

GEPIC Assessments: Challenges Observed to Date

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Why do we assess psychiatric impairment?

- To determine to impact of accidents and injuries
- To have a means of measuring psychiatric percentage impairment for claimants, employers, insurers, courts and tribunals.
- If there is no reliable method then psychiatric injury may be excluded from statutory schemes.
- To settle concerns about prejudice and fears of cheating
- To avoid potential cost blowouts

How does the psychiatrist assess impairment of mental function?

- Interview and review of documentation
- History of accident/injury (claimant wants this)
- Past and current symptoms in context of life history (doctor needs this)
- Mental State Examination/Formulation
 - Diagnoses
 - Unrelated diagnoses (pure mental harm)
 - Stability and prognosis

Entrance To Subway – Mark Rothko - 1935



The Mental State Examination

- Appearance
- Behaviour*
- Conversation*
- Affect*
- Perception
- Cognition
- Insight^
- Intelligence^
- Judgement^
- Rapport^

The claimant presented as a man from a Greek background of 165 cm's in height with an elevated BMI. He was wearing a black hooded top with grey tracksuit pants. He keep his hood on throughout the interview and coughed loudly and frequently without covering his mouth. His manner was dismissive and mildly discourteous. He tended to blurt out brief replies in a gruff voice. The central theme of his conversation was of anger towards the compensation system. His mood was irritable and mildly depressed although he was without neurovegetative features of depression at interview. He reported no perceptual abnormalities. He was cognitively intact being alert and orientated with no evidence of marked cognitive slowing. He was keen to emphasize the severity of his condition and displayed average intelligence. The rapport gained at interview was quite limited.

The Injury Scale Value

- To assess the injured person's entitlement to compensation, a numerical value on a scale from 0-100 is determined which reflects –
- The nature of the injury sustained;
- Available medical evidence;
- The impact of the injury on the person
- The ISV tables provide a list of Item Numbers for various types of injuries with headings, examples, comments and descriptors to assist in allocating the appropriate Item Number

Oedipus - Mark Rothko - 1944



Pure Mental Harm (Psychiatric) 10-13

Item Number 12

Range 8 to 25 (%)

Moderate psychiatric impairment

Comment: There is generally only moderate impairment

EXAMPLE OF THE INJURY

An ISV score in this range will be appropriate if psychiatric impairment is assessed with a moderate GEPIC rating of Class 3

GEPIC

- The GEPIC is used to give a psychiatric impairment rating in percentage terms
- Comes from three psychiatrists in Victoria
- Can only be done by SA psychiatrists trained by Michael Epstein in the method
- In car accidents it is used to give an ISV number for the MAC
- Actually based on the AMA2 method

Where did the GEPIC come from?

- AMA2 used in Victoria in 1985
- Drs Michael Epstein, Nigel Strauss and George Mendelson wrote a User's Manual for the AMA2 in 1994
- The Manual used Definitions, Descriptors and a Median method for combining scores
- “courts accepted psychiatric impairments, peace returned” says Dr M.E.

No. 9 - Mark Rothko - 1947



GEPIC

- 6 mental functions in 5 classes
- Each function is allotted a class
- Determine the median class; the median number is the middle number.
- 11 22 33, the middle number is 2.
- The final percentage lies within the range of the median class. Class 2 is between 10-20%.
- Use severity ratings to locate impairment in class

GEPIC

6 Mental Functions

- Intelligence^
- Thinking
- Perception
- Judgement^
- Mood*
- Behaviour*

5 Classes of Severity

- Normal to slight, 0 - 5
- Mild, 10 - 20
- Moderate, 25 - 50
- Mod severe, 55 - 75
- Severe, over 75

Thinking

Class	Impairment	Description
1	0-5%	Normal to slight

Includes mild transient disturbances that are not disruptive and are not noticed by others

Four Darks in Red - Mark Rothko - 1958



Class	Impairment	Description
2	10-20%	Mild

mild symptoms that 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 a persistent sense of guilt; **some other thought disorder** that is minimally disruptive, such as overvalued ideas or delusions; **some formal thought disorder** that does not interfere with effective communication.

Class	Impairment	Description
3	25-50%	Moderate

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, e.g., severe pathological guilt;

formal thought disorder that interferes with verbal and other forms of communication.

Class	Impairment	Description
4	55–75%	Moderately Severe

Disorders of thinking that **cause difficulty in functioning independently and usually require some external assistance**

Class	Impairment	Description
5	Over 75%	Severe

Disorders of thinking that cause such a severe disturbance that independent living is impossible.

AMA6

1. Brief psychiatric rating scale BPRS

24 item range of symptoms

2. Psychiatric Impairment Rating Scale PIRS

6 areas of functional impairment

3. Global Assessment of Functioning GAF

100 point single item scale for severity of symptoms

Scored as %, result is the middle value

PIRS

1. Self-care, personal hygiene and ADLs
2. Role functioning, social and recreational
3. Travel
4. Interpersonal relationships
5. Concentration, persistence and pace
6. Resilience and employability

Arrange six scores lowest to highest and sum middle two

Case Study – Workers Compensation

- John's **right** shoulder was injured at work on the 15 December 2015 whilst carrying a heavy beam with a work mate. The beam slipped and John injured his shoulder trying to prevent it from falling.
 - Unfortunately, the beam fell and landed on his work colleague who sustained serious life threatening head injuries. John witnessed his work colleague trapped under the beam but was unable to assist due to his own injuries.
 - Whilst John suffered injuries to his right shoulder and that will be dealt with by an Assessor accredited for the upper extremity, he also later developed PTSD as a result of witnessing the serious injuries of his work colleague. In addition, he also suffered anxiety symptoms contributed to by his physical injuries sustained and by other non-related factors.
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Case Study Workers Compensation continued...

Psychiatric Injury – GEPIC Assessment (Guide to the Evaluation of Permanent Impairment for Clinicians)

- John is sent to an Accredited Assessor with a request to assess the impairment arising from his PTSD.
- Chapter 16 of the Impairment Assessment Guidelines deals with Psychiatric Disorders and the procedure to be undertaken by the Assessor and includes the requirement for the completed GEPIC worksheet to be included in the report.
- Following the examination, the Assessor confirms the diagnosis of PTSD as a result of John witnessing the serious injuries sustained by his work colleague. (Pure Mental Harm)

Case Study Workers Compensation continued...

- The Assessor further confirms the presence of anxiety symptoms which he considers is as a result of the pain from the physical injuries, impact on his ability to drive, together with other life events i.e. spouse with a long term illness, and financial concerns.
- From this, the Assessor determines that a portion of John's current mental and psychiatric symptoms is due to other stressors which occurred after the initial incident.
- Therefore, in calculating the GEPIC Impairment, the Assessor must take into consideration symptoms not attributable to the witnessing of the injuries sustained by his work colleague and remove this component from the final calculation. (Consequential Mental Harm).

Case Study Workers Compensation continued...

- The Assessor then works through the 6 mental functions (classes) and provides a score for each.
 - Intelligence
 - Thinking
 - Perception
 - Judgement
 - Mood
 - Behaviour
 - In this case the Assessor calculates that John has a GEPIC rating in Class Two impairment, and has a mid range impairment, which is 14%. Of this, he considers 3% is as a result of consequential mental harm.
 - The final Whole Person Impairment as a result the psychiatric injury is 11% as a result of pure mental harm.
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EVALUATION OF PSYCHIATRIC IMPAIRMENT

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%

MENTAL FUNCTION

<i>Intelligence</i> <i>(Capacity for understanding)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe
<i>Thinking</i> <i>(The ability to form or conceive in the mind)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe
<i>Perception</i> <i>(The brain's interpretation of internal and external stimuli)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe
<i>Judgement</i> <i>(Ability to assess a given situation and act appropriately)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe
<i>Mood</i> <i>(Emotional tone underlying all behaviours)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe
<i>Behaviour</i> <i>(Behaviour that is disruptive, distressing or aggressive)</i>	Normal to Slight	Mild	Moderate	Moderately Severe	Severe

Case Study – Workers Compensation continued...

In summarizing the final whole person impairment for John:

Psychiatric Injury

11%WPI

- Even though both the physical and psychiatric conditions arose out of the same trauma, the whole person impairment assessments are not combined.
- There is no lump sum payment for the psychiatric injury under the RTW Act 2014.
- John would have to reach at least 30%WPI for either the physical injuries OR the psychiatric injury to be deemed a seriously injured worker.

Thank you for your kind attention...



**Any
Questions?**

