

Determination
of
Statement of Principles
concerning

SCHIZOPHRENIA

ICD CODES: 295.1 - 295.3, 295.6, 295.9,

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **schizophrenia** and **death from schizophrenia**.

(b) For the purposes of this Statement of Principles, “**schizophrenia**” means a psychiatric disorder characterised by a range of cognitive and emotional dysfunctions associated with impaired occupational or social functioning, and which includes disturbances of perception, inferential thinking, language and communication, behavioural monitoring, affect, fluency and productivity of thought and speech, hedonic capacity, volition and drive, and attention and which fulfils the following diagnostic criteria:

- (A) the person has had two (or more) of the following characteristic symptoms, as defined in DSM-IV, each present for a significant portion of time during a one month period (or less, if successfully treated):
 - (i) delusions;
 - (ii) hallucinations;
 - (iii) disorganized speech (eg., frequent derailment or incoherence);

- (iv) grossly disorganized or catatonic behaviour; or
 - (v) negative symptoms; (i.e., affective flattening, alogia, or avolition); and
- (B) for a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset; and
- (C) continuous signs of the disturbance persist for at least six months. This six month period must include at least one month of symptoms (or less if successfully treated) that meet criterion A (ie. active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in criterion A present in an attenuated form (eg. odd beliefs, unusual perceptual experiences); and
- (D) Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out; and
- (E) The disturbance is not due to the direct physiological effects of a substance (eg. a drug of abuse, a medication) or a general medical condition; and
- (F) If there is a history of Autistic Disorder or other Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated),

attracting an ICD code in the range 295.1 to 295.3 or ICD code 295.6 or 295.9.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **schizophrenia and death from schizophrenia** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, the factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **schizophrenia** or **death from schizophrenia** with the circumstances of a person's relevant service are:
- (a) experiencing an event perceived as a severe psychosocial stressor within the 30 days immediately before the clinical worsening of schizophrenia; or
 - (b) using cannabis within the six months immediately before the clinical worsening of schizophrenia; or
 - (c) using cocaine within the 30 days immediately before the clinical worsening of schizophrenia; or
 - (d) inability to obtain appropriate clinical management for schizophrenia.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(a) to 5(d)** apply only to material contribution to, or aggravation of, schizophrenia where the person's schizophrenia was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“cannabis” means the dried flowering tops of hemp plants (*Cannabis sativa* L) which contain active hallucinogenic principles. The substance is usually marketed under the names marijuana, hashish, ganja or bhang;

“cocaine ” means a crystalline alkaloid obtained from the leaves of *Erythroxylon coca* (coca leaves) and other species of *Erythroxylon*, or by synthesis from ecgonine or its derivatives;

“DSM-IV” means the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of

Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“severe psychosocial stressor” means means an identifiable occurrence that evokes feelings of substantial distress in an individual, for example, being shot at, death or serious injury in a close friend or relative, assault (including sexual assault), severe illness or injury, experiencing a loss such as divorce or separation, loss of employment, major financial problems or legal problems.

Dated this *Twenty-sixth* day of *September*
1996

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of)

KEN DONALD
CHAIRMAN