MINOR PSYCHIATRIC INJURY GUIDELINES

How to use these Guidelines

Section 1.6(3) of the *Motor Accident Injuries Act 2017* (**MAIA**) provides that a minor psychological or psychiatric injury is a psychological or psychiatric injury that is not a recognised psychiatric illness.

Clause 4(2) of the *Motor Vehicle Injuries Regulation 2017* (**MAIR**) provides that each of the following injuries are included in the definition of a minor psychological or psychiatric injury:

- Acute stress disorder
- Adjustment disorder

Clause 4(3) provides that Acute Stress Disorder and Adjustment Disorder have the same meanings as in DSM-5.

Psychiatric Injuries such as Major Depression, Generalised Anxiety Disorder and PTSD are non-minor injuries.

The purpose of these Guidelines is to assist in distinguishing between the DSM-5 criteria between minor and non-minor psychiatric injuries.

Minor psychiatric injuries

Acute Stress Disorder

Acute stress disorder (**ASD**) is characterized by acute stress reactions that may occur in the initial month after a person is exposed to a traumatic event (threatened death, serious injury, or sexual violation). The disorder includes symptoms of intrusion, dissociation, negative mood, avoidance, and arousal. The symptoms that define ASD overlap with those for PTSD, which is a non-minor injury. One difference, though, is that a PTSD diagnosis cannot be given until symptoms have lasted for one month. Also, compared to PTSD, ASD is more likely to involve feelings such as not knowing where you are, or feeling as if you are outside of your body.

Diagnosis

The diagnostic criteria for acute stress disorder (**ASD**) from DSM-5 are described below:

A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:
    1. Directly experiencing the traumatic event(s)
    2. Witnessing, in person, the event(s) as it occurred to others
    3. Learning that the event(s) occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
    4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains, police officers repeatedly exposed to details of child abuse). Note: This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.

B. Presence of nine (or more) of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

Intrusion symptoms

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognisable content.
3. Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings). Note: In children, trauma-specific re-enactment may occur in play.
4. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)

Negative mood

5. Persistent inability to experience positive emotions (eg, inability to experience happiness, satisfaction, or loving feelings).

Dissociative symptoms

6. An altered sense of the reality of one's surroundings or oneself (eg, seeing oneself from another's perspective, being in a daze, time slowing).
7. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

Avoidance symptoms

8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
9. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Arousal symptoms

10. Sleep disturbance (e.g. difficulty falling or staying asleep, restless sleep)
11. Irritable behaviour and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
12. Hypervigilance
13. Problems with concentration
14. Exaggerated startle response

C. Duration of the disturbance (symptoms in Criterion B) is three days to one month after trauma exposure. Note: Symptoms typically begin immediately after the trauma, but persistence for at least three days and up to a month is needed to meet disorder criteria.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g. medication or alcohol) or another medical condition (e.g. mild traumatic brain injury) and is not better explained by brief psychotic disorder.

Summary

- Acute stress disorder (**ASD**) is characterized by acute stress reactions that may occur in the initial month after a person is exposed to a traumatic event. The disorder includes symptoms of intrusion, negative mood, dissociation, avoidance, and arousal.
- The prevalence of ASD after a traumatic event has been estimated at between 5 and 20 percent, depending on the nature and severity of trauma, and the instrument used to identify the disorder.
- ASD typically presents with severe levels of re-experiencing and anxiety in response to reminders of the recent trauma. These reactions tend to be readily activated by many occurrences and situations. This will often lead to generalized fear, vigilance for further threats, and active avoidance of situations that stimulate recollections of the trauma.
- ASD is diagnosed in persons experiencing or witnessing a traumatic event and experiencing associated symptoms of intrusion, negative mood, dissociation, avoidance, and arousal, and significant distress or impairment. Symptoms should be present at a severe level to warrant diagnosis.
- ASD can be diagnosed three days after the traumatic event; however, delaying the diagnosis until a week after the event may better identify patients who can be effectively treated and are at higher risk of developing posttraumatic stress disorder (**PTSD**).

Adjustment disorder

For diagnosis of adjustment disorder, the DSM-5 list these criteria:

- Having emotional or behavioural symptoms within three months of a specific stressor occurring in your life
- Experiencing more stress than would normally be expected in response to a stressful life event and/or having stress that causes significant problems in your relationships, at work or at school
- Symptoms are not the result of another mental health disorder or part of normal grieving

Types of adjustment disorder:

The DSM-5 lists six different types of adjustment disorders. Although they're all related, each type has unique signs and symptoms. Adjustment disorders can be:

- **With depressed mood**. Symptoms mainly include feeling sad, tearful and hopeless and experiencing a lack of pleasure in the things you used to enjoy.
- **With anxiety**. Symptoms mainly include nervousness, worry, difficulty concentrating or remembering things, and feeling overwhelmed. Children who have an adjustment disorder with anxiety may strongly fear being separated from their parents and loved ones.
- **With mixed anxiety and depressed mood**. Symptoms include a combination of depression and anxiety.
- **With disturbance of conduct**. Symptoms mainly involve behavioural problems, such as fighting or reckless driving. Youths may skip school or vandalize property.
- **With mixed disturbance of emotions and conduct**. Symptoms include a mix of depression and anxiety as well as behavioural problems.
- **Unspecified**. Symptoms don't fit the other types of adjustment disorders, but often include physical problems, problems with family or friends, or work or school problems.

Non-minor psychiatric injuries

Post Traumatic Stress Disorder

DSM-5 Criteria for PTSD

All of the criteria are required for the diagnosis of PTSD.

A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s) (**Criterion A (one required)**):

1. Direct exposure
2. Witnessing the trauma
3. Learning that a relative or close friend was exposed to a trauma
4. Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

B. The traumatic event is persistently re-experienced, in the following way(s) (**Criterion B (one required)**):

1. Unwanted upsetting memories:
2. Nightmares. **Note**: in children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
3. Flashbacks
4. Emotional distress after exposure to traumatic reminders
5. Physical reactivity after exposure to traumatic reminders

C. Avoidance of trauma-related stimuli after the trauma, in the following way(s) (**Criterion C (one required)**):

1. Trauma-related thoughts or feelings
2. Trauma-related reminders

D. Negative thoughts or feelings that began or worsened after the trauma, in the following way(s) (**Criterion D (two required)**):

1. Inability to recall key features of the trauma
2. Overly negative thoughts and assumptions about oneself or the world
3. Exaggerated blame of self or others for causing the trauma
4. Negative affect
5. Decreased interest in activities
6. Feeling isolated
7. Difficulty experiencing positive affect

E. Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s) (**Criterion E (two required)**):

1. Irritability or aggression
2. Risky or destructive behaviour
3. Hypervigilance
4. Heightened startle reaction
5. Difficulty concentrating
6. Difficulty sleeping

F. Duration of the disturbance (Criteria B.C.D and E) is more than 1 month (**Criterion F (required)**).

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.(**Criterion G (required)**).

H. The disturbance is not attributed to the direct physiological effects of a substance (e.g. medication, alcohol) or another medical condition (**Criterion H (required)**).

Summary

In order to be diagnosed with PTSD according to the DSM-5, you need to meet the following:

- Criterion A
- One symptom (or more) from Criterion B
- One symptom (or more) from Criterion C
- Two symptoms (or more) from Criterion D
- Two symptoms (or more) from Criterion E
- Criteria F through H

How Do PTSD and ASD Differ?

ASD and PTSD share the same requirement for exposure to a traumatic event (Criterion A). Many of the ASD symptoms are similar to those for PTSD. Yet, ASD and PTSD differ in several important ways:

- PTSD diagnosis requires meeting a certain number of symptoms within established clusters. For ASD, symptoms are not classified within clusters; therefore an individual meets diagnosis based upon expression of symptoms in total.
- PTSD includes non-fear based symptoms (i.e., risky or destructive behaviour, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated), whereas ASD does not.
- PTSD includes a <dissociative subtype>, whereas in ASD, depersonalization and derealization are included as symptoms under the dissociative heading.
- While people who experience ASD are at high risk of developing PTSD, the majority of people who develop PTSD did not previously meet criteria for ASD. Thus, having an ASD diagnosis is moderately predictive of PTSD, but not having an ASD diagnosis should not necessarily be interpreted as indicated a good prognosis.

Major Depression

Depression DSM-5 Diagnostic Criteria

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.

7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

Generalized anxiety and disorder

Criteria for Diagnosing GAD

When assessing for GAD, clinical professionals are looking for the following:

1. The presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least 6 months and is clearly excessive.
2. The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
3. The anxiety and worry are accompanied with at least three of the following physical or cognitive symptoms (In children, only one symptom is necessary for a diagnosis of GAD):

    - Edginess or restlessness
    - Tiring easily; more fatigued than usual
    - Impaired concentration or feeling as though the mind goes blank
    - Irritability (which may or may not be observable to others)
    - Increased muscle aches or soreness
    - Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)

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