



PaperGiant



Disability Support Pension

RESEARCH REPORT

**Submission to the Committee on Community Affairs inquiry
into the purpose, intent and adequacy of the Disability Support Pension**
September 2021

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Introduction

Eligibility criteria and evidentiary requirements for the Disability Support Pension (DSP) can be complicated and confusing for applicants, those who support them, and for health professionals who are called upon to provide reports to support claims.

The information and assistance provided by the relevant government departments is often insufficient to meet the needs of people as they navigate the DSP application process.

In 2020, with funding from the Victorian Legal Services Board, Social Security Rights Victoria worked collaboratively with Paper Giant to explore the question – How might we help people with disability prove their eligibility for the Disability Support Pension so that they enjoy a fairer, faster pathway to adequate income support?

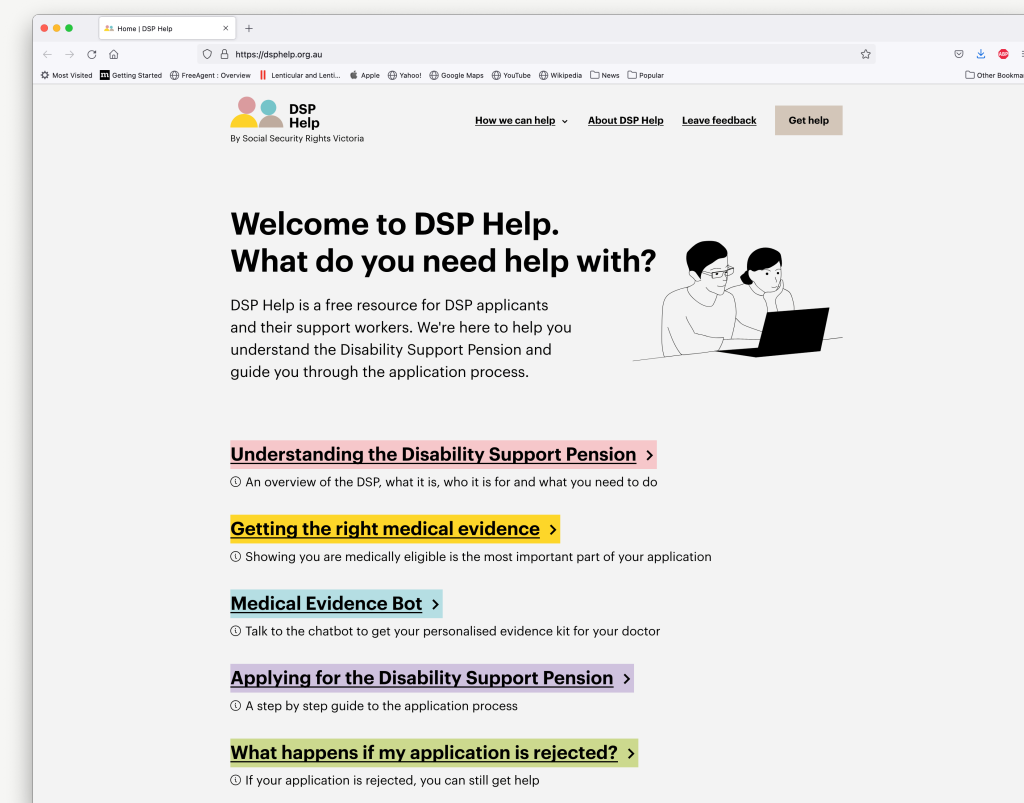
The result was a twofold digital solution, the DSP Help website and the Medical Evidence Chat Bot [www.dsphelp.org.au](https://dsphelp.org.au) and wrap around legal assistance services. These solutions were primarily directed towards applicants and those who support them such as carers, family members and support workers.

In 2021, as part of phase two, the organisations have been seeking to understand how to better resource health professionals so that they can provide appropriate medical evidence addressing the relevant requirements to support DSP applications.

Social Security Rights Victoria has made a submission to the Committee on Community Affairs inquiry into the purpose, intent and adequacy of the Disability Support Pension; this is a supplementary submission based on the phase two project research. This document focusses very specifically on insights and recommendations arising from consultations with health professionals over the past few months in relation to providing medical evidence to support DSP applications.

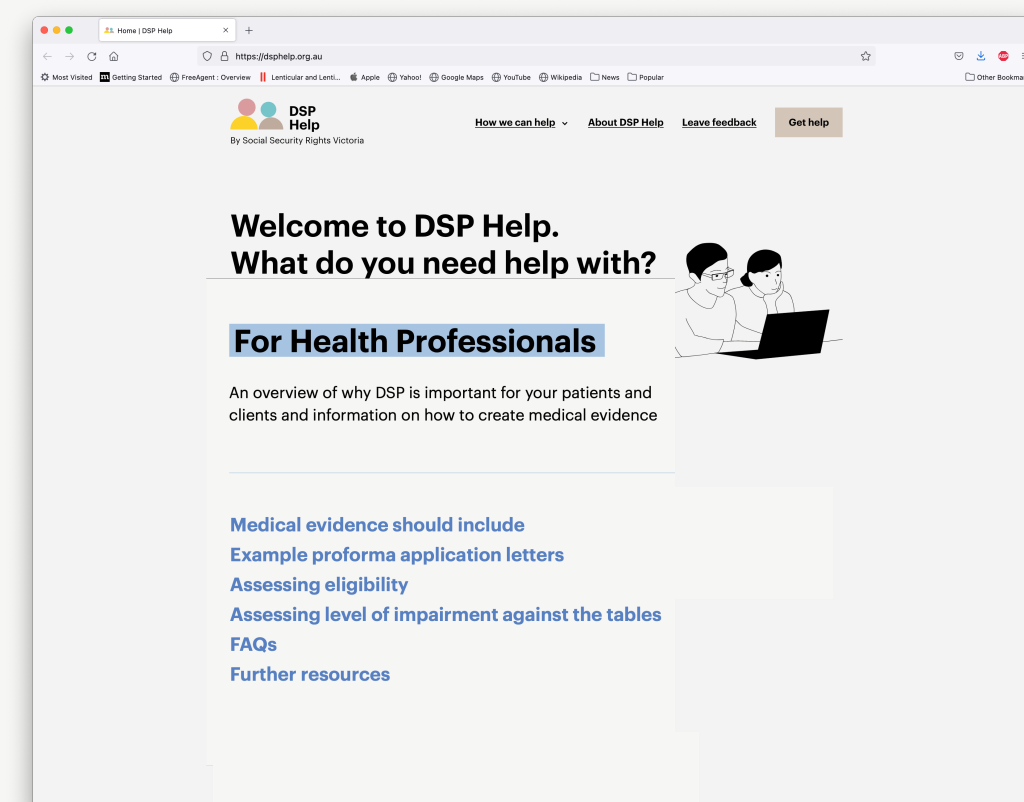
Phase 1, 2020

Help for applicants and support workers



Phase 2, 2021

Help for health professionals



About the research

The objective of this research was to better understand how health professionals saw their role in the DSP assessment and application process.

Health professionals provided insight on how they create medical evidence and broader issues relating to the DSP, including the systemic barriers to helping applicants and usability of the impairment tables.

The research identified four primary challenge areas for health professionals engaging with the DSP. Based on these challenge areas and the information collected from health professionals, we drew four recommendations to improve the system.

Research methods included:

9 interviews

1:1 consultations with various health professionals to understand their role in the application process and current behaviours. Participants included: 3 clinical psychologists, 1 psychiatrist, 4 GPs, 1 support worker.

30 responses to a survey

A survey was shared with peak health organisations for distribution to their networks. The survey captured insights on challenges and perspectives of the DSP. Participants included: 22 psychiatrists, 5 clinical psychologists, 2 GPs, 1 social worker.

Note: we received the highest engagement from psychiatrist networks, who expressed particular difficulty assessing based on Table 5 – Mental Health Function, and Table 7 – Brain Function.

Four primary challenge areas when engaging with the DSP:

- Preparing medical evidence is time-consuming and often completed unpaid, outside of consultations
- The complex eligibility criteria is confusing and frustrating for health professionals
- Poor original decision making leads to more appeals, and complex appeal processes create strain on everyone involved
- The eligibility requirements make it difficult for people who cannot work due to illness, injury or disability to get the DSP

Recommendations to improve the system:

- Provide health professionals access to appropriate funding that covers the assessments
- Provide applicants timely and affordable access to required specialists
- Provide access to support staff to help coordinate the complicated process
- Redesign the system putting care and the users first

Primary challenge areas



Preparing medical evidence is time-consuming and often completed unpaid, outside of consultations

The main challenge identified by health professionals is the time it takes to produce DSP medical evidence

Many health professionals reflected on the DSP as an administrative burden due to the effort involved to engage with the extensive criteria. Many professionals attempt to compile evidence during a single consultation and often request a specific or long consultation. It typically takes a health professional around 1-2 hours to complete; however, we heard cases where it could take up to 10 hours.

"I do it on the weekends outside of consultation times" CLINICAL PSYCHOLOGIST

"It would take hours. I would be doing it after work to just get it done. I couldn't bill for it." GP

"It's a nightmare, it's so time-consuming" GP

Health professionals often only billing for a portion of the time it takes to complete their report or letter for medical evidence

Some practices charge a paperwork fee; other professionals are hesitant to charge their patients as they know they are highly vulnerable financially.

"I can't justify charging a client who is down to their last \$10, there is no way they will pay for that so it's usually another 5-10 hours of my time to try and support them" CLINICAL PSYCHOLOGIST

"Usually I have a 15min appointment, but it takes you the 15mins to read what's required" GP

There is often a hidden coordination role that amplifies the administrative burden

Health professionals will sometimes take on this role in the absence of a carer to help the patient navigate the complexity of the DSP application process. Health professionals reflected that it is outside their scope of work, yet felt they had a duty of care to help patients coordinate their application "because they don't have the capacity to understand or figure out the process".

Costly assessment tools add to the expense of creating medical evidence

Some psychiatrists and psychologists reflected that some assessment tools required to complete the application are expensive. When health professionals face many DSP applications finding the resources and funding to assist was highly challenging.

"There is no funding in the system to tap into when doing these assessments or reports, so it's usually goodwill on my behalf" CLINICAL PSYCHOLOGIST

The complex eligibility criteria is confusing and frustrating for health professionals



The process of creating medical evidence for the DSP is described as "frustrating" due to the lack of clarity about eligibility and the level of information required

Health professionals often don't understand that they need to refer to the impairment tables or refer to specific language in an application (such as 'severe'). Even health professionals who had extensive experience had confusion and misunderstandings about using the impairment tables and calculating points for a successful application. Some professionals raised that specific language such as "fully stabilised" has a different interpretation for health professionals than the DSP meaning intends.

"I don't know how they calculate the 20 points system. Presumably, they decipher our letters and fit it in with this report" GP

"My confusion is, clients have said you can only apply based on one condition"
CLINICAL PSYCHOLOGIST

Some expressed scenarios with patients who had explicit and extreme disabilities would get rejected based on how they could be assessed against the impairment tables.

This was raised more so in the case of the mental health table assessment.

"There needs to be more flexibility around their ability to engage with work and what that means" CLINICAL PSYCHOLOGIST

"I'm not sure whether the tables cover all situations. They are a bureaucratic construct. If they were designing it for industry they would have had it sorted out" GP

The length and format of the legislation and impairment tables means that often professionals 'do not have time' to review the details

GPs, in particular, expressed frustrations at the expectation to review and make an assessment against the impairment tables. They described it as 'overwhelmingly long', 'laborious' and 'a joke'. Experienced practitioners have learnt through trial & error what Centrelink is looking for and, as a result, have created their own templates.

"A lot of the times, it's not just one disability. So you have three tables to go through" GP

"I find it really frustrating" CLINICAL PSYCHOLOGIST

Health professionals expressed a lack of transparency and guidance from Centrelink about what was required to meet the eligibility criteria.

When professionals had used Centrelink forms, they reflected that they were too brief and ineffective. Many suggested better resources could help to provide transparency in the process. There was also a desire to have clear direction from Centrelink about what is specifically required. To improve the process, some suggested a pro-forma letter, structured form or tick box questionnaire designed in a way for professionals to understand what was actually needed in their medical reports.

"The complexity is a barrier for workers, even for long term case workers."
SOCIAL WORKER

"It would be good if we had the right tools from Centrelink, but I don't think we do have those tools at the moment" GP

"I had no concept of the criteria in any formal sort of way" GP

Poor original decision making leads to more appeals, and complex appeal processes create strain for everyone involved



Health professionals express it is "incredibly difficult" to get patients on the DSP if they don't fit the medical criteria neatly.

Some health professionals manage these conversations with their clients to help navigate their stress up front, setting the expectation patients are likely to go to appeals. Health professionals found that patients sometimes have unrealistic expectations about the time and effort to complete the application process.

"98% of my clients will get rejected on the first application"
CLINICAL PSYCHOLOGIST

Health professionals generally lack an understanding of how a review decision is made or the process of appeals

They expressed a desire to have greater transparency and communication in the appeals process between assessors and professionals. Many health professionals feel the assessment process is "random", and depends on the subjectivity of an assessor.

"(The main barrier for the DSP is) the seemingly complete randomness of whether the patient is accepted or not." PSYCHIATRIST

"An independent assessment by a panel will make it far more easier and remove subjectivity and conflict of interest" PSYCHIATRIST

"There is no contact between Centrelink and treating providers in order to make a decision on eligibility" GP

The appeals process adds an additional burden for health professionals onto an already frustrating process

Professionals commented on the additional time spent to review and provide new letters for appeals. Many health professionals felt time and effort was spent in the wrong way, with not enough support to understand what was involved upfront, resulting in misinterpretation of applications.

"I received an 8 page appeal letter from Centrelink, I had to spend 3 hours going through each piece of evidence and say to them that's totally unreasonable that you've rejected that" GP

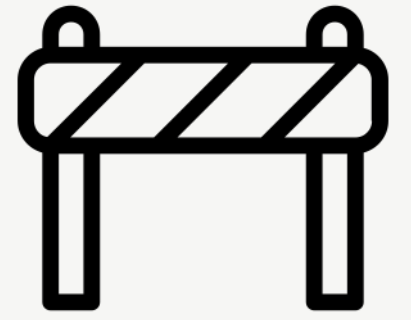
"Someone hasn't applied common sense to say 'ok this person is incredibly disabled with up to 15 points in 7 domains' therefore it adds up to the fact that they can't work. No one says does this pass the pub test or not and just look for the 20 points" GP

The length and approach of the appeals process can negatively impact and deteriorate a patient's conditions

Some health professionals also reflected how the rejection process impacts their patients psychologically, particularly the length of time it takes (12-18 months in some cases) with no additional support.

"One of my clients took a year to get through the appeals, and they had no support during that process so their mental condition deteriorated" GP

The eligibility requirements make it difficult for people who cannot work due to illness, injury or disability to get the DSP



It can be challenging to line up the evidence required

Health professionals reflected that the current requirements for the DSP are challenging to line up in certain cases, including gathering a large amount of comprehensive input from multiple professionals for the application to be successful.

"It's so hard to get someone in a place where they are consistent enough for the DSP" SOCIAL WORKER

"I understand that they need to police things, but it has become so impersonal that it's completely obstructive." GP

Required specialists are sometimes out of reach financially

Often patients cannot afford to access the specialists required to meet the criteria. Specialists who bulk-bill typically have long wait times, adding to the time it takes for the patient to access the DSP.

"You could be waiting a year or more to get into someone. I have to help them navigate stuff they need during that time." CLINICAL PSYCHOLOGIST

"People are blocked from applying because they can't make the assessments happen financially" CLINICAL PSYCHOLOGIST

The slow process means there are cases where patient's health conditions deteriorate while they wait for an outcome

The slow process to get the necessary treatment for a DSP assessment means it is a long time before individuals know if they will receive the DSP. As a result, health professionals reflected that often a patient's health would degrade. Some professionals recollected that the inability to access the DSP prevented people from addressing their health problems effectively and 'getting their lives together'.

"Surely there is a way we could make the process more fluent than it is" GP

"It's just cruel sometimes the stories I see and how people are trying to survive" GP

The assessment criteria means the report is deficit focused, whereas professionals are often taught to work in strengths-based ways

Some professionals reflected that they use strengths based approaches, and are sometimes hesitant to show a patient the content of the medical letter as it can negatively impact a patients view on themselves and their condition.

Recommendations to improve the system

Recommendation 1



PROVIDE HEALTH PROFESSIONALS ACCESS TO APPROPRIATE FUNDING THAT COVERS THE ASSESSMENTS

Many health professionals spend additional, unpaid time outside of consultations in creating and coordinating medical evidence.

What this could look like:

- Giving medical evidence in support of a DSP application or appeal should be made bulk billable in order to cover the time and effort such a detailed assessment requires
- The kinds of health professionals able to give medical evidence should be broadened
- Any changes to the eligibility criteria should be made in consultation with relevant health professionals to ensure the criteria is relevant to their actual practice

Recommendation 2



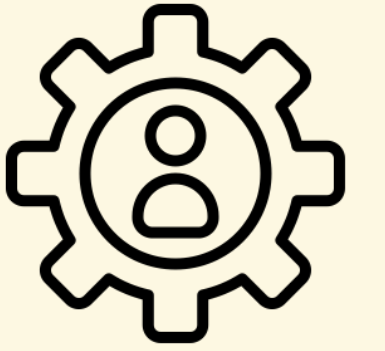
PROVIDE APPLICANTS TIMELY AND AFFORDABLE ACCESS TO REQUIRED SPECIALISTS

The specialists required to provide medical evidence can come at significant financial cost to DSP applicants. Often they cannot afford this. Bulk-billing options tend to have long wait times, contributing to the length of time an individual is without appropriate income support.

What this could look like:

- The requirements for high cost, in-demand specialists should be simplified to minimise the cost of producing evidence
- Access to bulk-billed specialists with short wait times should be increased

Recommendation 3



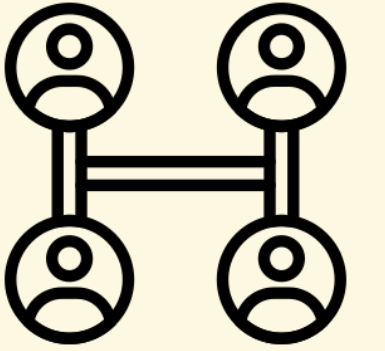
PROVIDE ACCESS TO SUPPORT STAFF TO HELP COORDINATE THE COMPLICATED PROCESS

The role of coordination is an administrative burden and often picked up by professionals out of good will to support their vulnerable patients who struggle to navigate the complex system.

What this could look like:

- DSP applicants should be supported when applying for the DSP, and in particular, to gather and coordinate appropriate medical evidence
- Centrelink should play an active role in identifying and transitioning JobSeeker recipients living with illness, injury or disability onto more appropriate income support, such as the DSP
- Processes and procedures connected to the assessment of DSP applications should be transparent and decisions should be communicated in a clear and accessible way
- Accessible resources and clear communication are provided throughout the DSP application and assessment process

Recommendation 4



REDESIGN THE SYSTEM PUTTING CARE AND THE USERS FIRST

The current eligibility criteria is complex and causes confusion and frustration. Time and effort can be saved by improving the application and original decision making processes, helping people understand what is involved and reducing the administrative burden of the appeals process.

What this could look like:

- Assessment tools (e.g. impairment tables) should be co-designed with people living with disability
- Application forms should be designed to guide applicants through eligibility and the specific details of the medical evidence required
- The process of assessing mental health conditions should be redesigned in consultation with mental health professionals

Contact



Victorian Legal Services
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About SSRV

Social Security Rights Victoria (SSRV) is a Victorian state-wide community legal centre that specialises in social security related law, policy and administration. Our vision is for a fair and just society in which all people are able to receive a guaranteed adequate income in order to enjoy a decent standard of living. SSRV's contribution to this vision is the provision of legal and related services to vulnerable and disadvantaged Victorians and those who support them, which assists them to secure and protect their rights to equitable social security entitlements.

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About Paper Giant

Paper Giant helps organisations deliver better products, services and policy. We help create positive impact through work that considers the perspectives and lived experience of the people it affects. We partner with public, private and not-for-profit organisations to deliver better outcomes for them, their customers, communities and the world.

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