



Depression

Including but not limited to Major Depressive Episode, Adjustment Disorder with Depressed Mood. Document can also be used for Premenstrual Dysphoric Disorder, Persistent Depressive Disorder (Dysthymia)

Psychiatrist & Psychologist & GP

Investigations and Reports for Consideration

- Relevant medical records or reports including the psychiatric and/or psychological assessment including all tests and treatments as well as reports from GP.
- For mild depression without suicidality, evidence from a psychologist may suffice, this is to be determined on a case by case basis.
- For moderate to severe depression, evidence should be supplied from psychiatrist and psychologist.

Considerations include (but are not limited to):

- Diagnosis
- Duration of condition and pattern of illness
- Functional impact
- Any risk issues including suicidality
- Response to treatment
- Duration of treatment involvement
- Treatments used and effectiveness
- Any side effect of treatment
- Triggers to recurrence if known
- Compliance with treatment and ongoing treatment plan and monitoring in place
- Applicants' insight and willingness to engage if future difficulties
- Whether police work is likely to aggravate the condition and mitigating factors
- Ability to meet the inherent requirements of an operational general police officer and protective services officer

Medical Standard

Determination will include an assessment of the severity of the condition, treatment engagement, effectiveness of treatment, side effects, risk issues and safety around firearms and any potential for aspects of the police role, including stress, to aggravate the condition.

The applicants level of insight, ability to recognise and manage early relapse signs and seek assistance is also relevant.



Risks around suicide including past or present suicidality can be predictive of future risk, particularly ideation pertaining to lethal means (MVA/hanging/ high lethality overdose/shooting) and extreme caution should be exercised in considering firearm access in an applicant with this history.

This determination will be made based on examining treaters experience with similar conditions, information from treating practitioners and review of the detailed medical guidelines.

Each applicant must be individually clinically assessed, a history of their condition taken including associated psychosocial, family history, history of substance use, social history, past hospitalisation and self-harm attempts.

In the event of uncertainty, opinion should be sought from a psychiatrist, psychologist and/or an IME Psychiatrist to assist in risk stratifying the case and determining suitability against the inherent requirements of an operational general police officer and protective services officer.

This guideline is a brief summary only and must be read in conjunction with the latest clinical practice guidelines from the RANZCP, RANZGP or as otherwise appropriate.

Impact on Job Performance

Depression can impact on a range of aspects of the police role. Impacts include but are not limited to feeling of sadness and hopelessness, fatigue, lack of motivation, poor appetite, weight gain or loss, social isolation, poor sleep, irritability and anger, diminished concentration and focus, poor decision making and suicidality.

There can be varying degrees of impact from minimal in the case of a very mild episode to severe. Each case must be individually assessed by an appropriate trained clinician.