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.

Major 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 21 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 October 2025;
- A post-incident debrief record by the medical officer, North Arabian Gulf, dated 18 May 2004;
- A ship's medical record by the medical officer, Middle East Area of Operations, dated 22 June 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 14 March 2011;
- A trauma admission and intensive care discharge summary by the trauma surgeon, dated 14 November 2012;
- A neurology consultation by the neurologist, dated 8 January 2013;
- An antenatal assessment and pathology by the obstetrician, dated 24 April 2013;
- An outpatient health record by the medical officer, Base health centre, dated 12 June 2013;
- A psychiatric assessment by the consultant psychiatrist, dated 2 July 2013;
- A neurology review by the neurologist, dated 20 January 2014;
- A psychiatric admission summary by the consultant psychiatrist, dated 20 August 2014.

Your service

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

20 January 1986 and 12 December 2016

Major 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: Major Depressive Disorder

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 October 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 2 July 2013.

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 depressed mood, loss of interest and pleasure, tearfulness, insomnia, fatigue, poor concentration, feelings of worthlessness and guilt and recurrent thoughts of death, nearly every day for more than two weeks, with withdrawal from friends and difficulty performing your duties.Since the 2014 worsening you have had persistent severe depression with suicidal ideation, social withdrawal, poor self-care, inability to work and impaired capacity to care for your son without support, despite antidepressants, an inpatient admission and psychological therapy on 12 June 2013.

The diagnosis was confirmed by a psychiatrist on 2 July 2013. For more than two weeks from 1 June 2013 you had depressed mood and markedly diminished interest nearly every day, with

insomnia, fatigue, worthlessness and guilt, poor concentration and recurrent thoughts of death, a change from your previous functioning that impaired your work and relationships. There had never been a manic or hypomanic episode. The PHQ-9 was 19. This meets the Statement of Principles definition of major depressive disorder derived from DSM-5-TR.

This has then led to further investigations and the diagnosis of your condition of *Major Depressive Disorder*. I have accepted your condition of *Major 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 1 June 2013.

Major 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 21 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 October 2025;
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- A psychiatric assessment by the consultant psychiatrist, dated 14 March 2011;
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- A psychiatric assessment by the consultant psychiatrist, dated 2 July 2013;
- A neurology review by the neurologist, dated 20 January 2014;
- A psychiatric admission summary by the consultant psychiatrist, dated 20 August 2014.

Your service

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

20 January 1986 and 12 December 2016

Major 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: Major Depressive Disorder (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 October 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 2 July 2013.

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*
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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 depressed mood, loss of interest and pleasure, tearfulness, insomnia, fatigue, poor concentration, feelings of worthlessness and guilt and recurrent thoughts of death, nearly every day for more than two weeks, with withdrawal from friends and difficulty performing your duties.Since the 2014 worsening you have had persistent severe depression with suicidal ideation, social withdrawal, poor self-care, inability to work and

impaired capacity to care for your son without support, despite antidepressants, an inpatient admission and psychological therapy on 12 June 2013.

The diagnosis was confirmed by a psychiatrist on 2 July 2013. For more than two weeks from 1 June 2013 you had depressed mood and markedly diminished interest nearly every day, with insomnia, fatigue, worthlessness and guilt, poor concentration and recurrent thoughts of death, a change from your previous functioning that impaired your work and relationships. There had never been a manic or hypomanic episode. The PHQ-9 was 19. This meets the Statement of Principles definition of major depressive disorder derived from DSM-5-TR.

After the condition arose, it was worsened during your service. The life-threatening car crash on duty on 14 November 2012 occurred within the 2 years before the worsening, which run from 20 August 2012 to 20 August 2014. You witnessed the death of your crushed shipmate and attempted resuscitation on 25 September 2012, within the 2 years before the worsening on 20 August 2014. The severe childhood physical and sexual abuse by your stepfather occurred before the worsening on 20 August 2014, and your treating psychiatrist recorded its influence on your response to the later losses. In March 2014 your mother was critically injured in an assault in your home, a serious physical attack and a category 1A stressor for you. The death of your close friend in the machinery accident of 25 September 2012 occurred within the 2 years before the worsening, and your anniversary in September 2013 was recorded as a period of increased distress. On 15 April 2014 you miscarried a pregnancy at eight weeks. In June 2014 your partner left you, four months after the second miscarriage, and you became a sole parent of a seven-month-old son while on maternity leave. Posttraumatic stress disorder and alcohol use disorder remained active throughout the 2 years before the worsening, from 20 August 2012 to 20 August 2014. Chronic insomnia disorder persisted throughout the year before the worsening, from 20 August 2013 to 20 August 2014, compounded by night waking with your infant. The life-threatening injuries of 14 November 2012 occurred within the 3 years before the worsening, which run from 20 August 2011 to 20 August 2014. Crohn's disease had been present since 14 March 2006, more than 8 years before the worsening, with a further flare requiring prednisolone in July 2014. Post-traumatic epilepsy remained active at the worsening, with breakthrough seizures in July 2014. Pelvic and low back pain from the 2012 fractures persisted at the worsening, a period of more than 21 months. At the worsening on 20 August 2014 you were within the first 12 months after the birth of your son on 20 November 2013. At the worsening your hypothyroidism was under-replaced, with a TSH of 18 mU/L on 20 August 2014, and the admitting psychiatrist recorded that it was contributing directly to your psychomotor slowing and low mood. Prednisolone was taken from 05 to 25 July 2014 for a Crohn's flare, within the 30 days before the worsening, which run from 21 July to 20 August 2014. In August 2014 you took codeine, an opioid on the specified list, in quantities well above the recommended dose, to the point of drowsiness and slurred speech, within the 30 days before the worsening. Levetiracetam, which cannot be ceased in the long term because of your epilepsy, was switched to lamotrigine on 1 July 2014 and your mood improved within two weeks; it was restarted on 28 July 2014 after breakthrough seizures, and your depression worsened on rechallenge. You drank to intoxication several times in August 2014, within the 30 days before the worsening, and the admission notes

record that each episode was followed by a deepening of your low mood and suicidal thinking. On 28 July 2014 you abruptly stopped tramadol, taken for pelvic pain since late 2013, within the 30 days before the worsening. Alcohol use disorder was active at the worsening, with intake of about 60 grams a day and binges recorded on admission on 20 August 2014. Referral to a perinatal psychiatrist in March 2014 resulted in a four-month wait, during which no specialist mental health care was available and you were managed by your general practitioner only, while on maternity leave without Defence mental health follow-up.

This has then led to further investigations and the diagnosis of your condition of *Major Depressive Disorder (Worsening)*. I have accepted your condition of *Major 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 20 August 2014.

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.