



# **Statement of Principles concerning depressive disorder (Balance of Probabilities) (No. 12 of 2024)**

made under subsection 196B(3) of the  
*Veterans' Entitlements Act 1986*

## **Compilation No. 1**

**Compilation date:** 26 March 2024

**Includes amendments:** Amendment Statement of Principles concerning depressive disorder (Balance of Probabilities) (No. 28 of 2024) (F2024L00225)

The day of commencement of this Amendment Statement of Principles concerning depressive disorder is 26 March 2024.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

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## About this compilation

### This compilation

This is a compilation of the *Statement of Principles concerning depressive disorder (Balance of Probabilities)* (No. 12 of 2024) that shows the text of the law as amended and in force on 26 March 2024.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

### Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register ([www.legislation.gov.au](http://www.legislation.gov.au)). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

### Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

### Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

### Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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**1 Name**

This is the Statement of Principles concerning *depressive disorder (Balance of Probabilities)* (No. 12 of 2024).

**2 Commencement**

This instrument commences on 22 January 2024.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning depressive disorder No. 84 of 2015 (Federal Register of Legislation No. F2015L00916) made under subsections 196B(3) and (8) of the VEA is repealed.

**5 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.

**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 depressive disorder and death from depressive disorder.

*Meaning of depressive disorder*

- (2) For the purposes of this Statement of Principles, depressive disorder means:
- (a) major depressive disorder; or
  - (b) major depressive episode; or
  - (c) persistent depressive disorder (including dysthymia); or
  - (d) depressive disorder due to another medical condition; or
  - (e) substance/medication-induced depressive disorder; or
  - (f) premenstrual dysphoric disorder; or

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- (g) other specified depressive disorder or unspecified depressive disorder; where:
- (3) major depressive disorder meets the following criteria (derived from DSM-5-TR):
- (a) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure.
- (i) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).
- Note: In children and adolescents, can be irritable mood.
- (ii) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
- (iii) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- (iv) Insomnia or hypersomnia nearly every day.
- (v) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- (vi) Fatigue or loss of energy nearly every day.
- (vii) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- (viii) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- (ix) Recurrent thoughts of death (not just fear of dying); recurrent suicidal ideation without a specific plan; a specific suicide plan; or a suicide attempt.
- (b) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (c) The episode is not attributable to the physiological effects of a substance or another medical condition.
- (d) At least one major depressive episode is not better explained by schizoaffective disorder and is not superimposed on

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schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

- (e) There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

- (4) major depressive episode meets the following criteria (derived from DSM-5-TR):

- (a) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure.

- (i) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).

Note: In children and adolescents, can be irritable mood.

- (ii) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

- (iii) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

- (iv) Insomnia or hypersomnia nearly every day.

- (v) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

- (vi) Fatigue or loss of energy nearly every day.

- (vii) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

- (viii) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

- (ix) Recurrent thoughts of death (not just fear of dying); recurrent suicidal ideation without a specific plan; a specific suicide plan; or a suicide attempt.

- (b) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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- (c) The episode is not attributable to the physiological effects of a substance or another medical condition.
- (5) persistent depressive disorder (dysthymia) meets the following criteria (derived from DSM-5-TR):
- (a) Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.
- Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.
- (b) Presence, while depressed, of two (or more) of the following:
- (i) Poor appetite or overeating.
  - (ii) Insomnia or hypersomnia.
  - (iii) Low energy or fatigue.
  - (iv) Low self-esteem.
  - (v) Poor concentration or difficulty making decisions.
  - (vi) Feelings of hopelessness.
- (c) During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria (a) and (b) for more than 2 months at a time.
- (d) Criteria for a major depressive disorder may be continuously present for 2 years.
- (e) There has never been a manic episode or a hypomanic episode.
- (f) The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- (g) The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hypothyroidism).
- (h) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (6) depressive disorder due to another medical condition meets the following criteria (derived from DSM-5-TR):
- (a) A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.

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- (b) There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
  - (c) The disturbance is not better explained by another mental disorder (e.g., adjustment disorder, with depressed mood, in which the stressor is a serious medical condition).
  - (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.
- (7) substance/medication-induced depressive disorder meets the following criteria (derived from DSM-5-TR):
- (a) A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterised by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
  - (b) There is evidence from the history, physical examination, or laboratory findings of both (i) and (ii):
    - (i) The symptoms in Criterion (a) developed during or soon after substance intoxication or withdrawal or after exposure to or withdrawal from a medication.
    - (ii) The involved substance/medication is capable of producing the symptoms in Criterion (a).
  - (c) The disturbance is not better explained by a depressive disorder that is not substance/medication-induced. Such evidence of an independent depressive disorder could include the following:
    - (i) the symptoms preceded the onset of the substance/medication use;
    - (ii) the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or
    - (iii) there is other evidence suggesting the existence of an independent non-substance/medication-induced depressive disorder (e.g., a history of recurrent non-substance/medication-related episodes).
  - (d) The disturbance does not occur exclusively during the course of a delirium.



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- (e) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (8) premenstrual dysphoric disorder meets the following criteria (derived from DSM-5-TR):
- (a) In the majority of menstrual cycles, at least 5 symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses.
  - (b) One (or more) of the following symptoms must be present:
    - (i) Marked affective lability (e.g., mood swings; feeling suddenly sad or tearful, or increased sensitivity to rejection).
    - (ii) Marked irritability or anger or increased interpersonal conflicts.
    - (iii) Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.
    - (iv) Marked anxiety, tension, and/or feelings of being keyed up or on edge.
  - (c) One (or more) of the following symptoms must additionally be present, to reach a total of 5 symptoms when combined with symptoms from Criterion (b) above.
    - (i) Decreased interest in usual activities (e.g., work, school, friends, hobbies).
    - (ii) Subjective difficulty in concentration.
    - (iii) Lethargy, easy fatigability, or marked lack of energy.
    - (iv) Marked change in appetite; overeating; or specific food cravings.
    - (v) Hypersomnia or insomnia.
    - (vi) A sense of being overwhelmed or out of control.
    - (vii) Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of “bloating,” or weight gain.

Note: The symptoms in Criteria a–c must have been met for most menstrual cycles that occurred in the preceding year.

- (d) The symptoms cause clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).

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- (e) The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder, or a personality disorder (although it may co-occur with any of these disorders).
  - (f) Criterion (a) should be confirmed by prospective daily ratings during at least two symptomatic cycles.
  - (g) The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition (e.g., hyperthyroidism).
- (9) other specified depressive disorder and unspecified depressive disorder have prominent symptoms of depression that cause clinically significant distress or impairment in social, occupational or other important areas of functioning, however, these depressive symptoms do not meet the full criteria for any of the other depressive disorders (derived from DSM-5-TR).
- (10) Depressive disorder excludes disruptive mood dysregulation disorder and unspecified mood disorder.

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

#### *Death from depressive disorder*

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

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

### **8 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 depressive disorder and death from depressive disorder can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

### **9 Factors that must exist**

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

- (1) experiencing a category 1A stressor within the 2 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (2) experiencing a category 1B stressor within the 2 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (3) experiencing severe childhood abuse before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (4) having a family member or close friend who experiences a category 1A stressor within the one year before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (5) experiencing the death of a family member or close friend within the 2 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

- (6) experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 6 months before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

- (7) experiencing a category 2 stressor within the 6 months before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

Note 1: A category 2 stressor can arise in a variety of circumstances connected with service. Such circumstances can arise during the course of service, as a result of separation from service and the conditions associated with that separation, and in the transition to civilian life in the years following separation.

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

- (8) having a clinically significant disorder of mental health within the 2 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

Note: *clinically significant disorder of mental health* is defined in the Schedule 1 - Dictionary.

- (9) having a sleep-wake disorder for at least the one year before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;
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Note: Examples of sleep-wake disorders include chronic insomnia disorder, hypersomnolence disorder, narcolepsy, restless legs syndrome and untreated obstructive sleep apnoea.

- (10) having an injury which is life-threatening or which results in serious physical or cognitive disability, within the 3 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;
- (11) having a severe, chronic medical condition for at least the 5 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (12) having epilepsy at the time of the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;
- (13) having persistent pain of at least 6 months duration at the time of the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder;

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

- (14) experiencing pregnancy or the first 12 months after childbirth as a parent, at the time of the clinical onset of major depressive disorder, major depressive episode or persistent depressive disorder;
- (15) having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of depression are directly related to the pathological process of the medical condition and not solely due to its psychosocial stress effects, at the time of the clinical onset of “depressive disorder due to another medical condition”;
- (16) taking mefloquine or corticosteroids, excluding topical or inhaled corticosteroids, within the 30 days before the clinical onset of substance/medication-induced depressive disorder, where substance/medication-induced depressive disorder persists after the discontinuation or tapering of mefloquine or corticosteroid therapy;
- (17) using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 30 days before the clinical onset of substance/medication-induced depressive disorder;

Note: *intoxicant dose* and *specified list of psychoactive substances* are defined in the Schedule 1 – Dictionary.

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(18) taking a drug that cannot be ceased or substituted in the long term and which is associated in the individual with the development of depressive symptoms during drug therapy and either:

- (a) the improvement of depressive symptoms within days or weeks of discontinuing or tapering drug therapy; or
- (b) the redevelopment of depressive symptoms on rechallenge with the same drug;

where the drug was being taken within the 30 days before the clinical onset of substance/medication-induced depressive disorder;

(19) using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the development of depressive symptoms, and where the psychoactive chemical or substance was being taken within the 30 days before the clinical onset of substance/medication-induced depressive disorder;

Note: *intoxicant dose* is defined in the Schedule 1 – Dictionary.

(20) having ceased or reduced therapeutic or illicit drug use or other substance use within the 30 days before the clinical onset of substance/medication-induced depressive disorder;

(21) having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced depressive disorder;

(22) experiencing a category 1A stressor within the 2 years before the clinical worsening of depressive disorder;

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

(23) experiencing a category 1B stressor within the 2 years before the clinical worsening of depressive disorder;

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

(24) experiencing severe childhood abuse before the clinical worsening of depressive disorder;

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

(25) having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of depressive disorder;

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

(26) experiencing the death of a family member or close friend within the 2 years before the clinical worsening of depressive disorder;

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(27) experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 6 months before the clinical worsening of depressive disorder;

(28) experiencing a category 2 stressor within the 6 months before the clinical worsening of depressive disorder;

Note 1: A category 2 stressor can arise in a variety of circumstances connected with service. Such circumstances can arise during the course of service, as a result of separation from service and the conditions associated with that separation, and in the transition to civilian life in the years following separation.

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

(29) having a clinically significant disorder of mental health within the 2 years before the clinical worsening of depressive disorder;

Note: *clinically significant disorder of mental health* is defined in the Schedule 1 - Dictionary.

(30) having a sleep-wake disorder for the 1 year before the clinical worsening of depressive disorder;

Note: Examples of sleep-wake disorders include chronic insomnia disorder, hypersomnolence disorder, narcolepsy, restless legs syndrome and untreated obstructive sleep apnoea.

(31) having an injury which is life-threatening or which results in serious physical or cognitive disability, within the 3 years before the clinical worsening of depressive disorder;

(32) having a severe, chronic medical condition for at least the 5 years before the clinical worsening of depressive disorder;

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

(33) having epilepsy at the time of the clinical worsening of depressive disorder;

(34) having persistent pain of at least 6 months duration at the time of the clinical worsening of depressive disorder;

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

(35) experiencing pregnancy or the first 12 months after childbirth as a parent, at the time of the clinical worsening of depressive disorder;

(36) having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of depression are directly related to the pathological process of the medical condition and not solely due to its psychosocial stress effects, at the time of the clinical worsening of depressive disorder;

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- (37) taking mefloquine or corticosteroids, excluding topical or inhaled corticosteroids, within the 30 days before the clinical worsening of depressive disorder, where depressive disorder persists after the discontinuation or tapering of mefloquine or corticosteroid therapy;
  - (38) using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 30 days before the clinical worsening of depressive disorder;

Note: *intoxicant dose* and *specified list of psychoactive substances* are defined in the Schedule 1 – Dictionary.

- (39) taking a drug that cannot be ceased or substituted in the long term and which is associated in the individual with the worsening of depressive symptoms during drug therapy and either:
  - (a) the improvement of depressive symptoms within days or weeks of discontinuing or tapering drug therapy; or
  - (b) the worsening of depressive symptoms on rechallenge with the same drug;

where the drug was being taken within the 30 days before the clinical worsening of depressive disorder;

- (40) using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the worsening of depressive symptoms, and where the psychoactive chemical or substance was being taken within the 30 days before the clinical worsening of depressive disorder;

Note: *intoxicant dose* is defined in the Schedule 1 – Dictionary.

- (41) having ceased or reduced therapeutic or illicit drug use or other substance use within the 30 days before the clinical worsening of depressive disorder;
- (42) having an alcohol use disorder or a substance use disorder at the time of the clinical worsening of depressive disorder;
- (43) inability to obtain appropriate clinical management for depressive disorder before the clinical worsening of depressive disorder.

## 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(22) to 9(43) apply only to material contribution to, or aggravation of, depressive disorder where the

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person's depressive disorder 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(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

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) killing or maiming a person;
- (b) being a witness to a person being killed or critically injured;
- (c) being a witness to atrocities inflicted on another person;
- (d) participating in the clearance of a corpse or a critically injured casualty; or
- (e) viewing a corpse or a critically injured casualty as a witness.

Note: *corpse* and *witness* are defined in the Schedule 1 – Dictionary.

**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:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, ethnicity, sexuality, 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 workloads, 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; or
- (f) having a family member or close friend experience a major deterioration in their health.

***clinically significant disorder of mental health*** means one of the following conditions, which is of sufficient severity to warrant ongoing management:

- (a) alcohol use disorder;
- (b) another depressive disorder;
- (c) anxiety disorder;
- (d) disruptive, impulse-control or conduct disorder;
- (e) dissociative disorder;
- (f) elimination disorder;
- (g) feeding or eating disorder;
- (h) gambling disorder;
- (i) gender dysphoria;
- (j) neurocognitive disorder (including vascular neurocognitive disorder and Alzheimer disease);
- (k) neurodevelopmental disorder;
- (l) obsessive compulsive or related disorder;
- (m) paraphilic disorder;
- (n) personality disorder;
- (o) schizophrenia spectrum or other psychotic disorder (including schizophrenia);
- (p) sexual dysfunction;
- (q) somatic symptom disorder or related disorder;
- (r) substance use disorder; or
- (s) trauma- and stressor-related disorder (including acute stress disorder, adjustment disorder and posttraumatic stress disorder).

Note 1: Management of the condition may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner.

Note 2: To warrant ongoing management does not require that any actual management was received or given for the condition.

***corpse*** means the human remains or body parts of one or more persons who have met a violent or horrific death.

Note: Examples of a violent or horrific death may include death due to suicide, gunshot, improvised explosive devices, natural and technological disasters, terrorist attacks or motor vehicle accidents. Seeing a closed body bag or viewing a body in an open-casket coffin are excluded from this definition.

***depressive disorder***—see subsection 7(2).

***DSM-5-TR*** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Text Revision Washington, DC, American Psychiatric Association, 2022.

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

***intoxicant dose*** means a dose sufficient to cause disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses.

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

***persistent pain*** means:

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

which may or may not be ameliorated by analgesic medication and is of a level to cause interference with usual work or activities of daily living.

***relevant service*** means:

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

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

***severe childhood abuse means:***

- (a) serious physical, emotional, psychological or sexual harm whilst a child aged under 18 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 18 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.

***severe, chronic medical condition*** means an illness that:

- (a) substantially impacts on social, occupational or other important areas of functioning; and
- (b) requires on-going daily or almost daily management of symptoms under the supervision of a registered health practitioner, including assistance with activities of daily living, bed rest, dietary modification, drug therapy, nursing care, oxygen therapy and physiotherapy; and
- (c) is of a type that does not usually resolve spontaneously, is rarely cured completely and may progress to a life-threatening illness.

Note: Examples of severe, chronic medical conditions include chronic kidney disease requiring dialysis, severe psoriasis, poorly controlled asthma and poorly controlled diabetes mellitus.

***specified list of psychoactive substances*** means:

- (a) amphetamine or amphetamine-type substances, including methamphetamine and 3,4-methylenedioxymethamphetamine (ecstasy);
- (b) cannabis;
- (c) cocaine;
- (d) hallucinogens (including phencyclidine);
- (e) inhalants; or
- (f) opioids.

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*.

***witness*** means a person who experiences an incident at the time it occurs and can give direct evidence of it. This excludes persons exposed only to public broadcasting or mass media coverage of the incident.

## Endnotes

### Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

### Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

### Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

### Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

**Endnote 2—Abbreviation key**

ad = added or inserted	orig = original
am = amended	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
amdt = amendment	pres = present
c = clause(s)	prev = previous
C[x] = Compilation No. x	(prev...) = previously
Ch = Chapter(s)	Pt = Part(s)
def = definition(s)	r = regulation(s)/rule(s)
Dict = Dictionary	reloc = relocated
disallowed = disallowed by Parliament	renum = renumbered
Div = Division(s)	rep = repealed
exp = expires/expired or ceases/ceased to have effect	rs = repealed and substituted
F = Federal Register of Legislation	s = section(s)/subsection(s)
gaz = gazette	Sch = Schedule(s)
LA = <i>Legislation Act 2003</i>	Sdiv = Subdivision(s)
LIA = <i>Legislative Instruments Act 2003</i>	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
o = order(s)	<u>underlining</u> = whole or part not commenced or to be commenced
Ord = Ordinance	

## Endnote 3—Legislation history

**Endnote 3—Legislation history**

<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
<i>Statement of Principles concerning depressive disorder (Balance of Probabilities) (No. 12 of 2024)</i>	8 January 2024 F2024L00046	22 January 2024	
<i>Amendment Statement of Principles concerning depressive disorder (Balance of Probabilities) (No. 28 of 2024)</i>	28 February 2024 F2024L00225	26 March 2024	

*Statement of Principles concerning  
Depressive Disorder (Balance of Probabilities) (No. 12 of 2024)  
Veterans' Entitlements Act 1986*

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**Endnote 4—Amendment history**

<b>Provision affected</b>	<b>How affected</b>
Section 2.....	rep LA s 48D
Section 4.....	rep LA s 48C
Subsection 9(7).....	am No. 28 of 2024