

DEPRESSION DISABILITY CLAIMS

An Essential Guide for U.S. Veterans



GANG & ASSOCIATES LLC

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for **U.S. Veterans**

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Gang & Associates

About This Guide

Prominent former New York City litigator, author, and founding partner of one of the nation's leading veterans' disability law firms, Eric A. Gang, has litigated more than 1,000 appeals at the U.S. Court of Appeals for Veterans Claims, winning some of the largest VA awards on record. With a long-standing reputation as an aggressive and tenacious veteran's advocate, Eric is renowned for his calculated approach to complex VA claims and appeals involving depression, PTSD, and other psychiatric illnesses. Eric's diligence, legal acumen, and understanding of the interrelationship between psychological and physical illness continues to help U.S. military veterans maximize the benefits they deserve.

If you or a family member is experiencing depression due to service in the U.S. Army, Air Force, Marine Corps, Navy, or Coast Guard, you have the right to collect benefits from the Department of Veterans Affairs (VA). To maximize these benefits, it is important to (1) recognize your rights as a veteran with depression, (2) familiarize yourself with the VA depression claims and appeals process, and (3) understand your options under the law.

This is your quick and easy reference for:

- VA disability ratings for depression
- VA depression disability claim filing process
- How to prepare a compelling depression disability claim
- How to maximize your VA depression disability rating

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Depression Rates Among U.S. Veterans

Service in the U.S. military exposes service members to stressors and trauma above and beyond that experienced by most civilians. Separation from family, combat, physical injury, traumatic brain injury (TBI), military abuse, death of comrades, and difficulty acclimating to civilian life after discharge can have a permanent and debilitating impact on the mind.

Studies report that around 43% of veterans experience mental health issues, including post-traumatic stress disorder (PTSD), depressive disorders, or substance abuse. The 2005–2016 National Health and Nutrition Examination Surveys (NHANES) reported that depression prevalence in veterans is higher when compared to depression prevalence in civilian adults.

According to VA estimates, around 1 in 3 veterans report some symptoms of depression to primary care clinics, 1 in 5 report serious symptoms, and 1 in 8 to 10 require treatment for major depression. Depression is a serious condition associated with a higher risk of morbidity and mortality. Tragically, veterans show a 1.5 times greater suicide rate than the U.S. civilian population.

Depression can negatively impact personal relationships, employment opportunities, and quality of life. Because of the debilitating nature of depression, the U.S. Department of Veterans Affairs (VA) recognizes it as a ratable health condition. Still, obtaining VA disability benefits for depression can be a complex and difficult road for those who aren't familiar with the process.

If depression is preventing you from obtaining or maintaining employment, your financial situation depends upon maximizing the benefits earned through military service. This guide is designed to help veterans understand how the VA rates disability benefits for depression, how to prepare a successful claim, and what to do if VA has denied your claim.

Symptoms of Depression in Veterans

Depression (also known as clinical depression, persistent depressive disorder (formerly dysthymia), or major depressive disorder (MDD)) is a serious mood disorder that affects a person's emotions, thoughts, and behaviors. The VA / Department of Defense (DoD) General Practice Guidelines defines depression as "a mental health condition characterized by sadness for a long duration of time and indifference or lack of interest in the normal pleasures of life."

Symptoms of depression can vary from person to person. Many individuals with depression report two or more of the following:

- Anxiety or restlessness
- Decreased interest in activities
- Decreased interest in socializing
- Difficulty concentrating
- Excessive sleep
- Feelings of guilt
- Frequent or unexplained illness

- Insomnia
- Irritability or angry outbursts
- Lack of energy
- Lack of motivation
- Low energy levels
- Low self-esteem
- Memory problems
- Mood swings
- Ongoing feelings of sadness, hopelessness, or worthlessness
- Slowed speech or movement
- Suicidal ideation or thoughts of death
- Weight gain or weight loss

Experiencing one or two of these symptoms for a few days each month can be considered “normal” human behavior. In contrast, if you experience at least two of these symptoms for a period of at least two weeks and the symptoms impact your ability to perform everyday tasks or responsibilities, you may meet the criteria for a diagnosis of depression.

Effective Treatments for Depression

Depression is a debilitating mood disorder that renders a person unable to function productively. Many veterans mistake their condition for normal emotional ups and downs and do not seek treatment, a potentially dangerous choice. If left untreated, depression can lead to the deterioration of one’s personal relationships, financial stability, physical health, and safety.

Fortunately, there are many effective treatment options for individuals experiencing depression. Depending on your symptoms, your doctor may suggest one or a combination of several treatment protocols.

Antidepressant Medications

Several classes of medications that are effective in treating depression. Examples include selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), and serotonin/norepinephrine reuptake inhibitors (SNRIs).

Each class of medication targets a different chemical pathway involved in depression. Your doctor may try various medications and adjust doses several times to meet your specific needs or reduce any unwanted side effects.

Psychotherapy

Speaking about your symptoms and concerns with a therapist one-on-one or in a group setting has proven effective in relieving symptoms of depression. A therapist can provide insight into handling daily challenges, modifying thought patterns, developing new habits, and dealing with triggers when they arise. Therapy sessions may be scheduled once a week or more or less frequently, depending on your preference and the therapist's recommendations.

Home Remedies

Depression symptoms may be alleviated by incorporating new habits at home. Studies show that the following all have the potential to reduce symptoms of depression:

- Trying new hobbies
- Regular meditation
- Reducing caffeine and tobacco intake
- Reducing alcohol intake
- Reading
- Music therapy
- Getting outdoors
- Eating a healthy diet
- Developing a routine
- Daily journaling
- Daily exercise
- Adjusting your sleep schedule

Your doctor may suggest one or more of these self-help approaches in combination with medication or therapy.

Other Treatments

Medication and psychotherapy are often the first modes of treatment for depression. If you don't see improvement after trying these options, your doctor may prescribe other treatments. Alternative treatments that have been shown effective in treating depression include inpatient treatment, bilateral cingulotomy surgery, transcranial magnetic stimulation, electroconvulsive treatment, herbal treatments, and light therapy.

It is important for veterans experiencing depression to seek treatment and communicate with doctors and therapists about any changes in symptoms. Securing VA disability benefits for depression can further help to alleviate stressors and improve quality of life.

VA Disability Ratings for Depression

Because the degree of mental disability can be difficult to measure, VA uses a different set of criteria when rating mental disabilities versus physical disabilities. Under 38 CFR §4.130, VA assigns disability ratings for depression based on occupational and social impairment, and the duration, frequency, and severity of symptoms as described in the Diagnostic and Statistical Manual of Mental Disorders—5th Edition (DSM-5).

The VA considers depression a serious health condition and, therefore, offers disability ratings ranging from 0% to 100% total disability, depending on the amount of occupational and social impairment.

VA Disability Ratings Schedule for Depression	
0%	Formal diagnosis, but symptoms are not severe enough to interfere with occupational and social functioning or to require continuous medication.
10%	Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication.
30%	Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal). Due to such symptoms as depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, or mild memory loss (such as forgetting names, directions, and recent events).

50%	Occupational and social impairment with reduced reliability and productivity. Due to such symptoms as flattened affect, circumstantial, circumlocutory, or stereotyped speech, panic attacks more than once a week, impaired judgment, impaired abstract thinking, disturbances of motivation and mood, difficulty in establishing and maintaining effective work and social relationships, difficulty in understanding complex commands, impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks).
70%	Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood. Due to such symptoms as suicidal ideation, obsessional rituals that interfere with routine activities, speech intermittently illogical, obscure, or irrelevant, spatial disorientation, near-continuous panic or depression affecting the ability to function independently, appropriately and effectively, impaired impulse control (such as unprovoked irritability with periods of violence), neglect of personal appearance/hygiene, difficulty in adapting to stressful circumstances (including work or a worklike setting), inability to establish and maintain effective relationships.
100%	Total occupational and social impairment. Due to such symptoms as gross impairment in thought process or communication, persistent delusions/hallucinations, grossly inappropriate behavior, disorientation to time or place; memory loss for names of close relatives, own occupation, or own name, persistent danger of hurting self or others, intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene).

Remember, you do not have to meet every symptom described in the rating to receive that rating. The VA determines your rating by looking at the whole picture, considering all the evidence presented in your disability claim, and estimating which rating best fits your level of impairment.

For instance, if you have three symptoms listed in the 50% rating criteria and five symptoms listed in the 70% rating criteria, VA will lean toward

assigning the 70% rating (as long as the level of impairment is a good match with that rating). In general, occupational impairment weighs more heavily than social impairment.

Because the VA looks at all the evidence you present in your claim when assigning your rating, how you prepare your claim and what you include as evidence is critical. A well-prepared claim can mean the difference between a 50% and 100% disability rating.

Higher disability ratings can also come with other benefits. For example, Veterans with depression may qualify for Permanent and Total Disability (P&T). Veterans may also qualify for Special Monthly Compensation (SMC) for depression if at least one condition is rated 100% and they are either permanently housebound or have a separate, unrelated condition(s) rated at least 60%. An experienced veterans disability lawyer who specializes in depression claims can help you prepare your VA claim in a way that maximizes your outcome.

Payment Amounts for VA Disability Ratings

Once you have received your disability rating, you can calculate your monthly payment amount for the current year. Each year, the VA adjusts the monthly disability payment amounts to account for cost-of-living increases set by the Social Security Administration's Cost of Living Adjustment (COLA).

Monthly payment amounts increase with disability rating. For example, the 2024 preliminary VA disability rates for single veterans without dependents are as follows:

VA 2024 Preliminary Pay Rates* (single - no dependants)	
0%	\$0.00
10%	\$171.23
30%	\$524.31
50%	\$1,075.16
70%	\$1,716.28
100%	\$3,737.85

**Pay rates listed are preliminary based on the 2024 COLA increase of 3.2%, announced on Oct. 12, 2023. Final 2024 payment amounts released on Dec. 1, 2024 may vary slightly.*

The monthly payment amount is increased further for veterans who are married, have children, or have dependent parents.

100% VA Depression Ratings and TDIU

Veterans whose symptoms do not meet the 100% rating criteria can still qualify for payment at the 100% disability rate if their depression is severe enough to render them unemployable and eligible for Total Disability Based on Individual Unemployability (TDIU).

Veterans may also qualify for a temporary rating of 100% if they are hospitalized in a VA-approved treatment center for a period of at least

21 days for their service-connected conditions. Here, the effective date would be the first day of hospitalization. Payments will stop on the last day of the month of the veteran's stay.

In claims of depression, the VA cannot deny benefits by claiming that you have the physical ability to maintain employment or the mental capacity to hold a sedentary job. Depression is mentally debilitating. This means that even if you are physically able, have a college education, or have a strong work history, you cannot be expected to perform in a work environment.

On the other hand, veterans eligible for TDIU or a 100% rating (single or combined) can still work if they want to. As long as the veteran doesn't have "substantially gainful employment," they can still work and receive benefits. Such work may include marginal employment, selling products online, helping out a local business, or earning any amount at or below the poverty line for the veteran's area.

Depression Claims vs. PTSD Claims

PTSD symptoms are very similar to symptoms of depression. In addition, the VA uses the same rating schedule to assign disability ratings for both PTSD and depression. Does it matter whether you file a PTSD claim or a depression claim? Do you need to file separate claims for each if you feel you meet the criteria for both conditions?

The VA has experienced this situation before. In 2002, Navy veteran William Clemons filed a VA claim for PTSD. Soon after, the VA medical examiner replaced his PTSD diagnosis with a different mental disorder diagnosis, so the VA denied Clemons' PTSD claim. Clemons appealed the VA's decision and won.

In 2009, the U.S. Court of Appeals for Veterans Claims opined that if multiple diagnoses for the same symptoms were treated as separate claims, it would actually work to a veteran's disadvantage. Multiple diagnoses may represent subjective differences of opinion as to the nature of one condition, not necessarily multiple separate conditions. Each new diagnosis made prior to a final VA decision should not equal an entirely separate claim. Doing so would force a veteran to continually file new claims as medical evidence is developed during his initial claim and potentially could require a veteran to accept a later effective date for diagnoses made later in the process.¹

Today, veterans don't have to worry about filing a claim for the "right" mental disorder. Veterans typically do not receive separate ratings for mental health conditions (unless the condition has its own rating criteria, such as eating disorders). There is generally no need to file separate claims for similar mental disorders since VA disability claims for mental disorders are based on symptoms, not diagnoses. Once you file a claim, that same claim can be amended later on down the line if needed as long as it is still within the general intent of their original claim. No need to start the process over again.

How To Win VA Benefits for Depression

Getting a VA disability rating for depression is not easy. Depression is not a cut-and-dry diagnosis like diabetes or cardiovascular disease. There

¹ *Clemons v. Shinseki*, 23 Vet. App. 1 (2009).

are no lab results, x-rays, or blood chemistry profiles to help support your claim. Technically, anyone could report to a doctor that they feel depressed and cannot work. VA, therefore, evaluates depression claims with a high level of scrutiny.

To simplify things and ensure you receive the highest VA rating possible, it is helpful to break up the VA claims preparation process into three important steps:

- (1) Obtain a Diagnosis
- (2) Establish Service Connection
- (3) Maximize Your Rating

STEP 1: OBTAIN A DIAGNOSIS

As part of filing a VA claim for depression, veterans need to supply proof of a diagnosis of depression or related mood disorder. This diagnosis can come from a private doctor, VA C&P examiner, or other qualified medical professional.

As discussed earlier in this guide, a diagnosis of depression is subjective. Rather than basing the diagnosis on lab tests or blood work, a diagnosis of depression is based on the patient's description of their symptoms.

Typically, your doctor will have you answer questions verbally or complete a questionnaire like the Patient Health Questionnaire-9 (PHQ-9). The questions are designed to help the doctor objectify the degree of depression severity and evaluate your physical, mental, and emotional symptoms.

Your doctor may also request certain lab tests to help rule out potential physical issues like hormone or thyroid disorders. If your symptoms meet the duration, frequency, and severity of symptoms for depression listed in the DSM-5, you may receive a diagnosis of depression.

Note that you do not need a diagnosis to begin the VA claims process. You can move forward and develop other areas of your claim before obtaining an official diagnosis, then amend the claim later with this new information.

STEP 2: ESTABLISH SERVICE CONNECTION

Depression is not a presumptive health condition for the purposes of VA benefits. This means veterans must prove that their condition is connected to military service. This connection can be a direct link to some service-related event (direct service connection) or another service-connected health condition (secondary service connection).

Unlike PTSD, which can result from a single in-service event, depression typically results from exposure to a combination of traumatic or stressful events. Therefore, you do not have to identify one specific event from service that caused your depression. Instead, you merely need to show the following:

1. A current diagnosis of depression
2. Military service (inactive duty training, active duty training, or active duty military)
3. Current diagnosis did not exist prior to service
4. Symptoms developed during service or after diagnosis with some other service-connected health problem

Direct Service Connection

Veterans can demonstrate direct service connection for depression by showing that their mental health and behavior changed after enlistment in a way that suggests the early stages of depression. Strong evidence of direct service connection for depression may include:

- No psychiatric illness on military enlistment mental health screening
- No evidence of mental illness prior to service
- In-service record of depression symptoms
- In-service record of behavioral problems
- In-service record of drug or alcohol abuse

Note that having in-service records of depression symptoms or treatment is extremely rare. A person can develop depression during military service with no service record of their symptoms. In fact, most service members will strive to mask their symptoms, acting strong and capable and never reporting mental health concerns or seeking treatment.

While records of in-service substance abuse or behavioral problems can help to suggest early stages of depression—especially when such activities did not occur before enlistment—the VA will still try to argue that these behaviors come with the territory and are not indicative of depression without military records of mental health treatment or diagnosis during service.

Without clear evidence of depression developing during service that did not exist before, veterans should consider the more common route of winning a VA rating for depression--secondary service connection.

Secondary Service Connection

Most veterans get VA disability ratings for depression through secondary service connection. Veterans can demonstrate secondary service connection by showing that their symptoms developed after the diagnosis of some other service-connected health condition.

Scientific literature associates numerous health conditions—and medications used to treat those health conditions—with the development of clinical depression. Many of these health conditions are very common among veterans who have trained or served in the military. Such health conditions include, but are not limited to, the following:

- Back Pain
- Bladder Problems
- Chronic Pain
- Diabetes
- Erectile Dysfunction
- Foot Pain
- Hearing Loss
- Heart Disease
- Hepatitis
- Insomnia
- Irritable Bowel Syndrome (IBS)
- Knee Pain
- Migraines
- Mobility Loss
- Neck Pain
- Neurologic Problems
- Obesity

- Paralysis
- Sleep Apnea
- Tinnitus
- Traumatic Brain Injury (TBI)
- Vision Loss

For example, studies suggest that 33% of patients diagnosed with tinnitus also experience depression. Depression can result from tinnitus (a persistent ringing in the ears) due to resulting sleeplessness, poor concentration, irritability, and declines in relationships and work performance. Veterans with service-connected tinnitus who experience depression should file a claim for depression secondary to tinnitus.

Similarly, chronic pain is linked to depression due to numerous factors like constant pain, impaired mobility, insomnia, and pain medications. Studies estimate that up to 44% of combat-deployed service members suffer from chronic pain compared to just 20% of the general U.S. population. Veterans with service-connected chronic pain who experience depression should file a claim for depression secondary to chronic pain.

Migraines are also common among veterans due to various factors like increased exposure to stress, noise, and traumatic brain injury. The American Migraine Foundation reports that around 20% of people with migraine headaches may develop depression, the risk factor rising with the number of migraine episodes per month. Veterans with service-connected migraines who experience depression should file a claim for depression secondary to migraines.

Sleep conditions like sleep apnea are also scientifically linked to depression. Studies show that people experiencing sleep apnea are more likely to develop depression than those without sleep apnea. Veterans with service-connected sleep apnea who experience depression should file a claim for depression secondary to sleep apnea.

Veterans can demonstrate secondary service connection for depression by showing that their symptoms developed after diagnosis with another service-connected health condition. Strong evidence of secondary service connection for depression may include:

- Absence of current depression symptoms prior to diagnosis of service-connected condition
- Evidence that depression symptoms began or worsened after diagnosis with service-connected condition
- Written medical expert opinion (medical nexus letter) showing that your service-connected health condition (or the treatment protocol for that condition) is scientifically linked to the development of depression.

Evidence showing timelines is important in establishing secondary service connection. For example, military records, medical records, witness statements from family, friends, coworkers, or neighbors, police records, or substance abuse treatment records can all be helpful in proving that your depression symptoms began or worsened after diagnosis with your service-connected condition.

The most crucial form of evidence necessary to win secondary-service connection for depression is the medical nexus letter. Remember, do

not use your personal doctor or a VA doctor to write a medical nexus letter. Nexus letters must be prepared by a medical expert with experience in analyzing VA claims and writing legal opinions supporting medical claims.

Most veterans get medical nexus letters by going through their veterans disability attorney.

An experienced veterans disability attorney will help you gather all necessary evidence and connect you with a [doctor skilled at writing compelling medical nexus letters](#) for VA benefits.

STEP 3: MAXIMIZE YOUR VA RATING

Once the VA grants service-connection for your depression, it will assign the VA disability rating that determines your monthly payments. The VA will base your disability rating on the evidence you include in your claim showing how severely your symptoms impact your ability to perform normal tasks and responsibilities. This portion of your claim is very important. The greater the impact, the higher the rating.

It is important to note that depression can also *cause* numerous health conditions. Veterans who secure service-connection for depression may be able to tack on other health conditions to get a higher combined VA rating.

For example, say a veteran has repeatedly failed to get their diabetes service connected. But they are able to service-connect their depression

diagnosis. At this point, the veteran could seek service connection for their diabetes secondary to depression.

This is because depression can be scientifically linked to diabetes. Depression can cause inactivity, substance abuse, eating disorders, weight gain, obesity, and other health conditions that lead to diabetes. In turn, the diabetes could cause further health issues like hypertension, vision loss, heart problems, or peripheral neuropathy, further opportunities to secure secondary service connection and increase your VA disability rating.

Depression and the medications used to treat depression have been shown to cause various health conditions that would, therefore, qualify as secondary to depression for the purposes of service connection.

Such health conditions include, but are not limited to:

- Sleep Apnea Secondary to Depression
- Seizures Secondary to Depression
- Restless Leg Syndrome (RLS) Secondary to Depression
- Obesity Secondary to Depression
- Migraines Secondary to Depression
- Liver Disease Secondary to Depression
- Irritable Bowel Syndrome (IBS) Secondary to Depression
- Insomnia Secondary to Depression
- Gastroesophageal Reflux Disease (GERD) Secondary to Depression
- Erectile Dysfunction Secondary to Depression
- Diabetes Secondary to Depression

- Cardiovascular Disease Secondary to Depression
- Bone Disorders Secondary to Depression

A skilled veterans disability attorney will be well-versed in the interconnections between a veteran's mental and physical health and will be able to identify all possible opportunities to maximize your VA disability rating. In addition, these advocates will help you gather the necessary evidence and medical nexus letters to support your VA claim.

Filing A VA Claim for Depression

VA Form 21-0960P-1, called the *Mental Disorders (Other Than PTSD And Eating Disorders) Disability Benefits Questionnaire*, is used by veterans who are seeking a VA disability rating for depression.

You can get a copy of VA form 21-0781 online, pick one up at your regional VA office, or call the VA to request one at 800-827-1000.

In Section I of the form, you will need to record information about your diagnosis or multiple mental health diagnoses, and your occupational and social impairment. Section II contains the clinical evidence of your condition and relevant history. In Sections III through VI, you will answer questions about your symptoms, competency to handle financial affairs, and additional remarks. You can attach pages if needed.

Finally, you need to have the form signed by your psychiatrist, psychologist, or doctor.

There are three ways to submit your form:

1. Mail the completed form to the VA regional office,
2. Take the completed form to your VA regional office in person, or
3. Fax the completed form to your VA regional office.

If you need help filling out VA Form 21-0960P-1 or gathering and submitting evidence, a veterans' disability attorney can assist you.

Can You Dispute the VA Decision?

Yes! As a veterans' disability lawyer, I've helped countless veterans fight for previously-denied VA compensation for depression—and win. Typically, the Department of Veterans' Affairs denies depression claims for two reasons:

1. Absence of a depression diagnosis
2. Lack of evidence linking depression to service

Denials based on a lack of evidence linking depression to service are common when the veteran doesn't have a record of mental health issues manifesting during service. Since many mental health events during service are never reported, veterans can have a hard time verifying direct service connection for depression.

If the veteran can link their symptoms to service, the VA may then try to deny the claim for the absence of a bona fide depression diagnosis.

They may argue that the veteran's symptoms do not equate to an official diagnosis of depression or that the symptoms do not impact the veteran's life in a significant way. The VA may also claim a veteran is exaggerating their symptoms to seek a higher disability rating.

Even if a veteran has an official diagnosis of depression, the VA may try to say a veteran lacks consistent mental health treatment during the time between discharge from service and their official diagnosis.

But remember, reports show that over 70% of people with mental illness never receive treatment. In fact, few mental health patients are treated. Many take years to admit they are struggling. Others simply don't have access to treatment. This treatment gap illustrates the difference between "true prevalence" and "treated prevalence," – concepts the VA tends to confuse.

True prevalence means the condition exists, but healthcare professionals don't document it because veterans aren't reporting problems. When the VA sees the absence of treatment, it wrongly assumes the absence of the illness altogether. They fail to understand the concept of true prevalence, and they fail to consider the data regarding mental health treatment rates versus mental illness rates.

There is extensive research that explains why we have such a significant treatment gap and the principal factors behind it. For example, people suffering from mental illness don't want to admit they have a problem due to the negative stigma around mental illness. Indeed, a very negative stigma surrounds mental health therapy in the military population. Many military personnel view seeking therapy as weak and contrary to the ubiquitous machismo culture.

Some patients even have extreme paranoia and distrust of mental health professionals – often as part of the mental illness itself. Yet the VA universally fails to recognize that it is quite common for veterans with depression to go years without formal treatment. The VA wrongly concludes that if veterans aren't getting treatment, they don't have depression.

Filing An Appeal

Do not give up if your depression claim is denied. Unfortunately, many claims of depression are not won without an appeal. If it didn't work the first time around at the regional office level, you have three appeal options at the Board of Veterans Appeals:

1. **Direct Review** – A review of the claim as it is, with no additional evidence and no hearing. This is the fastest option (you should obtain a review decision within 1 year).
2. **Evidence Submission** – A review of the claim along with additional evidence to support your argument. You have 90 days to submit your new evidence after you submit VA Form 10182.
3. **Board Hearing** – A review of the claim, additional evidence (if you want but are not required), and a chance to speak with the judge about your disagreement (either in person or virtually).

If you feel the VA simply erred in its decision, you can request a direct review using the same evidence as you presented before. But if you are concerned that your claim was not compelling enough to secure service-connection, you will need to submit new evidence for review.

Once you decide how you want to proceed, you will need to fill out VA form 10182 to request a review of the decision on your claim at the Board.

You can get a copy of VA form 10182 online, pick one up at your regional VA office, or call the VA to request one at 800-827-1000.

In general, Form 10182 must be submitted within 1 year of the date the VA mailed your decision notice. Since you cannot request two appeals consecutively for the same claim, filling out this form properly the first time is important.

In Part II of the Decision Review Request form, you'll need to select which type of review you want: direct review, evidence submission, or Board hearing.

In Part III, you need to list the issues in the VA decision that you disagree with and the date of that decision. You can list just one or several issues. For example, you may disagree with your effective date, service connection, or disability evaluation. List it and add the date of that decision.

Note that while you don't have to appeal every single issue you list to the Board, you cannot add an issue later. Only the issues listed on Form 10182 will be considered in your appeal.

Finally, you need to sign and submit form 10182. There are three ways to submit your form:

1. Mail the completed form to the Board of Veterans' Appeals at PO Box 27063, Washington, D.C. 20038, or

2. Take the completed form to your VA regional office in person, or
3. Fax the completed form to 844-678-8979.

If you need help filling out VA form 10182 or preparing evidence for a decision review, a veterans' disability attorney can assist you.

Submitting New Evidence

If you choose the evidence submission, you will need to provide additional evidence to support your claim (in addition to what you provided in the original claim that was denied). VA will review the new evidence and decide whether it changes their decision.

The other option for submitting new evidence involves filing a supplemental claim. The evidence in your supplemental claim must be both new and relevant. This means:

- (1) the VA did not have this evidence for its prior decision, and
- (2) the evidence is related to the issue being disputed.

For example, if you feel your depression disability rating should be 70%, not 30%, you will need to provide additional evidence (medical records, physician opinion, or witness statements) that you have not given the VA before and that shows your level of difficulty maintaining employment or performing daily tasks.

To submit new evidence, you will need to fill out VA form 20-0995. You can get a copy of VA form 20-0995 online, pick one up at your regional VA office, or call the VA at 800-827-1000 to request a form.

In general, Form 20-0995 can be submitted at any time. There is no deadline. But VA recommends that you submit it within 1 year of the date the VA mailed your decision notice.

In Part II of the Supplemental Claim form, you'll need to list each issue in your VA decision that you want to have reviewed in your supplemental claim. The easiest way to do this is to look at your decision notices, read the list of adjudicated issues, and select the issues that you want reviewed AND have additional evidence for. Then, list the date of the decision notice for each issue.

In Part III, you need to supply your new and relevant evidence.

1. If you have this evidence with you, write your name and file number on each page and attach it to form 20-0995.
2. If you want VA to gather non-federal records for you (like non-VA medical records or other private provider records), you must print, fill out, and attach the proper authorization forms to form 20-0995.
3. If you want VA to gather any federal records (like VA medical centers, federal agencies, VA treatment facilities), you will need to list the names, locations, and dates of those federal records in Part III of form 20-0995.

Finally, you need to sign and submit form 20-0995. There are three ways to submit your form:

1. Mail the completed form to the VA regional office that handles the type of benefit you selected in Part I, line 12, or
2. Take the completed form to your VA regional office in person, or
3. Fax the completed form to your VA regional office.

VA aims to deliver a decision on your supplemental claim within 5 months (averaging around 125 days).

If you need help filling out VA form 20-0995 or preparing additional evidence, a veterans' disability attorney can assist you.

Helpful Resources for Veterans with Depression

The National Suicide Prevention Lifeline

A 24/7, 365-day-a-year emergency mental health hotline

- Online chat at <https://988lifeline.org/chat>.
- 800-273-8255

The Substance Abuse and Mental Health Services Administration (SAMHSA)

A 24/7, 365-day-a-year free, confidential help with treatment referral and information services for individuals and families with mental health and/or substance use disorders.

- 800-662-4357

National Call Center for Homeless Veterans

A 24/7, 365-day-a-year free service for veterans who are homeless or at risk of becoming homeless.

- Online chat at <https://www.veteranscrisisline.net/get-help-now/chat>.
- 877-424-3838

Veterans Crisis Line

A 24/7, 365-day-a-year free service that connects veterans in crisis with VA responders through a confidential online chat, text, or toll-free hotline.

- Call 1-800-273-8255, then **Press 1**
- Online chat at <https://www.veteranscrisisline.net/get-help-now/chat>.
- Text **838255** (Note that standard messaging fees may apply).

Veterans Disability Attorney

If you have further questions about filing a depression disability benefits claim, your rights as a veteran, medical nexus letters, or other concerns, please call Eric Gang and his team of lawyers at 888.878.9350 or visit www.VeteransDisabilityInfo.com. We are happy to help and work diligently to protect your privacy.

More Questions About Your Depression Disability Claim?

It is essential that veterans understand their options to receive the support necessary to help manage and treat symptoms of Depression.

Benefits and compensation ARE available.

If you have further questions about filing a depression disability benefits claim, your rights as a veteran, or other concerns, please call Eric Gang at 888.878.9350 or visit www.VeteransDisabilityInfo.com. We are happy to help and work diligently to protect your privacy.

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