

Disability Support Pension Impairment Tables Questionnaire

Response: 030

Anonymous

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you
Mental health
11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you
Ongoing side effects of treatment
11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you
Medical evidence requirements
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
Strongly disagree
12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment
Unsure
12b Please provide any additional comments regarding changes to the FDTs requirement
Theses mental illness conditions ARE permanent and also fluctuate in severity from mild to chronic.
13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument
Unsure
13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section
Agree
13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables
Disagree
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
Disagree
13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables
Agree
13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work
Disagree
13b Please provide any additional comments on the proposed operational improvements.
There were not examples of how impairment affects ability to work in mental health or illness context. Accommodations allowed for frequent breaks due to fatigue or friendly work zones not discussed.
14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables
Agree

15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment

Unsure

16a (i) Proposed changes better represent the functional impact of pain

Agree

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

Unsure

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

Disagree

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

Unsure

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

Unsure

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

Disagree

19a (iii) Proposed changes better represent the functional impact of fatigue related conditions

Agree

19b Please provide any additional comments regarding changes about fatigue.

No examples given as to how in practical terms someone can effectively complete self care tasks from those needing verbal prompting only to actual assistance. Was this timed or asked about from individuals? Getting ready might take 3 hours and appointments missed due to lateness. Fatigue different on different days. Getting out of bed difficult when unable mentally or physically can affect quality of life and interactions with others. Greater clarity? More examples please.

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

Unsure

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

Agree

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

Disagree

21b Please provide any additional comments regarding changes to medical evidentiary requirements.

Psychologists not always trained in Australia or culturally appropriate towards those seeking work in differing environments due to missed training e.g. strong work ethic, unwell but getting better and steered towards manual jobs or even if trained encouraged to do tasks that are too demanding and no job rotation so leave job as pressured to. Is a psychologist really able to gauge ability or disability? If to rely on a psychologist for a work assessment means no job. Why. Occupational Therapy preferable to advise.

22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function

Unsure

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

Unsure
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
Unsure
23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand
Unsure
23b Please provide any additional comments regarding changes about balance.
Episodic dizziness due to metabolic syndrome not mentioned.
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
Disagree
24b Please provide any additional comments regarding changes about psychologists.
Psychologists have no medical training in Australia. Why go back to welfare workers signing you into a psyche ward on 2 signatures?
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)
Agree
26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity
Agree
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
Agree
26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:
add a new social skills descriptor and require a person to meet at least two descriptors for the relevant impairment rating to be assigned
27a The proposed changes better recognise the need for culturally appropriate assessments
Agree
28 In accordance with the Privacy Collection Notice, please select one of the following.
I would like my submission to be published anonymously