

Disability Support Pension Impairment Tables Questionnaire

Response: 191

Anonymous

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

Psychologists

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

Mental health

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 word "stabilised" can be confusing for people whose conditions fluctuate or whose conditions are inherently unstable, such as mental illness. I think it needs to be clear to people that "stabilised" can just mean that the condition will continue to be roughly the same level of severity over time.

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

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

Unsure

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

Unsure

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

I am not sure that the changes will make DSP accessible for people who are unable to work because they are unable to control their substance use. If someone is functional in most areas but is unable to work, concentrate, or engage in adequate self-care, they may not qualify for DSP under the mental health impairment tables despite being unable to work due to their condition.

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

Unsure

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

Agree

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

Strongly 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.

My partner has fatigue problems and I never realised that the first table could be applied to him before I read the updated version today. I like these changes because they make it clear that he is disabled by his condition and the tables will recognise that.

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.

It was always confusing knowing what evidence to provide so I really like that there are more examples now of what is acceptable.

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

Strongly agree

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

I was VERY pleased to see this change! I was not happy that previously I had to pay money I couldn't really afford to see a clinical psychologist just so centrelink would accept my evidence, even though any psychologist I have ever seen has agreed my condition is disabling.

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)

Strongly agree

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

I was happy that ICD is included, as CPTSD is not a condition recognised in the DSM yet despite awareness about the heavy impairment complex trauma can cause.

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:

keep the current list of descriptors and require a person to meet only one descriptor for the relevant impairment rating to be assigned

27a The proposed changes better recognise the need for culturally appropriate assessments

Unsure

27b Please provide any additional comments regarding changes to address cultural appropriateness.

I am not sure that there is much indication of cultural appropriateness in the proposed changes either. If there was NO reference to it before then I guess this is better.

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

I would like my submission to be published anonymously