THE BALANCE

Burnout and Severe Occupational Exhaustion

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Burnout may involve work-related exhaustion, detachment, and reduced effectiveness, but assessment should distinguish overlapping psychiatric, medical, sleep, and substance-related factors.

02 Care may restore basic routines, address co-occurring conditions, examine workload and responsibility patterns, and prepare a staged return with sustainable boundaries.

03 Private residential treatment may suit severe or complex cases when outpatient care is insufficient, while acute risks may require hospital or specialist support.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding burnout

Burnout is commonly understood as a work-related syndrome involving exhaustion, growing mental distance or cynicism toward work, and reduced professional efficacy. Definitions vary, and it should not be used as a substitute for a formal mental or physical health assessment.

How burnout May Present

Burnout may emerge gradually, often after periods in which the person compensated through longer hours, tighter control, stimulants, alcohol, reduced sleep, or withdrawal from relationships and health care.

- Persistent physical and mental exhaustion that rest no longer resolves
- Reduced concentration, memory, creativity, judgment, or tolerance for complexity
- Cynicism, detachment, irritability, dread, or loss of meaning in work
- Sleep disturbance, pain, headaches, gastrointestinal symptoms, or repeated illness
- Increasing dependence on alcohol, medication, substances, food, exercise, or digital distraction
- Withdrawal from family and social life or inability to be mentally present away from work
- Mistakes, indecision, conflict, risk-taking, or difficulty delegating
- A collapse in functioning after a long period of appearing capable

External success can conceal severity, while a demanding schedule alone does not establish burnout. The relevant question is how the person’s health, behavior, and functioning have changed and which demands or beliefs prevent recovery.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment considers occupational context and the whole person. It should identify urgent risk, medical contributors, formal psychiatric conditions, substance use, sleep, relationships, and the practical consequences of changing work involvement.

Timeline of workload, responsibility, control, conflict, travel, and recovery

Mood, anxiety, trauma symptoms, cognition, hopelessness, and self-harm risk

Sleep duration and quality, circadian disruption, and possible primary sleep disorders

Previous leave, therapy, coaching, medical care, and what happened on return



Safety and the appropriate setting

Suicidal thinking, severe depression, psychosis, mania, dangerous substance use, medical instability, or inability to care for basic needs requires urgent clinical assessment and may require hospital care. Burnout language must not soften an acute-risk presentation. A person in severe exhaustion may have impaired judgment while still holding significant authority. Work access, travel, financial decisions, driving, and medication use may need temporary boundaries agreed with appropriate professional and legal input.

04 / CARE BUILT AROUND YOU

Care built around you

Care addresses both the person’s current state and the system to which they may return. Rest can be necessary, but rest without examination of workload, identity, control, boundaries, and health may produce only temporary relief.

Restore sleep, nutrition, physical assessment, and a tolerable daily rhythm Treat depression, anxiety, trauma, substance use, or another condition when present

Create protected periods in which work cannot continually interrupt care Examine beliefs about responsibility, delegation, indispensability, and failure

Clarify which decisions are truly essential and which can be transferred Rebuild contact with relationships, interests, and values outside the role

Plan a staged return with measurable boundaries and warning signs Coordinate continuing care in the person’s actual home and work environment

Treatment should not promise to return someone to maximum productivity or simply teach them to tolerate an unchanged harmful system. The aim is sustainable health and agency, which may require difficult decisions about role, structure, or pace.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

Private residential treatment in Mallorca, Zurich, and London offers space for care, rest, and reflection. Your treatment plan, accommodation, and daily support are shaped around your individual needs.



A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Private residential mental health treatment with individual therapy and daily support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

The return to ordinary demands should be planned before the person feels fully ready to resume everything. Continuing care can review workload, sleep, substance use, relationships, delegation, and early warning signs as real pressures reappear. Progress may include steadier energy and sleep, clearer judgment, reduced dread, a wider identity, healthier boundaries, improved relationships, and the ability to work without repeatedly sacrificing basic health.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is burnout a medical diagnosis?

Burnout is commonly described as a work-related syndrome, but definitions and diagnostic status vary. Assessment should also consider depression, anxiety, sleep disorders, substance use, medication effects, and medical illness.

How is burnout different from depression?

Burnout is tied to occupational context, while depression may affect mood, interest, and functioning across life. They can coexist, and a careful assessment is needed rather than choosing the more acceptable label.

Can someone keep working during treatment?

Sometimes, but access to work should follow a clinical purpose and clear boundaries. Continued responsibility may undermine care, while selected essential communication may be manageable.

Is rest enough to recover from burnout?

Rest may be necessary but is often insufficient if workload, role structure, beliefs about control, sleep, substance use, health, and relationship patterns remain unchanged.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.