

## Disability Support Pension Impairment Tables Questionnaire

Response: 005

Anonymous

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Fully diagnosed, treated and stabilised (FDTs) requirement
<b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>
Nil
<b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>
Pain
<b>12a (i) The removal of the term 'permanent condition' provides greater clarity that a condition must persist for two years as part of the DSP eligibility criteria</b>
Strongly disagree
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Strongly disagree
<b>12b Please provide any additional comments regarding changes to the FDTs requirement</b>
<p>I have read the proposed changes in PDF format and they are extremely vague. What is the point of changing the terminology if you are still going to use the same eligibility criteria?</p> <p>Being diagnosed takes years, sometimes decades or even not at all as is what is happening now. To be diagnosed requires paying out of pocket expenses (it is harder with rising living expenses- I choose food over medical appointments now). Some of us CANNOT get diagnosed because there is a GP shortage. I am trying to find a competent GP at the moment and it is extremely hard because they are not seeing new patients so I am lumped with the mediocrity of GPs who do not know how to navigate chronic health issues and therefore getting a diagnosis is near impossible. We are as always, set up to fail the DSP process.</p>
<b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>
Strongly disagree
<b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>
Strongly disagree
<b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>
Strongly disagree
<b>13a (iv) The additional guidance in appropriate Tables provides greater clarity when considering functional impairment. For example an additional guidance point to all Tables on fluctuating and episodic conditions</b>
Strongly disagree
<b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>
Strongly disagree
<b>13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work</b>
Strongly disagree
<b>13b Please provide any additional comments on the proposed operational improvements.</b>
As I have mentioned before the proposed changes are very vague.

<b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Disagree
<b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>
Strongly disagree
<b>16a (i) Proposed changes better represent the functional impact of pain</b>
Strongly disagree
<b>16a (ii) Additional examples of pain related conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>17a Additional examples of chronic illnesses that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>18a Additional examples of renal conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>19a (i) Additional examples of fatigue related conditions that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>19a (ii) The inclusion of a personal care descriptor captures the functional impacts of fatigue on a person's ability to undertake personal care activities</b>
Strongly disagree
<b>19a (iii) Proposed changes better represent the functional impact of fatigue related conditions</b>
Strongly disagree
<b>20a Additional examples of cancer and subsequent conditions that result in functional impairment provide more clarity around these types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>20b Please provide any additional comments regarding changes about cancer.</b>
It is folly to think cancer or any other health condition can be 'rated' within the confines of basic tables. Health issues are extremely diverse and I think the tables are a punitive measure.
<b>21a (i) Additional examples of specific pieces of evidence that may be used to support a claim assists individuals to identify the accepted range of medical evidence that can be provided</b>
Strongly disagree
<b>21a (ii) Additional examples of professionals assists individuals identify the range of appropriate practitioners who are able to provide medical evidence in support of their claims</b>
Strongly disagree
<b>21b Please provide any additional comments regarding changes to medical evidentiary requirements.</b>
I have never been told exactly what pieces of evidence I need to 'prove' I am disabled 'enough'. I applied once upon a time and was told to get more evidence. I asked what types of evidences I needed but the Centrelink DSP representative's answer was cryptic.
<b>22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function</b>
Strongly disagree
<b>22a (ii) The addition of descriptors for the loss of function of a dominant limb under Table 2 – Upper Limb Function better recognises functional impacts of losing a dominant upper limb</b>

Strongly disagree
<b>22a (iii) Additional examples of specific skin conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table</b>
Strongly disagree
<b>23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand</b>
Strongly disagree
<b>24a The proposed change will better support individuals by providing a broader range of medical professionals allowed to provide corroborating evidence in support of a diagnosis of a mental health condition for assessment under Table 5 – Mental Health Function</b>
Strongly disagree
<b>25a The proposed changes improve alignment with other recognised mental health assessment tools (including the World Health Organization Disability Assessment Schedule –WHODAS, Diagnostic and Statistical Manual of Mental Disorders – DSM, World Health Organization International Classification of Diseases - ICD)</b>
Strongly disagree
<b>26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity</b>
Strongly disagree
<b>26a (ii) The addition of a new social skills descriptors in the table relating to brain function recognise difficulties a neurodivergent person may experience in social situations</b>
Strongly disagree
<b>26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:</b>
Nil
<b>26c Please provide any additional comments regarding changes about neurodiversity.</b>
In 26b there are only 2 choices for an answer, I would choose neither. To assess complex health issues against tables is a mistake, there are too many complexities within health issues to be compartmentalised within mere tables.
<b>27a The proposed changes better recognise the need for culturally appropriate assessments</b>
Strongly disagree
<b>28 In accordance with the Privacy Collection Notice, please select one of the following.</b>
I would like my submission to be published anonymously