

## Disability Support Pension Impairment Tables Questionnaire

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Response: 077

Simon Williams

**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**

Mental health

**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**

Disagree

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

Strongly disagree

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

Conditions can be stable, but gradually increasing in impairment through diminishing function by age, and degradation of other areas caused by the initial condition.

This means the initial injury/impairment is never stable and is constantly being subject to adjusted treatment.

Centrelink has misused "stable condition" in the past to avoid approval of claims.

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

Disagree

**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**

Unsure

**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.**

The interpretation by assessors of information provided by applicants is always downplayed, dismissed and contended as truth and honest.

The flow on conditions of an initial injury/impairment can cause more distress to an individual, and assessors fail to recognise this on an ongoing basis.

**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 misuse is not an injury or impairment.

It is a "Life choice" habit.

Alcohol and drug misuse should be removed as an assessable DSP claim for any recipient.

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

Unsure

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

Permanent, ongoing lifelong need for medication should not be defined in the "stable condition" definition as medication changes due to improvement and condition/impairment change.

There is no such thing as a stable medication, so no condition can ever be stable if medication changes throughout the course of the injury/impairment.

When a lifelong impairment is assessed, it is NEVER stable.

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

Unsure

**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**

Disagree

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

Pain is not something that can be seen in a permanent injury impairment.

The only way to properly assess pain is to observe an individual over the period of a week.

No assessor can assess pain without observing an individual.

**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.**

Assessor's wouldn't have a clue about chronic pain.

Living in a world of academic theory can never live in a world if chronic pain.

**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**

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 disagree

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

Unsure

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

Pain causes fatigue, and overuse of function causes fatigue.

Tolerating daily duties can be difficult.

Forcing a person to work can remove any chance of a quality of life due to domestic employment causing such fatigue that a deficit of energy is produced, sometimes causing further injury/impairment.

**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

**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 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**

Strongly disagree

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

A GP can compile a list of past present and future treatment based on what has transpired and what is required.

Seeking assessment from each individual practitioner is ridiculous.

**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**

Unsure

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

Unsure

**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.**

Services stretched by bogus claims relating to Covid lockdown

**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 disagree

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

Unsure

**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:**

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**

Unsure

**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)