

## PERMANENT PSYCHOLOGICAL DISABILITY GUIDELINES

These guidelines are used to determine a worker's percentage of permanent psychological disability under the loss of function method of assessment of permanent disability (i.e., section 195(1) of the *Workers Compensation Act*).

A set of guidelines have been developed that outline the behavioural descriptors and anchors on which Category C, Emotional (Mental) and Behavioural Disturbances of *section XX, Psychological Disability* in the Permanent Disability Evaluation Schedule (Appendix 3 of the *Rehabilitation Services and Claims Manual*) was developed.

The ratings in this document are based on, but not identical to, the categories outlined in the American Medical Association's *Guides to the Evaluation of Permanent Impairment*.

## Permanent Psychological Disability - Section 195(1) Guidelines

In order to be eligible for consideration of permanent disability benefits, the following minimal criteria must be met:

- psychological diagnosis is related to the work incident
- if there is a pre-existing condition, at least a portion of the current psychological impairment arises from the work incident
- psychological impairment is affecting or has the potential to affect earning capacity

Criteria	PFI Range
<ul style="list-style-type: none"> <li>does not meet minimal criteria for consideration of permanent disability benefits</li> <li>may be minor indicators of impairment but not likely to affect current or future earning capacity</li> <li>Chronic Pain/Pain Disorder Diagnosis with some depressive/anxiety symptoms not out of keeping with same (apply Chronic Pain Policy)</li> </ul>	0%
<b>MILD</b> IMPAIRMENT LEVELS ARE COMPATIBLE WITH MOST USEFUL FUNCTIONING	
<ul style="list-style-type: none"> <li>minor residual symptoms</li> <li>no, or little significant increased risk of decompensation</li> <li>accommodation or different job would likely attenuate psychological impairments</li> </ul>	5%
<ul style="list-style-type: none"> <li>minor residual symptoms</li> <li>some increased risk of decompensation under stressful situations</li> <li>accommodation or different job would not likely completely attenuate psychological impairments</li> <li>only sporadic continuing treatment likely</li> </ul>	10-15%
<ul style="list-style-type: none"> <li>mild residual symptoms</li> <li>moderate increased risk of decompensation under stressful situations</li> <li>accommodation or different job would not significantly attenuate psychological impairments</li> <li>continuing treatment and support likely</li> </ul>	20-25%
<b>MODERATE</b> IMPAIRMENT LEVELS ARE COMPATIBLE WITH SOME, BUT NOT ALL USEFUL FUNCTIONING	
<ul style="list-style-type: none"> <li>moderate residual symptoms</li> <li>capable of competitive work</li> <li>inadequate adaptation to impairment with or without accommodation</li> <li>moderate increased risk of decompensation under normal stress</li> </ul>	30-35%
<ul style="list-style-type: none"> <li>moderate residual symptoms</li> <li>capable of competitive work if provided significant support</li> <li>inadequate adaptation to impairment</li> <li>significant accommodation required</li> <li>high increased risk of decompensation under normal stress</li> </ul>	40-45%
<ul style="list-style-type: none"> <li>no significant competitive vocational capacity</li> <li>competitive vocational capacity only in exceptional circumstances</li> <li>may be capable of sheltered work</li> <li>none to mild ADL problems or executive dysfunction</li> </ul>	50-60%
<ul style="list-style-type: none"> <li>no significant competitive vocational capacity</li> <li>may be capable of sheltered work if provided significant support</li> <li>moderate ADL or executive dysfunction</li> <li>supervision/monitoring required for some complex tasks</li> </ul>	65-70%
<b>MARKED-EXTREME</b> IMPAIRMENT LEVELS PRECLUDE MOST USEFUL FUNCTIONING	
<ul style="list-style-type: none"> <li>significant ADL problems or executive dysfunction</li> </ul>	75-90%

<ul style="list-style-type: none"> <li>• supervision/monitoring required for moderately complex tasks</li> <li>• can be left unsupervised some of the time</li> </ul>	
<ul style="list-style-type: none"> <li>• significant interference with ADLs or executive functioning</li> <li>• can be left alone for only brief periods</li> <li>• requires significant supervision for routine tasks</li> <li>• requires constant supervision/monitoring</li> </ul>	100%

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**History:** This Practice document was first issued on July 14, 2004. It was amended to reflect changes to the *Workers Compensation Act* made effective on April 6, 2020 as part of a standard statute revision process. This Practice document was updated on December 30, 2021 to reflect changes in WorkSafeBC's organizational structure. Amendments were made to this Practice document on July 1, 2022. The policy changes removed procedures specific to the determination of permanent psychological disability benefits, including referral of claims to the Psychological Disability Committee. In addition, outdated information in the Practice document was removed, and it was clarified that this document applies to Category C of section XX of the Permanent Disability Evaluation Schedule.

**Application:** This item is intended to provide guidance on the assessment of permanent psychological disability under the loss of function method of assessment (section 195(1) of the *Act*). It applies to loss of function decisions made on and after July 1, 2022.