

Disability Support Pension Impairment Tables Questionnaire

Response: 125

Anonymous

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you
Chronic Illness
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
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
Agree
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
The term stabilised needs more clarification. As someone with a condition that fluctuates it should be stated that stabilised means not getting better or worse than your normal.
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
Agree
13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables
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
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
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
Strongly agree

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.

I have fibromyalgia and seeing it listed is amazing. Please note fibromyalgia is more than just a chronic pain illness and will span multiple tables.

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

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

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

Agree

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.

Any evidence is good evidence. All medical professionals should be included as most people seeking DSP cannot afford specialist or are stuck on year long waiting lists. I have been seeing a registered psychologist for 3 years now and he can provide a lot of things about my mental health that were previously ignored. Additionally I feel like there needs to be a document for GPs to be able to fill out when helping people get DSP as most professionals do not know what to include in a letter that would be appropriate. It would also help if it could specify that professionals or care teams should refer to the point tables as most do not and are unaware the impairment tables exist.

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

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

Agree

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

Strongly agree

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

Dysautonomia conditions can cause dizziness and Blackouts which can cause a person to fall. It should also include sit to standing and length of time.

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

24b Please provide any additional comments regarding changes about psychologists.

Registered psychologists have a wealth of information on clients and are more affordable for people to see. If able they should definitely be included when providing mental health evidence.

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.

Personally I feel the DSM is a bit dated and misses a lot of information in regards to Mental Health. However using the other tools should hopefully help.

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

Agree

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

I would like my submission to be published anonymously