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.

Mental Health - Compensation Impairment Assessment (CIA) - Anxiety and Depression

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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- A deployed incident report and health record by the regimental medical officer, Iraq, dated 7 August 2005;
- A psychology assessment by the psychologist, Garrison health centre, dated 12 February 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 March 2009;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 14 June 2011;
- A neurology consultation by the neurologist, dated 22 September 2011;
- An intensive care discharge summary by the intensivist, dated 20 October 2011;
- An endocrinology consultation by the endocrinologist, dated 20 February 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 20 September 2012;
- A psychiatric review by the consultant psychiatrist, dated 10 September 2013.

Your service

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

10 March 2002 and 30 June 2015

Mental Health - Compensation Impairment Assessment (CIA) - Anxiety and Depression

You have stated that your condition was caused by:

- *experiencing a category 1A stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing severe childhood abuse before the clinical onset of generalised anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical onset of generalised anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical onset of generalised anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical onset of generalised anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety 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 generalised anxiety disorder*
- *having epilepsy at the time of the clinical onset of generalised anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical onset of generalised anxiety disorder*
- *being obese at the time of the clinical onset of generalised anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical onset of generalised anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety 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 "anxiety disorder due to another medical condition"*
- *taking mefloquine within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder, where substance/medication-induced anxiety disorder persists*

after the discontinuation or tapering of mefloquine therapy

- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical onset of substance/medication-induced anxiety 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 anxiety symptoms during drug therapy and either: (a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the redevelopment of anxiety symptoms on rechallenge with the same drug; where the drug was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the development of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical onset of substance/medication-induced anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical onset of substance/medication-induced anxiety disorder, and if smoking has ceased before the clinical onset of substance/medication-induced anxiety disorder, then that onset occurred within 3 months of cessation*
- *for persons without a regular caffeine habit, taking at least 200 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*
- *for persons with a regular caffeine habit, taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*

Diagnosis: Compensation Impairment Assessment (CIA) - Anxiety and Depression

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 20 September 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 Anxiety Disorder (Balance of Probabilities) (No. 101 of 2023)

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 generalised anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing severe childhood abuse before the clinical onset of generalised anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical onset of generalised anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical onset of generalised anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical onset of generalised anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical onset of generalised anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical onset of generalised anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical onset of generalised anxiety 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 generalised anxiety disorder*
- *having epilepsy at the time of the clinical onset of generalised anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical onset of generalised anxiety disorder*
- *being obese at the time of the clinical onset of generalised anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical onset of generalised anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety 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 "anxiety disorder due to another medical condition"*
- *taking mefloquine within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder, where substance/medication-induced anxiety disorder persists after the discontinuation or tapering of mefloquine therapy*
- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical onset of substance/medication-induced anxiety 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 anxiety symptoms during drug therapy and either:*

(a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the redevelopment of anxiety symptoms on rechallenge with the same drug; where the drug was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder

- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the development of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical onset of substance/medication-induced anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical onset of substance/medication-induced anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical onset of substance/medication-induced anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical onset of substance/medication-induced anxiety disorder, and if smoking has ceased before the clinical onset of substance/medication-induced anxiety disorder, then that onset occurred within 3 months of cessation*
- *for persons without a regular caffeine habit, taking at least 200 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety disorder*
- *for persons with a regular caffeine habit, taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical onset of substance/medication-induced anxiety 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 sudden intense anxiety, then constant worry that you could not control about your health, your recovery, your family and your future, with restlessness, muscle tension, palpitations, irritability, poor concentration and broken sleep on 14 March 2012.

The diagnosis was confirmed by a psychiatrist on 20 September 2012. From 10 March 2012 you had excessive, uncontrollable worry about multiple matters more days than not for six months, with restlessness, fatigue, impaired concentration, irritability, muscle tension and sleep disturbance, causing marked impairment in your rehabilitation and relationships. The GAD-7 was 14. This meets the Statement of Principles definition of generalised anxiety disorder derived from DSM-5-TR.

This has then led to further investigations and the diagnosis of your condition of *Compensation Impairment Assessment (CIA) - Anxiety and Depression*. I have accepted your condition of *Compensation Impairment Assessment (CIA) - Anxiety and Depression*.

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 10 March 2012.

Mental Health - Compensation Impairment Assessment (CIA) - Anxiety and Depression (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 5 November 2025;
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- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2012;
- A psychiatric assessment by the consultant psychiatrist, dated 20 September 2012;
- A psychiatric review by the consultant psychiatrist, dated 10 September 2013.

Your service

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

10 March 2002 and 30 June 2015

Mental Health - Compensation Impairment Assessment (CIA) - Anxiety and Depression (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 anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing severe childhood abuse before the clinical worsening of anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical worsening of anxiety disorder*
- *experiencing a category 2 stressor within the 6 months before the clinical worsening of anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical worsening of anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical worsening of anxiety 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 anxiety disorder*
- *having epilepsy at the time of the clinical worsening of anxiety disorder*
- *having persistent pain of at least 6 months duration at the time of the clinical worsening of anxiety disorder*
- *being obese at the time of the clinical worsening of anxiety disorder*
- *inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical worsening of anxiety disorder*
- *having another medical condition, including an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the signs or symptoms of anxiety 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 anxiety disorder*
- *taking mefloquine within the 24 hours before the clinical worsening of anxiety disorder, where anxiety disorder persists after the discontinuation or tapering of mefloquine therapy*
- *using a psychoactive substance from the specified list of psychoactive substances at an intoxicant dose within the 24 hours before the clinical worsening of anxiety 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 anxiety symptoms during drug therapy and either: (a) the improvement of anxiety symptoms within days or weeks of discontinuing or tapering drug therapy; or (b) the worsening of anxiety symptoms on rechallenge with the same drug; where the drug was being taken within the 24 hours before the clinical worsening of anxiety disorder*

- *using a psychoactive chemical or substance at an intoxicant dose, which is associated in the individual with the worsening of anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical worsening of anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical worsening of anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical worsening of anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical worsening of anxiety disorder, and if smoking has ceased before the clinical worsening of anxiety disorder, then that worsening occurred within 3 months of cessation*
- *taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical worsening of anxiety disorder*
- *inability to obtain appropriate clinical management for anxiety disorder before the clinical worsening of anxiety disorder*

Diagnosis: Compensation Impairment Assessment (CIA) - Anxiety and Depression (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 20 September 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 Anxiety Disorder (Balance of Probabilities) (No. 101 of 2023)

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 anxiety disorder*
- *experiencing a category 1B stressor within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing severe childhood abuse before the clinical worsening of anxiety disorder*
- *having a family member or close friend who experiences a category 1A stressor within the 1 year before the clinical worsening of anxiety disorder*
- *experiencing the death of a family member or close friend within the 2 years before the clinical worsening of anxiety disorder*
- *experiencing miscarriage, fetal death in utero or stillbirth as a parent, within the 2.5 years before the clinical worsening of anxiety disorder*

- *experiencing a category 2 stressor within the 6 months before the clinical worsening of anxiety disorder*
- *having a clinically significant disorder of mental health within the 5 years before the clinical worsening of anxiety disorder*
- *having a medical illness which is life-threatening or which results in serious physical or cognitive disability within the 3 years before the clinical worsening of anxiety disorder*
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- *having epilepsy at the time of the clinical worsening of anxiety 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 anxiety symptoms, and where the psychoactive chemical or substance was being taken within the 24 hours before the clinical worsening of anxiety disorder*
- *having ceased or reduced therapeutic or illicit drug use or other substance use within the 10 days before the clinical worsening of anxiety disorder*
- *having an alcohol use disorder or a substance use disorder at the time of the clinical worsening of anxiety disorder*
- *having smoked tobacco products in an amount of at least 0.5 pack-years before the clinical worsening of anxiety disorder, and if smoking has ceased before the clinical worsening of anxiety disorder, then that worsening occurred within 3 months of cessation*
- *taking at least 400 milligrams of caffeine from beverages, drugs or foods within the 1 hour before the clinical worsening of anxiety disorder*

- *inability to obtain appropriate clinical management for anxiety disorder before the clinical worsening of anxiety 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 sudden intense anxiety, then constant worry that you could not control about your health, your recovery, your family and your future, with restlessness, muscle tension, palpitations, irritability, poor concentration and broken sleep on 14 March 2012.

The diagnosis was confirmed by a psychiatrist on 20 September 2012. From 10 March 2012 you had excessive, uncontrollable worry about multiple matters more days than not for six months, with restlessness, fatigue, impaired concentration, irritability, muscle tension and sleep disturbance, causing marked impairment in your rehabilitation and relationships. The GAD-7 was 14. This meets the Statement of Principles definition of generalised anxiety disorder derived from DSM-5-TR.

After the condition arose, it was worsened during your service. On 6 July 2013 you were punched to the ground and kicked repeatedly outside a hotel, a serious physical assault, and on 20 October 2011 you had a cardiac arrest from a pulmonary embolism. On 14 April 2013 you found the body of a veteran friend who had shot yourself, viewing a corpse after a violent death as a witness. The severe childhood abuse and neglect occurred before the worsening. In February 2013 your father had a cardiac arrest and was resuscitated, a life-threatening event and a category 1A stressor for you, within the one year before the worsening, from 2 September 2012 to 2 September 2013. Your veteran friend died by suicide on 14 April 2013, within the 2 years before the worsening. Your new partner miscarried at 9 weeks in November 2012, within the 2.5 years before the worsening. In May 2013 you were told you would be medically discharged, ending your career, and you remained socially isolated by your disability. Generalised anxiety disorder itself, diagnosed on 20 September 2012, adjustment disorder from 2006 and alcohol use disorder from 2009 were present within the 5 years before the worsening. The massive pulmonary embolism with cardiac arrest on 20 October 2011 was within the 3 years before the worsening. The life-threatening injuries of 14 June 2011 were within the 3 years before the worsening, which run from 2 September 2010. Post-traumatic epilepsy was active at the worsening, with breakthrough seizures in August 2013. Chronic left leg pain from the 2011 fracture and the revision surgery of 28 May 2013 was continuous at the worsening, a period of more than two years. Your BMI was 32.6 on 10 September 2013 and you were obese at the worsening. After revision surgery for tibial non-union on 28 May 2013 you were non-weight-bearing on crutches and could not undertake activity greater than 3 METs continuously for the 3 months before the worsening, from 2 June 2013 to 2 September 2013. Paroxysmal atrial fibrillation with rapid ventricular rates was recorded on Holter monitoring in August 2013. On 31 August 2013 you began mefloquine for a second relapse of vivax malaria contracted in Afghanistan, taking doses on 31 August and 01 September, within the 24 hours before the worsening. On the night of 1 September 2013 you took oxycodone, an opioid on the specified list, at well above the prescribed dose, to the point of drowsiness and slurred speech, within the 24 hours before the worsening.

Levetiracetam, which cannot be ceased in the long term because of your epilepsy, was replaced by lamotrigine in June 2013 with improvement in your anxiety, and your anxiety worsened when it was restarted on 20 August 2013. On the night of 1 September 2013 you drank to intoxication, within the 24 hours before the worsening, and your records associate binges with increased anxiety in you. On 26 August 2013, within the 10 days before the worsening, you stopped pregabalin abruptly, with withdrawal symptoms recorded. Alcohol use disorder was active at the worsening. You were still smoking about 15 cigarettes a day at the worsening, more than 0.5 pack-years. On the morning of 2 September 2013 you took about 420 milligrams of caffeine from energy drinks and caffeine tablets within the 1 hour before the worsening. From January to September 2013 you had no psychologist, because the garrison placement lapsed and was not replaced, and no psychiatric review, while you were immobilised after surgery.

This has then led to further investigations and the diagnosis of your condition of *Compensation Impairment Assessment (CIA) - Anxiety and Depression (Worsening)*. I have accepted your condition of *Compensation Impairment Assessment (CIA) - Anxiety and Depression (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 2 September 2013.

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.