

## **SOME REPRESENTATIVE SAMPLES OF OPINIONS FROM VARIOUS PSYCHIATRISTS (DE IDENTIFIED)**

### **OPINION 1**

There is no obvious pre-existing or unrelated psychiatric condition or impairment in this case.

The worker is a 60-year-old expert class teacher who stopped working on 7 February 2008 due to depression and anxiety at work, in the context of being unable to meet increasing teaching duties and demands in combination with his cadet involvement.

He came across as a very diligent, conscientious, hard-working and determined teacher. He has been seeing a psychiatrist and his general practitioner and has been treated with antidepressant medication. He was off work for around three months. He has undergone a gradual return to work since April 2008, with changed duties.

There was a relapse of symptoms in August 2008, following discussion of a potential return to a science class, which the worker was not yet ready for. His condition has improved greatly since then.

### **OPINION 2**

At present, the worker presents with mild, residual symptoms and features of a Major Depressive Disorder with Anxiety.

His condition was, and is, significantly contributed to by his employment. In other words, his employment is a significant contributing factor to his psychiatric condition or mental injury, above. He still has mild, residual symptoms and features of anxiety and depression but his outlook is now very favourable. He feels about 90% back to his normal self

#### **Work Capacity:**

It may be helpful to have a report from his treating psychiatrist for his view about the worker's capacity for work. However, based upon the history that I obtained from the worker himself, and based upon my assessment, I believe that he is probably able to return to full-time hours next month and he is now ready to pick up a science class. The worker himself feels ready to do so.

#### **Prognosis:**

His psychiatric prognosis should be reasonably good. I gained the impression that the worker is keen and motivated to continue working for some time. As mentioned, he will be at another campus next year. He should probably remain on antidepressant medication for around 12 months. Perhaps, once he well and truly settles in to the new campus next year, his antidepressant can be weaned very slowly. Ultimately, however, this is up to the worker in combination with his GP and psychiatrist.

### **OPINION 3**

The claimant is a year-old secondary teacher who has been off work since the middle of June 2009. He is suffering from recurrent major depression DSMIV Category 296.3.

*1. Please detail what the worker perceives to be the cause of his or her current presentation and the reasons for ceasing work.*

Claimant perceives the cause of his current presentation to be difficulties in his new school. These amount to a series of, on the face of it, trivial incidents which led to some difficulties with the hierarchy. His own perception is that he is an expert and star performer and that the procedure-driven and discipline-driven measures that the principal has been undertaking are not necessary. In retrospect now he thinks it is a

personality clash rather than a particularly procedural aberration. The reason for ceasing work was the re-development of a psychiatric condition which first manifested itself in 2008.

*2. Detail any other matters that you think might be contributing to the worker's presentation.*

There are no other matters known to me. In aetiological terms however, one does note the other three groups of aetiological factors. These are genetic and constitutional, upbringing and pre-morbid personality. In the claimant's case, there may be a genetic contribution as his sister, a teacher, has been placed on a disability support pension after a massive breakdown. In terms of upbringing, he had a remote father who could be described as making it difficult for the claimant to relate to adult males. In terms of pre-morbid personality, the claimant is basically obsessional with high moral standards which can contribute to depressive disorders.

*3. Has the worker experienced any similar episodes in the past?*

Yes in 2008.

*4. Describe the worker's presenting symptoms, and how these symptoms affect the*

*worker's ability to perform:*

- *their pre-injury job, and*
- *activities of daily living (including domestic and social).*

This is given in the body of the report above.

*5. If applicable, describe any barriers to the worker returning to work at his or her current workplace. What are the factors to be considered which will enable resolution of these barriers?*

Claimant is fairly clear that he does not wish to return to work at his previous school. He is hoping to get an alternative job within the Department.

*If you consider that the worker cannot, or should not, return to work at his or her current workplace, does the worker have a capacity to perform any other sort of work? Explain.*

The claimant, despite his current difficulties with concentration, would be in my view open to approaches along the lines suggested in the answer to question 5.

*7. Is there any further information or any aspects of the circumstances surrounding the worker's claimed injury that require further inquiry?*

#### **OPINION 4**

The worker appears to have a Major Depressive Episode, now in partial remission with treatment.

His condition is still related to workplace difficulties.

He is currently fit for part time duties and I think he could safely increase his hours to 4 hours daily in about two weeks. Further increases would depend on how he is coping at work. Too rapid an increase could cause a relapse in his mood problem. It is possible that in term 4 he might be fit for a full teaching load, if his improvement continues, and if approved by his treating practitioners.

He needs on-going treatment. The current treatment is indicated and appropriate.

#### **OPINION 5**

**Definition:: Recurrent Major Depression - Moderate, DSM IV, Category 296.32**

#### **RESPONSES TO QUESTIONS**

In response to your specific questions as per your letter dated 04.03.2011, Attachment 1:

- 1. What injury or medical condition does the worker have? (Include your clinical diagnosis where you can provide one. If the worker's injury or medical condition has resolved please*

provide your clinical opinion on what injury or medical condition the worker's history and examination was consistent with).

Answered in the body of this report.

*In your clinical opinion, what has caused the worker's injury or medical condition? If there are multiple causes please list all of these.*

The worker's psychiatric condition has been caused by the following:

- Work overload.
- The new principal in end of year 2008 informing the worker that the connection between the school and the cadets was going to be cut off.
- The incident with the younger teacher where he was verbally abused and later on the principal being nonsupportive and blaming the worker and also being critical of the worker's response.
- End of May/June 2009, the incident about a difficult student - the worker wanted to keep him in his pastoral care for after school detention and then the mother complained to the principal, the principal supported the mother and student's account versus the worker's.
- The incident with the three girl students - the students wrote on his head with whiteboard markers and later on took pictures. This resulted' in the worker having to see a psychiatrist. This also resulted in the principal initiating a complaints procedure against the worker on 09.06.2009. This was the major contributing factor for him ceasing work on 09.06.2009.

3. *If in your clinical opinion the worker's employment is a cause, please explain how the worker's work duties caused the injury or medical condition?*

The worker's employment is a cause for the current condition as outlined in my answer to Question 2 above.

1. *In your clinical opinion, is the worker's injury or medical condition an aggravation, a recurrence, an exacerbation or a deterioration of any pre-existing injury or disease? Please explain your opinion.*

The current psychiatric condition of the worker is an **exacerbation** of a pre-existing major depressive condition which started in 2007.

2. *If the worker has had similar or the same symptoms, a similar or the same injury or medical condition in the past or a pre-disposition to an injury or medical condition, in your clinical opinion how has the worker's employment affected those symptoms, the injury or medical condition or the pre-disposition?*

The worker had similar symptoms in the past which started in 2007; however, these symptoms got significantly better in November 2008 when he returned to work. This condition again exacerbated in June 2009. The worker's employment by the incidents outlined in my answer to Question 2 above has contributed to the exacerbation.

3. *In your clinical opinion, is the worker's current treatment appropriate? Please include your comment on the appropriateness of the type, frequency and duration of any treatment, and in the case of medication, the dosage.*

The worker's current treatment is appropriate.

4. *If in your clinical opinion, the worker's current treatment is appropriate, how long should the currently prescribed treatment continue? Please explain your opinion.*

The worker's current treatment should continue for at least two years at which stage it can be reviewed.

5. *Would the worker be able to undertake the activities of daily living and/or return to or stay at work or would the worker's capacity to do so be reduced if the current treatment was ceased?*

The worker is likely to relapse if his current treatment is ceased. If he does relapse then his ability to undertake the activities of daily living or returning back to work would be reduced.

6. Do you recommend any change to the worker's current treatment? For example should there be any change to the frequency of treatment or the dosage of any medication being prescribed? Please detail any changes you recommend and why you recommend them.

The worker's current psychiatric treatment is appropriate and needs to continue; however, if he continues to experience symptoms and does not improve further then the dose of Seroquel needs to be increased to more therapeutic levels.

**OPINION 6**

This x year old man described work stress at Secondary college over a period of years. There was an incident in 2007, there was high workload in early 2008 and there were further frequent incidents until he ceased work in June 2009. He has not returned to work since then. As a result of his work stress he has developed major depressive disorder with anxiety.

There is no pre-existing or unrelated psychiatric disorder. He sees a psychiatrist and a psychologist monthly. He takes an antidepressant medication and augmenting (Seroquel) medication. His social activities have been reduced. His psychiatric state has stabilised at the present time.

.....Psychiatric impairment in accordance with the GEPIC

Intelligence	normal	class 1
Thinking	mild deficit: reduced memory, nightmares	class 2
Perception	normal	class 1
Judgement	mild deficit	class 2
Mood	moderate deficit; depression and anxiety	class 3
Behaviour	mild deficit; disturbed sleep, avoidance	class 2

WHOLE PERSON PSYCHIATRIC IMPAIRMENT = 20%

- 2% is a non-secondary psychiatric impairment to the incident at work in 2007
- 6% is a non-secondary psychiatric impairment to the work stress early 2008
- 12% is a non-secondary psychiatric impairment to the work stress in 2009.