

Disability Support Pension Impairment Tables Questionnaire

Response: 224

Anonymous

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

Neurodiversity

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

Mental health

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

Psychologists

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

Disagree

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

Disagree

13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables

Disagree

13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work

Disagree

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

There still needs to be more clarification on functional capacity, as many psychiatrists are hesitant to write something which contradicts the language of recovery which is often so common in the mental health sector.

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.

There needs to be more guidance documents that help elucidate to DSS assessors how to best approach AOD misuse and to not erroneously propagate assumptions.

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.

There needs to be a stronger recognition of these ongoing side-effects.

16a (i) Proposed changes better represent the functional impact of pain

Disagree

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

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

Disagree

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

Disagree

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

Disagree

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

Disagree

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

Disagree

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

Disagree

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

More clarity is required to prevent misconduct and misinterpretation on the part of DSS assessors

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

Disagree

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

Disagree

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

Disagree

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

More clarity is required to prevent misconduct and misinterpretation on the part of DSS assessors

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.

More clarity is required to prevent misconduct and misinterpretation on the part of DSS assessors

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

Disagree

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

Allowing registered psychologists to provide evidence is fine, but it is poor form to lock out Mental Health Occupational Therapists ('OTs'), especially when other government bodies (such as the NDIA) insist on functional assessments from OTs

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.

More clarity is required to prevent misconduct and misinterpretation on the part of DSS assessors.

26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity

Strongly disagree

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

Strongly disagree

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.

Placing ASD in both Table 5 and Table 6 not only perpetuates (inadvertently or not) the erroneous assumptions that ASD is a mental illness but also may lead to some bad faith DSS assessors to be confused about how to assess applicants with ASD. ASD should not be mentioned in Table 5, as this would not only place further obstacles for autistic people (who have enough barriers as exemplified by the Senate Select Committee on Autism and their report) to assess government supports but also *will* contribute to more autistic people facing ableism from DSS assessors who will erroneously assume that ASD is a mental illness that requires more psychotherapy, which many autistic advocates find too adjacent to Applied Behavioural Analysis ('ABA') for their liking.

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

Disagree

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

More clarity is required to prevent misconduct and misinterpretation on the part of DSS staff.

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

I would like my submission to be published anonymously