Research Articles

An Approach to the Patient Seeking Psychiatric Disability Benefits

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Psychiatric disability determination is a complicated task for the psychiatrist. With filings for disability benefits increasing, the task is becoming unavoidable. The increasing social cost of disability requires that psychiatrists learn how to respond appropriately to petitions for psychiatric disability benefits. However, there is a significant dearth of education on psychiatric disability assessment. The various disability programs are reviewed; criteria of disability determination and difficulties involved in making an assessment are examined. Characteristics of disability petitioners are reviewed, and practical suggestions are provided for psychiatrists on how to approach a psychiatric disability evaluation. Finally, recommendations for the inclusion of psychiatric disability assessment training in residency programs are outlined. (Academic Psychiatry 1999; 23:128–136)

Psychiatric disability compensation, as well as all types of disability compensation, represent a basic act of societal justice, that is, to help out those who are too sick to work. Disability payments allow people with serious mental or medical illness to live in society; to meet their financial obligations; and to have the basic necessities of life, such as food, housing, and medical care. However, the increasing societal cost of caring for disabled individuals (a consequence of benefits paid and lost productivity) has sparked much controversy in recent years, as evidenced, in part, by the growing debate over welfare and Medicare reform in political arenas. Therefore, we sought to review psychiatric disability determination and compensation programs, and their impact on the psychiatrist.

Psychiatric disability costs society over $12 billion per year (1). About 10%–30% of Social Security recipients (more than 1 million people) receive psychiatric disability benefits, an increase of more than 50% in the past decade (2). About one-fifth of disability applicants claim a mental illness (3; Social Security Administration, personal communication, 1997). In 1996 there were 1,338,000 applications filed for Social Security disability benefits; of those, 645,800 (48%) were awarded benefits, of which 131,219 were for mental disorders (Social Security Administration, personal communication, 1997).

With the increasing number of disability petitions, an increasing number of psychiatrists can expect to be called upon to render a professional opinion about patient disability. Few psychiatrists, however, feel competent in this area, and many try to avoid this complex task (4). Psychiatrists need to learn how to respond appropriately to petitions for psychiatric disability benefits. Unfortunately, most psychiatric residency training programs do not include disability assessment in their didactic curricula (5), and supervising psychiatrists may be reluctant to address the subject during supervision of residents. This shortcoming may stem from a general unfamiliarity with the mechanics of a disability assessment and the countertransference issues that frequently arise when a patient presents with a disability petition. Consequently, the discomfort with disability as-
essment may be perpetuated to the next generation of psychiatrists, as the psychiatric resident may feel anxious, frustrated, and inadequately supported when called upon to perform a disability evaluation. This inadequacy may cause the resident to feel resentful or hostile, and present a threat to the doctor–patient alliance.

We will 1) review the psychiatric disability programs and limitations in the disability determination criteria, 2) examine the characteristics of disability petitioners; 3) provide guidelines on the approach to a psychiatric disability evaluation, and 4) outline suggestions for the inclusion of disability assessment in the curricula of psychiatric residency programs.

**TYPICAL REASONS FOR A PSYCHIATRIC DISABILITY ASSESSMENT**

There are several reasons for which a psychiatrist may be called upon to perform a psychiatric disability evaluation. These may include a request for medical leave of absence, a worker’s compensation case, short- or long-term disability insurance claims or Social Security benefits, and requests for compliance with the Americans With Disabilities Act or with the Family/Medical Leave Act (6). This article will focus primarily on psychiatric disability determination in the context of an application for Social Security benefits, as this is the scenario most commonly encountered (3), particularly in the academic setting.

**DISABILITY PROGRAMS**

The different programs with which a psychiatrist should be familiar include the following.

1. *Emergency Aid*

These programs (formerly called Welfare or General Relief) are locally managed with variable eligibility standards and payment rates depending on the geographic location. Eligibility for these programs was originally determined by economic need, but a psychiatric or medical disability expected to last 60 or more days is now required to qualify. Benefits typically include a monthly stipend, and full coverage for outpatient treatment and medications (Department of Transitional Assistance, Boston, MA, personal communication, 1997).

2. *Worker’s Compensation*

This is a program for workers injured on the job. Settlements are usually made in a lump sum allotted for medical care. No monthly stipends are involved. Medications are not included in the coverage. Benefits are subject to utilization review. In general, worker’s compensation is difficult to obtain for psychiatric disorders (Office of Workers’ Compensation, Boston, MA, personal communication, 1997).

3. *Department of Veterans’ Affairs*

This compensation program, often referred to in the vernacular as “Service-Connected Disability (SCD),” is for veterans of the U.S. armed forces who have been disabled by injuries or disorders incurred in the course of military service (7). Benefits are based on degree of disability secondary to injury sustained while in service. For example, a veteran with 100% SCD would receive a greater monthly stipend than one with 50% SCD. Recipients also have full medical and psychiatric benefits, including medications.

4. *Private Insurance Plans*

These plans are primarily for medical or psychiatric care expenses. Monthly stipends and coverage may vary with different policies and companies.

5. *Social Security Administration (SSA) Programs*

The SSA was formed in 1935 for retired workers, dependents, and their survivors. The Social Security Disability Insurance Program (SSDI) was established in 1954, and today is the largest disability insurance program in the United States (3). About one-sixth of all Americans collect Social Security benefits (8).

SSDI is for disabled individuals who have worked a certain number of years and have paid into the SSA disability fund through the Federal Insurance Contributions Act (FICA) (9). Benefits range from 20%–60% of earnings, depending on number of years of work and average yearly earnings, although there is a limit on the maximum stipend that an individual may receive (10).

The Supplemental Security Income (SSI) program is for the aged, blind, or disabled with limited income and property (usually less than $2,000 in property),