

Deconstructing stress leave

There is a growing demand for time away from work due to stress, burnout, and compassion fatigue. When a patient asks for a note to begin a stress leave, physicians and nurse practitioners may be conflicted or unsure of where to begin. They are also increasingly aware of the social determinants of health, including the harms of worklessness,¹⁻³ and want to provide the best care and advice to patients who are requesting a medical absence from work.

Ideally, employers can make accommodations to allow their employees to remain at work in some capacity. However, if you agree that your patient should be off work completely, the next question is often how to get financial support for their absence. For WorkSafeBC coverage, there must be an identified and accepted work-related injury.

Confirming a workplace mental health injury

Confirming a workplace mental health injury involves two required steps. The first requirement is for WorkSafeBC adjudicative staff to accept a mechanism of injury that occurred at work, such as a traumatic event or a significant stressor. Bullying and harassment (behavior that is clearly meant to intimidate or humiliate) are considered significant stressors. For some occupations now covered under provincial presumptive legislation, it is presumed that the patient's diagnosis was caused by their work, and no causal analysis is required once it is established that they have been exposed to a traumatic event. These occupations are emergency medical assistants (including paramedics), firefighters, police officers,

sheriffs, corrections officers, emergency response dispatchers, nurses regulated by the British Columbia College of Nurses and Midwives, and health care assistants registered with the BC Care Aide and Community Health Worker Registry and working in a publicly funded setting.

Once WorkSafeBC adjudicative staff accept or presume a mechanism of injury for a mental health injury, they will arrange for an assessment with a psychologist or psychiatrist to confirm a *DSM* diagnosis. This second step is mandated by provincial legislation, not by WorkSafeBC. It is also possible that a traumatic event at work or other significant workplace stressors have caused a worsening of an established mental illness. In such cases, you can treat this the same way you would any mental health claim and start by submitting a Form 8 report.

Mental illness that is not work related

If a mental illness is not work related, other avenues to consider are medical employment insurance, short-term disability, and long-term disability. Each of these has its own paperwork and eligibility criteria. Some regions of the province now have access through primary care networks to publicly funded social workers who can help your patients navigate these applications. Employees may also have access to assistance through their human resources department or union representative.

Stress leave in the absence of mental illness

If someone is experiencing workplace burnout without an underlying mental illness (i.e., they are functioning normally outside of the work setting and do not meet the criteria for a mental health disorder), they are not eligible for financial support through WorkSafeBC. In this scenario, before writing a note for stress leave, it can be

important to discuss with your patient the pros and cons of being off work. While a break from work may provide some immediate symptom relief or avoidance of conditions your patient finds stressful, if nothing else changes during those few weeks off, you and your patient may find at follow-up that their condition is unchanged while their risk of losing their livelihood has increased.

Asking your patient what will happen during stress leave—for example, “What is it about being off work that will help you?” and “How will the situation have changed when you return to work?”—often helps both parties recognize when a temporary exit may or may not resolve the stress with which your patient presents. In addition to exploring possible workplace accommodations, you can assist your patient through this type of stressful experience in the same way you might through other life stressors or illness. If you think the workplace is unsafe, please report it to WorkSafeBC Prevention Services at 604 276-3100 or 1 888 621-7233; your call can be anonymous.

A request for stress leave can also be a valuable opportunity to review coping strategies with your patient. Proper sleep, nutrition, exercise, and healthy social connections are all great ways to maintain and enhance our mental health. Resources like www.heretohelp.bc.ca and www.keltymentalhealth.ca have useful educational materials and tips for stress management.

If you have additional questions or need help with a particular patient, please don't hesitate to contact a WorkSafeBC physician medical advisor or make a RACE request (via the RACE app or by calling 604 696-2131 or 1 877 696-2131) to discuss. ■

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with schizophrenia and can highlight the importance of health checks⁹ during hot weather. In-person or virtual checks can be used to assess how an individual is coping with extreme heat, encourage them to take protective cooling measures, and initiate assistance if needed.

People with schizophrenia are particularly susceptible to extreme heat, as demonstrated by the 2021 heat dome in BC. Although the side effects of antipsychotic medications can increase risk, the pathway between heat and health outcomes among people with schizophrenia is complex. Antipsychotic medications are lifesaving therapies, and they should not be discontinued or modified to reduce risk during extreme heat. Instead, those treating and supporting people with schizophrenia should focus on other risk factors associated with the condition, particularly social isolation and lack of access to air conditioning. By identifying, counseling, and checking in on those

at highest risk, we can reduce morbidity and mortality during future extreme heat events. ■

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