

## New coverage for work-related mental disorders

**F**amily physicians play a pivotal role in the diagnosis and treatment of mental disorders, and are instrumental in assisting patients with disability claims. If you are a family physician, you may already be aware that on 1 July 2012 WorkSafeBC expanded its coverage for mental disorders, which could affect patients' future eligibility for work-related compensation associated with mental health problems.

It's important to note that the new coverage applies only to patients who have experienced the following:

- One or more traumatic workplace events.
- A significant, work-related stressor or cumulative series of significant, work-related stressors, including instances of bullying or harassment, providing they are the predominant cause of the mental disorder.

Keep in mind these changes in claim coverage refer only to conditions included in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR)*.

To address the new coverage, WorkSafeBC has created the centralized, multidisciplinary Mental Health Claims Unit (MHCU), which oversees processing of work-related mental health disorders. Should your patient meet the causation criteria, the MHCU will refer your patient through an expedited psychology referral network for the required confirmation of diagnosis. Your patient should know that disorders caused by employer decisions related to a worker's employment—such as discipline, termination, or changes to work or working conditions—are still excluded from coverage.

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*This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.*

### Implications for family physicians

With the new emphasis on *DSM* criteria, family physicians are encouraged to refresh their knowledge of diagnostic criteria for common mental disorders and review the new criteria in *DSM-V* when it is released (the new manual is expected to be available in May 2013). In managing patients with complex claims, the MHCU team continues to rely heavily on clinical information provided on Forms 8/11, including the patient's work history, mental status exam, physical findings, PHQ-9 or GAD-7 scores, potential for self-harm or harm to others, and past psychiatric history.

From a WorkSafeBC claims perspective, having a mental disorder is not considered synonymous with disability or the need to take time off work. Although more severe disorders may be temporarily or even permanently incompatible with work, employers can accommodate many workers with common mental disorders, such as depression, anxiety disorders, or stress reactions.

In fact, starting with the first visit, physicians should make every effort to assist patients to stay at work (SAW) or return to work (RTW) as part of their therapeutic plan. Preventing needless work disability requires improved communication and collaboration between the physician, the patient, the employer, and the insurer. WorkSafeBC case managers work with MHCU medical, psychology, nursing, vocational rehabilitation, and social work advisors to assist with the SAW/RTW process. Fee codes for phone calls with WorkSafeBC officers/medical advisors to discuss SAW/RTW and a bundled code for developing RTW plans can be found at WorkSafeBC.com.

### Eligibility for coverage

Not all patients exposed to mental trauma will develop post-traumatic symptoms of sufficient severity or duration to meet the diagnostic criteria for acute stress disorder or post-traumatic stress disorder. Resilient individuals are often unaffected or may experience only a transient acute stress reaction that is considered a normal response to an abnormal situation. According to the *DSM-IV TR*, an acute stress reaction is not considered a mental disorder and is therefore not compensable through WorkSafeBC.

Mental disorders arising from exposure to significant work-related stressors, including bullying or harassment, may be compensated by WorkSafeBC, provided that the stressor is the predominant cause of the disorder. Common, and often episodic, mental disorders, such as depression, anxiety disorders, or adjustment reactions, typically have multifactorial etiology and may require extensive investigations to establish causation and eligibility for coverage. During that time please proceed with the usual treatment since WorkSafeBC does not cover medical (pharmacotherapy or psychotherapy) treatment. This would include referral to community mental health programs, private psychologists, or psychiatry where appropriate, as well as return-to-work efforts.

If you would like information and assistance on a pending WorkSafeBC mental disorder claim, please contact a MHCU nurse advisor at 604 214-5422 or toll free 1 888 967-5377, local 5422. You may also make this request on your Form 8/11.

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