

Chapter 21

PSYCHIATRIC IMPAIRMENT

Introduction

This chapter provides criteria for assessing permanent impairment from entitled psychiatric conditions.

For VAC disability assessment purposes, this chapter is only used to assess chronic psychiatric conditions where the diagnosis has been established according to the “Diagnostic Statistical Manual of Mental Disorders” (DSM).

The criteria in this chapter are used to assess the following psychiatric conditions:

- adjustment disorders
- anxiety disorders
- bipolar and related disorders
- depressive disorders
- dissociative disorders
- feeding and eating disorders
- mood disorders
- obsessive-compulsive and related disorders
- *pain disorders / chronic pain syndrome
Note: only applies to DSM-IV-TR Axis I diagnosis
- personality disorders
- schizophrenia (spectrum) and other psychotic disorders
- **somatic symptom disorder with predominant pain
- substance-related (and addictive) disorders
- trauma-and stressor-related disorders

*DSM-IV-TR somatoform disorders (excluding pain disorders) are rated on individual merits.

**DSM-5 somatic symptom and related disorders (excluding somatic symptom disorder with predominant pain) are rated on individual merits.

There is considerable overlap in the presenting signs, symptoms and effect on function (medical impairment) of psychiatric conditions. It is difficult to determine the extent to which each psychiatric condition contributes to the medical impairment. For this reason, the disability assessment of an entitled psychiatric condition(s) includes the medical impairment resulting from both entitled and non-entitled psychiatric conditions.

If a non-entitled psychiatric condition(s) contributes to the psychiatric disability assessment, the Partially Contributing Table is not applied.

For example, in the presence of entitled Posttraumatic Stress Disorder and non-entitled Substance Use Disorder, the disability assessment of Posttraumatic Stress Disorder will include the signs and symptoms of both psychiatric conditions.

If conditions which are not assessed in chapter 21 (e.g., dementia, postconcussion syndrome, fibromyalgia syndrome) contribute to the medical impairment, the Partially Contributing Table must be applied.

If more than one condition is to be rated from this chapter, the conditions are bracketed for assessment purposes.

The emphasis in this chapter is on rating psychiatric conditions, as seen by the effect of the condition(s) on emotion, behaviour, thought, cognition, coping (adaptability), the basic activities of daily living, and treatment needs. The effects of the psychiatric condition on personal relationships, social functioning, and activities of independent living (meal preparation, shopping, home care, etc.) are rated in Chapter 2, Quality of Life.

Under **Tables 21.1 - 21.4**, no signs or symptoms may be rated twice. Emotional and behavioural features or symptoms associated with physical disorders that do not meet DSM criteria are assessed as part of the physical condition and should not be rated within this chapter.

Assessing psychiatric impairment requires a thorough review of the history of the psychiatric disorder and the individual's signs and symptoms over time. Symptoms from a psychiatric disability can fluctuate in severity. It is important to obtain and evaluate Member/Veteran/Client information over at least a 6-month to 1-year period (with attention given to his or her worst and/or best period of functioning).

Impairment from neurological conditions which affect cognition (e.g., dementia, postconcussion syndrome) is rated within Chapter 20, Neurological Impairment.

When entitled psychiatric conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

Rating Tables

This chapter contains three “Loss of Function” tables and one “Other Impairment” table which may be used to rate entitled psychiatric conditions.

The tables within this chapter are:

Table 21.1	Loss of Function - Thought and Cognition	This table is used to rate impairment of thought and cognition.
Table 21.2	Loss of Function - Emotion, Behaviour and Coping (Adaptability)	This table is used to rate impairment of emotion, behaviour and coping.
Table 21.3	Loss of Function - Activities of Daily Living	This table is used to rate impairment of activities of daily living.
Table 21.4	Other Impairment - Treatment Needs	This table is used to rate impairment associated with treatment needs.

Loss of Function - Thought and Cognition

Table 21.1 is used to rate impairment from psychiatric conditions that affect thought and cognition. The table contains two columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

The frequency, severity and duration of the psychiatric signs and symptoms are of major consideration when rating impairment. The signs and symptoms associated with disturbances of thought and cognition represent various points on the spectrum from normal to severe/extreme abnormal functioning.

In rating impairment from psychiatric conditions, the following areas of thought and cognition are considered: thinking processes, perception, and cognition.

The thinking process is the mental ability to appraise, evaluate, plan, create and will. Both the stream and content of thought are evaluated in the consideration of the thinking process. Disturbances of thought include: delusions, paranoia, preoccupation, obsession, phobia, cloudiness of thinking, disorientation, incoherence, loosening of association, flight of ideas, hypervigilance, suicidal ideation, rumination, and suspiciousness, etc.

Perception is the transference of physical stimulation into psychological information (mental process by which sensory stimuli are brought to awareness). Disturbances of perception include: hallucinations, illusions and dissociative phenomena such as derealization and depersonalization.

Cognition is the ability to sustain focussed attention for sufficient time to permit the timely completion of tasks (concentration), acquisition of knowledge (learning), retention and recall of knowledge (memory), and use of knowledge (reasoning and problem solving). Disturbances of cognition include: memory loss (immediate or remote), amnesia, paramnesia, disorientation to place, person and time, inability to think abstractly or understand concepts, and the inability to initiate decisions and perform planned activities.

Concentration is described in terms of frequency of errors, the time it takes to complete the task, and the extent to which assistance is required to complete the task.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Table 21.2 is used to rate impairment from psychiatric conditions that affect emotion, behaviour and coping (adaptability). The table contains three columns (categories) which are rated independently. The ratings are **compared** and the **highest** selected.

Emotional and behavioural impairment is based on the severity, frequency and duration of the disturbances in mood, affect, and behaviour and the adaptability of the individual's emotions and behaviour to changes in the environment.

Both mood and affect are considered when evaluating emotional state.

Mood refers to the predominant emotion such as: sadness, depression, fear, anxiety, panic, hopelessness, mania, anger, or hostility, etc. It has both a subjective (described by self) and objective (observed or described by others) component. The duration (persistence of mood measured in days, weeks or years), reactivity (mood change in response to external events or circumstances) and depth or severity of the mood are important indicators of impairment.

Affect refers to the expression and expressivity of the emotion. An important indicator of impairment is the capacity or limitation to vary emotional expression in concert with

thought processing. Affect is described in terms of range and intensity (full, constricted, flat and blunted), change pattern (fluid, monotonic, labile), and appropriateness (different from what would be expected).

Behaviour refers to deportment or conduct. It includes any or all total activity, especially that which can be externally observed. Both the specific behaviour(s) and the frequency of that behaviour are important indicators of impairment.

Coping (adaptability) in this context refers to the ability to adapt to stressful circumstances (stress tolerance). In the face of stressful situations or experiences (e.g. therapist moves, death in the family, home relocation, etc.), the individual may experience an increase or worsening of symptoms or behaviours (e.g. substance abuse, panic attacks, somatic complaints, etc.) associated with his or her psychiatric disorder.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Loss of Function - Activities of Daily Living

Table 21.3 is used to rate impairment from psychiatric conditions that impact activities of daily living. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Activities of daily living include personal hygiene (bathing and grooming) tasks, dressing, eating, transfers/bed mobility, locomotion, and bowel and bladder control.

The quality of these activities is judged by the level of independence, effectiveness, and sustainability. It is necessary to determine the extent to which an individual is capable of initiating and participating in these activities independent of supervision or direction. The number of activities that are restricted is not as important as the overall degree of restriction.

The effects of the psychiatric illness on independent or instrumental activities of daily living (IADLs) such as shopping, home care, and meal preparation etc., are evaluated in the Quality of Life Chapter.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Other Impairment - Treatment Needs

Table 21.4 is used to rate impairment associated with treatment needs. Only one rating may be selected. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

A variety of treatment options are available for persons with psychiatric conditions. These include medication/drug regimes, self-help and support groups, therapy/counselling from a licenced counsellor/general practitioner, regular therapy by a psychiatrist on an outpatient basis, in-patient care (short or longer duration), and institutional care.

Except for the psychiatric conditions listed on the first page of this chapter, if non-entitled conditions or conditions rated within another chapter/table are contributing to the impairment, then the Partially Contributing Table (PCT) must be applied to the applicable table rating(s).

Definition of Terms

The following terms are used within **Tables 21.1 - 21.4**.

Rare = at least once per year
Occasional = once or twice per month
Frequent = at least once per week
Persistent = daily or almost daily

To rate all psychiatric conditions, a rating is obtained from each table, **Table 21.1** to **Table 21.4**. When a rating is applicable from more than one table, the ratings are **added**.

Table 21.1 - Loss of Function - Thought and Cognition

Only one rating may be given from **Table 21.1**. Each column in **Table 21.1** is rated independently. If more than one rating is applicable within a column, the **highest** rating is selected as the column rating. The ratings from each column are then **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for each column in **Table 21.1**, only one criterion must be met at a level of impairment.

Table 21.1 - Loss of Function - Thought and Cognition

Rating	Criteria	
	Memory and Concentration	Thought and Perception
Nil	No impairment of memory or concentration.	No impairment of thought or perception.
Five	- Subjective, but no objective, memory loss or concentration deficit; or - One or two amnesic episodes (memory gaps).	- Frequent overvalued ideas or ideas of reference but distractable with no frank delusions; or - Occasional suspiciousness with no frank delusions; or - Preoccupation with orderliness, perfectionism and control; or - Preoccupation with a specific idea or a general theme; or - Occasional perceptual disturbance such as depersonalization and derealization; or - Frequent thoughts of suicide without specific plan, gestures or threats; or - Ideas of guilt and rumination over past errors and/or survivor's guilt; or - Thoughts of inadequacy and inferiority in comparison with others with life interference; or - Recurrent obsessions that are severe enough to be time consuming (take more than one hour per day); or - Sense of loss of control/impaired control over eating behaviour, but no action taken (e.g. vomiting, misuse of diuretics, etc.); or - Distorted perception of body shape and/or weight.
Ten	- Subjective and mild to moderate objective memory loss and/or concentration deficit; or - Multiple amnesic episodes (memory gaps).	- Some slowness of thought or speech; or - Frequent suspiciousness but distractable with no frank delusions; or - Frequent perceptual disturbance such as depersonalization and derealization; or - Persistent thoughts of suicide with or without specific plan, but there are no gestures or threats.

Rating	Criteria	
	Memory and Concentration	Thought and Perception
Fifteen	Severe objective memory loss and/or concentration deficit.	- Marked slowness of thought or speech or flight of ideas; or - Pressured and/or tangential speech; or - Occasional perceptual disturbances such as illusions; or - Persistent suspiciousness with no frank delusions; or - Persistent overvalued ideas or ideas of reference with no frank delusions.
Twenty		- Persistent bizarre and non-bizarre delusions with insight (e.g. sense of being followed or watched); or - Perceptual disturbances including frequent illusions or occasional hallucinations; or - Disorientation which responds correctly to prompting; or - Homicidal ideation with no plan in place; or - Persistent perceptual disturbance such as depersonalization and derealization.
Thirty		- Persistent illusions or frequent hallucinations; or - Homicidal plan.
Thirty-five		- Persistent incoherent speech; or - Persistent frank or bizarre delusions with no insight; or - Persistent hallucinations; or - Disorientated in all spheres.

Table 21.2 - Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Only one rating may be given from **Table 21.2**. Each column in **Table 21.2** is rated independently. If more than one rating is applicable within a column, the **highest** rating is selected as the column rating. The ratings from each column are then **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for each column in **Table 21.2**, only one criterion must be met at a level of impairment.

Table 21.2 - Loss of Function - Emotion, Behaviour and Coping (Adaptability)

Rating	Criteria		
	Emotion	Behaviour	Coping
Nil	Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.	Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.	Past history of psychiatric illness which has resolved or is in long-term remission with no current signs of distress.

Rating	Criteria		
	Emotion	Behaviour	Coping
Five	- Occasional depressive or euphoric mood; or - Occasional subjective anxiety with physiologic concomitants; or - Lack of empathy or remorse as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another; or - Occasional to frequent irritability/anger with life interference; or - Rare panic attacks.	- Rare manic behaviour with life interference; or - Rare re-experiencing of past traumatic events with minimal avoidance; or - Occasional nervous behaviour such as hand wringing, trembling, pacing, etc.; or - Occasional avoidance of particular events or objects with life interference; or - Rare obsessive/compulsive symptoms with life interference; or - Dependence on others as evidenced by submissive and clingy behaviour or inability to make decisions; or - Occasional preoccupation with physical health concerns with life interference; or - Insomnia, with up to 120 minutes loss of sleep most nights each week with daytime somnolence; or - Occasional use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); or - Eating disorder with maintenance of body weight at greater than 90% of expected.	- Coping is adequate, but reacts to stress with some degree of anxiety or agitation; or - Efforts to avoid real or imagined abandonment; or - Rare failure to conform to social norms with respect to lawful behaviours.

Rating	Criteria		
	Emotion	Behaviour	Coping
Ten	• Frequent to persistent subjective anxiety with physiologic concomitants; or • Occasional panic attacks.	• Occasional manic behaviour with life interference; or • Occasional re-experiencing of past traumatic events with avoidance and hyperarousal; or • Frequent to persistent avoidance of particular events or objects with life interference; or • Occasional obsessive/compulsive symptoms with life interference; or • Occasional vegetative symptoms, (e.g. psychomotor retardation or decreased appetite); or • Frequent preoccupation with physical health concerns with requests for specific intervention; or • Insomnia, more than 120 minutes loss of sleep most nights each week with daytime somnolence; or • Rare self-mutilating behaviour; or • Rare suicidal gestures/threats; or • Frequent use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); or • Eating disorder with maintenance of body weight at 85 - 90% of expected.	• Occasional difficulty adapting to stressful circumstances (e.g. some difficulty coping and reacts to stress with worsening of behavioural symptoms); or • Occasional impulsiveness in areas that are potentially self-damaging; or • Brief and transient stress-related paranoid ideation.

Rating	Criteria		
	Emotion	Behaviour	Coping
Fifteen	Frequent depressive or euphoric mood.	- Frequent nervous behaviour such as hand wringing, trembling, agitation and pacing; or - Frequent obsessive/compulsive symptoms with life interference; or - Frequent irritability or anger with displays of verbal or physical aggression; or - Occasional self-mutilating behaviour; or - Occasional suicidal gestures/threats; or - Two or more distinct identities or personality states that recurrently take control of behaviour; or - Persistent use of inappropriate compensatory methods to prevent weight gain (i.e. induction of vomiting, misuse of laxatives, enemas and/or diuretics, fasting, excessive exercising); or - Eating disorder with maintenance of body weight at 75 - 84% of expected; or - Diet restricted to only a few foods.	- Frequent difficulty applying usual coping skills in stressful circumstances (e.g. reacts to stress with considerable anxiety, agitation or marked worsening of behavioural symptoms); or - Recurrent failure to conform to social norms with respect to lawful behaviours; or - Frequent impulsiveness in areas that are potentially self damaging.

Rating	Criteria		
	Emotion	Behaviour	Coping
Twenty	- Persistent depressive or euphoric mood; or - Frequent panic attacks with avoidance.	- Frequent manic behaviour with life interference; or - Frequent re-experiencing of past traumatic events with significant - hyperarousal - avoidance and/or numbing; or - Persistent obsessive/compulsive symptoms with life interference; or - Frequent vegetative symptoms; or - Frequent to persistent self-mutilating behaviour; or - Frequent to persistent suicidal gestures/threats; or - Eating disorder with maintenance of body weight at 70 - 74% of expected.	- Persistent anxiety from stress and needs help coping with most complex or new situations; or - Brief (minutes – hours) psychotic episodes in response to stress.
Thirty	Persistent recurrent panic attacks with significant avoidance.	- Persistent manic behaviour with life interference; or - Persistent re-experiencing of past traumatic events with marked - hyperarousal - avoidance and/or numbing; or - Persistent nervous behaviour such as hand wringing, trembling, agitation and pacing; or - Persistent vegetative symptoms; or - Persistent marked irritability or anger with displays of physical and verbal abuse; or - Serious suicidal attempt(s).	- Inability to adapt to everyday circumstances. Extreme agitation in response to stress; or - Severe dissociative symptoms in response to stress.

Rating	Criteria		
	Emotion	Behaviour	Coping
Thirty-five	Persistent episodes of mood elevation alternating rapidly with depressed mood. (Rapid Cycling)	- Serious homicidal attempt(s); or - Eating disorder with maintenance of body weight at less than 70% of expected.	- Marked regression in response to stress; or - Psychosis (greater than 24 hours duration) in response to stress.

Table 21.3 - Loss of Function - Activities of Daily Living

Only one rating may be given from **Table 21.3**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 21.3**, only one criterion designated at that rating level must be met.

Table 21.3 - Loss of Function - Activities of Daily Living

Rating	Criteria
Nil	Transfers*, ambulates, eats, bathes, and grooms without assistance.
Two	Requires occasional prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Five	Requires frequent prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Ten	Requires daily prompting or reminders with some aspects of transferring*, locomotion, eating, bathing and/or grooming.

Fifteen	Requires daily prompting or reminders and assistance with some aspects of transferring*, locomotion, eating, bathing and/or grooming.
Twenty	Requires assistance with all aspects of transferring*, locomotion, eating, bathing and/or grooming.
Twenty-five	Totally dependent on caregiver for basic activities of daily living (transfers*, locomotion, eating, bathing and/or grooming).

****Transfers/Transferring*** indicates the ability to move from bed to chair, from chair to bed, etc.

Table 21.4 - Other Impairment - Treatment Needs

Only one rating may be given from **Table 21.4**. If more than one rating is applicable, the ratings are **compared** and the **highest** selected.

Each bullet (•) represents one criterion. In order for a rating to be established for **Table 21.4**, only one criterion designated at that rating level must be met.

Table 21.4 - Other Impairment - Treatment Needs

Rating	Criteria
Nil	No regular* treatment sought or recommended.
Five	- Medication recommended and/or prescribed; or - Regular* attendance at a self-help program/peer support group (e.g. AA, NA, OSISS etc.); or - Infrequent, (less than once a month) therapy from licenced counsellor/general practitioner/psychiatrist.
Seven	Need for regular* monthly therapy from a licenced counsellor/general practitioner/psychiatrist.
Ten	- Requiring three or more medication changes in a one year period; or - Attending intensive therapy (more than once a month), from a licenced counsellor/general practitioner/psychiatrist on a regular* basis (e.g. prolonged exposure psychotherapy, cognitive behavioural psychotherapy (CBT), eye movement desensitization and reprocessing (EMDR).
Twelve	Inpatient hospital care for less than 3 months, within the last 2 years.
Fifteen	Inpatient hospital care for 3 months or greater within the last 2 years and long term drug regimen(s) recommended/required.
Twenty	Continuous treatment. Institutional care.

* Regular: recurring at fixed intervals.

Steps To Determine Psychiatric Impairment Assessment

- Step 1:** Determine the rating from each column of **Table 21.1** (Loss of Function - Thought and Cognition). Select the **highest**.
- Step 2:** Does the Partially Contributing Table apply? If **yes**, apply to the Step 1 rating.
- Step 3:** Determine the rating from **Table 21.2** (Loss of Function - Emotion, Behaviour and Coping). Select the **highest**.
- Step 4:** Does the Partially Contributing Table apply? If **yes**, apply to the Step 3 rating.
- Step 5:** Determine the rating from **Table 21.3** (Loss of Function - Activities of Daily Living).
- Step 6:** Does the Partially Contributing Table apply? If **yes**, apply to the Step 5 rating.
- Step 7:** Determine the rating from **Table 21.4** (Other Impairment - Treatment Needs).
- Step 8:** Does the Partially Contributing Table apply? If **yes**, apply to the Step 7 rating.
- Step 9:** Add ratings at Step 2, Step 4, Step 6 and Step 8.
- Step 10:** Determine the Quality of Life rating.
- Step 11:** Add ratings at Step 9 and Step 10.
- Step 12:** If partial entitlement exists, apply to Step 11 rating.

This is the Disability Assessment.