

Statement of Principles
concerning

PERSONALITY DISORDER

No. 71 of 2008

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 personality disorder No. 71 of 2008.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 144 of 1995, as amended by Instrument No. 14 of 1997, concerning personality disorder; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **personality disorder** and **death from personality disorder**.
 - (b) For the purposes of this Statement of Principles, "**personality disorder**" means a psychiatric condition meeting the following criteria derived from DSM-IV-TR:
 - A. An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

1. cognition (i.e., ways of perceiving and interpreting self, other people, and events);
 2. affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response);
 3. interpersonal functioning; or
 4. impulse control.
- B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.
- C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
- E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
- F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).
- (c) Personality disorder attracts ICD-10-AM code:
- (i) F60.0 (paranoid personality disorder);
 - (ii) F60.1 (schizoid personality disorder);
 - (iii) F21 (schizotypal personality disorder);
 - (iv) F60.2 (antisocial personality disorder);
 - (v) F60.31 (borderline personality disorder);
 - (vi) F60.4 (histrionic personality disorder);
 - (vii) F60.8 (narcissistic personality disorder);
 - (viii) F60.6 (avoidant personality disorder);
 - (ix) F60.7 (dependent personality disorder);
 - (x) F60.5 (obsessive-compulsive personality disorder); or
 - (xi) F60.9 (personality disorder not otherwise specified).
- (d) In the application of this Statement of Principles, the definition of **"personality disorder"** is that given at paragraph 3(b) above.

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 **personality disorder** and **death from personality disorder** 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, **personality disorder** or **death from personality disorder** is connected with the circumstances of a person's relevant service is:
 - (a) experiencing a category 1A stressor within the one year before the clinical onset of personality disorder; or
 - (b) experiencing a category 1B stressor within the six months before the clinical onset of personality disorder; or
 - (c) having experienced severe childhood abuse within the five years before the clinical onset of personality disorder; or
 - (d) having a clinically significant psychiatric condition as specified, within the two years before the clinical onset of personality disorder; or
 - (e) having a clinically significant attention-deficit and disruptive behaviour disorder within the five years before the clinical onset of personality disorder; or
 - (f) experiencing a category 1A stressor within the one year before the clinical worsening of personality disorder; or
 - (g) experiencing a category 1B stressor within the six months before the clinical worsening of personality disorder; or
 - (h) having experienced severe childhood abuse within the five years before the clinical worsening of personality disorder; or

- (i) having a clinically significant psychiatric condition as specified, within the two years before the clinical worsening of personality disorder; or
- (j) having a clinically significant attention-deficit and disruptive behaviour disorder within the five years before the clinical worsening of personality disorder; or
- (k) inability to obtain appropriate clinical management for personality disorder.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(f) to 6(k) apply only to material contribution to, or aggravation of, personality disorder where the person's personality 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 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 clinically significant attention-deficit and disruptive behaviour disorder" means a disorder satisfying the DSM-IV-TR diagnostic criteria for attention-deficit/hyperactivity disorder, attention-deficit/hyperactivity disorder not otherwise specified, conduct disorder, oppositional defiant disorder, or disruptive behaviour disorder not otherwise specified, that is sufficient 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 clinically significant psychiatric condition as specified" means any of the Axis I mood disorders, anxiety spectrum disorders, or substance dependence or substance abuse disorders of mental health that attract a diagnosis under DSM-IV-TR and is sufficient to warrant ongoing management. The ongoing management may involve regular visits (for example, at least monthly), to a psychiatrist, clinical psychologist or general practitioner;

"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;

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

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"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;

"severe childhood abuse" means:

- (a) the deliberate infliction of physical, emotional, psychological or sexual harm on a child under the age of 16 years by an adult, including parents, care providers, or people who work with or around that child; or
- (b) neglect of a child under the age of 16 years, where there is a failure by an adult, including parents, care providers, or people who work with or around that child, to provide conditions which are essential for the health, physical and emotional development, or wellbeing of that child.

This abuse must be serious enough to warrant ongoing intervention by a child protection agency; or ongoing medical or psychological management;

"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 5 November 2008.

Dated this **twenty-second** day of
October 2008

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

KEN DONALD
CHAIRPERSON