

Social Security (Tables for the Assessment of Workrelated Impairment for Disability Support Pension) Determination 2011

Table 5 – Mental Health Function

Introduction to Table 5

- Table 5 is to be used where the person has a permanent condition resulting in functional impairment due to a mental health condition (including recurring episodes of mental health impairment).
- The diagnosis of the condition must be made by an appropriately qualified medical practitioner (this includes a psychiatrist) with evidence from a clinical psychologist (if the diagnosis has not been made by a psychiatrist).
- Self-report of symptoms alone is insufficient.
- There must be corroborating evidence of the person's impairment.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
 - a report from the person's treating doctor;
 - supporting letters, reports or assessments relating to the person's mental health or psychiatric illness;
 - interviews with the person and those providing care or support to the person.
- In using Table 5 evidence from a range of sources should be considered in determining which rating applies to the person being assessed.
- The person may not have good self-awareness of their mental health impairment or may not be able to accurately describe its effects. This is to be kept in mind when discussing issues with the person and reading supporting evidence.
- The signs and symptoms of mental health impairment may vary over time. The person's presentation on the day of the assessment should not solely be relied upon.
- For mental health conditions that are episodic or fluctuate, the rating that best reflects the person's
 overall functional ability must be applied, taking into account the severity, duration and frequency
 of the episodes or fluctuations as appropriate.

Points	Descriptors		
0	There is no functional impact on activities involving mental health function.		
	(1) The person has no difficulties with most of the following:		
		(a)	self care and independent living;
			<i>Example</i> : The person lives independently and attends to all self care needs without support.
		(b)	social/recreational activities and travel;
			<i>Example 1</i> : The person goes out regularly to social and recreational events without support.
			<i>Example 2</i> : The person is able to travel to and from unfamiliar environments independently.
		(c)	interpersonal relationships;
			Example: The person has no difficulty forming and sustaining relationships.
		(d)	concentration and task completion;
			<i>Example 1</i> : The person has no difficulties concentrating on most tasks.
			<i>Example 2</i> : The person is able to complete a training or educational course or qualification in the normal timeframe.
		(e)	behaviour, planning and decision-making;
			<i>Example</i> : There is no evidence of significant difficulties in behaviour, planning or decision-making.
		(f)	work/training capacity.
			<i>Example</i> : The person is able to cope with the normal demands of a job which is consistent with their education and training.

5	There is a mild functional impact on activities involving mental health function.				
	(1)	The person has mild difficulties with most of the following:			
		(a)	self care and independent living;		
			<i>Example</i> : The person lives independently but may sometimes neglect self-care, grooming or meals.		
		(b)	social/recreational activities and travel;		
			<i>Example 1</i> : The person is not actively involved when attending social or recreational activities.		
			<i>Example 2</i> : The person sometimes is reluctant to travel alone to unfamiliar environments.		
		(c)	interpersonal relationships;		
			<i>Example</i> : The person has interpersonal relationships that are strained with occasional tension or arguments.		
		(d)	concentration and task completion;		
			<i>Example 1</i> : The person has difficulty focusing on complex tasks for more than 1 hour.		
			Example 2: The person has some difficulties completing education or training.		
		(e)	behaviour, planning and decision-making;		
			<i>Example 1</i> : The person has unusual behaviours that may disturb other people or attract negative attention and may sometimes be more effusive, demanding or obsessive than is appropriate to the situation.		
			<i>Example 2</i> : The person has slight difficulties in planning and organising more complex activities.		
		(f)	work/training capacity.		
			<i>Example</i> : The person has occasional interpersonal conflicts at work, education or training that requires intervention by a supervisor, manager or teacher or changes in placement or groupings.		

10	There is a moderate functional impact on activities involving mental health function.				
	(1)	The person has moderate difficulties with most of the following:			
		(a)	self care and independent living;		
			<i>Example</i> : The person needs some support (that is, an occasional visit by or assistance from a family member or support worker) to live independently and maintain adequate hygiene and nutrition.		
		(b)	social/recreational activities and travel;		
			<i>Example 1</i> : The person goes out alone infrequently and is not actively involved in social events.		
			<i>Example 2</i> : The person will often refuse to travel alone to unfamiliar environments.		
		(c)	interpersonal relationships;		
			<i>Example</i> : The person has difficulty making and keeping friends or sustaining relationships.		
		(d)	concentration and task completion;		
			<i>Example 1</i> : The person finds it very difficult to concentrate on longer tasks for more than 30 minutes (such as reading a chapter from a book).		
			<i>Example 2</i> : The person finds it difficult to follow complex instructions (such as from an operating manual, recipe or assembly instructions).		
		(e)	behaviour, planning and decision-making;		
			<i>Example 1</i> : The person has difficulty coping with situations involving stress, pressure or performance demands.		
			<i>Example 2</i> : The person has occasional behavioural or mood difficulties (such as temper outbursts, depression, withdrawal or poor judgement).		
			Example 3: The person's activity levels are noticeably increased or reduced.		
		(f)	work/training capacity.		
			<i>Example</i> : The person often has interpersonal conflicts at work, education or training that require intervention by supervisors, managers or teachers or changes in placement or groupings.		

20	There is a severe functional impact on activities involving mental health function.				
	(1)	The person has severe difficulties with most of the following:			
		(a)	self care and independent living;		
			<i>Example</i> : The person needs regular support to live independently, that is, needs visits or assistance at least twice a week from a family member, friend, health worker or support worker.		
		(b)	social/recreational activities and travel;		
			<i>Example</i> : The person travels alone only in familiar areas (such as the local shops or other familiar venues).		
		(c)	interpersonal relationships;		
			<i>Example 1</i> : The person has very limited social contacts and involvement unless these are organised for the person.		
			<i>Example 2</i> : The person often has difficulty interacting with other people and may need assistance or support from a companion to engage in social interactions.		
		(d)	concentration and task completion;		
			<i>Example 1</i> : The person has difficulty concentrating on any task or conversation for more than 10 minutes.		
			<i>Example 2</i> : The person has slowed movements or reaction time due to psychiatric illness or treatment effects.		
		(e)	behaviour, planning and decision-making;		
			<i>Example</i> : The person's behaviour, thoughts and conversation are significantly and frequently disturbed.		
		(f)	work/training capacity.		
			<i>Example</i> : The person is unable to attend work, education or training on a regular basis over a lengthy period due to ongoing mental illness.		

30	There is an extreme functional impact on activities involving mental health function.				
	(1)	The pe	erson has extreme difficulties with most of the following:		
		(a)	self care and independent living;		
			<i>Example 1</i> : The person needs continual support with daily activities and self care.		
			<i>Example 2</i> : The person is unable to live on their own and lives with family or in a supported residential facility or similar, or in a secure facility.		
		(b)	social/recreational activities and travel;		
			<i>Example</i> : The person is unable to travel away from own residence without a support person.		
		(c)	interpersonal relationships;		
			<i>Example</i> : The person has extreme difficulty interacting with other people and is socially isolated.		
		(d)	concentration and task completion;		
			<i>Example 1</i> : The person has extreme difficulty in concentrating on any productive task for more than a few minutes.		
			<i>Example 2</i> : The person has extreme difficulty in completing tasks or following instructions.		
		(e)	behaviour, planning and decision-making;		
			<i>Example 1</i> : The person has severely disturbed behaviour which may include self harm, suicide attempts, unprovoked aggression towards others or manic excitement.		
			<i>Example 2</i> : The person's judgement, decision-making, planning and organisation functions are severely disturbed.		
		(f)	work/training capacity.		
			<i>Example</i> : The person is unable to attend work, education or training sessions other than for short periods of time.		