

Disability Support Pension Impairment Tables Questionnaire

Response: 195

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

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

Medical evidence requirements

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

Strongly disagree

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

The meaning of "stabilised" is still unclear. What does it mean to be "stabilised" if you have a condition (such as ME/CFS) that naturally fluctuates in severity but is still disabling (sometimes called dynamic disabilities)? Many of these people are unable to work, but may not technically be "stabilised" in the plain English meaning of the word because their severity changes regularly.

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

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

Unsure

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

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

Unsure

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

17b Please provide any additional comments regarding changes about chronic illness.

Inclusion of ME/CFS is a good step forward for people who have that condition.

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.

Inclusion of post-exertional malaise (PEM) is very important for many fatigue conditions.

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.

It is important to note that for a number of conditions that a specialist is not required for a diagnosis. Currently, many people with ME/CFS are being knocked back because they have not seen the "right" specialist. ME/CFS can be diagnosed by a GP or other generalist.

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

Agree

23b Please provide any additional comments regarding changes about balance.

It should also be noted that many people with orthostatic intolerance or related conditions (eg. Postural Orthostatic Tachycardia Syndrome - POTS) can stand and walk short distances but may not be able to stand or walk for prolonged periods of time. Some may also be able to stand and sit, but not repeatedly.

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

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

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

Unsure

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