

## Disability Support Pension Impairment Tables Questionnaire

Response: 062

Anonymous

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

Fully diagnosed, treated and stabilised (FDTs) requirement

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

Chronic Illness

**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 agree

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

Strongly agree

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

Not all conditions can be stabilised, regardless of the name of the condition there are treatments that can help quality of life. These treatments can not be seen as a 'cure'  
Eg:- chronic Osteoarthritis. Joint fusion is not a cure it is pain management but centrelink treat it as a cure.  
The meaning of FDTs that centrelink use should be the same as a doctors. The use of 'raw evidence' is wrong on so many levels as its used to over ride a discision made by a doctor.  
Perhaps you need a list of conditions that should automatically qualify for dsp, the list you have now is way to small

**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**

Strongly agree

**13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables**

Strongly agree

**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**

Strongly agree

**13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables**

Strongly agree

**13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work**

Strongly agree

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

Surgery for quality of life that is not a cure should not stop a person from qualifying for dsp.  
Your examples for lower limb are about an amputee getting in and out of a wheelchair and working in front of a computer..... really??  
Someone with lower limb problems including amputees can not get 20 points because centrelink will always say you can get a sit down job. Unfortunately legislation doesn't cover getting to and from work or how employers discriminate.

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

Strongly disagree

**14b Please provide any additional comments regarding changes about the impacts from alcohol, drug and other substance misuse.**

Drug and alcohol abuse should not be covered by DSP, you really need to make a separate payment all together. Drug and alcohol addiction are self-inflicted and are not a disease

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

Strongly disagree

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

If a doctor has put in writing that the patient has a problem with the medication due to side affects or patient has become amune to the time patient has been taking medication then why do you need to put this in the tables?

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

Strongly 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**

Strongly agree

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

Pain is a disability in its self. I have chronic Osteoarthritis put was told by centrelink that pain is not a disability as there are always pain medications. The level of pain meds does effect your ability to think let alone work and 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**

Strongly agree

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

At least by doing this all centrelink employees will have an idea that a chronic illness is.  
Again when a dr says chronic illness centrelink don't over return drs report as they've used 'raw evidence'

**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**

Strongly agree

**18b Please provide any additional comments regarding changes about renal conditions.**

Yes there's nothing in really in the tables to cover this.

**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**

Strongly agree

**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**

Strongly agree

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

Strongly agree

**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**

Strongly agree

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

Anyone going through cancer treatment should be put on DSP for 12 months. After 12 months they reapply for another 12 months. After 2 years they should apply again for permanent DSP.

**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**

Strongly 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**

Strongly agree

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

Bring back a form for the drs to fill out with information for them as to what is required. So many specialists do not know or understand centrelink wording.

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

Strongly agree

**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**

Strongly agree

**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**

Strongly agree

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

Strongly agree

**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**

Strongly agree

**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)**

Strongly agree

**26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity**

Strongly 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**

Strongly 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**

Strongly agree

**28 In accordance with the Privacy Collection Notice, please select one of the following.**

I would like my submission to be published anonymously