

## Disability Support Pension Impairment Tables Questionnaire

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Response: 193

Anonymous

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

Mental health

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

Medical evidence requirements

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

Functional impairments relating to alcohol, drug and other substance misuse

**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**

Provides greater clarity for health practitioners in providing medical evidence.

**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**

Unsure

**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**

Disagree

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

Disagree

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

We have concerns about incorporating drug and alcohol related functional impacts into the mental health table. Substance dependence and mental health issues are not necessarily the same. For example, we have some clients with substance dependence who have not seen a psychologist or psychiatrist so this change will make it more difficult for these clients to qualify for the DSP.

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

Disagree

**15b Please provide any additional comments regarding changes about the ongoing side effects of treatment.**

Better recognition of the ongoing side effects of psychiatric medication could be better recognised in Table 5. Side effects of medication may also explain why a person may not be able to engage in reasonable treatment.

**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

**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**

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**

Disagree

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

Agree

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

The addition of the personal care descriptor appears to be out of step with the other requirements of the respective impairment ratings in Table 1. For example, under the mild functional impact 'brushing hair' appears to be equivalent to 'performing physically active tasks or heavier household activities'. Difficulties brushing hair are also given a lower impairment rating than difficulties bathing or showering, when bathing or showering is a much more intense self-care task.

**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**

Strongly agree

**21b Please provide any additional comments regarding changes to medical evidentiary requirements.**

The addition of registered psychologists to Table 5 is a welcome change.

**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.**

This is a welcome change as clinical psychologists are often inaccessible for reasons of cost and waiting lists.

**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 disagree

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

•The addition to the introduction that “Diagnosis and evidence should make appropriate evidence to the diagnostic tool used” is concerning. For many of our clients, they have had extreme difficulty getting psychiatrists to write supporting letters for a fee they can afford. They instead rely on ‘291 assessments’ sent by a psychiatrist to their GP. We have never seen an assessment that has made specific reference to the diagnostic tool used. This new requirement is an unnecessary additional hurdle for applicants and does not appear to serve any particular purpose – if a medical professional has made a diagnosis, that should be accepted without the need for them to reference the specific diagnostic tools used.

•Example 2 of descriptor 1(d) in the 5-point criteria would appear to fit better under descriptor 1(f), as it relates to difficulties completing education or training generally, and not, for example difficulties completing specific work tasks or assignments/assessments.

•The example under descriptor 1(f) for the 5- and 10-point ratings seems to describe a person who has much more than a mild or moderate impairment relating to work or training capacity.

•If a person poses risk to the safety of themselves or co-workers due to their mental illness, it is hard to see how they could work at all. A workplace has a duty to provide a safe working environment, and a person posing even some risk to either themselves or others would have their work capacity greatly impacted.

•While the consolidation of social/recreational activities and interpersonal relationships makes sense, both examples in the 20-point rating relate more to social activities than interpersonal relationships. There should be an additional example or some modification to better address interpersonal relationships.

•The example in the 20-point table under descriptor (1)(e) could have been changed to be more specific – as it stands, that example does not really provide any clarity as to what a severe rating would entail.

**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**

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

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

I would like my submission to be published anonymously

