

Determination
of
Statement of Principles
concerning
SUICIDE or ATTEMPTED SUICIDE

ICD CODE: 989.9

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **suicide or attempted suicide** and **death from suicide or attempted suicide**.

(b) For the purposes of this Statement of Principles, "**suicide or attempted suicide**" means death of a person or injury to a person resulting from actions performed by that person (without the specific assistance of another person or persons for the actual suicidal act) with the intention of ending his or her life, attracting ICD code 989.9

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **suicide or attempted suicide** can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

4. The factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, **suicide or attempted suicide** or **death from suicide or attempted suicide** is connected with the circumstances of a person's relevant service are:
- (a) suffering from depression at the time of suicide or attempted suicide; or
 - (b) suffering from post traumatic stress disorder at the time of suicide or attempted suicide; or
 - (c) suffering from psychoactive substance abuse or dependence involving alcohol at the time of suicide or attempted suicide; or
 - (d) suffering from schizophrenia at the time of suicide or attempted suicide; or
 - (e) suffering from borderline personality disorder at the time of suicide or attempted suicide; or
 - (f) having experienced, witnessed, or been confronted with a traumatic event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, within one year immediately before suicide or attempted suicide; or
 - (g) experiencing a severe psychosocial stressor or stressors within one year immediately before the suicide or attempted suicide.

Other definitions

6. For the purposes of this Statement of Principles:

“borderline personality disorder” means a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by the presence of at least five of the following behaviour patterns:

- (i) frantic efforts to avoid real or imagined abandonment;
- (ii) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation;
- (iii) identity disturbance: markedly and persistently unstable self-image or sense of self;

- (iv) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
- (v) recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour;
- (vi) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days);
- (vii) chronic feelings of emptiness;
- (viii) inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights);
- (ix) transient, stress-related paranoid ideation or severe dissociative symptoms,

attracting ICD code 301.83;

“depression” means any psychiatric disorder with depressive features, such as the following disorders as defined in DSM-IV:

- (i) Major depressive disorder, ICD code 296.2 or 296.3;
- (ii) Dysthymic Disorder, ICD code 300.4;
- (iii) Bipolar I Disorder, ICD code 296.5, 296.6 or 296.7;
- (iv) Bipolar II Disorder, ICD code 296.89;
- (v) Cyclothymic disorder; ICD code 301.13;
- (vi) Mood disorder due to a general medical condition, ICD code 293.83
- (vii) Substance-induced mood disorder, ICD code 291.8 or 292.84;
- (viii) Adjustment disorder with depressed mood, ICD code 309.0, 309.1, 309.4 or 309.28;
- (ix) Premenstrual dysphoric disorder, ICD code 311;
- (x) Minor depressive disorder, ICD code 311;
- (xi) Recurrent brief depressive disorder, ICD code 311;
- (xii) Depressive disorder not otherwise specified, ICD code 311; and
- (xiii) Schizo-affective disorder, ICD code 295.7;

“DSM-IV” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“post-traumatic stress disorder” means a psychiatric condition meeting the following description (derived from DSM-IV):

- (a) the person has been exposed to a traumatic event in which:
 - (i) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and
 - (ii) the person’s response involved intense fear, helplessness, or horror; and
- (b) the traumatic event is persistently re-experienced in one or more of the following ways:
 - (i) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions;
 - (ii) recurrent distressing dreams of the event;
 - (iii) acting or feeling as if the traumatic event were recurring (including a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated);
 - (iv) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
 - (v) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and
- (c) persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following:
 - (i) efforts to avoid thoughts, feelings, or conversations associated with the trauma;
 - (ii) efforts to avoid activities, places, or people that arouse recollections of the trauma;
 - (iii) inability to recall an important aspect of the trauma;

- (iv) markedly diminished interest or participation in significant activities;
 - (v) feeling of detachment or estrangement from others;
 - (vi) restricted range of affect (eg, unable to have loving feelings);
 - (vii) sense of a foreshortened future (eg, does not expect to have a career, marriage, children, or a normal life span); and
- (d) persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:
- (i) difficulty falling or staying asleep;
 - (ii) irritability or outbursts of anger;
 - (iii) difficulty concentrating;
 - (iv) hypervigilance;
 - (v) exaggerated startle response; and
- (e) duration of the disturbance (indicated by the relevant symptoms set out in paragraphs (b), (c) and (d)) is more than one month; and
- (f) the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning,

attracting ICD code 309.81;

“psychoactive substance abuse or dependence involving alcohol” means a maladaptive pattern of alcohol-drinking that is indicated by either:

- (i) continued use of alcohol despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by use of the substance; or
- (ii) recurrent use of alcohol when use is physically hazardous (for example, driving while intoxicated),

attracting ICD code 303 or 305.0;

“relevant service” means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

“schizophrenia” means a psychiatric disorder where signs of disturbed behaviour persist for at least six months, characterised by at least two of the following behaviour patterns, each present for at least one month (or less, if treated):

- (i) delusions;
- (ii) hallucinations;
- (iii) disorganized speech (eg., frequent derailment or incoherence);
- (iv) grossly disorganized or catatonic behaviour; and
- (v) negative symptoms; (i.e., affective flattening, alogia, or avolition),

where the episodes are not accounted for by a schizoaffective disorder or mood disorder with psychotic features and are not due to the direct physiological effects of a substance or of a general medical condition. During the prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more of the above listed symptoms in an attenuated form,

attracting an ICD code in the range 295.1 to 295.3, or ICD code 295.6 or 295.9;

“severe psychosocial stressor” means an identifiable occurrence that evokes feelings of substantial anxiety in an individual or which is perceived as stressful, for example, being shot at, experiencing a loss such as divorce, separation, severe illness or injury, assault, legal problems, loss of employment, major financial problems, death or serious injury in a close friend or relative.

Dated this *Twenty-first* day of *May* 1996

The Common Seal of the)
 Repatriation Medical Authority)
 was affixed to this instrument)
 in the presence of)

KEN DONALD
 CHAIRMAN