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.

Depressive Disorder

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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A post-repatriation psychological assessment by the psychologist, dated 25 March 2003;
- An incident report and outpatient health record by the afghanistan, dated 14 August 2006;
- A trauma admission by the CT and intensive care record, Regional hospital, dated 22 October 2007;
- An MRI brain and neurology consultation by the neurologist, dated 20 February 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 12 March 2008;
- An obstetric review by the obstetrician, dated 18 November 2008;
- An obstetric ultrasound report by the radiologist, dated 12 January 2009;
- An operation report by the obstetrician, dated 10 March 2009;
- A postnatal check by the general practitioner, dated 2 June 2009;
- An emergency and intensive care admission by the regional hospital, dated 10 June 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 18 June 2009;
- A psychiatric admission by the consultant psychiatrist, dated 8 July 2009.

Your service

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

16 January 1984 and 30 June 2012

Depressive Disorder

You have stated that your condition was caused by:

- *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*
- *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*
- *experiencing severe childhood abuse before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*
- *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*
- *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*
- *experiencing a category 2 stressor within the 6 months year before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*
- *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*
- *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*
- *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*
- *having epilepsy at the time of the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*

- *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*
- *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"*
- *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*
- *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*
- *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*
- *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*
- *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*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced depressive disorder*

Diagnosis: Depressive Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a psychiatric admission by the consultant psychiatrist, dated 8 July 2009.

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

Statement of Principles concerning Depressive Disorder (Balance of Probabilities) (No. 12 of 2024)

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 2 years before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*
- *experiencing severe childhood abuse before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*
- *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*
- *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*
- *experiencing a category 2 stressor within the 6 months year before the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*
- *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*
- *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*
- *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*
- *having epilepsy at the time of the clinical onset of major depressive disorder, major depressive episode, persistent depressive disorder or premenstrual dysphoric disorder*
- *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*

- *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*
- *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"*
- *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*
- *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*
- *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*
- *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*
- *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*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced depressive disorder*

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 pervasive low mood, loss of interest and pleasure, tearfulness, guilt, early morning waking, poor appetite, fatigue and hopelessness on 18 June 2009.

The diagnosis was confirmed by a consultant psychiatrist on 8 July 2009 using DSM criteria: at least two weeks of pervasive low mood and anhedonia with sleep and appetite disturbance, fatigue, guilt, poor concentration, psychomotor retardation and suicidal ideation, causing marked impairment, meeting the criteria for a major depressive episode with peripartum onset. The psychiatrist documented that the onset followed prednisolone, dichlorvos poisoning, opioid and alcohol intoxication and withdrawal, and postpartum hypothyroidism, each of which contributed.

This has then led to further investigations and the diagnosis of your condition of *Depressive Disorder*. I have accepted your condition of *Depressive Disorder*.

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 15 June 2009.

Depressive Disorder (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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A post-repatriation psychological assessment by the psychologist, dated 25 March 2003;
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- An MRI brain and neurology consultation by the neurologist, dated 20 February 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 12 March 2008;
- An obstetric review by the obstetrician, dated 18 November 2008;
- An obstetric ultrasound report by the radiologist, dated 12 January 2009;
- An operation report by the obstetrician, dated 10 March 2009;
- A postnatal check by the general practitioner, dated 2 June 2009;
- An emergency and intensive care admission by the regional hospital, dated 10 June 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 18 June 2009;
- A psychiatric admission by the consultant psychiatrist, dated 8 July 2009.

Your service

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

16 January 1984 and 30 June 2012

Depressive Disorder (Worsening)

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

- *experiencing a category 1A stressor within the 2 years before the clinical worsening of depressive disorder*

- *experiencing a category 1B stressor within the 2 years before the clinical worsening of depressive disorder*
- *experiencing severe childhood abuse before the clinical worsening of depressive disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of depressive disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of depressive disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 6 months before the clinical worsening of depressive disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical worsening of depressive disorder*
- *having a clinically significant disorder of mental health within the 2 years before the clinical worsening of depressive disorder*
- *having a sleep-wake disorder for the 1 year before the clinical worsening of depressive disorder*
- *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*
- *having a severe, chronic medical condition for at least the 5 years before the clinical worsening of depressive disorder*
- *having epilepsy at the time of the clinical worsening of depressive disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical worsening of depressive disorder*
- *experiencing pregnancy or the first 12 months after childbirth as a parent, at the time of the clinical worsening of depressive disorder*
- *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*
- *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*
- *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*
- *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*

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

Diagnosis: Depressive Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a psychiatric admission by the consultant psychiatrist, dated 8 July 2009.

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

Statement of Principles concerning Depressive Disorder (Balance of Probabilities) (No. 12 of 2024)

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 2 years before the clinical worsening of depressive disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical worsening of depressive disorder*
- *experiencing severe childhood abuse before the clinical worsening of depressive disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of depressive disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of depressive disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 6 months before the clinical worsening of depressive disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical worsening of depressive disorder*
- *having a clinically significant disorder of mental health within the 2 years before the clinical worsening of depressive disorder*

- *having a sleep-wake disorder for the 1 year before the clinical worsening of depressive disorder*
- *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*
- *having a severe, chronic medical condition for at least the 5 years before the clinical worsening of depressive disorder*
- *having epilepsy at the time of the clinical worsening of depressive disorder*
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- *experiencing pregnancy or the first 12 months after childbirth as a parent, at the time of the clinical worsening of depressive disorder*
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- *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*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 30 days before the clinical worsening of depressive disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical worsening of depressive disorder*
- *inability to obtain appropriate clinical management for depressive disorder before the clinical worsening of depressive disorder*

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 pervasive low mood, loss of interest and pleasure,

tearfulness, guilt, early morning waking, poor appetite, fatigue and hopelessness on 18 June 2009.

The diagnosis was confirmed by a consultant psychiatrist on 8 July 2009 using DSM criteria: at least two weeks of pervasive low mood and anhedonia with sleep and appetite disturbance, fatigue, guilt, poor concentration, psychomotor retardation and suicidal ideation, causing marked impairment, meeting the criteria for a major depressive episode with peripartum onset. The psychiatrist documented that the onset followed prednisolone, dichlorvos poisoning, opioid and alcohol intoxication and withdrawal, and postpartum hypothyroidism, each of which contributed.

After the condition arose, it was worsened during your service. The life-threatening helicopter accident of 22 October 2007 fell within the 2 years before the worsening, from 8 July 2007 to 8 July 2009. Witnessing the pilot's death and extracting a critically injured crewman on 22 October 2007 fell within the 2 years before the worsening. The severe childhood abuse preceded the worsening. Your husband's life-threatening injury on 18 November 2008 fell within the 1 year before the worsening. The deaths of your friend on 2 February 2009 and of the pilot on 22 October 2007 fell within the 2 years before the worsening. The fetal death of 12 January 2009 fell within the 6 months before the worsening, from 8 January 2009 to 8 July 2009. Your husband's deteriorating health and the workplace conflict continued throughout the 6 months before the worsening. Posttraumatic stress disorder and alcohol use disorder were present within the 2 years before the worsening. Chronic insomnia disorder was present throughout the 1 year before the worsening. The crash injuries of October 2007 fell within the 3 years before the worsening. Severe psoriasis had been present for more than 5 years before the worsening. Post-traumatic epilepsy was present at the worsening on 8 July 2009. Continuous lumbar pain of more than 20 months' duration was present at the worsening on 8 July 2009. The worsening on 8 July 2009 fell within the first 12 months after the birth of your son. Untreated postpartum hypothyroidism was present at the worsening on 8 July 2009, directly contributing to the psychomotor retardation. Prednisolone from 11 to 20 June 2009 fell within the 30 days before the worsening, and the depression persisted after it stopped. On 25 June 2009 you relapsed on oxycodone, taking it to the point of sedation, within the 30 days before the worsening. Levetiracetam, which could not be ceased or substituted and had been associated with worsening mood on rechallenge, was taken throughout the 30 days before the worsening. You drank to intoxication on several nights between 12 and 19 June 2009, with worse mood after each episode, within the 30 days before the worsening. You stopped alcohol and cannabis abruptly on 20 June 2009, and stopped oxycodone again on 30 June 2009, within the 30 days before the worsening. Alcohol use disorder and opioid use disorder were present at the worsening on 8 July 2009. After presenting on 18 June 2009 you were waitlisted for six weeks for psychiatric review, no perinatal mental health service was available through your unit, and antidepressant treatment was deferred pending specialist advice because you were breastfeeding.

This has then led to further investigations and the diagnosis of your condition of *Depressive Disorder (Worsening)*. I have accepted your condition of *Depressive Disorder (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 8 July 2009.

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.