

Statement of Principles

concerning

ADJUSTMENT DISORDER

(Balance of Probabilities)

(No. 24 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans’ Entitlements Act 1986*.

Dated 4 March 2016

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:



Professor Nicholas Saunders AO

Chairperson

Contents

1 Name 3

2 Commencement 3

3 Authority 3

4 Revocation 3

5 Application 3

6 Definitions 3

7 Kind of injury, disease or death to which this Statement of Principles relates 3

8 Basis for determining the factors 4

9 Factors that must exist 4

10 Relationship to service 6

11 Factors referring to an injury or disease covered by another Statement of Principles 6

Schedule 1 - Dictionary 7

1 Definitions 7

1. Name

This is the Statement of Principles concerning *adjustment disorder**(Balance of Probabilities)* (No. 24 of 2016).

1. Commencement

This instrument commences on 4 April 2016.

1. Authority

This instrument is made under subsection 196B(3) of the *Veterans’ Entitlements Act 1986*.

1. Revocation

The Statement of Principles concerning adjustment disorder No. 38 of 2008 made under subsection 196B(3) of the VEA is revoked.

1. Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about adjustment disorder and death from adjustment disorder.

*Meaning of* ***adjustment disorder***

* 1. For the purposes of this Statement of Principles, adjustment disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):
     1. The development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).
     2. These symptoms or behaviours are clinically significant, as evidenced by one or both of the following:
        1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation; or
        2. Significant impairment in social, occupational, or other important areas of functioning.
     3. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
     4. The symptoms do not represent normal bereavement.
     5. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional six months.

Note: ***DSM-5*** is defined in the Schedule 1 – Dictionary.

* 1. While adjustment disorder attracts ICD‑10‑AM code F43.2, in applying this Statement of Principles the meaning of adjustment disorder is that given in subsection (2).
  2. For subsection (3), a reference to an ICD‑10‑AM codeis a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems*, *Tenth Revision, Australian Modification* (ICD‑10‑AM), Ninth Edition, effective date of 1 July 2016, copyrighted by the Independent Hospital Pricing Authority, ISBN 978‑1‑76007‑020‑5.

*Death from* ***adjustment disorder***

* 1. For the purposes of this Statement of Principles, adjustment disorder,in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s adjustment disorder.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

1. Basis for determining the factors

On the sound medical‑scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that adjustment disorder and death from adjustment disorder can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***relevant service*** is defined in the Schedule 1 – Dictionary.

1. Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, adjustment disorder or death from adjustment disorder is connected with the circumstances of a person’s relevant service:

* 1. experiencing a category 1A stressor within the three months before the clinical onset of adjustment disorder;

Note: ***category 1A stressor*** is defined in the Schedule 1 - Dictionary.

* 1. experiencing a category 1B stressor within the three months before the clinical onset of adjustment disorder;

Note:  ***category 1 B stressor*** is defined in the Schedule 1 - Dictionary.

* 1. being exposed to repeated or extreme aversive details of severe traumatic events within the three months before the clinical onset of adjustment disorder;

Note:  ***being exposed to repeated or extreme aversive details of severe traumatic events*** is defined in the Schedule 1 - Dictionary.

* 1. having a significant other who experiences a category 1A stressor within the three months before the clinical onset of adjustment disorder;

Note:  ***category 1A stressor*** and ***significant other*** are defined in the Schedule 1 - Dictionary.

* 1. experiencing a category 2 stressor within the three months before the clinical onset of adjustment disorder;

Note:  ***category 2 stressor*** is defined in the Schedule 1 - Dictionary.

* 1. experiencing the death of a significant other within the three months before the clinical onset of adjustment disorder;

Note:  ***significant other*** is defined in the Schedule 1 - Dictionary.

* 1. having, or being diagnosed with, a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the three months before the clinical onset of adjustment disorder;
  2. having persistent pain of at least three months duration at the time of the clinical onset of adjustment disorder;

Note:  ***persistent pain*** is defined in the Schedule 1 - Dictionary.

* 1. having a severe, chronic medical condition within the three months before the clinical onset of adjustment disorder;

Note: ***severe, chronic medical condition*** is defined in the Schedule 1 - Dictionary.

* 1. having a miscarriage, foetal death in-utero or stillbirth, within the three months before the clinical onset of adjustment disorder;

Note: ***miscarriage*** is defined in the Schedule 1 - Dictionary.

* 1. inability to obtain appropriate clinical management for adjustment disorder.

1. Relationship to service
   1. The existence in a person of any factor referred to in section 9 must be related to the relevant service rendered by the person.
   2. The factor set out in subsection 9(11) applies only to material contribution to, or aggravation of, adjustment disorder where the person’s adjustment disorder was suffered or contracted before or during (but did not arise out of) the person’s relevant service.
2. Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

* 1. if a factor referred to in section 9 applies in relation to a person; and
  2. that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1. Definitions
   1. In this instrument:
      1. ***adjustment disorder***—see subsection 7(2).
      2. ***being exposed to repeated or extreme aversive details of severe traumatic events*** means witnessing a person suffering real, severe, traumatic events (for example, first responders collecting human remains, police officers repeatedly exposed to details of child abuse or drone operators viewing planned strikes) or repeatedly listening to a person's account of their exposure to severe traumatic events. This definition includes media exposure of the traumatic event (for example, electronic media, television images or photographs) where viewing these images is a work requirement.
      3. ***category 1A stressor*** means one of the following severe traumatic events:
         1. experiencing a life-threatening event;
         2. being subject to a serious physical attack or assault including rape and sexual molestation; or
         3. being threatened with a weapon, being held captive, being kidnapped, or being tortured.
      4. ***category 1B stressor*** means one of the following severe traumatic events:
         1. being an eyewitness to a person being killed or critically injured;
         2. viewing corpses or critically injured casualties as an eyewitness;
         3. being an eyewitness to atrocities inflicted on another person or persons;
         4. killing or maiming a person; or
         5. being an eyewitness to or participating in, the clearance of critically injured casualties.

Note: ***eyewitness*** is also defined in the Schedule 1 - Dictionary.

* + 1. ***category 2 stressor*** means one 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:
       1. being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
       2. 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;
       3. 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 workloads, or experiencing bullying in the workplace or school environment;
       4. 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;
       5. having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property or bankruptcy;
       6. having a family member or significant other experience a major deterioration in their health; or
       7. being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability.
    2. ***DSM-5*** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
    3. ***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.
    4. ***miscarriage*** means the spontaneous or induced expulsion of the products of conception from the uterus before the foetus is viable.
    5. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
    6. ***persistent pain*** means:
       1. continuous pain; or
       2. almost continuous pain; or
       3. frequent, severe, intermittent pain;
    7. which is severe enough to interfere with usual work or leisure activities or activities of daily living.
    8. ***relevant service*** means:
       1. eligible war service (other than operational service) under the VEA;
       2. defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
       3. peacetime service under the MRCA.
    9. ***severe, chronic medical condition*** means an illness which substantially impacts on social, occupational or other important areas of functioning; and requires on-going daily or almost daily management of symptoms. This management may include, but is not limited to, assistance with activities of daily living; bed rest; dietary modification; drug therapy; nursing care; oxygen therapy or physiotherapy. This management must be supervised by a registered health practitioner.
    10. Severe, chronic medical conditions do not usually resolve spontaneously, are rarely cured completely and may progress to life threatening illnesses. Examples of these conditions include poorly controlled asthma, chronic obstructive pulmonary disease, poorly controlled diabetes mellitus, inflammatory bowel disease, pemphigus, psoriasis and rheumatoid arthritis.
    11. ***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.
    12. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
        1. pneumonia;
        2. respiratory failure;
        3. cardiac arrest;
        4. circulatory failure; or
        5. cessation of brain function.
    13. ***VEA*** means the *Veterans' Entitlements Act 1986*.