

# Impairment Assessment Guidelines

## Third Edition

 ReturntoWorkSA



## Frequently Asked Questions (FAQ)

### Chapter 16 – Psychiatric Disorders

**Q. When can the impairment assessment for a psychiatric disorder be undertaken and what is the purpose of the assessment?**

A. 1.13 of the IAGs (as amended by *Return to Work (Employment and Progressive Injuries) Amendment Bill 2024*) and Section 22(7) (a) of the *Return to Work Act 2014* (the Act) states that an assessment of the degree of impairment resulting from an injury must not be made until there is evidence that the injury has stabilised.

For the purposes of the Act, a work injury has stabilised if the worker's condition is unlikely to change substantially in the next 12 months with or without medical treatment (regardless of any temporary fluctuations in the condition that might occur).

In addition, 16.4 of IAG3 directs that prior to the assessment, the worker must have had a psychiatric diagnosis, made by the treating psychiatrist based on DSM-5.

Therefore, prior to the assessment, there must be evidence that the psychiatric condition has stabilised (inclusive of any consequential harm component) and a diagnosis based on DSM-5 has been provided by the treating psychiatrist. The absence of either may result in the assessment being deferred while such information is sought in accordance with 1.21 of IAG3.

The impairment assessment for a psychiatric disorder is used to determine if a worker's psychiatric condition has resulted in impairment and whether that impairment is permanent. The percentage of impairment is used to determine if the threshold to be considered a seriously injured worker under the Act is met (i.e. 30%WPI or greater). Where the threshold is met, the worker will have additional entitlements to income support and ongoing medical expenses and rehabilitation costs. There is no lump sum compensation for non-economic or economic loss for psychiatric impairment.

**Q. Why does both pure mental harm and the consequential mental harm components of the worker's psychiatric condition need to be stabilised for the assessment to proceed?**

A. Section 22(8)(b) of the Act requires that impairments from unrelated injuries or causes are to be disregarded (deducted) in making an assessment.

Section 22(8)(e) and 1.24 of IAG3 directs that no regard is to be had to consequential mental harm. Section 22(8)(g) of the Act requires that any portion of an impairment due to a previous injury or cause (whether or not a work injury or whether because of a pre-existing condition) that caused the worker to suffer an impairment before the relevant work injury is to be deducted for the purposes of an assessment.

1.40 of IAG3 directs 'The assessor must assess the current impairment attributable to all injuries in the relevant body system. The assessor must then assess the impairment attributable to the work-related injury the subject of the assessment, applying section 22(8)(b) and (g) and the methodology in these Guidelines'.

Consequential mental harm is to be disregarded from the overall assessment of psychiatric impairment. Therefore, with reference to 1.13, both the pure mental harm and the consequential mental harm components of the worker's psychiatric condition must have stabilised prior to the assessment to fulfil the requirements of the Act and, in order to deduct the impairment related to consequential mental harm from the overall assessment for the psychiatric impairment.

**Q. How is the adjustment for the effects of treatment applied and when is it relevant?**

A. 1.52 – 1.53 of IAG3 provides direction to assessors in the assessment of the adjustment for the effects of treatment. It directs that where the effective long-term treatment (e.g. medication for a psychiatric condition) of a work injury results in an apparent substantial reduction or total elimination of the worker's impairment, but the worker is likely to revert to the original degree of impairment should such treatment be withdrawn, the assessor may increase the percentage of WPI by up to 3%WPI. The assessor must provide detailed reasoning for the increase and for the choice of value within the range.

**Q. When would intelligence be rated in the GEPIC as anything other than Class 1?**

A. Intelligence would very rarely be rated as anything other than Class 1 where there is no evidence of a brain injury although there may be some cases where this is justified (e.g. PTSD can impact cognition in some cases). Generally, before an impairment of intelligence is confirmed, a neuropsychological assessment should be undertaken to assist the assessor. The assessor should provide detailed rationale and justification for an assessment of intelligence greater than class 1 and care should be taken that there is no overlap between an assessment of a brain injury made by an assessor using the Nervous System chapter and the assessment of intelligence in the GEPIC.

The absence of a neuropsychological assessment may result in the assessment being deferred in accordance with 1.21 of IAG3 if it is considered that the assessment of intelligence is greater than class 1 and further information is required in this regard.

**Q. How is the severity rating assessed?**

A. GEPIC assessments for ReturnToWorkSA must include an assessment of the class for each of the 6 mental functions and an assessment of the severity rating.

There is no prescribed method for assessment of the severity rating in IAG3 but a possible method would be to assess the class and severity rating for each function (L, M, H). Determine the median class and median severity rating. Then any severity rating assessed below the median class becomes a severity rating of L, any severity rating assessed above the median class becomes a severity rating of H and any severity rating assessed the same as the median class is assessed as M.

Regardless of the choice of method to assess the severity rating, the assessor must provide detailed reasoning in the report to support the assessment.

**Q. The worker has sustained a work-related injury to his back and due to ongoing pain and limitations from the back suffers depression. Following a return to work, the worker is subjected to bullying and harassment from his employer and teammates due to the limitations caused by his back injury and suffers depression and anxiety and goes off work again. How is this managed?**

A. The depression resulting from the physical injury is considered consequential mental harm but the depression and anxiety related to the bullying and harassment is considered pure mental harm and will likely result in a new claim being lodged for a primary psychiatric condition.

The GEPIC assessment will provide an overall assessment encompassing the impairment from both the consequential mental harm and the pure mental harm but the impairment related to the consequential mental harm will then be deducted so that the final figure is the impairment due to pure mental harm relevant to the bullying and harassment only.

**Q. The worker has a long history of psychiatric illness but in the two years just prior to the work injury the worker's condition is in remission with visits to the treating psychiatrist reduced to once yearly albeit with ongoing medication required to maintain stability.**

**Should a propensity for psychiatric illness be considered in providing an assessment for pre-existing impairment?**

A. The Act requires that impairment related to unrelated or pre-existing conditions be disregarded (deducted) from the overall impairment. In assessing the degree of impairment related to pre-existing impairment, the assessor must consider the worker's pre-morbid functioning based on the worker's own reporting and the information provided in the documentation provided with the request letter. The requestor will endeavour to ascertain and identify any pre-existing psychiatric conditions and obtain relevant information to provide to the assessor for consideration in this regard.

1.41 of IAG3 directs that the assessor must identify the impairment arising from any unrelated to pre-existing cause and the contribution (if any) from same to the worker's impairment. Where it is identified that the pre-existing or unrelated psychiatric condition (whether symptomatic or asymptomatic) is identified as affecting the assessment of a work injury, the assessor must assess the portion of the total impairment attributable to the pre-existing or unrelated cause and deduct that portion providing detailed reasoning for the assessment and how the portion was rated.

If the assessor considers that insufficient information has been provided for an assessment to be provided in relation to the pre-existing condition, the assessor may defer the entire assessment in accordance with 1.21 of IAG3 until such time as the required information is provided.