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 - Post-Traumatic Stress Disorder and Major Depressive Episode

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A medical officer examination by the junior recruit training establishment, dated 11 April 1980;
- A ship's medical record (smoke inhalation) by the medical officer, dated 22 June 1987;
- A divisional record and medical note by the medical officer, dated 14 September 1993;
- A ship's medical record and critical incident debrief by the medical officer, dated 17 March 1998;
- A post-operational psychological screening by the psychologist, dated 30 September 2004;
- An outpatient health record by the medical officer, Base medical centre, dated 1 March 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 12 April 2005;
- A psychiatric review by the consultant psychiatrist, dated 8 August 2006;
- An outpatient health record by the medical officer, Base medical centre, dated 5 October 2006;
- A return to Australia psychological screen by the psychologist, dated 25 August 2008;
- A psychiatric hospital admission and discharge summary by the consultant psychiatrist, dated 20 January 2009.

Your service

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

15 January 1980 and 30 June 2010

Mental Health - Post-Traumatic Stress Disorder and Major Depressive Episode

You have stated that your condition was caused by:

- *experiencing a category 1A stressor before the clinical onset of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical onset of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical onset of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical onset of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical onset of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical onset of posttraumatic stress disorder*

Diagnosis: Post-Traumatic Stress Disorder and Major Depressive Episode

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 12 April 2005.

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

Statement of Principles concerning Posttraumatic Stress Disorder (Balance of Probabilities) (No. 98 of 2022)

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 before the clinical onset of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical onset of posttraumatic stress disorder*

- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical onset of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical onset of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical onset of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical onset of posttraumatic stress 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 recurrent intrusive memories and nightmares of the May 2004 engagement and of earlier body recoveries, flashbacks triggered by the smell of diesel and the sound of outboard motors, avoidance of boats and of the upper deck, hypervigilance, an exaggerated startle response, irritability, insomnia and emotional detachment from your wife and children on 1 March 2005.

The diagnosis was made by a consultant psychiatrist on 12 April 2005 after a full psychiatric assessment, which documented exposure to multiple traumatic events meeting criterion A, recurrent intrusive memories, nightmares and flashbacks, persistent avoidance of reminders, negative alterations in mood and cognition including guilt and detachment, and hyperarousal with hypervigilance, startle, irritability and insomnia, lasting more than one month and causing marked impairment, not attributable to a substance or another medical condition. These features meet the DSM-5-TR criteria adopted in the Statement of Principles definition of posttraumatic stress disorder. The PTSD Checklist (military version) score of 58 supported the diagnosis.

This has then led to further investigations and the diagnosis of your condition of *Post-Traumatic Stress Disorder and Major Depressive Episode*. I have accepted your condition of *Post-Traumatic Stress Disorder and Major Depressive Episode*.

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 February 2005.

Mental Health - Post-Traumatic Stress Disorder and Major Depressive Episode (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A medical officer examination by the junior recruit training establishment, dated 11 April 1980;
- A ship's medical record (smoke inhalation) by the medical officer, dated 22 June 1987;
- A divisional record and medical note by the medical officer, dated 14 September 1993;
- A ship's medical record and critical incident debrief by the medical officer, dated 17 March 1998;
- A post-operational psychological screening by the psychologist, dated 30 September 2004;
- An outpatient health record by the medical officer, Base medical centre, dated 1 March 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 12 April 2005;
- A psychiatric review by the consultant psychiatrist, dated 8 August 2006;
- An outpatient health record by the medical officer, Base medical centre, dated 5 October 2006;
- A return to Australia psychological screen by the psychologist, dated 25 August 2008;
- A psychiatric hospital admission and discharge summary by the consultant psychiatrist, dated 20 January 2009.

Your service

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

15 January 1980 and 30 June 2010

Mental Health - Post-Traumatic Stress Disorder and Major Depressive Episode (Worsening)

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

- *experiencing a category 1A stressor before the clinical worsening of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical worsening of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical worsening of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical worsening of posttraumatic stress disorder*
- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical worsening of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical worsening of posttraumatic stress disorder*
- *inability to obtain appropriate clinical management for posttraumatic stress disorder*

Diagnosis: Post-Traumatic Stress Disorder and Major Depressive Episode (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a psychiatric assessment by the consultant psychiatrist, dated 12 April 2005.

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

Statement of Principles concerning Posttraumatic Stress Disorder (Balance of Probabilities) (No. 98 of 2022)

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 before the clinical worsening of posttraumatic stress disorder*
- *experiencing a category 1B stressor before the clinical worsening of posttraumatic stress disorder*
- *having a significant other who experiences a category 1A stressor within the 1 year before the clinical worsening of posttraumatic stress disorder*
- *experiencing the traumatic death of a significant other within the 2 years before the clinical worsening of posttraumatic stress disorder*

- *being exposed to repeated or extreme aversive details of severe traumatic events before the clinical worsening of posttraumatic stress disorder*
- *experiencing severe childhood abuse before the clinical worsening of posttraumatic stress disorder*
- *inability to obtain appropriate clinical management for posttraumatic stress 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 recurrent intrusive memories and nightmares of the May 2004 engagement and of earlier body recoveries, flashbacks triggered by the smell of diesel and the sound of outboard motors, avoidance of boats and of the upper deck, hypervigilance, an exaggerated startle response, irritability, insomnia and emotional detachment from your wife and children on 1 March 2005.

The diagnosis was made by a consultant psychiatrist on 12 April 2005 after a full psychiatric assessment, which documented exposure to multiple traumatic events meeting criterion A, recurrent intrusive memories, nightmares and flashbacks, persistent avoidance of reminders, negative alterations in mood and cognition including guilt and detachment, and hyperarousal with hypervigilance, startle, irritability and insomnia, lasting more than one month and causing marked impairment, not attributable to a substance or another medical condition. These features meet the DSM-5-TR criteria adopted in the Statement of Principles definition of posttraumatic stress disorder. The PTSD Checklist (military version) score of 58 supported the diagnosis.

After the condition arose, it was worsened during your service. On 5 October 2006, after onset, you were the passenger in a Navy vehicle that rolled on a base road during duty travel, trapping you upside down for 20 minutes until you were cut free. On 21 August 2007, alongside in harbour, a boat davit failed and you were an eyewitness as a junior sailor was crushed and critically injured; you helped free you and gave first aid until the ambulance arrived. On 10 November 2008 your son, an Army infantry soldier, was seriously wounded when your vehicle struck an improvised explosive device in Afghanistan, a life-threatening event. On 12 June 2007 a close friend and former divisional officer was killed in a naval helicopter training crash during peacetime service. From October to December 2008, after your return from the Middle East and before the worsening, you were required as a work task to assist the investigating officer into the August 2007 davit accident, repeatedly reviewing scene photographs of the crushed sailor and witness statements. The serious physical and sexual abuse you suffered as a 15-year-old junior recruit in February and March 1980, perpetrated by a recruit instructor, occurred before the worsening on 20 January 2009. After your return to Australia on 25 August 2008 your referral back to the treating psychiatrist went unactioned for four months because of a change of posting and a waiting list, and trauma-focused therapy did not resume until your admission on 20 January 2009.

This has then led to further investigations and the diagnosis of your condition of *Post-Traumatic Stress Disorder and Major Depressive Episode (Worsening)*. I have accepted your condition of *Post-Traumatic Stress Disorder and Major Depressive Episode (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 January 2009.

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