

Mental Health in Workers' Compensation in Canada: Prevention, Treatment, and Recovery

Introduction

Work-related mental health conditions have become a critical focus of workers' compensation systems across Canada. Historically, these systems primarily addressed physical injuries, but in recent years every province and territory has moved to recognize and support psychological injuries such as work-related stress, anxiety, depression, and post-traumatic stress disorder (PTSD). The proportion of lost-time compensation claims attributable to mental illness has been rising – in fact, between 2012 and 2022 the share of all lost-time claims due to mental disorders more than doubled from about 1.0% to 2.1% ¹. PTSD in particular now accounts for nearly half of all mental injury claims ² ³. These claims tend to be more challenging and costly than physical injuries: one study found that work-related psychological injuries resulted in wage replacement and healthcare expenses *twelve times higher* than physical injury claims, and only 28% of workers with a work-related mental illness had a sustained return to work within 2–5 months, compared to nearly half of those with musculoskeletal injuries ⁴. In response, workers' compensation boards (WCBs), policymakers, and employers across Canada are implementing proactive strategies in **prevention, treatment, and recovery** to better support workers' mental health. This report provides an expert overview of those strategies, highlighting evidence-based best practices in each province and territory in a positive and constructive way.

Prevention Strategies for Psychological Injuries

Preventing work-related mental health injuries in the first place is a top priority nationwide. **Legislation and policy changes** have been key drivers of prevention efforts. All Canadian jurisdictions now allow compensation for certain work-related mental disorders, sending a strong preventive message that psychological harm is taken as seriously as physical harm. For example, British Columbia's *Bill 14* (2012) explicitly expanded workers' compensation coverage to include diagnosed mental disorders caused by significant work-related stressors – including workplace bullying and harassment ⁵. Alongside this change, WorkSafeBC was directed to develop anti-bullying policies and a prevention toolkit for employers ⁶, helping workplaces address psychosocial hazards before they cause harm. Many other provinces followed suit by strengthening occupational health and safety regulations around harassment, workplace violence, and other psychosocial risks. In B.C., since 2013 every employer is required to have policies to prevent workplace bullying and harassment, with WorkSafeBC providing extensive guidelines and toolkits to help implement these measures ⁷. Other provinces enforce similar requirements for violence and harassment prevention, contributing to safer and more respectful workplaces across Canada.

Another major preventive initiative has been the adoption of **presumptive PTSD legislation** for trauma-exposed occupations. Starting with Alberta in 2012, most provinces introduced laws that *presume* PTSD in first responders is work-related, expediting access to support for those who serve our communities. This was a vital acknowledgment of the intense psychological toll on police, paramedics, firefighters and similar roles. In recent years, some jurisdictions have even broadened this approach beyond first responders.

Manitoba and Saskatchewan led the country by extending PTSD presumptive coverage to *all workers* covered by their compensation systems ⁸. This inclusive model – now also adopted in Alberta and Prince Edward Island – recognizes that any worker (from a nurse to a retail clerk) can experience trauma on the job (for example, a violent incident or armed robbery) and should receive immediate support without onerous proof requirements ⁹ ¹⁰. In addition, provinces such as Nova Scotia, Ontario, and New Brunswick have updated their laws to recognize gradual-onset psychological stress injuries (e.g. those stemming from cumulative bullying or extreme workload), reflecting a broadening safety net for mental health injuries ¹¹. These legislative measures have a preventive impact by reducing stigma and encouraging early reporting of psychological injuries, so that workers get help sooner.

Canadian WCBs also emphasize **education, training, and resources** to prevent mental harm. Many compensation boards provide employers with practical tools to promote psychological well-being at work. For instance, SAFE Work Manitoba (the WCB's prevention arm) has created a *Psychological Health and Safety in the Workplace Toolkit* to help organizations “improve psychological health and safety, and prevent and reduce psychological injury to workers.” This free toolkit guides employers on how to identify psychosocial hazards, reduce work-related stressors, and foster a supportive environment in their workplaces. Likewise, several provinces offer free training programs aimed at reducing mental health stigma in the workplace, teaching managers and workers to recognize signs of mental distress and communicate effectively about mental health so that issues can be addressed before they escalate. Many jurisdictions have also encouraged adoption of the voluntary **National Standard for Psychological Health and Safety** (CSA Z1003) – a framework that helps employers systematically manage psychological risks at work – treating mental health with the same diligence as physical safety. Such initiatives demonstrate a nationwide commitment to proactive mental health prevention.

Early intervention after traumatic workplace events is another cornerstone of prevention. Workers' compensation systems have introduced Critical Incident Response services to mitigate the impact of acute trauma. WorkSafeBC's *Critical Incident Response (CIR) Program* is one leading example of this proactive approach. The CIR program provides confidential, on-site psychological support and education by trained professionals in the immediate aftermath of a workplace tragedy or other disturbing event ¹². The goal is to reduce workers' distress and “mitigate the development of further, more serious difficulties” following the trauma ¹³, such as the onset of PTSD. Importantly, this help is offered **quickly** – the program can respond within days of an incident – and it is provided free of charge, even if no compensation claim has yet been filed ¹⁴. Similarly, many other boards across Canada fund or facilitate critical incident stress management teams and crisis counsellors who can be deployed to workplaces after a traumatic event. For example, WCBs in Alberta, Saskatchewan, Ontario and others support bringing in specialized crisis intervention professionals within the first days or weeks after an incident to offer emotional first aid and practical coping advice to affected workers ¹⁵. By acting quickly to normalize workers' reactions and encourage use of coping supports, these programs have been successful in reducing the incidence or severity of long-term PTSD among workers who experience trauma on the job ¹⁶. Together, the above preventive strategies – stronger legislation, better employer resources, stigma reduction training, and early trauma response – are fostering safer, more psychologically healthy workplaces and reducing the human and economic costs of mental harm.

Treatment and Support for Injured Workers' Mental Health

When work-related mental health issues do occur, Canadian workers' compensation boards have been expanding access to treatment and improving how claims are managed. A fundamental principle in every

jurisdiction today is that psychological injuries are compensable and are treated on par with physical injuries. If a worker is diagnosed with a mental health condition caused predominantly by work factors (whether a traumatic incident or significant work stressors), all WCBs will cover the necessary health care and rehabilitation costs and provide wage-loss benefits just as they would for a physical injury. For example, WorkSafeBC explicitly states that for an accepted mental health injury claim, benefits may include compensation for lost wages, *support for returning to work*, and coverage of “the costs of treatment by a doctor, psychologist, or psychiatrist” as well as related mental health programs and prescription medications ¹⁷. This financial support ensures that injured workers can access therapy and recovery services without the barrier of cost, allowing them to focus on getting well.

A best practice in treatment has been the creation of **specialized mental health services and teams** within compensation boards. Many WCBs now have dedicated staff and partner providers who understand the unique nature of psychological injuries. In British Columbia, for instance, a specialized Mental Health Claims Unit manages these cases – with case managers and even nurses who specialize in mental health return-to-work helping to coordinate each claim ¹⁸ ¹⁹. This means mental injury claims are handled with focused expertise and sensitivity from the outset. Ontario’s Workplace Safety and Insurance Board (WSIB) likewise developed new mental stress policies and trained staff after 2018 to better adjudicate chronic mental stress claims, which has improved consistency and fairness in accepting legitimate psychological claims ²⁰. Alberta’s WCB offers another leading example with its *Traumatic Psychological Injury (TPI) care model*. Under this model, if a worker’s psychological injury is complex or their recovery is not progressing, they can be referred to a multidisciplinary team at specialized, contracted clinics ²¹ ²². These TPI teams include psychologists, occupational therapists, and other specialists who work together to provide early, tailored intervention for the injured worker. The focus is on education about trauma and evidence-based coping strategies, along with coordinated care to improve recovery outcomes ²³ ²⁴. For example, as part of the TPI process a worker may attend an in-depth assessment (with a psychologist interview and standardized checklists) that results in a personalized plan – such as a recommendation for a gradual return to modified work duties combined with counselling support – if those steps are deemed helpful for recovery ²² ²⁵. By partnering with a handful of community psychology clinics across the province, WCB Alberta ensures that workers can access this specialized trauma-focused care relatively quickly and in their own communities. The TPI program provides important education to injured workers and their families about normal responses to trauma, and it delivers individual attention (services tailored to each participant’s needs) through an interdisciplinary team – significantly increasing the likelihood of a healthier return to normal activities and work ²³ ²⁴. Other provinces have similarly broadened their provider networks and care models to address psychological injuries more effectively.

A recent development in Nova Scotia is illustrative of how boards are bolstering treatment capacity. Anticipating an influx of new psychological injury claims due to expanded coverage for chronic (gradual-onset) work-related stress effective fall 2024, WCB Nova Scotia moved proactively to *increase mental health resources*. The WCB secured agreements with three new mental health service providers – including Homewood Health, a national leader in trauma recovery – to expand access to care for injured workers in the province ²⁶ ²⁷. By bringing in these experienced organizations, Nova Scotia is increasing the province’s treatment resources so that workers won’t face long waits once the new stress coverage comes into effect. The WCB is also establishing a new service delivery team trained in trauma-informed care, including newly created “navigation” roles to help guide workers (and employers) through the claims and treatment process ²⁸. This means when a worker files a psychological injury claim, they will interact with staff who understand trauma, can coordinate services, and can personally assist the worker in accessing the help they need – thereby providing an *exceptional service experience* during a difficult time ²⁸. Nova Scotia’s

approach of essentially *injecting more counselling and care capacity* into the system ahead of the policy change is easing pressure on the public healthcare system and ensuring timely support for workers when psychological injuries occur. In Quebec, to take another example, the workers' compensation system (CNESST) works closely with mental health professionals and clinics to support injured workers – often providing services in French or tailored to the worker's cultural context – thereby ensuring care is culturally and linguistically appropriate ²⁹. These kinds of partnerships and provider contracts across Canada mean that injured workers can often begin treatment promptly, sometimes even before their claim is fully adjudicated (through interim funding or early intervention programs). Timely access to care is proven to improve recovery trajectories, so WCBs place a strong emphasis on getting workers connected with mental health support as soon as possible.

Beyond the clinical care itself, Canadian WCBs are focusing on **communication and stigma reduction** as part of effective treatment. There is a concerted effort to ensure that workers and employers approach psychological injuries openly and without judgment – just as they would a visible physical injury. For example, the Workers Compensation Board of PEI's new Return-to-Work Toolkit on *Recovery from Psychological Injury* explicitly encourages employers to *get comfortable talking to workers about mental health challenges* in the workplace ³⁰. By fostering a workplace culture where mental health discussions are welcomed, employers can make it easier for injured workers to come forward early and to engage in therapy without shame. Ensuring the worker feels heard and supported is critical: the PEI toolkit advises employers to recognize signs of psychological distress, to have empathetic conversations with an employee who is struggling, and to work *collaboratively* with that individual on a return-to-work plan that fits their capabilities. Employers are encouraged to involve the worker in identifying potential challenges before they return, and to be ready to adjust the plan as needed in consultation with the worker ³¹ ³². This collaborative, worker-centered approach is echoed across the country. Moreover, some boards provide specialized helplines or psychological support services that workers can access as they navigate their recovery. In Alberta, for instance, WCB literature advises workers that if they are struggling with anxiety or trauma reactions between counseling sessions, they can reach out to a 24-hour Mental Health Helpline (available province-wide) for immediate support ³³. WCB Alberta's website compiles a number of community crisis support lines for mental health and explicitly reminds workers: "if you need to talk to someone, you don't have to wait until your next appointment" ³⁴ ³³. This kind of resource, while outside the formal claim benefits, complements the therapy being provided and helps workers cope with the emotional fallout of a workplace incident in real time. All of these efforts – from having dedicated case managers and helplines, to providing employers with guidance on supportive communication – contribute to a more worker-centric, compassionate claims process. The overarching goal is to ensure that once a mental health claim is accepted, the worker has rapid access to evidence-based care (such as cognitive-behavioral therapy, trauma-focused counseling, or medication as needed) *and* robust support from the WCB and employer, so that they have the best chance to heal and regain their quality of life.

Recovery and Return-to-Work (RTW)

Facilitating a safe and successful return to work is a critical aspect of recovery for workers with mental health injuries. Canadian workers' compensation systems increasingly recognize that meaningful work can be therapeutic and can play a healthy role in a person's recovery, provided the return is handled appropriately. At the same time, returning to work after a psychological injury requires careful planning, flexibility, and support to ensure the worker's well-being. Best practices in provinces across Canada reflect this balance. The Canadian Centre for Occupational Health and Safety (CCOHS) recommends that every workplace have an overall return-to-work program that includes accommodation and support for recovery

not just for physical injuries but for mental health as well ³⁵ . In practice, this means developing individualized RTW plans for injured workers that take into account the person's psychological state and any cognitive or emotional limitations, then adjusting the work environment or duties accordingly. For example, a good RTW plan might include initially reduced working hours or a lighter workload, temporary modifications to job duties, or providing a quiet, low-stress workspace as the worker re-integrates. The plan should be tailored to the worker's needs and recovery progress.

An effective RTW process for mental health conditions involves close collaboration among the worker, the employer, health care providers, and the WCB. Many boards have introduced specialized roles or units to coordinate this process. As noted, WorkSafeBC's Mental Health Claims unit even assigns nurses with return-to-work expertise to contact and assist workers who have mental health claims ³⁶ . These return-to-work specialists (working alongside case managers and psychologists) help design suitable modified duties and liaise with the employer to ensure the workplace is ready to welcome the worker back safely ³⁷ . Open communication is strongly encouraged. With the worker's consent, employers are informed of the employee's functional limitations *rather than* specific clinical diagnoses, in order to respect confidentiality while still enabling proper accommodations to be made ³⁸ . The first few weeks back on the job are considered a critical period: best practice is for supervisors or case managers to check in regularly with the returning worker to see how they are coping and to adjust the plan if needed ³⁹ . As the CCOHS notes, employers and colleagues should also be mindful to prevent workplace gossip or stigma about the person's absence, since an unsupportive social environment can significantly hinder recovery ⁴⁰ . By fostering a positive and understanding climate – one that maintains the worker's dignity and privacy – the workplace can greatly improve the chances of a sustained and successful return to work.

Several provinces have developed specialized guides and tools to help workplaces navigate mental-health return-to-work planning. In Prince Edward Island, for example, the WCB's *Return to Work Toolkit – Recovery from Psychological Injury* (mentioned earlier) provides very practical steps for employers in accommodating a worker with a mental health issue. It covers topics such as how to recognize an employee's warning signs of distress, how to approach conversations about their mental health in a supportive way, and how to collaboratively create a written RTW plan that fits the worker's capacities and symptom patterns. A key theme is ensuring the worker feels heard and involved in the planning – as the toolkit suggests, employers should engage the individual in discussing potential challenges before they return, and be prepared to make further adjustments in consultation with them during the return process ⁴¹ ³² . This kind of worker-centered, empathetic approach is increasingly the norm across Canada. For instance, WCB Nova Scotia's new psychological injury unit (launching in 2024, as noted) will include dedicated “navigators” specifically to guide injured workers and their employers through the return-to-work journey, helping coordinate any needed services and support on both sides ²⁸ . The emphasis on trauma-informed service means WCB staff recognize the psychological impacts the worker has experienced and adapt their communication and planning to avoid re-traumatization, thereby building trust with the injured worker during the RTW process ²⁸ .

Ultimately, successful recovery is measured not just by clinical symptom improvement, but by the worker's ability to regain function and confidence in the workplace. There is a strong push for *early and safe* return-to-work in mental health cases, grounded in evidence that the longer an employee is off work, the harder it can be for them to come back at all ⁴² . By providing wage replacement and gradually reintroducing the worker to productive activity in a suitable, supported manner, WCBs aim to keep injured workers connected to the workplace and prevent long-term disability. Many jurisdictions report that enhanced mental health RTW support is indeed improving outcomes. For example, where in the past psychological injury claims

might have led to very prolonged absences, these improved practices are helping to close that gap – more individuals with work-related mental injuries are able to resume productive work roles with appropriate accommodations in place. This not only benefits the workers themselves (restoring their routine, income, and self-esteem), but also benefits employers and the compensation system by reducing the costs associated with long-term claims. In short, Canadian workers' compensation boards now view "recovery" holistically, integrating clinical treatment with return-to-work planning. They strive to ensure injured workers have *both* the health services *and* the workplace support needed for a successful recovery journey back to a healthy working life.

Best Practices Across Provinces and Territories

Every Canadian jurisdiction has contributed innovations to better address workplace mental health, and the overall trend is one of collaborative improvement in outcomes. Below are some highlights of best practices and positive developments across the country, showing how prevention, treatment, and recovery efforts come together in various regions:

- **Legislative Leadership:** Nearly all provinces and territories have enacted **presumptive compensation coverage for PTSD** in frontline emergency occupations, eliminating barriers to claims for those who protect our communities. Notably, Manitoba and Saskatchewan led by extending PTSD presumptive coverage to *all workers* – an inclusive model now also adopted in Alberta and PEI – ensuring that any worker exposed to trauma at work is presumed eligible for support ⁸. Furthermore, provinces like Nova Scotia, Ontario, and New Brunswick have broadened their laws to recognize gradual-onset psychological stress injuries (from issues like long-term bullying or extreme workloads), reflecting a widening safety net for mental health injuries and acknowledging that psychological damage can develop cumulatively ¹¹.
- **Psychosocial Hazard Prevention:** Several provinces have integrated psychological safety into their occupational health and safety standards. For example, as mentioned, since 2013 British Columbia requires all employers to implement policies to prevent workplace bullying and harassment ⁷. WorkSafeBC supports this with extensive guidelines and toolkits for employers. Other provinces have similar OHS provisions mandating violence and harassment prevention programs in workplaces – these measures contribute to safer, more respectful work environments and help address root causes of mental injury before they result in compensation claims. Additionally, the prevention departments of many WCBs (for instance, SAFE Work Manitoba) actively promote resources like the CSA **National Standard on Psychological Health and Safety**, and offer workshops or webinars on topics ranging from stress reduction to "mental fitness" for workers ⁴³. These forward-looking initiatives spread awareness and practical know-how for improving workplace mental health culture.
- **Early Intervention Programs:** A widely shared best practice is providing **immediate response services** after traumatic events to minimize psychological harm. Workers' compensation boards including B.C., Alberta, Saskatchewan, and Ontario fund Critical Incident Stress Management teams or crisis counsellors who can be dispatched to workplaces in the wake of a critical incident. The goal is to deliver prompt emotional first aid and education – often within the first 24–72 hours – to employees who have witnessed or experienced a workplace trauma ¹⁵. By normalizing their reactions and encouraging healthy coping strategies early on, these programs have been successful in reducing the likelihood or severity of long-term PTSD in affected workers ¹⁶. This approach of

“psychological first response” is now standard in many jurisdictions whenever a particularly distressing workplace accident or event occurs.

- **Specialized Claims Management:** Many provinces have established dedicated processes to handle psychological injury claims with greater expertise and compassion. For instance, British Columbia and Alberta have **mental health claim units** with staff specially trained in psychological conditions ⁴⁴. New claims for work-related mental disorders in those provinces are triaged by these experts, which helps ensure that decisions are both evidence-based and empathetic. This specialization often speeds up adjudication and makes the claims process less stressful for workers. Ontario’s WSIB, after legal changes in 2018, introduced new chronic mental stress policies and trained its adjudicators accordingly, improving consistency and fairness when determining these claims ²⁰. Across the board, there is a trend toward streamlining the claims process for mental health injuries so that workers aren’t further traumatized by delays or adversarial investigations. The language used is more supportive, and the focus is on getting the worker help rather than finding reasons to deny a claim.
- **Comprehensive Treatment Networks:** Recognizing that timely access to therapy is crucial, many WCBs have expanded their health care provider networks for mental health. This includes contracting with more psychologists, social workers, and specialized trauma clinics. As noted, WCB Nova Scotia’s 2024 agreements with national mental health organizations (like Homewood Health and others) will significantly increase injured workers’ quick access to therapy and rehabilitation programs in that province ²⁶ ²⁷. In Quebec, the compensation board (CNESST) works with a network of mental health professionals (including those offering services in French) to ensure workers receive culturally appropriate counseling ²⁹. These partnerships across Canada mean that injured workers can often begin treatment promptly – sometimes even before their claim is formally approved, through interim funding – which is a practice supported by research, as early care leads to better recovery outcomes. The overarching philosophy is to get the right help to the worker as soon as possible, rather than making them wait in limbo.
- **Return-to-Work (RTW) Innovations:** Best practices in return-to-work recognize that a supportive workplace and flexible planning are vital for mental health recovery. Prince Edward Island’s WCB has been a leader in producing plain-language RTW guides specifically for psychological injuries, which have been shared and adapted by other jurisdictions ⁴⁵. Nova Scotia’s creation of new “navigation” roles to assist workers with psychological injuries on the return-to-work journey (part of their trauma-informed service model) is another innovative step to personalize support ⁴⁶. Many provinces also encourage the use of **graded (graduated) return-to-work programs** for mental health cases – allowing the worker to ease back into their role over several weeks or months. This gradual approach has proven effective in improving sustained return-to-work rates, as it avoids overwhelming the recovering worker and builds their confidence step by step ⁴⁷. Nationally, the message is clear: staying connected to work (even in a reduced or modified capacity) can be therapeutic for mental recovery, and employers are encouraged and assisted to accommodate mental health limitations just as they would physical restrictions ⁴⁸. By being creative and flexible – for example, temporarily adjusting duties or schedules, providing a quiet space, or assigning a supportive peer mentor – workplaces can help ensure that returning workers succeed.

Through these collaborative efforts and shared learnings, Canada’s workers’ compensation community – boards, employers, workers, health providers, and policymakers – is making significant progress in

addressing workplace mental health. The approach is *holistic*: focusing on preventing psychological harm, providing timely and appropriate treatment when injuries do occur, and supporting injured workers in their journey back to a healthy working life. All provinces and territories share the goal of a more mentally healthy workforce, and by openly exchanging knowledge and best practices with one another, they continue to improve outcomes and offer hope and help to workers in need.

Conclusion

In conclusion, mental health is now firmly on the agenda of workers' compensation systems across Canada, and the developments in prevention, treatment, and recovery strategies are overwhelmingly positive. Through legislative changes (like expanded coverage for PTSD and chronic stress), improved workplace prevention programs, specialized treatment models, and compassionate return-to-work supports, Canadian jurisdictions are working to ensure that no injured worker "falls through the cracks" when it comes to psychological harm. The best practices highlighted – from Manitoba's all-worker PTSD coverage to Nova Scotia's trauma-informed service teams – demonstrate a strong, country-wide commitment to innovation and collaboration in the name of worker well-being ⁴⁹. Challenges remain, of course, as mental health issues are complex. But the trend in Canada is toward a more inclusive and supportive workers' compensation environment where mental injuries are treated with the same urgency and care as physical injuries. By continuing to invest in prevention and early intervention, by providing evidence-based treatments and robust support services, and by fostering accommodating workplaces, the Canadian workers' compensation system is helping countless workers not only recover from work-related mental health challenges but thrive upon their return to work. This concerted effort benefits workers, employers, and society at large – creating safer workplaces and a stronger culture of psychological safety from coast to coast.

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