

Disability Support Pension Impairment Tables Questionnaire

Response: 037

Ashley

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you

Neurodiversity

11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you

Medical evidence requirements

11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you

Chronic Illness

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

Agree

12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment

Agree

12b Please provide any additional comments regarding changes to the FDTs requirement

Evidence and for it to be acceptable in a way from varied sources but also the person when sharing their pain, issues, impacts etc. As someone who has applied in the past, my concerns were completely ignored because non visible pains or illnesses are not given a second glance. Being able to listen to the person and their ongoing concerns, that do not show in blood work, for example, is critical, otherwise you're ignoring a large population of chronic pain sufferers.

13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument

Agree

13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section

Unsure

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

Agree

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.

It should be clear that a function to work is subjective and depends on the persons illness to disability. It should not be dictated to the person that they can do "this" or "that" if they actually say that causes their disability to flare or worsen. Consideration for the individual is paramount opposed to merely ticking boxes and saying if they don't tick enough boxes then they don't warrant help.

14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables

Unsure

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

Agree

15b Please provide any additional comments regarding changes about the ongoing side effects of treatment.

This is important to be able to share that “I have been prescribed this medicine to help my condition” but it also causes “this”. This is a large issue and a complex one for the individual who is trying to get better, but remains feeling unwell due to these side effects. Better understanding of these events and how to again, listen to the individual is paramount opposed to writing them off as someone who needs to change medicines.

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

Agree

16b Please provide any additional comments regarding changes about pain.

There needs to be an open space for other conditions to be considered, particularly invisible illnesses that allow some of us to look normal, most days, whilst suffering quietly. Being able to highlight this so an individual does not to “act” like they’re dying to get help, would be front and centre.

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

Agree

17b Please provide any additional comments regarding changes about chronic illness.

Better understanding and scope for chronic illnesses to include the spectrum of invisible illness to how “activity” can help lessen pain, in some circumstances, but does not equate to the pain being gone. So for people who can go for a walk, does not correlate with they can walk in a busy treat is they have neurodiverse weakening.

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

Agree

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

Agree

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

Agree

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

Fatigue needs to be included in context from once a week to several days in a row and factors that influence this to compile. Again, greater understanding of how fatigue can also be experienced as a secondary effect to a primary condition is important.

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

Agree

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

Disagree

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

Agree

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

Yes and no. It is important to include non typical professionals to even loved ones or those who have witnessed the changes to illness, including a GP. For example, I have seen dozens of specialists who enjoy playing a guessing game on my health, to countless blood tests, but in the real world, not all conditions come with a definitive answer, as easy and simple as this would be. For the individual, myself, this was heart breaking trying to find an answer whilst also merely trying to get help. No one should feel like this. A Gp, in my case, had a first hand account on how unwell I was, but a specialist did not know me or see how my life had changed.

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

Agree

23b Please provide any additional comments regarding changes about balance.

It is important to understand and gauge the impact of dizziness and the extent. For example, too much fatigue can bring on a dizzy spell and the individual may faint in a public space. Same goes for too much stimulation for a neurologically impaired individual and they can't get home. Little things that also cause immense distress. Both have happened to myself and I was never understood and pushed aside.

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

Agree

24b Please provide any additional comments regarding changes about psychologists.

It's a start. Inclusion of a wider range of professionals would be ideal, including professional and personal no may be able to share the cost of impact. Same goes for good hearted individuals opposed to a specialist who want to continue to see a patient for financial gain opposed for their better wellbeing and care.

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:

keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned

26c Please provide any additional comments regarding changes about neurodiversity.

I think this is quite vague and descriptors need to be more open and inclusive. How can I tick a box that isn't there, but can't walk through a shopping centre filled with people, though on other days can go for a run? Understanding that activity can help cope with an illness whilst a significant volume of working tasks can impede on an individuals capacity to simply perform a task, the research and evidence exists, but cannot be made into "tick" to pass logic. A more open and inclusive approach to understanding the persons illness remains fundamental.

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 with identifying information (including name or name of organisation as provided in the questionnaire)