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Senate Standing Committee on Foreign Affairs, Defence and Trade
Department of the Senate

By email: FADT.sen@aph.gov.au

Dear

Inquiry into suicide by veterans and ex-service personnel – Questions on Notice – Hearing of 6 February 2017, Canberra

Thank you for forwarding a link to the proof Hansard transcript of evidence for the Committee's hearings held in Canberra on Monday 6 February 2016.

On behalf of the Repatriation Medical Authority (RMA), I would like to provide the following information in response to questions taken on notice.

1. Senator Lambie (Page 36) – "Could you…supply the SOP on the mefloquine…"

The Statement of Principles (SOPs) referred to are Statements of Principles concerning suicide and attempted suicide Nos. 65 and 66 of 2016 and were previously provided as attachment 1 to the RMA submission (submission no 32).

Factor 9 (21) of the Statement of Principles concerning suicide and attempted suicide (Reasonable Hypothesis) (No. 65 of 2016) stipulates that "taking mefloquine or chloroquine within the six months before the suicide or the attempted suicide" provides a causal link between suicide (or attempted service) and operational (or equivalent) service.

Factor 9 (18) of the Statement of Principles concerning suicide and attempted suicide (Balance of Probabilities) (No. 66 of 2016) stipulates that "taking mefloquine within the three months before the suicide or the attempted suicide" provides a causal link between suicide (or attempted suicide) and defence or peacetime service.

2. Senator Lambie (Page 38) – "Could you supply to the committee how many complaints you have had over the last three years, what you have done about those complaints and what changes have been made to the SOPs?

For the period January 2014 to December 2016, the RMA received 63 requests to undertake investigations or reviews. The action taken in relation to these requests is as follows:

2014	Number	Action taken	Outcome	Action
Requests to undertake an investigation to see if SOPs can be determined	**4**	4 investigations notified	SOPs for 3 new conditions determined 1 condition cannot be related to service	New SOPs for trochanteric bursitis of the hip New SOPs for optochiasmatic arachnoiditis New SOPs discoid lupus erythematosus
Request to review factor(s) in an existing SOP	**13**	8 reviews notified	6 changes to SOPs to incorporate matters raised in full or part No change to SOPs (2)	New or amended SOPs promulgated Insufficient sound medical-scientific evidence – declaration & detailed reasons for decision provided
		5 requests refused	4 insufficient relevant information 1 requested factors already in SOPs	Detailed reasons for decision provided Advice provided
2015				
Request to undertake an investigation to see if SOPs can be determined	**4**	4 investigations notified	SOPs for 4 new conditions determined	New SOPs for Lyme disease New SOPs for Barrett's oesophagus New SOPs for antiphospholipid syndrome New SOPs for female sexual dysfunction
Request to review factor(s) in an existing SOP	**23**	13 reviews notified	6 changes to SOPs to incorporate matters raised in full or part No change to SOPs (7)	New or amended SOPs promulgated Insufficient sound medical-scientific evidence – declaration & detailed reasons for decision provided
		10 requests refused	10 insufficient relevant information	Detailed reasons for decision provided
2016				
Request to undertake an investigation to see if SOPs can be determined	**3**	3 investigations notified	SOPs for 1 new condition determined **2 investigations yet to be finalised**	Retrolisthesis (included in the SOPs for spondylolisthesis and spondylosis
Request to review factor(s) in an existing SOP	**16**	7 reviews notified	2 changes to SOPs to incorporate matters raised in full or part No change to SOPs (2) **3 reviews yet to be finalised**	New or amended SOPs promulgated Insufficient sound medical-scientific evidence – declaration & detailed reasons for decision provided
		9 requests refused	9 insufficient relevant information*	Detailed reasons for decision provided

* (3 requests related to bulk requests seeking to have a factor in the reasonable hypothesis SOP included in the balance of probabilities SOP without any evidence to support the request

3. Senator Kakoschke-Moore (Page 39) – "How many new statements of principles are currently under development by you?"

There are currently nine investigations which have been notified in relation to conditions for which no Statements of Principles have yet been determined by the RMA. The investigations are:

- tooth wear (dental attrition, dental abrasion and dental erosion);
- Immersion pulmonary oedema;
- Baker's cyst;
- benign paroxysmal positional vertigo;
- femero-acetabular impingement syndrome;
- popliteal entrapment syndrome;
- Zika virus infection;
- chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine; and
- ulnar nerve entrapment at the elbow.

4. Senator Fawcett (Page 42) – "…one of the factors that must exist is experiencing a category 1A stressor within five years before the suicide or attempted suicide…how [is] this time frame supported in the light of the evidence that appears to be quite consistent that…issues emerge well after the incident."

The current Statements of Principles concerning suicide and attempted suicide Nos. 65 and 66 of 2016 contain a factor specifying "having a clinically significant disorder of mental health as specified[1] at the time of the suicide or the attempted suicide". These conditions are commonly also associated with experiencing a category 1A stressor. The RMA's assessment of the sound medical-scientific evidence relating to suicide was that it supported a causal link between both exposure to a category 1A stressor, and a clinically significant mental health disorder, and suicide where the suicide took place within five years of exposure to the stressor. Where a suicide occurred more than five years after experiencing the stressor, the RMA considered that the suicide was likely to be related to the stressor via another causal pathway, most probably one of the specified mental health conditions.

In response to a request for review of the time frames, the RMA has recently reviewed the available sound medical-scientific evidence. The RMA has now concluded that the limited evidence in support of the timeframes, together with the difficulties being experienced by claimants in posthumously establishing the existence of a clinically significant disorder of mental health, warranted removing the current time frames applying to category 1A and 1B stressors. The Amendment Statements of Suicide (Instruments Nos. 26 and 27 of 2017) have now been lodged with the Federal Register of Legislation and will take legal effect from 27 March 2017.

Yours sincerely

Paul Murdoch
Registrar

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[1] ***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) acute stress disorder;
(b) adjustment disorder;
(c) alcohol use disorder;
(d) anxiety disorder;
(e) attention-deficit/hyperactivity disorder;
(f) bipolar disorder;
(g) body dysmorphic disorder;
(h) brief psychotic disorder;
(i) conduct disorder;
(j) depressive disorder;
(k) eating disorder;
(l) obsessive-compulsive disorder;
(m) oppositional defiant disorder;
(n) panic disorder;
(o) personality disorder;
(p) phobic anxiety;
(q) posttraumatic stress disorder;
(r) schizoaffective disorder;
(s) schizophrenia;
(t) substance/medication-induced anxiety disorder;
(u) substance/medication-induced psychotic disorder; or
(v) substance use disorder.

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