

Disability Support Pension Impairment Tables Questionnaire

Response: 058

Carolyn Drew

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

Fully diagnosed, treated and stabilised (FDTs) requirement

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

Mental health

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

Disagree

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

The problem with the proposed changes is they do not take into account that if the doctor (medical or psychiatric) filling out the forms has no understanding of what the jargon used on those forms means the person applying for the DSP can miss out through no fault of their own. Particularly around the idea of 'stabilisation' - the meaning of this is NOT clear to the practitioners. Doctors need a guide as to what the meanings for each word actually means or infers. Even the department's own practitioners (across individuals) have a different understanding for the meaning of the language/jargon used.

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

Disagree

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

Agree

13b Please provide any additional comments on the proposed operational improvements.

There still remains a lack of clarity around the jargon used by the department. This is signified by the fact that people with significant disability STILL struggle to get the DSP. This can only be happening because the departmental practitioners either lack understanding of their own department's tables or are DELIBERATELY saying no to people who should clearly be given the DSP. Which is it?

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

Agree

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

It is better but still not extensive enough.

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.

More additional examples should be provided. Practitioners both external and within the department may not necessarily realise that certain pains not listed still impair function.

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

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

this needs a lot more work especially around definitions and descriptions.,

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

Disagree

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.

Both the examples and the impact of fatigue related conditions need improvement. The range is still not captured.

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

Disagree

20b Please provide any additional comments regarding changes about cancer.

The problem with this area is the department STILL insists that those who are affected by cancer and its treatment still think they can work. I suggest bringing back Sickness benefits as a work around when the person with cancer may not know how long their impairment may last. You simply cannot go to work or look for a job when you are having cancer treatments yet this is what is being demanded. Plus people who have died from cancer are still being hounded AFTER death for appointments with job providers. I mean what is WRONG with this department?

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.

There is still not enough accepted specific pieces of evidence listed that can be used to support a claim.

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

Disagree

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

Disagree

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

Disagree

22b Please provide any additional comments regarding changes about musculoskeletal and skin functions.

This needs a lot more examples and explanations of their impairment.

23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand

Disagree

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

There is STILL the tendency for the department to ignore this aspect of impairment. It seems as long as you can stand even if dizzy the department representative thinks you are capable of working. On your feet. Again either the department does not understand its own tables or they are DELIBERATELY ignoring those tables and being biased against the person applying.

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.

Again either the departments own representatives who are doing the evaluation are either misunderstanding their own tables OR DELIBERATELY ignoring them and denying the person income support. WHICH is it? This really needs an INDEPENDENT investigation.

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

25b Please provide any additional comments regarding changes about mental health.

As per my last comment.

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

Disagree

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.

PLEASE NOTE: Question 26b cannot be answered because we don't know what the new social skills descriptor will be hence I have HAD to answer in the way I have. This is a VERY biased and underhanded approach to your survey!!!!

27a The proposed changes better recognise the need for culturally appropriate assessments

Disagree

27b Please provide any additional comments regarding changes to address cultural appropriateness.

Again, cannot adequately answer as there is NO information to make a decision.

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)