



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**SCHIZOPHRENIA**  
**(Balance of Probabilities)**  
**(No. 84 of 2016)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) 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:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson  
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 .....	6
11	Factors referring to an injury or disease covered by another Statement of Principles.....	7
<b>Schedule 1 - Dictionary .....</b>		<b>8</b>
1	Definitions.....	8

**1 Name**

This is the Statement of Principles concerning *schizophrenia (Balance of Probabilities)* (No. 84 of 2016).

**2 Commencement**

This instrument commences on 28 November 2016.

**3 Authority**

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

**4 Revocation**

The Statement of Principles concerning schizophrenia No. 16 of 2009 made under subsection 196B(3) of the VEA is revoked.

**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 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).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code 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.

### *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**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that schizophrenia and death from schizophrenia can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, schizophrenia or death from schizophrenia is connected 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 three 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 three 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 two years before the clinical onset of schizophrenia;

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

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

- (6) using cannabis at least twice a week for a continuous period of at least two years before the age of 18 years, within the 20 years before the clinical onset of schizophrenia;

- (7) 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.

- (8) experiencing a category 1A stressor within the three months before the clinical worsening of schizophrenia;

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

- (9) experiencing a category 1B stressor within the three months before the clinical worsening of schizophrenia;

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

- (10) experiencing the death of a related child within the two years before the clinical worsening of schizophrenia;

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

- (11) 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;

- (12) 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.

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

- (14) 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.

- (15) 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(8) to 9(15) 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(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) 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.

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

**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.



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

**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) 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.

**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 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; or
- (p) pseudoephedrine.

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*.