



# Victoria Government Gazette

No. S 87 Friday 28 August 1998  
By Authority, Victorian Government Printer

**SPECIAL**

**Accident Compensation Act 1985**

**Transport Accident Act 1986**

## CLINICAL GUIDELINES TO THE RATING OF PSYCHIATRIC IMPAIRMENT

The following Clinical Guidelines to the Rating of Psychiatric Impairment are published under and in accordance with section 91(6) of the **Accident Compensation Act 1985** (as in force after section 25 of the **Accident Compensation (Miscellaneous Amendment) Act 1997** comes into operation) and section 46A(6) of the **Transport Accident Act 1986**.

## CLINICAL GUIDELINES TO THE RATING OF PSYCHIATRIC IMPAIRMENT

Prepared by

Members of

**MEDICAL PANEL (PSYCHIATRY)**

Melbourne, Vic., Australia

October 1997

These *Clinical Guidelines* are based on the *Annotated Guide to the Evaluation of Psychiatric Impairment* developed by Michael Epstein, George Mendelson and Nigel Strauss, 1994.

Additional advice in the preparation of the *Clinical Guidelines to the Rating of Psychiatric Impairment* was provided by other members of the Medical Panel (Psychiatry): Paul Kornan, John Honey, Barrie Kenny, Yvonne Greenberg, Richard Ball, Graham Burrows, Nick Paoletti, and Peter Puszet.

*For citation:* Epstein MWN, Mendelson G, Strauss NHM. *Clinical Guidelines to the Rating of Psychiatric Impairment*. Melbourne: Victorian Government Gazette, 1998.

---

**Clinical Guidelines to the Rating of Psychiatric Impairment**

---

The assessment of psychiatric impairment is based on the systematic application of empirical criteria, and takes into consideration both the diagnosis and other factors unique to the individual. It is also relevant to consider motivation, and to review the history of the illness, as well as the treatment and rehabilitation methods. These considerations can be summarised in the following five principles:

**Principle 1:**

In assessing the impairment that results from any mental or physical disorder, readily observed, empirical criteria must be applied accurately. The mental state examination is the prime method of evaluating psychiatric impairment.

**Principle 2:**

Diagnosis is among the factors to be considered in assessing the severity and possible duration of the impairment, but is by no means the sole criterion.

**Principle 3:**

The evaluation of psychiatric impairment requires that consideration be also given to a number of other factors including, but not limited to, level of functioning, educational, financial, social and family situation.

**Principle 4:**

The underlying character and value system of the individual is of considerable importance in the outcome of the disorder, be it mental or physical. Motivation for improvement is a key factor in the outcome.

**Principle 5:**

A careful review must be made of the treatment and rehabilitation methods that have been applied or are being used. No final judgment can be made until the whole history of the illness, the treatment, the rehabilitation phase, and the individual's current mental and physical status and behaviour have been considered.

**Definitions**

The assessor must be mindful that in some jurisdictions an evaluation of impairment needs to be made according to the methods specified in these *Guidelines* after a period of time when the claimant's entitlement to certain statutory benefits needs to be determined, and at a time when the impairment may not be permanent.

*Impairment:* The World Health Organization has defined impairment in the following terms: "In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function."

*Permanent Impairment* is impairment that has become static or well stabilised with or without medical treatment and is not likely to remit despite future medical treatment. If an impairment is not permanent, it is inappropriate to characterise it as such.

*Disability:* The World Health Organization has defined disability in the following terms: "In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

*Possibility. Probability:* These are terms that refer to the likelihood or chance that an injury or illness was caused or aggravated by a particular factor. "Possibility" sometimes is used to imply a likelihood of less than 50%; "probability" sometimes is used to imply a likelihood of greater than 50%.

Clinical Guidelines to the Rating of Psychiatric Impairment

---

Use of the Clinical Guidelines

The presence and extent of impairment is a medical issue, and is assessed by medical means. These *Clinical Guidelines* have been designed for use by medical practitioners, and in evaluating psychiatric impairment in accordance with these *Guidelines* clinical information has to be obtained and assessed, together with an examination of the individual's mental state. The evaluation of psychiatric impairment in accordance with the *Clinical Guidelines* is meant to be informed by clinical judgment, based on appropriate training and experience, and the specific rating criteria are not meant to be used in a "cookbook" fashion.

It is ultimately for the clinician, and no one else, to make the *clinical judgment* whether a specific rating criterion is present. If the clinician doubts that a particular symptom or abnormality of mental function is present, even after hearing the patient describe it, the item should be rated as not present. This convention is advocated in the *Structured Clinical Interview for DSM-IV Axis I Disorders*, and it is important to emphasise that the evaluation of psychiatric impairment, like diagnosis, is based on "ratings of criterion items, not of answers to questions."

## Clinical Guidelines to the Rating of Psychiatric Impairment

EVALUATION OF PSYCHIATRIC IMPAIRMENT<sup>1</sup>

Class of Impairment	1	2	3	4	5
Percentage of Impairment	0% to 5%	10% to 20%	25% to 50%	55% to 75%	over 75%
<b>MENTAL FUNCTION</b>					
<i>Intelligence</i> (Capacity for understanding)	Normal or better	Mildly Retarded	Moderately Retarded	Moderately Severely Retarded	Severely Retarded
<i>Thinking</i> (The ability to form or conceive in the mind)	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
<i>Perception</i> (The brain's interpretation of internal and external stimuli)	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
<i>Judgment</i> (Ability to assess a given situation and act appropriately)	No Deficit	Slight Deficit	Moderate Deficit	Moderately Severe Deficit	Severe Deficit
<i>Mood</i> (Emotional tone underlying all behaviours)	Normal	Slight Problem	Moderate Problem	Moderately Severe Problem	Severe Problem
<i>Behaviour</i> (Behaviour which is disruptive, distressing or aggressive)	Normal	Slight Problem	Moderate Problem	Moderately Severe Problem	Severe Problem

Note: 1. In evaluating the "whole person psychiatric impairment" intermediate values which are not included in the "classes" which rate individual impairments may be used.

---

**Clinical Guidelines to the Rating of Psychiatric Impairment**

---

**Whole person psychiatric impairment**

The second edition of the American Medical Association's *Guides to Evaluation of Permanent Impairment* states that "the overall rating of a patient [is] based upon the mental status and upon the current condition as observed by the evaluator. The rating is based upon observed attributes and phenomena that are somewhat interrelated, and it necessarily must be considered to be somewhat subjective."

The Medical Panel has taken this comment into consideration.

It is our considered opinion that the "median method" is the fairest of the three statistical methods available by which the overall level of the whole person psychiatric impairment can be calculated, based on each of the six items reflecting mental functions. The three methods are the "mean" (or average), the "median", and the "mode". The advantage of using the median is that it is not influenced by extreme scores (as is the "mean" or averaging method), yet it is significantly more sensitive to variability of scores than the mode, especially with the modification implemented in these *Guidelines*.

The determination of the "class" of the overall collective whole person psychiatric impairment assessed in accordance with these *Clinical Guidelines* is to be undertaken in accordance with the median method. The median is the middle number of a series; a typical result of scores for the six individual aspects of mental function may be 112233, and thus the middle number is 2. "Class 2" is therefore the correct class for the "whole person psychiatric impairment."

The overall collective percentage impairment is within the percentage range of the median class. The final figure is determined by taking into account the person's level of functioning. The Global Assessment of Functioning (GAF) Scale (Axis V) of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* may be of assistance in this task.

It may be the case that the median of a series is not a whole number, e.g., 111233: the median of this series is 1.5; similarly, a series such as 222334 has a median of 2.5. There are problems of legality, equity and simplicity with a number of proposed solutions to this dilemma.

The Medical Panel has agreed that an appropriate and simple solution is to promote the median figure to the next highest class and allow, except in unusual circumstances, only the lowest percentage in that class.

Using the examples given therefore:

- series 111233, median 1.5 becomes 2, and therefore the whole person psychiatric impairment is 10% ("Class 2" range 10-20%);
- series 222334, median 2.5 becomes 3, and therefore the whole person psychiatric impairment is 25% ("Class 3" range 25-30%).

If the distribution of scores is skewed, with four or more scores in the "Class 1" range and one or two higher scores, the highest possible "whole person" psychiatric impairment rating is ten (10) per cent.

Clinical Guidelines to the Rating of Psychiatric Impairment

---

**INTELLIGENCE**

Capacity for understanding and for other forms of adaptive behaviour. Impairments of intelligence are a consequence of brain injury or disease.

***Clinical Guidelines for the rating of impairment of intelligence:***

<b>Class</b>	<b>Impairment</b>	<b>Description</b>
1	0 - 5%	Normal Intelligence.
2	10 - 20%	Mildly Retarded <i>- some interference with everyday functioning.</i>
3	25 - 50%	Moderately Retarded <i>- a reduction in intelligence that significantly interferes with everyday functioning.</i>
4	55 - 75%	Moderately Severely Retarded <i>- a reduction in intelligence which makes independent living impossible.</i>
5	over 75%	Severely Retarded <i>- needs constant supervision and care.</i>

## Clinical Guidelines to the Rating of Psychiatric Impairment

**THINKING**

The ability to form thoughts and conceptualise. Impairment is both a matter of degree and type of disturbance, which may involve stream, form and content.

**Clinical Guidelines for the rating of impairment of thinking:**

Class	Impairment	Description
1	0 - 5%	No Deficit. <i>- includes mild transient disturbances which are not disruptive and are not noticed by others.</i>
2	10 - 20%	Slight Deficit <i>- mild symptoms which usually cause subjective distress, for example: thinking may be muddled or slow; may be unable to think clearly; mild disruption of the stream of thought due to some forgetfulness or diminished concentration; may have some obsessional thinking which is mildly disruptive; may be preoccupied with distressing fears, worries or experiences, and by inability to stop ruminating; an increased sense of self-awareness or an intense sense of guilt; some other thought disorder which is minimally disruptive, such as overvalued ideas or delusions; some formal thought disorder which does not interfere with effective communication.</i>
3	25 - 50%	Moderate Deficit <i>- manifestations of thought disorder, to the extent that most clinicians would consider psychiatric treatment indicated, for example: severe problems with concentration due to intrusive thoughts or obsessional ruminations; marked disruption of the stream of thought due to significant memory problems or diminished concentration; persistent delusional ideas interfering with capacity to cope with everyday activities, eg severe pathological guilt; formal thought disorder which interferes with verbal and other forms of communication.</i>
4	55 - 75%	Moderately Severe Deficit <i>- disorders of thinking which cause difficulty in functioning independently and usually require some external assistance.</i>
5	Over 75%	Severe Deficit <i>- disorders of thinking which cause such a severe disturbance that independent living is impossible.</i>

## Clinical Guidelines to the Rating of Psychiatric Impairment

**PERCEPTION**

The brain's perception of exogenous and endogenous stimuli. Stimuli arise from the five senses - the form is relevant, not necessarily the content.

**Definitions:** *Hallucinations* - subjective sensory perceptions in the absence of an actual or adequate external stimulus;

*Illusions* - distorted perceptions of real external stimuli, usually visual, (can be normal phenomena as well as indicating pathology).

***Clinical Guidelines for the rating of impairment of perception:***

<b>Class</b>	<b>Impairment</b>	<b>Description</b>
1	0 - 5%	No Deficit
2	10 - 20%	Slight Deficit - <i>heightened, dulled or blunted perceptions.</i>
3	25 - 50%	Moderate Deficit - <i>presence of hallucinations (other than hypnagogic or hypnopompic) which cannot be attributed to a transitory drug-induced state;</i> - <i>obvious illusions (when associated with a diagnosable mental disorder).</i>
4	55 - 75%	Moderately Severe Deficit - <i>hallucinations and/or illusions (as above) cause subjective distress and disturbed behaviour.</i>
5	Over 75%	Severe Deficit - <i>hallucinations and/or illusions (as above) cause disturbed behaviour to the extent that constant supervision is required.</i>

Clinical Guidelines to the Rating of Psychiatric Impairment

---

**JUDGMENT**

Ability to understand and evaluate various situations and information, and reach an effective conclusion. This mental function may be impaired due to brain injury, or to conditions such as Schizophrenia, Major Depression or other mental disorders.

***Clinical Guidelines for the rating of impairment of judgment:***

<b>Class</b>	<b>Impairment</b>	<b>Description</b>
1	0 - 5%	No Deficit
2	10 - 20%	Slight Deficit <i>- socially inappropriate at times, leading to embarrassment but generally able to "cover up" such social gaffes.</i>
3	25 - 50%	Moderate Deficit <i>- misjudging social situations and "getting into trouble" repeatedly; - inappropriate spending of money or gambling during hypomanic episode.</i>
4	55 - 75%	<i>- hypomanic or disinhibited patient who is physically threatening or aggressive, or indulges in risk-taking activities (e.g., driving dangerously).</i>
5	Over 75%	Severe Deficit <i>- persistently assaultive due to misinterpretation of the behaviour or motives of others; sexually disinhibited towards members of the opposite sex (may occur following a head injury).</i>

## Clinical Guidelines to the Rating of Psychiatric Impairment

**MOOD**

Mood is the emotional tone underlying all behaviours. Affect is the prevailing and conscious emotional feeling during the period of the mental state examination.

Affect observed during the mental state examination is a reflection of the subject's mood, and has a number features, including:

- Range: Variability of emotional expression over a period of time, i.e. if only one mood is expressed over a period of time, the affective range is restricted.
- Amplitude: Amount of energy expended in expressing a mood, i.e., a mild amplitude of anger is manifested by annoyance and irritability.
- Stability: Slow shifts of mood are normal. Rapid shifts (affective lability) may be pathological.
- Appropriateness: The "fit" (or congruency) between the affect and the situation.
- Quality of Affect: Suspicious, sad, happy, anxious, angry, apathetic.
- Relatedness: Ability to express warmth, to interact emotionally and to establish rapport.

**Clinical Guidelines for the rating of impairment of mood:**

Class	Impairment	Description
1	0 - 5%	Normal mood - relatively transient expressions of sadness, happiness, anxiety, anger and apathy; - normal variation of mood associated with upsetting life events.
2.	10 - 20%	Slight Problem - mild symptoms: any or all of the below mild depression; subjective distress; some mild interference with function; loss of interest in usual activities; some days off; reduced social activities; fleeting suicidal thoughts; some panic attacks; heightened mood; - may experience feelings of derealisation or depersonalisation.
3.	25 - 50%	Moderate Problem - moderate symptoms: most or all of the below frequent anxiety attacks with somatic concomitants; inappropriate self-blame and/or guilt; persistent suicidal ideation or suicide attempts; marked lability of affect; significant lethargy; social withdrawal leading to major problems in interpersonal relationships; anhedonia; appetite disturbance with significant weight change; psychomotor retardation/agitation; hypomania; - severe depersonalisation.

Clinical Guidelines to the Rating of Psychiatric Impairment

---

4	55 - 75%	<p>Moderately Severe Problem</p> <ul style="list-style-type: none"><li>- cannot function in most areas</li><li>constant agitation;</li><li>violent manic excitement;</li><li>repeated suicide attempts;</li><li>remains in bed all day;</li><li>extreme self neglect;</li><li>extreme anger/hypersensitivity;</li><li>requires supervision to prevent injury to self or others.</li></ul>
5	Over 75%	<p>Severe Problem</p> <ul style="list-style-type: none"><li>- severe depression, with regression requiring attention and assistance in all aspects of self care;</li><li>- constantly suicidal;</li><li>- manic excitement requiring restraint.</li></ul>

## Clinical Guidelines to the Rating of Psychiatric Impairment

**BEHAVIOUR**

Behaviour is one's manner of acting. Disturbances vary in kind and degree. Behaviour may be destructive either to self and/or others, it may lead to withdrawal and isolation. Behaviour may be odd or eccentric. Particular mental disorders may be manifested by particular forms of behaviour, e.g., compulsive rituals associated with Obsessive Compulsive Disorder.

**Clinical Guidelines for the rating of impairment of behaviour:**

<b>Class</b>	<b>Impairment</b>	<b>Description</b>
1	0 - 5%	Normal.
2	10 - 20%	Slight Problem - persons who function well, but may show disturbed behaviour under stress while nevertheless acceptable to others as "normal".
3	25 - 50%	Moderate Problem - aggressive or disruptive behaviour requiring attention or treatment; - obsessional rituals interfering with but not preventing goal-directed activity; - repeated antisocial behaviour leading to conflict with authority.
4	55 - 75%	Moderately Severe Problem - behaviour significantly influenced by delusions or hallucinations; - behaviour associated with risk of self harm outside the hospital setting, but not requiring constant supervision - manic overactivity associated with inappropriate behaviour; - significantly regressed behaviour, e.g., staying in bed all day.
5	Over 75%	Severe Problem - requiring constant supervision to prevent harming self or others (repeated suicide attempts, frequently violent, manic excitement); - catatonic excitement or rigidity; - incessant rituals or compulsive behaviour preventing goal-directed activity.

Clinical Guidelines to the Rating of Psychiatric Impairment

---

**Acknowledgement**

The *Clinical Guidelines to the Rating of Psychiatric Impairment* are modelled on Chapter 12 of the "Guides to the Evaluation of Permanent Impairment," second edition, published by the American Medical Association, 1984.

**References**

- Akiskal HS, Akiskal K. Mental status examination: the art and science of the clinical interview. In Hersen M, Turner SN (eds). *Diagnostic Interviewing*, second edition. New York: Plenum Press, 1994, pp. 25-51.
- American Medical Association, *Guides to the Evaluation of Permanent Impairment*, second edition. Chicago: AMA, 1984.
- American Medical Association, *Guides to the Evaluation of Permanent Impairment*, fourth edition. Chicago: AMA, 1993.
- American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition. Washington, D.C.: APA, 1994.
- Beaumont PJV, Hampshire RB (eds). *Textbook of Psychiatry*. Melbourne: Blackwell Scientific Publications, 1989.
- First MB, Spitzer RL, Gibbon M, Williams JBW. *User's Guide for the Structured Clinical Interview for DSM-IV Axis I Disorders - Clinician Version*. Washington, D.C.: American Psychiatric Press, 1997.
- Hamilton M (ed). *Fish's Clinical Psychopathology: Signs and symptoms in psychiatry*, revised reprint. Bristol: John Wright & Sons Ltd, 1974.
- Kaplan HI, Sadock BJ. Typical signs and symptoms of psychiatric illness. In Kaplan HI, Sadock BJ (eds). *Comprehensive Textbook of Psychiatry*, sixth edition. Baltimore: Williams & Wilkins, 1995, pp. 535-44.
- Ketai R. Affect, mood, emotion, and feeling: semantic considerations. *American Journal of Psychiatry* 1975; 132:1215-7.
- Maxwell AE. *Basic Statistics in Behavioural Research*. Harmondsworth: Penguin Books, 1970.
- Mendelson G. The rating of psychiatric impairment in forensic practice: a review. *Australian and New Zealand Journal of Psychiatry* 1991; 25:84-94.
- Meyerson AT, Fine T (eds). *Psychiatric Disability: Clinical, Legal, and Administrative Dimensions*. Washington, D.C.: American Psychiatric Press, Inc., 1987.
- Sims A. *Symptoms in the Mind*, second edition. London: W. B. Saunders Company Ltd, 1995.
- Singh BS, Bloch S (eds). *Foundations of Clinical Psychiatry*. Melbourne: Melbourne University Press, 1994.
- Swinscow TDV. *Statistics at Square One*, ninth edition (revised by MJ Campbell). London: BMJ Publishing Group, 1996.
- Taylor MA. *The Neuropsychiatric Mental Status Examination*. New York: SP Medical & Scientific Books, 1981.
- Wing JK, Cooper JE, Sartorius N. *The Measurement and Classification of Psychiatric Symptoms*. Cambridge: Cambridge University Press, 1974.
- World Health Organization. *International Classification of Impairments, Disabilities, and Handicaps*. Geneva: WHO, 1980.



**Gazette Services**

The *Victoria Government Gazette* (VGG) is published by The Craftsman Press Pty. Ltd. for the State of Victoria and is produced in three editions.

**VGG General** is published each Thursday and provides information regarding Acts of Parliament and their effective date of operation; Government notices; requests for tenders; as well as contracts accepted. Private notices are also published.

**VGG Special** is published any day when required for urgent or special Government notices. VGG Special is made available automatically to subscribers of VGG General.

**VGG Periodical** is published when required and includes specialised information eg. Medical, Dental, Pharmacist's Registers etc.

**Subscriptions**

VGG is available by three subscription services:

**The Victoria Government Gazette**

General and Special - \$170.00 each year

General, Special and Periodical - \$227.00 each year

Periodical - \$113.00 each year

Subscriptions are payable in advance and accepted for a period of one year. All subscriptions are on a firm basis and refunds will not be given.

All payments should be made payable to

The Craftsman Press Pty. Ltd.

**Subscription enquiries:**

The Craftsman Press Pty. Ltd.

125 Highbury Road, Burwood Vic 3125

Telephone: (03) 9926 1233

Fax: (03) 9926 1292

The Victoria Government Gazette is published by  
The Craftsman Press Pty. Ltd. with the authority of the  
Government Printer for the State of Victoria  
© State of Victoria 1998

ISSN 0819-5471

This publication is copyright. No parts may be reproduced  
by any process except in accordance with the provisions of  
the Copyright Act.

Products and services advertised in this publication are not  
endorsed by The Craftsman Press Pty. Ltd. or the State of  
Victoria and neither of them accepts any responsibility for  
the content or the quality of reproduction. The Craftsman  
Press Pty. Ltd. reserves the right to reject any advertising  
material it considers unsuitable for government  
publication.

Address all inquiries to the Government Printer for the  
State of Victoria

1 Macarthur Street  
Melbourne 3002 Victoria Australia

**Subscriptions**

The Craftsman Press Pty. Ltd.

125 Highbury Road, Burwood

Victoria, Australia 3125

Telephone enquiries (03) 9926 1233

Facsimile (03) 9926 1292

**Retail Sales**

Information Victoria Bookshop

356 Collins Street Melbourne 3000.

Telephone enquiries 1300 366 356

City Graphics

2nd Floor, 4 Bank Place

Melbourne 3000

Telephone enquiries (03) 9600 0977

Price Code A