

Revocation and Determination
of
Statement of Principles
concerning
POST TRAUMATIC STRESS DISORDER

ICD-9-CM CODE: 309.81

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.15 of 1994 and Instrument No.225 of 1995; and
 - (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **post traumatic stress disorder** and **death from post traumatic stress disorder**.
- (b) For the purposes of this Statement of Principles, “**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-9-CM code 309.81.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **post traumatic stress disorder and death from post traumatic stress disorder** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **post traumatic stress disorder** or **death from post traumatic stress disorder** with the circumstances of a person's relevant service are:
 - (a) experiencing a severe stressor prior to the clinical onset of post traumatic stress disorder; or
 - (b) experiencing a severe stressor prior to the clinical worsening of post traumatic stress disorder; or
 - (c) inability to obtain appropriate clinical management for post traumatic stress disorder.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(b) to 5(c)** apply only to material contribution to, or aggravation of post traumatic stress disorder where the person's post traumatic stress disorder was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“death from post traumatic stress disorder” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s post traumatic stress disorder;

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

“experiencing a severe stressor” means the person experienced, witnessed, or was confronted with an event or events that involved actual or threat of death or serious injury, or a threat to the person’s, or another person’s, physical integrity.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlement Act applies, events that qualify as stressors include:

- (i) threat of serious injury or death; or
- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

“ICD-9-CM 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 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“terminal event” means the proximate or ultimate cause of death and includes:

- a) pneumonia;
- b) respiratory failure;

- c) cardiac arrest;
- d) circulatory failure; or
- e) cessation of brain function.

Application

9. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *Fourteenth* day of *January* 1999

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

KEN DONALD
CHAIRMAN