Statement of Principles concerning SCHIZOPHRENIA (Reasonable Hypothesis) (No. 83 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans' Entitlements Act 1986.

Dated 28 October 2016

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

[Signature]

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 ..................................................................................................... 5
9 Factors that must exist ....................................................................................................................... 5
10 Relationship to service ...................................................................................................................... 7
11 Factors referring to an injury or disease covered by another Statement of Principles .............. 7

Schedule 1 - Dictionary ......................................................................................................................... 8

1 Definitions .......................................................................................................................................... 8
1 Name
This is the Statement of Principles concerning schizophrenia (Reasonable Hypothesis) (No. 83 of 2016).

2 Commencement
This instrument commences on 28 November 2016.

3 Authority
This instrument is made under subsection 196B(2) of the Veterans' Entitlements Act 1986.

4 Revocation
The Statement of Principles concerning schizophrenia No. 15 of 2009, as amended, made under subsections 196B(2) and (8) of the VEA is revoked.

5 Application
This instrument applies to a claim to which section 120A of the VEA or section 338 of the Military Rehabilitation and Compensation Act 2004 applies.

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

7 Kind of injury, disease or death to which this Statement of Principles relates
(1) This Statement of Principles is about schizophrenia and death from schizophrenia.

Meaning of schizophrenia
(2) For the purposes of this Statement of Principles, schizophrenia means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

   A. Two (or more) of the following, each present for a significant portion of time during a one-month period (or less if successfully treated), at least one being (i), (ii) or (iii):

      (i) delusions;
      (ii) hallucinations;
      (iii) disorganised speech (for example, frequent derailment or incoherence);
      (iv) grossly disorganised or catatonic behaviour; or
      (v) negative symptoms (that is, diminished emotional expression or avolition).
B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas of life, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic or occupational functioning).

C. Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less if successfully treated) that meet Criterion A and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (for example, odd beliefs, unusual perceptual experiences).

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either:

   (i) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms; or
   (ii) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

E. The disturbance is not attributable to the physiological effects of a substance (for example, a drug of abuse, a medication) or another medical condition.

F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least one month (or less if successfully treated).

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

(3) While schizophrenia attracts ICD-10-AM code F20.0-F20.3, F20.5 or F20.9, in applying this Statement of Principles the meaning of schizophrenia is that given in subsection (2).

Death from schizophrenia

(5) For the purposes of this Statement of Principles, schizophrenia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's schizophrenia.

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that schizophrenia and death from schizophrenia can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

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

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting schizophrenia or death from schizophrenia with the circumstances of a person's relevant service:

(1) having experienced severe childhood abuse before the clinical onset of schizophrenia;

Note: severe childhood abuse is defined in the Schedule 1 - Dictionary.

(2) experiencing a category 1A stressor within the six months before the clinical onset of schizophrenia;

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

(3) experiencing a category 1B stressor within the six months before the clinical onset of schizophrenia;

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

(4) experiencing the death of a related child within the five years before the clinical onset of schizophrenia;

Note: related child is defined in the Schedule 1 – Dictionary.

(5) experiencing the death of a parent within the ten years before the clinical onset of schizophrenia, where the person was aged less than 18 years at the time of the parent's death;

(6) having substance use disorder, involving cannabis, within the 20 years before the clinical onset of schizophrenia;

(7) using cannabis at least twice a week for a continuous period of at least six months before the age of 18 years, within the 20 years before the clinical onset of schizophrenia;
(8) having alcohol use disorder or substance use disorder involving a drug or a drug from a class of drugs from Specified List 1 of drugs, within the five years before the clinical onset of schizophrenia;

Note: Specified List 1 of drugs is defined in the Schedule 1 – Dictionary.

(9) having viral meningitis, encephalitis or meningoencephalitis, before the age of 16 years, where the clinical onset of schizophrenia occurs within the 15 years following the infection with that viral meningitis, encephalitis or meningoencephalitis;

(10) having serological evidence of an infection from the specified list of infections within the five years before the clinical onset of schizophrenia;

Note: specified list of infections is defined in the Schedule 1 – Dictionary.

(11) having a moderate to severe traumatic brain injury within the five years before the clinical onset of schizophrenia;

(12) having a concussion within the six months before the clinical onset of schizophrenia;

(13) experiencing a category 1A stressor within the six months before the clinical worsening of schizophrenia;

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

(14) experiencing a category 1B stressor within the six months before the clinical worsening of schizophrenia;

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

(15) experiencing the death of a related child within the five years before the clinical worsening of schizophrenia;

Note: related child is defined in the Schedule 1 – Dictionary.

(16) being treated with a drug which results in the re-development or worsening of signs or symptoms of psychosis, where the treatment with the drug was undertaken for at least the two days before the clinical worsening of schizophrenia;

(17) taking a drug or a drug from a class of drugs from Specified List 2 of drugs within the 30 days before the clinical worsening of schizophrenia;

Note: Specified List 2 of drugs is defined in the Schedule 1 – Dictionary.

(18) having ceased, reduced or changed antipsychotic drug therapy, within the seven days before the clinical worsening of schizophrenia;

(19) having a clinically significant disorder of mental health as specified at the time of the clinical worsening of schizophrenia;

Note: clinically significant disorder of mental health as specified is defined in the Schedule 1 – Dictionary.
(20) inability to obtain appropriate clinical management for schizophrenia.

10 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 factors set out in subsections 9(13) to 9(20) apply only to material contribution to, or aggravation of, schizophrenia where the person’s schizophrenia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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(2) 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

In this instrument:

**category 1A stressor** means one 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.

**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.

**clinically significant disorder of mental health as specified** means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:

(a) acute stress disorder;
(b) agoraphobia;
(c) alcohol use disorder;
(d) anxiety disorder;
(e) bipolar disorder;
(f) depressive disorder;
(g) eating disorder;
(h) obsessive-compulsive disorder;
(i) panic disorder;
(j) posttraumatic stress disorder;
(k) psychotic disorder due to another medical condition;
(l) sleep-wake disorder;
(m) social anxiety disorder;
(n) specific phobia;
(o) substance use disorder; or
(p) substance/medication-induced psychotic disorder.

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

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.

inhalants means breathable chemicals that produce psychoactive vapours or fumes and include organic solvents, aerosols and anaesthetics.

Note: *organic solvents* is also defined in the Schedule 1 – Dictionary.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

organic solvents means:
- (a) aliphatic hydrocarbon solvents; or
- (b) aromatic hydrocarbon solvents; or
- (c) chlorinated organic solvents; or
- (d) oxygenated organic solvents.

related child means your biological, adopted, step- or foster child.

relevant service means:
- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: MRCA and VEA are also defined in the Schedule 1 - Dictionary.

schizophrenia—see subsection 7(2).

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.

specified list of infections means:
- (a) *Chlamydia pneumoniae*;
- (b) *Chlamydia psittaci*;
- (c) *Chlamydia trachomatis*;
- (d) human immunodeficiency virus; or
- (e) *Toxoplasma gondii*.
**Specified List 1 of drugs** means:

(a) amphetamines and amphetamine-type substances, including methamphetamine and 3,4-methylenedioxymethamphetamine (ecstasy);
(b) cocaine; or
(c) opioids.

**Specified List 2 of drugs** means:

(a) amphetamines and amphetamine-type substances, including methamphetamine and 3,4-methylenedioxymethamphetamine (ecstasy);
(b) anabolic-androgenic steroids;
(c) cannabis;
(d) cocaine;
(e) ephedrine;
(f) fenfluramine;
(g) hallucinogens;
(h) inhalants;
(i) interferons;
(j) mefloquine;
(k) opioids;
(l) phencyclidine;
(m) phentermine;
(n) phenylephrine;
(o) phenylpropanolamine;
(p) pseudoephedrine; or
(q) varenicline.

Note: *inhalants* is also defined in the Schedule 1 – Dictionary.

**terminal event** means the proximate or ultimate cause of death and includes the following:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

**VEA** means the *Veterans’ Entitlements Act 1986.*