

# Chapter 4

## Emotional and Behavioural

### INTRODUCTION

This chapter is only to be applied to assess the emotional and behavioural consequences of accepted psychiatric conditions.

Only one final rating is to be determined using this chapter for any psychiatric condition or combination of psychiatric conditions.

The emotional and behavioural effects of other accepted non-psychiatric conditions are incorporated in the impairment ratings throughout the *Guide* and may also be taken into account when assessing lifestyle. Where the emotional and behavioural effects of other accepted conditions are such that they warrant a separate psychiatric diagnosis, that psychiatric condition may *only* be assessed under this chapter *if* the condition has been accepted as war-caused or defence-caused.

When applying the tables in this chapter, only the effects of the psychiatric condition are to be taken into account. For example, inability to work, reduced participation in recreational activities, and increased family conflict may all be present but not necessarily be consequences of the psychiatric condition.

Some conditions that affect emotional and behavioural function may have symptoms that are intermittent in nature. In these circumstances, Chapter 15 (Intermittent Impairment) should be used, and the rating obtained under that chapter compared with the rating obtained from this chapter. The higher rating is to be taken.

### Somatic effects

Psychiatric disease may also be associated with somatic effects such as headache, dyspepsia and psychogenic impotence. If somatic effects occur, they are to be given separate ratings using the respective system-specific tables. It must be clearly established that the somatic effects are part of the psychiatric condition and do not constitute or form part of a separate disease or injury. Conditions in which stress may be implicated as an aetiological agent are not rated under this chapter. These are considered to be separate entitlement issues.

## Substance abuse

Substance abuse is to be assessed using Chapter 4 of this *Guide*. (For purposes of this chapter “substance abuse” includes “substance dependence”.) Chapter 4 is also to be used if substance abuse has been diagnosed under a different, but still *psychiatric*, diagnostic label.

If substance abuse is an accepted condition in its own right, it is to be assessed by applying Tables 4.1 to 4.8.

If substance abuse is not an accepted condition in its own right but the veteran has an accepted psychiatric condition and substance abuse is a clinical feature of that condition, then substance abuse is to be assessed as part of the accepted psychiatric condition (by applying Tables 4.1 to 4.8) *only if* the substance abuse was present and part of the veteran’s psychiatric condition when it was originally accepted.

If substance abuse is a clinical feature of the veteran’s accepted psychiatric condition during the assessment period but was not present and part of that condition when it was originally accepted, then substance abuse can *only* be assessed *if* it is claimed and accepted as war-caused or defence-caused.

See also the Emotional and Behavioural Medical Impairment Worksheet at pages 100–101.

## Calculation of the impairment rating for psychiatric conditions

Follow the steps below to calculate the impairment rating of accepted psychiatric conditions:

(Each step is elaborated in the following pages.)

**STEP  
1**

Determine an impairment rating from each of Tables 4.1 to 4.8.

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**STEP  
2**

Find the highest three impairment ratings from Tables 4.3 to 4.8.

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**STEP  
3**

Add together:

- ◆ the impairment rating from Table 4.1;
- ◆ the rating from Table 4.2; and
- ◆ the three impairment ratings obtained at Step 2.

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**Step 1: Determine a rating from each of Tables 4.1 to 4.8.**

Each table addresses a different parameter of psychiatric functioning. The various parameters are described in text placed below the tables.

The examples given in the descriptions of the parameters are not exhaustive. Similar factors may be considered.

While there is some overlap between the various categories, the purpose of considering the condition under the eight headings is to ensure that a wide range of the possible effects of the psychiatric condition are taken into account in arriving at a final impairment rating for the psychiatric condition.

**Step 2: Find the three highest impairment ratings from Tables 4.3 to 4.8.**

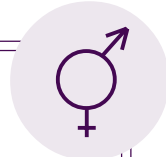
If all or some of the highest impairment ratings are the same, then it does not matter which of these ratings is chosen. For example, if a veteran rates 2, 2, 2, 2, 2 and 2 from Tables 4.3 to 4.8, then the three highest are 2, 2 and 2. If a veteran rates 6, 2, 2, 2, 0 and 0 from Tables 4.3 to 4.8, then the three highest are 6, 2 and 2.

Not all of the criteria in the tables will apply equally to all veterans with accepted psychiatric conditions. For example, Table 4.5 will apply to a different extent to different veterans, depending on their domestic arrangements. Criteria in Table 4.8 will also vary in their application, depending on whether the veteran is receiving treatment. In order to ensure equity in assessment across a broad range of veterans, there are six tables but only the three highest ratings are taken into the assessment.

**Step 3: Add together the impairment rating from Table 4.1, the impairment rating from Table 4.2, and the three impairment ratings obtained at Step 2.**

Determine the arithmetic sum of the impairment rating from Table 4.1, the impairment rating from Table 4.2, and the three impairment ratings obtained in Step 2, by adding together the five ratings. Chapter 18 (Combined Values Chart) is not to be applied in this process. The impairment rating obtained by adding the five ratings is the final impairment rating for accepted psychiatric condition(s).

**Functional Loss  
Table 4.1**



**SUBJECTIVE DISTRESS**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Intermittent emotional and behavioural changes that fall within the normal range of human experience.
TWO	Occasional symptoms causing minor distress. The veteran can easily distract himself or herself from the distress on most occasions.
THREE	Recurring symptoms causing mild distress. The veteran can distract himself or herself from the distress on most occasions.
SIX	Frequent symptoms causing moderate distress. The veteran will sometimes be unable to distract himself or herself from the distress.
TEN	Very frequent symptoms causing moderate distress. The veteran will often be unable to distract himself or herself from the distress.
FIFTEEN	Persistent symptoms causing considerable distress. Relief for the veteran from that distress is difficult to achieve even with a high level of support and reassurance.
TWENTY	Persistent symptoms causing profound distress. The veteran can rarely distract himself or herself from the distress even with a high level of support and reassurance.
TWENTY-FOUR	Continuous symptoms causing overwhelming distress. The veteran cannot distract himself or herself from the distress even with a high level of support and reassurance.

*One rating is to be selected from this table for the subjective distress due to the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Subjective distress** is the distress that is experienced by the veteran. It is the equivalent of the symptom complex experienced by a veteran with a physical condition.

Examples include feelings of anxiety, fear or depression, flashbacks, intrusive thoughts, loss of concentration, nightmares and hallucinations.

**Functional Loss  
Table 4.2**



**MANIFEST DISTRESS**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Nil, minimal, or rare signs of distress.
TWO	Disturbances of behaviour, emotion or thinking are occasionally noticeable.
THREE	Distress is sometimes apparent, and/or the veteran's pre-occupation with the symptoms is sometimes noticeable to astute observers or persons familiar with the veteran.
SIX	Distress is apparent, and/or the veteran's pre-occupation with the symptoms is noticeable to astute observers or persons familiar with the veteran.
TEN	Obvious distress and pre-occupation with the symptoms is evident to casual observers and even persons unfamiliar with the veteran.
FIFTEEN	Obvious continual distress.
TWENTY	Distress that draws attention to the veteran.
TWENTY-FOUR	All pervasive distress.

*One rating is to be selected from this table for the manifest distress due to the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Manifest distress** is the manifestation of the distress that others observe in the veteran. It is the equivalent of the signs observed in a physical condition.

Examples include preoccupation, manic behaviour, inappropriate actions, restless pacing, nervous sweating, tremor, bursts of anger, pressured speech, perseveration, inability to follow a conversation, vocalisations during nightmares, compulsive or excessive drinking and compulsive gambling.

**Functional Loss  
Table 4.3**



**FUNCTIONAL EFFECTS**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Minimal or no interferences with most aspects of living.
ONE	Minor interference with function in some everyday situations.
TWO	Moderate interference with function in some everyday situations.
THREE	Moderate interference with functions in many everyday situations.
FIVE	Marked interference with function in many everyday situations.
SIX	The veteran may be able to continue to function in everyday situations, but with gross restrictions.
EIGHT	Profound psychiatric impairment. Virtually all recreational, social or otherwise purposeful activities abandoned.

*One rating is to be selected from this table for the functional effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Functional effects** are the effects of the condition on the veteran’s ability to function in a non-specific environment.

Relevant factors include the veteran’s ability to deal with personal hygiene, to prepare and consume food, to use electrical appliances, to find one’s way around, to return safely home after going to the shops etc, to avoid common dangers (such as in crossing the road), to remember the location and use of ordinary objects, the method of catching public transport etc.

**Functional Loss**  
**Table 4.4**



**OCCUPATION**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Minimal or no interference with work or occupation.
ONE	Exacerbation of symptoms may cause occasional days off work.
TWO	Short periods (more than one day at a time) of absence from work.
THREE	Long periods (weeks or months) of absence from work.
FIVE	An employed veteran will have major difficulties at work, which may be manifested by job modification or restriction of career opportunities. The disorder may contribute to the loss of a job.
SIX	The veteran may be unable to work or may still be working, but with marked loss of time and/or loss of productivity at work leading to loss of original vocation.
EIGHT	The veteran cannot work.

*One rating is to be selected from this table for the occupational effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Occupation.** This table relates to the effect of the psychiatric condition on the veteran's ability to work.

Relevant factors include ability to concentrate on a task, ability to work with others, ability to take instructions from a supervisor and ability to interact appropriately with clients.

The criteria for gaining impairment ratings under Table 4.4 are different from the criteria of eligibility for benefits under sections 23, 24, and 25 of the Act. For purposes of applying Table 4.4, only the impairment from accepted psychiatric condition(s) of the veteran is to be taken into account.

**Functional Loss  
Table 4.5**



**DOMESTIC SITUATION**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Minimal or no effect on ordinary family life.
ONE	Occasional friction with family members.
TWO	Frequent discord with family members.
THREE	Frequent conflict with family members.
FIVE	Continual conflict with family members.
SIX	Family functioning is deteriorating, and estrangement or divorce are a likely consequence.
EIGHT	Virtually non-existent family life because of conflict with family members.

*One rating is to be selected from this table for the domestic effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Domestic situation.** This tables relates to the effect of the psychiatric condition on the veteran’s ability to continue or form domestic interpersonal relationships.

Relevant factors include the ability to maintain usual relationships with other family members and recognition of usual domestic relationships.

**Functional Loss**  
**Table 4.6**



**SOCIAL INTERACTION**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Minimal or no effect on ordinary social contacts.
ONE	Occasional friction with colleagues and friends.
TWO	Minor reduction in social interaction.
THREE	Significant reduction in social interaction.
FIVE	Substantial reduction in social interaction.
SIX	General social withdrawal.
EIGHT	Negligible social contact.

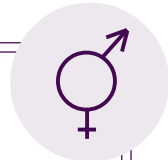
*One rating is to be selected from this table for the social effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Social interaction.** This table relates to the effect of the psychiatric condition on the veteran's ability to continue or form interpersonal relationships with friends other than close family members and to interact with people in a casual way as required in social circumstances.

Relevant factors include ability to react appropriately to people in different roles; to follow the thread and purpose of a conversation; to restrict conversation to appropriate topics and to respond suitably to remarks.

**Functional Loss  
Table 4.7**



**LEISURE ACTIVITIES**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	Minimal or no effect on leisure activities.
ONE	Some loss of interest in activities previously enjoyed.
TWO	Some reduction in recreational activities.
THREE	Significant reduction in recreational activities.
FIVE	Loss of interest in most recreational pursuits.
SIX	Substantial reduction in most recreational pursuits.
EIGHT	Virtually all recreational activities abandoned.

*One rating is to be selected from this table for the recreational effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Leisure activities.** This table relates to the effect of the psychiatric condition on the veteran’s ability to enjoy previously pleasurable activities.

Relevant factors include decreased ability to concentrate, decreased ability to understand complex activity (for example how to do crossword puzzles, how to play cards and sports, or to follow the plot of a movie or book), loss of interest in games and sports, perhaps even the inability to remember the purpose or rules of a game. (Inability to concentrate or remember may lead to embarrassment with avoidance of the activity.)

**Functional Loss**  
**Table 4.8**



**CURRENT THERAPY**

<b>Impairment Ratings</b>	<b>General description and outcome</b>
NIL	No regular treatment sought or recommended.
ONE	Medical therapy or some supportive treatment from LMO may be required, and if not commenced, may be recognised as being of use.
TWO	Psychiatric treatment, at least in the form of medication or psychotherapy, has been tried (or recommended), and/or some occasional supportive therapy given at an outpatient level or by an LMO or specialist and/or a friend or other person (eg a member of the clergy) has acted in a supportive role or as a sounding board.
THREE	Psychiatric treatment, at least in the form of medication or psychotherapy, has been used (or deemed necessary), and/or periods of regular supportive therapy at an outpatient level or similar.
FIVE	Need for intensive specialist psychiatric treatment on an outpatient basis, including medication and/or in-patient hospital care for short periods.
SIX	Longer periods of in-patient hospital care are necessary. Long term psychotropic drug regimes or ECT is being undertaken.
EIGHT	Continuous psychiatric treatment is essential, with a need for long periods in hospital and marked social support.

*One rating is to be selected from this table for the treatment effects of the accepted psychiatric condition being assessed.*

**No age adjustment permitted for this table**

**Current therapy** is the treatment that is being given or has been recommended for the veteran's psychiatric condition.

Such treatment includes but is not limited to medication such as hypnotics and sedatives, counselling, group therapy, hospitalisation, or ECT. The treatment may be administered or overseen by a psychiatrist, a general practitioner, a psychologist or other health workers. The term "therapy" also includes assistance to the veteran given by his or her spouse, or other close relatives, or friends, or clergy.



## Emotional and Behavioural Medical Impairment Worksheet

Veteran's Name:

File No:

Accepted Conditions:

Table 4.1 – Subjective Distress

Comments

Table 4.1  
Rating

Table 4.2 – Manifest Distress

Comments

Table 4.2  
Rating

Table 4.3 – Functional Effects

Comments

Table 4.3  
Rating

Table 4.4 – Occupation

Comments

Table 4.4  
Rating

Table 4.5 – Domestic Situation

Comments

Table 4.5  
Rating



## Emotional and Behavioural Medical Impairment Worksheet

Veteran's Name:

File No:

Table 4.6 – Social Interaction

Comments

Table 4.6  
Rating

Table 4.7 – Leisure Activities

Comments

Table 4.7  
Rating

Table 4.8 – Current Therapy

Comments

Table 4.8  
Rating

Calculation of Final Rating:

Table 4.1 Rating	+	Table 4.2 Rating	+	The ratings for the 3 boxes below are the three highest of the ratings from Tables 4.3, 4.4, 4.5, 4.6, 4.7 and 4.8			+	Final Rating
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

Signature	Name ( <i>please print</i> )	Date ...../...../.....
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**NOTES**