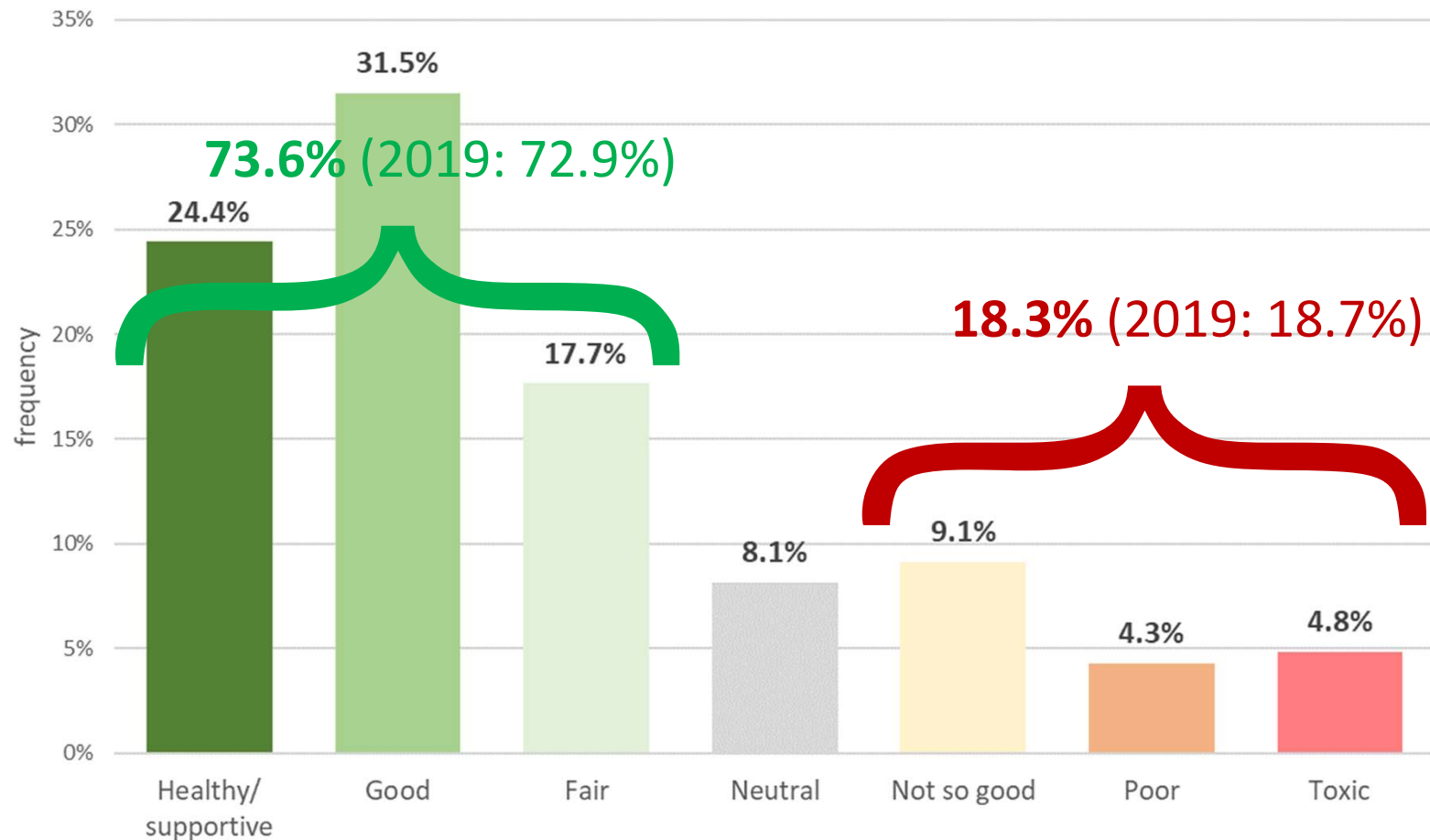
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Broken down by economic sectors:

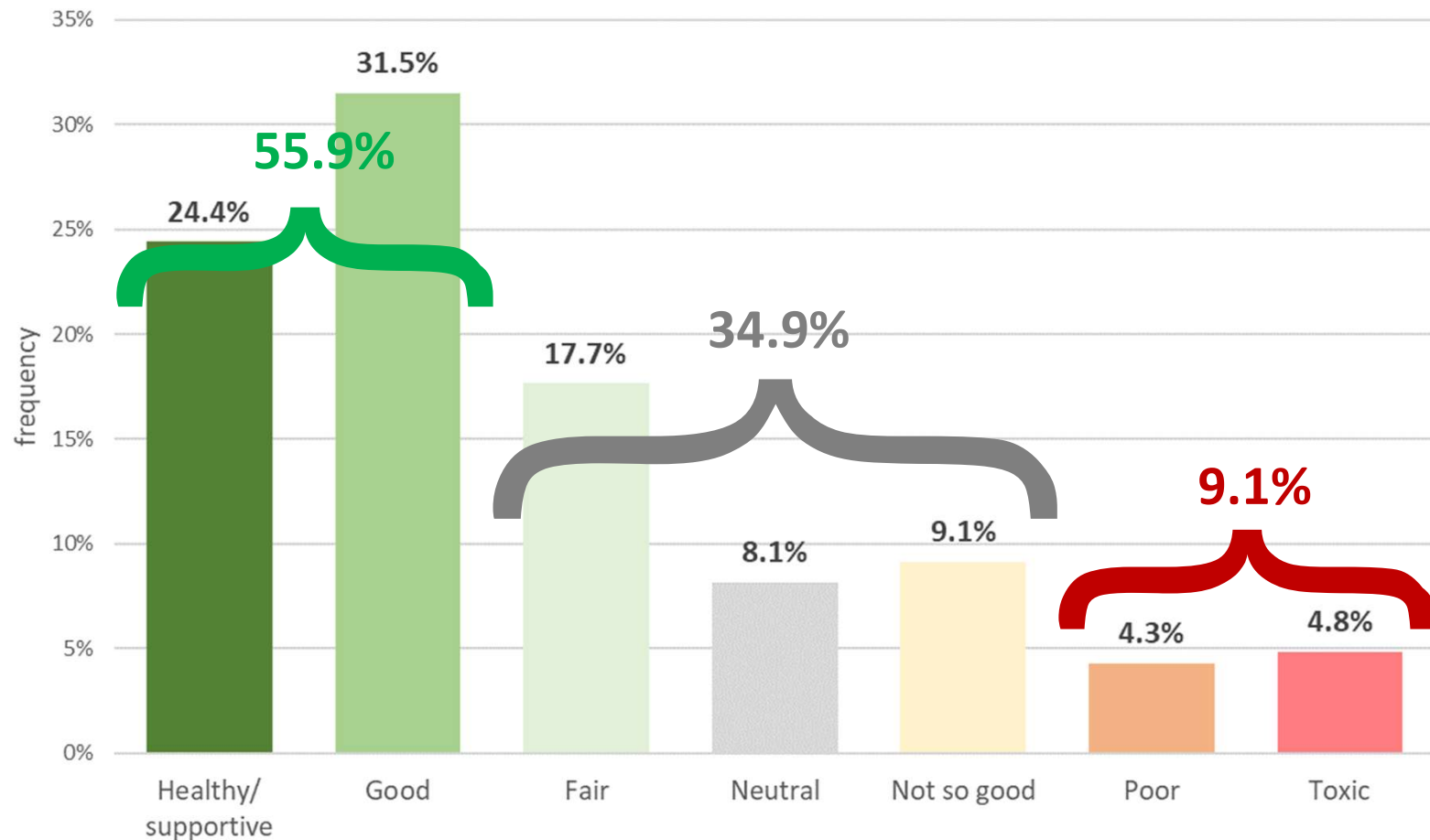
	n=	psychosocial hazards
Wholesale Trade	21	36
Construction	103	38
Agriculture, Forestry, Fishing, Hunting	24	38
Information and cultural industries	83	39
Finance and Insurance, Real Estate Rental and Leasing	117	39
Retail Trade	112	41
Administrative and Support and Waste Management and Remediation Services	36	43
Professional, Scientific and Technical Services	141	46
Other Services (Not including Public Administration)	70	44
Accommodation and Food Services	40	42
Utilities (electric, gas and water)	33	50
Arts, Entertainment and Recreation	54	48
Transportation and Warehousing	98	46
Health Care and Social Assistance	220	50
Manufacturing	123	49
Mining, quarrying, and oil and gas extraction	50	54
Public Administration	241	55
Educational Services	216	55



How would you rate the psychological health & safety climate in your workplace?



How would you rate the psychological health & safety climate in your workplace?



Broken down by economic sectors:

	n=	PH&S climate rating
Educational Services	216	47
Manufacturing	123	49
Health Care and Social Assistance	220	50
Mining, quarrying, and oil and gas extraction	50	51
Transportation and Warehousing	98	51
Accommodation and Food Services	40	51
Public Administration	241	51
Arts, Entertainment and Recreation	54	53
Other Services (Not including Public Administration)	70	55
Utilities (electric, gas and water)	33	57
Professional, Scientific and Technical Services	141	58
Retail Trade	112	59
Administrative and Support and Waste Management and Remediation Services	36	60
Finance and Insurance, Real Estate Rental and Leasing	117	60
Wholesale Trade	21	60
Agriculture, Forestry, Fishing, Hunting	24	61
Construction	103	61
Information and cultural industries	83	61



Broken down by economic sectors:

	n=	psychosocial hazards	PH&S climate rating
Wholesale Trade	21	36	60
Construction	103	38	61
Agriculture, Forestry, Fishing, Hunting	24	38	61
Information and cultural industries	83	39	61
Finance and Insurance, Real Estate Rental and Leasing	117	39	60
Retail Trade	112	41	59
Administrative and Support and Waste Management and Remediation Services	36	43	60
Professional, Scientific and Technical Services	141	46	58
Other Services (Not including Public Administration)	70	44	55
Accommodation and Food Services	40	42	51
Utilities (electric, gas and water)	33	50	57
Arts, Entertainment and Recreation	54	48	53
Transportation and Warehousing	98	46	51
Health Care and Social Assistance	220	50	50
Manufacturing	123	49	49
Mining, quarrying, and oil and gas extraction	50	54	51
Public Administration	241	55	51
Educational Services	216	55	47

It costs a lot:



Cost of Work-Related Mental Harm



- Martin Shain estimated in 2008 that **10-25%** of population mental health burden (**\$51 billion**) is occupational
- Shain & Nassar (2009) noted that annually **\$3-11 billion** of these costs to society and the workplace, **could be prevented by changes in the workplace**

Sources: Shain & Nassar (2009), "Stress at Work, Mental Injury and the Law in Canada: A Discussion Paper for the Mental Health Commission of Canada"



Problem: most employers don't see it (maybe in their S&A costs) and assume it to be part of the background – "the cost of doing business"

Other costs:

- Emotional burden, pain and suffering
- Dreading to go to work each day
- Poor workplace morale
- Drain on productivity and innovation
- Absenteeism
- Presenteeism
- In extreme cases, contributing to suicide and even murder



Human cost: Workplace stress killing 10,000+ people a year in Europe

- “There are **6,190 deaths annually through coronary heart disease** which are **attributable to psychosocial risks** at work across the EU 27 and the UK.”
- “Another **4,843 people** lose their lives through **suicide caused by work-related depression.**”
- “That means **psychosocial risks are a greater danger to workers than physical accidents**, which killed **3,286 people** in the EU in 2022.”

<https://www.etuc.org/en/pressrelease/workplace-stress-epidemic-killing-10000-people-year>



It's a standard part of OH&SM practice ...



Recognized H&S hazards (CSA Z1000):

- Safety hazards
- Chemical hazards
- Physical hazards (noise, lighting, radiation, etc.)
- Biological hazards
- Ergonomic hazards
- **Psychosocial hazards**



CAN/CSA-Z1000-14
National Standard of Canada
(approved September 2015)



Standards Council of Canada
Conseil canadien des normes

REVISED SEPTEMBER 2015



#ISO45001

Preventing accidents and keeping people safe and healthy at work, find out how International Standards can help employers meet their responsibilities.



Occupational H&S Management Systems

<https://www.iso.org/iso-45001-occupational-health-and-safety.html>

Clause 6.1.2.1 Hazard identification

- Hazard identification should consider the different types of hazards in the workplace, including:
 - Physical (e.g. slips, trips and falls, entanglement, noise, vibration, harmful energy sources);
 - Chemical (e.g. inhalation, contact with or ingestion of chemicals);
 - Biological (e.g. contact with allergens or pathogens such as bacteria or viruses);
 - Psychosocial (e.g. threat of physical violence, bullying or intimidation);



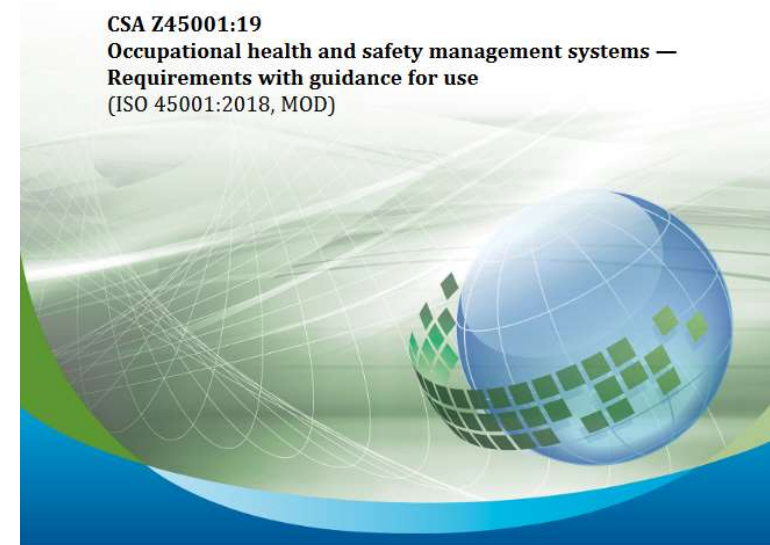
Recognized H&S hazards (CSA Z45001):

- Physical (e.g. slips, trips and falls, entanglement, noise, vibration, harmful energy sources);
- Chemical (e.g. inhalation, contact with or ingestion of chemicals);
- Biological (e.g. contact with allergens or pathogens such as bacteria or viruses);
- Psychosocial (e.g. threat of physical violence, bullying or intimidation);



CSA Z45001:19
(ISO 45001:2018, MOD)
National Standard of Canada

CSA Z45001:19
Occupational health and safety management systems —
Requirements with guidance for use
(ISO 45001:2018, MOD)



Standards Council of Canada
Conseil canadien des normes

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CSA Standard Z1003-13 (R2022)

... currently (2025) under
review by the CSA Z1003
Committee ...

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003



CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada
(reaffirmed 2022)

Psychological health and safety in the workplace —

Prevention, promotion, and guidance
to staged implementation

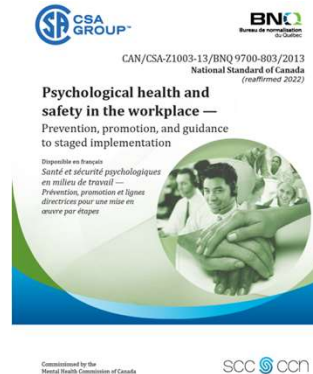
Disponible en français
*Santé et sécurité psychologiques
en milieu de travail —
Prévention, promotion et lignes
directrices pour une mise en
œuvre par étapes*



Commissioned by the
Mental Health Commission of Canada



13(+) Psychosocial Factors:



The standard cites 13 psychosocial factor + “others identified by workers”:

Psychological
& social support

Organizational
culture

Clear leadership &
expectations

Civility and respect

Psychological
demands

Growth and
development

Recognition and
reward

Involvement and
influence

Workload
management

Engagement

Work/life balance

Psychological
protection

Protection of
physical safety

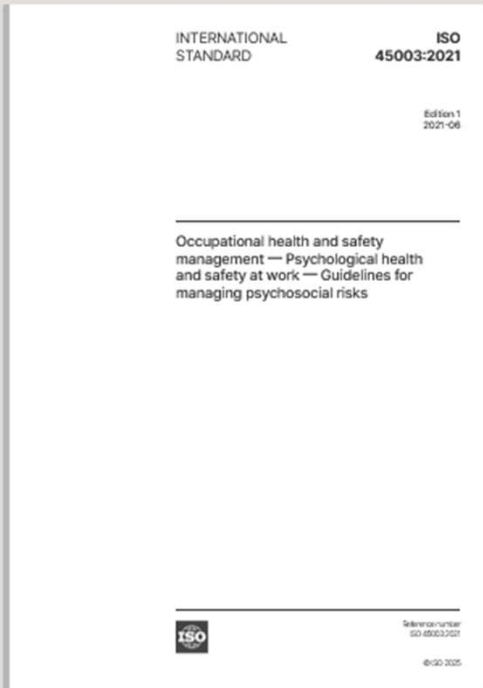
Others identified by
workers

(CAN/CSA-Z1003-13/BNQ 9700-803/2013 - Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation; page 8.)



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ISO 45003:2021



ISO 45003:2021

Occupational health and safety management —
Psychological health and safety at work —
Guidelines for managing psychosocial risks

Published (Edition 1, 2021)

[Read sample](#) <https://www.iso.org/obp/ui/#iso:std:iso:45003:ed-1:v1:en>

ISO 45003:2021

Language

English

Format

☒ PDF + ePub

☐ Paper

CHF **132**
≈CAN **\$230**

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ISO 45003 list of 18 (20?) psychosocial factors:

- | | | | |
|----|----------------------------------|-------|-------------------------------------------------|
| 1 | Roles and expectations | 11 | Organizational/workgroup culture |
| 2 | Job control or autonomy | 11(a) | Recognition and reward |
| 3 | Job demands | 11(b) | Career development |
| 4 | Organizational change management | 11(c) | Support |
| 5 | Remote and isolated work | 12 | Supervision |
| 6 | Workload and work pace | 13 | Civility and respect |
| 7 | Working hours and schedule | 14 | Work/life balance |
| 8 | Job security and precarious work | 15 | Violence at work |
| 9 | Interpersonal relationships | 16 | Harassment |
| 10 | Leadership | 17 | Bullying and victimization |
| | | 18 | Work environment, equipment and hazardous tasks |



It's (somewhat) legally mandated ...





Tracking the Perfect Legal Storm

(Shain, 2010, [Weathering the ..., 2014], [Getting Ahead of the ..., 2019])

<https://www.bcalm.ca/a-meeting-of-minds-leadership-series/>

- Labour relations law
- Employment standards
- Human rights legislation
- Law of torts (negligence)
- OH&S law (violence & harassment)
- Workers' compensation changes
- Awards up 700% over that last 5 years



... legal opinion (22/10/2013): ... that CSA standard sets the legal criteria for a psychologically safe system of work

... May/17: Shain called for the standard to be recognized in legislation.

... 2019: "...to provide substance to the duty to prevent reasonably foreseeable harm to psychological safety in the form of a prescription for a psychologically safe system of work."



<https://wsmh-cms.mediresource.com/wsmh/assets/jkmww6y57fcc80s>



COMMENTARY

Access to Workers' Compensation Benefits and Other Legal Protections for Work-related Mental Health Problems: A Canadian Overview

Katherine Lippel, LL.L., LL.M.,¹ Anette Sikka, BA, LL.B.²

ABSTRACT

This article reports on a study of the legal and policy framework governing access, in Canada, to workers' compensation benefits for workers who are work disabled because of mental health problems attributed to stressful working conditions and events. It also provides a brief description of legislation regulating psychological harassment in Quebec and Saskatchewan.

Applying classic legal methodology, the article examines the legal situation in Canada, relying on federal and provincial legislation and case law. While many of the jurisdictions studied explicitly restrict compensability to the consequences of traumatic incidents, application of this legislation is very different from one province to the next. In some provinces, legal exclusions are applied emphatically, whereas in others the workers' compensation appeal tribunals interpret the legislative exclusions much more narrowly, allowing for some access to compensation despite the legislative exclusions. Other provinces have no such exclusions and accept claims for both acute and chronic stress, although access to compensation remains more difficult for claimants with mental health problems than for those who are physically injured, regardless of where they live.

The article concludes by offering an analysis of the consequences of the current situation from a public policy and public health perspective, notably underlining the negative consequences, particularly for women, of current workers' compensation policy in most Canadian provinces.

Key words: Workers' compensation; psychosocial risk factors; mental health problems; psychological harassment; legislation

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2010;101(Suppl.1):S16-S22.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6973687/pdf/41997_2010_Article_BF03403841.pdf

Legal
Evolution
in Canada



Chapter 17

Workers' Compensation for Work-Related Mental Health Problems: An Overview of Quebec Law

Katherine Lippel

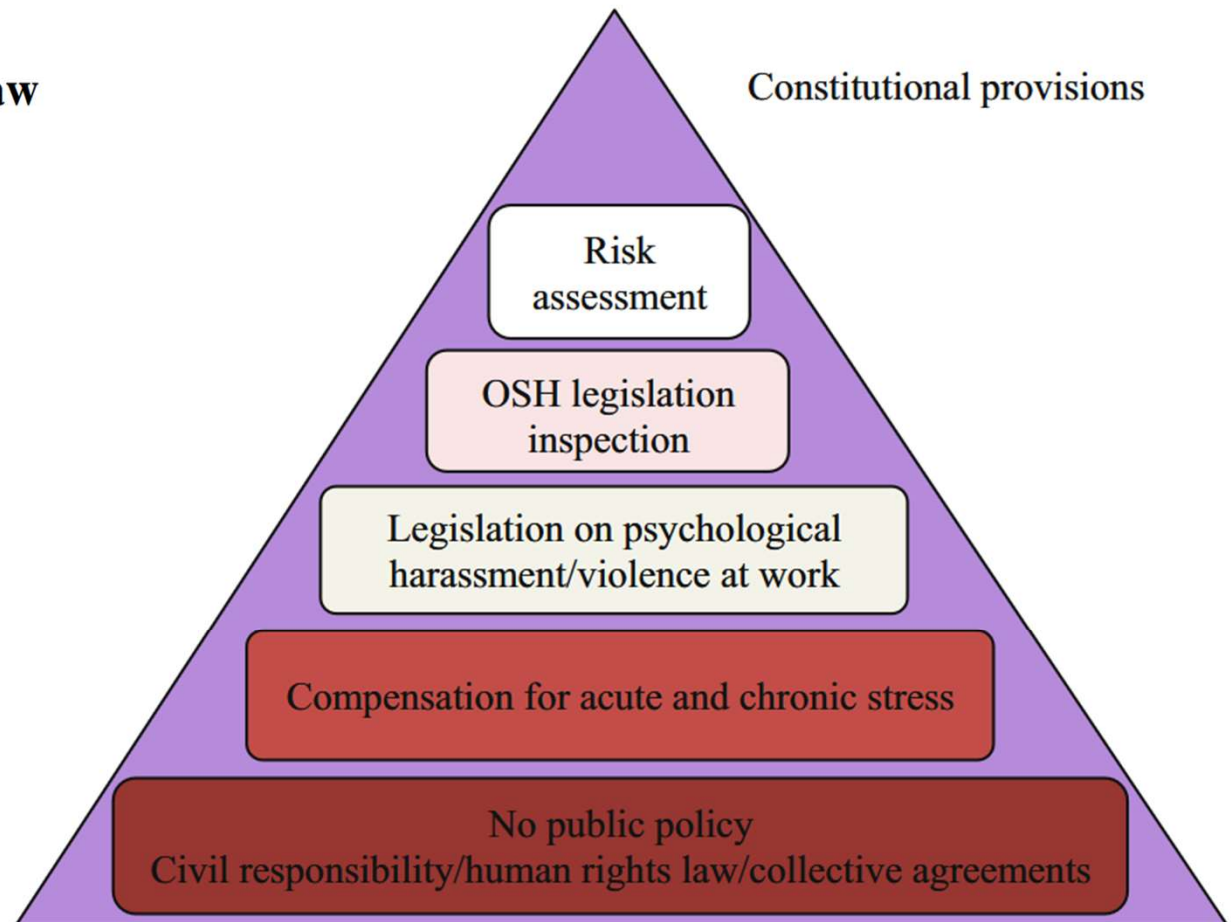
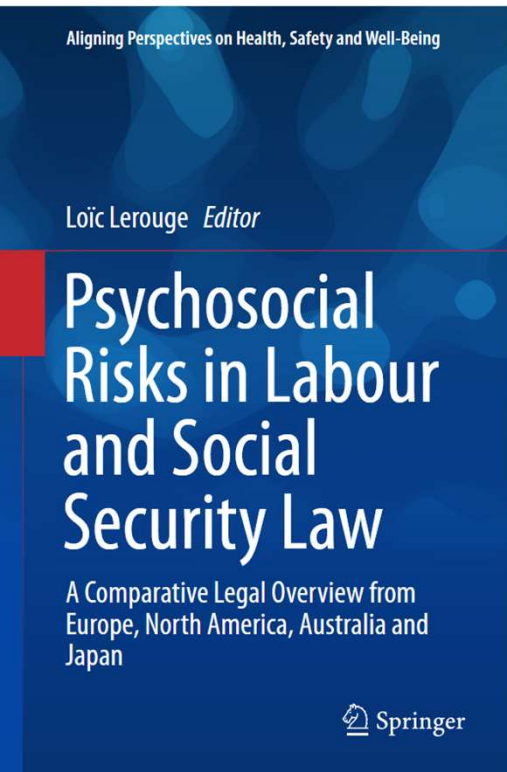


Fig. 17.1 Typology of public policies relating to exposure to psychosocial risks at work

The Saskatchewan Employment Act

- (o) “**occupational health and safety**” means:
- (i) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;
 - (ii) the prevention among workers of ill health caused by their working conditions;



Saskatchewan



A: The Act was amended in 2016 to recognize psychological injury:

28.1 (2) 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.

This means you need to have a diagnosis in order to meet the presumptive clause. Saskatchewan is the first jurisdiction to establish a presumption for all forms of psychological injury incurred through work (not just for post-traumatic stress disorder) and to apply it to all workers.



<https://www.wcbsask.com/psychological-injuries>

Saskatchewan

The Workers' Compensation Act, 2013

Presumption of psychological injury

28.1(1) In this section:

<https://pubsaskdev.blob.core.windows.net/pubsask-prod/77104/W17-11.pdf>

being

Chapter W-17.11* of the *Statutes of Saskatchewan, 2013* (effective January 1, 2014), as amended by the *Statutes of Saskatchewan, 2014, c.E-13.1; 2015, c.F-15.11; 2016, c.33; 2019, c.Y-3 and c.28; 2021, c.6; 2023, c.24; and 2024, c.4 and c.11.*

(a) “**psychological injury**” means a psychological injury, including post-traumatic stress disorder, as described in the edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that is prescribed in the regulations;

(b) “**worker**” means a person who works and:

- (i) is exposed to a traumatic event; or
- (ii) is in an occupation that is prescribed in the regulations.

(2) 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.

2016, c33, s.4.

12. The daily pressures or stressors of work are normal expectations for maintaining employment.
 - a. Any reasonable action taken by an employer relating to management is considered a normal part of employment and is not considered a traumatic event. Normal employment expectations include, but are not limited to, the following:
 - i. Hiring and firing employees.
 - ii. Performance evaluations and/or performance corrective actions.
 - iii. Staff assignments, transfers or restructuring.
 - iv. Promotions, demotions and lay-offs.
 - v. Periodic workload fluctuations and/or assignment changes.
 - vi. Timeline pressures.
 - vii. Work environment.
 - b. Interpersonal incidents between a worker and co-workers, management or customers are not generally considered traumatic events unless the incidents result in behaviour that is considered aggressive, threatening or discriminatory.
13. If the worker is involved in a series of workload or work-related interpersonal incidents that are beyond the normal expectations of maintaining employment, the incidents may be considered a traumatic event.

Québec



CHAPTER II SCOPE

DIVISION I GENERAL PROVISIONS

2011, c. 12, s. 2.

2. The object of this Act is the elimination, at the source, of dangers to the health, safety and physical and mental well-being of workers.


This Act provides mechanisms for the participation of workers, workers' associations, employers and employers' associations in the realization of its object.

1979, c. 63, s. 2; 2021, c. 27, s. 233. <https://www.legisquebec.gouv.qc.ca/en/document/cs/s-2.1/20211006#se:2>



Québec

Compensation for bodily injury

The CNESST pays compensation for bodily injury to workers who have suffered a permanent physical or psychological impairment  as a result of an employment injury.

To pay compensation, the CNESST takes into account:

- the worker's permanent physical and psychological impairment, that is, the severity of their disability, calculated as a percentage
- disfigurement
- pain and loss of enjoyment of life

This indemnity is paid in a lump sum.

<https://www.cnesst.gouv.qc.ca/en/procedures-and-forms/workers/compensation-and-reimbursements/compensation/compensation-bodily-injury>

<https://www.legisquebec.gouv.qc.ca/en/pdf/cs/A-3.001.pdf>



Québec

Employment injury

Injury (for example, broken leg) or illness (for example, depression) arising out of or in the course of:

- a work accident
- an occupational disease
- a recurrence, relapse or aggravation of an employment injury
- care that a worker receives for an employment injury or the omission of such care
- an activity prescribed for the worker as part of the medical treatment they are receiving for an employment injury or as part of their personal rehabilitation plan

<https://www.cnesst.gouv.qc.ca/en/procedures-and-forms/workers/compensation-and-reimbursements/compensation/income-replacement-indemnity>



Nova Scotia



Non-Compensable Work-related Events

Mental or physical conditions are **not compensable when caused by labour relations issues** such as a decision to change the worker's working conditions; a decision to discipline the worker; a decision to terminate the worker's employment or routine employment related actions such as interpersonal relationships and conflicts, performance management, and work evaluation.

— What's Covered

What types of events could mean someone is eligible for benefits and services? As of September 2024, gradual onset psychological injury is covered by workers' compensation in Nova Scotia. Under the [legislation](#) and [policy](#), injuries resulting from **gradual onset** or **traumatic psychological injury** are eligible for compensation when there is a:

- **Significant workplace stressor:** The worker's psychological injury must be caused by a significant work-related stressor. Primarily, these stressors are caused by bullying or harassment. Interpersonal conflicts, or the actions or decisions of the employer relating to the worker's employment, are not considered to be work-related stressors.
- **Professional diagnosis:** The worker must have a psychological injury diagnosis made by a registered psychiatrist or psychologist.
- **Cause of injury:** The psychological injury is wholly or predominantly caused by those significant work-related stressors arise out of and in the course of employment.

<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>



**Psychological health and
safety in the workplace —**

Prevention, promotion, and guidance
to staged implementation

Disponible en français
*Santé et sécurité psychologiques
en milieu de travail —
Prévention, promotion et lignes
directrices pour une mise en
œuvre par étapes*



Welcome to the Psychological Health and Safety Resource Centre.



Ontario legislative context:

- Legislation on **violence & harassment policy** (after a widely covered workplace murder)
<https://www.ontario.ca/laws/statute/90o01#BK58>
- **PTSD** recognized as a work-related condition
<https://www.wsib.ca/en/operational-policy-manual/traumatic-mental-stress>
- **Chronic stress** recently recognized but only if work is the “predominant cause” (rarely happens)
<https://www.wsib.ca/en/operational-policy-manual/chronic-mental-stress>
- No legal requirements to perform **psychosocial risk assessment**



WSIAT/Charter Decision:



WORKPLACE SAFETY AND INSURANCE APPEALS TRIBUNAL

DECISION NO. 2157/09

BEFORE:

R. McCutcheon	: Vice-Chair
B. Wheeler	: Member Representative of Employers
M. Ferrari	: Member Representative of Workers

HEARING:

May 28-29, 2013; June 11-12, 2013 at Toronto
Oral hearing

DATE OF DECISION:

April 29, 2014

<https://www.canlii.org/en/on/onwsiat/doc/2014/2014onwsiat938/2014onwsiat938.pdf>



Workplace Safety and Insurance Act, 1997, Section 13 (4) & (5) prior to 2017

Exception, mental stress

(4) Except as provided in subsection (5), a worker is not entitled to benefits under the insurance plan for mental stress.

Same

(5) A worker is entitled to benefits for mental stress that is an acute reaction to a sudden and unexpected traumatic event arising out of and in the course of his or her employment. However, the worker is not entitled to benefits for mental stress caused by his or her employer's decisions or actions relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the employment. 1997, c. 16, Sched. A, s. 13.



WSIAT Decision 2157/09 (Apr 29/14)

The worker was a nurse at a hospital. The worker claimed entitlement for mental stress resulting from harassment by one of the doctors from 1990 to June 2002 and from her treatment by the hospital after she stopped working in June 2002. The worker appealed a decision of the Appeals Resolution Officer denying entitlement for mental stress.

The Panel concluded that the impugned provisions were substantively discriminatory, that the lines drawn by the provisions were not consistent with the evidence, and that the impugned provisions did not represent a reasonable or equitable approach to the identified purpose of establishing work-relatedness of mental disorders.

The Panel concluded that s. 13(4) and (5) of the WSIA, and related Board policy, infringe the worker's right to equality as guaranteed by s. 15(1) of the Charter of Rights and that the infringement was not justified by s. 1 of the Charter. Accordingly, the Panel declined to apply s. 13(4) and (5) of the WSIA and the related Board policy to the appeal. As previously concluded in Decision No. 2157/09I, the worker's appeal would have succeeded but for s. 13(4) and (5) of the WSIA and the related Board policy. Accordingly, the worker had initial entitlement for mental stress.



Bill 127 (Apr 27/17): Bill 177 (Nov 14/17)

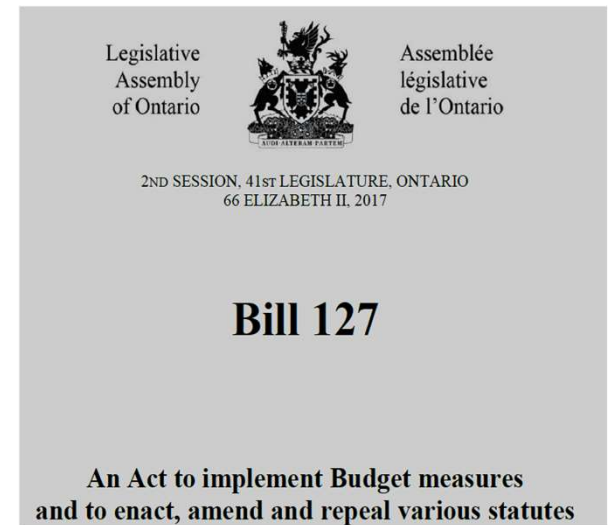
Subsections 13 (4) and (5) of the *Workplace Safety and Insurance Act, 1997* are repealed and the following substituted:

Mental stress

(4) Subject to subsection (5), a worker is entitled to benefits under the insurance plan for **chronic** or traumatic mental stress arising out of and in the course of the worker's employment.

Same, exception

(5) A worker is not entitled to benefits for mental stress caused by decisions or actions of the worker's employer relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the employment.

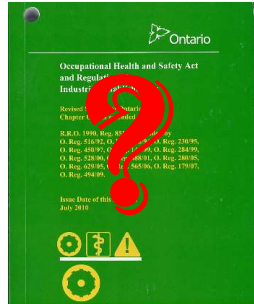


Bill 177 Changes: Any worker whose mental stress occurred **on or after April 29, 2014** and has not filed a claim prior to January 1, 2018 may file a claim and have it adjudicated under the new mental stress provision.



Source: Legislative Assembly of Ontario Bill 127 - http://ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4778&detailPage=bills_detail_the_bill
Bill 177:- http://www.ontla.on.ca/bills/bills-files/41_Parliament/Session2/b177_e.pdf

Ontario Occupational Health & Safety Act



- Lawyers at the MOL are of the opinion that mental health is not covered by the “general duty clause”
“take every precaution reasonable in the circumstances for the protection of a worker.” [clause 25(2)(h)]
- ... let alone anywhere else the OHS Act ... (with the possible exception of Bill 132 (168) and harassment – with respect to which, the lawyers are wondering if the MOL over-stepped its jurisdiction)
- “For the purposes of the Occupational Health & Safety Act (OHSA), PTSD, chronic mental stress and traumatic mental stress are not occupational illnesses and do not trigger the notification requirements under s. 52 of the OHSA.” (MOL Dec/17)
- Would this interpretation withstand a Charter challenge?



Proposed (2017) Chronic Mental Stress Policy

- Policy 15-03-14 “Chronic Mental Stress (Accidents on or After January 1, 2018)”



- Not to be confused with Policy 15-03-02 “Traumatic Mental Stress” which applies to an “acute reaction to sudden and unexpected traumatic event”



Employers' decisions or actions relating to employment

There is no entitlement for chronic mental stress caused by an employer's decisions or actions that are part of the employment function, such as

- terminations
- demotions
- transfers
- discipline
- changes in working hours, or
- changes in productivity expectations.



However, workers may be entitled to benefits for chronic mental stress due to an employer's decisions or actions that are not part of the employment function, such as

- **workplace harassment**, or
- conduct that a reasonable person would perceive as egregious or abusive.

<https://www.wsib.ca/en/operational-policy-manual/chronic-mental-stress>

Chronic stress is a recognized work injury. So why does Ontario's WSIB reject more than 90% of claims?

Five years after a landmark shift to accept chronic stress injury claims, new data shows thousands have been denied.



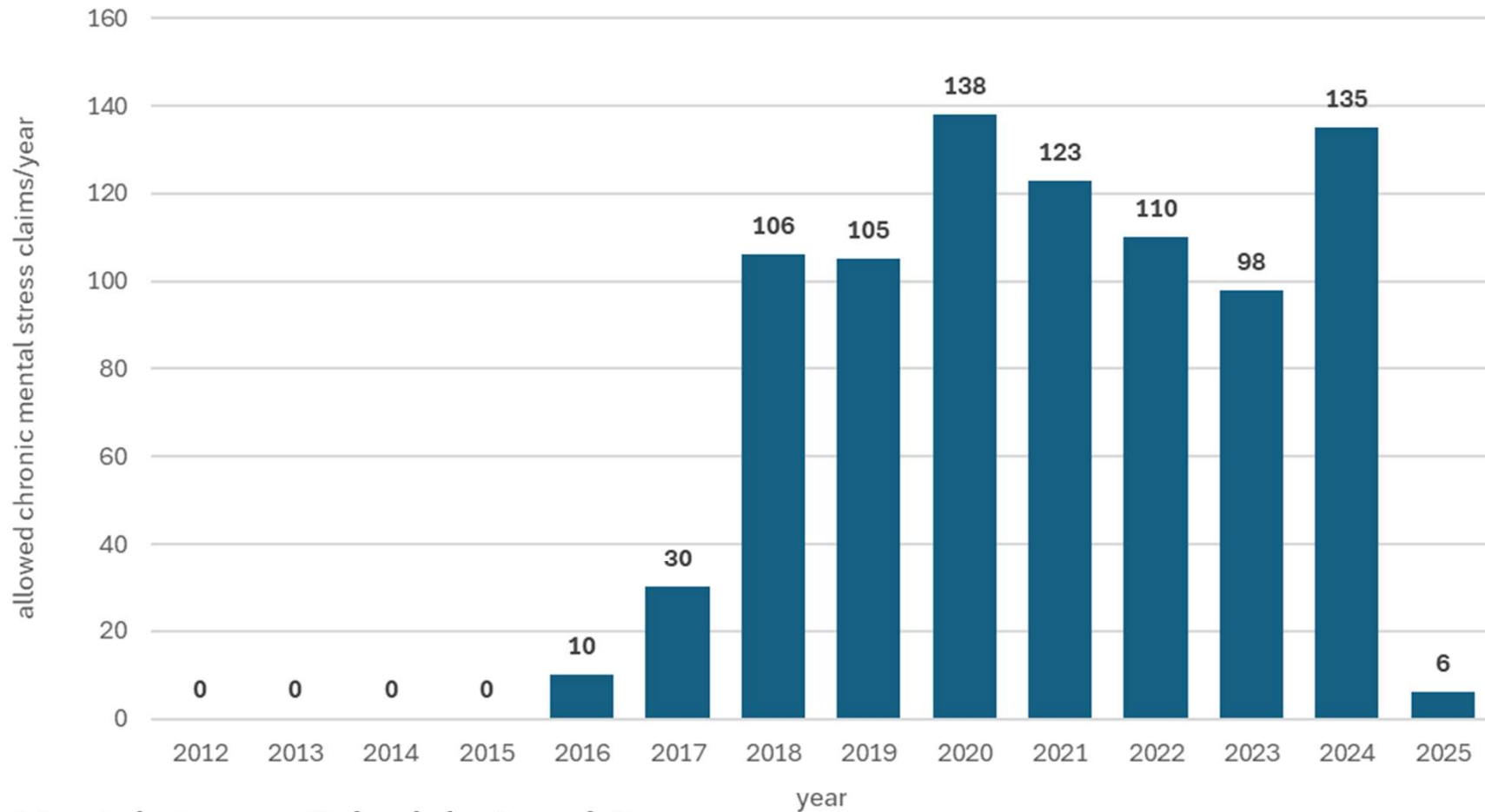
By **Sara Mojtehedzadeh** Work and Wealth Investigative Reporter
Sat., May 6, 2023 | 9 min. read



https://www.thestar.com/news/investigations/2023/05/06/chronic-stress-is-a-recognized-work-injury-so-why-does-ontarios-wsib-reject-more-than-90-of-claims.html?source=newsletter&utm_source=ts_nl&utm_medium=email&utm_email=5F6DF1ADD655B73C832A0BEF61513FCB&utm_campaign=frst_180379



Ontario WSIB (Schedules 1 & 2) chronic mental stress allowed claims



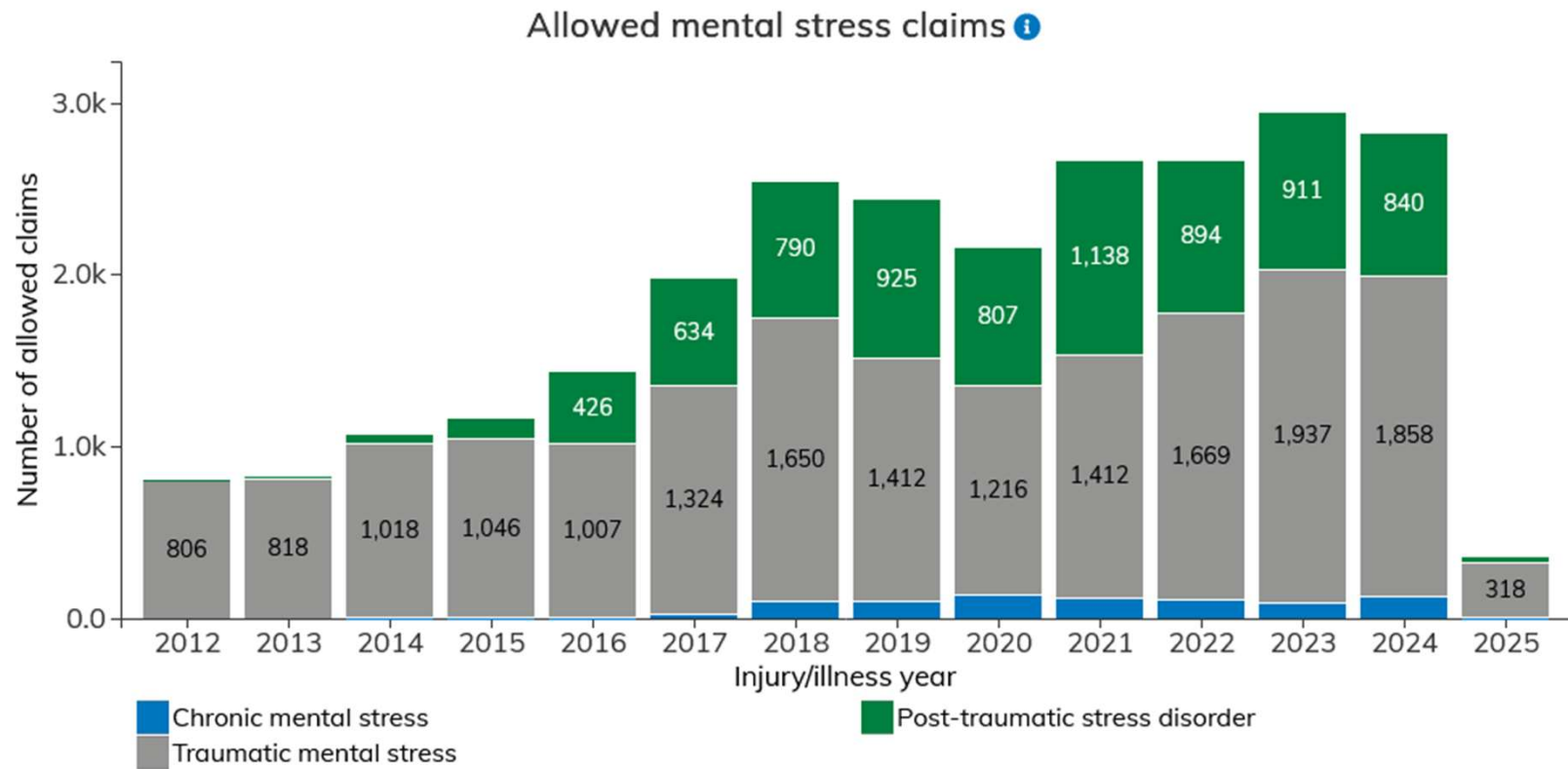
Mental stress - Schedule 1 and 2

as of March 31, 2025 https://safetycheck.onlineservices.wsib.on.ca/safetycheck/explore/provincial/SH_12/mentalstress?lang=en



Mental stress - Schedule 1 and 2

as of March 31, 2025



https://safetycheck.onlineservices.wsib.on.ca/safetycheck/explore/provincial/SH_12/mentalstress?lang=en



Ontario

“In a statement to *Canadian Occupational Safety*, the WSIB says it must operate within the bounds of its legislative requirements, which it says, “can be challenging and complex with mental stress injuries.”

It says 63 percent of ineligible claims involved an employer’s actions or decisions related to regular work functions or workplace interpersonal conflicts. The other 37 percent of denied claims did not meet the “substantial” threshold.”



<https://www.thesafetymag.com/ca/topics/psychological-safety/opseu-calls-for-changes-to-wsib-chronic-mental-stress-policy/458382>

British Columbia

Significant stressor(s)

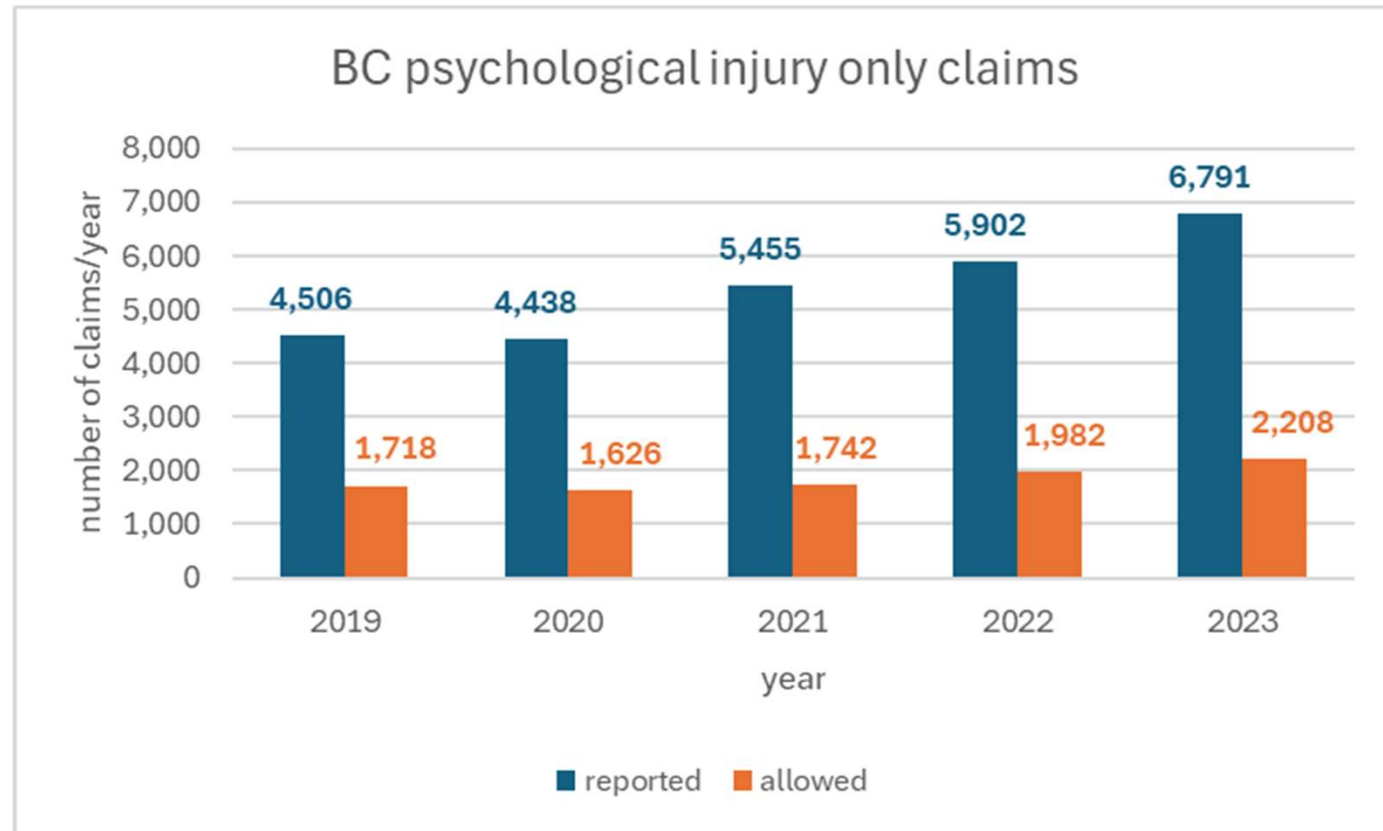
As the occurrence of the stressor(s) must be identifiable, officers apply the guidance provided earlier in the *Occurrence of traumatic event(s)* section to determine the occurrence of the stressor(s) and for gathering evidence about the stressor(s)

In policy, a work-related stressor is considered significant when, "it is excessive in intensity and/or duration from what is experienced in the normal pressures or tensions of a worker's employment."

Interpersonal conflicts between a worker and co-workers, supervisors or customers are not generally considered significant unless the conflict results in behavior that is considered threatening or abusive.

Significant work-related stressor(s) includes bullying and harassment. In general terms, both bullying and harassment reflect conduct that is intended to, or should reasonably have been known would, intimidate, humiliate or degrade an individual.

BC WCB Psychological Injury Claims (2019-23)



Psychological injury only claims					
year	2019	2020	2021	2022	2023
reported	4,506	4,438	5,455	5,902	6,791
allowed	1,718	1,626	1,742	1,982	2,208
% allowed	38.1%	36.6%	31.9%	33.6%	32.5%



<https://www.canlii.org/en/bc/bcsc/doc/2025/2025bcsc376/2025bcsc376.pdf>

IN THE SUPREME COURT OF BRITISH COLUMBIA

Citation: *Pickering v. Workers' Compensation
Board,*
2025 BCSC 376

Date: 20250306
Docket: S196707
Registry: Vancouver

Between:

James Pickering

Plaintiff

And

Workers' Compensation Board, and Attorney General of British Columbia
Defendants

Before: The Honourable Justice A. Ross



Background information:

[49] From 2001 to 2017, the plaintiff was employed by Richmond School District No. 38 (the “Employer”) as a carpenter. He was promoted to “lead hand” in the carpentry department in 2008. He had a pre-existing history of anxiety.

[51] It is not disputed that the plaintiff was bullied and harassed at work. The majority of the bullying was carried out by one particular co-worker. The evidence establishes that the co-worker made Mr. Pickering’s life miserable. Among other things, the co-worker: *[list of abusive actions provided in decision]*

[52] The plaintiff repeatedly asked his manager to act to stop the bullying and harassment. His manager’s response was dismissive, ineffective, and left the plaintiff exposed to continued bullying and harassment. The plaintiff became fearful of returning to his work setting. He experienced panic attacks almost daily.

[53] In addition to the problems in the Shop, the plaintiff also began receiving complaints from school sites in which the administration was concerned about backlogs and work delays. The plaintiff raised those operational concerns with his manager, but nothing was done. Ultimately, management cancelled certain work orders. The plaintiff was required to report those cancellations to the schools, making him bear the blame.



Pickering v. Workers' Compensation Board

[359] In my opinion, the Labour Relations Exclusion, when read plainly, does exacerbate disadvantage. It is arbitrary because it does not distinguish between employers' actions that are taken in good faith and those that are not.

[372] The problem with the blanket nature of the exclusion is evident from the facts of Mr. Pickering's case. There is no doubt that Mr. Pickering was disabled. Based upon the WCAT findings, there is no doubt that his employer's ineffective actions (or inactions) were the cause of his disability. This is not a case where the employer exercised its power to discipline, fire, or change the working conditions. As a result, an ineffective set of management decisions caused a Mr. Pickering's disability.

<https://www.canlii.org/en/bc/bcsc/doc/2025/2025bcsc376/2025bcsc376.pdf>



Summary and Conclusion

[409] For the reasons set out above, I make the following findings and rulings based upon the evidence adduced at trial and the facts as I have found them:

- a) While the higher standard for establishing an entitlement to benefits for chronic mental disorders creates a distinction between those claims and physical claims, that distinction is justified given the evidence tendered in this trial. The higher standard is not arbitrary.
- b) The Labour Relations Exclusion is arbitrary because it is unlimited. In my opinion it should be read down. The exclusion should be limited to management decisions on generic processes and actions taken in good faith.
- c) Mr. Pickering's claim is remitted to WCAT, or the appropriate level of WCB decision-maker, for a re-determination of his claim based upon the read-down version of the Labour Relations Exclusion.



Canadian Jurisdictional Scan

province	OH&S Act	compensation criteria
Saskatchewan	"highest degree of physical, mental and social well-being"	only traumatic events but, "a series of workload or work-related interpersonal incidents that are beyond the normal expectation of maintaining employment, ... may be considered a traumatic event."
Québec	"elimination, at the source, of dangers to health, safety and physical and mental well-being"	throughout the compensation laws, reference is made to "physical and psychological" impairment; an example of an occupational illness is depression; no specific exclusions
Alberta	"highest degree of physical, psychological and social well-being"	exclusion of "non-traumatic and non-compensable normal pressures and tension of employment" - "work environment, including H&S concerns"
Manitoba	"highest degree of physical, mental and social well-being"	"non-traumatic event or series of non-traumatic events that produce mental stress, such as the daily pressures of work and life, are not accidents under the Act.", unless the "... actions amount to harassment or conduct that a reasonable person would perceive as egregious or abusive"
Ontario	"take every precaution reasonable in the circumstances for the protection of a worker"	excludes "chronic mental stress caused by an employer's decision or actions that are part of the employment function"; unless the action constitutes "workplace harassment, or conduct that a reasonable person would perceive as egregious or abusive"
British Columbia	"all work must be carried out without undue risk of injury or occupational disease"	excludes "interpersonal conflicts between a worker and co-workers, supervisors or customers are not generally considered significant unless the conflict results in behavior that is considered threatening or abusive."

province	OH&S Act	compensation criteria
Yukon	duty to "make reasonable efforts to check the well-being of a worker"	only post-traumatic stress disorder, excludes "mental stress" and excludes any PTSD "that may be the result of any decision by the worker's employer relating to the worker's employment"
Nova Scotia	statements outlining the internal responsibility system	allow "gradual onset or traumatic psychological injury"; exclusion: "Mental or physical conditions are not compensable when caused by labour relations issues"
New Brunswick	require the establishment of a safety policy and H&S program	restricted to "acute reaction to a traumatic event"
Newfoundland & Labrador	"shall ensure, where it is reasonably practicable, the health, safety and welfare"	exclude trauma due to "pre-existing psychological condition"; mental stress that develops gradually over time due to general workplace conditions" but not are not a traumatic event; burn out from usual duties, workplace change or performance demands"
Prince Edward Island	"secure ... from risks to their safety, health and physical or psychological well-being"	excludes "psychological or psychiatric condition that results from factors or circumstance that are considered to be a part of every workplace and may be associated with necessary and unavoidable aspects of doing business" (including H&S concerns)
Northwest Territories and Nunavut	duties to "provide and maintain systems of work and working conditions that ensure, as far as is reasonably possible, the health and safety of workers"	excludes "mental stress arising out of labour relations between the worker and the employer"; "unless the act or omission that caused the mental stress was made with intent to harm the worker"
Canada	"prevent accidents, occurrences of harassment and violence and physical or psychological injuries and illnesses"	compensation deferred to "the province where the employee is usually employed"

Australian experience:



“Work-related stress describes the physical, mental, emotional and behavioural reactions of employees who perceive that their work demands exceed their abilities and/or resources to cope and do their work.”

“Work-related mental injury resulting in psychological harm is the second most common cause of workers' compensation claims in Australia, after manual handling. It currently accounts for 11 per cent of workers' compensation claims in Victoria, and one of the leading causes is work-related stress.”

<http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/work-related-stress> *(no longer accessible)*





EU Directive 89/391/EEC

2. The employer shall implement the measures referred to in the first subparagraph of paragraph 1 on the basis of the following general principles of prevention:

(g) developing a coherent overall prevention policy which covers technology, *organization of work*, working conditions, *social relationships* and the influence of factors related to the working environment;

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT>



They've been doing it for years in the EU ...

... also, in many South American countries

- European Framework Directive on Health and Safety at Work (89/391/EEC), which came into force on January 1st, 1993, was interpreted as including psychosocial risks as a part of the workplace risk assessment
- European Parliament's Resolution A4-0050/99 (February 25, 1999) specified the goals of workplace well-being to include psychosocial aspects
- These were **generic requirements** (i.e. "assess risks including psychosocial") without specific performance evaluations (similar to our current state of affairs with violence & harassment policies) and were largely ignored or only paid lip-service to
- Within the **last 10-15 years** EU members have been passing very specific regulations requirement the measurement of psychosocial hazards and some even so far as requiring the quantitative demonstration of the effect of interventions
- EU **2012** enforcement "blitz" on psychosocial risk assessment



Burnout syndrome as an occupational disease in the European Union: an exploratory study

Lastovkova et al., “Burnout syndrome as an occupational disease in the European Union: an exploratory study.”, Ind Health 56:160-165 (2018).

Andrea LASTOVKOVA¹, Melanie CARDER², Hans Martin RASMUSSEN³, Lars SJOBERG⁴, Gerda J. de GROENE⁵, Riitta SAUNI⁶, Jiri VEVODA⁷, Sarka VEVODOVA⁷, Gerard LASFARGUES⁸, Magnus SVARTENGREN⁹, Marek VARGA¹⁰, Claudio COLOSIO¹¹ and Daniela PELCLOVA^{1*}

Received August 3, 2017 and accepted October 27, 2017

Published online in J-STAGE November 3, 2017

https://www.jstage.jst.go.jp/article/indhealth/56/2/56_2017-0132/pdf/-char/en

Abstract: The risk of psychological disorders influencing the health of workers increases in accordance with growing requirements on employees across various professions. This study aimed to compare approaches to the burnout syndrome in European countries. A questionnaire focusing on stress-related occupational diseases was distributed to national experts of 28 European Union countries. A total of 23 countries responded. In 9 countries (Denmark, Estonia, France, Hungary, Latvia, Netherlands, Portugal, Slovakia and Sweden) burnout syndrome may be acknowledged as an occupational disease. Latvia has burnout syndrome explicitly included on the List of ODs. Compensation for burnout syndrome has been awarded in Denmark, France, Latvia, Portugal and Sweden. Only in 39% of the countries a possibility to acknowledge burnout syndrome as an occupational disease exists, with most of compensated cases only occurring in recent years. New systems to collect data on suspected cases have been developed reflecting the growing recognition of the impact of the psychosocial work environment. In agreement with the EU legislation, all EU countries in the study have an action plan to prevent stress at the workplace.



Why it's not being fully integrated in OH&SM
(apart from weak legal recognition)



words, words, words, ...



Stress: both the exposure (risk factor) and the health effect (outcome) – “good” stress (“eustress”) and “bad” stress (“distress”)

Psychological: having to do with what goes on between the ears (mental life – cognition, emotions, motivations)

Psychosocial: having to do with the interaction between the social and the psychological

Mental Health: “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (WHO 2022)



Whatever language (model/theory) you choose will constrain your vocabulary!

5 simple ways to end the stigma and start a conversation

Stigma and vulnerability



LANGUAGE MATTERS



EDUCATE YOURSELF



BE KIND



LISTEN AND ASK



TALK ABOUT IT



Your words matter

The words you use can make all the difference. Words can help, but they can also hurt. What would you choose?

- | | |
|----------|--------------------------------|
| ✗ Schizo | ✓ Person with schizophrenia |
| ✗ Crazy | ✓ Person with a mental illness |

<https://letstalk.bell.ca/en/>



Mental Health
Commission
of Canada

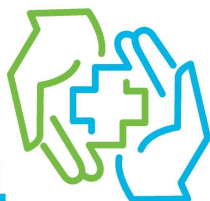
Commission de
la santé mentale
du Canada

Public discussion
on mental health:



Bell
Let's Talk

**Mental Health
First Aid Canada**



**Canadian Mental
Health Association**
Mental health for all

CCOHS 
Canadian Centre for Occupational Health and Safety



<https://www.ccohs.ca/topics/wellness/mentalhealth/>

Differing Perspectives:

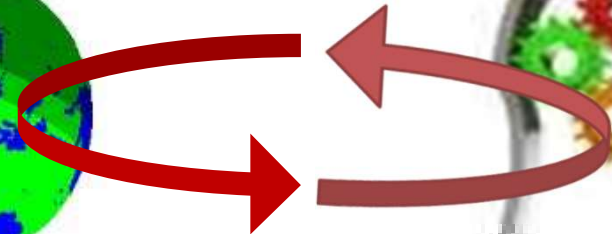
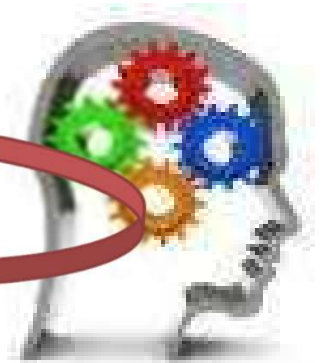


Psychology



focus on what's going on
between the ears
- individual only
("responsibilisation")

Psychosocial



focus on the interaction between the social
environment and the person
- individual and collective responsibilities



Prevention Framework

prevention level	Intervention levels	
	individual	organizational
primary (1°) prevention (at the source)	coping and appraisal skills (resiliency)	changing the culture, climate, work structure & organization
secondary (2°) prevention (along the path)	wellness, relaxation techniques (mindfulness)	awareness, Mental Health 1 st Aid, screening (surveys)
tertiary (3°) prevention (at the worker)	therapy, counselling, medication, support	EAP, WSIB/WSIAT recognition, Return to Work

active shooter



Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment

S. COTTRELL BSC(HONS), RMN

Conwy & Denbighshire NHS Trust. Mental Health Directorate. Abergele Clinic. Abergele. Conwy. Wales. UK

Table 4
Matrix of organizational stress management interventions

	Primary Stress reduction	Secondary Stress management	Tertiary Stress treatment
Individual (Individual perspective)	Personal stress profile feedback Time management Career consultation Assertiveness Communication skills Psycho-education	Healthy lifestyle Reflection Clinical supervision Mentorship Buddy' systems Relaxation Home/work interface Support mapping Biofeedback Imagery	Counselling Psychotherapy Occupational health interventions Physical wellness: diet, exercise, addictions Lifestyle work
Group (Team perspective)	Team building Team role analysis Boundary clarification	Group development, diagnosis and intervention Clinical team supervision Dependency/skill mix Workload analysis and review	Therapeutic remedial team work Work group role negotiation
Organization (Systems perspective)	IPR PDR Job descriptions and Role clarification Participation and empowerment schemes	Workload management Mission clarification Risk analysis and management Employee participation	Therapeutic consultancy Re-organization Organizational transformation programmes Employee Assistance Programmes (EAP) Process re-design Cultural change work, e.g. combating 'presenteeism'

Cottrell attributes contents of the table as an adaption from: Schaufeli W. & Enzmann D. (1998) The Burnout Companion to Study and Practice. A Critical Analysis Taylor & Francis, London.



Occupational stress and job satisfaction in mental health nursing: focused interventions through evidence-based assessment

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Group (Team perspective)	Team building Team role analysis Boundary clarification		
Organization (Systems perspective)	IPR PDR Job descriptions and R clarification Participation and empowerment schemes		Process re-design Cultural change work, e.g. combating 'presenteeism'

“... most stress management interventions tend to occur at the level of the individual ... efforts to address the needs of the individual are less likely to succeed over time if stressful conditions in the workplace remain unaltered.” (p. 160)

Cottrell attributes contents of the table as an adaption from: Schaufeli W. & Enzmann D. (1998) The Burnout Companion to Study and Practice. A Critical Analysis Taylor & Francis, London.



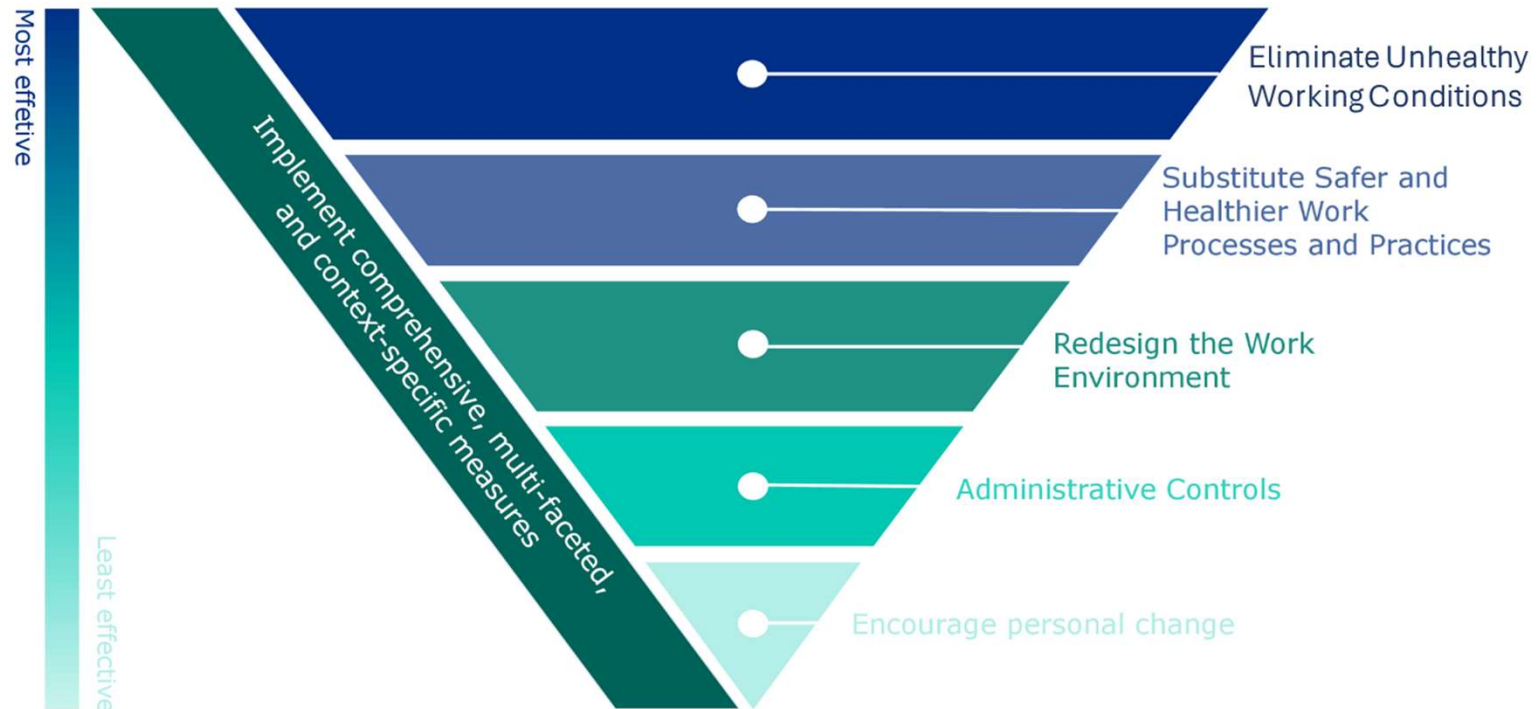
An expanded version of the same table from: [Saksvik & Karanika-Murray, "Chapter 12: Healthy Change in Intervention Research and Reorganization"](#), in: [The Positive Side of Occupational Health Psychology](#), edited by Christensen, Saksvik & Karanika-Murray, Springer International Publishing AG, 2017 (page 139)

Level/ type	Individual	Group	Organization	Society
Primary	Adjusting work for positive presenteeism			
Secondary		Education in Stress management		
Tertiary			Follow-up of long term sickness absentees	Systematic OHS-work

“It has long been an established truth that interventions that directly target the reason for a problem are the best, as well those that obtain the greatest effects by initiating interventions at the organizational level (LaMontagne, Keegel, Louie, Ostry, & Landbergis, 2007; Nielsen & Randall, 2012).” (p. 136)



The Psychosocial Hierarchy of Controls



Kjærgaard et al (2024) <https://onlinelibrary.wiley.com/doi/full/10.1002/ajim.23694>



When all you have is a hammer, all your problems look like nails:



When all you have is a hammer, all your problems look like nails:

Stigma reduction

Self-care

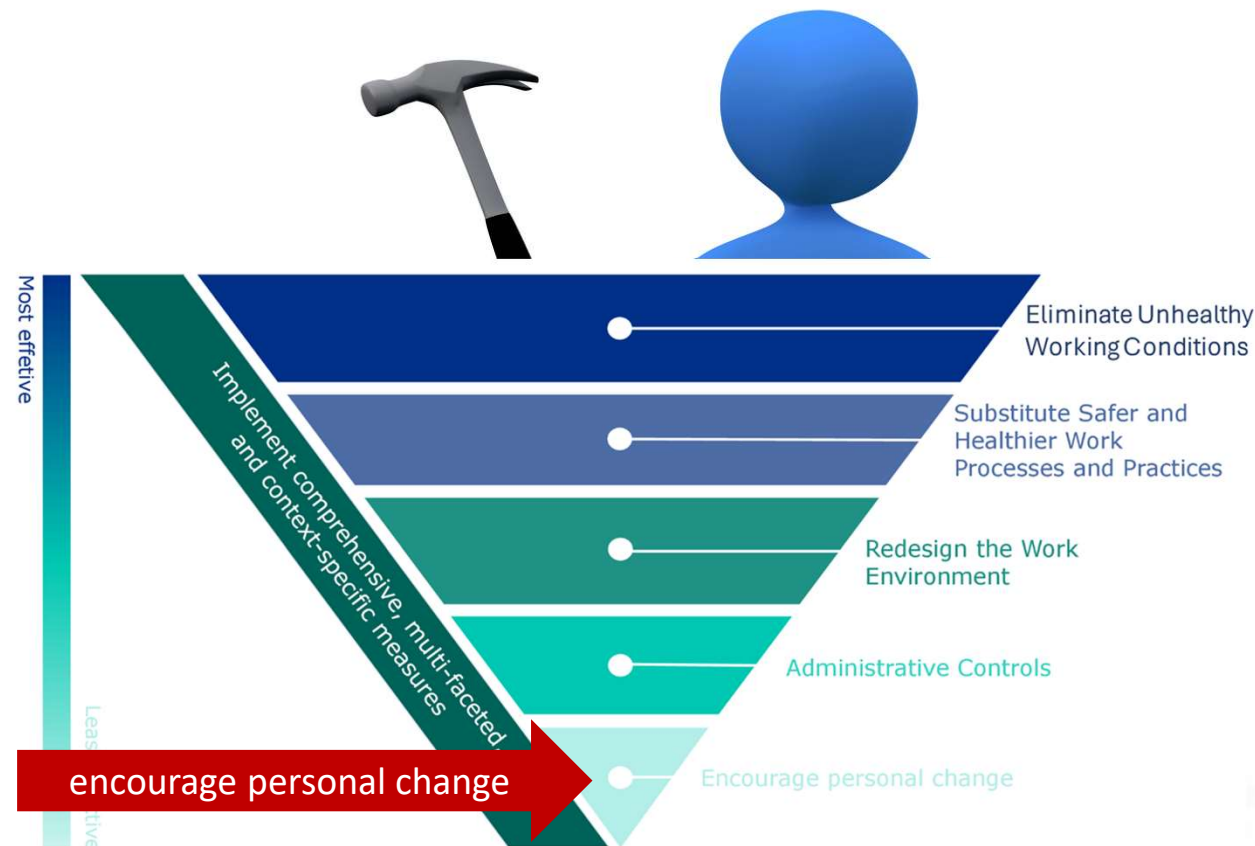
Coping skills

Mindfulness

CBT

Resiliency

("adversity makes you stronger")



CBT & GM@W

- GM@W was designed by psychologists with funding from the **Canada Life Assurance Company** who were interested in getting employers to reduce the numbers of workplace stress-related S&A claims.
- In presentations at the Partners in Prevention Conference a few years ago, Dan Bilsker mentioned that the purpose of Guarding Minds @ Work was to get **Cognitive Behavioural Therapy (CBT)** into the workplace.



**Is the
solution to a
high rate of
accidents to
train more
people in
first aid?**



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

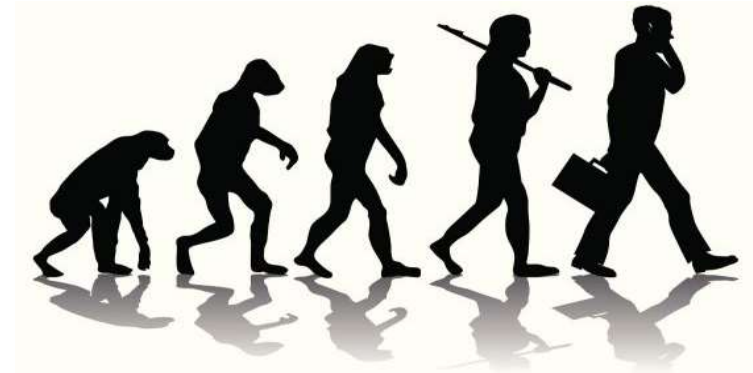
Mental Health First Aid CANADA

Responsibilization:

- Downloading organizational responsibilities to the individual (“let’s Talk”; “Be Nice”; stigma reduction; etc.)
- Focussing on mental health personal supports rather than how the work environment affects mental health
- Tertiary prevention (at the individual level – wait till the problem is serious enough before responding) rather than primary prevention (at the organizational level, early response at the source)
- Psychological (problem is between your ears – you need to think differently) vs. psychosocial perspectives (collective responsibility, we all have a role to play)



Perspectives/Stages/Focus:



early: violence prevention, regulatory compliance

awareness: mental health/stigma reduction (change attitudes)

risk assessment/management: measure & manage psychosocial factors

organizational development: optimization/innovation



Stages of Change

- **Pre-contemplation (Not Ready)** – “what problem? That’s just the way things are in this line of work – always has been, always will.”
- **Contemplation (Getting Ready)** – “maybe things could change but I don’t know if I’m prepared to change? It is easier though, just going along with things the way they are, but maybe ...??”
- **Preparation (Ready)** – “things could be better, and I think it’s worth the effort to try – let’s get together and figure out how to do something about this ...”
- **Action** – “we’re going to make the following changes and hope things will improve – I’m glad we’re finally doing something about this!”
- **Maintenance** – “so, we’ve made the changes, they might need a bit of tweaking, but I think this is going to work out in the long run”



What are the “drivers” that get things done?

- \$, meeting production targets
- Quality (ANSI/ISO standards: 9000; 14000; ?)
- WSIB, S&A statistics/costs
- H&S laws and regulations (“due diligence”)
- Risk management system
- OH&SM ISO/CSA standards (ISO 45001; CSA Z1000)
- Standard operating procedures (SOPs)
- Reputation: worker retention; community partner
- Moral/Ethical: just doing the right thing (**“law is the conscience of those who have none” – James Ham, 1983**)



Confusion about how to do it:



Don't try to go it alone:

- The CSA Standard points out that making the workplace psychologically safe requires **full participation**.
- We cannot solve someone else's stress problems single-handedly (in fact, if you try, you'll likely make things worse)
- **Everyone needs to be involved.**



<https://www.brideonline.com.au/wedding-articles/knight-shining-armour-thanks-can-save/>



The myth of “Evidence-based” interventions:

- You **don't need an evidence-based** survey (you don't need a survey either for that matter) to assess psychosocial conditions
- However, a survey for which there is evidence that it performs reliably and validly in a population like yours, allows you to know what you are measuring and that it is reasonable stable (repeatable)
- A workplace committed to making things better can use a poor tool and still make improvements (a tent peg to spread peanut butter)
- A workplace not interested in changing can use an excellent tool and not make any improvements
- **It's not the tool** (although a good tool makes it easier), **it's the commitment** to change that makes it work or not – **no “silver bullets”**



OHCOW experience – Categories of workplaces

The Best – established group problem solving capabilities; desire to make the workplace better; excellent response rates; follow-up requested

The Worst – in crisis mode; something might have to break before it will be fixed; objective evaluation of situation (depersonalized); part of a more complex strategy; often 100% response rate (extreme results)

The Rest – more of a curiosity; if you'll measure it for me – I'm interested in knowing; not really motivated to act on results, but growing in the education process





Learning from other workplaces:

Workplace Approaches and Solutions - **Algoma Family Services**

<https://www.youtube.com/watch?v=Dtec2xqJL2s&list=PLVbf80Y8uEFMfQSgSTh4lbgliloamMY8b&index=8>

Workplace Approaches and Solutions - Introduction to the **mini-MIT** including **Lucy's Story**

<https://www.youtube.com/watch?v=pQzzRS47uf0&list=PLVbf80Y8uEFMfQSgSTh4lbgliloamMY8b&index=8>

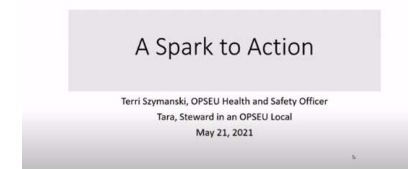
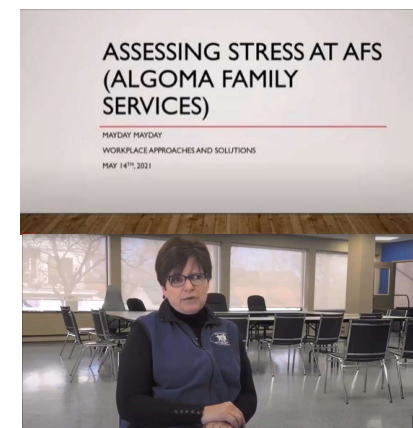
(Lucy's Story starts at 32:53)

Workplace Approaches and Solutions **CAMH** (*a description of their process to deal with **violence and harassment and racism***)

<https://www.youtube.com/watch?v=hhuV6NGIbqw&list=PLVbf80Y8uEFMfQSgSTh4lbgliloamMY8b&index=9>

A Spark to Action (*about **the role of the survey in sparking turbulent responses***)

https://www.youtube.com/watch?v=t3tN_x2WyeQ&list=PLVbf80Y8uEFMfQSgSTh4lbgliloamMY8b&index=13





Learning from other workplaces (2):

Building on Successive Surveys: A Worthwhile Investment **IHSA**

<https://www.youtube.com/watch?v=BqRYAwqF1OE&list=PLVbf80Y8uEFP7HBAdUbWP7h1RDywkp7Vz&t=3s>

Psychosocial Health & Safety with the Stress Assess Survey; **small health services clinic**

<https://www.ohcow.on.ca/posts/copsog-joint-session-panel-discussion-survey-use-challenges/> (from the beginning to 9:50)

Psychological Injuries in the Healthcare Sector: Survey Use and Challenges; **ONA H&S Caucuses 2012 & 2024**

<https://www.ohcow.on.ca/posts/copsog-joint-session-panel-discussion-survey-use-challenges/> (from 10:00 to 38:45)

StressAssess Success Stories; **IHSA** (a workplace that has done the survey 4 times)

<https://www.ohcow.on.ca/posts/copsog-joint-session-panel-discussion-survey-use-challenges/> (from 39:00 to 56:00)



Building on Successive Surveys: A Worthwhile Investment (for Mayday, Mayday 5)

Enzo Garritano, President & CEO
May 27th, 2022



Psychological Injuries in the Healthcare Sector: Survey Use and Challenges

Denise Werner RN, BScN
May 10, 2023

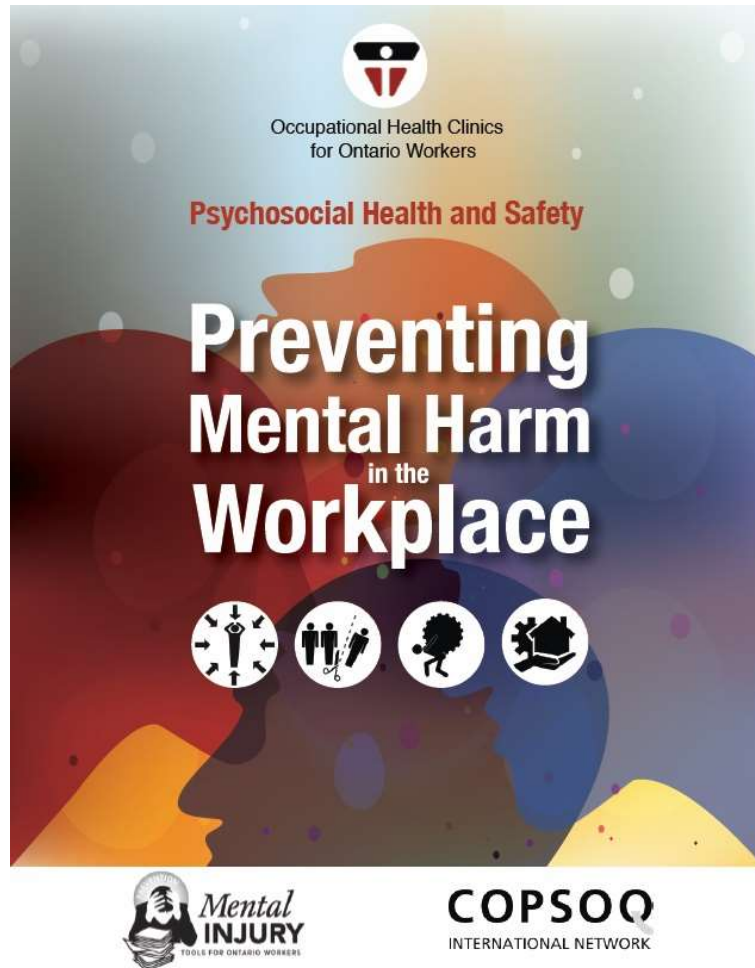
StressAssess Success Stories Mayday, Mayday Workplace Mental Health Symposium

Kathy Martin, Mental Health and
Wellness Specialist
May 10th, 2023



https://www.ohcow.on.ca/wp-content/uploads/2021/05/mini_mit_lrg_FINAL.pdf

mini-MIT



... questions, comments

joudyk@ohcow.on.ca

