



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**DEPRESSIVE DISORDER**  
**(No. 84 of 2015)**

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The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning **depressive disorder** (No. 84 of 2015).

**2 Commencement**

This instrument commences on **20 July 2015**.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning depressive disorder No. 28 of 2008, as amended, made under subsections 196B(3) and (8) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about depressive disorder and death from depressive disorder.

*Meaning of **depressive disorder***

- (2) For the purposes of this Statement of Principles, depressive disorder:
- (a) means a group of mental disorders which are manifested by a dysphoric mood and a range of other symptoms. The mood disturbance is prominent and persistent. This definition is limited to major depressive disorder (incorporating major depressive episode), persistent depressive disorder (which includes the condition previously known as dysthymia), other specified depressive disorder, unspecified depressive disorder, premenstrual dysphoric disorder, depressive disorder due to another medical condition and substance/medication-induced depressive disorder; and

- (b) excludes disruptive mood dysregulation disorder.

Note: *depressive disorder due to another medical condition*, *major depressive disorder* (incorporating major depressive episode), *other specified depressive disorder* and *unspecified depressive disorder*, *persistent depressive disorder*, *premenstrual dysphoric disorder* and *substance/medication-induced depressive disorder* are defined in the Schedule 1 – Dictionary.

### *Death from depressive disorder*

- (3) For the purposes of this Statement of Principles, depressive disorder, in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s depressive disorder.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

## **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that depressive disorder and death from depressive disorder can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

## **9 Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, depressive disorder or death from depressive disorder is connected with the circumstances of a person’s relevant service:

- (1) for major depressive disorder, major depressive episode, persistent depressive disorder, premenstrual dysphoric disorder, other specified depressive disorder and unspecified depressive disorder only:

- (a) experiencing a category 1A stressor within the two years before the clinical onset of depressive disorder;

Note: *category 1A stressor* is defined in the Schedule 1 - Dictionary.

- (b) experiencing a category 1B stressor within the two years before the clinical onset of depressive disorder;

Note: *category 1B stressor* is defined in the Schedule 1 - Dictionary.

- (c) having a significant other who experiences a category 1A stressor within the one year before the clinical onset of depressive disorder;

Note: *category 1A stressor* and *significant other* are defined in the Schedule 1 - Dictionary.

- (d) experiencing the death of a significant other within the one year before the clinical onset of depressive disorder;

- (e) experiencing a category 2 stressor within the six months before the clinical onset of depressive disorder;

Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.

- (f) experiencing severe childhood abuse before the clinical onset of depressive disorder;

Note: *severe childhood abuse* is defined in the Schedule 1 - Dictionary.

- (g) having a clinically significant disorder of mental health as specified within the two years before the clinical onset of depressive disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (h) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical onset of depressive disorder;
- (i) having epilepsy at the time of the clinical onset of depressive disorder;
- (j) having a severe, chronic medical condition for the five years before the clinical onset of depressive disorder;

Note: *chronic medical condition* is defined in the Schedule 1 - Dictionary.

- (k) having persistent pain of at least six months duration at the time of the clinical onset of depressive disorder;

Note: *persistent pain* is defined in the Schedule 1 - Dictionary.

- (l) having a sleep-wake disorder from the specified list for the one year before the clinical onset of depressive disorder; or

Note: *sleep-wake disorder from the specified list* is defined in the Schedule 1 - Dictionary.

- (m) having a miscarriage, foetal death in-utero or stillbirth, within the six months before the clinical onset of depressive disorder;

Note: *miscarriage* is defined in the Schedule 1 - Dictionary.

- (2) for major depressive disorder, major depressive episode, persistent depressive disorder, other specified depressive disorder and unspecified depressive disorder only:
  - (a) being pregnant within the one year before the clinical onset of depressive disorder;
- (3) for substance/medication-induced depressive disorder only:
  - (a) being treated with a drug which is associated in the individual with the development of depressive symptoms during drug therapy, and the cessation or significant reduction of the depressive symptoms within days or weeks of discontinuing drug therapy, where treatment with the drug continued for at least the two days before the clinical onset of depressive disorder;
  - (b) having ceased or reduced therapeutic or illicit drugs within the 30 days before the clinical onset of depressive disorder;

- (c) having alcohol use disorder at the time of the clinical onset of depressive disorder; or
- (d) taking a drug or a drug from a class of drugs from the specified list of drugs, within the 30 days before the clinical onset of depressive disorder;

Note: *specified list of drugs* is defined in the Schedule 1 – Dictionary.

- (4) for depressive disorder due to another medical condition only:
  - (a) having an endocrine, cardiovascular, respiratory, metabolic, infectious or neurological disorder, where the medical condition is a direct physiological cause of the depression at the time of the clinical onset of depressive disorder;

Note: *medical condition is a direct physiological cause of the depression* is defined in the Schedule 1 – Dictionary.

- (5) experiencing a category 1A stressor within the two years before the clinical worsening of depressive disorder;

Note: *category 1A stressor* is defined in the Schedule 1 - Dictionary.

- (6) experiencing a category 1B stressor within the two years before the clinical worsening of depressive disorder;

Note: *category 1B stressor* is defined in the Schedule 1 - Dictionary.

- (7) having a significant other who experiences a category 1A stressor within the one year before the clinical worsening of depressive disorder;

Note: *category 1A stressor* and *significant other* are defined in the Schedule 1 - Dictionary.

- (8) experiencing the death of a significant other within the one year before the clinical worsening of depressive disorder;

- (9) experiencing a category 2 stressor within the six months before the clinical worsening of depressive disorder;

Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.

- (10) experiencing severe childhood abuse before the clinical worsening of depressive disorder;

Note: *severe childhood abuse* is defined in the Schedule 1 - Dictionary.

- (11) having a clinically significant disorder of mental health as specified within the two years before the clinical worsening of depressive disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (12) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical worsening of depressive disorder;

- (13) having epilepsy at the time of the clinical worsening of depressive disorder;
- (14) having a severe, chronic medical condition for the five years before the clinical worsening of depressive disorder;
- Note: *chronic medical condition* is defined in the Schedule 1 - Dictionary.
- (15) having persistent pain of at least six months duration at the time of the clinical worsening of depressive disorder;
- Note: *persistent pain* is defined in the Schedule 1 - Dictionary.
- (16) having a sleep-wake disorder from the specified list for the one year before the clinical worsening of depressive disorder;
- Note: *sleep-wake disorder from the specified list* is defined in the Schedule 1 - Dictionary.
- (17) having a miscarriage, foetal death in-utero or stillbirth, within the six months before the clinical worsening of depressive disorder;
- Note: *miscarriage* is defined in the Schedule 1 - Dictionary.
- (18) being pregnant within the one year before the clinical worsening of depressive disorder;
- (19) being treated with a drug which is associated in the individual with the development of depressive symptoms during drug therapy, and the cessation or significant reduction of the depressive symptoms within days or weeks of discontinuing drug therapy, where treatment with the drug continued for at least the two days before the clinical worsening of depressive disorder;
- (20) having ceased or reduced therapeutic or illicit drugs within the 30 days before the clinical worsening of depressive disorder;
- (21) having alcohol use disorder at the time of the clinical worsening of depressive disorder;
- (22) taking a drug or a drug from a class of drugs from the specified list of drugs, within the 30 days before the clinical worsening of depressive disorder;
- Note: *specified list of drugs* is defined in the Schedule 1 – Dictionary.
- (23) having a medical condition as specified at the time of the clinical worsening of depressive disorder;
- Note: *medical condition as specified* is defined in the Schedule 1 - Dictionary.
- (24) inability to obtain appropriate clinical management for depressive disorder.

**10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9 must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(5) to 9(24) apply only to material contribution to, or aggravation of, depressive disorder where the person's depressive disorder was suffered or contracted before or during (but did not arise out of) the person's relevant service.

**11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.



# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

**category 1A stressor** means one of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

**category 1B stressor** means one of the following severe traumatic events:

- (a) being an eyewitness to a person being killed or critically injured;
- (b) viewing corpses or critically injured casualties as an eyewitness;
- (c) being an eyewitness to atrocities inflicted on another person or persons;
- (d) killing or maiming a person; or
- (e) being an eyewitness to or participating in, the clearance of critically injured casualties.

Note: *eyewitness* is also defined in the Schedule 1 - Dictionary.

**category 2 stressor** means one of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (c) having concerns in the work or school environment including on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful work loads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or

- (g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability.

***chronic medical condition*** means illness which:

- (a) requires long-term, on-going, daily medical care;
- (b) is of prolonged duration;
- (c) does not often resolve spontaneously;
- (d) is rarely cured completely; and
- (e) may slowly progress to more serious illness.

***clinically significant disorder of mental health as specified*** means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:

- (a) a disruptive, impulse-control or conduct disorder;
- (b) a dissociative disorder;
- (c) a feeding disorder or eating disorder;
- (d) a neurocognitive disorder;
- (e) a neurodevelopmental disorder;
- (f) a paraphilic disorder;
- (g) a personality disorder;
- (h) a schizophrenia spectrum disorder or other psychotic disorder;
- (i) a sexual dysfunction;
- (j) a somatic symptom disorder or related disorder;
- (k) a substance use disorder;
- (l) a trauma and stressor-related disorder;
- (m) an alcohol use disorder;
- (n) an anxiety disorder;
- (o) an obsessive compulsive disorder or related disorder;
- (p) another depressive disorder; or
- (q) gender dysphoria.

***depressive disorder***—see subsection 7(2).

***depressive disorder due to another medical condition*** means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

- (a) A prominent and persistent period of depressed mood or markedly diminished interest or pleasure in all, or almost all, activities that predominates in the clinical picture.
- (b) There is evidence from the history, physical examination or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
- (c) The disturbance is not better explained by another mental disorder (for example, adjustment disorder, with depressed mood, in which the stressor is a serious medical condition).
- (d) The disturbance does not occur exclusively during the course of a delirium.

- (e) The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Note: *DSM-5* is also defined in the Schedule 1 – Dictionary.

*DSM-5* means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

*eyewitness* means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident.

*inhalants* means breathable chemicals that produce psychoactive vapours or fumes and include organic solvents, aerosols and some anaesthetics.

Note: *organic solvents* is also defined in the Schedule 1 – Dictionary.

*major depressive disorder* (incorporating major depressive episode) means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

- (a) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (i) depressed mood or (ii) loss of interest or pleasure.
- (i) Depressed mood most of the day, nearly every day, as indicated by either subjective report (for example, feels sad, empty, hopeless) or observation made by others (for example, appears tearful).

Note: In children and adolescents, can be irritable mood.

- (ii) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
- (iii) Significant weight loss when not dieting or weight gain (for example, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (In children, consider failure to make expected weight gain.)
- (iv) Insomnia or hypersomnia nearly every day.
- (v) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- (vi) Fatigue or loss of energy nearly every day.
- (vii) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- (viii) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- (ix) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

- (b) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (c) The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria (a)-(c) represent a *major depressive episode*.

- (d) The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
- (e) There has never been a manic episode or a hypomanic episode.

Note: *DSM-5* is also defined in the Schedule 1 – Dictionary.

***medical condition as specified*** means an endocrine, cardiovascular, respiratory, metabolic, infectious, or neurological condition, that causes symptoms consistent with depression, as a direct physiological consequence of the condition.

***medical condition is a direct physiological cause of the depression*** means one or more of the medical condition's signs or symptoms present as signs or symptoms of depression and are directly related to the pathological process of the medical condition, and:

- (a) the depressive disorder has a close temporal relationship with the onset or exacerbation of the medical condition, and the depressive disorder developed at the same time or after the onset of the medical condition;
- (b) treatment which causes remission of the medical condition also results in remission of the depressive symptoms; or
- (c) features of the depressive disorder, such as an unusual age of onset, a qualitative difference in symptoms, or disproportionately severe or unusual symptoms, are inconsistent with a primary diagnosis of any of the depressive disorders.

***miscarriage*** means the spontaneous or induced expulsion of the products of conception from the uterus before the foetus is viable.

***MRCAs*** means the *Military Rehabilitation and Compensation Act 2004*.

***organic solvents*** means:

- (a) chlorinated organic solvents;
- (b) aliphatic hydrocarbon solvents;
- (c) aromatic hydrocarbon solvents; or
- (d) oxygenated organic solvents.

***other specified depressive disorder*** and ***unspecified depressive disorder*** are mental disorders (derived from *DSM-5*) with prominent symptoms of depression that cause clinically significant distress or impairment in social, occupational or other important areas of functioning. These depressive symptoms do not meet the full diagnostic criteria for any of the other disorders in the depressive disorders diagnostic class.

Note: *DSM-5* is also defined in the Schedule 1 – Dictionary.

***persistent depressive disorder*** means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

- (a) Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.

Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.

- (b) Presence, while depressed, of two (or more) of the following:
  - (i) Poor appetite or overeating.
  - (ii) Insomnia or hypersomnia.
  - (iii) Low energy or fatigue.
  - (iv) Low self-esteem.
  - (v) Poor concentration or difficulty making decisions.
  - (vi) Feelings of hopelessness.
- (c) During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria (a) and (b) for more than 2 months at a time.
- (d) Criteria for a major depressive disorder may be continuously present for 2 years.
- (e) There has never been a manic episode or a hypomanic episode and criteria have never been met for cyclothymic disorder.
- (f) The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- (g) The symptoms are not attributable to the physiological effects of a substance (for example, a drug of abuse, a medication) or another medical condition (for example, hypothyroidism).
- (h) The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Note: ***DSM-5*** is also defined in the Schedule 1 – Dictionary.

***persistent pain*** means:

- (a) continuous;
- (b) almost continuous; or
- (c) frequent, severe, intermittent pain;

which may or may not be ameliorated by analgesic medication and is of a level to cause interference with usual work or leisure activities or activities of daily living.

***premenstrual dysphoric disorder*** means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

- (a) In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses.
- (b) One (or more) of the following symptoms must be present:
  - (i) Marked affective lability (for example, mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection).

- (ii) Marked irritability or anger or increased interpersonal conflicts.
  - (iii) Marked depressed mood, feelings of hopelessness or self-deprecating thoughts.
  - (iv) Marked anxiety, tension and/or feelings of being keyed up or on edge.
- (c) One (or more) of the following symptoms must additionally be present, to reach a total of five symptoms when combined with symptoms from Criterion (b) above.
- (i) Decreased interest in usual activities (for example, work, school, friends, hobbies).
  - (ii) Subjective difficulty in concentration.
  - (iii) Lethargy, easy fatigability, or marked lack of energy.
  - (iv) Marked change in appetite, overeating or specific food cravings.
  - (v) Hypersomnia or insomnia.
  - (vi) A sense of being overwhelmed or out of control.
  - (vii) Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating" or weight gain.
- (d) The symptoms are associated with clinically significant distress or interference with work, school, usual social activities or relationships with others (for example, avoidance of social activities, decreased productivity and efficiency at work, school or home).
- (e) The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia) or a personality disorder (although it may co-occur with any of these disorders).
- (f) Criterion (a) should be confirmed by prospective daily ratings during at least two symptomatic cycles.
- (g) The symptoms are not attributable to the physiological effects of a substance (for example, a drug of abuse, a medication, other treatment) or another medical condition (for example, hyperthyroidism).

Note: *DSM-5* is also defined in the Schedule 1 – Dictionary.

**relevant service** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

**severe childhood abuse** means:

- (a) serious physical, emotional, psychological or sexual harm whilst a child aged under 16 years; or
- (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing whilst a child aged under 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around that child, or any other adult in contact with that child.

**significant other** means a person who has a close family bond or a close personal relationship and is important or influential in one's life.

**sleep-wake disorder from the specified list** means:

- (a) hypersomnolence disorder;
- (b) insomnia disorder;
- (c) narcolepsy;
- (d) restless legs syndrome;
- (e) substance/medication-induced sleep disorder insomnia type; or
- (f) untreated obstructive sleep apnoea.

**specified list of drugs** means:

- (a) alpha-adrenoceptor agonists;
- (b) amantadine;
- (c) amphetamines and amphetamine-type substances, including methamphetamine and 3,4-methylenedioxymethamphetamine (ecstasy);
- (d) anabolic-androgenic steroids;
- (e) angiotensin converting enzyme (ACE) inhibitors;
- (f) antiepileptics;
- (g) atypical antipsychotics;
- (h) benzodiazepines;
- (i) beta adrenergic blocking agents;
- (j) calcium channel blockers;
- (k) centrally acting antihypertensives;
- (l) clozapine;
- (m) cocaine;
- (n) corticosteroids, excluding topical or inhaled corticosteroids;
- (o) depot medroxyprogesterone acetate;
- (p) digoxin;
- (q) fluoroquinolone antibiotics;
- (r) fluphenazine;
- (s) fluspirilene;
- (t) gonadotropin releasing agents;
- (u) hallucinogens;
- (v) hydralazine;
- (w) inhalants;
- (x) interferons;
- (y) interleukin-2;
- (z) isocarboxazid;
- (aa) ketamine;
- (bb) levodopa;
- (cc) marijuana;
- (dd) mefloquine;
- (ee) opiate analgesics;
- (ff) oral contraceptive agents;
- (gg) phencyclidine;
- (hh) reserpine;
- (ii) rimonabant; or

(jj) thiazide.

Note: *inhalants* is also defined in the Schedule 1 – Dictionary.

***substance/medication-induced depressive disorder*** means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5):

- (a) A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterised by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
- (b) There is evidence from the history, physical examination or laboratory findings of both (i) and (ii):
  - (i) The symptoms in Criterion (a) developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
  - (ii) The involved substance/medication is capable of producing the symptoms in Criterion (a).
- (c) The disturbance is not better explained by a depressive disorder that is not substance/medication-induced. Such evidence of an independent depressive disorder could include the following:
  - (i) The symptoms preceded the onset of the substance/medication use; the symptoms persist for a substantial period of time (for example, about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/medication-induced depressive disorder (for example, a history of recurrent non-substance/medication-related episodes).
  - (d) The disturbance does not occur exclusively during the course of a delirium.
  - (e) The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Note: *DSM-5* is also defined in the Schedule 1 – Dictionary.

***terminal event*** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure;
- (e) cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.