

Chronic Mental Stress: an overview

OFFICE OF THE EMPLOYER ADVISER

ALLEN CRAMM, BILINGUAL EMPLOYER SPECIALIST

Chronic Mental Stress (Policy # 15-03-14)

- » Entitlement for Chronic Mental Stress (CMS) began **January 1, 2018**
- » CMS entitlement generally allowed when an appropriately diagnosed mental stress disorder has been predominantly caused by substantial work-related stressor/series of stressors
- » Work-related stressor generally considered substantial if excessive in intensity and/or duration compared with normal pressures and tensions experienced by people working in similar circumstances.
- » **Workplace harassment** generally considered substantial work-related stressor

CMS Definition of Workplace Harassment

- » **Workplace harassment** occurs when a person or persons, while in the course of employment, engage in a course of vexatious comments or conduct against worker
 - includes bullying that is known, or ought reasonably to be known, to be unwelcome
- » Reminder: workplace harassment is **generally** considered substantial work-related stressor
- » “Bullying” not defined in CMS Policy

Interpersonal Conflicts

- » Conflicts between the worker and supervisors, co-workers or customers **not generally considered** a substantial work-related stressor, **unless the conflict:**
 - amounts to workplace harassment or
 - results in conduct that reasonable person would perceive as egregious or abusive

High Stress Jobs

- » Workers in jobs with high degree of routine stress will **not be denied** CMS entitlement only because workers in that occupation normally exposed to high stress levels
- » High stress jobs typically have:
 - responsibility over matters involving life and death or
 - routine work in extremely dangerous circumstances

CMS Standard of Proof - Causation

- » WSIB decision-maker must be able to **identify the substantial work related stressor/series of stressors** alleged to have caused CMS
- » Work-related stressor must be the **predominant cause** of appropriately diagnosed mental stress injury
 - » “predominant cause” means substantial work-related stressor is **primary or main cause** of mental stress injury - as compared to all of the other individual stressors faced by the worker
- » NOTE: a substantial work-related stressor can still be considered the predominant cause even though may be outweighed by all other non-work related stressors combined

CMS Diagnostic Requirements

- » Diagnosis in accordance with any of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
 - » diagnoses may include, but not limited to :
 - acute stress disorder
 - posttraumatic stress disorder
 - adjustment disorder, or
 - anxiety or depressive disorder
- » “Appropriate regulated health care professional” must provide DSM diagnosis. This includes:
 - General Practitioners, Nurse Practitioner, Psychologist, Psychiatrist
- » In complex cases (e.g. where evidence non-work-related stressor(s) may have caused or contributed to injury), WSIB may obtain second opinion by psychiatrist or psychologist

Employer Actions and CMS

- » No entitlement for CMS caused by employer's decision or actions which are part of the employment function, such as:
 - » terminations
 - » demotions
 - » transfers
 - » discipline
 - » changes in working hours or
 - » changes in productivity expectations
- » NOTE: Employer decisions involving harassment or conduct reasonably perceived as egregious/abusive may result in CMS entitlement

Summary of Criteria for CMS Entitlement

- » **Specific diagnosis required** under a DSM made by an appropriately regulated health care professional
- » **Specific event or series of events** that lead to the mental health condition
- » **Substantial stressor**, as defined in the Policy, and is not related to a management work-related decision/action
- » Work related stressor must be the **predominant cause** of the mental health diagnosis

New CMS8 Form

- » New **Form CMS8** for Mental Stress reporting to WSIB:
 - » **only physicians and nurse practitioners** use Form CMS8 for patient with claimed work-related mental stress disorder or condition
- » WSIB has a specific adjudicative team for CMS claims

A. Patient and Employer Information (Patient to complete Section A)

Last Name	First Name	Init.	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (number, street, apt.)		City/Town	Prov. Postal Code
Telephone	Date of Birth dd mm yyyy	Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	

B. General Section

1. Is your patient indicating that their psychological condition is due to work?		<input type="checkbox"/> yes <input type="checkbox"/> no
Date patient first sought medical care for psychological condition	dd mm yyyy	Date of onset of symptoms/signs dd mm yyyy
2. Does your patient continue to exhibit the psychological condition? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, indicate date of last symptoms or when symptoms resolved dd mm yyyy
3. What is your understanding of the work-related situation(s) resulting in the reported psychological condition? Please explain.		

C. Clinical Information Section

1. Document the diagnosis and criteria for the DSM diagnosis, if met.	
Diagnosis (provide DSM diagnosis if possible):	DSM criteria for the diagnosis, if met:
2. Are you aware of any pre-existing or co-existing psychological conditions, or other relevant/contributing factors? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
If yes, please describe briefly (e.g. diagnosis, date of onset, previous treatment if known):	

HST Registration No.	HST Amount Billed (if applicable) \$	Service Code ONHST	Your Invoice No.	Service Date dd mm yyyy
Health Professional Name (please print)			Address	
Telephone			Fax	

Once completed, please ensure that a copy of this page only is provided to the patient.

Last Name	First Name	Init.	Date of Birth	dd	mm	yyyy
-----------	------------	-------	---------------	----	----	------

F. Return To Work Information - Must be completed by a Health Professional

When work injury/illness occurs, focus on return to usual activity including return to safe and appropriate work is best practice.

1. Has the patient lost time from work as a result of the psychological condition? ☐ yes ☐ no

If no, go to question 4.

2. If the patient is not at work,

A. ☐ This patient can resume Regular duties. Start date

dd	mm	yyyy
----	----	------

 If graduated hours required please specify _____

B. ☐ This patient can begin Modified duties. Start date

dd	mm	yyyy
----	----	------

 If graduated hours required please specify _____

C. ☐ This patient is not able to work because of the psychological condition.

Please provide explanation:

What would need to be in place for your patient to return to work in any capacity? Please list:

3. With respect to your patient's psychological condition, please describe your patient's functional abilities to facilitate work accommodations.

A. ☐ Full functional abilities, no accommodations required.

B. ☐ Patient has impairments in function (social, occupational, other), accommodations are required. Please describe:

C. ☐ Other limitations. Please describe:

G. Worker's Signature

By signing below I am authorizing the above noted health professional, who is treating me, to provide my employer with a copy of this page outlining my functional abilities. I understand a copy will be sent to the Workplace Safety and Insurance Board (WSIB) by my health professional.

Signature	Date	dd	mm	yyyy
-----------	------	----	----	------

Once completed, please ensure that a copy of this page only is provided to the patient.

Return to Work Resources

- » Office of the Employer Adviser
- » [Great West Life Strategies for Mental Health in Workplace](#)
 - » maintaining contact with your worker during leave
 - » return to work planning
- » Very comprehensive CHRC [Guide for Managing the Return to Work](#)

Prevention Resources

- » WSIB Mental Health Prevention [Webpage](#)
- » www.StressAssess.ca
- » www.ThinkMentalHealth.ca
- » www.FirstRespondersFirst.ca
- » www.CivicAction.ca/mindsmatter
- » [CAMH Mental Illness in the Workplace](#)

Thank you.



QUESTIONS?

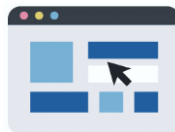
Contact Information



Office of the Employer Adviser
505 University Avenue - 20th Floor
Toronto, Ontario M5G 2P1



***Toll Free 1-800-387-0774**
Phone (416) 327-0020
Fax (416) 327-0726



E-mail askoea@ontario.ca
Web Site www.employeradviser.ca



Follow us on Twitter @askoea