

Disability Support Pension Impairment Tables Questionnaire

Response: 270

Australian Psychological Society

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you
Psychologists
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
Fully diagnosed, treated and stabilised (FDTS) requirement
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
<p>In the APS submission to the Department of Social Services' (DSS) Review of the Disability Support Pension Impairment Tables (July 2021), and also during further conversations between the APS and the DSS, we raised concerns with the requirement of conditions needing to be 'permanent' and 'fully diagnosed, treated and stabilised' on the basis that it is not easily applied to most mental disorders and that certain mental conditions have better established prognostic indications than others. We raised concerns that these issues were resulting in the criteria being difficult to satisfy and recommended the terms be amended to provide clarification.</p> <p>We are therefore supportive of the proposed changes to remove the term 'permanent condition' and to amend 'fully diagnosed, treated and stabilised' to 'diagnosed, reasonably treated and stabilised'. We believe these changes are likely to improve clarity and provide ease of application to mental disorders. However, we note the importance of future evaluations of these terms in the Tables to ensure the intentions of the proposed changes are met.</p>
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.
Also see our response to Q25 for further information about operational improvements.

14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables

Agree

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

The APS submission to the Department of Social Services' (DSS) Review of the Disability Support Pension Impairment Tables (July 2021) noted that the Table did not identify corroborating evidence from psychologists in the assessment and diagnosis of substance use disorders. We recommended amending the Table to provide for corroborating evidence from a psychologist.

We understand that by integrating the functional impacts relating to alcohol, drug and other substance misuse into other tables, such as Tables 5 and 6 in the proposed changes, that a registered psychologist can now provide corroborating evidence for the purpose of assessment and diagnosis of substance use disorders. The APS supports the proposed changes on the basis that they achieve the intent of our recommendation.

Psychologists frequently work with clients with substance use disorders and have an important role in the assessment, diagnosis and treatment of people with addiction issues, particularly psychologists working within primary healthcare settings. The APS believes that psychologists are well-equipped to provide supporting evidence of functional impairment due to excessive use of alcohol, drugs or other harmful substances for the purpose of Tables 5 and 6.

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

16b Please provide any additional comments regarding changes about pain.

The APS notes that in the proposed changes there is greater representation of chronic pain throughout the Tables. However, we are aware that the proposed changes only apply to certain Tables. For example, Table 5 – Mental Health Function remains silent on the psychological impact and mental health sequelae of chronic pain. The APS recommends that when assessing chronic pain, any resultant impairment should be considered using the Impairment Tables relevant to the area of function affected. We acknowledge that while pain is often considered a physical sensation, it also has biological, psychological, and emotional factors, which we believe are important in the context of mental health functioning. That is, both psychological and emotional factors also need to be addressed to treat pain effectively.

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

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

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
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
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
Strongly agree
24b Please provide any additional comments regarding changes about psychologists.
<p>The APS supports the inclusion of registered psychologists as being able to provide corroborating evidence in support of the diagnosis of a mental health condition for the purpose of Table 5 – Mental Health Function.</p> <p>We recognise and appreciate that this change was carefully considered by the Advisory Committee. However, we note that the diagnosis requirements for Table 5 remain set to a medical practitioner. In the APS submission to the Department of Social Services’ (DSS) Review of the Disability Support Pension Impairment Tables (July 2021), and also during further consultation between the APS and the DSS, we recommended that all registered psychologists should be able to make mental health diagnoses for the purpose of Table 5 and that this should occur without the need for an additional diagnosis from an appropriately qualified medical practitioner. We recommend further consideration be made to recognise the expertise of all psychologists in making a formal diagnosis of mental health conditions.</p>
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)
Strongly agree
25b Please provide any additional comments regarding changes about mental health.
<p>In the APS submission to the Department of Social Services’ (DSS) Review of the Disability Support Pension Impairment Tables (July 2021), and during further consultations between the APS and the DSS, we highlighted the suitability of the DSP Impairment Tables reporting against the WHODAS domains.</p> <p>We are therefore supportive of the proposed changes to Table 5 – Mental Health Function, which now better aligns with the functional domains of the World Health Organization Disability Assessment Schedule (WHODAS). This will also ensure greater consistency between the DSP and the NDIS, with many participants needing access to both systems.</p> <p>We also support the proposed changes to the introduction of Table 5 – Mental Health Function to mention the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the World Health Organization International Classification of Diseases (ICD) as acceptable diagnostic tools. However, we recommend updating Table 5 to ensure the most current version of the DSM and ICD is referenced. That is, the Diagnostic and Statistical Manual of Mental Disorders 5th edition Text Revision (DSM-5-TR) and the International Classification of Diseases 11th Revision (ICD-11).</p>
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.

The APS submission to the Department of Social Services' (DSS) Review of the Disability Support Pension Impairment Tables (July 2021) stated that we believed the Table on Brain Function was currently working well.

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

Strongly agree

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

The APS is supportive of the proposed changes to Table 8 – Intellectual Function that better recognises the need for culturally appropriate assessments. However, we believe that there are further opportunities to highlight the importance of culturally appropriateness across all Tables.

We also note that the DSS has updated the assessments in Table 8 – Intellectual Function as recommended by the APS. That is, the Adaptive Behaviour Assessment System (ABAS-3) and the Vineland Adaptive Behaviour Scales (Vineland-3).

Further, we recognise the changes made to Table 8 – Intellectual Function whereby the Table now specifies the most appropriate descriptors. That is, intellectual function has been replaced with adaptive functioning. The APS supports this change as the descriptors refer to adaptive functioning.

However, we note that the range provided in Table 8 – Intellectual Function for low intellectual function (IQ score of 70 to 85) has not been updated to align with the Wechsler classifications as we recommended in our submission to the Department of Social Services' (DSS) Review of the Disability Support Pension Impairment Tables (July 2021). While there are other tools available to measure IQ, the APS recommends aligning these scores to the Wechsler Scales as they are the most widely used and fit-for-purpose IQ measures. The Wechsler Scales are the contemporary gold standard for a well-validated, reliable and objective measure of cognitive functioning.

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)