

## Disability Support Pension Impairment Tables Questionnaire

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Response: 081

Anonymous

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| <b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>   |
| Fully diagnosed, treated and stabilised (FDTs) requirement   |
| <b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>  |
| Chronic Illness  |
| <b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>   |
| Pain   |
| <b>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</b>  |
| Agree  |
| <b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>   |
| Disagree   |
| <b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>  |
| Disagree   |
| <b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>  |
| Unsure   |
| <b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>   |
| Agree  |
| <b>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</b>         |
| Disagree   |
| <b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>   |
| Disagree   |
| <b>13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work</b>  |
| Agree  |
| <b>13b Please provide any additional comments on the proposed operational improvements.</b>  |
| There needs to be more flexibility in the episodic illnesses. It is unreasonable, if a person is expected to suffer from these issues over half of the time, to have them recorded as able to work (because who would hire them????) |
| <b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>  |
| Agree  |
| <b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>  |
| Strongly disagree  |

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| <b>16a (i) Proposed changes better represent the functional impact of pain</b>   |
| Strongly disagree  |
| <b>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</b>   |
| Strongly disagree  |
| <b>16b Please provide any additional comments regarding changes about pain.</b>  |
| Pain is rarely mentioned and the impacts of chronic pain are further required - this should be it's own table and criteria rather than a 'subsection' of other criteria.   |
| <b>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</b>   |
| Strongly disagree  |
| <b>17b Please provide any additional comments regarding changes about chronic illness.</b>   |
| There needs to be more flexibility around chronic illnesses that have impacts but impacts across multiple tables, or impacts that do not qualify under the tables provided. This should be it's own table.   |
| <b>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</b>   |
| Disagree   |
| <b>18b Please provide any additional comments regarding changes about renal conditions.</b>  |
| A singular change for a specific example of a condition is insufficient as stamina and physical exertion aren't necessarily the issue  |
| <b>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</b>  |
| Disagree   |
| <b>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</b>   |
| Disagree   |
| <b>19a (iii) Proposed changes better represent the functional impact of fatigue related conditions</b>   |
| Strongly disagree  |
| <b>19b Please provide any additional comments regarding changes about fatigue.</b>   |
| Does not acknowledge the transient nature of these illnesses and their fluctuating issues  |
| <b>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</b>   |
| Unsure   |
| <b>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</b>  |
| Nil  |
| <b>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</b>   |
| Disagree   |
| <b>21b Please provide any additional comments regarding changes to medical evidentiary requirements.</b>   |
| There are others that should be considered - for example, a psychologist should be able to provide evidence of the impact of pain on physical exertion and stamina, as well as functions of consciousness to account for issues such as disassociating |
| <b>22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function</b>   |
| Agree  |

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| <b>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</b>   |
| Agree  |
| <b>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</b>   |
| Agree  |
| <b>23a The proposed changes better capture the functional impacts of balance, dizziness and a person’s ability to stand</b>  |
| Unsure   |
| <b>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</b>  |
| Disagree   |
| <b>24b Please provide any additional comments regarding changes about psychologists.</b>   |
| Psychologists should be able to also comment on other areas - as mental health has significant impacts on other aspects of lives such as physical exertion, communication, brain function, and consciousness. The categories under the table are insufficient to explain how a person’s mental health is impacted by their disability. |
| <b>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)</b>         |
| Disagree   |
| <b>25b Please provide any additional comments regarding changes about mental health.</b>   |
| Mental health is more complex than that.   |
| <b>26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity</b>  |
| Strongly disagree  |
| <b>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</b>   |
| Strongly disagree  |
| <b>26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:</b>  |
| keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned  |
| <b>26c Please provide any additional comments regarding changes about neurodiversity.</b>  |
| Again more complex than looking at single area impairments   |
| <b>27a The proposed changes better recognise the need for culturally appropriate assessments</b>   |
| Unsure   |
| <b>28 In accordance with the Privacy Collection Notice, please select one of the following.</b>  |
| I would like my submission to be published anonymously   |