

System-level approaches to preventing and managing work-related psychological injuries

Work-related psychological injuries are increasing across jurisdictions in Canada and Australia. They are associated with longer durations, higher costs, and more complex return-to-work (RTW) processes than physical injuries. While governments and system partners are investing in prevention and management strategies, approaches vary considerably. There is limited comparative evidence to inform policy and program design on what works best.

What this study examined

In an effort to understand the strategies and activities implemented to reduce the impact of psychological injuries, this project looked at how different jurisdictions in Canada and Australia prevent workplace psychosocial hazards (e.g., high workload, harassment, low job control); define and compensate psychological injuries; and support workers through recovery and RTW.

The study used two main approaches:

- a review of public documents related to legislation and regulations around work-related psychological injuries, and associated guidance materials, across 22 jurisdictions
- interviews with 32 experts across 16 jurisdictions, from compensation boards, regulators, and prevention agencies.

Key findings

1. Approaches vary widely across jurisdictions

There are important differences in how systems are structured and operate. Several jurisdictions have a single organization responsible for both prevention and compensation, while others split these roles. The coverage for work-related psychological injuries—especially chronic stress—varies significantly across jurisdictions. A few jurisdictions, particularly those in Canada, use presumptive legislation (e.g., for post-traumatic stress injuries among first responders), but the scope differs from jurisdiction to jurisdiction.

Australian jurisdictions tend to have more consistent approaches to both the prevention and management of psychological conditions, compared to Canada. This is partly attributed to the national coordination of state and territorial agencies via Safe Work Australia as associated codes of practice. While the Association of Workers' Compensation Boards of Canada (AWCBC) does convene discussions among

Key messages

Work-related psychological injuries are increasing, both in the number of cases and the costs to the system. This has led to growing interest in different approaches across jurisdictions to prevent and manage these conditions.

The project team conducted a modified environmental scan across 22 jurisdictions in Canada and Australia. Key developments in the prevention of psychosocial conditions among workers included:

- a move away from prescriptive guidance to a broader focus on organizational readiness
- a shift in focus from individual-level strategies to approaches that address broader organizational factors, such as job design, leadership, and workplace culture
- an increase in the availability of consultation and training to support workplaces in applying guidance material.

Some specific changes in the claims management process for psychological conditions were further identified:

- increased efforts to connect injured workers to mental health supports as soon as possible
- recognition that the claims adjudication and management process for psychological injuries requires different skills and approaches from those for physical injuries
- the need for increased communication and collaboration between parties in the return-to-work and recovery space, with an emphasis on health-care providers and workplaces working together on reasonable and effective accommodations.

compensation agencies, it does not currently play a role in the development of pan-Canadian codes of practice, which can be agreed to and implemented across compensation agencies in Canada.

2. Jurisdictions provide guidance—but at different scope and level of detail

All jurisdictions provide guidance to support employers; however, the scope of this material ranges from the narrow (harassment/violence) to the broad (comprehensive psychosocial risk frameworks). In addition, for agencies that are also responsible for the enforcement of legislation, there is sometimes a tension providing guidance material that moves beyond legislative guidance (i.e., what workplaces can do compared to what they are required to do). The format of materials also varies significantly across jurisdictions (e.g., fact sheets versus more detailed tools and checklists). There is limited alignment in this material, in particular within Canada. Among interviewees there was a growing recognition that implementation support, not just guidance, is required to drive workplace change.

3. Prevention strategies are shifting toward an organizational focus

Many jurisdictions are seeing a shift in approaches to preventing psychological injuries. These include moving away from individual-focused solutions (e.g., resilience training), towards a greater focus on organizational factors, such as job design, leadership, and workplace culture. In addition, in some Australian jurisdictions, there is an increased focus on emphasizing organizational readiness, including management commitment and worker participation, as these are recognized as key pillars to prevention efforts in workplaces. Selected jurisdictions are also investing in advisory services, inspector training, and targeted sector interventions to support implementation.

4. Claims management processes are adapting to better support workers, but challenges remain

Workers' compensation systems are adapting to the unique challenges of psychological injuries. Many jurisdictions recognize that early intervention, timely treatment and the coordination of care in the RTW process are key to successful eventual RTW and recovery. However, nearly universally, the experts who participated in the study noted the issue of lengthy adjudication times, often as the result of long wait times for access to qualified medical assessments. Emerging program adaptations include the creation of specialized claims teams with mental health expertise to handle psychological injury claims; the use of trauma-informed approaches in claims handling and adjudication; and efforts to connect workers to health care and supports as early as possible, even during the adjudication process, through the use of expanded roles for providers such as counsellors and occupational therapists. Typically, these supports are offered at no cost to the worker, even if the claim is ultimately denied.

5. Collaboration is a key enabler of system effectiveness – but not always easy to do

Strengthening connections between the regulator, prevention, and compensation organizations, workers, employers and health-care providers was repeatedly mentioned as a key factor for increasing awareness of psychosocial hazards, developing relevant resources, and creating a supportive and successful RTW process. Collaboration helps improve the awareness of psychosocial risks; the development of practical and feasible resources; and ultimately RTW and recovery outcomes. However, collaboration can be difficult. Participants from a number of jurisdictions noted that workplaces often are neither aware of their responsibilities nor are they confident in their abilities to support investigations related to a psychological injury claim. Employers can also underestimate the importance of their role in the RTW of an employee. Participants also noted the need to build awareness and familiarity among psychiatrists and psychologists about potential differences between work-related and non-work-related psychological conditions, and between the accommodation and work reintegration processes, to enable opportunities for recovery at work.

6. Measuring impact remains a challenge

Most jurisdictions rely on traditional output indicators such as claim rates or claim volumes; wage replacement and health-care costs (sometimes also referred to collectively as 'lagging' indicators); downloads of different materials from websites; or attendance at trainings. However, these measures make it difficult to assess the impacts of prevention efforts. There was limited use of more direct measures, such as documented change in the organization of work within workplaces, reduction of mental health stigma within the workplace, or level of functioning among workers when submitting claims (which may indicate whether employees are reaching out for support sooner). In addition, while agencies implement program changes internally, there is often no public reporting of the outcomes of these activities so as to share learnings around prevention or RTW efforts.

Implications for policy and practice

The findings highlight several priorities for prevention agencies and workers' compensation systems. These include:

1. Strengthen organizational-level prevention: Shift policy and programming toward work design and management practices, and support employer capacity and readiness through practical tools, advisory services, and sector-specific approaches.
2. Improve access to early and appropriate care: Expand access to timely mental health supports, in particular during claim adjudication, and broaden support-provider networks to reduce bottlenecks in care.
3. Enhance claims management for psychological injuries: Continue to invest in specialized teams and

trauma-informed approaches. Provide supports for those involved in the claim adjudication process, including family members if appropriate. Streamline adjudication processes, where possible.

4. Increase system coordination: Strengthen collaboration between prevention, compensation, health-care systems and workplaces. Align system priorities and interventions within and across jurisdictions.
5. Invest in evaluation and evidence generation: Develop

common indicators for prevention and recovery outcomes. Partner with research organizations to strengthen the evidence base for interventions by ensuring independent evaluation of programs and policies. Use factual findings to inform resource allocation and scaling decisions.

6. Address inter-jurisdictional inconsistency: Explore opportunities for greater harmonization of approaches, in particular in Canada. Share promising practices across jurisdictions through formal networks.

Conclusions

Psychological injuries represent a growing and complex challenge for OHS and workers' compensation systems. While jurisdictions are actively developing new approaches, variation in policy, practice, and evidence currently limits system effectiveness and learnings.

Progress will depend on shifting the focus toward organizational prevention, improving access to care, strengthening coordination, and building a stronger evidence base to guide decision-making about what works when and for whom.

This briefing was prepared by Dr. Peter Smith, president and senior scientist at the Institute for Work & Health (IWH), and Diane Dyson, interim director of strategic relations at IWH.

Participating Organizations

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- Insurance and Care NSW (icare) – New South Wales
- Ontario Ministry of Labour, Immigration, Training and Skills Development
- ReturnToWorkSA – South Australia
- Saskatchewan Ministry of Labour Relations and Workplace Safety
- WorkCover Queensland
- WorkSafeBC – British Columbia
- WorkSafeNB – New Brunswick
- Workers' Compensation Board – Alberta
- Workers' Compensation Board of Nova Scotia

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