3.6.3.50 Guidelines to Table 5 - Mental Health Function

Summary

Table 5 is used to assess functional impairment due to a mental health condition. Recurring episodes of mental health impairment should also be assessed under Table 5.

The diagnosis of the condition must be made by an appropriately qualified medical practitioner. This includes a general practitioner or a psychiatrist. Where the appropriately qualified medical practitioner is not a psychiatrist, the diagnosis must be made by a general practitioner with evidence from a clinical psychologist.

For young people applying for DSP between the ages of 16 and 18 years with a mental health condition having onset in childhood, diagnosis from a paediatrician may be regarded as satisfying these requirements in some instances. This would generally apply to conditions such as Attention Deficit Hyperactivity Disorder (ADHD). Conditions such as severe depression, psychotic disorders, or severe eating disorders would usually be diagnosed (and treated) by a child psychiatrist or clinical psychologist.

The diagnosis made by the paediatrician must be relevant at the time of the DSP claim for this to apply. Where the diagnosis of a paediatrician continues to be relevant for young people over the age of 18 years at the time of applying for DSP, these requirements may be satisfied. This is to be determined on a case by case basis and discussed with the HPAU.

Example: *A man applies for DSP at the age of 26 years. He was diagnosed with ADHD by a paediatrician when he was 8 years old. He was last seen by his paediatrician at age 17 years. The man has corroborating evidence of this diagnosis from the paediatrician. The available medical evidence indicates he has symptoms of restlessness when confined to sedentary tasks for long periods, difficulty persisting with cognitive tasks for long periods, occasional disruptive behaviour in social settings and some persistent impulsivity. The evidence also outlines the past, current and future treatment details. Although the diagnosis was made more than 2 years ago and the person is now over age 18 years, this is a long standing condition that continues to impact the person so the diagnosis from the paediatrician is still relevant. This case must be discussed with the HPAU to confirm the diagnosis requirements are met.*

The condition is considered fully diagnosed, treated and stabilised and under Table 5-Mental Health Function the person would receive an impairment rating of 5 points due to the mild impact the condition has on his ability to function. Under the 5 point descriptor the man would meet (1) (c), (d), (e) and (f).

Supporting evidence for the DSP claim can include professional or clinical reports but can also include advice from the general practitioner that the person has been seen by a clinical psychologist or a psychiatrist who made or confirmed the diagnosis or provided evidence in support of the diagnosis. This advice can be either in writing or verbally provided to the assessor. Verbal confirmation must be documented and added to the person's Medical Information File.

A clinical psychologist is taken to be a psychologist registered with the Australian Health Practitioner Regulation Authority with an area of practice endorsed as clinical psychology by the Psychology Board of Australia.

Act reference: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 5 - Mental Health Function

Vulnerable people

There are some rare instances where it may not be possible for diagnosis of a mental health condition to be made as outlined above. Where the person lacks insight into their mental health condition or the person lives in a remote community with little or no access to health services a DHS psychologist may make a provisional diagnosis of a mental health condition.

However, in all cases where the above applies, the evidence/case history should be discussed with the HPAU so that consideration can be given to other medical factors which may be impacting on the person.

Please note, this policy applies only to vulnerable people with mental health conditions, as assessed under Table 5. People who may have an acquired brain injury or substance use problem such as excessive use of alcohol or other drugs or petrol sniffing, need to be assessed under the appropriate table (i.e. Table 7 - Brain Function or Table 6 - Functioning related to Alcohol, Drug and Other Substance Use) with the diagnosis provided by an appropriately qualified medical practitioner.

This policy is not designed to be used for those people who can readily access health services and for whom a clinical psychological or psychiatric assessment has simply not occurred. In these instances other avenues for obtaining this assessment do exist.

Act reference: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 5 - Mental Health Function, Table 6 - Functioning Relating to Alcohol, Drug,and Other Substance Use, Table 7 - Brain Function

Use of specialist assessments

In very limited circumstances a specialist assessment by a clinical psychologist or psychiatrist may need to be considered where the person is unable to access an assessment via other means. Where a specialist

assessment occurs, consideration should be given by the clinical psychologist or psychiatrist to the diagnosis and the implications of this for further treatment and stability of the condition.

Where a specialist assessment is being undertaken and the formal diagnosis is being made for the first time, consideration should be given to whether the condition is fully diagnosed, treated and stabilised.

Example: *Joe has experienced severe depression with suicidal ideation for a number of years. He has been treated by his general practitioner with medication for several years and has seen a psychologist for cognitive behavioural therapy as well. The diagnosis had not been made by a psychiatrist or with the assistance of a clinical psychologist. As Joe lives in a fairly isolated community a specialist assessment was undertaken, which confirmed severe depression. Joe's condition of severe depression was found to be fully diagnosed, treated and stabilised.*

Regardless of the number of mental health diagnoses a person may have, only one rating is to be assigned under Table 5 to reflect the overall mental health function.

Act reference: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 5 - Mental Health Function

Determining the level of functional impact

When determining which impairment rating applies to a person the rating that best describes the person's abilities or difficulties must be applied.

Each descriptor in Table 5 contains the same domains of mental health impairment:

- self care and independent living,
- social/recreational activities and travel,
- interpersonal relationships,
- concentration and task completion,
- behaviour, planning and decision-making, and
- work/training capacity.

In determining which descriptor applies to the person, most of the domains must apply to the person in line with the level of severity stated in the first line (i.e. no, mild, moderate, severe, extreme difficulties).

Where the descriptor refers to most of the following, most is taken to be more than half.

Each descriptor contains examples of mental health impairment for each domain. The examples reflect a person's severity of impairment at each rating level. If a similar example applies to a person but is not specifically listed in the descriptor, the person must have an equivalent level of severity of impairment in order for the descriptor to be met.

Determination of the descriptor that best fits the person's impairment level must be based on the available medical evidence including the person's medical history, investigation results and clinical

findings. A person's self-reported symptoms must not solely be relied on. It would be inappropriate to apply an impairment rating based solely on a person's self-reported functional history if this level of functional impairment is not consistent with the medical evidence available.

A person with a mental health condition may not have good self-awareness of their mental health impairment and may not be able to accurately describe its effects. This should be kept in mind when discussing issues with the person and reading the supporting evidence. If required, interviews with those providing care or support to the person may be considered as corroborating evidence.

It is particularly important in the assessment of people with mental health conditions that the person's presentation on the day of the assessment should not solely be relied upon. This is because with some mental health conditions the person may lack insight into their condition and believe they are fully functioning.

For mental health conditions which are episodic in nature and fluctuate in severity over time (e.g. bipolar affective disorder), the severity, duration and frequency of the episodes or fluctuations must be taken into account when determining the rating that best reflects the person's overall functional ability (see 3.6.3.05 (G) Assessing impairments caused by episodic or fluctuation medical conditions).

In determining the work-related impairment for such fluctuating conditions, consideration should be given to the impact on the person's ability to reliably sustain work over a period of 26 weeks without excessive leave or work absences. Sick leave or absences of one month or more taken in any 6 month period are considered excessive.

In determining whether the mental health disorder has been fully treated and stabilised, one should consider whether the person has received reasonable treatment and whether with or without such treatment, the person's level of function will improve within 2 years. If for example, specialist advice is that a person would benefit from treatment with long-term psychotherapy but that significant functional improvement is not expected to occur for many years, then the mental health impairment may be considered permanent and rated accordingly.

If reasonable treatment has not been undertaken, it should be determined whether the person has a reasonable medical or other compelling reason for not doing so. For example, the person may have a psychotic illness that impairs their insight and ability to make sound judgements and this may affect their compliance with treatment. Such a person's mental health impairment could then be considered stable and permanent if it is unlikely that any significant improvement will occur within 2 years. However, if they retain good insight and judgement and their decision to abstain from reasonable treatment is due to personal choice without medical or other compelling grounds, then the impairment should be considered temporary (see 3.6.3.05 (B) Reasonable treatment and compelling reasons for not undertaking it).

Some conditions causing impairment commonly assessed using Table 5

These include but are not limited to:

- chronic depressive/anxiety disorders,
- schizophrenia,
- bipolar disorder,
- feeding and eating disorders,
- somatic symptom disorders,
- pathological personality disorders,
- post-traumatic stress disorder,
- attention deficit hyperactivity disorder manifesting with predominantly behavioural problems.

Example: *A 39 year old woman has a diagnosed condition of bipolar disorder. She has undergone various treatment options for this condition, under the guidance of her treating psychologist. She regularly experiences fluctuations in her condition. Despite these fluctuations the corroborating evidence provided by the treating psychologist indicates that her condition can be considered stabilised, due to the nature of this condition. She experiences periods of deep, prolonged and profound depression which are followed by periods of excessively elevated mood. Between these episodes she is often symptom free. On average, she experiences periods of depressed mood every 3 months and is affected for roughly 1 month. A period of mania usually follows and lasts a few days.*

During the assessment for DSP the woman presented as highly functioning and confident when communicating. However, the medical evidence outlined that she experiences regular periods of depression where she withdraws from social situations and has very limited contact with family or friends. During these times her mother visits her every day as she is often unable to take care of her personal hygiene or cook and clean for herself. During these depressive periods she is unable to drive as she experiences slowed reaction times. When she is experiencing mania symptoms she has increased energy and over activity and is often unable to sleep. She is unable to sustain a job for a prolonged period due to her mental health condition, as she has frequent fluctuations in her mood.

The condition is considered fully diagnosed, treated and stabilised and under Table 5, this woman would receive an impairment rating of 20 points due to the severe impact this condition has on her ability to function. Under the 20 point descriptor the woman would meet (1)(a), (c), (d) and (f).

Act reference: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 5 - Mental Health Function

Policy reference: 3.6.1.67 Sustainability of Work & DSP

Impairments that should not be assessed using Table 5

Lack of personal motivation or apathy that is not considered to be due to a mental health condition.

Guidelines to the Tables effective from 1 January 2012

Act reference: Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination 2011 Table 5 - Mental Health Function