

Statement of Principles
concerning

SUICIDE AND ATTEMPTED SUICIDE

No. 12 of 2010

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning suicide and attempted suicide No. 12 of 2010.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 72 of 1996, as amended by Instrument No. 178 of 1996, concerning suicide or attempted suicide; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **suicide and attempted suicide**, and **death from attempted suicide**.
 - (b) For the purposes of this Statement of Principles:
"**suicide**" means the intentional act of taking one's own life; and
"**attempted suicide**" means an intentional act, the purpose of which is to take one's own life, but which has a non-fatal outcome.

Basis for determining the factors

4. 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** and **death from attempted suicide** can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must exist before it can be said that, on the balance of probabilities, **suicide or attempted suicide** or **death from attempted suicide** is connected with the circumstances of a person's relevant service is:
 - (a) having a psychiatric disorder as specified at the time of the suicide or the attempted suicide; or
 - (b) experiencing a category 1A stressor within the two years before the suicide or the attempted suicide; or
 - (c) experiencing a category 1B stressor within the two years before the suicide or the attempted suicide; or
 - (d) having a significant other who experiences a category 1A stressor within the one year before the suicide or the attempted suicide; or
 - (e) experiencing the death of a significant other within the two years before the suicide or the attempted suicide; or
 - (f) experiencing a category 2 stressor within the two years before the suicide or the attempted suicide; or
 - (g) being a perpetrator of bullying within the two years before the suicide or the attempted suicide; or
 - (h) being the victim of severe childhood abuse before the suicide or the attempted suicide; or
 - (i) attempting suicide or performing self-injurious acts, within the three months before the suicide or the attempted suicide; or

- (j) having a medical illness or injury which has resulted in, or where the prognosis involves, a severe level of disability at the time of the suicide or the attempted suicide; or
- (k) having epilepsy at the time of the suicide or the attempted suicide; or
- (l) having chronic pain of at least six months duration at the time of the suicide or the attempted suicide; or
- (m) having failed an academic examination or other academic assessment within the one month before the suicide or the attempted suicide; or
- (n) for individuals 18 years of age and younger only, commencing a course of Selective Serotonin Reuptake Inhibitor (SSRI) drug therapy, or increasing or reducing the dose of SSRI drug therapy, within the eight weeks before the suicide or the attempted suicide, and during that time reporting new or worse symptoms of agitation, aggression, insomnia, irritability, hyperkinesia, mania, hypomania or worsening of depressive symptoms; or
- (o) taking a drug or a drug from a class of drugs in Specified List 1, within the one week before the suicide or the attempted suicide; or
- (p) inability to obtain appropriate clinical management for attempted suicide.

Factors that apply only to material contribution or aggravation

- 7. Paragraph **6(p)** applies only to material contribution to, or aggravation of, attempted suicide where the person's attempted suicide was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

- 8. 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 as in force from time to time.

Other definitions

- 9. For the purposes of this Statement of Principles:

"a category 1A stressor" means one or more of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured;

"a category 1B stressor" means one of the following severe traumatic events:

- (a) being an eyewitness to a person being killed or critically injured;
- (b) viewing corpses or critically injured casualties as an eyewitness;
- (c) being an eyewitness to atrocities inflicted on another person or persons;
- (d) killing or maiming a person; or
- (e) being an eyewitness to or participating in, the clearance of critically injured casualties;

"a category 2 stressor" means one or more of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including: the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (c) having concerns in the work or school environment including: on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful work loads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including: being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including: loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or

- (g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability;

"a drug or a drug from a class of drugs in Specified List 1" means:

- (a) β -adrenoceptor blockers;
- (b) benzodiazepines; or
- (c) opiate analgesics;

"a psychiatric disorder as specified" means one of the following Axis I or Axis II disorders of mental health listed below:

- (a) acute stress disorder;
- (b) adjustment disorder;
- (c) alcohol abuse or alcohol dependence;
- (d) anxiety disorder;
- (e) attention-deficit and disruptive behaviour disorders;
- (f) bipolar disorder;
- (g) borderline personality disorder;
- (h) depressive disorder;
- (i) drug abuse or drug dependence;
- (j) eating disorder;
- (k) obsessive-compulsive disorder;
- (l) posttraumatic stress disorder;
- (m) phobic anxiety;
- (n) schizo-affective disorder;
- (o) schizophrenia; or
- (p) substance-induced anxiety disorder;

that attract a diagnosis under DSM-IV-TR and are severe enough to warrant ongoing management. The ongoing management may involve regular visits (for example, at least monthly), to a psychiatrist, clinical psychologist or general practitioner;

"a severe level of disability" means needing help with some or all activities of daily living (communication, mobility and self-care). This definition includes, for example, individuals with serious spinal injury, motor neurone disease, or a disseminated malignancy;

"a significant other" means a person who has a close family bond or a close personal relationship and is important or influential in one's life;

"an eyewitness" means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident;

"attention-deficit and disruptive behaviour disorders" are a group of psychiatric conditions which are most commonly diagnosed in childhood or adolescence. These disorders are characterised by attention problems and disruptive behaviour. Symptoms of these disorders can include: impulsivity, distractibility, poor social skills, difficulty following rules, and engagement in antisocial behaviours, such as lying, cheating, aggressiveness and destruction of property. This definition includes the diagnoses attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, attention-deficit/hyperactivity disorder not otherwise specified or disruptive behaviour disorder not otherwise specified, as derived from DSM-IV-TR;

"chronic pain" means:

- (a) continuous;
- (b) almost continuous; or
- (c) frequent, severe, intermittent pain,

which may or may not be ameliorated by analgesic medication and is of a level to cause interference with usual work or leisure activities or activities of daily living. This definition excludes normal, long-term healing processes associated with acute injury or surgical repair;

"death from attempted suicide" in relation to a person includes death from a terminal event or condition that was contributed to by the person's attempted suicide;

"DSM-IV-TR" means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000;

"obsessive-compulsive disorder" means a psychiatric condition that meets the following diagnostic criteria (derived from DSM-IV-TR):

A. Either obsessions or compulsions:

Obsessions as defined by:

- (1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress;
- (2) the thoughts, impulses, or images are not simply excessive worries about real-life problems;

- (3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralise them with some other thought or action; and
- (4) the person recognises that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion).

Compulsions as defined by:

- (1) repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly; and
 - (2) the behaviours or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviours or mental acts either are not connected in a realistic way with what they are designed to neutralise or prevent or are clearly excessive.
- B. At some point during the course of the disorder, the person has recognised that the obsessions or compulsions are excessive or unreasonable. This criteria does not apply to children.
- C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
- D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an eating disorder; hair pulling in the presence of trichotillomania; concern with appearance in the presence of body dysmorphic disorder; preoccupation with drugs in the presence of a substance use disorder; preoccupation with having a serious illness in the presence of hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a paraphilia; or guilty ruminations in the presence of major depressive disorder).
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition;

"performing self-injurious acts" means committing deliberate harm to one's own body and may include cutting, burning, hitting or poisoning.

The injury is done independently, without the aid of another person, and is severe enough for tissue damage (such as scarring) to result. This definition excludes acts associated with suicidal intent and acts related to social and cultural rites of passage which result in cosmetic scarring;

"phobic anxiety" means a psychiatric condition which significantly limits an individual's normal routine, occupational and social activities by excessive or unreasonable persistent fears brought on by the presence or anticipation of certain situations or objects. The exposure to the stimulus invariably provokes an immediate anxiety response such as a panic attack and the response is recognised as being excessive or unreasonable by the affected individual. This definition includes the diagnoses agoraphobia, social phobia or a specific phobia as derived from DSM-IV-TR;

"relevant service" means:

- (a) eligible war service (other than operational service) under the VEA; or
- (b) defence service (other than hazardous service) under the VEA; or
- (c) peacetime service under the MRCA;

"schizoaffective disorder" means a psychiatric condition that meets the following diagnostic criteria (derived from DSM-IV-TR):

- A. An uninterrupted period of illness during which, at some time, there is either a major depressive episode, a manic episode, or a mixed episode concurrent with symptoms that meet Criterion A for schizophrenia.
The major depressive episode must include Criterion A1: depressed mood.
- B. During the same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms.
- C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.
- D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition;

"severe childhood abuse" means:

- (a) serious physical, emotional, psychological or sexual harm whilst a child aged under 16 years; or
- (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing whilst a child aged under 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around that child, or any other adult in contact with that child;

"substance-induced anxiety disorder" means a psychiatric condition that meets the following diagnostic criteria (derived from DSM-IV-TR):

- A. Prominent anxiety, panic attacks, or obsessions or compulsions predominate in the clinical picture.
- B. There is evidence from the history, physical examination, or laboratory findings of either:
 - (1) the symptoms in Criterion A developed during, or within 1 month of, substance intoxication or withdrawal; or
 - (2) medication use is aetiologically related to the disturbance.
- C. The disturbance is not better accounted for by an anxiety disorder that is not substance induced. Evidence that the symptoms are better accounted for by an anxiety disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence suggesting the existence of an independent non-substance-induced anxiety disorder (e.g., a history of recurrent non-substance-related episodes).
- D. The disturbance does not occur exclusively during the course of a delirium.
- E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

This diagnosis should be made instead of a diagnosis of substance intoxication or substance withdrawal only when the anxiety symptoms are in excess of those usually associated with the intoxication or

withdrawal syndrome and when the anxiety symptoms are sufficiently severe to warrant independent clinical attention;

"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

- 10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect

- 11. This Instrument takes effect from 10 March 2010.

Dated this *first* day of *March* 2010

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

KEN DONALD
CHAIRPERSON