

# Committee calls for overhaul in PTSD assessment

By Kelly Kennedy

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Mental health care workers must be clinicians specifically trained in post-traumatic stress disorder, must use a different diagnostic test than they now use and must use new rating criteria when diagnosing and rating people for PTSD disability benefits for the Department of Veterans Affairs.

A committee made up of members of the Institute of Medicine and National Research Council made those conclusions in a new study that called the VA's current diagnosis and rating system "at best a crude and overly general instrument for the assessment of PTSD disability."

VA asked for the study after a 2005 inspector general report found the number of veterans receiving compensation for PTSD increased almost 80 percent from 1999 to 2004 — from 120,265 cases to 215,871 cases. With the growth of claims, payments grew from \$1.72 billion a year to \$4.28 billion a year in 2004, about 149 percent. Compensation for all other disabilities grew 42 percent for the same period.

The newer study from the committee found similar numbers of

veterans being compensated for PTSD: 122,034 in 1999, 217,855 in 2004 and rising to 269,331 in 2006.

VA officials said they are studying the findings to see what can and should be implemented.

"VA is a recognized leader in the diagnosis and treatment of PTSD, and we will continue to take steps to ensure veterans have timely and seamless access to compensation for which they are eligible," VA officials said in a prepared statement.

The mean age for veterans seeking PTSD compensation in 2006 was 59 — or Vietnam War-era — sparking concern about the potential strain to the system as a new generation of veterans returns from the wars in Iraq and Afghanistan. And the 2005 VA IG report found that compensation of veterans rated for PTSD varied substantially depending on where they were rated.

"What we're proposing is to make the system more consistent, reliable and, we hope, more fair," said Richard Kulka, an IOM/NRC committee member and a senior research scientist for demographic studies at Duke University.

The committee cited several reasons for the inconsistencies in rat-

ings, and said the VA needs to keep better data. The problems came up as the committee researched questions that the VA asked about the way PTSD is rated, how symptom remission and recurrence affect ratings, how PTSD is compensated compared with other diseases and how the diagnoses and ratings affect recovery.

The committee also looked at how veterans move through the system.

First, they apply for benefits and are examined by a clinician. "That is where, anecdotally, there is quite a bit of variability from one location to another," said Nancy Andreasen, who chaired the research committee.

She said some veterans told the committee their interviews with clinicians lasted only 20 minutes, while others lasted three or four hours. Veterans need face-to-face interviews with clinicians trained in diagnosing PTSD, said Andreasen, the Andrew H. Woods chair of psychiatry at the University of Iowa.

In the second step, a VA rater determines a veteran's compensation by comparing medical diagnoses with the disability ratings schedule. The schedule is a list of

disabilities with symptoms to help a rater determine the severity of a problem, which then gives a percentage disability rating. That percentage determines how much compensation a veteran will get.

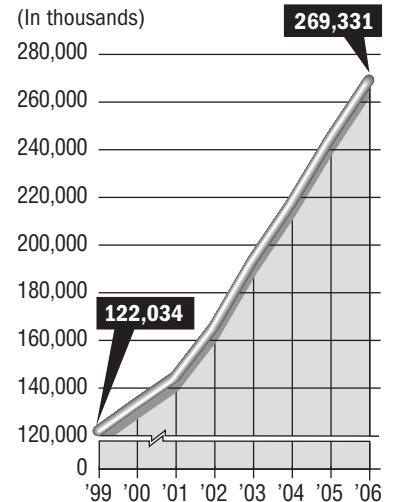
There are number of problems with the ratings system, which needs to be "thorough and more standardized," Andreasen said.

First, raters who don't specialize in PTSD don't understand how to rate it, the committee found. Second, people with PTSD often have other diseases or issues. For example, studies show that 80 percent of those who have PTSD also suffer from depression, and that substance abuse is also common. VA needs to ensure veterans are rated for both issues, and that depression is rated separately, the study found.

And the ratings system itself needs to change because, in what Andreasen called a "Catch-22," veterans must be unemployed to receive the most benefits under the PTSD rating structure. This differs from the way other diseases are rated, Andreasen said, citing as an example a paraplegic who may work full time while still keeping his 100 percent disability rating. □

## MOUNTING PTSD CASES

A study by the Institute of Medicine and National Research Council, requested by the Veterans Affairs Department, found the number of veterans receiving disability compensation for post-traumatic stress disorder increased more than 120 percent since 1999:



Source: Institute of Medicine and National Research Council  
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