GRIEF SUPPORT AT WORK:

The Case for Recognizing Death Doula Services

under Wellness and Lifestyle Spending Accounts

A Policy Advocacy Brief for Canadian Group Benefits Providers and Employers

Overview

Every working day in Canada, approximately 895 people die. Each death — on average — leaves four to five people in its wake, newly bereaved and trying to function: as parents, colleagues, managers, and employees. That translates to between 1.3 and 1.6 million newly bereaved Canadians each year, many of them active in the workforce.

The existing support infrastructure — bereavement leave, extended health benefits, Employee Assistance Programs — was not designed for the full duration or complexity of grief. It was designed for the immediate aftermath. Grief, in most cases, is not an immediate phenomenon.

This brief argues for the inclusion of certified death doula services as an eligible expense category under Wellness Spending Accounts (WSAs), Lifestyle Spending Accounts (LSAs), and Personal Spending Accounts (PSAs) across Canada's group benefits sector. The argument rests on four pillars: the scale of unmet grief need among working Canadians; the structural limitations of current benefit offerings; the pathologization of grief and its consequences; and the distinct, complementary value that death doulas provide — particularly for the majority of bereaved people who do not require clinical intervention.

Part One: The Scale of Grief in the Canadian Workforce

Indicator	Data (Source)
Deaths in Canada (2024)	326,779 — Statistics Canada, January 2026
Deaths per day	~895 Canadians die every single day
People bereaved per death	Average of 4–5 (Canadian Hospice Palliative Care Association)
New bereaved Canadians annually	Approximately 1.3–1.6 million
Employees affected	The majority are working-age adults; grief does not pause careers
Bereaved seeking support	38.9% of bereaved Canadians surveyed reported wanting support (Ontario study, Springer 2025)

Grief is not a rare or exceptional event in any workplace. It is a standing demographic reality. Every organization with more than a handful of employees will have bereaved workers at any given time — navigating loss while managing workloads, deadlines, and professional relationships.

Part Two: What Current Benefits Provide — and Where They Fall Short

Bereavement Leave: The Floor, Not the Ceiling

Canadian bereavement leave provisions vary by jurisdiction but share a common feature: they are designed to cover the immediate logistics of death, not its emotional aftermath.

Jurisdiction	Statutory Entitlement
Federal (Canada Labour Code)	Up to 10 days; first 3 paid after 3 months of employment
Ontario	2 unpaid days per calendar year
Alberta	3 unpaid days per calendar year
Manitoba	Up to 5 days (unpaid)
Quebec	2–5 days depending on relationship (Act Respecting Labour Standards)
Typical employer policy	3–5 paid days for immediate family; many go no further

> *Bereavement leave covers the funeral. Grief covers the rest of a person's life. These are not the same timeframe.*

Psychological Services: The Annual Cap Problem

Most group benefit plans include some coverage for psychological and paramedical services. In practice, this coverage runs out quickly — and does not acknowledge that grief is not an annual event.

Parameter	Typical Range
Annual maximum (psychology/psychotherapy)	$500–$2,500 per plan year; most plans sit at $500–$1,500
Average therapist cost (Registered Psychotherapist)	$140–$200 per session
Average therapist cost (Registered Psychologist)	$200–$350 per session
Sessions before benefits exhausted	3–10 sessions, depending on plan and provider
EAP sessions (employer-funded)	Typically 3–8 sessions; brief, solution-focused model
Plan reset	Annual (December 31 for most plans); grief does not reset

An employee bereaved in October who accesses their therapy benefit immediately may exhaust it before the new year — and begin the second, often harder, year of grief with a depleted annual maximum. There is no provision in standard group plans for the continuity of bereavement-related care across plan years.

Public Mental Health: The Waitlist Problem

For employees without coverage, or who have exhausted their private benefit, Canada's public mental health system is theoretically available. In practice, it is severely constrained.

Jurisdiction / System	Wait Time
Quebec (psychologist/psychiatrist, public)	Average 6–24 months (Coalition des psychologues du réseau public québécois, 2021)
Canada-wide (community mental health counselling)	Median 30 days; 1 in 10 wait 4+ months (CIHI, 2024–25)
Medical specialist (any), Canada 2024	Average 7 months
EAP (employer-funded)	Typically 3–8 sessions; not designed for sustained grief support

NOTE ON QUEBEC DATA

CIHI's national wait-time data does not include Quebec, as the province does not report to that database. Quebec-specific data from the Coalition des psychologues du réseau public québécois (2021) indicates 6–24 month waits for public psychological services — a significant access gap in the second most populous province in Canada.

Part Three: The Pathologization of Grief

In 2022, the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision) introduced Prolonged Grief Disorder (PGD) as a formal psychiatric diagnosis — the only new diagnosis added in that edition. The ICD-11 (World Health Organization) followed a parallel classification.

This development has two faces. For those in genuine clinical crisis — experiencing severe, disabling grief beyond the first anniversary of a loss — formal diagnosis opens a pathway to clinical care. But the broader effect is the medicalization of a natural human experience, creating implicit pressure on bereaved individuals to 'resolve' grief on a clinical timeline.

Statistic	Source
~10% of bereaved (natural deaths) develop PGD	DSM-5-TR; Lundorff et al., Journal of Affective Disorders
~49% of bereaved (unnatural/sudden deaths) at risk for PGD	Djelantik et al., editorial, Frontiers in Psychiatry, 2021
~15% of bereaved are clinically depressed at one year	Psychiatric Times, 2026
No medications approved specifically for PGD	Psychology Today Canada; American Psychiatric Association
Antidepressant prescriptions rose in all Canadian provinces, 2019–2022	IQVIA Canada, 2023; ~80% written by GPs, not psychiatrists
Bereaved individuals show significantly higher antidepressant use	Maguire et al., Univ. of Glasgow; 26.5% bereaved by suicide on antidepressants

The critical statistic here is what it implies: if approximately 10% of bereaved people following natural deaths develop PGD requiring clinical intervention, then approximately 90% do not. The majority of grieving employees are not experiencing a clinical disorder — they are experiencing grief. These are the people for whom death doulas are most appropriate, and for whom the current benefit landscape offers the least.

Part Four: Death Doulas — Who They Are and What They Offer

Definition

Death doulas (also known as end-of-life doulas or death companions) are trained, certified professionals providing non-medical support to individuals and families navigating dying, death, and grief. They operate in the space between clinical care and informal support — offering presence, practical guidance, ritual companionship, and sustained grief accompaniment.

Scope of Practice

- Pre-death preparation and planning support for individuals with terminal diagnoses and their families
- Active presence and support during the dying process
- Post-death support: grief companionship, ritual facilitation, legacy work, and meaning-making
- Community grief circle facilitation, especially around significant dates and anniversaries
- Non-pathologizing, relational accompaniment outside the clinical frame
- No diagnosis, no referral, no waitlist — direct and flexible access

How Death Doulas Differ from Psychotherapy

Death doulas do not replace therapists. For individuals experiencing clinical levels of grief (PGD, Major Depressive Disorder, PTSD following traumatic loss), clinical care remains the appropriate intervention. The distinction is this:

Psychotherapy / Clinical Grief Counselling	Death Doula Services
Requires diagnosis and regulated practitioner	No diagnosis required; no regulatory gatekeeping
Waitlists, referrals, intake processes typical	Direct access; flexible and responsive scheduling
Annual cap; resets December 31	Can span seasons and years of grief without fiscal cliff
Designed to treat pathology	Designed to accompany natural experience
Higher cost per session; limited by insurance ceiling	Typically more accessible price point
Appropriate for the ~10% with clinical presentations	Appropriate for the ~90% experiencing natural grief

These two services are not competitors. They are complements. An employee whose grief has become a clinical disorder needs a therapist. An employee who is deeply, functionally grieving — present at work, carrying loss, trying to find meaning — needs a companion. The benefit infrastructure currently funds the former and ignores the latter.

Part Five: The Wellness/Lifestyle Spending Account Opportunity

Why WSAs/LSAs/PSAs Are the Right Vehicle

Wellness, Lifestyle, and Personal Spending Accounts are the most flexible instruments in the group benefits toolkit. Unlike extended health benefits — which are tied to CRA-approved medical expenses — spending accounts are employer-defined, wellness-oriented, and explicitly designed to cover whole-person wellbeing.

Across providers, the account type may vary in name (WSA, LSA, PSA, Taxable Spending Account) but the structure is consistent: employer-funded, employee-directed, flexible in eligibility, and already covering services that include life coaching, wellness retreats, personal training, stress management, and alternative healing modalities.

Precedents Already in the Market

Sun Life's standard PSA eligible expense list (as of February 2021, the most recent published version) explicitly includes:

- 'Maternity services and accessories (such as Doulas, Midwives and classes)' — doula services already appear by name
- 'Life coach services or fees for spiritual or wellness retreats'
- 'Other alternative wellness services (such as Reiki, Rolfing and light therapy)'

- 'Stress management programs'
- 'Services provided by iridologists, herbalists, Chinese medical practitioners and acupressurists'

The inclusion of death doula services under any of the above categories — or as a named service in its own right — requires no new philosophical framework. It requires recognition that birth and death are both life transitions, and that the people accompanying each deserve equivalent consideration.

PSA/WSA Structure Across Major Canadian Providers

A key structural insight: PSAs, WSAs, and LSAs are employer-defined products, not insurer-mandated ones. The insurer administers the account; the employer sets the eligible expense categories. This means the advocacy opportunity operates on two levels simultaneously:

Level	Opportunity
Insurer level	Include death doula services on the standard eligible expense list published by the insurer, making it the recognized default for plan sponsors who adopt the standard list
Employer level	Individual employers can add death doula services to their custom WSA/PSA eligible expense list regardless of insurer defaults — this requires only HR policy intent, not insurer approval

> *The employer-level opportunity is the faster path. An employer can add 'death doula services' to their WSA eligible expense list today, with any provider, without waiting for an insurer to update their standard list. The insurer-level change creates sector-wide normalization — but individual employers do not need to wait for it.*

Part Six: The Canadian Group Benefits Provider Landscape

Canada's group benefits sector is concentrated. The three largest providers — Manulife, Sun Life, and Canada Life — together held approximately 66.9% of total life and health insurance revenue in 2024 (Insurance Portal, December 2025). Including the next tier of providers covers the vast majority of Canadian group plan members.

Provider	WSA/LSA/PSA Vehicle	Notes
Sun Life	Personal Spending Account (PSA)	Standard eligible expense list already names 'Doulas' under maternity services and includes life coach services, spiritual retreats, and alternative wellness. Strongest existing foundation for death doula inclusion.
Manulife	Lifestyle Spending Account (LSA) / Wellness Account	Flexible account structure; eligible expenses include life coaching, wellness programs, stress management, personal development. LSA eligible expenses are explicitly stated as non-exhaustive — 'contact Manulife to determine if an item not on this list is eligible.' Strong pathway via existing wellness/personal development categories.
Canada Life	Wellness / Lifestyle Account	Employer-customizable wellness account; eligible categories are plan-sponsor defined. Canada Life (formerly Great-West Life) has the largest insured portfolio in Canada. Standard category inclusions support wellness, mental health, and personal development pathways.
Desjardins	Wellness Account (Compte bien-être)	Quebec-based; wellness account gives employees flexibility for wellness activities and services. Strong cooperative values alignment with community grief support. Operates bilingually; well-positioned for the Quebec market where public wait times are most severe.
iA Financial (Industrial Alliance)	Wellness / Flexible Spending Account	Quebec-headquartered; expanded wellness account categories with employer customization. Growing market share. Strong candidate for inclusion via wellness/personal development framing.
Green Shield Canada	Health / Wellness Spending Account	Not-for-profit model with strong health equity mission; growing market share. Mission-alignment with grief literacy and community wellbeing makes this a potentially receptive audience.
Medavie Blue Cross	Personal Wellness Account (PWA)	Employer-customizable category options. Not-for-profit; Atlantic-rooted but national. PWA category options are plan-sponsor selected. Wellbeing and community focus aligns with grief companionship framing.
Equitable Life / Empire Life / Beneva	Various wellness/LSA vehicles	Tier-2 providers with employer-flexible spending accounts. Each has distinct product names but equivalent structures. Beneva (merger of La Capitale and SSQ) is Quebec-based and well-positioned for French-language advocacy.

Part Seven: A Proposed Path to Recognition

Option A — Standard List Inclusion (Insurer Level)

The most impactful and durable change is for group benefits providers to add 'death doula services' to their standard published eligible expense list for WSA/LSA/PSA accounts. This would:

- Establish industry-wide normalization of death doulas as a recognized wellness service
- Create a default option that employers automatically inherit when they adopt a standard account
- Position the provider as a leader in grief literacy and whole-person benefit design
- Require no changes to existing insurance products — only an update to a published wellness account list

Option B — Employer-Level Customization (Immediate Path)

Any employer, with any group benefits provider, can add death doula services to their custom WSA/LSA/PSA eligible expense list today. No insurer approval required. This is an HR policy decision. Advocacy directed at HR leadership, people operations, and benefits design teams can activate this path immediately and builds market precedent for Option A.

Suggested Framing for Providers and Employers

The most effective framing for this advocacy is not grief as tragedy but grief as a workplace reality that the benefits system has not yet caught up with. The language that lands:

- 'We cover doulas for birth. We should cover doulas for death.' — symmetry argument, directly supported by Sun Life's existing precedent
- 'Grief is not a disorder for 90% of bereaved employees — it is a wellness need. Our wellness accounts should reflect that.'
- 'Death doulas reduce the probability of clinical escalation — which reduces long-term claims.'
- 'We have a waitlist problem in this country. Death doulas are available now.'

Conclusion

The case for death doula services under Canadian wellness spending accounts is not complex. The infrastructure already exists. The precedents already exist. The need — measured in nearly 900 deaths per day, in millions of bereaved workers, in documented gaps between grief's duration and benefit availability — is demonstrable and growing.

What does not yet exist is sector-wide recognition that grief companionship is a wellness service rather than a clinical one — and that the people best positioned to provide it deserve a place in the Canadian benefits ecosystem.

This brief is offered as a resource for that conversation. The statistics speak to scale. The structural analysis speaks to the gap. The death doula community speaks to the solution.

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