



Statement of Principles concerning panic disorder No. 68 of 2009

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 1 November 2016

Includes amendments up to: Amendment Statement of Principles concerning panic disorder No. 101 of 2016 (F2016L01681)

The day of commencement of this Amendment Statement of Principles concerning panic disorder is 1 November 2016, although the date of effect of the amendment is 28 November 2016.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning panic disorder No. 68 of 2009* that shows the text of the law as amended and in force on 1 November 2016 (the **compilation date**).

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 Legislation Register (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 series page on the Legislation 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 series page on the Legislation 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Statement of Principles
concerning

PANIC DISORDER

No. 68 of 2009

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 panic disorder No. 68 of 2009.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 9 of 1999, as amended by Instrument No. 58 of 1999, concerning panic 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 **panic disorder** and **death from panic disorder**.
 - (b) For the purposes of this Statement of Principles, "panic disorder" means a psychiatric condition meeting the following diagnostic criteria (derived from DSM-5):

-
- A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:

Note: The abrupt surge can occur from a calm state or an anxious state.

- (i) palpitations, pounding heart, or accelerated heart rate;
- (ii) sweating;
- (iii) trembling or shaking;
- (iv) sensations of shortness of breath or smothering;
- (v) feelings of choking;
- (vi) chest pain or discomfort;
- (vii) nausea or abdominal distress;
- (viii) feeling dizzy, unsteady, light-headed or faint;
- (ix) chills or heat sensations;
- (x) paraesthesias (numbness or tingling sensations);
- (xi) derealisation (feelings of unreality) or depersonalisation (being detached from oneself);
- (xii) fear of losing control or "going crazy"; or
- (xiii) fear of dying.

Note: Culture-specific symptoms (for example, tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms;

- B. At least one of the attacks has been followed by one month (or more) of one or both of the following:

- (i) persistent concern or worry about additional panic attacks or their consequences (for example, losing control, having a heart attack, "going crazy");
- (ii) a significant maladaptive change in behaviour related to the attacks (for example, behaviours designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations);

- C. The disturbance is not attributable to the physiological effects of a substance (for example, a drug of abuse, a medication) or another medical condition (for example, hyperthyroidism, cardiopulmonary disorders); and

- D. The disturbance is not better explained by another mental disorder (for example, the panic attacks do not occur only

in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder).

- (c) Panic disorder attracts ICD-10-AM code F40.01 or F41.0.
- (d) In the application of this Statement of Principles, the definition of "**panic disorder**" is that given at paragraph 3(b) above.

Basis for determining the factors

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **panic disorder** and **death from panic 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 **panic disorder** or **death from panic disorder** with the circumstances of a person's relevant service is:
 - (a) experiencing a category 1A stressor within the five years before the clinical onset of panic disorder; or
 - (b) experiencing a category 1B stressor within the five years before the clinical onset of panic disorder; or
 - (c) being the victim of severe childhood abuse within the 20 years before the clinical onset of panic disorder; or

-
- (d) experiencing the death of a significant other within the two years before the clinical onset of panic disorder; or
 - (e) having a clinically significant disorder of mental health from Specified List 1 at the time of the clinical onset of panic disorder; or
 - (f) having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical onset of panic disorder; or
 - (g) having a moderate to severe cerebral trauma within the ten years before the clinical onset of panic disorder; or
 - (h) having epilepsy at the time of the clinical onset of panic disorder; or
 - (i) experiencing a category 1A stressor within the five years before the clinical worsening of panic disorder; or
 - (j) experiencing a category 1B stressor within the five years before the clinical worsening of panic disorder; or
 - (k) experiencing the death of a significant other within the two years before the clinical worsening of panic disorder; or
 - (l) having a clinically significant disorder of mental health from Specified List 2 at the time of the clinical worsening of panic disorder; or
 - (m) having a medical illness or injury, which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical worsening of panic disorder; or
 - (n) having epilepsy at the time of the clinical worsening of panic disorder; or
 - (o) inability to obtain appropriate clinical management for panic disorder.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(i) to 6(o)** apply only to material contribution to, or aggravation of, panic disorder where the person's panic 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 disorder of mental health from Specified List 1" 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) personality disorder (restricted to avoidant personality disorder, borderline personality disorder, dependent personality disorder, histrionic personality disorder and obsessive-compulsive personality disorder);
 - (j) posttraumatic stress disorder;
 - (k) schizophrenia;
 - (l) social anxiety disorder;
 - (m) specific phobia; or
 - (n) substance use disorder;

"a clinically significant disorder of mental health from Specified List 2" 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) posttraumatic stress disorder;
- (j) schizophrenia;
- (k) social anxiety disorder;
- (l) specific phobia; or
- (m) substance use disorder;

"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;

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

"DSM-5" means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013;

"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, Tenth Revision, Australian Modification (ICD 10 AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978 1 76007 020 5;

"moderate to severe cerebral trauma" means structural injury or physiological disruption of brain function as a result of external force, accompanied by at least one of the following clinical signs immediately following the event:

- (a) loss of consciousness lasting at least 30 minutes or posttraumatic anterograde amnesia lasting at least 24 hours;
- (b) leakage of cerebrospinal fluid;
- (c) injury involving penetration of the dura mater;
- (d) seizures;
- (e) intracranial abnormalities, including intracranial haemorrhage; intracranial haematoma; cerebral contusion; hydrocephaly and diffuse axonal injury; or
- (f) a Glasgow Coma Scale score of 12 or less.

In this definition, external force includes blunt trauma; acceleration or deceleration forces; blast force or a foreign body penetrating the brain;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (a) hazardous service under the VEA;

-
- (b) British nuclear test defence service under the VEA;
 - (c) warlike service under the MRCA; or
 - (d) non-warlike service under the MRCA;

"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;

"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 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 11 November 2009.

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 the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

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

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Statement of Principles concerning panic disorder No. 68 of 2009	2 November 2009 F2009L04031	11 November 2009	
Amendment Statement of Principles concerning panic disorder No. 101 of 2016	31 October 2016 F2016L01681	1 November 2016	

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Clause 3(b)	rs. Instrument No. 101 of 2016
Clause 6(e)	rs. Instrument No. 101 of 2016
Clause 6(l)	rs. Instrument No. 101 of 2016
Clause 9 "a clinically significant disorder of mental health from Specified List 1".....'	ad. Instrument No. 101 of 2016
Clause 9 "a clinically significant disorder of mental health from Specified List 2".....'	ad. Instrument No. 101 of 2016
Clause 9 "a clinically significant psychiatric condition from specified list 1".....'	rep. Instrument No. 101 of 2016
Clause 9 "a clinically significant psychiatric condition from specified list 2".....'	rep. Instrument No. 101 of 2016
Clause 9 "DSM-5".....'	ad. Instrument No. 101 of 2016
Clause 9 "DSM-IV-TR".....'	rep. Instrument No. 101 of 2016
Clause 9 "ICD-10-AM code".....'	rs. Instrument No. 101 of 2016
Clause 9 "obsessive-compulsive disorder".....'	rep. Instrument No. 101 of 2016
Clause 9 "panic attack".....'	rep. Instrument No. 101 of 2016
Clause 9 "phobic anxiety".....'	rep. Instrument No. 101 of 2016
Clause 9 "relevant service".....'	rs. Instrument No. 101 of 2016
Clause 9 "substance-induced anxiety disorder".....'	rep. Instrument No. 101 of 2016