

VETs HeLP: Tools for your Practice

Diagnostic Criteria (DSM-5) for Common Mental Health Conditions in Australian Veterans

1. Generalised Anxiety Disorders

Criteria

- **Excessive anxiety and worry** occurring more days than not for at least six months about various activities.
- The worries are difficult to control and must be associated with at least 3 of the following **symptoms**: Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances.
- The symptoms must cause significant distress or impairment of social or occupational functioning
- Not due to substance use (e.g., medication, alcohol) of a general medical disorder (e.g., hyperthyroidism)

Relevance to Veterans

- Transitioning to civilian life, dealing with trauma, and coping with physical injuries can heighten anxiety levels.

2. Depression

Criteria

- **Major Depressive Disorder (MDD)**: Depressed mood or loss of interest/pleasure in activities most of the day, nearly every day, for at least two weeks.
- **Symptoms**: Significant weight/appetite changes, insomnia/hypersomnia, psychomotor agitation/retardation, fatigue, feelings of worthlessness/guilt, diminished ability to think/concentrate, and recurrent thoughts of death/suicide.

Relevance to Veterans

- Combat exposure, loss of comrades, and adjusting to civilian life contribute to high rates of depression.
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3. Post-Traumatic Stress Disorder (PTSD)

Criteria

- **Exposure to Trauma:** Directly experiencing, witnessing, or learning of a traumatic event.
- **Intrusive Symptoms:** Recurrent distressing memories, nightmares, flashbacks, and severe emotional distress or physiological reactions to reminders of the trauma.
- **Persistent avoidance of stimuli:** Efforts to avoid distressing memories, thoughts, feelings, or external reminders of the trauma.
- **Negative Alterations in Cognition and Mood:** Inability to remember aspects of the trauma, persistent negative beliefs, distorted cognitions about the cause/consequences of the trauma, persistent negative emotional state, diminished interest in activities, feelings of detachment, and inability to experience positive emotions.
- **Alterations in Arousal and Reactivity:** Irritability, reckless/self-destructive behavior, hypervigilance, exaggerated startle response, concentration issues, and sleep disturbances.
- **Duration:** Symptoms last more than one month.
- **Significant distress or impairment in social, occupational** or other important areas of functioning.
- Not due to substance use (e.g., medication, alcohol) or another medical condition

Relevance to Veterans

- High incidence due to exposure to combat and other traumatic experiences during service.

4. Alcohol Use Disorder

Criteria

- Similar to substance use disorder but specific to alcohol.
- In summary: Includes a strong desire to drink, difficulty controlling use, persistent drinking despite harmful consequences, and prioritizing drinking over other activities.
- In detail: A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
 1. **Craving**, or a strong desire or urge to use alcohol.
 2. There is **a persistent desire** or unsuccessful efforts to cut down or control



- alcohol use.
3. Alcohol is often taken in **larger amounts** or over a longer period than was intended.
 4. Recurrent alcohol use resulting in a **failure to fulfill** major role obligations at work, school, or home.
 5. A **great deal of time** is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
 6. Alcohol **use is continued despite** knowledge of having a persistent or recurrent **physical or psychological problem** that is likely to have been caused or exacerbated by alcohol.
 7. **Continued alcohol use** despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
 8. Important social, occupational, or recreational **activities are given up** or reduced because of alcohol use.
 9. **Tolerance**, as defined by either of the following:
 - A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - A markedly diminished effect with continued use of the same amount of alcohol.
 10. **Withdrawal**, as manifested by either of the following:
 - The characteristic withdrawal syndrome for alcohol.
 - Alcohol (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.
 11. **Recurrent alcohol use** in situations in which it is physically hazardous.

Relevance to Veterans

- High rates of alcohol use as a coping mechanism for stress, trauma, and reintegration challenges.

5. Substance Use Disorder

Regardless of the particular substance, the diagnosis of a substance use disorder is based upon a pathological set of behaviours related to the use of that substance. These behaviours fall into 4 main categories

Criteria

- **Impaired Control:** Using larger amounts or for longer than intended, unsuccessful efforts to cut down, and spending a lot of time obtaining, using, or recovering from substance use.
- **Social Impairment:** Failure to fulfill major obligations, continued use despite



social/interpersonal problems, and giving up important activities.

- **Risky Use:** Recurrent use in physically hazardous situations and continued use despite knowing it causes physical or psychological problems.
- **Physical Dependence:** Tolerance and withdrawal.

Relevance to Veterans

- May use substances to cope with PTSD, depression, and physical pain, leading to increased risk of dependence and related issues.

6. Suicide Behaviour Disorder (SBD)

Criteria

Not explicitly listed as a mental health disorder in the Diagnostic and statistical manual of mental disorders (DSM-5), but it was suggested as a “condition for further study”. It is associated with conditions like depression, PTSD, and substance use disorders. Currently, a diagnosis of SBD would require an individual to meet all five of the following diagnostic criteria.

- **Suicide Attempt:** At least one suicide attempt in the past 24 months.
- **Non-suicidal Self-Injury:** The behaviour is not better explained by non-suicidal self-injury.
- **Not Due to Delirium or Psychosis:** The act is not solely due to delirium or psychotic disorders.
- **No Rehearsing or Planning Without Attempts:** Excludes cases of suicidal ideation without actual attempts.
- **No political or religious objectives:** The act is not undertaken solely for political and/or religious agendas.

Relevance to Veterans

- **High Risk:** Veterans are at elevated risk due to exposure to combat, trauma, and the stress of transitioning to civilian life.
- **Traumatic Experiences:** Combat and service-related trauma contribute significantly to mental health struggles, including suicide attempts.
- **Mental Health Disorders:** High rates of PTSD, depression, and substance use disorders among veterans increase the likelihood of suicidal behavior.
- **Support Needs:** Emphasises the importance of comprehensive mental health support and suicide prevention strategies tailored to veterans’ unique experiences and challenges.



References

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