Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Adjustment Disorder with Mixed Anxiety and Depressed Mood

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- Clinical notes by Role 2 surgical facility, Afghanistan, dated 14 April 2012;
- A welfare officer report by the deployed unit, dated 3 May 2012;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 22 May 2012;
- An orthopaedic and gynaecology inpatient notes by the tertiary hospital, dated 30 May 2012;
- A post-operational psychological screen by the mental health team, dated 8 June 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 26 July 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 15 August 2012;
- X-ray pelvis and right tibia by the radiologist, dated 10 December 2012;
- A psychiatric review by the consultant psychiatrist, dated 18 February 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 January 2008 and 30 November 2014

Adjustment Disorder with Mixed Anxiety and Depressed Mood

You have stated that your condition was caused by:

- *experiencing a category 1A stressor within the 3 months before clinical onset*
- *experiencing a category 1B stressor within the 3 months before clinical onset*
- *being exposed to repeated or extreme aversive details of severe traumatic events within the 3 months before clinical onset*
- *having a person with whom one has a close family bond or a close personal relationship experience a category 1A stressor within the three months before clinical onset*
- *experiencing a category 2 stressor within the 3 months before clinical onset*
- *having a medical illness or injury which has resulted in a severe level of physical or cognitive disability, within the 3 months before clinical onset*
- *having a miscarriage, foetal death in-utero or stillbirth, within 3 months before clinical onset*

Diagnosis: Adjustment Disorder with Mixed Anxiety and Depressed Mood

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 15 August 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Adjustment Disorder (Balance of Probabilities) (No. 59 of 2025)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *experiencing a category 1A stressor within the 3 months before clinical onset*
- *experiencing a category 1B stressor within the 3 months before clinical onset*
- *being exposed to repeated or extreme aversive details of severe traumatic events within the 3 months before clinical onset*
- *having a person with whom one has a close family bond or a close personal relationship experience a category 1A stressor within the three months before clinical onset*
- *experiencing a category 2 stressor within the 3 months before clinical onset*
- *having a medical illness or injury which has resulted in a severe level of physical or cognitive disability, within the 3 months before clinical onset*
- *having a miscarriage, foetal death in-utero or stillbirth, within 3 months before clinical onset*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with persistent low mood, tearfulness, excessive worry about your husband's health, your own recovery and your future in the Army, initial insomnia, irritability, poor concentration and social withdrawal on 26 July 2012.

The diagnosis was made by a consultant psychiatrist on 15 August 2012 after a structured psychiatric interview. Emotional and behavioural symptoms developed within three months of identifiable stressors, caused marked distress and significantly impaired your function in rehabilitation, did not represent normal bereavement, and did not meet the criteria for posttraumatic stress disorder, acute stress disorder or a major depressive episode. This meets the Statement of Principles definition of adjustment disorder, derived from DSM-5-TR.

This has then led to further investigations and the diagnosis of your condition of *Adjustment Disorder with Mixed Anxiety and Depressed Mood*. I have accepted your condition of *Adjustment Disorder with Mixed Anxiety and Depressed Mood*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 12 July 2012.

Adjustment Disorder with Mixed Anxiety and Depressed Mood (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- Clinical notes by Role 2 surgical facility, Afghanistan, dated 14 April 2012;
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- An orthopaedic and gynaecology inpatient notes by the tertiary hospital, dated 30 May 2012;
- A post-operational psychological screen by the mental health team, dated 8 June 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 26 July 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 15 August 2012;
- X-ray pelvis and right tibia by the radiologist, dated 10 December 2012;
- A psychiatric review by the consultant psychiatrist, dated 18 February 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 January 2008 and 30 November 2014

Adjustment Disorder with Mixed Anxiety and Depressed Mood (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for adjustment disorder before clinical worsening*

Diagnosis: Adjustment Disorder with Mixed Anxiety and Depressed Mood (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 15 August 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Adjustment Disorder (Balance of Probabilities) (No. 59 of 2025)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for adjustment disorder before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with persistent low mood, tearfulness, excessive worry about your husband's health, your own recovery and your future in the Army, initial insomnia, irritability, poor concentration and social withdrawal on 26 July 2012.

The diagnosis was made by a consultant psychiatrist on 15 August 2012 after a structured psychiatric interview. Emotional and behavioural symptoms developed within three months of identifiable stressors, caused marked distress and significantly impaired your function in rehabilitation, did not represent normal bereavement, and did not meet the criteria for posttraumatic stress disorder, acute stress disorder or a major depressive episode. This meets the Statement of Principles definition of adjustment disorder, derived from DSM-5-TR.

After the condition arose, it was worsened during your service. The psychiatrist recommended psychological therapy on 15 August 2012.

This has then led to further investigations and the diagnosis of your condition of *Adjustment Disorder with Mixed Anxiety and Depressed Mood (Worsening)*. I have accepted your condition of *Adjustment Disorder with Mixed Anxiety and Depressed Mood (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 February 2013.

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