

Disability Support Pension Impairment Tables Questionnaire

Response: 096

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

Functional impairments relating to alcohol, drug and other substance misuse

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

Pain

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

Agree

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

This is disturbing. I have a range of problems some of which will not be treated and stabilised for years to come if at all. It seems that since not much can be done for things like back pain or bad osteoarthritis the government has decided you have to put up with it and do what is expected. I'm riddled with OA which flares up under various circumstances and my back can go out at the stupidest things like picking a dropped spoon up from the floor and when it happens I'm often completely bedridden. The pain is incredible and I don't sleep which is hard at the best of times. I have many more issues but that alone cannot be treated and stabilised currently except with insufficient pain meds and told to keep moving but when every step causes me to involuntarily grunt and cry out how is that possible. I was taught not to show or tell your problems and I might greet you at the shop while I'm dying inside because I don't want to show anything. This blanket rule might work for machines but people are complex and varied and you need room for people that don't fit into your strict model.

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

Unsure

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

Unsure

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

Unsure

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

The terminology may be improved and i can understand it but im also called upon to help others understand things like this and the referring back to sections is frustrating. But it's not the terminology i have an issue with it's trying to use these tables to assess people in all kinds of conditions and not allowing anything that does not come from a health care worker to be disregarded is dangerous. I went through this 2012 and it took 10 months to get all the appointments and gather all the evidence with no help and i was at the end of my rope by the time i was finally approved after initially being denied which I've discovered nearly everyone has to go through in the last 20 yrs or so.

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

Disagree

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

This does not take into account a persons state of mind from their upbringing and what they've been through, it seems they want to test your functionality and disregard whether your capable of getting up, going to a job and dealing with people. This isn't fair to the person or the business they may be sent to regardless if they could actually do it. I also bet this is technically considered as something that could be treated and sorted under the 2 yrs but trying to get treatment while your extremely stressed because newstart is woefully inadequate is asking the impossible. There may be a few outliers that could but if your paying rent and trying to live at the same time it's so difficult and you can't even get government housing to take some pressure off, what's the waiting list now in Vic 20 yrs.

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 again is a difficult subject. If your in pain the meds can erode some of your will to get out and improve your life but at the same time the pain without them can erode your will to live. Another case of people not fitting into the strict tables. You need more options and more room for people to make the appropriate decisions as to whether someone is fit and healthy enough to be denied the pension or could help them improve.

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

Strongly disagree

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 disagree

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

Pain is a very subjective thing. I will put up with a ton of pain so i don't look odd in public so the times im almost in tears shuffling into my chemist then I'm in severe pain to the point of being bedridden but im still expected to satisfy government policy for various organisations. So just because someone appears to have mild issues at the time of assessment doesn't mean the next day things could be very different. I know it saves money to have these tables that could apply to everyone but it's just not that cut and dry and this instrument leaves little room for exception or a more rigorous understanding of a persons state of living. The weight that was lifted off me when i was granted the DSP was significant. I could pay my debts, rent and bills which gave me some freedom to think of other things.

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.

The table overall seems like a snapshot of someones health at that specific time. You need more than a checklist to have an understanding of how someone is doing. It also does not seem like a holistic approach as each problem compounds the next and your overall condition might be bad but you appear to have medium symptoms but across multiple categories.

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

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

There are way more conditions than what's listed. how are the people administering the test interpreting data from health professionals for things that aren't listed in the table. Again there seems very little legitimate wiggle room.

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

Strongly disagree

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

If i can shower and put shoes on doesn't mean i have no issues with stamina and fatigue from activity.

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

Unsure

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

Cancer is another subjective thing some can deal with it better and some like my mum were tortured by it for years. Anyone in that situation should not have to think about finding alternative income.

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

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

Agree

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

I didn't see any examples for mental health workers unless I missed it.

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

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

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

Agree

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

The more the better. I do worry about the knowledge of people interpreting the data for the tests

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.

Again the better the understanding the better a person can make an assessment of someone's overall situation.

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.

This should certainly have more of a focus for testing

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 long as the testers can understand what they are looking at

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

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

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

This for sure should be another focus area. I can relate to a lot of this.

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.

It should not be easier for one group to get approval based on their culture.

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

I would like my submission to be published anonymously