

## Disability Support Pension Impairment Tables Questionnaire

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Response: 215

Anonymous

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

Medical evidence requirements

**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**

Operational improvements

**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

**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**

Agree

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

The descriptors are much improved and clearer, especially tables 1,2,& 3.

**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.**

Removal of the previous Table 6 relating to alcohol and drug use means that medical reports will have to be very clear about the loss of functioning e.g. end organ damage associated with drug/alcohol use. This is not always evident as people may have multiple symptoms and causes of their functional losses.

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

Unsure

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

This point is somewhat buried in the introduction.

**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.**

Yes and it is good to see the inclusion of "exacerbation of chronic pain" in Table 1.

**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**

Unsure

**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

**18b Please provide any additional comments regarding changes about renal conditions.**

Additional examples of renal conditions was not easily found in the document.

**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

**20b Please provide any additional comments regarding changes about cancer.**

I was not able to readily find information specifically addressing cancer.

**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.**

Table 5 - Mental Health. The change to accept diagnosis from a Registered Psychologist (not only Clinical Psychologist) is very welcome.

**22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function**

Agree

**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**

Agree

**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**

Disagree

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

There is very little change from the existing tables except under the rarely used 30 points descriptor on Table 11.

**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 an absolutely welcome and necessary change. Many claimants and indeed many GPs do not understand the difference between a registered psychologist and a clinical psychologist. Many claimants have had treatment with a registered psychologist and do not understand the need to now visit a clinical psychologist just for a diagnosis, not to mention long waiting lists before they can even get an appointment. This change will provide great relief for claimants.

**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 requirement for evidence to make reference to the DSM or ICD presents an additional hurdle that will only serve to delay claims and cause further frustration and distress for claimants. Practitioners sometimes reference DSM or ICD criteria, sometimes they do not. If they have not done so, the claim will be rejected at the first assessment, leaving the claimant confused as to why. They will then have to go back to the the psychologist or psychiatrist and ask for an amended report containing the relevant reference. How will practitioners be advised that their reports for Centrelink must include this information? This requirement represents an unnecessary bureaucratic step that does not ultimately make a significant difference to the veracity of the claim.

**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.**

The diagnosis of Autistic Spectrum Disorder should also be considered fully diagnosed if diagnosis is provided by a Psychologist, Clinical Neuropsychologist or similar, without having to also be diagnosed by a medical practitioner.

**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