RATEMYVSO VISUAL GUIDE

MAP

MENTAL HEALTH CLAIM DEVELOPMENT FLOWCHART

Connect the diagnosis to service, then document the full occupational and social disability picture.

DIAGNOSIS TO IMPAIRMENT ROUTE

The diagnosis identifies the condition. Service connection requires a supported path, while the percentage evaluation turns primarily on occupational and social impairment.

START

IS THERE A CURRENT MENTAL-HEALTH DIAGNOSIS FROM A QUALIFIED CLINICIAN?

Confirm the diagnosis, differential considerations, treatment history, and whether PTSD, personal assault, TBI, substance use, or another special framework is involved.

1

DIAGNOSIS

1 CLARIFY WHAT IS DIAGNOSED AND WHAT SYMPTOMS OVERLAP

Gather diagnostic evaluations, therapy and medication records, hospital care, testing, and relevant medical history. Avoid treating a screening result as a complete diagnosis.

NO CURRENT DIAGNOSIS

OBTAIN QUALIFIED EVALUATION

Symptoms matter, but a compensation claim generally needs a current diagnosed disability and an adequate clinical record.

2

CHOOSE THE PATH

2 WHICH SERVICE-CONNECTION ROUTE FITS THE EVIDENCE?

Identify the route before developing the medical link.

DIRECT
Symptoms, events, or circumstances in service plus a nexus to the current condition.

SECONDARY CAUSATION
A service-connected disability or treatment caused the mental-health condition.

SECONDARY AGGRAVATION
A service-connected disability increased the condition's severity.

PTSD OR PERSONAL ASSAULT
Use the applicable stressor and alternative-evidence rules.

TBI OVERLAP
Separate symptoms when medically possible and avoid rating the same manifestation twice.

3

MEDICAL LINK

3 DOES THE RECORD EXPLAIN WHY THIS DIAGNOSIS IS CONNECTED TO SERVICE?

Use a consistent timeline, service and medical evidence, credible lay observations, and a reasoned nexus addressing the exact theory and competing explanations.

MISSING LINK

DEVELOP THEORY-SPECIFIC EVIDENCE

A diagnosis during or after service does not automatically establish direct, secondary, or aggravated service connection.

4

FUNCTIONAL RECORD

4 DOCUMENT FREQUENCY, SEVERITY, DURATION, AND REAL-WORLD EFFECT

Show reliability, productivity, attendance, judgment, thinking, mood, communication, relationships, self-care, safety, and periods of worsening.

- 01 TREATMENT HISTORY
- 02 WORK AND SCHOOL EFFECTS
- 03 SOCIAL AND DAILY FUNCTION
- 04 LAY OBSERVATIONS

5

FILE AND EXAMINE

5 DESCRIBE THE COMPLETE DISABILITY PICTURE AT THE C&P EXAMINATION

Be accurate and specific. Explain typical function and worse periods, medication effects, hospital care, occupational loss, social impairment, and any safety concerns. The examination is one piece of the record.

6

RATING ANALYSIS

6 DOES VA EVALUATE OVERALL OCCUPATIONAL AND SOCIAL IMPAIRMENT?

Most mental disorders use the General Rating Formula. Listed symptoms are examples, not a checklist. Multiple diagnoses usually receive one evaluation when manifestations overlap.

7

DECISION AUDIT

7 REVIEW SERVICE CONNECTION, PERCENTAGE, EFFECTIVE DATE, AND RELATED ISSUES

Check whether VA addressed the correct theory, all favorable evidence, staged ratings, TDIU when raised, secondary conditions, and whether overlapping symptoms were handled correctly.

VA OUTCOME AND NEXT REVIEW

GRANTED
Review the assigned percentage, effective date, staged-rating periods, and any inferred TDIU or secondary issues.

DEFERRED
Track examinations, records, stressor development, medical opinions, and requests for clarification.

DENIED
Identify whether VA disputed diagnosis, in-service facts, stressor evidence, nexus, aggravation, or the weight of functional evidence.

38 CFR 3.303
Direct service connection

38 CFR 3.310
Secondary causation and aggravation

38 CFR 4.126
Evaluate all evidence bearing on occupational and social impairment

38 CFR 4.130
General Rating Formula for Mental Disorders

KEEP THE ANALYSIS DISCIPLINED Report symptoms honestly and accurately. The rating is based on the complete occupational and social disability picture, not on collecting particular phrases.