

## Disability Support Pension Impairment Tables Questionnaire

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Response: 244

Australian Association of Psychologists Inc

<b>11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you</b>
Psychologists
<b>11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you</b>
Medical evidence requirements
<b>11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you</b>
Mental health
<b>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</b>
Agree
<b>12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment</b>
Agree
<b>12b Please provide any additional comments regarding changes to the FDTs requirement</b>
'diagnosed, reasonably treated and stabilised', and the resulting impairment is more likely than not, in light of available evidence, to persist for more than 2 years is a much more appropriate metric to determine eligibility for DSP.
<b>13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument</b>
Agree
<b>13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section</b>
Agree
<b>13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables</b>
Agree
<b>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</b>
Agree
<b>13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables</b>
Agree
<b>13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work</b>
Agree
<b>14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables</b>
Unsure
<b>14b Please provide any additional comments regarding changes about the impacts from alcohol, drug and other substance misuse.</b>
There may be unintended consequences of the removal of that table with clinicians not understanding that it is still covered but under a different table. This will need to be monitored over time with educational materials disseminated regarding this change.
<b>15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment</b>
Strongly agree

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

Corroborating evidence from a psychologist may be helpful, particularly when cognitive function is affected by these treatments.

**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.**

Any tables that could include an element of chronic pain should also allow for corroborating evidence from a psychologist. I.E. Tables 2, 3, 4 etc.

**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.**

Evidence should be allowed by a psychologist where functional impairment is needing to be addressed. As this is within the scope of practice of psychologists it is appropriate to accept evidence from them regarding functional capacity.

**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**

Agree

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

See previous comment around acceptance of evidence from psychologists around functional impairment, this would also be appropriate here.

**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.**

Evidence should be allowed by psychologists. Assessment of functional impact is within the scope of practice of psychologists as is the biopsychosocial impact of these conditions on the individual. Psychologists are also involved in the management of disability using pacing, scheduling and reasonable accommodations which would also be appropriate to discuss under this table and in determining the capacity of the individual.

**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.**

All cancer types should be included where they have a functional impact on the individual. It is uncertain whether the tables will be interpreted in a black and white fashion so that only the examples listed will be considered?

**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**

Unsure

**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**

Unsure

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

Several tables should also allow for the provision of evidence from psychologists. Psychologists have a scope of practice that covers the brain and cognitive function, mental health and disability, including functional impairment and assessment of function.

**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**

Agree

**23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand**

Agree

**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.**

The diagnosis of a mental health condition is outside of the scope of medical practitioners without advanced mental health training. Rather than allow corroborating evidence from a psychologist, it would be more appropriate for that diagnosis to be made by a psychologist or psychiatrist.

**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)**

Agree

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

These are appropriate tools to use.

**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

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

Agree

**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)