

**Fractured Promises: Mental Health and the Human Cost of Ontario's Workers'  
Compensation System to the Workers**

Pro Bono Students Canada  
Lakehead University Chapter  
Research Paper  
March 30, 2026

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## **Introduction**

Injured workers face significant challenges at the hands of the Workplace Safety and Insurance Board (WSIB) and the prevailing legislation regulating their compensation, return to work time, and quality of life post-injury. The current system not only impacts workers and their livelihoods, but additionally their mental health. The chain reaction caused by insufficient treatment has detrimental impacts. The WSIB process can be difficult to navigate for many injured workers. Accessibility and workplace stigma may prevent individuals from filing their claims, alienating them from the resources they are entitled to. Those who are able to struggle through the process may conclude that the benefits are not worth the effort, as the compensation provided does not amount to enough for a decent quality of life. This subsequently leads to a detriment in their mental state. Feelings of internal blame, worthlessness, heartbreak, and helplessness encompass the individual, in addition to the grief they may still be processing due to their injury. They can become disconnected from family, friends, and coworkers, leading them on a path to isolation. The life they once knew is changed forever once the injury occurs, and without the proper support and resources in place, it becomes difficult to emerge from the incident unscathed, physically or mentally. If injured workers are failed by the WSIB, then they have lost their last remaining helpline. That is why it is crucial that treatment and compensation from the WSIB is focused on the injured worker, and what benefits them the most. In this paper, we discuss these facets of an injured worker's journey, and the harm they can cause the individual if subpar per legislation. We staunchly show our support for the recently presented Bill 86: The Meredith Act, which accurately represents our findings through both research and personal interviews with injured workers. We urge the Assembly to take action in the right direction and support injured workers.

## **Streamlining or Diluting Care: A Legal Analysis of WSIB's Mental Health Treatment Reforms and Their Implications for Quality, Fairness, and Worker Recourse**

The central argument of this paper is that although the Workplace Safety and Insurance Board aims to streamline access to mental health treatment, its new approach risks diluting care quality by shifting psychotherapy delivery away from licensed psychologists. This shift raises concerns about fairness, adequacy, and the ability of workers to challenge decisions. Research on injured workers and public safety personnel also shows that the accuracy of the initial claim submission is foundational to the entire adjudication process. This paper analyzes these issues using recent empirical studies and program evaluations.

*WSIB's focus on rapid access reflects legitimate policy goals, but psychological injuries require specialized expertise.*

WSIB's recent reforms emphasize faster entry into mental health treatment programs. Evaluations of the First Responder Mental Health Treatment Program show that structured pathways can reduce delays and improve coordination for workers with post traumatic stress injuries.<sup>1</sup> These evaluations highlight that predictable access can reduce uncertainty and support earlier engagement with treatment. This policy direction aligns with findings from Edgelow and Fecica, who show that public safety personnel often experience long recovery periods and complex functional limitations following psychological injuries.<sup>2</sup> Their analysis of compensation data demonstrates that early intervention is important for stabilizing symptoms and supporting return to work. Similarly, Yanar, Mustard, and Vesely report that employers value timely access to treatment because it provides clearer clinical guidance for accommodation planning.<sup>3</sup>

However, these same studies emphasize that psychological injuries are complex and require individualized care. The need for specialized clinical expertise is a recurring theme across the literature. This creates tension between WSIB's desire for efficiency and the clinical realities of psychological injury treatment. Yet the lived experiences of injured workers illustrate the limits of a speed-focused model. One worker described how they "lay awake at night, thinking bad thoughts... just crying staring at the wall" while waiting for WSIB to approve therapy, despite multiple requests for help. Another explained that they had to "compartmentalize my life to get over the mental anguish," relying on family support rather than WSIB-funded care. These accounts show that psychological injuries require individualized, specialized intervention, something a standardized, accelerated pathway cannot always deliver. The tension is clear, a one-size-fits-all model may streamline access, but it cannot substitute for the clinical expertise required to treat complex psychological injuries.

*The shift away from licensed psychologists risks weakening the quality and adequacy of care.*

The most significant concern raised in the research is that expanding the provider pool may dilute the expertise available to workers with severe or complex psychological injuries. Noël and colleagues found that many injured and ill workers in Thunder Bay experienced inconsistent or inadequate treatment, often feeling that their care did not reflect the severity of their injuries or the realities of their work environments.<sup>4</sup> Workers described treatment that felt generic and disconnected from their lived experiences. Scharfe and colleagues reported similar findings. Injured workers frequently felt that providers lacked an understanding of the

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<sup>1</sup> Institute for Work and Health, Evaluations of WSIB's First Responder Mental Health Treatment Program.

<sup>2</sup> Megan Edgelow & Agnieszka Fecica, Occupational Therapy Treatment of Public Safety Personnel with Work-Related Psychological Injuries: Analyzing Ontario Worker's Compensation Data from 2017 to 2021 (2025) *Frontiers in Psychiatry*.

<sup>3</sup> B Yanar, C Mustard & L Vesely, Employer Perspectives on Supporting Return to Work Among Public Safety Personnel with Post-Traumatic Stress Injuries (Toronto: Institute for Work and Health, 2024).

<sup>4</sup> Chelsea Noël et al, Experiences, Impacts and Service Needs of Injured and Ill Workers in the WSIB Process: Evidence from Thunder Bay and District (2022) Health Promotion and Chronic Disease Prevention Canada.

psychological impacts of injury and the stress of navigating the compensation system.<sup>5</sup> These concerns are especially pronounced for workers with trauma related injuries, who require specialized assessment and treatment. For public safety personnel, the risks are even greater. Edgelow and Fecica show that these workers often present with complex psychological profiles shaped by repeated exposure to traumatic events.<sup>6</sup> Yanar and colleagues further emphasize that successful return to work depends on nuanced clinical assessments that account for workplace realities.<sup>7</sup> A system that prioritizes speed over expertise may fail to meet these needs. Policy analyses in the Canadian Journal of Public Health reinforce this concern.<sup>8</sup> These analyses warn that efficiency driven reforms can unintentionally reduce the quality of care and limit access to specialized providers. They emphasize that psychological injuries require depth of expertise that cannot be replaced by standardized treatment models.<sup>9</sup>

*Standardized treatment pathways raise concerns about fairness and limit worker recourse.*

A key legal concern is that standardized treatment pathways may reduce worker autonomy and restrict the ability to challenge decisions. Noël et al. document the emotional and administrative burdens placed on injured workers, many of whom felt overwhelmed and unable to advocate for themselves within the compensation system.<sup>10</sup> Scharfe et al. similarly reports that workers often lacked the knowledge or resources to challenge decisions about their care.<sup>11</sup> The interviews reveal the same pattern. One worker described receiving complex WSIB paperwork with “fancy laws and rules” they could not understand, causing them to miss deadlines and lose benefits. Another explained that they had no legal support and “felt uneducated, no money to hire a lawyer,” leaving them unable to contest decisions that cut off his income. A third worker, who was homeless for part of their claim, explained that WSIB’s deeming practices were “demeaning,” reducing their benefits to minimum wage despite their inability to work. If WSIB’s new approach limits access to licensed psychologists or restricts clinical discretion, workers may have fewer opportunities to seek alternative treatment or appeal decisions. This is particularly troubling given the documented difficulties workers already face in navigating the system.

Policy analyses in the Canadian Journal of Public Health highlight the importance of transparency and procedural fairness in occupational health systems.<sup>12</sup> They caution that reforms focused on efficiency can weaken protections for workers with complex injuries. Evaluations of the First Responder Mental Health Treatment Program also note that while structured pathways

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<sup>5</sup> Rebecca Scharfe et al, Experiences, Impacts and Service Needs of Injured Workers in the WSIB Process (Thunder Bay: Lakehead University & Injured Workers Community Legal Clinic, 2021).

<sup>6</sup> *Supra* note 2.

<sup>7</sup> *Supra* note 3.

<sup>8</sup> Canadian Journal of Public Health, Canadian Journal of Public Health (Ottawa: Canadian Public Health Association).

<sup>9</sup> *Ibid.*

<sup>10</sup> *Supra* note 4.

<sup>11</sup> *Supra* note 5.

<sup>12</sup> *Supra* note 8.

improve consistency, they can limit flexibility for workers who do not respond well to standardized interventions.<sup>13</sup> From a legal perspective, reduced flexibility and limited recourse raise concerns about the adequacy of the system and the ability of workers to obtain appropriate care. Additionally, The injured worker has a statutory right to choose their treating doctor. When a compensation provider controls care, the priorities risk shifting from health-based to cost-based, undermining trust and fairness.

*Accurate initial claim submission is essential because it shapes access to treatment and the entire adjudication process.*

Across all studies, the accuracy of the initial WSIB claim submission emerges as a critical determinant of outcomes. Noël et al. and Scharfe et al. both show that workers who submit incomplete or unclear claims often face delays, denials, or inappropriate treatment plans.<sup>14 15</sup> These early errors can be difficult to correct and may limit access to specialized care. The interviews demonstrate how this plays out in practice. One worker explained that because they did not go to the hospital the same day, WSIB “denied [their] claim for 18 months,” despite extensive injuries. Another described being cut off after their employer submitted a form without their knowledge stating they could work 70 hours a week. A third worker, who had limited literacy due to carpal tunnel and lack of formal education, relied on a doctor to file their claim because they “did not know what WSIB was.” For psychological injuries, the stakes are even higher. Edgelow and Fecica demonstrate that psychological claims often involve complex symptom patterns that require careful documentation.<sup>16</sup> If the initial claim does not accurately capture the nature and severity of the injury, workers may be routed into treatment programs that do not meet their needs. Yanar and colleagues show that employers rely heavily on early clinical information to plan accommodations.<sup>17</sup> Inaccurate claims can therefore undermine both treatment and return to work efforts.

Given WSIB’s move toward streamlined pathways, the initial claim submission becomes even more important. If workers are automatically directed into standardized programs based on early documentation, any errors or omissions may limit their access to specialized care. This raises significant concerns about fairness and adequacy. The evidence shows that while WSIB’s efforts to streamline access to mental health treatment reflect legitimate policy goals, the shift away from licensed psychologists risks diluting care quality. Research on injured workers and public safety personnel demonstrates that psychological injuries require specialized, individualized treatment. Standardized pathways may reduce fairness and limit worker recourse, especially for those with complex injuries. The literature also makes clear that the initial claim

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<sup>13</sup> *Supra* note 1.

<sup>14</sup> *Supra* note 4.

<sup>15</sup> *Supra* note 5.

<sup>16</sup> *Supra* note 2.

<sup>17</sup> *Supra* note 3.

submission is foundational to the entire adjudication process. Ensuring that workers receive support in preparing accurate and comprehensive claims is essential to protecting their access to appropriate care. A system that values both efficiency and expertise is necessary to meet the needs of workers with psychological injuries.

### **Age Based Discrimination and the Presumed Age of Retirement**

The current legislation has created an age limit for injured workers to receive their wage loss compensation. The sum of the wages gained through loss compensation is meant to support the injured worker by ensuring the individual does not suffer any financial or mental distress as a result of their injury. Most recently, Bill 86, titled the Meredith Act, has been tabled by several politicians, including Lise Vaugeois, local MPP for the Thunder Bay-Superior North area.<sup>18</sup> The proposed Bill “repeals the Workplace Safety and Insurance Act, 1997 and enacts the Meredith Act (Fair Compensation for Injured Workers), 2025. The Meredith Act (Fair Compensation for Injured Workers), 2025 establishes a scheme for compensating workers who have sustained a workplace accident or developed a workplace disease. The Act also contemplates the provision of services to assist injured workers with rehabilitation and retraining.”<sup>19</sup> In short, this Bill seeks to improve the lives of injured workers, and “provide compensation and benefits to injured workers and surviving family members of deceased workers and to assure the rehabilitation, education and training of injured workers and their family members.”<sup>20</sup> The Bill advocates for the age of the cessation to be increased from age 65<sup>21</sup> to age 70 regarding compensation payments. The injured worker will receive compensation, which will cease “on the day on which the injured worker attains 70 years of age, if the worker was 65 years of age or older on the date of the workplace injury or the onset of the workplace disease, subject to subsection (12).”<sup>22</sup> Our team concurs with this adjustment, and respectfully submits that ceasing compensation payments for injured workers at the age of 65 does not constitute an adequate standard of care from the Workplace Safety Insurance Board (henceforth referred to as WSIB).

The current legislation implemented by employers relies on the WSIB. According to this, the age at which employees stop receiving loss-of-earnings compensation is 65. Anyone above 65 must rely on the loss-of-retirement-income benefit instead, however we determine that the scope of that benefit is not enough. There is a very specific criteria for the amount the injured worker receives, which eliminates many injured workers from participating in the benefit, and as it is subject to the amount the worker earned during their time employed, for many it is not substantial enough among those who are lucky enough to receive it. The amount of compensation as per this benefit is based on the amount the injured worker sets aside, any amount they contributed (loss-of-earnings recipients only), and any investment income that the contributions earned.<sup>23</sup> In short, this benefit for those over 65 does not assist the large population of injured workers. WSIB pays the injured worker 85% of their take home pay from the “day after your injury until you are no longer impaired, you no longer suffer a wage loss, or the WSIB

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<sup>18</sup> Bill 86, *Meredith Act (Fair Compensation for Injured Workers)*, 1st Sess, 44th Leg, Ontario, 2025 (first reading 8 December 2025).

<sup>19</sup> *Ibid* at para 1.

<sup>20</sup> *Ibid* at s 2(1).

<sup>21</sup> *Workplace Safety and Insurance Act, 1997*, SO 1997, c 16, Sched A, s 1(1) [*WSIA*].

<sup>22</sup> *Ibid* at s 11(b).

<sup>23</sup> WSIB Ontario, “Turning 65” (7 February 2026), online: <<https://www.wsib.ca/en/turning65>>.

believes you should no longer be suffering a wage loss.”<sup>24</sup> The vagueness of this statement is detrimental to the worker, since it places the power to determine the span of the wage loss solely in the hands of the WSIB. Many workers, injured or not, continue to work after the age of 65, potentially well into their 70s. Workplace injury is not a standardized event; injured workers may be impacted in different ways, both socially and mentally, for various durations of time. It is not simply a wage lost, but a way of life lost, and the subsequent reimbursement paid by the government should represent that.

By preventing damages from being paid after the age of 65, it creates a blatant disregard for the hardships faced by injured workers. To prevent assistance after 65 is not only an issue of honourability and a duty to assist, but it is a failure of constitutionality from the Ontario government by violating the rights of injured workers. The Canadian Charter of Rights and Freedoms has been established to protect the rights of every Canadian citizen, rules to which the Provincial government must adhere to. Section 15(1) of the Charter guarantees equal legal protection for all. It states: “Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.”<sup>25</sup> Looking at the pith and substance of this Charter section, its purpose is to protect Canadian citizens from being discriminated against based on the aforementioned criteria. This ensures that Canada remains a safe and supportive country for every citizen under its Charter, and presents the opportunity for dispute if individuals feel that this right has not been adequately met. Pursuant to s 15(1), injured workers should not suffer a loss on governmental legislation solely due to their age, or be forced into an early ‘retirement’, based on a physical disability.

The government’s attempt to equalize net wage loss has reasonable grounds, as the average age of retirement occurs around the 65 year mark.<sup>26</sup> However, the law teaches us sometimes things must be viewed holistically, especially in these circumstances to remain fair to the different life stories of injured workers. As part of the research for this project, our team sat down and had conversations with several members of the Thunder Bay District Injured Support Workers’ Group, to hear their stories and life experiences. This was done as a reminder that these facts, statistics, and research findings are not simply hypothetical. These are real people whose lives have been negatively impacted by the currently established framework. The heartbreaking stories shared helped uncover some key aspects relating the injured workers’ age to their respective claims. Without sufficient support from the WSIB, many injured workers have been forced to fend for themselves working well past the average age of retirement. Though that is injustice enough, many injured workers face age-based bias in the workforce. Despite their experience and commitment for many years to their particular field of expertise, they are often seen by employers as inferior to younger workers, resulting in demotions and significant pay loss. One of our interviewees who was over the age of 65 felt the personal effects of this issue himself. Despite his extensive certifications, experience, and time spent working in the trades, he

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<sup>24</sup> Office of the Worker Adviser, “Loss of earnings benefits (LOE)” (7 February 2026) at para 5, online: <perma.cc/HXL2-69BW>.

<sup>25</sup> *Canadian Charter of Rights and Freedoms*, s 15, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (UK), 1982, c 11.

<sup>26</sup> Statistics Canada, “Retirement age by class of workers, annual” (9 January 2026), online: <www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410006001>.

struggled to find opportunities that would both accommodate his injury, and sustain him. He believes that his age made it easier for employers to push him aside, and that older injured workers are seen by employers as liabilities, rather than recognizing their knowledge as assets. If a worker is neglected by both their employer and the WSIB, it should not come as a surprise that a detrimental impact is placed on their mental health and general wellbeing. Other members concurred, finding general stigma in the workforce, coupled with the added difficulty of receiving compensation beyond a certain age.

Despite their different experiences and injuries, the key message to be observed from these meetings was that despite the current legislation, injured workers in Northwestern Ontario had been and continue to be severely underserved. They seek change on behalf of themselves, their families, and individuals who may not be able to make that change themselves; This is where the proposal put forth by Bill 86 is important. To keep the ‘cut-off’ age at 65 would be an error. Often we are told in life that money is not everything. In this context, it is important for the provincial government to remember that to many injured workers, money is everything. Significant and justified compensation provided by the WSIB can be the difference between a roof over your heads or sleeping rough in minus 20 degree weather, a warm belly of food or starvation, and receiving the medical help they need or sustaining life threatening damages as a result of addiction. Turning 65 does not automatically mean the elimination of these struggles; However, as per the current regulations under the WSIB, it does mean the elimination of any forthcoming assistance for workers to deal with these struggles. Injured workers are not asking for a grandiose sum beyond that which the provincial government is able to provide. These are people who simply want to be able to support themselves, and their families with basic necessities. In some cases, individuals are solely reliant on WSIB, and if that fails them, they could resort to petty crime, selling drugs, or theft in order to make ends meet for themselves and their loved ones. This is a harsh disservice done to those who have worked hard to follow rules their entire life, only to be met in the end with the impossible decision of losing their moral code versus having the means to survive.

To understand legislation, legal experts will often look to several facets, such as its purpose and history to determine exactly what its creators intended. As per the Workplace Safety Insurance Act, the purpose of the Act, and subsequently the WSIB, is to “to promote health and safety in workplaces”<sup>27</sup> and “to facilitate the return to work and recovery of workers who sustain personal injury arising out of and in the course of employment or who suffer from an occupational disease.”<sup>28</sup> Basic interpretation based on intrinsic and extrinsic values shows that the purpose is to assist the worker with significant monetary damages stemming from their injuries, acting as a baseline replacement for the wages lost. A large component of WSIB history stems from a series of principles written by the Chief Justice of Ontario in 1913, Sir William Meredith. The Meredith Principles serve as a guideline for worker’s compensation legislative analysis. The five key principles are as follows: no fault compensation, security of benefits, collective liability, independent administration, and exclusive jurisdiction.<sup>29</sup> The purpose of the Meredith Principles was to set a baseline of worker’s rights and compensation, which still remains relevant and in effect today, as demonstrated by its namesake being utilized in Bill 86.

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<sup>27</sup> *WSIA*, *Supra* note 21.

<sup>28</sup> *Ibid.*

<sup>29</sup> Workers’ Safety and Compensation Commission, “The Meredith Principles” (7 February 2026), online: <[wsc.nt.ca/about-wsc/meredith-principles](http://wsc.nt.ca/about-wsc/meredith-principles)>

The principles were passed and implemented by the Ontario government in 1914, claiming the worker was entitled to a “no-fault, employer-paid system that would provide speedy and secure payments for as long as the disability lasted.”<sup>30</sup> The goal was, and remains to be, supporting the injured worker so long as their injury lasts, not based on their ‘retirement age’.

It appears unreasonable for the government to simply assume that though an able-bodied worker might be able to have enough funds through a life of work to be financially comfortable at the age of 65, that an injured worker would have the same privileges. If the concepts put forth by the Meredith Principles were developed, and more importantly, implemented in the past, there is no foreseeable reason as to why it cannot be implemented now. If the government fails to make these steps themselves, activism that stems from the people will be forthcoming, the creation of Bill 86 being one example. There is a social push for change seen from individuals of all levels of society, not just injured workers and their families. Throughout our interviews, several members wished the provincial government would enforce and honour the tenets outlined by the Meredith Principles. As a respectful reminder, the fundamental principles of democracy ensure that the Legislative Assembly of Ontario and its members serve the Canadian people who have voted them in. While it is understood that the government cannot bend to every desire of the people, if there is a large enough population who feel undervalued, underserved, and underpaid, then we submit that their voices deserve to be heard.

### **Injury as a Psychological Turning Point**

A workplace injury does not arrive as a single moment that ends when a brace is fitted or a shift is covered. It enters the body and keeps travelling. Pain interrupts sleep, concentration, and appetite, yet the deeper rupture often appears in quieter places: the loss of routine, the loss of confidence, the sense that life is suddenly fragile. In Ontario, that fragility meets a legal structure that profoundly shapes recovery. The workers’ compensation scheme rests on the historic compromise reflected in the Meredith Principles: injured workers give up the right to sue their employers in exchange for a no-fault, publicly administered system funded through collective liability. That system is meant to provide security of payment, remove the need for adversarial fault-finding, and ensure injured workers receive timely access to wage loss benefits, health care, and, where necessary, retraining and return-to-work support. In theory, it offers an efficient and protective route through injury. In practice, because this administrative process is the main route the law gives to most injured workers, the process itself becomes a determinant of psychological wellbeing.

Evidence from research<sup>31</sup> illustrates how quickly mental health can decline after injury. Noël and colleagues, writing about injured and ill workers navigating the Workplace Safety and Insurance Board (WSIB) in Northwestern Ontario, explain that the risk of worsening

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<sup>30</sup> Injured Workers Online, “Ontario’s System” (7 February 2026) at para 3, online: <<https://injuredworkersonline.org/workers-compensation/history/ontarios-system/>>.

<sup>31</sup> Chelsea Noël et al, “Experiences, impacts and service needs of injured and ill workers in the WSIB process: evidence from Thunder Bay and District (Ontario, Canada)” (2022) 42:7 Health Prompt Chronic Dis Prev Can 272, DOI <10.24095/hpcdp.42.7.02>.

psychological illness during claims and appeals is high.<sup>32</sup> They point to evidence suggesting that up to half of individuals injured or made ill at work develop depressive symptoms within one year.<sup>33</sup> Their study also shows that stress reaches beyond the most contested files. Many participants rate both the claims process and the appeals process as “very” or “extremely” stressful, including workers whose claims are accepted.<sup>34</sup> Stress becomes a climate around recovery, and it can push someone from ordinary worry into persistent fear.

Our PBSC interviews with members of the Thunder Bay & District Injured Workers Support Group put language to this double life. One participant captures it in a single line: “live your life on one hand and fight with [workers’ compensation] on the other hand”.<sup>35</sup> Another describes survival as a deliberate refusal to dwell: “if I dwell on this I will go nuts”.<sup>36</sup> These coping strategies reveal a pivot in the mind. The injury is physical, yet the claim becomes another injury, an injury that lives in the nervous system as hypervigilance in real time, daily. Workers describe constantly checking for updates, rehearsing explanations, and preparing for the next demand to prove what their bodies already know.<sup>37</sup> For instance, workers described having to repeat their story to new decision-makers, gather medical notes again, and brace themselves for the next request to justify pain that was already shaping every part of daily life.

Financial insecurity is one of the most direct pathways from injury to psychological distress because it attacks basic safety. Noël’s study describes income loss, benefit uncertainty, and long processes that require travel for assessments, all while workers manage pain and family responsibilities.<sup>38</sup> In our own interviews, workers describe compensation cutoffs that arrive abruptly, sometimes triggered by employer information the worker never even sees.<sup>39</sup> A worker can believe they are finally stabilizing, and then the ground shifts. Bills never pause for paperwork. That mismatch produces panic, anger, and shame, especially when the worker already feels less productive and less present at home. In this space, mental health becomes a core consequence of insecurity. The psychological turning point is also an identity turning point. Work provides structure, social connection, self-esteem, and a sense of identity and status, and that disruption to the worker role can contribute to depression and loss of purpose.<sup>40</sup> Work is where many people feel competent and known. Injury can remove that role overnight, and the compensation process can deepen the loss by treating the worker as a problem to be managed instead of a person to be supported. One participant captures that shift with bitter simplicity:

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<sup>32</sup> *Ibid* at 283.

<sup>33</sup> *Ibid* at 273.

<sup>34</sup> *Ibid* at 281.

<sup>35</sup> Anonymous participants, interviews by PBSC volunteers (Thunder Bay District Injured Support Workers’ Group, Thunder Bay, Ontario, 2026) [unpublished] [personal communication].

<sup>36</sup> *Ibid*.

<sup>37</sup> *Ibid*.

<sup>38</sup> *Supra* note 31 at 276 and 283.

<sup>39</sup> *Supra* note 33.

<sup>40</sup> Lucia Cacciaccaro & Bonnie Kirsh, “Exploring the Mental Health Needs of Injured Workers” (2006) 73:3 Can J Occup Ther 178 DOI <10.1177/000841740607300304>.

“work for your boss for 40 hours, and we will pay you for the 15.”<sup>41</sup> In that feeling, the harm is not only physical. It is the sense that years of labour can be condensed into a number, and that dignity can be negotiated down.

Family life shifts under these pressures. Injury changes what a worker can physically do at home, and it changes the emotional tone of the household. One participant describes becoming socially withdrawn after their injury.<sup>42</sup> They describe how they can no longer go to dinners, theatres, and concerts, and say they feel safer in isolation.<sup>43</sup> They limit their world to a small circle they trust, because the combination of trauma, chronic pain, and the way the system treats them makes it feel safer to stay “cut off” than to keep trying to be around people.<sup>44</sup> Isolation becomes part of the injury, and it grows when the process leaves someone feeling dismissed, gaslit, and tossed around while they are already vulnerable. Complexity and communication problems intensify these outcomes. Several workers describe paperwork with strict time limits and language they struggle to interpret.<sup>45</sup> One participant, using a scale where 10 is the hardest, rated the application process a nine, sometimes a ten, explaining that the “big words [were] confusing” and that they did not feel educated enough to navigate it confidently.<sup>46</sup> Complexity becomes a barrier. It rewards time, calm, and institutional literacy, and injury often removes those resources. A worker in pain is asked to perform precision under pressure. When they miss a deadline or misunderstand a requirement, the system can respond as if the worker is irresponsible, and that perceived moral failure can worsen anxiety and depression.

Regional realities in Northwestern Ontario add weight to every step. Noël’s study identifies barriers to care and recovery, including limited employment opportunities, small town privacy concerns, and the costs and burdens of travel for assessments and care.<sup>47</sup> It also notes the scarcity of WSIB-registered psychologists in Thunder Bay, describing only a small number of registered providers for the area.<sup>48</sup> Scarcity turns care into another contest. Workers can be approved for services yet wait months to receive them, and that delay can be catastrophic when symptoms are escalating. Privacy concerns in a smaller community also shape help seeking, because workers may avoid visible services out of fear that neighbours, employers, or acquaintances will judge them. Return to work is often framed as the bridge back to wellbeing, and safe return can protect mental health by restoring structure, income, and community. Yet return to work can become psychologically dangerous when it is rushed, unsafe, or used as leverage. MacEachen and her colleagues<sup>49</sup> describe this dynamic as a “toxic dose” of system

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<sup>41</sup> *Supra* note 35.

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

<sup>46</sup> *Ibid.*

<sup>47</sup> *Supra* note 31.

<sup>48</sup> *Ibid* at 273.

<sup>49</sup> Ellen MacEachen et al, “The ‘Toxic Dose’ of System Problems: Why Some Injured Workers Don’t Return to Work as Expected” (2010) 20:3 *Journal of Occupational Rehabilitation* 349.

problems. They argue that prolonged return-to-work struggles are not always the product of individual incapacity or poor coping. They can also be produced by system-level dysfunctions that appear mundane on paper but become harmful in practice, including inappropriate modified work, employer fiscal strategies, untimely referrals, incomplete medical forms, and confusing paperwork. These problems are often buried in the bureaucratic routine of compensation, yet their cumulative effect can overwhelm an injured worker and leave them with more damage than the initial injury alone. In this way, return to work can cease to function as a bridge to recovery and instead become part of the mechanism through which harm is prolonged.

This reverse logic becomes especially dangerous when a worker is returned to work while still in significant pain. In those cases, apparent readiness to return may reflect not genuine healing, but the temporary management of pain through medication. A worker may be functioning through prescribed opioids, including medications such as Tylenol 3, while the underlying injury remains unresolved. When those prescriptions end but the pain does not, the need that made return to work possible does not disappear. For some workers, that unmet need can become a pathway to street drugs, addiction, overdose, and death. The point is not that every prescription leads to addiction, but that a compensation culture that equates return with recovery can obscure the danger of sending injured workers back into labour before healing has truly occurred. Workers also describe being assigned duties that continue to aggravate injuries, and they describe employers becoming impatient as premiums rise.<sup>50</sup> Gewurtz and colleagues describe workers who fail to return successfully after injury and show how financial strain, family tensions, subsequent health concerns, negative employment experiences, and stigma accumulate over time.<sup>51</sup> Stigma matters because it pushes workers into silence. When a worker feels watched and doubted, they can stop advocating for themselves and start accepting harm as inevitable.

This is why the psychological turning point is also a legal turning point. The WSIB's own policy confirms that psychological harm can flow directly from a workplace injury. The Operational Policy Manual<sup>52</sup> recognizes entitlement where a psychotraumatic disability is attributable to a work-related injury and includes a rating schedule for permanent mental and behavioural impairment. Yet the same policy states that psychotraumatic disability is considered a temporary condition and that only in exceptional circumstances will it be accepted as permanent. The system therefore acknowledges the reality of psychological harm while presuming its impermanence. That presumption sits uneasily beside the realities described by workers in Thunder Bay. Many spoke of anxiety that reshaped their daily functioning, withdrawal that narrowed their world, and fear that did not fade with time. The policy categories

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<sup>50</sup> *Supra* note 35.

<sup>51</sup> Rebecca E Gewurtz, Stephanie Premji, D Linn Holness, "The experiences of workers who do not successfully return to work following a work-related injury" (2018) 61:4 Work 537 DOI <10.3233/WOR-182824>.

<sup>52</sup> WSIB, *Operational Policy Manual*, 15-04-02: Psychotraumatic Disability (7 September 2018), online: WSIB <<https://www.wsib.ca/en/operational-policy-manual/psychotraumatic-disability>>.

for major and severe impairment describe social isolation, family deterioration, diminished stress tolerance, and homebound living. Those descriptions mirror what workers reported as their ongoing condition. When permanence is framed as rare while lived experience feels enduring, the gap between recognition and reality becomes another site of psychological strain. It can steady people, or it can push them into crisis. When the *Workplace Safety and Insurance Act* places workers inside an exclusive compensation route, the process becomes the environment in which recovery unfolds. A fair regime therefore requires more than correct outcomes on paper. It requires a psychologically safe process: plain language, consistent case management, respectful communication, timely decisions, and early access to mental health supports that exist where workers live. It also requires a posture of partnership rather than suspicion. When injured workers say they live with one hand while fighting with the other, they describe a life split by design. A compensation system can choose to close that split. It can become a bridge that carries people back to stability, dignity, and a future that feels possible.

## **Conclusion**

The mental state of injured workers must not be taken lightly. This is not simply a research paper; this is real life. Injury causes workers to halt their work, personal activities, hobbies, and other such outlets that allows for freedom, enrichment, and a sense of personal accomplishment. Losing these outlets places the injured worker in a vulnerable state. We believe that every injured worker deserves to not feel abandoned by a system meant to protect them. Having poor interactions with the WSIB may seriously traumatize the worker, further contributing to poor mental health. On behalf of the Thunder Bay & District Injured Support Workers' Group, we respectfully ask that the Legislative Assembly of Ontario take into consideration our research, and use our findings to better support the vast population of injured workers in Ontario.