



## PTSD in Canada: Trends, Federal Framework, and Implications for Workers' Compensation

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## 1-Executive Summary

Post-Traumatic Stress Disorder (PTSD) has emerged as a critical occupational health concern in Canada, with rising prevalence, growing compensation claims, and increasing strain on healthcare and workers' compensation systems. This report summarizes national trends over the last five years, highlights federal policy developments in 2025, and outlines best practices for Workers' Compensation Board (WCB) administrators and healthcare professionals.

### Key Highlights:

- **Prevalence and Risk:** About **8% of Canadian adults** experience moderate to severe PTSD symptoms annually, with higher rates among **women, young adults**, and **frontline workers**. **12–23% of first responders** are expected to develop PTSD during their careers.
- **Claims Growth:** PTSD-related lost-time claims rose by nearly **50%** between 2018 and 2022 (from ~2,200 to ~3,300). In **British Columbia**, psychological claims jumped from **~4,500 in 2019** to **~6,800 in 2023**, following coverage expansion to frontline workers.
- **Systemic Pressure:** PTSD claims are typically more complex and costly than physical injuries. While exact PTSD cost data are limited, broader mental health trends show strain on compensation systems. For instance, Ontario's WSIB costs for work-related mental disorders **rose 38% in 2022, reaching \$28.1 million**. Access to timely mental health care remains a key challenge.
- **Federal Action:** The **Federal Framework on PTSD (2020–2025)** focuses on improving data, clinical guidance, awareness, and intersectoral collaboration. Notable achievements include new national PTSD surveillance surveys, public education campaigns, and a **\$50 million investment** in PTSD-related programs reaching over **150,000 frontline workers**.
- **Path Forward:** The 2025 Federal report calls for sustained efforts in surveillance, service delivery, and system coordination. WCBs and healthcare professionals must prioritize **early intervention, trauma-informed care**, and **supportive return-to-work programs** to address the evolving landscape of occupational PTSD.

## 2-Overview of the Federal PTSD Framework (2025)

[The Federal Framework on Post-Traumatic Stress Disorder: 2025 Report to Parliament](#) outlines Canada's five-year national strategy to address PTSD. Led by the Public Health Agency of Canada (PHAC), the framework focuses on four federal priority areas:

### 1. Improving Data and Surveillance

To close longstanding data gaps, PHAC partnered with Statistics Canada to launch national surveys. Key findings include:

- 63% of Canadian adults have experienced at least one traumatic event.
- ~8% reported moderate to severe PTSD symptoms in the past month.
- Higher symptom rates were observed among women, young adults, and frontline workers (approx. 11% vs. 7% in the general workforce).

### 2. Best Practices in Diagnosis and Treatment

PHAC funded a national scan of clinical guidelines through McMaster University's Trauma and Recovery Lab. A centralized PTSD best-practice repository is in development to ensure clinicians have access to up-to-date, evidence-based, and culturally safe treatment guidance. Future goals include creating a national hub to streamline access to diagnostic and care resources across jurisdictions.

### 3. Education and Awareness

To reduce stigma and promote early intervention, the framework supported public and professional outreach. Key actions include:

- Publishing a national PTSD Glossary of Terms and launching the "Words Matter" campaign.
- Investing \$50 million in 14 innovation projects, delivering peer support tools and trauma training to over 150,000 frontline and essential workers.

While these efforts marked a major scale-up, the report notes the lack of a national audit or strategy to coordinate PTSD educational materials, suggesting the need for a centralized resource system.

### 4. Collaboration and Partnerships

PHAC convened a Federal Coordinating Committee on PTSD, aligning 17 departments under one strategy. Notable results include:

- The National Action Plan on Post-Traumatic Stress Injuries (PTSI) led by Public Safety Canada, supported by \$31.7 million in funding.
- New therapy programs (e.g., PSPNET), workplace tools, and longitudinal studies (e.g., with the RCMP).

The report emphasizes future collaboration with provinces, WCBs, healthcare systems, and community organizations to expand reach and fill service gaps.

### **Summary**

The 2025 report confirms strong progress across all priorities with lasting infrastructure in place. It urges continued federal leadership to enhance data, share knowledge, and strengthen support for trauma-exposed workers.

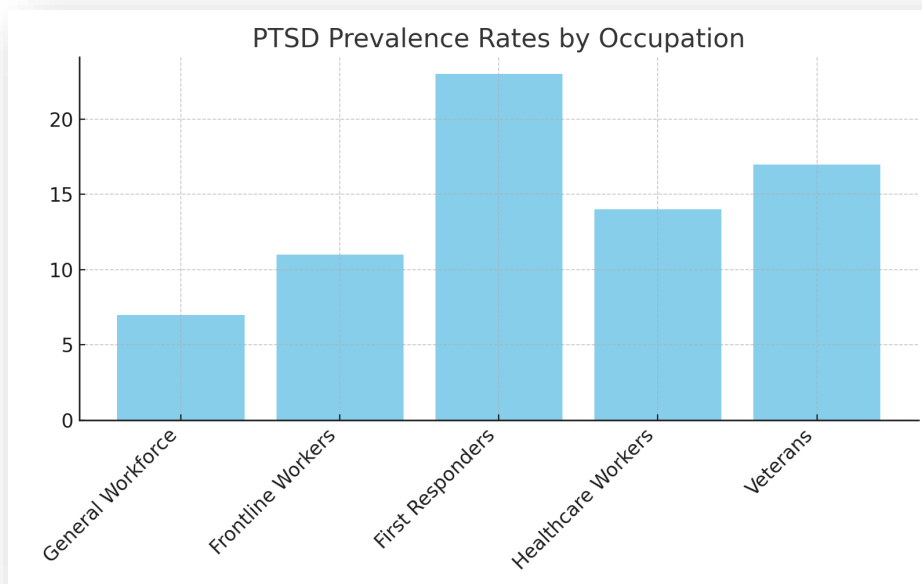
[Download the Federal Framework on Post-traumatic Stress Disorder \(PTSD\): Report to Parliament 2025](#)

### 3-Trends in PTSD Cases in Canada

#### PTSD Diagnoses and Prevalence:

In the past five years, PTSD symptoms in Canada have remained stable or increased. Between 2021–2023, around 8% of adults screened positive for clinically significant symptoms, and 6% reported a lifetime PTSD diagnosis (StatsCan 2022). Women (10%) and young adults (13% among those 18–24) report higher rates than men and seniors. These differences likely reflect varying trauma exposure and reporting behaviors.

Occupational exposure remains a major risk factor. Public safety personnel, healthcare workers, and veterans show elevated PTSD rates. Before the pandemic, 12–23% of first responders were expected to develop PTSD during their careers. The pandemic intensified stress among frontline workers, leading to increased PTSD diagnoses, especially in jurisdictions that expanded coverage to healthcare and long-term care staff.



#### Workers' Compensation Claims:

PTSD-related claims have increased notably. By 2022, PTSD made up 45% of all mental injury lost-time claims nationally, with 3,291 accepted cases—up from ~1,200 a decade earlier.

### **PTSD Claims by Year: (Source: AWCBC)**

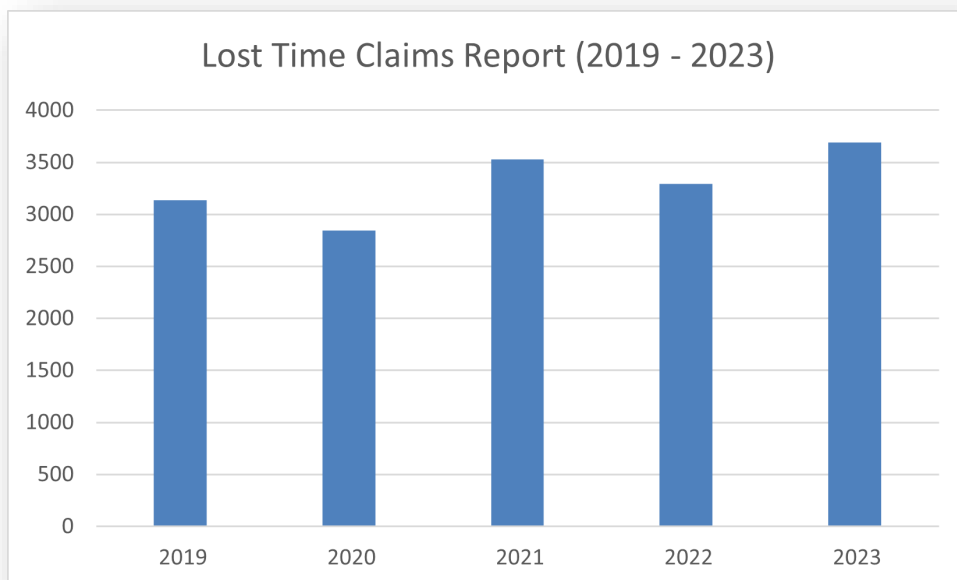
**- 2019:** 3,138

**- 2020:** 2,845

**- 2021:** 3,528

**- 2022:** 3,291

**- 2023:** 3,692



### **Outcomes:**

Claim approval rates vary. First responders generally see high acceptance (e.g., 84% for paramedics in BC), while non-presumptively covered workers (e.g., teachers) have lower success (~50%). This disparity has sparked debate about broadening presumptive PTSD coverage to ensure fair access to compensation.

### **Conclusion:**

Over the last five years, Canada has seen growing recognition of PTSD as a key occupational health issue. With rising diagnoses and claims, workers' compensation boards face increased pressure to respond effectively to mental health-related injuries.

## **4-Systemic Implications for WCBs and Healthcare Systems**

The surge in PTSD cases is placing significant strain on Canada's workers' compensation and healthcare systems, revealing the need for systemic adaptation.

### **Compensation System Pressures:**

Mental health claims, particularly PTSD, have challenged compensation models traditionally focused on physical injuries. PTSD claims are costlier and lengthier, with some cities (e.g. Toronto) reporting over \$28M annually in mental injury-related costs. The complexity of adjudicating psychological injuries, especially those involving delayed onset or cumulative trauma—has prompted WCBs to develop specialized mental health units. Coverage policies are also evolving, with simplified processes and broader presumptive legislation now more common.

### **Healthcare System Demands:**

The surge in PTSD cases has exposed critical gaps in mental health infrastructure. Many regions—particularly rural ones, continue to face shortages of trauma specialists and extended wait times for care. While some WCBs partner with trauma care providers or fund dedicated programs, public systems remain overstretched. Delayed care negatively affects outcomes, emphasizing the need for early intervention pathways.

### **Workplace Reintegration Challenges:**

Return-to-work (RTW) processes are often complicated by PTSD, necessitating personalized accommodations and coordinated planning. Many employers lack the expertise or infrastructure to support psychological recovery, leaving WCBs and clinicians to lead the process. Some provinces have created toolkits or use occupational therapists to support mental health RTW, but broader implementation is needed.

### **Secondary Trauma and Burnout:**

PTSD's impact extends beyond claimants. Healthcare workers and colleagues of those affected face secondary trauma, often leading to burnout and workforce attrition. This cycle increases stress in already strained environments, highlighting the need for organizational mental health strategies.

### **Emerging Needs in Trauma Care:**

Demand is growing for diverse, evidence-based PTSD treatments beyond standard approaches, including EMDR, virtual reality therapy, and experimental pharmacotherapies. Moral injury, a related but distinct issue, also requires targeted support like peer discussions and ethics debriefings. Peer support networks and trauma-informed care models should be expanded.

## Prevention and Early Intervention:

The most effective system-level change is prevention. Proactive approaches—like resilience training, psychological check-ins, and critical incident response teams—are being adopted in some sectors. Expanding these to broader workforces would mitigate long-term system burdens.

## Summary:

PTSD's rise is accelerating transformation across compensation and healthcare systems. With appropriate policies, training, and collaboration, institutions can better support workers' recovery while maintaining system sustainability.

## 5-Recommended Practices and Policy Considerations

To address PTSD effectively, Canadian WCBs and healthcare providers should focus on prevention, timely treatment, and safe reintegration. The following summarizes key strategies based on national standards and research from the **Public Health Agency of Canada's [Federal Framework on PTSD report](#)**:

### 1. Strengthen Prevention and Early Intervention

- **Psychologically Safer Workplaces:** Encourage employers to adopt the CSA Z1003 Standard to reduce psychosocial hazards. Targeted interventions (e.g., anti-violence training, workload support) can reduce traumatic exposures.
- **Presumptive Legislation Expansion:** Expanding presumptive PTSD coverage to more occupations ensures timely support and encourages early reporting.
- **Critical Incident Response:** Implement protocols for psychological support within 24–72 hours after traumatic events. Provinces like B.C. and Alberta already fund such responses.
- **Resilience Training:** Promote evidence-based training like Resilient Minds and Road to Mental Readiness across sectors. These help workers recognize stress early and support peers.

### 2. Improve Access to Specialized Treatment

- **Dedicated Claims Management:** Create specialized psychological injury teams for better adjudication and support. This approach improves care coordination and claimant experience.
- **Rapid Treatment Access:** Provide immediate counseling while claims are processed and fund evidence-based therapies generously. Early intervention improves recovery outcomes.
- **Multidisciplinary Care Models:** Holistic programs (e.g., Alberta's TPI model) involving psychologists, OTs, and return-to-work specialists offer personalized support and address related challenges like pain or sleep issues.



- **Culturally Competent Care:** Services should be accessible in the worker's preferred language and tailored to cultural needs. Partnering with specialized clinics can improve engagement.
- **Ongoing Clinician Training:** Ensure providers stay current with trauma care best practices via professional associations or WCB-sponsored workshops.

### 3. Support Safe and Sustainable Return-to-Work (RTW)

- **Individualized RTW Plans:** Customize return plans with accommodation like reduced hours, quiet workspaces, or schedule flexibility. Some jurisdictions offer RTW toolkits.
- **RTW Navigators:** Assign trauma-informed case coordinators to support the worker and align communication among all parties, as seen in Nova Scotia.
- **Gradual Exposure Therapy:** For trauma-linked roles, use staged workplace re-entry and peer mentoring to rebuild confidence and avoid avoidance behaviors.
- **Monitor and Adapt:** Conduct regular post-return check-ins to detect challenges early and provide timely support or adjustments.

### 4. Foster Collaboration and Continuous Learning

- **National Collaboration:** Create mechanisms to share knowledge and best practices across jurisdictions. A national PTSD knowledge hub could centralize guidelines, training, and data.
- **Streamlined Processes:** Simplify forms, use digital tools (e.g., online portals, symptom trackers), and expedite claims to reduce administrative burden on traumatized workers.
- **Peer and Family Involvement:** Fund peer support and family education programs to extend recovery beyond the clinic. These supports can reinforce treatment gains at home.
- **Track Outcomes:** Measure disability duration, RTW rates, and satisfaction. Share results to refine programs and direct resources to what works best.

By implementing these practices, WCBs can create more responsive systems for mental health injuries, and healthcare providers can offer targeted, culturally sensitive care. The goal is to ensure those affected by work-related PTSD receive timely, comprehensive support to recover and thrive.

## 6-Conclusion and Next Steps

PTSD among frontline and essential workers has become a major public health and labor issue in Canada. The rise in workplace trauma and PTSD claims over the past five years show this is not a temporary trend. Without proactive intervention, the personal and economic toll will continue to grow. WCBs and healthcare providers must respond decisively.

### Moving Forward: Key Insights

- Frameworks like the Federal PTSD Strategy have improved data collection and awareness, but sustained funding and coordination are needed to build on this progress.
- WCBs are shifting toward prevention and improved claims management. This momentum must continue with strong leadership and collaboration across provinces.
- Trauma-informed care is gaining ground, but more providers, shorter wait times, and expanded capacity are essential.
- Mental health in the workplace is a shared responsibility—requiring joint efforts from policymakers, compensation boards, employers, unions, clinicians, and community partners.

### Next Steps

- Prioritize implementing and evaluating best practices across all provinces and territories.
- Monitor outcomes from initiatives like expanded presumptive coverage and specialized care programs.
- Engage injured workers and families to improve services.
- Enhance collaboration and information sharing among existing non-federal stakeholders at the national level.

### In Closing

PTSD in the workplace is a serious challenge—but Canada has shown a strong commitment to addressing it. By investing in evidence-based care, reducing stigma, and fostering national collaboration, we can build a future where every affected worker receives the support they need. This not only improves individual lives but strengthens our entire workforce and society.

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