

DVA Quick Tips for Health Providers for Mental Health Claims

Completing a Liability/Diagnosis form



Australian Government
Department of Veterans' Affairs

Non-Liability Health Care

If your patient has **served in the Australian Defence Force (ADF) for one day or more**, their **Veteran Card automatically covers mental health treatment** under Non-Liability Health Care (NLHC).
No claim is required.

The veteran does **not** have to:

- prove that military services caused their mental health condition, or
- send us a DVA diagnosis.

Determination of Liability* is not required for veterans to access mental health treatment, but it is the critical step that allows veterans to access:

- ✓ **permanent impairment compensation;**
- ✓ **incapacity payments;** and a
- ✓ **range of other benefits.**

To assist DVA in determining liability for mental health conditions, diagnostic and related information is required from a psychiatrist.

There are a number of different forms used for this purpose, but the **key information we need from you is the same...**

*Liability

is the finding that the veteran's military service contributed to the development or worsening of a health condition.

All mental health conditions must be diagnosed by a psychiatrist before the claim can be assessed.

Ensure the medical diagnosis/es you provide are:

Specific

Provide the full formal psychiatric diagnosis rather than symptoms or a general term.

E.g. 'Persistent Depressive Disorder'; *rather than* 'depression'.

Consider co-morbid conditions, and whether there are any limitations (in DSM) to co-existing diagnoses.

If there are symptoms attributed to more than one condition, confirm that the "not better explained by another condition" is met.

Be clear whether you are diagnosing a new condition or amending a previous diagnosis.

We know that a diagnostic formulation may evolve every time.

A 'working' or presumptive diagnosis is not sufficient. DVA can fund necessary further review of the patient, interviews for collateral history or review of patient files to assist with your assessment.

Consider including conditions which have resolved or are in partial remission, if you are sure the full diagnostic criteria was met at some time.

This acknowledges the Veteran's experience and preempts any possible relapse.

Inclusive

Provide all mental health diagnoses related to the veteran's claimed condition, symptoms or impairment. There may be more than one diagnosis related to the claim.

- Consider common side effects such as bruxism or erectile dysfunction.
- You do not need to diagnose precursor or pre-existing conditions.

Report Format

When writing a report, remember:

- Where possible, we will use existing information to address a claim.
- As long as the relevant sections are addressed, the actual format is not important.
- The RANZCP guide to medico-legal report writing can be found at https://www.ranzcp.org/files/resources/college_statements/practice_guidelines/ppg11-medical-examinations-in-medico-legal.aspx

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The Basis for Diagnosis

(i.e. how the diagnosis was made)

The DVA uses legal frameworks that contain specific diagnostic criteria to confirm the presence of a medical condition. For mental health conditions, these align with DSM 5 criteria. As such to ensure accurate and efficient processing of the condition:

- **Outline clearly how relevant DSM-5 criteria are met.**

Describe the specific symptoms which meet the criteria.

Include relevant negative for differential diagnoses.

- **Detail the specific and relevant trauma when providing a diagnosis of PTSD.**
- As with DSM 5 criteria, the DVA legal framework (http://www.rma.gov.au/sops/condition/posttraumatic_stress_disorder#PastSOPs) **requires that a defined stressor** (actual or threatened death, serious injury, or sexual violence, etc.) has occurred in order **to establish a diagnosis of PTSD.**
- **Forward DVA any relevant investigations and other Specialist input.**
- **Uncommon or complex mental health conditions are likely to require greater explanation** as to how the diagnoses were confirmed.
E.g. A diagnoses of Moderate Traumatic Brain Injury along with Alcohol Use Disorder, PTSD and Alzheimer's Disease may require more supporting information to verify each condition (such as MRI Brain, Neurologist, Neuropsychologist and/or Geriatric reports).
- **Your clinical opinion, in accordance with the DSM-5 diagnostic criteria, holds the greatest weight in confirmation of diagnoses.** Other tests and tools are helpful as supporting information, but generally cannot be used to confirm mental health diagnoses.

The Date of Onset:

- **Is when the DSM-5 diagnostic criteria were first fulfilled.**
- **Is *not always* the date when initial symptoms were developed.**
- **Is *not usually* the date of a precursor trauma, injury or condition.**
- **Should be based on clinical notes** (*where possible*). Backdating the onset prior to your involvement needs to be well explained, clinically reasonable, and consistent with collateral information.
- **Will *generally not* predate a previous psychiatrist review or report which did not diagnose the condition.**

Aggravation

which is:

- any permanent worsening of a condition beyond its natural history.
- treated as a separate entity for compensation.

may require:

- additional information to confirm the aggravation and identify any additional or different causative factors.

There is no distinct test that can demonstrate an aggravation of a mental health condition. Rather, overall markers of disease state may be used, such as a permanent increase in:

- severity of symptoms,
- frequency of psychiatric review,
- intensity of treatment regime, e.g. increases in medications, ECT or hospitalisations.

Causation

When asked to comment on causation:

- **List the causes and significant risk factors** present in the veteran; the mechanism needs to be consistent with scientific literature and with the rest of the clinical history.
- **Ensure the timeline is correct.**
- **Identify, and provide details around, the specific contended traumatic event.** E.g. 'close proximity to a vehicle which was blown up by driving over an IED during 2008 deployment to Afghanistan'. It is not sufficient to state that a condition was caused by "military service".