THE RAPID-MSE

THE RATING OF PSYCHIATRIC IMPAIRMENT DERIVED from the MENTAL STATE EXAMINATION

THE RATING OF PSYCHIATRIC IMPAIRMENT DERIVED from the MENTAL STATE EXAMINATION (RAPID-MSE)

© Michael W N Epstein MBBS FRANZCP
5S Level 1, 349-351 Bluff Road, Hampton
Victoria, 3188
Australia

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324 Beach Road
Black Rock
Victoria, 3193
Australia
michael@michaelepstein.com.au
Tel: +61 3 95983335

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THE RATING OF PSYCHIATRIC IMPAIRMENT DERIVED from the MENTAL STATE EXAMINATION (RAPID-MSE)

The **RAPID-MSE** is a new method of psychiatric impairment assessment. It has been designed to measure impairment rather than disability. It is designed to be precise. It relies on the mental state examination, it is quickly and easily administered, transparent and equitable.

PRINCIPLES OF THE RAPID-MSE

The following principles underlie the method developed.

1. The method aims to measure impairment rather than disability.

2. The presence and extent of impairment is a medical issue, and is assessed by medical means. This method has been designed for use by consultant psychiatrists.

3. The basis of this method is the clinical interview as used by consultant psychiatrists together with a mental state examination.

4. The mental state examination, through a detailed assessment of mental functions such as thinking, perception, judgement, mood and behaviour, evaluates departures or deviations from the normal range of these five aspects of psychological function due to psychiatric illness (as required by the C'th legislation) and thus it is congruent with the definition of impairment both in the SRC Act and the WHO classification of impairments, disabilities and handicaps.

5. The diagnosis is a significant factor but is not the only factor. Only specific DSM IV TR Axis 1 disorders can be assessed, with one exception. (See definitions)

6. This method is designed to measure impairment arising from psychiatric injury. Impairment due to mental or behavioural disturbance arising from brain injury is better measured using chapter 4 of the fourth edition of the AMA guides or an equivalent neurological impairment assessment. It is also unsuitable for use with claimants experiencing a temporary alteration to mental state such as that due to alcohol intoxication or delirium. This method, like all methods of measuring psychiatric impairment is unsuitable for assessing pain disorders (see FAQs).

7. The condition should be stable although an impairment assessment can be done before stability has been reached if this is noted in the assessment report.

8. The presence or absence of appropriate treatment is important but if treatment has been rejected or is unavailable and the condition is stable then an impairment assessment is appropriate.

9. The method does not rely on responses to a questionnaire and hence is much less open to ‘gaming’.

10. It is up to the assessor to determine the presence or absence of psychiatric impairment relying on clinical judgement. This method is not a "cookbook" approach.

THE METHOD

The method involves assessment of five aspects of mental function, thinking, perception, judgement, mood, and behaviour. Each of these is rated according to 6 classes and allotted a level of severity within each class, either low, intermediate, or high. Intelligence has been excluded as it is usually a manifestation of brain injury and better assessed using measures of neurological impairment.

Symptoms are listed for each mental function. These symptoms are indicative and not prescriptive. Severity relates to both the intensity of the symptom and the number of symptoms. In each class at the lower end, only some symptoms are required, at the higher end most symptoms should be present or if only some symptoms are present they should be particularly intense e.g. persistent suicidal behaviour that may occur in the absence of most or other behavioural disturbances at that class level.

The assessor may use other symptoms indicating severity of impairment that are not included in the descriptors. This must be noted. The presence or absence of the symptom and the degree of severity of the symptom is a clinical judgement of the assessor.

IMPAIRMENT ASSESSMENT FORMULATION

The assessor must write an assessment formulation. The assessment formulation should include a diagnosis. The assessor must then give a concise explanation of the scoring of each mental function. The assessor should also describe those symptoms caused or exacerbated by the designated injury or accident and those that are unrelated. It is expected that this assessment formulation should be no more than one or two paragraphs.

An independent observer should be able to read this formulation and understand the scores recorded in the table.

The impairment assessment formulation should form part of the opinion but is separate from questions of causation and treatment.

DEFINITIONS

Impairment

The **Safety, Rehabilitation and Compensation Act 1988 (C'th)** defines ***" Impairment "*** as the loss, the loss of the use, or the damage or malfunction, of any part of the body or of any bodily system or function or part of such system or function.

Permanent

The **Safety, Rehabilitation and Compensation Act 1988 (C'th)** defines ***"Permanent"*** as likely to continue indefinitely.

Disability

The World Health Organization defines "***Disability"*** : In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Median

The median is defined as the middle number of a series; 12345 3 is the median number.

The three statistical methods available by which centralising tendency can be calculated are the "mean" (or average), the "median", and the "mode" (the most frequent number in a series, 22345, the mode is 2). The advantage of using the median (the middle number of a series) is that it is not influenced by extreme scores (as is the "mean" or averaging method), yet it is significantly more sensitive to variability of scores than the mode.

"Mental Disorder" A **mental disorder** or **mental illness** is a psychological or behavioural pattern that occurs in an individual that causes distress or disability that is not expected as part of normal development or culture.

"DSM IV TR" is the Diagnostic and Statistical Manual of the American Psychiatric Association 4th Edition, Text Revision.

Diagnosis **"Axis 1: Clinical Syndromes"** This axis describes clinical symptoms that cause significant impairment. Disorders in this Axis that are assessed using the **RAPID-MSE** are:

- schizophrenia and other psychotic disorders
- mood disorders
- anxiety disorders
- substance related disorders
- somatoform disorders
- adjustment disorders
-

Symptoms in class 1 & 2 may not be sufficiently severe to warrant a diagnosis. Apart from this exception, a diagnosis, as listed above, must be present for an assessment to be made.

MENTAL FUNCTIONS

The five mental functions to be assessed are thinking, perception, judgement, mood, and behaviour. The definition of these functions appears below.

THINKING

Thinking allows us to form a view of our world that is shared by others and enables us to comprehend and deal with our world effectively. Impairment of thinking means there is likely to be reduced efficiency of thinking. Impairments of thinking involve:

- Rate of thinking
- Stream of thought
- Disruption of thinking e.g. memory, concentration, attention
- Content of thinking
- Rationality of thinking

PERCEPTION

Perception is the process of attaining awareness or understanding of sensory information. Impairment of perception involves disturbances of one or more of the five sensory modalities (hearing, vision, smell, taste and touch). There are problems in understanding the concept of perception, for example confusion between disorders of thinking and disorders of perception. "The perception of a situation" refers to the "understanding of a situation" and hence is related to thinking. Impairments of perception include:

- Intensity of perceptual changes, may be heightened or dulled
- Frequency of perceptual changes
- Disruption caused by perceptual changes

JUDGEMENT

Judgement is the capacity to assess situations or circumstances and to draw sensible conclusions. Judgement also refers to the considered evaluation of evidence in the formation of making a decision. This requires the capacity to evaluate and assess information and situations. Impairments of judgement include:

- reduced capacity to assess situations accurately
- reduced capacity to make decisions
- altered speed of decision making (may be unusually slow or unusually fast)
- reduced capacity to implement decisions
- reduced capacity for insight
- reduced ability to postpone judgement/decisions

MOOD

Mood is a relatively long lasting emotional state. Moods differ from simple emotions in that they are less specific, less intense, and less likely to be triggered by a particular stimulus or event. Unlike acute, emotional feelings like fear and surprise, moods often last for hours or days. Mood also differs from temperament or personality traits which are even longer lasting. Affect is the mood state noted in the clinical interview. Impairments of mood involve:

- Range; the variability of emotional expression over a period of time, if only one mood is present over a period of time the mood range is restricted. If a variety of types of mood are present over a short period of time the mood range is expanded.
- Amplitude is the extent of mood swings, ranging from marked swings from very high to very low to flattened mood.
- Stability refers to the relative stability of mood, it is normal for there to be slow changes of mood over time. An alteration of stability of mood may be manifested by a more rapid rate of change or no variation in mood.
- Velocity of mood changes refers to the rate at which mood changes compare with normal mood
- Appropriateness refers to the fit between the mood and the situation e.g. inappropriate laughing at a funeral
- Type of mood refers to sad, happy, angry, manic etc
- Degree of empathy and responsiveness to others' moods

BEHAVIOUR

Behaviour refers to the actions or reactions of a person, usually in relation to the environment. Behaviour can be conscious or unconscious, overt or covert, and voluntary or involuntary. Human behaviour can be common, unusual, acceptable, or unacceptable. Humans evaluate the acceptability of behaviour using social norms and regulate behaviour by means of social control. Impairments of behaviour include:

- Activity level-reduced or accelerated activity
- speed of behavioural change
- degree of disruption of normal behaviour
- physiological changes e.g. sleep, appetite, weight
- appropriateness of behaviour
- behaviour that is destructive to self or others
    - aggression
    - self-harm
    - gambling
    - substance-abuse
    - stalking
    - sexual abuse

CLASSES OF IMPAIRMENT

Impairment of each of these mental functions is characterised by symptoms. These symptoms range from minimal to severe, the symptoms also lie on a spectrum of activity, accordingly it would be most unusual for all symptoms for a particular class to be present. For example symptoms in each of the mental functions assessed may show an overall slowing of activity and so those symptoms indicating rapid activity are not likely to be present. These mental functions are linked so that severe impairments in one function are almost always associated with significant impairments in other functions.

Class One Impairments: Nil or minor, usually transient 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment.

Class Two Impairments: Slight 5-9%

Symptoms in class 2 may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought.

Class Three Impairments: Moderate 10-19%

Symptoms in class 3 are usually of mild severity although one or two may be more severe. Symptoms are noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. This loss of personal efficiency may be associated with some work difficulties, relationship problems, changes in socialising and in recreational activities. Some people at this level of impairment have a number of symptoms and cope with them well enough to maintain a reasonable level of function. Symptoms at this level usually require treatment including counselling, medication or specialist treatment. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate

Class Four Impairments: Moderately Severe 20-29%

Symptoms in class 4 are more widespread and lead to more dysfunction and distress. Symptoms at this level may lead to significant loss of efficiency in employment and may make employment impossible. There may also be significant strain in relationships and even loss of relationships. There is usually a marked reduction in recreational enjoyment. Changes in behaviour are more apparent including withdrawal and aggression. Self-harm behaviours may be contemplated or occurring. Treatment is almost always sought and is generally specialist psychological or psychiatric treatment. Hospitalisation may also be considered or have been implemented. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

Class Five Impairments: Severe 30-39%

Symptoms in class 5 lead to more widespread dysfunction usually making employment difficult or impossible, there are marked changes in relationships and social functioning, loss of recreational enjoyment and loss of interest in self-care. People with class four symptoms are significantly distressed and usually have psychiatric or psychological treatment and have had hospitalisation, sometimes on a number of occasions. At the more severe end of the spectrum, class 5 impairments may make independent living difficult. Only some symptoms need to be present for this level of impairment.

Class Six Impairments: Extreme 40-55%

Symptoms in class 6 are so extreme as to make the person almost completely dysfunctional. This dysfunction makes work impossible, relationships difficult or lost, total loss of enjoyment in all aspects of life, probable self-harm behaviour and possibly behaviour harming others; including substance-abuse, aggression and suicidal behaviour. People with this level of impairment are usually unable to function in society without support and require or have had psychiatric treatment. Only some symptoms need to be present for this level of impairment.

THINKING

Thinking allows us to form a view of our world that is shared by others and enables us to comprehend and deal with our world effectively. Impairment of thinking involves changes in our model of the world and a reduction in our effectiveness for dealing with those changes. Impairment of thinking involves speed of thinking, content of our thinking, stream of thinking, the appropriateness of thought and the connectedness of thought .

Class 1 – Nil, minor or transient impairment 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment. Most symptoms need to be present for an impairment level of 4%.

- transient problems with memory, concentration and attention
- occasional intrusive thoughts that disrupt the stream of thinking
- intermittent slowness of thought
- intermittent speedy thoughts
- occasional problems with attention
- losing or forgetting things
- occasional confusion

Class 2 Impairments: Slight impairment 5-9%

Class 2 impairments may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought. If only a few symptoms are present a class 1 impairment may be more appropriate.

- more frequent problems with memory and concentration sometimes disrupting function
- more frequent attentional problems
- more episodes of confusion
- mild obsessional thinking that is intermittent and controllable
- recurrent intrusive thoughts that can be pushed away
- intermittent preoccupation with distressing fears or experiences with no loss of function

Class 3 - Moderate impairment 10-19%

Class 3 impairments are usually moderate although intermittently more severe. Symptoms are usually noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. Treatment has usually been sought or suggested. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate.

- frequent problems with memory and concentration disrupting function
- more severe attentional problems
- thinking muddled or slow interfering with function
- shifting from one thought to the other quickly
- lack of clarity of thought reducing efficiency
- episodes of confusion that are disruptive
- becoming lost at times
- mild obsessional thinking that is intermittent and at times seem uncontrollable
- recurrent intrusive thoughts that when present interfere with ordinary function
- intermittent preoccupation with distressing fears or experiences
- heightened self-awareness
- a frequent sense of guilt
- thought disorder that is minimally disruptive and that does not interfere with ordinary communication.

Class 4 – Moderately severe impairment 20-29%

Class 4 impairments are more pervasive and lead to more dysfunction and distress. Symptoms at this level lead to significant difficulties in employment and relationships and recreational enjoyment. Treatment is usually required. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

- frequent intrusive thoughts that interfere with function
- persistent obsessional ruminations that interfere with function
- obvious disruption of the stream of thought due to problems with memory and concentration
- obvious slowing of thought
- delusional ideas interfering with everyday function
- rapidity of thinking that is dysfunctional
- disorganized thinking
- persistent ruminations about guilt
- frequently becoming lost

Class 5 - Severe impairment 30-39%

Class 5 impairments are much more disruptive with regard to employment, relationships and recreational enjoyment and may make them impossible to maintain. There is significant distress, frequent self-harm thoughts or behaviour. Treatment has usually been offered and hospitalisation may be required. Only some symptoms need to be present for this level of impairment.

- major problems with memory and concentration
- severe disruption of thought so as to interfere with communication
- disorganized speech
- confused and illogical thinking
- marked alteration in the speed of thought so as to cause severe disruption
- use of nonsense words or sentences that have no logic
- diminished or loss of contact with reality
- preoccupation with delusions about being punished or persecuted by other people.
- intense and persistent suicidal thoughts or thoughts of self-harm
- there may be difficulty in functioning independently

Class 6 – Extreme impairment 40-55 %

Class 6 impairments of thinking are so extreme as to cause complete dysfunction profoundly effecting all aspects of life. An impairment at this level makes independent living impossible. Only some symptoms need to be present for this level of impairment.

- severe obsessional preoccupations
- profound alterations in the speed of thought
- Intense persistent overwhelming delusional thinking

PERCEPTION

Perception is the process of attaining awareness or understanding of sensory information. Impairment of perception involves disturbances of one or more of the five sensory modalities (hearing, vision, smell, taste and touch). If the symptom does not relate to one or more of these sensory modalities then it is not part of a perceptual impairment.

Class 1 – Nil, minor or transient impairment 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment. Most symptoms need to be present for an impairment level of 4%.

- transient heightened or reduced sensory experiences such as lights or noise being more or less intense but with little or no interference in function
- occasional illusions
- hypnagogic and/or hypnopompic phenomena that may be
- disturbing
- pseudohallucinations that cause some distress (hallucinations that are recognised as imaginary)
- occasional flashbacks with little distress

Class 2 Impairments: Slight impairment 5-9%

Class 2 impairments may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought. If only a few symptoms are present a class 1 impairment may be more appropriate.

- more sensory intolerance associated with some transient loss of efficiency such as noise and/or light intolerance interfering with shopping activities
- occasional flashbacks with transient distress
- illusions (distortions of sensory stimuli) that are briefly disturbing
- transient hallucinations (abnormalities of sensory perception in the absence of external stimuli) that do not interfere with function

Class 3 - Moderate impairment 10-19%

Class 3 impairments are usually moderate although intermittently more severe. Symptoms are usually noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. Treatment has usually been sought or suggested. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate.

- more persistent heightened or reduced sensory experiences that interfere with function including significant noise and/or light intolerance
- intermittent flashbacks that interfere with function (re-experiencing a traumatic situation with significant sensory components, e.g. noises, smells, images)
- illusions (distortions of sensory stimuli) that are distressing

- hallucinations (abnormalities of sensory perception in the absence of external stimuli) that interfere with function

Class 4 – Moderately severe impairment 20-29%

Class 4 impairments are more pervasive and lead to more dysfunction and distress. Symptoms at this level lead to significant difficulties in employment and relationships and recreational enjoyment. Treatment is usually required. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

- hallucinations that significantly interfere with function
- illusions that interfere persistentlywith function
- flashbacks that are persistent and more disruptive

Class 5 - Severe impairment 30-39%

Class 5 impairments are much more disruptive with regard to employment, relationships and recreational enjoyment and may make them impossible to maintain. There is significant distress, frequent self-harm thoughts or behaviour. Treatment has usually been offered and hospitalisation may be required. Only some symptoms need to be present for this level of impairment.

- persistent persecutory hallucinations that may lead to major changes in behaviour
- intense flashbacks that occur frequently and lead to major changes in behaviour

Class 6 – Extreme impairment 40-55 %

Class 6 impairments of thinking are so extreme as to cause complete dysfunction profoundly effecting all aspects of life. An impairment at this level makes independent living impossible. Only some symptoms need to be present for this level of impairment.

- Intense persistent overwhelming persecutory hallucinations leading to major changes in behaviour including frequent self-harm behaviour
- intense severe flashbacks that are so disruptive that ordinary living is impossible

JUDGEMENT

Judgement is the capacity to assess situations or circumstances shrewdly and to draw sound conclusions. Judgement also refers to the considered evaluation of evidence in the formation of making a decision. This requires the capacity to evaluate and assess information and situations.

Class 1 – Nil, minor or transient impairment 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment. Most symptoms need to be present for an impairment level of 4%.

- indecisive at times
- occasional faulty judgement
- intermittent lack of insight
- occasionally misjudging situations at work, in relationships, driving and with finances but with few consequences

Class 2 Impairments: Slight impairment 5-9%

Class 2 impairments may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought. If only a few symptoms are present a class 1 impairment may be more appropriate.

- more indecision that is accommodated by self or others
- judgement more erratic
- some lack of insight that may to interpersonal problems
- misinterpreting comments and behaviour of others at times
- gambling becoming more of a financial problem
- occasional failure to evaluate situations accurately leading to some actual or potential dangers

Class 3 - Moderate impairment 10-19%

Class 3 impairments are usually moderate although intermittently more severe. Symptoms are usually noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. Treatment has usually been sought or suggested. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate.

- frequently indecisive that may cause problems at work or in relationships
- faulty judgement causing difficulty
- frequent lack of insight leading to problems and occasional conflict
- misjudging situations at work, in relationships, driving and with finances with some consequences
- maintenance of behaviour that has already caused difficulty

- misinterpreting comments and behaviour of others and responding inappropriately

- occasional excessive gambling
- failure to evaluate situations or implications leading to actual or potential risk of harm to self or others

Class 4 – Moderately severe impairment 20-29%

Class 4 impairments are more pervasive and lead to more dysfunction and distress. Symptoms at this level lead to significant difficulties in employment and relationships and recreational enjoyment. Treatment is usually required. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

- significant indecision that causes problems at work and in relationships
- faulty judgement causing frequent difficulties
- persistent lack of insight leading to problems and conflict
- misjudging situations at work, in relationships, driving and with finances with significant consequences such as loss of job, relationships and accidents
- persistent maintenance of behaviour that has already caused significant difficulty
- misinterpreting comments and behaviour of others and responding destructively
- excessive gambling
- failure to evaluate situations or implications leading to actual or potential risk of harm to self or others

Class 5 - Severe impairment 30-39%

Class 5 impairments are much more disruptive with regard to employment, relationships and recreational enjoyment and may make them impossible to maintain. There is significant distress, frequent self-harm thoughts or behaviour. Treatment has usually been offered and hospitalisation may be required. Only some symptoms need to be present for this level of impairment.

- an inability to make decisions that causes major problems at work and in relationships
- complete lack of insight leading to problems and conflict
- misjudging situations to such an extent that there is significant damage to employment, relationships, and other activities that may lead to increased social isolation
- problem gambling leading to major financial difficulties
- failure to evaluate situations or implications leading to significant risk of harm to self or others

Class 6 – Extreme impairment 40-55 %

Class 6 impairments of thinking are so extreme as to cause complete dysfunction profoundly effecting all aspects of life. An impairment at this level makes independent living impossible. Only some symptoms need to be present for this level of impairment.

- a complete lack of judgement with regard to one's personal situation to such an extent that major damage is caused to relationships, finances, and possibly health. In this situation supervision by others is required and there may need to be a court appointed guardian

- a complete lack of insight into the effects of behaviour on others
- completely misjudging situations and responding destructively
- a total failure to evaluate situations or implications leading to a major risk of harm to self or others

MOOD

Mood is a relatively long lasting emotional state. Moods differ from simple emotions in that they are less specific, less intense, and less likely to be triggered by a particular stimulus or event. Unlike acute, emotional feelings like fear and surprise, moods often last for hours or days. Mood also differs from temperament or personality traits which are even longer lasting. Affect is the mood state noted in the clinical interview.

Assessment of mood impairment includes the following:

- range of mood e.g. the affect is restricted if there is only one mood present over a period of time
- amplitude of mood, the varying intensity of mood swings
- stability of mood, the speed of variation in mood (slow shifts of mood are normal)
- appropriateness of mood, the fit between the mood and the situation
- the type of mood, happy, sad, etc
- the degree of empathy and responsiveness to others' moods

Class 1 – Nil, minor or transient impairment 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment. Most symptoms need to be present for an impairment level of 4%.

- temporary sadness,
- the "blues"
- worrying
- elevated mood that maybe unusual but is not dysfunctional
- intermittent hypomanic episodes that are not damaging
- intermittent irritability
- occasional nightmares (a manifestation of anxiety)
- minimal reduction in self-esteem and self-worth
- some emotional isolation

Class 2 Impairments: Slight impairment 5-9%

Class 2 impairments may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought. If only a few symptoms are present a class 1 impairment may be more appropriate.

- more persistent sadness
- intermittent anxiety and worry that may be distressing
- more frequent irritability noticed by others
- occasional distressing nightmares
- a general drop in self-esteem and self-worth
- emotional withdrawal
- occasional panicky feelings that are not disruptive
- mild mood swings that are occasionally noticeable to others
- occasional expressions of despair

- occasional panicky feelings
- occasional hypomanic episodes that are accommodated
- occasional feelings of being helpless, hopeless, useless, and worthless that can be pushed away
- infrequent crying episodes

Class 3 - Moderate impairment 10-19%

Class 3 impairments are usually moderate although intermittently more severe. Symptoms are usually noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. Treatment has usually been sought or suggested. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate.

- persistent sadness that is obvious to others
- anxiety and worry about a variety of events and situations that becomes difficult to control at times
- low-grade continuing irritability that is obvious to others
- more frequent nightmares that are distressing
- a general drop in self-esteem and self-worth
- emotional withdrawal
- more frequent panicky feelings with little pressure that are disturbing
- mood swings that are noticeable to others
- more frequent feelings of despair
- hypomanic episodes that cause some difficulties
- more persistent elevation of mood that leads to relationship difficulties
- frequent persistent feelings of being helpless, hopeless, useless, and worthless
- intermittent crying episodes

Class 4 – Moderately severe impairment 20-29%

Class 4 impairments are more pervasive and lead to more dysfunction and distress. Symptoms at this level lead to significant difficulties in employment and relationships and recreational enjoyment. Treatment is usually required. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

- frequent irritability causing problems in relationships
- frequent distressing nightmares
- significant and persistent drop in self-esteem and self-worth
- increased emotional withdrawal
- persistent generalised anxiety.
- inability to control anxiety and worry
- more marked mood swings
- manic episodes that cause some disruption
- suicidal feelings
- a significant sense of bleakness
- emotional flatness
- a pervasive loss of interest in life
- feelings of despair

- feelings of hopelessness, worthlessness, uselessness and helplessness
- prolonged and frequent episodes of crying
- intermittent panic attacks (sudden attacks of intense fear associated with heart palpitations, rapid breathing or shortness of breath, blurred vision, dizziness, and racing thoughts).
- anxiety about being in crowded places, supermarkets, shopping centres, and social functions where escape might be difficult or embarrassing or in which help may not be available should a panic attack develop (agoraphobia)
- homicidal feelings
- deep, unshakable sadness, suicidal feelings

Class 5 - Severe impairment 30-39%

Class 5 impairments are much more disruptive with regard to employment, relationships and recreational enjoyment and may make them impossible to maintain. There is significant distress, frequent self-harm thoughts or behaviour. Treatment has usually been offered and hospitalisation may be required. Only some symptoms need to be present for this level of impairment.

- constant irritability leading to progressive isolation
- very frequent intense distressing nightmares that cause distress during the day
- a severe loss of self-esteem and self-worth
- marked emotional isolation and withdrawal
- persistent severe generalised anxiety that pervades all aspects of life and is unable to be controlled
- Manic episodes that significantly damage employment, relationships, and other activities
- Severe mood swings
- more frequent and intense suicidal feelings
- a profound loss of interest in life
- intense feelings of despair and bleakness
- deep, unshakable sadness
- pervasive feelings of being hopeless, helpless, useless, and worthless
- frequent intense panic attacks that are very disruptive
- an inability to leave home because of anxiety and fear of panic attacks
- homicidal feelings
- suicidal feelings

Class 6 – Extreme impairment 40-55 %

Class 6 impairments of thinking are so extreme as to cause complete dysfunction profoundly effecting all aspects of life. An impairment at this level makes independent living impossible. Only some symptoms need to be present for this level of impairment.

- profound and constant irritability that makes social interaction almost impossible
- a total loss of self-esteem and self-worth
- severe emotional isolation and withdrawal
- overwhelming anxiety that interferes with activities of daily living
- persistent mania
- frequent and deep mood swings
- intense and persistent suicidal feelings
- a total loss of interest in life

- profound feelings of despair and bleakness,
- deep, unshakable sadness
- intense, almost constant panic attacks associated with major dysfunction
- intense homicidal feelings

BEHAVIOUR

Behaviour refers to the actions or reactions of a person, usually in relation to their environment. Behaviour can be conscious or unconscious, overt or covert, and voluntary or involuntary. Human behaviour can be common, unusual, acceptable, or unacceptable. Humans evaluate the acceptability of behaviour using social norms and regulate behaviour by means of social control.

Class 1 – Nil, minor or transient impairment 0-4%

Class 1 impairments are minimal and are either transient or if present continually lead to little loss of function and may not be noticeable to others. Symptoms present at this level of impairment do not usually require treatment. Most symptoms need to be present for an impairment level of 4%.

- minimal muscle tension,
- occasional sleep disturbance
- temporary appetite change
- occasional agitation
- transient reduced activity level
- intermittent reduction in libido
- occasional restlessness
- occasional heightened startle response (e.g., very jumpy, startle easy by noises)
- temporary lack of energy
- transient mild social withdrawal

Class 2 Impairments: Slight impairment 5-9%

Class 2 impairments may still be transient but more severe when they are present or if present continually lead to some slight loss of function and treatment may be sought. If only a few symptoms are present a class 1 impairment may be more appropriate.

- muscle tension leading to occasional muscle aching
- more frequent sleep disturbance with mild fatigue
- appetite change associated with slight weight change
- some agitation and restlessness that is not noticeable to others
- occasional loss of libido
- occasional startle response not noticeable to others
- mild social withdrawal not noticeable to others
- some mild avoidance behaviour not noticeable to others
- occasional substance use causing no problems with others or self
- occasional compulsive behaviour including hand washing and cleaning that is different from usual functioning but within the normal range

Class 3 - Moderate impairment 10-19%

Class 3 impairments are usually moderate although intermittently more severe. Symptoms are usually noticed by the person and/or by others and cause some distress. Symptoms usually lead to some loss in personal efficiency. Treatment has usually been sought or suggested. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 2 impairment may be more appropriate.

- persistent muscle tension leading to chronic muscle aching
- frequent sleep disturbance including insomnia and hypersomnia
- appetite change associated with weight change
- some agitation and restlessness
- frequent reduced activity level and lack of energy
- persistent loss of libido
- heightened startle response (e.g., very jumpy, startled by sudden noises)
- reduced social contact
- some avoidance behaviour, including a reluctance to answer the telephone or the door; some reluctance to see work colleagues, family or place of employment; some avoidance of driving or of being a passenger, especially in traffic or in situations of potential danger; some avoidance of crowds, shopping centres, and supermarkets
- less interest in personal hygiene
- reduced interest in some activities
- intermittent substance use leading to occasional impairment in functioning.
- Some compulsive behaviour including hand washing and cleaning that cannot be controlled
- some difficulty leaving the home at times

Class 4 – Moderately severe impairment 20-29%

Class 4 impairments are more pervasive and lead to more dysfunction and distress. Symptoms at this level lead to significant difficulties in employment and relationships and recreational enjoyment. Treatment is usually required. At the low end of the range some symptoms may be present but at the high end of the range most symptoms need to be present. If only a few symptoms are present then a class 3 impairment may be more appropriate.

- severe muscle tension leading to widespread muscle pain requiring treatment
- marked sleep disturbance including insomnia and/or hypersomnia
- severe appetite change associated with significant weight change
- frequent agitation and restlessness
- significant reduction in activity level and lack of energy
- loss of libido
- severe startle response (e.g., very jumpy, startle easy by noises)
- almost no social contact
- occasional assaultive behaviour that is disruptive to self and others
- generalised persistent severe avoidance behaviour
- little interest in personal hygiene leading to an obvious lack of grooming, washing, cleaning clothing associated with offensive odours
- loss of interest in almost all usual activities
- frequent substance use leading to significant impairment in functioning
- frequent and heavy substance use resulting in a failure to fulfill major obligations at work, school, or home

- frequent and heavy substance use in situations which are physically hazardous (e.g., driving while intoxicated)
- legal problems resulting from recurrent substance use; or
- continued substance use despite significant social or interpersonal effects
- compulsive behaviour including hand washing and cleaning that cannot be controlled
- an inability to leave the house most of the time without profound distress
- an inability to manage some activities of daily living
- some difficulty in managing personal affairs such as finances, paying bills, organising repairs and so forth

Class 5 - Severe impairment 30-39%

Class 5 impairments are much more disruptive with regard to employment, relationships and recreational enjoyment and may make them impossible to maintain. There is significant distress, frequent self-harm thoughts or behaviour. Treatment has usually been offered and hospitalisation may be required. Only some symptoms need to be present for this level of impairment.

- profound sleep disturbance including insomnia and/or hypersomnia
- major appetite change associated with major weight change
- constant agitation and restlessness
- a major reduction in activity level
- a major increase in activity level
- severe loss of energy
- severe social withdrawal
- generalised persistent severe avoidance behaviour
- no interest in personal hygiene leading to marked alterations in appearance and causing offence to others
- assaultive behaviour leading to consequences
- loss of interest in all activities
- heavy constant substance use leading to major impairment in functioning
- constant and heavy substance use in situations which are physically hazardous (e.g., driving while intoxicated
- major legal problems resulting from constant substance use; or
- severe compulsive behaviour including hand washing and cleaning that cannot be controlled and causes profound distress to others
- an inability to leave the house
- an inability to manage activities of daily living without some supervision
- an inability to manage personal affairs such as finances, paying bills, organising repairs and so forth

Class 6 – Extreme impairment 40-55 %

Class 6 impairments of thinking are so extreme as to cause complete dysfunction profoundly effecting all aspects of life. An impairment at this level makes independent living impossible. Only some symptoms need to be present for this level of impairment.

- an inability to manage personal activities of daily living without constant supervision
- an inability to organise any aspects of life
- persistent assaultive behaviour
- total withdrawal
- a profound lack of activity
- a markedly heightened persistent level of activity

DETERMINING WHOLE PERSON PSYCHIATRIC IMPAIRMENT

Once each mental function has been allotted to each class and to the range of severity within each class then the following procedures take place:

1. The classes are arranged in order and the middle number, the median number is selected.

2. The severity ratings are also arranged in order and the median severity rating selected.

3. Using the rating table the column for the median class is then correlated with the row of the median severity rating indicating a final psychiatric percentage impairment. The percentages indicated for each class are those percentages that are bottom of the range, middle of the range and top of the range for that class.

4. The final percentage impairment is recorded.

This method produces precision, transparency and is simple to understand and administer.

IMPAIRMENT TABLE

	CLASSES																	
	1 (0-4%)			2 (5-9%)			3 (10-19%)			4 (20-29%)			5 (30-39%)			6 (40 - 55%)		
	nil, minor or transient			slight			moderate			moderately severe			severe			extreme		
Level of Severity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Mental Functions																		
Thinking																		
Perception																		
Judgement																		
Mood																		
Behaviour																		

CLASSES……. CLASSES IN ORDER……..

MEDIAN CLASS…….

LEVEL OF SEVERITY……. IN ORDER…….

MEDIAN LEVEL OF SEVERITY……..

The next step is to correlate the median class with the median level of severity using the table below. This produces the final percentage impairment.

The specific median class is then correlated with the median severity rating indicating a final psychiatric percentage impairment. The percentages indicated for each class are those percentages that are bottom of the range, middle of the range and top of the range for that class.

TABLE FOR DETERMINING PSYCHIATRIC IMPAIRMENT AS A PERCENTAGE

MEDIAN LEVEL OF SEVERITY	MEDIAN CLASS					
	1	2	3	4	5	6
1	0%					
2	2%					
3	4%					
4		5%				
5		7%				
6		9%				
7			10%			
8			15%			
9			19%			
10				20%		
11				25%		
12				29%		
13					30%	
14					35%	
15					39%	
16						40%
17						50%
18						55%

FINAL PSYCHIATRIC IMPAIRMENT = ____ %

IMPAIRMENT FORMULATION

The worker has an adjustment disorder with anxious and depressed mood and panic disorder with agoraphobia. The worker has frequent problems with memory and concentration, poor clarity of thought, mild obsessions, recurrent intrusive thoughts: **Thinking class 3 level 8**. Noise and light intolerance: **Perception class 3 level 7**. Indecisive, poor judgement, misjudges situations, misinterprets comments: **Judgement class 3 level 8**. Frequent irritability, distressing nightmares, emotional withdrawal, panic attacks with agoraphobia: **Mood class 4 level 12**. Sleep and weight disturbance, loss of libido, substance abuse, housebound: **Behaviour class 4 level 12**.

The worker has been assessed as having the following impairments:

Thinking	class 3	level 8
Perception	class 3	level 7
Judgement	class 3	level 8
Mood	class 4	level 12
Behaviour	class 4	level 12

Median class 3, median level of severity 8 = 15% psychiatric impairment.

FREQUENTLY ASKED QUESTIONS

Why the name?

This method is a means of rating psychiatric impairment derived from the mental state examination.

Why are there only five mental functions used?

Any mental functions not listed can be encapsulated within the functions used.

Why were the specific percentages for severity chosen in the percentage impairment table?

These percentages represent the bottom, mid point, and upper point of the particular class range.

Why is the highest percentage attainable only 55%?

In most jurisdictions, 50% is the threshold for indefinite benefits. Psychiatric impairment arising from injury is very rarely above this level.

Why is an impairment formulation required?

The impairment formulation ensures that there is a clear and obvious correlation between the observable data and the various scores assessed.

Why are only certain Axis 1 disorders assessable?

By their very nature some Axis 1 disorders are not related to accident or injury. Allowing all Axis 1 disorders to be assessed could lead to undue weight being placed on disorders that are not related or are only peripherally related to the injury or accident.

Can other symptoms be used apart from those in the list?

Other symptoms may be used but the reason for doing this must be recorded in the assessment formulation.

Some disagree about the allocation of specific symptoms to specific mental functions, how have they been chosen?

Some symptoms obviously relate to specific mental functions, e.g. symptoms associated with depression are assessed under **Mood.** There are other symptoms about which there may be some controversy e.g. nightmares. It has been arbitrarily decided that a nightmare is a manifestation of anxiety and is hence an impairment of mood.

What if the median level of severity is outside the class range, e.g. the median class is 2 but the median level of severity is 10?

This cannot occur. If the median class is 2 then it follows that the median level of severity cannot be any higher than 9. If the median level of severity is 10 and the median class is 2 the tabulation must have been incorrect.

How are injuries with both neurological and psychiatric component assessed?

This question relates to head injuries which may cause cognitive dysfunction, behavioural change, depression and sometimes post traumatic stress disorder. The **RAPID-MSE** is used to assess secondary depression and any other symptoms arising from the accident or injury that do not come from the brain injury itself. Organic behavioural changes and cognitive changes must be measured using the guides to neurological impairment, usually Chapter 4 of the AMA Guides.

Can the RAPID-MSE be used to assess pain?

The **RAPID-MSE** cannot usually be used to assess pain, however it may be used to assess the proxies of pain including depression. In rare instances pain may be a manifestation of a delusional system and hence the use of the **RAPID-MSE** is appropriate.

Can the RAPID-MSE be used to assess children and people who do not speak English?

The **RAPID-MSE** can be used to assess children. The assessor will be more dependent on observations made by others, usually parents and teachers. In general young children do not have work injuries. Children are frequently injured in accidents and most schemes allow for a final determination upon reaching adulthood.

Most assessors have experience in examining claimants who do not speak English and are interviewed with the assistance of an interpreter. Since the RAPID-MSE involves using data from the clinical interview and the mental state examination there should be no problems.

Who can use the RAPID-MSE?

The **RAPID-MSE** has been designed for use by experienced clinical psychiatrists. The reason for this is that psychiatrists are specifically trained in doing a clinical interview, a mental state examination and reaching a formulation using their clinical judgement arising from their experience.

CALCULATION FORM

NAME…… NO. ……..

IMPAIRMENT TABLE

CLASSES

	1 (0-4%)			2 (5-9%)			3 (10-19%)			4 (20-29%)			5 (30-39%)			6 (40 - 55%)		
	nil, minor or transient			slight			moderate			moderately severe			severe			extreme		
Level of Severity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Mental Functions																		
Thinking																		
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Judgement																		
Mood																		
Behaviour																		

CLASSES…… CLASSES IN ORDER……..
MEDIAN CLASS…….

LEVEL OF SEVERITY…… IN ORDER…….
MEDIAN LEVEL OF SEVERITY……..

TABLE FOR DETERMINING PSYCHIATRIC IMPAIRMENT AS A PERCENTAGE

MEDIAN LEVEL OF SEVERITY	MEDIAN CLASS					
	1	**2**	**3**	**4**	**5**	**6**
1	0%					
2	2%					
3	4%					
4		5%				
5		7%				
6		9%				
7			10%			
8			15%			
9			19%			
10				20%		
11				25%		
12				29%		
13					30%	
14					35%	
15					39%	
16						40%
17						50%
18						55%

FINAL PSYCHIATRIC IMPAIRMENT = ____ %

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The Author

Dr. Michael Epstein is an experienced psychiatrist and medicolegal assessor who has done numerous impairment assessments using a variety of methods. He is one of the co-authors of the Victorian guide, the Clinical Guidelines to the Rating of Psychiatric Impairment and co-authored its replacement, the Guide to the Evaluation of Psychiatric Impairment for Clinicians (GEPIC). The **RAPID-MSE** has been developed to deal with problems he has encountered doing impairment assessments.

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