

## Disability Support Pension Impairment Tables Questionnaire

---

Response: 168

Anonymous

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

Pain

**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**

Fully diagnosed, treated and stabilised (FDTs) requirement

**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 problem with the wording 'fully' is to suggest that a condition cannot change. However if you make it clear that a condition has been reasonably assessed and treatment has been issued, and that within the next 2yrs it is unlikely to change, this would be a much more accurate set of conditions reflecting reality.

**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**

Unsure

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

Agree

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

Fibromyalgia should be included in more tables as it also affects digestive health and chronic illnesses, fatigue. The treatment and medical evidence and practitioners sections should also include reports by physiotherapists as acceptable forms of evidence, as often physio is a instrumental treatment type for Fibromyalgia.

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

Agree

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

Makes sense this very specific section is merged with Mental Health and Brain functions. As the older model looked to be singling out this particular condition as if it was a stand alone issue.

**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.**

Please also including a rating towards having side effects as they can also be debilitating, and they impact heavily on our day to day.

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

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**

Agree

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

It is vital that Fibromyalgia, ME/CFS are added to the 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**

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**

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**

Agree

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

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**

Unsure

**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.**

Physiotherapists, counsellors should also be added to this list of qualified professionals able to give evidence. Often access to psychologists/psychiatrists/specialists are very expensive, which results in people missing out on getting reports and evidence because they can only access physios and counsellors (as often these services are better rebated, and some counselling services are free).

For example I have been seeing my counsellor for +2yrs, she knows me intimately and yet cannot provide any evidence because this process requires a psychiatrist to write a diagnosis - this is a waste of everyone's time and goes to show that unless I pay thousands of dollars, I cannot prove that my struggles are real. Despite already having this evidence elsewhere.

**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**

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.**

Counsellors, support workers such as mental health nurses should also be added to this list of qualified professionals able to give evidence. As we have more frequent contact with them, than psychologists because they cost so much money. Often access to psychologists/psychiatrists/specialists are very expensive, which results in people missing out on getting reports and evidence because they can only access physios and counsellors (as often these services are better rebated, and some counselling services are free).

For example I have been seeing my counsellor for +2yrs (women's counselling service, free of charge), she knows me intimately and yet cannot provide any evidence because this process requires a psychiatrist to write a diagnosis - this is a waste of everyone's time and goes to show that unless I pay thousands of dollars, I cannot prove that my struggles are real. Despite already having this evidence elsewhere.

**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)**

Disagree

**25b Please provide any additional comments regarding changes about mental health.**

The DSM is also behind in research and treatment. It is important to not rely too heavily on these assessment tools alone, but rather include and weight more on the reports by treating counsellors/psychologists/specialists to form a better picture of the individual.

**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

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

by descriptors, if you mean things like 'sensory overload' and 'hyper fixation' then yes they often come in bundles. However if you mean 'ADHD' and 'Autism' then no, having one does not necessary mean having the other.

**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