Evaluation of Mental Health Conditions
I. Introduction

• Many OEF/ OIF vets returning with mental disorders and PTSD

• Other vets continue to receive new PTSD diagnoses

• Evaluations of these disorders are inconsistent at best, inaccurate at worst
II. General Rating Principles for Mental Disorders

• 38 CFR 4.126- when evaluating consider frequency and severity of symptoms, vet’s overall capacity, and periods of remission

• Rating should not be totally upon social impairment
Mental Disorder Rating Schedule

- 100% - Total occup & social impairment
- 70% - Occup & social impairment, with deficiencies most areas, such as work, school, family relations, judgment, thinking, or mood
- 50% - Occup & social impairment w/ reduced reliability and productivity
Mental Disorder Rating Schedule

• 30%-Occupy & social impairment w/ occas decrease in work efficiency & intermittent periods of inability to perform occup tasks

• 10%-Occupy & social impair due to mild/transient symp (decrease work efficiency & ability to perform occup tasks in periods of significant stress OR controlled by continuous meds)

• 0%- diagnosis but no interference w/ functioning
III. Deconstructing Schedule for Mental Disorders

• VA-assign rating most closely reflecting level of social & occup impairment

• *Mauerhan* – vet doesn’t need to have every symptom listed to get that rating

• *Bowling* – VA must consider work history & job difficulties
IV. GAF Scores

- GAF = clinician’s judgment of overall psych, social & occup functioning

- 1- lowest functioning

- 100- highest functioning

- Don’t directly correspond to disability ratings, but are important evidence of severity
GAF Scale

- **100-91**: Superior functioning
- **90-81**: Absent or minimal symptoms
- **80-71**: May be symptoms but transient & reactions to psychosocial stressors
- **70-61**: Some mild symptoms
- **60-51**: Moderate symptoms
• 50-41: Serious symptoms

• 40-31: Some impairment in reality testing or communication

• 30-21: Behavior is considerably influenced by delusions or serious impairment in communication

• 20-11: Some danger or hurting self or others

• 10-1: Persistent danger of severely hurting self or others
V. Special Rating Considerations: Released b/c of traumatic stress

• Should not receive an evaluation < 50% & should be examined w/in 6 mo of discharge

• 50% + rating must be maintained until VA exam provides a basis for reconsideration
VI. Other Considerations - TDIU

• 100% rating difficult to attain--if vet. unable to work, may still be able to function socially

• If vet unable to work, VA must assign schedular rating and consider vet’s entitlement to individual unemployability (TDIU)
VII. In-Service Mental Health Treatment Records

- Records contain info relevant to initial disability rating

- DoD—doesn’t maintain in-service mental health records—can get records from facility itself but destroyed w/in 5 yrs of tx.

- For VA to get tx records from civilian facility the vet must complete Consent form
VIII. Advocacy Advice

Proving Entitlement to a Rating

– Point out symptoms specifically mentioned in 38 CFR 4.130

– Reference GAF

– Review lay statements for evidence of occup & social impairment
Developing Supporting Evidence

– Refer to private psychiatrist (use Clinician’s Guide exam worksheets)
– sure all tx records w/ file?
– get lay statements & records

If rating doesn’t reflect actual impairment:
1. File specific claim for extraschedular rating?
2. If unable to be gainfully employed, file for TDIU
• **GAF Score Issues**
  
  – If GAF shows entitled to higher rating - encourage appeal
  – If GAF too low - argue exam report inadequate
  – If GAF too high - argue doesn’t reflect disability

• **Discharge due to traumatic stress**
  
  – Initial rating at least 50%
  – Ensure not improperly reduced
Hypo 1--Facts

- 1-06 VAE
  - vet gets dx of PTSD
  - linked to verified stressor
  - assigned GAF of 60
  - symptoms:
    - blunted affect
    - incr anxiety when VN mentioned (close to tears)
    - guilt
    - suicidal ideation w/ crying spells
Hypo 1—Facts (cont.)

- trouble concentrating
- intrusive thoughts
- nightmares,
- keeps to himself outside of family
- anxiety & depression,
- difficulty w/ marriage (married 4 times)

- Rating assigned - 10% (final decision)
Hypo 1--Answer

• File claim for increase.
• If vet not working file claim for TDIU.
• May file for at least 30% from date of claim based on CUE
Hypo 2--Facts

- VAE found severe memory impairment--recent memory & immediate memory
- was not *total* social and occupational impairment
- Dr.-- no deficiency in judgment but thinking deficiency (constant fear of dying and leaving family)
- Deficiency in family relations (limited intimacy)
- No deficiency in work (veteran retired but RO conceded occupational impairment)
- Deficiency in mood (bouts of sadness, guilt, dysphoria).
X. Hypothetical #2

- VA decision noted following:
  mood anxious
  unable to do serial 7s or spell word “world” backwards
  sleep disturbances and nightmares
  checks doors before going to sleep
  GAF 45

- decision did not mention all symptoms
- 50% rating assigned
Hypo 2--Answer

• File a Notice of Disagreement challenging the assigned rating