

How you can aid your patient's claim for long-term disability

Jerrold Pollak, PhD, and John J. Miller, MD

Neuropsychiatric disorders are associated with high rates of impaired work capacity despite the best efforts of treating clinicians to help their patients stay employed or resume working after symptoms improve.¹

In the past, a note from the psychiatrist stating that the patient was unable to work because of a neuropsychiatric condition often was sufficient to approve a disability claim. This is no longer the case in today's more restrictive climate, and what constitutes *prima facie* evidence of a patient's inability to sustain competitive employment secondary to neuropsychiatric illness has significantly changed.

The following practices can help facilitate approval of your patient's disability claim.

Document as you go. Progress notes should include the type, frequency, context, duration, and severity of symptoms supporting ≥1 psychiatric diagnoses which prevent your patient from holding a job. It also is important to document the parameters of treatment and the patient's response, including compliance with treatment recommendations. Preferably, progress notes should include quantitative ratings over time that pertain to everyday functioning, highlighting how your patient is coping with the psychosocial, cognitive, and executive functioning demands of his (her) job.

When documented over time, ratings based on the Global Assessment of Functioning scale or a comparable scale are useful in quantifying the nature and degree of impaired functioning related to work capacity. Consider administering rating scales at periodic intervals to show changes

over time. When feasible, scales should be based on a patient's and informant's report of symptomatic status and everyday functioning, and could include use of instruments such as the World Health Organization's Disability Assessment Schedule.^{2,3}

Include documentation specific to work capacity. Disability claims often are denied, in part, because the treating psychiatrist's judgment regarding work capacity seems to "come out of the blue," appears premature, or lacks discussion of the functional implications of the patient's clinical status in regards to recent or current job expectations. Therefore, progress notes should include reference to long-standing, emerging, or worsening behaviors or symptoms that have clear implications for your patient's ability to work.

Outline the functional implications of the patient's preserved and impaired abilities and skills as they relate to work capacity, vocational history, and recent or current job situation. For example, work requirements that are highly dependent on interaction with the public, supervisors, or coworkers

Dr. Pollak is a Clinical Neuropsychologist, Seacoast Mental Health Center, Portsmouth, New Hampshire. Dr. Miller is Medical Director, Brain Health, Exeter, New Hampshire, Staff Psychiatrist, Seacoast Mental Health Center, Exeter, New Hampshire, and Consulting Psychiatrist, Exeter Hospital, Exeter, New Hampshire.

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Outline the functional implications of the patient's preserved and impaired abilities as they relate to work capacity and vocational history

would be significantly affected by recurrent or persistent psychosis, even if the patient adheres to treatment and symptoms are relatively mild. Problems with working memory or anterograde memory could impair work that routinely involves learning and retention of new instructions and procedures.

Provide psychoeducation and support.

Educate your patient and their family about the disability claims process, including the high rate that claims are initially denied. Consider retaining an advocate—clinical case manager, family member, or non-family third party—to assist your patient in navigating the disability application process, such as help completing paperwork, setting up appointments, and providing transportation.

Remain responsive to inquiries from disability examiners. Return forms and phone calls from disability examiners, psychiatrists, and other health care professionals reviewing your patient's claim for long-term disability in a timely manner. Failure to do so can be used to support denial of the claim.

Consider referral for consultations and diagnostics to support the claim of impaired

work capacity. Depending on the nature of the case, this could involve additional medical workup (including neuroimaging), a consultation from a vocational rehabilitation specialist, or referral for psychological or neuropsychological testing.

Psychometric assessment is becoming the preferred method for garnering support for impaired work capacity caused by neuropsychiatric factors. Findings from psychometric assessment hold up to scrutiny better if the evaluation includes symptom validity testing to rule out factitious disorder, malingering, or somatization, and results from self-report and informant-based measures of adaptive behavior and functioning.⁴

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