

The Significant Cause and WPI

By Dr. Marty Ewer
Psychiatrist

Fullarton Consulting Suite
295 Fullarton Road
Parkside SA 5063
Telephone: (08) 82999 281

The Significant Contributing Cause

- An important gateway test.

Stewart v NSW Police Service

- *The* substantial cause is a very different thing to a substantial cause. Where there were two causes of an injury *the* substantial cause would be the greater of the two. Where there are three causes to an injury *the* substantial cause will be the greatest of the three. If three causes are of equal input to the occurrence of an injury, one could not discern *the* substantial cause. A substantial cause is a different concept.

Harpur v State Rail Authority

- In a particular situation no individual factor might qualify as "the" substantial contributing factor. If a particular condition results equally from heredity predisposition, acquired infection and the effect of trauma then no individual factor is "the" substantial contributing factor but each could well be, and probably is, "a" substantial contributing factor.

The Significant Contributing Cause

- Where there were two causes of an injury *the* significant contributing cause would be the greater of the two. Where there are three causes to an injury *the* significant contributing cause will be the greatest of the three. If three causes are of equal input to the occurrence of an injury, one could not discern *the* significant contributing cause.

When asking for Psychiatric Reports

- Is the person suffering from a psychiatric disorder?
- What is the date of onset of the psychiatric disorder?
- Ask for a list of causes.
- Ask for a percentage to be ascribed to each cause.
- Advise the doctor of any causes identified in the investigator's report or reviewing the medical file.

Cause of Depression

- Adverse Childhood Events.
- A past history of depression.
- Family history.
- Peri or postmenopausal.
- Physical health problems.
- Gender.
- Socio-economic factors.
- Sleep disturbance (including OSA.)
- Cognitive factors.
- Personality.
- Drugs and alcohol
- Stressors.

Causal stressors

- There is a low level of reliability for assessing a causal relationship between stressors and psychiatric disorders.
- It is difficult to determine the temporal relationship between a stressor and an emerging psychiatric disorder.
- The psychiatric disorder may cause perceived stressors.
- Well adjusted individuals can develop a psychiatric disorder following severe stress.
- Vulnerable people can develop psychiatric disorder following less severe stress.

Clinical Example

- 55-year-old divorced woman living alone working part-time as a carer in an age care facility. She had a strong history of adverse childhood experiences, a strong family history of depression and a past history of recurrent depression. She had dependent and borderline personality traits. She had been diagnosed with obstructive sleep apnoea. It was accepted that her supervisor bullied her over a number of months. She developed another episode of major depression.

Causation

- Adverse childhood experiences: 20% contribution.
- Past history of recurrent depression: 20% contribution.
- Strong family history of depression: 20% contribution.
- Being perimenopausal: 5% contribution.
- Female gender: 2% contribution.
- Divorced and living alone: 3% contribution.
- Obstructive sleep apnoea: 10% contribution.
- Personality vulnerabilities: 10% contribution.
- Bullying: 10% contribution (not higher because of the other factors causing her depression and given the uncertainty in the relationship between stress and depression).

Clinical example

- 55-year-old happily married man working as a sales manager. No past psychiatric history but a family history of depression. He was always negative and pessimistic man who had difficulty talking about his feelings. He sustained a serious back injury at work which required surgery. He continued to be troubled by persistent pain and restrictions and he was unable to work full time and he had to stop playing golf. He developed a major depressive disorder.



Causation

- Strong family history of depression: 25% contribution.
- Vulnerable personality structure with a range of negative thoughts: 25% contribution.
- Persistent pain and restrictions due to back injury: 50% contribution.

Cause of Anxiety

- Adverse childhood experiences.
- A past history of an anxiety disorder.
- Family history.
- Gender.
- Socio-economic factors.
- Cognitive factors.
- Personality.
- Stressors.

Cause of Alcohol Use Disorder

- Adverse childhood experiences.
- Genetic factors.
- Personality factors.
- Cognitive factors.
- Gender.
- Environmental factors including stress.

WPI and the GEPIC

- The Guide to the Evaluation of Psychiatric Impairment for Clinicians.
- Developed in 2005 by Drs Epstein, Mendelson & Strauss

Psychiatric Impairment

- The GEPIC is used to assess the psychiatric permanent impairment.
- Maximum Medical Improvement (MMI).
- 30% threshold.
- Pure mental harm and consequential mental harm.
- No allowance for deterioration.
- Inconsistent presentation.
- Readily observable signs(MSE).

Definitions

- Impairment.
- Permanent impairment.
- Disability.

GEPIC Tasks

- Diagnosis.
- Determine total psychiatric impairment.
- Subtract impairment unrelated to the workplace.
- Subtract impairment due to consequential mental harm.
- You are left with permanent impairment due to work caused pure mental harm.

GEPIC

- Intelligence
- Thinking
- Perception
- Judgement
- Mood
- Behaviour

GEPIC Class Ranges

	Low Range	Mid	High range
Class One (up to slight)	0–1%	2–3%	4–5%
Class Two (mild)	10–12%	14–16%	18–20%
Class Three (moderate)	25–30%	35–40%	45–50%
Class Four (moderately severe)	55–60%	65–70%	70–75%
Class Five (severe)	75–80%	85–90%	95–100%

GEPIC

- Intelligence
- Thinking
- Perception
- Judgement
- Mood
- Behaviour

The Median Method

- $11\ 22\ 33 = 2$
- $11\ 33\ 33 = 3$
- $11\ 12\ 33 = 1.5 = 2$ (rounded up)
- $22\ 23\ 34 = 2.5 = 3$ (rounded up)

Example

- 28-year-old single male factory worker.
- Serious circular saw injury to his dominant hand amputated in one of his fingers. He underwent several operations.
- He became psychiatrically unwell.
- He returned to work 6 months later but was unable to work with machinery.

Example MSE

- Significant weight loss.
- He concealed his hand.
- He was unkempt.
- Depressed, anxious, irritable, distressed and tearful.
- Impaired memory and concentration.

Diagnosis

- Post-traumatic stress disorder (pure mental harm)
- Major depressive disorder (consequential mental harm)

Assessment

- Intelligence: Class 1 (normal).
- Thinking: Class 2 (mild impairment).
- Perception: Class 2 (mild impairment).
- Judgement: Class 3 (moderate impairment).
- Mood: Class 3 (moderate impairment).
- Behaviour: Class 3 (moderate impairment).

Determine the Median

- $12 \ 23 \ 33 = 3$ (rounded up from 2.5)
- Based on the rounding up rules the percentage impairment has to be the bottom of the low class range in class 3 which is 25%.

Apportionment

- 10% of the impairment is caused by consequential harm.

Permanent Impairment

- 15%.

The End

