

Disability Support Pension Impairment Tables Questionnaire

Response: 218

Social Security Rights Victoria

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

Medical evidence requirements

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

We support this change. We would note that it is an actual change rather than just a change in wording for clarity, and we agree that this is more in line with the idea that a qualifying impairment for the DSP will likely persist for 2 or more years.

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

Strongly 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

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

As this involved removal of a table in its entirety it's difficult to assess whether substance misuse is adequately addressed. The impact of this change will likely only become apparent when we see how this plays out in practise. It would be helpful if DSS can release stats for the number of people who satisfied the eligibility criteria using points under the old Table 6, in combination with other tables and alone.

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

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

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

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

Unsure

22b Please provide any additional comments regarding changes about musculoskeletal and skin functions.

The changes to Table 2, specifically the 20 point rating are not neutral. This table now requires an applicant meet 4 descriptors rather than 3 in the previous instrument. While there are more descriptors available and the test is still effectively 'most', for people the new descriptors don't apply to the pool is effectively the same, but they now need evidence that shows they meet 4 of 5 instead of just three.

We specifically see this causing problems for people whose upper limb impairment is primarily or solely related to their hands (cf arms and shoulders), and predict that people who would have been eligible under the old instrument will now have difficulty establishing this.

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.

Mental health conditions now being able to be diagnosed with evidence from a registered psychologist (cf a clinical psychologist) is a good one. We would suggest that instead of having absolute hurdles for diagnosis, tables should reference the kinds of professionals who would normally diagnose the condition, and there be a discretion to deviate from this if the case dictates.

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

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

26c Please provide any additional comments regarding changes about neurodiversity.

26b is a false choice.

Requiring two descriptors at the relevant severity level is an increased standard. Brain function impairment is not necessarily consistent across the different domains, for example someone may have severe problems with memory, but only moderate or mild problems with decision making, behaviours, concentration, etc. It's now possible this person - who would have been eligible under the old instrument - would not be eligible under the new one. This is not a neutral change.

The idea here appears to be that the new descriptor is an easy one to satisfy, that most people with brain function issues will satisfy it, and therefore, to maintain a similar standard of impairment two criteria must be met. If this is the case, including this is just an additional hurdle rather than an expansion or acknowledgement of the difficulties people experience. That is a negative change.

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 with identifying information (including name or name of organisation as provided in the questionnaire)