

Statement of Principles
concerning

ACUTE STRESS DISORDER

No. 11 of 2006

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 acute stress disorder No. 11 of 2006.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 5 of 1999, as amended by Instrument No. 56 of 1999; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **acute stress disorder** and **death from acute stress disorder**.
 - (b) For the purposes of this Statement of Principles, “**acute stress disorder**” means a psychiatric condition that meets all of the following diagnostic criteria (derived from DSM-IV-TR):
 - (A) the person has been exposed to a traumatic event in which both of the following were present:

- (1) 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
 - (2) the person's response involved intense fear, helplessness, or horror; and
- (B) either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:
- (1) a subjective sense of numbing, detachment, or absence of emotional responsiveness;
 - (2) a reduction in awareness of his or her surroundings (eg, "being in a daze");
 - (3) derealization;
 - (4) depersonalization;
 - (5) dissociative amnesia (ie; inability to recall an important aspect of the stressor); and
- (C) the traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or the person is distressed on exposure to reminders of the traumatic event; and
- (D) marked avoidance of stimuli that arouse recollections of the trauma (eg, thoughts, feelings, conversations, activities, places, people); and
- (E) marked symptoms of anxiety or increased arousal (eg, difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness); and
- (F) the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilising personal resources by telling family members about the traumatic experience; and
- (G) the disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event; and

- (H) the disturbance is not due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder (as described in DSM-IV-TR), and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **acute stress disorder** and **death from acute stress disorder** 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 *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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **acute stress disorder** or **death from acute stress disorder** with the circumstances of a person's relevant service is:
- (a) experiencing a category 1A stressor not more than four weeks before the clinical onset of acute stress disorder; or
 - (b) experiencing a category 1B stressor not more than four weeks before the clinical onset of acute stress disorder; or
 - (c) experiencing the traumatic death of a significant other not more than four weeks before the clinical onset of acute stress disorder; or
 - (d) having a significant other who experiences a category 1A stressor not more than four weeks before the clinical onset of acute stress disorder; or
 - (e) inability to obtain appropriate clinical management for acute stress disorder.

Factors that apply only to material contribution or aggravation

7. Paragraph **6(e)** applies only to material contribution to, or aggravation of, acute stress disorder where the person's acute stress disorder 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 of the following severe traumatic events:

- (i) experiencing a life-threatening event;
- (ii) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (iii) 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:

- (i) eyewitnessing a person or persons being killed or critically injured;
- (ii) eyewitnessing corpses or critically injured casualties;
- (iii) eyewitnessing atrocities being inflicted on another person or persons; or
- (iv) eyewitnessing or participating in the clearance of critically injured casualties;

“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;

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

“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;

“eyewitnessing” means observing an incident first hand and being able to give direct evidence of it, and excludes viewing media coverage of the incident;

“relevant service” means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

“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;

“traumatic death” means death due to homicide, suicide, an accident, or other violent or traumatic circumstances.

Application

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 8 March 2006.

Dated this *twenty-third* day of *February*
2006

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

KEN DONALD

CHAIRPERSON