

## **IWAC Position Paper**

### **Policy 21-103 – Traumatic Mental Stress (TMS)**

**October 9, 2025**

#### **Background**

The Injured Workers Advisory Committee (IWAC) appreciates the opportunity to provide feedback on the proposed revisions to Policy 21-103 – *Conditions for Entitlement – Traumatic Mental Stress*.

IWAC supports the intent to clarify definitions, align with current clinical standards (DSM-5-TR), and ensure consistency in adjudication. However, members emphasized the need for trauma-informed communication and processes that reflect the realities of injured workers' experiences.

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#### **1. Clarity of Definition and Accessibility of Language**

The proposed updates improve alignment with the DSM-5-TR, but the terminology remains highly clinical. Workers need clear, plain-language explanations of what counts as a “traumatic event” and how a claim is evaluated.

*Recommendation:* Develop supporting plain-language materials and examples (e.g., scenarios from first responders, healthcare, corrections, education) that explain eligibility and what evidence is needed.

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#### **2. Delayed Onset of Symptoms**

IWAC supports recognizing that symptoms of traumatic psychological injuries may appear long after the event. Workers should not be penalized for delayed reporting or late diagnosis due to the nature of psychological injury.

*Recommendation:* Ensure policy guidance explicitly states that delayed onset is valid grounds for applying outside the usual one-year timeframe, where supported by medical evidence.

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#### **3. Access to Qualified Care and Diagnosis**

Access to psychologists and psychiatrists remains a barrier, especially in rural areas. Long wait times can delay diagnosis and impact claim acceptance.

*Recommendation:* Continue building partnerships (such as with SUCCEED and Wounded Warriors Canada) to ensure timely, trauma-informed access to care and diagnosis for psychological injury claims.

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#### **4. PTSD Presumption and Coverage Gaps**

IWAC supports maintaining the legislated PTSD presumption for emergency response workers but notes that other groups, such as correctional officers, healthcare workers, and teachers, often face repeated exposure to traumatic events without the same presumption.

*Recommendation:* Consider expanding or reviewing presumptive coverage criteria in future legislative updates, informed by data and real-world exposure patterns.

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#### **5. Trauma-Informed Service Delivery**

Members shared that repeatedly retelling their story to new caseworkers or teams can be retraumatizing. This underscores the need for consistent points of contact and sensitive communication.

*Recommendation:* Ensure the new team-based service model includes trauma-informed training and continuity safeguards for psychological injury claimants.

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#### **Conclusion**

IWAC supports the modernization of Policy 21-103 and the goal of creating consistency and fairness in psychological injury adjudication. However, real progress depends on how policies are communicated and implemented.

To uphold fairness and compassion, WorkSafeNB must continue to:

- Use plain language
- Recognize delayed onset and access barriers
- Prioritize trauma-informed service delivery
- Re-examine coverage gaps as new evidence emerges.

IWAC thanks WorkSafeNB's Board of Directors for the opportunity to contribute to this important discussion and stands ready to support continued collaboration on psychological health and safety.

*Respectfully submitted,*

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**Injured Workers Advisory Committee (IWAC)**