

Disability Support Pension Impairment Tables Questionnaire

Response: 179

Carers Australia

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

Pain

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

Psychologists

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 modification of the current FDTs language to a more measured and somewhat more tailored approach to individual circumstances is both welcome and reflective of the first recommendation in the report of the Senate Inquiry into the Purpose, Intent and Adequacy of the DSP.

In particular, the recognition of barriers to obtaining reasonable treatment (including practical barriers such as being unable to meet the costs of treatment or unable to access that treatment within a reasonable distance of the applicants location) introduces a more realistic approach to treatment requirements.

There are terms in this section of the draft instrument which are open to interpretation - including the use of the word "reasonable" and what constitutes a "compelling reason" why someone might not access treatment.

Having said that, we would be hesitant to include more itemised and prescriptive descriptors. However, it would be useful to provide case studies, as examples only, in the DSS Social Security Guide and in targeted information to both those involved in assessment and applicants.

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

Unsure

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

Unsure

15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment

Agree

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

Unsure

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

Unsure

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

The assignment of a pain factor is only identified against some tables (the more obvious examples of physical pain). For example, there is no pain factor with respect to hearing loss, even though chronic and severe tinnitus is often experienced because amplified roaring, buzzing, clicking and hissing sounds are processed by the brain as painful sensations and certainly a source of psychological pain.

Debilitating psychological pain is not canvassed at all.

And it is not clear how the impact of multiple and diverse pain factors, each of which might be given a lower score on the different tables but, when taken together, can be overwhelming are given sufficient weight. In general, the impact of comorbidities arising from different conditions remains a poorly resolved area of the Tables which continue to be a slice and dice exercise rather than an instrument for holistic assessment.

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

Unsure

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

There is an over-emphasis of the impacts of fatigue on physical exertion and not enough on consciousness and brain function.

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

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

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

Agree

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

Agree

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

The specific inclusion of psychologists to provide supporting evidence for mental health conditions is welcome, not the least because access to psychiatrists is severely constrained in Australia and many people fail to get access over many, many months, if at all, and may not be able to afford the cost even if they can manage to make an appointment.

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.

Table 5 does not really address the impact of behaviours on the capacity to retain work. While there are references to work/training capacity (and the example is given that the person is able to perform workplace tasks without posing a risk to the safety of themselves or co-workers due to ongoing mental illness or the effects of substance misuse), such behaviours do not necessarily represent a safety risk. However, they may be very disruptive nonetheless and this, in turn, can compromise their employment. By way of contrast, the Continence Table takes into account whether a person's condition may affect their comfort in a workplace environment or draw the attention of co-workers.

26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity

Unsure

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 survey requires respondents to make forced choices before they can proceed. With respect to adding new social skills descriptors, it is unclear why a choice must be made between keeping the current list and only require one descriptor for the impairment rating to be assigned, or to expand the social skills list but then require two descriptors for the impairment rating to be assigned.

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.

All this really says is that we need to be culturally informed about assessments and then assign this indicator only to the Intellectual Function Table. It provides very little guidance otherwise and indeed, under the provision covering information that must not be taken into account (10) it says:

" unless specifically referred to by a descriptor in a Table, the following must not be taken into account in assessing an impairment: the availability of suitable work in the person's local community; English language competence; age; gender; level of education; numeracy and literacy skills; level of work skills and experience; social or domestic situation; level of personal motivation; or religious or cultural factors".

At least add to that explanation that cultural factors are taken into account in the Intellectual Function Table.

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

I would like my submission to be published with identifying information (including name or name of organisation as provided in the questionnaire)