

10 Things Ontario Workers With Invisible Disabilities Need To Know About Long-Term Disability Benefits



Many Ontario workers live with conditions that other people cannot see: depression, anxiety, PTSD, ADHD, fibromyalgia, chronic fatigue, migraines, long COVID, autoimmune disease, and more. These invisible disabilities can make full time work impossible, even when you “look fine” to co-workers or friends.

When your symptoms stop you from doing your job, long term disability benefits can be the financial lifeline that keeps you afloat. Yet claims based on invisible disabilities are often questioned, delayed, or denied. Mental health and other “non visible” conditions now account for a very large share of disability claims in Canada, and employers report that [mental health issues are the leading cause of short and long term disability in their organizations](#).

Below are ten key things Ontario workers with invisible disabilities should know before starting a claim or dealing with an insurance company.

1. Invisible disabilities are a major driver of disability claims

Mental health conditions, chronic pain and similar illnesses are no longer on the margins of the system. They are now central to it. Canadian sources report that mental health related claims make up roughly one third to two fifths of disability claims among major insurers and employers, and that these conditions are frequently the largest category of short and long term disability costs.

This matters because insurers know that invisible disability claims are common, and they often apply extra scrutiny. Having an experienced [long term disability lawyer in Ontario](#) on your side can help you push back when an adjuster minimizes conditions like depression, anxiety, or chronic fatigue simply because they do not show up on a scan.

2. Your diagnosis is important, but your functional limits matter more

Many people focus on the label in their medical file: major depressive disorder, generalized anxiety, fibromyalgia, post concussion syndrome, chronic migraine or long COVID. The insurer is far more interested in how those conditions limit what you can actually do at work.

Work with your doctor to describe specific functional limits in your medical notes and forms. Instead of simply stating “anxiety,” a more useful description might explain that panic attacks, poor concentration and sleep disruption prevent you from meeting deadlines, attending meetings, or safely interacting with clients for a full workday. A focused explanation like this fits far better with how a [disability lawyer](#) will frame your claim under the legal test in your policy.

3. Consistent treatment records are crucial for invisible conditions

Because there is often no single test that “proves” an invisible disability, insurers rely heavily on your treatment history. Irregular care can be used as a reason to deny or terminate benefits, even when your symptoms are genuine and severe.

Unified LLP’s detailed [guide to common LTD claim mistakes in Ontario](#) explains that failing to seek consistent medical treatment is one of the most frequent reasons insurers point to when denying claims. Building a pattern of regular appointments, following recommended therapies where possible, and documenting side effects or barriers to treatment can significantly strengthen your file.

4. Detailed documentation helps make the invisible visible

For conditions like chronic pain, fatigue or cognitive issues, good documentation is almost as important as the diagnosis itself. Canadian compensation systems, including the WSIB, recognize chronic pain disability as a condition that can cause “marked life disruption” when pain persists for more than six months beyond usual healing time.

You can support your long term disability claim by keeping a simple symptom journal that tracks bad days, missed activities and work limitations. Share this with your doctors so that concrete examples show up in their clinical notes. Those notes often carry more weight with an insurer than anything you write on the claim forms yourself, and they are exactly what a [long term disability lawyer](#) will review when assessing the strength of your case.

5. Mental health claims are real claims, not “lesser” ones

Many workers with depression, PTSD or severe anxiety hesitate to apply for long term disability because they feel guilty, ashamed or worried about stigma at work. Some have been told that “everyone is stressed” or that they should simply “tough it out.”

Leading Canadian mental health organizations emphasize that mental health conditions are a major cause of disability and that untreated conditions can lead to serious health consequences, job loss and social isolation. Your LTD policy does not distinguish between a visible back injury and a disabling depressive episode. If your symptoms prevent you from doing your job safely and reliably, you may qualify for benefits, and speaking with [long term disability lawyers](#) who regularly handle mental health claims can help you understand your options.

6. The 24 month “change of definition” can be especially risky

Most group disability policies start by asking whether you can perform the duties of your own occupation. After about 24 months, many policies switch to a tougher test that asks whether you can perform any occupation that fits your education, training and experience.

This change can be especially dangerous for workers with invisible disabilities. Insurers may argue that someone with depression, chronic pain or long COVID could

manage a “lighter” job, even if that suggestion is unrealistic in the real world. Unified LLP’s [step by step guide to appealing LTD claim denials](#) notes that careful medical evidence and clear vocational information are often crucial at this stage, because the insurer is re-assessing your entire ability to work rather than simply looking at your old role.

If you are approaching the 24 month mark and receiving more requests for forms, assessments or interviews, it is a good time to speak with a [long term disability lawyer](#) so you are not blindsided by a termination letter.

7. Insurers often question “compliance” for invisible conditions

Invisible disabilities are easy for insurers to second guess. If you miss a therapy appointment, decline a medication due to side effects, or struggle to follow a graded return to work plan, an adjuster may accuse you of being “non compliant.”

This is where nuance matters. For instance, it would be reasonable to stop a medication that worsens suicidal thoughts. Furthermore, many chronic conditions require time to find the right mix of treatments. The key is to work closely with your doctors and ensure the medical records explain why certain options were tried, adjusted or stopped. A knowledgeable [long term disability lawyer](#) can often reframe so-called non compliance as a realistic treatment journey rather than a reason to cut off benefits.

8. Surveillance and social media can be taken out of context

Claimants with invisible disabilities may feel safer posting a smiling photo at a family event than someone with a cast or wheelchair, because there is no visible reminder that they are unwell. Insurers sometimes use brief social media snapshots or surveillance clips to argue that you are more capable than your medical reports suggest.

For example, a single video of you carrying groceries on a relatively good day can be misused to claim you can manage a full shift at work every day. If you learn that surveillance or social media evidence is being used against you, it is important to get advice from a [disability lawyer](#) who understands how to challenge this material and put it into proper context.

9. Your job status and your LTD benefits are connected, but not identical

Many workers worry that they will automatically lose their long term disability benefits if their employment ends. Others assume that benefits cannot be terminated while they remain on the payroll. In reality, the relationship is more complicated.

Unified LLP’s insights on LTD and employment issues explain that termination, severance and benefit continuation all interact with your disability policy in technical ways, particularly when invisible disabilities like anxiety or depression are involved. Before signing any severance package or agreeing to changes in your job status, it is wise to speak with a [long term disability lawyer](#) who can review how your employment rights and your LTD benefits fit together.

10. You do not have to face the insurer alone

[Canada has seen a rise in disability claims](#), including claims based on mental health and long COVID, and experts note that many Canadians would face serious financial hardship if they were off work for even a few months. Against that backdrop, large

insurance companies use teams of adjusters, medical consultants and lawyers to manage claims and limit payouts, oftentimes denying claims from the outset.

If your invisible disability keeps you from working, you are entitled to fair treatment under the policy that you and your employer have paid for. An experienced [long term disability lawyer](#) can review your policy, analyze the insurer's decision, help you gather stronger medical evidence and negotiate or litigate on your behalf when needed. For many people with invisible disabilities, simply having a skilled advocate reduces stress and allows them to focus on treatment instead of paperwork and conflict.

FAQs: Invisible Disabilities and Long-Term Disability in Ontario

1. What counts as an "invisible disability" for long term disability benefits?

Invisible disabilities include medical and psychological conditions that are not obvious at a glance, such as depression, anxiety disorders, PTSD, ADHD, chronic pain, migraines, long COVID, autoimmune diseases and certain neurological conditions. What matters for your LTD claim is whether the symptoms prevent you from performing the essential duties of your job, not whether someone can see your disability.

2. Can I get long term disability benefits for anxiety or depression in Ontario?

Yes, many successful LTD claims are based on serious mental health conditions. Policies typically cover any illness or injury that makes you unable to work, which includes disabling anxiety or depression when supported by medical evidence. Working with your treatment providers to document symptoms and functional limits, and getting guidance from a [long term disability lawyer](#), can improve your chances of approval.

3. Do I need to be completely unable to do any job to qualify for LTD?

At first, most policies only ask whether you can perform the essential duties of your own occupation. After a period of time, often 24 months, the test may change and the insurer will ask whether you can perform any occupation that suits your background.

A [disability lawyer](#) can help you understand how this change of definition applies to invisible disabilities and how to prepare before that review happens.

4. What should I do if my invisible disability claim is denied or cut off?
Do not assume the insurer is always right. Many denials are based on incomplete medical information or misunderstandings about mental health and chronic conditions. Review the denial letter carefully, talk to your doctors about strengthening the evidence, and consider getting advice from [long term disability lawyers](#) who regularly handle appeals and lawsuits against insurers.

The content of this article is intended to provide a general guide to the subject matter. Specialist advice should be sought about your specific circumstances.

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