

## Disability Support Pension Impairment Tables Questionnaire

Response: 130

Anonymous

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

Fatigue

**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**

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**

Agree

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

Disagree

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

There is a problem with ME/CFS patients being diagnosed because of lack of adequate updates to the Australian guidelines and Medical training. So even though the patients are permanently ill the lack of medical and government support makes them survive without help.

Currently, 80% of doctors surveyed wrongly believe ME/CFS to be a mental illness in spite of the fact patients have objective measurable data that can prove they are physically ill. Only 50% of doctors will diagnose ME/CFS. It is rare a patient with ME/CFS can get a medical professional to diagnose let alone print a medical report to the standard of the international guidelines. Also, The current ME/CFS guidelines is inadequate and do not describe the illness or treatment necessary for the patient to get better.

Patients without adequate funds to go to the only private doctor in their city who is up to date with the international guidelines of ME/CFS will simply never be diagnosed, Yet they live with incredible impairment permanently.

**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**

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**

Agree

<b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Unsure
<b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>
Agree
<b>16a (i) Proposed changes better represent the functional impact of pain</b>
Strongly agree
<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 agree
<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>
Agree
<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>
Agree
<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>
Strongly agree
<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 agree
<b>19b Please provide any additional comments regarding changes about fatigue.</b>
<p>Because the Illness Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) has been previously/stil currently mostly disbelieved by most of society it is vital that this illness is listed to bring awareness that ME/CFS is a very significant functional impairment.</p> <p>For ME/CFS Mild patients have a 50% reduction in activities, Moderate patients have a 70% reduction and Severe patients are housebound, part-time bedridden and very severe patients are often bedridden and tube fed.</p>
<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>
Strongly agree
<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>
Agree
<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>
Agree
<b>21b Please provide any additional comments regarding changes to medical evidentiary requirements.</b>
<p>Heart rate monitoring to be added is vital because 70% of patients with ME/CFS have a postural orthostatic tachycardia syndrome dysautonomia and have their heart rate increase 30 beats within minutes of standing.</p> <p>One problem is that Patients with ME/CFS if they are not too severe can risk a CPET test to prove mitochondrial impairment but it may cause temporary relapse or a permanent worsening of their symptoms. But Severe or Very severe patients can not be upright to sit on the bicycle and cant risk the test because of their exercise intolerance.</p>

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

Unsure

**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**

Unsure

**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.**

It is vital they add Balance, Dizziness and persons ability to stand because in POTS dysautonomia limb functions fail when the patient experiences Pre syncope or syncope episode. These pre or partial fainting episodes make patients unbalanced, dizzy and unable to keep standing till fainting has stopped.  
Patients experience limb weakness during these episodes. (Patients with POTS are intolerant to be being upright and will become weak because their body doesn't fight against gravity to send adequate blood to the brain.)

**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**

Unsure

**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)**

Unsure

**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**

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**

Unsure

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

I would like my submission to be published anonymously