

.....2015

PRIVATE AND CONFIDENTIAL

Report prepared by Dr X
Consultant Psychiatrist

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Attention: Ms

Dear Madam

Re:	X X
Date of Birth:	.././19.., aged .. years
Address:
Occupation:	Currently unemployed
Employer:
Date of Symptom Onset:	18 November 20..
Your Reference:
Date of Assessment: 2015

Thank you for referring Mr X X for psychiatric assessment and report. Based on Mr X's medical condition as specified in your referral, I confirm that my specialty is appropriate for the conduct of this assessment.

Having reviewed the available records and file data, interviewed and examined Mr X, I now submit a detailed medical report in answer to your request.

I obtained the following information from my interview with Mr X (unless otherwise specified).

FILE MATERIALS AVAILABLE:

In preparing this report I had access to the following documentations:

1. Letter of referral from dated 2015.
2. A copy of Corporate Initial Claim Form dated 5 May 20...
3. A copy of Corporate Employer Statement dated 19 May 20...
4. A copy of medical attendance statement (Corporate Progress Claim) dated 12 December 20...
5. Patient health history from 16 May 20.. to 29 August 20...
6. Pathology results from 26 May 20.. to 15 October 20...
7. Medical report from Dr (General Practitioner) dated 12 December 20...
8. Mr X's Job Description dated February 20...

HISTORY:

Introduction:

Mr X is a ..-year-old married father of two grown up children currently living with his wife. He is currently unemployed and has been off work since November 20... He worked as a financial controller for for around .. years. He reported having been on sick leave for the last .. months and was terminated on medical grounds in June 20... He has been unable to work predominantly due to his depression and anxiety.

Presenting Complaints:

Mr X has worked as a financial controller for for .. years. He reported having worked for the company without any concerns up until .. to .. years ago where the company had significant restructuring which involved moving of regional offices. He reported having worked under six managers in .. to .. years. He described experiencing work-related stressors since the beginning of 20.. due to this major restructuring in his company. He reported that the new organisation had centralised management, which was located offsite. He continued to work from the Brisbane office. He described as a major challenge working with different managers who according to him did not always have adequate knowledge about finance and accounting. He considers himself knowledgeable in his field of work, experienced and an efficient employee.

He recollected being offered a promotion in September 20.. in a similar role with the same job description, but within four weeks he felt "attacked" by the managers. He also reported that he was given the difficult task of choosing to support either of the managers at different regional offices based in Sydney and Paris. He said "I picked the wrong horse" and this was the beginning of trouble at work. Within .. weeks of promotion, he reported being performance appraised and he felt that this was used as one of the ways to get rid of him. He described himself as a loyal employee and had taken very little sick leave during his ..-year career in this company.

Due to work-related stress, particularly from his line managers, he reported taking sick leave for a few days in November 20.. following the first consultation with his GP for his psychological symptoms. He said that his GP was extremely concerned about his psychological state and hence had completed a medical certificate for a month of sick leave. During his leave, he said he receiving two phone calls from the company requesting his return from leave. However, he felt unsupported by the company. According to the file material he was on sick/personal leave from 18 November 20.. to 31 May 20... I also note from the GP records that Mr X has been reviewed regularly by his GP since October 20... His GP, Dr had expressed concerns about his work-related stress and depression in November 20.. and had suggested continuing with sick leave. It is also noted that Mr X was willing to return to work in January 20.., but there was significant anxiety regarding his return to work.

Mr X reported that he was in denial for the first .. months of his leave, but later noticed gradual decline in his mental health particularly with regard to his depression and anxiety.

He noticed that he had increasing negative thoughts, excessive worry about everything, worsening anger, irritability, poor self-confidence and self-esteem, decreased motivation levels, pervasive low mood, anhedonia (loss of interest in pleasurable activities like exercising), decrease in memory particularly short-term memory, sleep disturbances (initial, middle insomnia, early morning wakening and overall decreased sleep efficiency), decreased energy levels and also themes of helplessness and worthlessness. He reported feeling hopeless during the initial phases but denied having had any thoughts of self-harm or suicide. He currently denied any thoughts of self-harm or suicide.

Due to significant decline in his mental state and worsening depression his GP had started him on desvenlafaxine (Pristiq) 50 mg once daily in May 20... He reported that he continued the same dose of antidepressant until recently where his dose was increased to 100 mg in the morning. His GP retired .. months ago and he has been followed-up by a different GP in the same surgery for the last .. months. Since increasing the antidepressant in the last .. weeks, Mr X has noted a slight improvement in his mental state and he informed that his GP has considered referring him to a psychologist.

On specific enquiry he described still experiencing depressive and anxiety symptoms as described above and reported struggling with impaired concentration, poor memory, loss of motivation and interest and sleep difficulties. There is no other history suggestive of any other mental illness.

Current Status:

The psychological symptoms described above continue to the present day but he has noticed a slight improvement with regard to his cognitions, motivation and energy levels. Despite struggling with these symptoms he feels guilty about not working and currently has some doubt about his psychological capacity to work and the type of job he wants to do. He said that "I'm keen but currently I'm unable to work" due to his depression. He also said that he is open to suggestions and if offered an opportunity to do a similar job in a different setting or company using his expertise, skills and experience he would be keen to consider this but currently feels that his depressive and anxiety symptoms are unresolved.

Lifestyle:

Mr X reported that he has been generally isolating himself from his family and friends but has been contacting his children and grandchildren, which he feels has been one of the major factors in his ongoing recovery. He has been helping his wife with domestic chores and has also taken on a renovation project in the last few months. He feels poor concentration and low motivation levels have been major factors that have led to delay in completing his renovation project.

With regard to alcohol use he admitted drinking one to two standard drinks of spirit a day over the last .. months. He admitted that he has been self-medicating with alcohol to try and cope with his distress and sleep difficulties. He denied use of any illicit substances.

Current Treatment:

Pristiq ER tablet (desvenlafaxine – antidepressant) 100 mg in the morning.

Mr X reported that he has been compliant with his treatment and has been tolerating the medication well. I note from the notes from his GP, dated 29 May 20.. that there has been improvement with regard to his mood and on 26 June 20.. there had been a discussion about decreasing his antidepressant Pristiq. Mr X reported that he continued on the same dose of Pristiq 50 mg until recently.

Past Medical History:

There are no significant past medical history other than Mr X undergoing investigations for possible glaucoma in his right eye. I also note that he was prescribed Timoptol eye drops that are used for chronic open-angle glaucoma and reduction of elevated intraocular pressure.

Personal History:

There was no significant personal or developmental history other than Mr X being active, enthusiastic and independent from a very young age. He reported getting married at the age of .. years and became a father at a young age. He described himself as being confident, efficient, and always motivated to learn new things. He had worked in different companies since his teen years but the majority of his work seemed to have been in accountancy and financial management. He has been married for .. years and described a supportive and healthy relationship with his wife. His mother died when he was a child and his father died of emphysema .. years ago. He is the second in the sibship of six and reported to have had a good relationship with his siblings. He also continues to have a good relationship with his son and daughter.

Premorbid Personality:

Mr X described himself as confident, motivated and an outgoing person.

MENTAL STATE EXAMINATION:

Mr X presented as a moderately built male of stated age. He was casually dressed and his self-care was good. He was alert, pleasant and cooperative throughout the consult. He appeared slightly anxious during the initial part of the consult and maintained a closed posture however he settled during the latter part of the interview.

He maintained good eye contact and a good rapport was established. He was able to smile on occasions. His speech was normal. He reported feeling low in his mood and objectively appeared low and less reactive. He exhibited symptoms of anxiety and depression. His thought content exhibited frequent negative ruminations about his loss of employment, feelings of helplessness, guilt about being unable to provide for the family and also about his future options.

He also felt upset about being let down by his company for whom he worked for more than .. years. Cognitively, he appeared to be a person of above average intelligence. His attention and concentration during the interview appeared reasonable although he described experiencing some impaired concentration at home. He also exhibited reasonable insight into his psychological difficulties and his judgement appeared intact.

SUMMARY AND ASSESSMENT:

Mr X is a ..-year-old gentleman who had been employed all his life and has worked for more than .. years for He took pride and joy when describing his knowledge, expertise and his unique capabilities as a financial controller. He has been on sick leave for .. months since November 20.. and has been unemployed since June 20... He has not had any psychiatric conditions prior to 20...

He is currently presenting with symptoms of reactive depression, anxiety and stress associated with loss of employment secondary to work-related stresses. His symptoms fulfil the criteria for major depressive disorder and he has been started on an antidepressant with an increase in the dose recently, which has had some improvement in mental health. He continues to experience depressive symptoms, which have had a significant impact on his psychosocial and occupational functioning.

Diagnosis:

According to DSM-IV-TR:

Axis I: Major Depressive Disorder – moderate severity.
Axis II: Nil features suggestive of any personality disorders identified.
Axis III No diagnosis
Axis IV Moderate-to-severe psychosocial and occupational distress.
Axis V GAF score of 51 to 60.

Specific questions:

- 1. Description: A brief description of Mr X including height, weight, hair colour and any distinguishing features?***

Mr X weighed .. kg and was .. cm in height. He has grey hair.

2. History: Please obtain and detail a comprehensive history and chronology of the Mr X's past and present claimed condition/s?

Please refer to the "Presenting Complaints" for a comprehensive history and chronology.

3. Diagnosis: In your opinion what diagnosis/s did you reach in accordance with DSM IV for the claimed condition/s?

I have used DSM-IV-TR criteria to determine the diagnosis. His symptoms fulfils criteria for Major Depressive Disorder – moderate severity and intensity. There has been a slight improvement in his depressive features since increasing the antidepressant.

4. Treatment: We seek your opinion and/or reasoning to the following:

- a) **Past and present treatment that Mr X has undertaken for the claimed condition/s?**
- b) **Please advise how effective this treatment has been to date?**
- c) **Do you have any further recommendations of future treatment and what is the anticipated outcome of this?**
- d) **Has Mr X reached maximum medical improvement for each claimed condition/s?**
 - i) **If so please advise how you have reached this opinion?**
 - ii) **If not, what would be an adequate timeframe for this to occur?**

Mr X has not reached the maximum medical improvement for his depressive illness as his antidepressant was recently increased to 100 mg in the morning with a slight improvement with regards to his mood. There is a room to increase the medications further to notice any change in his mental state, as the maximum dose of desvenlafaxine is 200 mg once daily. If he fails to respond or improve in his depressive features, another antidepressant of the same class or of different class can be considered. The evidence-based treatment of major depressive disorder – moderate severity is the combination of medication as well as psychological therapy such as cognitive behavioural therapy and other specific psychological interventions.

The increase in antidepressant recently has made a slight improvement with regard to his mood, which would suggest that he might respond better to gradual increase in medication. His condition is reactive to the work-related stresses which have had a significant impact on his self-confidence, and his coping mechanisms. He has developed negative depressive cognitions and this has also undermined his ability to cope with any further stresses. Hence psychological therapy, such as cognitive behavioural therapy, should be considered as a part of his treatment to address his negative cognitions

5. Treatment compliance:

- (a) Has Mr X been compliant with all forms of treatment?**
- (b) If no, detail where Mr X was not compliant and reasons for such**
- (c) How will this affect Mr X's prognosis for improvement in the context of future work capacity?**

There is no history suggestive of non-compliance with treatment. His compliance to medications is important to treat his Depression and this has a direct effect on his future work capacity.

6. Work related restrictions and capabilities:

Restrictions:

- (a) Does Mr X have any permanent restrictions relating to the claimed psychiatric condition or illness?**
- (b) If yes, what are these permanent restrictions?**
- (c) Please detail your reasoning as to how these restriction's will prevent the claimant from ever returning to work within their education, training and experience?**

(Note: Limitations may be expressed in terms of a reduced number of hours per day or week, a percentage of all normal occupation duties, and/or may be specified to limitations or restrictions on a particular function within a job description).

Capabilities:

- (d) Does Mr X have a capability to perform work duties?**
- (e) If so, please detail what these capabilities are and include:**
 - i) How many hours Mr X can perform these duties?**
 - ii) Whether these hours could be increased in the future and if so, to what amount?**

Mr X does not have permanent restrictions related to his condition. However he experiences poor concentration, memory difficulties, decreased motivation and also irritability which will have a significant impact on his work capacity and these restrictions will prevent him from returning to work within his education, training and experience.

7. Motivation:

- (a) Is Mr X motivated to attempt a return to work?**
- (b) If no, is this lack of motivation related to a claimed condition or non-medical related factors (i.e.: financial gain)? Please detail your reasoning**

- (c) ***What impact (if applicable) does this lack of motivation play with respect to Mr X's ability to return to any work within their education, training and experience?***

Mr X is motivated and is keen to return to work, but currently feels that he is incapable of performing his usual duties and fears that he would underperform at his work. I believe that he is still recovering and his motivation levels and concentration will improve with treatment.

8. Prognosis:

- (a) ***What is Mr X's prognosis of returning to work in his pre-disability occupation as Please specify the optimum number of hours Mr X is likely to be able to work in this occupation, and advise what the estimated timeframe of reaching this capacity will be.***
- (b) ***If you are of the opinion Mr X will not be able to return to work in his pre-injury occupations, please explain reasons for this opinion and provide objective evidence that supports this opinion.***
- (c) ***In your opinion, does Mr X psychiatric condition or illness render the claimant from ever returning to work, within their education, training and experience? Please detail your reasoning.***

I consider that with appropriate treatment Mr X stands a reasonable chance of recovery from his psychological problems. In my opinion there would be a clear worsening of symptoms if he were to return to work with his previous employers. I am of the opinion that his condition will require regular follow up by a psychiatrist for at least .. months to stabilise the pharmacological treatment of his condition and to give him the opportunity to have psychological therapy. The focus of the psychological treatment will be to address his negative cognitions, improve confidence, resilience and also anxiety management.

9. Vocational Rehabilitation: Do you recommend Mr X engages with a Vocational Rehabilitation program as part of his treatment plan?

- (a) ***If so, please advise of the appropriate timeframe as to when Mr X should engage in such a programme and outline in which capacity (occupations/duties and hours) should be considered.***
- (b) ***If you do not recommend Mr X engages in a Vocation Rehabilitation program either now or in the future, please explain why you are of this opinion***

I do recommend that Mr X engage with the vocational rehabilitation program as a part of his treatment plan. I believe that it would be appropriate to consider commencing the rehabilitation program four to six months from now, depending on his progress.

10. Other: Any other factors that you view as relevant

No other factors.

I acknowledge that I have read the Expert Witness Code of Conduct and agree to be bound by it.

The contents of this report are true to the best of my knowledge and belief.

I trust that the foregoing meets your requirements regarding Mr X. Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely

Dr X
MB BS, DipCP, MRCPsych, FRANZCP, CIME (ABIME)
Consultant Psychiatrist