

**Chapter: Benefits**

**Legislative authority: section 111**

*Prevention statement*

*Preventing injuries is one of the most important responsibilities in the workplace. The Workers' Safety and Compensation Act (the 'Act') establishes the responsibilities of all workplace parties to work together to ensure the physical and psychological health and safety of workers. When injuries do occur, workers and employers must continue to work together to facilitate an injured worker's early and safe return to health and work.*

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## Purpose

This policy outlines when the board may authorize payment for psychological treatment for a work-related injury.

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## Definitions

**board** means the Workers' Safety and Compensation Board

**Diagnostic and Statistical Manual of Mental Disorders (DSM)** means the most recent edition of the Diagnostic and statistical Manual of Mental Disorders published by the American Psychiatric Association

**health care provider** means

- a. a medical practitioner; or
- b. a health care provider recognized by the board.

**psychiatrist** means a medical practitioner who holds a specialist's certificate in psychiatry issued by the Royal College of Physicians and Surgeons of Canada

**psychologist** means an individual who is licensed or registered to practise in Yukon or another province as a psychologist

**service agreement** means an agreement between the board and a psychiatrist or psychologist, carrying on individually, in partnership or as a limited corporation

**worker** means a person who performs work or services for an employer under a contract of service or apprenticeship, written, or oral, express or implied and as further defined in section 77 of the Act

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**Effective date:** July 1, 2022

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## Policy statement

### 1. General

The board may provide a worker with health care assistance, including services, devices or equipment that are necessary to grant relief from a work-related injury. All questions as to the necessity, character and sufficiency of any health care assistance are determined solely by the board.

The board supports the provision of necessary and appropriate treatment to:

- a. promote effective recovery from a work-related injury;
- b. regain function in order to maintain or enable early and safe return to work for workers;  
and
- c. reduce the severity of symptoms and maintain function where the work-related injury, after the worker reaches maximum medical improvement, continues to have a significant impact on daily living activities.

Workers must take personal responsibility for their recovery, and co-operate with treatment plans, health care providers and the board. They must also mitigate any loss caused by their injury.

Mitigation of loss includes the worker staying at work where safe to do so and where functional abilities allow, actively participating in appropriate and safe treatment protocols, and co-operating in a worker's early and safe return to suitable and available employment with the pre-injury employer.

### 2. Provision of psychological treatment

As with other types of injuries, in order to be considered work-related, a psychological injury must arise out of and in the course of employment.

The board may provide psychological treatment to a worker for a psychological injury that has been accepted by the board as a work-related injury in accordance with policy 2.4 Adjudicating Psychological Injuries.

Treatment will be provided by a psychologist or psychiatrist and authorized by the board.

### 3. Responsibilities of service providers

Authorized psychologists or psychiatrists (service providers) providing treatment to workers under this policy must:

- a. provide functional abilities information to the worker, employer and the board to facilitate return to work;
- b. be accountable to both the worker and the board for treatment outcomes;
- c. work collaboratively as part of the worker's Case Management Team in order to foster successful return to work outcomes; and
- d. submit timely and objective reports to the board and the treating physician.

#### *3.1 Signed agreement with service providers*

Service providers must have a signed agreement with the board and comply with the terms and conditions of the agreement in order to provide services to workers.

Service providers must submit the following to the board

- a. a written report within two days of an initial assessment outlining their assessment of the injury, diagnosis, and a treatment plan; and
- b. a Functional Abilities Form for psychological injuries as part of the initial assessment and thereafter any time there is a change in the worker's abilities.

Other specific obligations will be addressed in the Service Agreement between the board and the service provider.

It is critical that the worker's treatment provider shares information and submits required assessment, treatment plan and progress reports to the worker, the worker's family physician, and the board.

Functional abilities information will also be provided to the worker's employer. The goal of information sharing is to have all parties work collaboratively to help the worker recover and return to work as soon as it is safe and functionally possible.

### 4. Conflict of interest

In some situations, service providers may be in a conflict of interest, real or perceived, when they are both the diagnosing professional and providing on- going treatment. Where there is

conflicting evidence or it is recommended by the service provider, the board may order the completion of an independent psychological assessment.

## 5. Early intervention

Under normal circumstances, the board will not authorize payment for psychological services prior to a claim being accepted by the board. However, it has been found that in situations involving a serious incident or fatality in the workplace, it is beneficial to workers and employers to immediately provide counseling and crisis intervention services. This approach has been proven effective in preventing work-related injuries arising from these types of incidents.

The board may authorize immediate psychological services to workers in workplaces where a serious incident or fatality has occurred. This may be done prior to the filing of any applications for compensation.

Provision of early intervention services must be approved by the board's President.

## 6. Conclusion of psychological treatment

Service providers must submit a written request, with rationale, to the board for a treatment extension beyond the initial set of approved treatments. The board may consult with, or refer the worker to, the worker's physician, specialist or the board's medical consultant to determine whether further treatments would be appropriate and to co-ordinate a new treatment plan. Where there is documented improvement in function and there is a defined end date to an extension request (within one month of the extension request), a referral to a physician will not be necessary.

The board may discontinue authorization for psychological treatment in the following circumstances:

- a. when there is no objective evidence of improvement in worker's functional abilities;
- b. when the treatment focus is no longer related to the work-related injury;
- c. where there is no reasonable expectation of further improvements in the psychological injury and the treatment is no longer effective in returning or keeping the worker at work; or
- d. where evidence-based guidelines indicate that treatment is not likely to result in further gains in function, nor is necessary for maintenance

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## History

HC-09 Psychological Treatment, effective July 1, 2013, revoked July 1, 2022