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**Disability Support Pension: The Impact of Institutional Abuse and Neglect on People with Disability   
  
Part B: Stories from People with Disability and Lived Experience of the Application and Review Process of the Disability Support Pension**Coordinated by AFDO Expert Advisor on Social Security Natasha Thomson

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## **What Causes Harm: The Onerous and Burdensome Nature of Proving Disability**

**John: Passed away while waiting for DSP**

John had terminal bowel cancer. When he was discharged from hospital, he had no income and was behind in rent payments as he waited for his DSP application to be processed. As John’s condition was considered a ‘Manifest impairment’, he should have received the DSP immediately. An Advocate assisted John with an application for Newstart to ensure he had some income. When John was told it would take up to two of the six months he had left to process his DSP application, he attempted suicide.

Two months after being discharged, John was in a vegetative state, of which his Social Worker advised Centrelink. The Advocate advised the Social Worker to insist on a Manifest grant of the DSP. The following week, there was a request from Centrelink for John to attend a Job Capacity Assessment. The Centrelink Social Worker advised the Manifest grant was still outstanding and that the Manager of DSP assessments had written a report and that it still lies with the Quality Team.

John passed away 54 days after his DSP application was first lodged. Unfortunately, the Centrelink processing issues continued following John’s death. Despite notifying Centrelink that he was deceased, Centrelink managed to continue paying DSP. On receipt of the Death Notice Centrelink advised that John’s estate would now have a debt to Centrelink due to an overpayment.

**Mary: Complexity doesn’t fit in Impairment Tables**

Mary is diagnosed with mental health conditions and ASD. It is difficult to know which condition primarily causes Mary’s functional impairment. For example, due to Mary’s ASD she finds it difficult to engage in social interactions and understanding social cues which causes her anxiety and is exacerbated by her mental health symptoms. Consequently, the interaction of these comorbidities is not captured in the DSP Impairment Tables. Mary’s DSP claim was rejected and she sought assistance from a Disability Advocate to appeal this decision. At the AAT hearing it was apparent the complexity this caused. Further submissions were needed to investigate if both conditions should be assessed on the same Impairment Table. The Tribunal accepted that both conditions could be rated on the Mental Health Table which was considered an inconsistent approach by some Tribunal members.

**Jane: Took 3.5 years and 7 applications to access DSP**

Jane has lived with recurrent severe depression and applied for the Disability Support Pension 6 times in a 3 year period.  Jane was referred to a Disability Advocate through a Mental Health program supporting people to wellness. The client’s Psychiatrist refused to provide written reports to the client for Centrelink purposes; however they kept the client’s Doctor up to date through correspondence.  For DSP applications for a Mental Health impairment a diagnosis must be made by a Psychiatrist or Clinical Psychologist. It was not until Jane obtained a copy of the Psychiatrist report from her GP and a new DSP application was made, that a successful outcome was achieved.

The secure income of the DSP has significantly reduced Jane’s distress, which in turn has helped improve her mental health. This stability has allowed Jane the capacity to attempt to build new friendships and participate in volunteering.

**Amanda: Living on savings and process “too stressful”**

Amanda is 43 and currently living on Workcover and super income (total $310 a week). Amanda has mental health and physical health issues. Amanda focused on her mental health issues in her DSP application as she has a good mental health team around her and was confident she could get the required supporting medical evidence with ease. It seemed she would achieve 20 points on one impairment table. Her physical health issues are complex and hard to quantify but Amanda feels that they directly worsen her mental health. Amanda did not feel strong enough to include details of her physical illness in her DSP application as it would be too stressful to get sufficient supporting evidence.

Three months after lodging the DSP application Amanda was given an appointment for a Job Capacity Assessment (JCA). She was worried as she did not know what this meeting would involve. She spoke to a Disability Advocate who explained what would happen and the types of questions that she would be asked. The opportunity to speak with the advocate alleviated some of the anxiety around attending the JCA.

**Rebecca: Lack of access to medical assessment**

Rebecca was diagnosed with epilepsy, major depressive disorder and anxiety. Rebecca experiences cognitive impairment and secondary anxiety and panic as a result.  Due to lack of evidence from a Neuropsychologist and lack of formal cognitive assessment, the cause of the cognitive difficulties were determined to be unknown and therefore unable to be assessed by Centrelink in order to consider Rebecca for DSP.

**Diane: Cognitive disability not fully assessed**

Diane’s doctor provided evidence that she had a permanent cognitive disability (severe short term memory impairment) as result of cranial nerve palsies. The AAT concluded that as Diane had not had formal neurocognitive assessments and the Neurologist had deemed cranial nerve palsies to be fully treated in the past, that the client’s impairments were not attributable to “an active medical condition on the date of claim for DSP”.

Further assessment was not sought by a Neurologist to rule out other reversible causes of memory impairment.

**Lara: Claiming DSP was a traumatic experience**

Lara has suffered from ME/CFS and associated conditions for ten years. She received Newstart (with medical exemptions) for two years before being successful in her application for the Disability Support Pension. She still currently receives the Disability Support Pension. The application process was extremely traumatic for Lara, resulting in ongoing anxiety and an overall negative impact on her health conditions.

Lara experienced difficulty in accessing appropriate specialists with ME/CFS experience, who were also willing and able to complete a supporting report accurately. This difficulty in access was compounded by the narrow timeframes for application.

Lara is grateful for the independence that the DSP allows her, but also experiences constant anxiety from the fear of review (and potential loss of the DSP) or being put onto the Cashless Debit Card (and the restrictions that would impose on her life). Every bit of her energy goes into just getting through the day, and Lara finds the added mental and emotional burden of this anxiety to be crippling to her health.

**Shane: Sixth DSP application in five years finally successful**

Shane has lived with severe depression and accompanying mental health issues since being a victim of crime several years ago. It was difficult for him to stay in employment as he had trouble leaving his home. He attempted to claim the DSP five times over a period of four years.  Due to concentration problems, Shane found that when Centrelink asked for more information he became overwhelmed, especially when he believed he had already provided the information.  It was very costly to obtain the medical evidence so at times the applications had expired whilst waiting for a specialist appointment.  Shane’s sixth application was successful and he said this was because he had help completing the forms and someone went to the doctor’s with him to explain what was needed to support his claim. Shane hopes that now he has the DSP he can move to safer accommodation and could volunteer in the community in some way

## **Inadequate Accessibility for First Nations Deaf Australians When Interacting with Centrelink About DSP**

**Medika: Centrelink don’t understand deaf First Nations Culture**

Medika is a deaf First Nations woman who speaks Aboriginal sign language and limited Auslan. She lives in a remote bushland area, and is unable to read written English. Medika has consistently faced significant communication barriers when attempting to access Centrelink support. When collecting her application form, Medika was not provided an interpreter despite one being requested. The lack of interpreter support meant that Medika was unable to understand what the forms meant, how to fill them in, or what was involved in the general application process.

Medika would constantly be told to use the Centrelink Online Services, which is not an option for Medika as she has no access to the internet in her remote location and she cannot read written English. The communication barriers were not considered, and Medika was labelled as “lazy”, which negatively impacted on her mental health. When Medika would attempt to attend Centrelink offices in person, there would be no interpreters provided, but staff would still attempt to ask her questions that she is unable to understand. There are times that Medika’s payments are less, but she doesn’t understand why. The lack of communication means that the rules aren’t clear, and can be inadvertently broken. The complete lack of access to communication means that Medika often has no idea what is happening.

Medika has found that Centrelink don’t understand First Nations culture, they don’t understand deaf culture, and so they definitely don’t understand deaf First Nations culture. This lack of understanding means that there’s no connection and no understanding between Centrelink and the person, which will in turn mean that the person needing support will disengage from the process completely. There is no education or workshops, and Centrelink take no responsibility for that, putting the burden on the deaf person. Medika is extremely frustrated as she is able to communicate in her language, and just wants to have access to clear information, as is her fundamental human right.

**Steven: DSP claim forms and process are not accessible**

Steven experienced a series of discriminatory and deeply upsetting interactions when engaging with Centrelink and the systems that manage the Disability Support Pension. When attending Centrelink, Steven was initially turned away by a security guard who argued that his guide dog was merely a pet despite the dog being fitted with a harness, ID and shirt. When finally presenting at the Centrelink counter Steven was told to phone the disability hotline as they would not provide a person to speak with him. Phoning is problematic for Steven as he is DeafBlind.

DSP claim forms were not available in Steven’s preferred format and he requested assistance to complete them. This assistance was denied. Steven ultimately had to travel and pay out of pocket for his accountant to assist with the application forms.

Steven found that he was repeatedly told different things about the application, was instructed additional forms needed to be submitted and gave unrealistic time frames given that appointments needed to be made to gain assistance. When Steven married, his wife who is also his carer, lost her carers pension and related allowances and it was assumed that this would be covered by Steven’s NDIS plan. Additionally Steven’s Blind Pension was decreased to a couples rate even though his financial responsibilities increased adding to the financial pressures.

Steven has repeatedly made complaints regarding discrimination and bullying practices, these complaints lead to written apologies from the federal Minister and local Centrelink manager. Steven now uses these letters as leverage to speak with a person (instead of being told to phone) if he is required to attend a Centrelink office.

**Jean: Living in remote location on Newstart make medical evidence inaccessible**

Jean is diagnosed with complex mental health conditions and was living on Newstart in a remote area. The processing of her DSP claim was disrupted by a technicality with Centrelink which rendered her attempts to appeal to the General Division of the Administrative Appeals Tribunal unsuccessful.

Jean then lodged a new claim which required historical evidence that was difficult to attain from previous health professionals whilst avenues for gathering new evidence were not available in her remote location. She could not afford to move to closer to medical specialists.

The appeal progressed to a hearing in the Administrative Appeals Tribunal. While the Jean was ultimately successful, the hearing itself involved discussion of Jean’s “lack of insight into her own condition”. This was deeply upsetting and Jean was emotionally drained after the hearing.

**Tammy: DES did not believe she had vision impairment**

Tammy has a vision impairment. She was told by her DES provider that they did not believe that she had a vision impairment and that she would still need to attend the DES workshops. Information in these workshops was not accessible due to her vision impairment.

**Bill: Refused a support person at Centrelink appointment**

Following a DSP application Bill was offered a Job Capacity Assessment.  At the beginning of the assessment with a psychotherapist, Bill was refused to have his support worker or advocate present.  The JCA ran for over 30 minutes before the psychotherapist (not a registered Clinical Psychologist) phoned the Advocate to ask if there was anything further for the JCA. It clearly states in the Centrelink correspondence requesting a person attend a JCA or Centrelink Contracted Doctors assessment a Support person can be present. Centrelink state “You can bring someone with you to this appointment, for example, your nominee or a friend, relative or support worker.”

**Joseph: Centrelink errors and inaccessible systems delay DSP claim**

Joseph is from a Culturally and Linguistically Diverse (CALD) background and requires an interpreter. He was previously on the DSP and had been unsuccessful in his attempts to re-apply due to changes in Social Security Legislation in 2011.  Joseph was removed from the DSP as he failed to report his wife’s earnings despite being separated.

Joseph struggled to understand the processes and seek support due to his psychosocial disability. An advocate assisted Joseph at several appointments with his General Practitioner (GP) to request a Mental Health Plan. The GP refused to provide an interpreter and would consider only one health request at any given appointment, making multiple appointments necessary in order to collect the medical evidence required. With assistance from an Advocate and interpreter Joseph completed the DSP application form and requested psychological reports from a Clinical Psychologist following several months of psychological support.

Joseph was contacted by Centrelink a week before his Job Capacity Assessment was due asking him why he had not attended. Fortunately, Joseph recognised Centrelink’s error and advised that the assessment was the following week. However, the distress this caused Joseph was enormous.

Centrelink also lost Joseph’s first application that he handed to a Customer Service Officer (CSO) who promptly filed it in a drawer at reception. Joseph discovered in a call to Centrelink five weeks later that Centrelink had no knowledge of the application.

## **What Causes Harm: Navigating the DSP Application Processes of Centrelink**

**Peter: Program of Support**

Peter is now 51 years old and had worked his entire adult life in a career that he loved until the symptoms of Multiple Sclerosis made it impossible. He experienced significant shaking, pain, muscle weakness, incontinence issues, and progressive deafness. Peter uses a loaned hearing aid as he is unable to buy his own. Peter considered retraining but ultimately had to accept this would not be possible due to the degenerative nature of MS, and applied for the Disability Support Pension.

This application was rejected. Peter began the review process and immediately encountered significant delays in communication, not hearing anything for many months after initialising the review process. Peter felt unheard and found the process degrading. In one conversation he was asked if he had arms and legs, and told that if he did, he was able work.

Eventually, an entire year after applying for the DSP, Peter was sent to as Disability Employment Services Provider and advised that he needed to complete a ‘Program of Support’. This would mean an 18 month delay before Peter would be able to access the DSP, while he suffers from a degenerative condition and has supporting evidence from his medical team to say that he is unable to work at all. The DES Provider advised Peter that they had taken him off their system because of his inability to work, but refused to provide any documentation for Centrelink, insisting that it’s up to Centrelink to officially exit him from the program.

Peter lives with his adult parents and relies on them heavily. He has found the entire application process, eligibility criteria, and appeals process confusing and overwhelming. Peter has sought support from family members with higher education and found that they also cannot understand the reasons for rejection. Peter feels as though he has been treated with suspicion and contempt throughout the two years he’s been trying to get the DSP.

**Jake: DES providers won’t release him from PoS but recognise he is unable to work**

Jake experienced multiple vehicle accidents when he was younger. He is now 53. The impact of these accidents meant he experienced chronic pain throughout his spine, neck and shoulders that worsened over time. Jake also has dyslexia and requires additional support with written information. Jake worked his entire life in a range of industries including telecommunications up until his pain became worse and was forced to stop working.

Jake attempted to work with his employer to make reasonable adjustments (i.e., working from home and ergonomic office equipment) so he could cope better, however nothing seemed to work. Eventually his employment broke down and Jake applied for the DSP in 2019 and was rejected. Jake didn’t understand what Centrelink wanted from him, resulting in Jake feeling helpless and without support.

Jake appealed the decision and was self-represented at AAT1 and at the AAT2. When applying for the AAT2, he received no explanation about the process and had not received any accessible information about what is considered fully diagnosed, treated, and stabilised. The lack of guidance and support at the AAT left Jake with no understanding of the process or the information provided by Centrelink, and he could only rely on his own lived experience.

The AAT affirmed the original decision to not grant the DSP. Jake remains on Jobseeker and is forced to fulfil a mutual obligation that exacerbates his health conditions and causes him physical pain. DES providers recognise that Jake is unable to work but can no longer accept his medical certificates. The DES providers have also refused to write letters to Centrelink stating that he cannot participate in the POS, despite the acknowledgement of Jake’s lack of capacity to work.

**Tuan: Homelessness and mental illness make POS impossible**

Tuan lived with severe gout that significantly affected his upper and lower limbs which regularly caused him to be admitted to hospital. Due to the fluctuating nature of the condition, his impairments did not quite meet 20 points on a single table. Tuan reported that he attempted to attend a Program of Support in the past but he was turned away. Centrelink notified that if Tuan was able to present himself at a Centrelink office, he would be assigned a new job provider. However, due to his mental state, unstable accommodation (he was residing in a homeless shelter) and the severity of his physical conditions, Tuan was unable to follow the requirements and subsequently unable to participate in POS. Tuan subsequently disengaged from support services.

**Jeff: Living on Newstart while being unable to complete Program of Support**

Jeff obtained a traumatic brain injury in a car accident. His memory is severely affected and he finds it difficult to stay focused. He could no longer work in the vocation for which he was trained and quickly depleted his savings. Jeff completed a DSP Claim form online which was rejected pending completion of a Program of Support. Jeff attended the program however was regularly sent home as he could not stay awake. It was suggested to Jeff that he reapply for the DSP.  It was five months since his initial claim and he was living on Newstart. Adjusting to life after the accident, financial stress, his increased medical costs and the stress of the DSP claim experience was overwhelming and Jeff did not have a family member or friend to help him.

**Candice: Living on Newstart and lack of support in gathering medical evidence**

Candice first applied for DSP 3 years ago. Whilst she has enjoyed working for most of her life, a long period in hospital due to kidney disease resulted in her resigning her job.  Candice has an intellectual disability, low literacy and does not know how to use a computer.  Candice was placed on a Program of Support and her only income is Newstart. This has been cancelled twice when hospital stays prevented her from reporting to the Disability Employment Service. Candice says that she has made a DSP claim which was rejected because she didn’t provide the right information. Her doctor provided a letter to explain the nature of her condition but this was not considered suitable evidence. Candice does not understand why.  She presented at a Disability Advocacy service for assistance and a new claim has commenced. Candice said that if someone had explained to her doctor what was needed it may have made things easier.

**Nora: The process failed me**

Nora applied for the Disability Support Pension after receiving a diagnosis of Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and ADHD. She had been experiencing severe symptoms, being predominantly bedbound and sleeping 20+ hours per day, for at least three years. Nora was unable to live alone, and lived with family members. When applying for the DSP, a Centrelink staff member told Nora she would not get the DSP because even Cancer sufferers often aren’t successful in their applications. Consistent misinformation from Centrelink staff members caused constant delays in Nora’s application, though she was eventually successful after a face-to-face interview. The DSP enabled Nora to contribute towards medical bills, medication, and household expenses.

Nora was first connected to a Job Service Provider when she should have been connected to a Disability Employment Services provider. Through the DES provider, Nora would apply for jobs then not have the capacity to attend interviews. She was frequently required to submit medical evidence of her limited capacity that had previously been supplied to Centrelink.

Nora received the DSP for approximately 2 years, and was required to attend frequent review appointments during this period despite providing all information that was asked of her. With already limited physical capacity due to ME/CFS, these appointments left Nora with little physical capacity for anything else. The threat of losing her DSP from a review caused Nora a high degree of anxiety and grief, which exacerbated the impact of her ME/CFS.

After moving in with her partner, Nora’s DSP payment was reduced from $800fn to just $60fn. This put Nora in the vulnerable position of relying heavily on a partner in a relatively new relationship, and raised the concern of potentially being stuck in an abusive relationship due to financial reliance. Following this reduction in her payment, Nora found the mandatory reporting requirements and obligations were too much for such a small amount of support, resulting complete cessation of her DSP.

**Paula: Long delays at Centrelink whilst living on Jobseeker**

Paula began experiencing horrific, disabling symptoms of Chronic Fatigue Syndrome and Fibromyalgia in her twenties. She would sleep 20 hours a day whilst suffering from a vast array of symptoms that affected her daily functioning. Paula believed that based on the eligibility criteria and the severity of her symptoms, she should clearly be eligible for the DSP. Paula completed the application form to the best of her ability, and included everything that she understood was needed.

When Paula sought updates on her application she was often dismissed, put on hold, and hung up on. Despite her limited physical functional capacity, Paula found face-to-face interactions easier, and would attend her local office for an update. At the Centrelink office, Paula was given inconsistent advice and was denied a specific case manager. Paula’s application was rejected due to insufficient medical evidence after 7 months of waiting. She appealed this decision with additional medical evidence. Her application was denied again 9 months later as the additional evidence wasn’t dated in the original application period.

Centrelink required Paula attend a job search provider in order to receive Newstart while her DSP application was processed. These providers recognised that Paula did not have the capacity to work, and communicated this to Centrelink. During this time Paula had to move back in with her parents as she couldn’t afford to survive independently on Newstart.

The entire application and appeals process caused Paula significant stress and confusion, she now experiences panic attacks when interacting with the Centrelink/DSP system. Although Paula was advised by Centrelink to reapply for the DSP, the trauma of the first application posed a major barrier for her. Paula was eventually approved for the DSP over 2.5 years from the date of her first application. Paula believes that clear communication and correct advice from Centrelink regarding the application process would have drastically mitigated the resulting trauma and stress.

**Jennifer: Several medical exemptions from Newstart requirements**

Jennifer experienced a workplace accident 4.5 years ago.  English is Jennifer’s second language and she cannot read or write in her first language. She had insurance payments for two years to cover her loss of income after the accident and this was cancelled after a medical review. Jennifer sought advice from Centrelink, was placed on Newstart and joined an employment service. Applying for up to 20 jobs a week, Jennifer found that employers would send her home upon realising the extent of her injuries. Jennifer then received several 3-month exemptions as she was in too much pain to work. Jennifer subsequently suffered anxiety, family problems and was at risk of homelessness. In recent months Jennifer’s claim for DSP was successful and she now hopes she can recover from this experience and that her future will be more secure.

**Kelly: Misled by DES and told she must work unless she has a manifest impairment**

Kelly was rejected for the DSP early 2021 after being told she does not meet 20 points under the impairment tables.  Kelly was diagnosed with Achondroplasia and had developed orthopaedic arthritis and a chronic nerve condition. After meeting with her Disability Employment Service provider, she was advised that she needs to work 15 hours per week. Kelly was told by her DES provider that as she does not meet the manifest criteria, she is able to work. She was also told that unless she can provide substantial evidence that proves she meets one of the 6 manifest criteria she will have to continue to seek employment.

## **What Causes Harm: The Impact of Ineligibility/Partial Capacity to Work**

**Bree: Balancing work and DSP eligibility**

Bree was extremely active and independent prior a car accident that resulted in a Traumatic Brain Injury. Bree was required to relearn how to walk, how to talk, and all basic functions. Initially, Bree received support from the TAC, her family, and multiple medical specialists in regaining her independence. Once TAC support was ceased, Bree applied for the DSP and began find alternative ways to engage with her passions. Bree was then diagnosed with Stage 4 Cancer and was required to commence treatment, putting the rebuilding of her career on hold. Eventually Bree was able to move away from her family and begin to rebuild her career.

Bree couldn’t engage in activities in the same way that she did before her TBI, so she found other pathways and made her own, creating her business in the process. In order to support herself, Bree works 6 different positions. She also has to juggle the financial management of mortgages and other debts. These positions and financial grants for her projects allowed Bree to survive without the support of the DSP, however these grants are only temporary funding, which means that Bree will need the support of the DSP again. Bree experiences significant anxiety around her work capacity and the need for DSP. While her work provides her with a sense independence and success, the current positions she works are unsustainable cognitively or physically.

The eligibility criteria for the DSP mean that if you don’t receive the DSP for a 2 year period, then you must reapply. Bree is worried that if she is required to reapply, that the work she has done to rebuild her life will be used as a reason to deny further access to the DSP. This has forced Bree to consider reducing her workload to a more manageable capacity in order to resume receiving even a small amount of the DSP, but more importantly, resetting the two year period and retaining eligibility.

Although Bree wants to support herself independently, she is terrified of the insecurity that losing her DSP eligibility would cause and the threat of losing her eligibility feels like a punishment for trying to support herself without the DSP.

**Grace: Applying for the DSP “a constant struggle”**

Grace is a young person in her early 20s. She has a physical disability (neuromuscular) and is also neurodiverse. She is passionate about intersectional art and accurate representation and is currently working towards moving out of home in the next few years. Grace applied on the advice of her treating physiotherapist and had previously assumed the DSP was only available for elderly people and that if she applied, she would be deemed ineligible. Grace found the DSP application process deceptive. The brief on the Centrelink website and form seemed simple, and did not make clear the significant administrative burden: evidence needed to be consistent and integrated across every specialist who saw Grace. The requirement for constantly up-to-date evidence invalidated evidence that Grace had collected throughout her life, despite having being born disabled.

Grace has experienced significant barriers in accessing support within the public health system as many of her treating specialists cited organisational policies in refusing to write supporting material for DSP access. Within the public health system, patients are unable to request the same specialist for each appointment, preventing the building of a doctor/patient relationship, and resulting in inconsistent evidence for Grace. The required application forms also changed while Grace was gathering evidence, adding an extra barrier to the process. Despite a sustained effort, Grace was not successful in her application for the DSP. This meant she was instead filtered onto Jobseeker, which she is currently accessing.

In her engagement with a Disability Employment Services (DES) provider, Grace has experienced a “revolving door” of support officers assigned to support her to find work making it difficult for her to engage properly with the support and to properly understand what employment supports are offered. Grace is currently working with an employment support officer who has made appropriate adjustments to assist Grace and reduce her stress, however Grace remains nervous she will lose this support due to the history of inconsistent support.

Grace is currently employed, however remains in the Jobseeker loop as her current hours are less than her estimated capacity of 15 hours per week. Grace now feels defeated by the system and is considering giving up entirely, attempting to survive without any government supports.

**Adam: DSP process severely affected mental health**

Adam, aged 64, worked his entire life and had been at the same job for 30 years before experiencing a Cerebral Aneurysm. After he received treatment for his Aneurysm his partner noticed changes in his behaviours and emotional state. He became more impulsive and was quick to anger, often expressing suicidal thoughts. He was diagnosed with Major Depressive Disorder. It was clear to his family that he was unable to regulate his emotions as he once did, and this led to him losing his employment. He was not able to work because of these changes and he and his partner, his only carer, lost their financial security.

Adam and his partner applied for the DSP in 2019 and were rejected. Much of the evidence they had access to were hospital records and reports from Job Capacity Assessors which outlined Adam’s condition as being fully treated with no lasting physical damage to his brain. One key report identified a potential need for a Neuropsychological assessment, to assess the changes in behaviour and emotions, however this is not something that Adam could easily access as the public system had a lengthy waitlist and the private system was simply too expensive.

Adam’s partner consistently tried to explain to Centrelink the lasting behavioural and emotional impact of the Aneurysm, only to be told that there is nothing wrong with him and that he should be able to work 15 hours. Adam appealed the rejection and were self-represented at AAT1 and the beginning of AAT2. The impact of this process has had a significant negative impact on Adam’s mental health. He often expresses feeling of uselessness and suicidal thoughts. Adam and his partner, acting as his carer, significantly struggle financially and have been unable to afford food or basic necessities, relying on their adult children to have their basic needs met.

**Kate: Trauma dealing with DSP process and fear it will be taken away**

Kate was successful on her first application for the DSP after going through a review and appeal process. Her disability leaves her primarily bedridden, only able to walk short distances and otherwise reliant on a wheelchair, and with significant pain and fatigue. In addition to her physical disability, Kate also experiences CPTSD, anxiety, and depression. These conditions are all exacerbated by stress. It took months for the application and review process to be finalised, resulting in an unstable living situation and accumulation of thousands of dollars of debt.

While Kate can walk very short distances, she was concerned that Centrelink would use that to overestimate her physical capacity and cease her DSP. She has since lost her DSP due to a slight increase in spousal income which has left her unable to contribute her family, household or medical expenses. Without the DSP, Kate has no other source of income and is fully reliant on her partner. The trauma of applying for, and subsequently losing, the DSP has been an added barrier in Kate accessing other forms of support.

**Sean: Attributes breakdown to stress of DSP process**

Sean has lived with Obsessive Compulsive Disorder, mild psychosis and symptoms of depression and anxiety for many years. Sean has undergone treatment for over ten years. It was difficult obtaining evidence for a DSP claim because he has changed psychiatrists, doctors, and psychologists a few times and then more recently stopped engaging in treatment due to the cost. Sean struggled to understand the eligibility criteria for DSP.

Sean made an appeal to the AAT against Centrelink’s decision to deny access to DSP. Sean reported that, due to anxiety over lack of evidence, he was admitted voluntarily to hospital after having a breakdown, and then admitted involuntarily a second time. Sean attributed these breakdowns to the stress of the DSP process due to his treating health professional’s were inability/unwillingness to provide evidence addressing the medical criteria.

## **What Causes Harm: The Experience of Making Complaints and Seeking Reviews of Decisions**

**Sam: Felt judged and disrespected**

Sam has lived with psychosocial disability, PTSD, and chronic pain most of her adult life. When the impacts of her disabilities were manageable, Sam studied at university and was working as a performer and artist. As she became older, her pain worsened and her mental health deteriorated, ultimately to the point that she was unable to work. Living in poverty, and struggling to afford rent or necessities led Sam to apply for the DSP in 2019. Sam submitted her DSP application with the support of her NDIS service providers and was eventually contacted by a Centrelink Assessor.

The Assessor informed Sam that they didn’t have time to read the medical evidence before making the call and they were in the process of printing the documentation. Without having read the supporting medical evidence, the Assessor did not have a true understanding of Sam’s disabilities, and no insight into the impact that questions and statements would have on Sam. The Assessor suggested multiple inappropriate treatments and dismissed the copious amounts of attempted interventions and treatments detailed in Sam’s medical evidence.

The Assessor ended the assessment by stating that the treatments that Sam had tried were irrelevant as they were just a check box exercise for her to get the pension. The Assessor claimed that Sam hadn’t stuck with the treatments long enough to see any positive impact and that if Sam was to live with friends instead of alone, she would be better as her friends could help her more.

Sam contacted her mental health team and a suicide hotline service as the interaction was too much to be able to cope without support. It took Sam 3 weeks to recover from the experience enough to be able to make a formal complaint to Centrelink. Sam expected that she would be assigned a new Assessor who would take the time to consider her medical evidence before passing judgement. When Sam rang Centrelink to follow up on the progress of her complaint, she was told the complaint was closed as they were not able to identify the Assessor.

**Mack: Fully diagnosed, treated, and stabilised**

Mack has a long history of anxiety and depression and has been in receipt of the Disability Support Pension for many years. His eligibility was reviewed in 2016 and it was found that his mental health diagnosis had not been made by a psychiatrist or confirmed by a clinical psychologist. Mack was advised that he needed to provide evidence from a psychiatrist or clinical psychologist that his condition was fully diagnosed, treated and stabilised, and that it met 20 points under a single Table in order to continue to be eligible for the DSP.

Mack had been receiving ongoing support from a clinical psychologist who was willing and able to provide the evidence he needed, Mack also had evidence of a new diagnosis of Autism from a different clinician that he included. Centrelink rejected this evidence and told Mack he was no longer eligible for the DSP. He was given no explanation and sought advocacy support to have the decision reviewed.

An advocate helped Mack to get an explanation for Centrelink’s decision. Centrelink stated that Mack’s Autism was not fully treated and stabilised as the clinician who made the diagnosis had recommended a specific form of cognitive behaviour therapy. Mack’s clinical psychologist had included Mack’s Autism diagnosis in her report, and clearly stated that she had explored all appropriate treatment options and there was no treatment available that would improve his function.

Mack required assistance from his advocate to explain the situation to his clinical psychologist. The clinical psychologist was clear that the decision made by Centrelink, and being placed on Newstart, would have a severely detrimental impact on Mack’s mental health, including increasing his risk of suicide. Mack’s clinical psychologist provided additional evidence stating why the recommended treatment made by the clinician who diagnosed Mack’s Autism was inappropriate.

Mack’s DSP was eventually reinstated, but not before causing him to experience serious trauma, anxiety, and stress and leaving him with the ongoing fear of his payment being cancelled.

**Dave: Constant errors and delays before successful claim over a year later**

Dave is an Aboriginal man who applied for access to the Disability Support Pension. His first application was rejected.  Dave requested an appeal, but was given wrong information about the process. He approached a Senator, after which he was referred to a Centrelink social worker. After much effort, follow-up and distress, Dave finally resorted to completing a second DSP application approximately eight months later.

A Job Capacity Assessment was completed approximately a month after his application and Dave was told that the DSP application would be processed within eight weeks. It was not. Dave contacted Centrelink on multiple occasions to enquire about the status of his DSP application. Dave was told that his application was either ‘on hold’, ‘suspended’ or ‘ongoing’ during these contacts.

Dave sought help from an advocate.  Approximately three months after the Job Capacity Assessment, Dave was verbally advised that his Job Capacity Assessment had not been sent to the right department and that it might take another nine months to process. Dave was finally found medically eligible for the DSP within two weeks of this verbal advice. His benefit was backdated for five months - to the date the second application was sent in rather than from the date of his first application (more than a year prior).

Dave thinks with all the stress the process has caused over the waiting period, that it was all too hard.  Dave found the DSP processes frustrating and upsetting. The delays in his application meant that Dave had no income at the time his father died, when Dave approached Centrelink for assistance in expediting the process, he was asked to leave the building when he sought assistance. Despite seeking, and receiving, assistance from a charity, Dave was unable to attend the funeral for his father.

## **What Causes Harm: The Experience of Administrative Justice at the AAT**

**Ash: An incredibly dehumanising experience**

Ash suffers from a connective tissue disorder that causes her joints to be extremely hypermobile, resulting in premature wear and tear, chronic pain and fatigue. As a result she is no longer able to work in a typical workplace, mobilise independently, or participate in many social activities. This condition is significantly exacerbated by stress and anxiety. While applying and appealing for the DSP, Ash accumulated debt from medication costs, seeking medical treatments and obtaining reports.

Ash was initially advised by a Centrelink staff member to apply for Newstart with a medical exemption instead of applying for the DSP. Her application for the Disability Support Pension was rejected based on a phone assessment that determined Ash to be capable of working more than 15 hours per week with unspecified interventions. Ash unsuccessfully appealed internally and then to the Authorised Review Officer. The Administrative Appeals Tribunal hearing was the first face-to-face assessment of Ash, they found that she met the eligibility criteria for the DSP and found in her favour. Centrelink hired an external legal team to appeal this decision to the AAT General Division. Ash received assistance from Victoria Legal Aid in preparing for the second AAT hearing.

Initially Centrelink accepted that Ash was fully diagnosed, but argued that she was not fully treated. In the second AAT hearing they accepted that Ash was fully treated, but challenged her diagnosis. Both arguments would render Ash ineligible for the DSP. The AAT dismissed this argument and affirmed their original decision, finding that Ash satisfied the criteria on the grounds of “chronic pain”.

The entire process of applying and appealing took over two and a half years. The process caused Ash significant stress and anxiety, subsequently worsening her disability. Centrelink still has the option to review Ash’s eligibility for DSP and potentially rescind the payment, resulting in lingering stress and anxiety. The DSP allows Ash access to regular medication, consistent medical treatment, as well as providing stability and security in her living situation.

**Lisa: AAT did not take new evidence into account**

Lisa lives with a medical condition that causes functional disability and requested an appeal following the rejection of her DSP claim due to insufficient medical evidence. Lisa sought advocacy assistance to gather evidence to support her appeal a week before the scheduled hearing. The advocate requested that the AAT exercise their discretion and allow Lisa to obtain further evidence from her medical professionals and provide it to the AAT within 2 weeks of the hearing as Lisa had appointments with her medical professionals the day after the hearing. Lisa told the AAT during the hearing that she had upcoming appointments and asked them to wait for further evidence before making a decision. Lisa gathered the required evidence from her medical professionals and provided it to the AAT within two weeks of the hearing. Lisa received an AAT decision, dated the same day as her hearing, that did not consider the further evidence she had obtained despite noting that the client had appointments with her medical professionals in the days after the hearing. As a result, Lisa was required to appeal to the AAT (General Division) which caused her further distress and exacerbated her mental health conditions.

**Ryan: Not “fully diagnosed, treated, & stabilised”**

Ryan has multiple serious medical conditions including Non-Ischemic Cardiomyopathy, Atrial Fibrillation, Gastro Oesophageal Reflux Disease, Osteoarthritis (of shoulders, knees, kips, spine, & hands), Depression/Anxiety Disorder, Hearing Impairment, Tinnitus, and Hepatitis C. He takes multiple medications, and he regularly consults with various medical personnel. Ryan had attempted the DSP application process multiple times since 2012 when their health noticeably declined. He was receiving a Newstart Allowance, signed up to a Job Service Provider to fulfil Mutual Obligation requirements, and also regularly providing medical certificates to Centrelink and the JSP.

Ryan was advised by his medical team to apply again in July 2017. This application was rejected in August 2017 on the grounds that the condition was not yet Fully Diagnosed Treated and Stabilised (FDTS) due to upcoming surgical procedures in later 2017. Ryan appealed this DSP rejection to the Authorised Review Officer who upheld the decision in early 2018. Ryan sought advocacy support who helped to gather further medical evidence to demonstrate that the upcoming surgical procedures were not treatments that would significantly improve Ryan’s health in the coming two years, but rather medical maintenance that would only slow the natural decline.  This evidence was presented at the AAT Division 1 where the decision was upheld, however Ryan was awarded a Temporarily Reduced Work Capacity for cessation of mutual obligations for Newstart Allowance requirements. Ryan then gathered additional medical evidence from numerous specialists, then used this information to reapply for the DSP in February 2018 with the assistance of the advocacy service. This application was also rejected in June 2018 on the basis that although two conditions were now considered to be FDTS, they did not rate 20 points on a single table. This decision was upheld at the ARO (Oct, 2018) and AAT Division 1 (March, 2019).

At this point Ryan withdrew from the DSP process due to appeals fatigue, sold the family home and used remaining proceeds to settle significant personal debts, and focus on his medical treatments. Ryan received the JobSeeker Payment with the additional supplement during the COVID-19 pandemic for the duration of 2020, without the pressure of having to participate in Mutual Obligations. Ryan reapplied for the DSP in late 2020 with the support and assistance of his psychologist, this application included new evidence from each of his medical practitioners. He attended a Job Capacity Assessment with a copy of his entire medical history file, previous Centrelink and Tribunal decisions, new medical evidence, and a further written complaint about the lack of a referral to any Government Contracted Doctors during the process. The JCA assessor referred Ryan to a GCD who recommended that Ryan be granted the DSP. This was followed by an Employment Services Assessment Team (ESAT) appointment, with the ESAT Officer advising that they would recommend Ryan no longer be required to look for work.

Ryan received a written DSP application approval in mid-January 2021 but could not bring himself to open the decision letter for 2 weeks, and did not trust the decision until his first payment was received. Ryan noted that the stress of these processes hastened the decline in his health and exacerbated the effect of his medical symptoms. The application and appeals processes also strained the professional relationships between Ryan and his various medical practitioners.

**Alexander: DSP cancelled after review then reinstates 18 months later**

Alexander sought advocacy support after unsuccessfully appealing a decision by Centrelink to cancel his Disability Support Pension. Alexander was originally granted DSP based on his diagnosis of Autism and other mental health conditions. At the time a Centrelink appointed Psychologist conducted an assessment determined his IQ to be 72. Five years later Alexander’s DSP was reviewed by Centrelink and cancelled. Whilst the Centrelink Assessor at that time acknowledged the IQ test conducted previously Centrelink claimed that the test was negatively influenced by Alexander’s mental health conditions. No further testing was arranged by Centrelink to determine if this was the case.

The Administrative Appeals Tribunal found that although Alexander had an intellectual disability, it was not able to be assessed without a formal adaptive behaviour assessment (ABAS). While waiting for the Tribunal, Alexander lodged a new claim for DSP. Centrelink organised an ABAS to be conducted by a Centrelink Psychologist as part of his new claim. This assessment found that in conjunction with his intellectual impairment, Alexander had extremely low adaptive skills and therefore met the criteria for DSP.

A Disability Advocate assisted Alexander to continue to appeal the cancellation decision and was successful in securing DSP backdated to the cancellation date. If Centrelink had organised the ABAS in the first instance when they reviewed Alexander, it would have been clear that he met the criteria for DSP and this would have saved him a significant amount of time (upwards of 18 months) and distress.

**Mark: Disability Support Pension (DSP) for people under 21**

Mark is 19 years of age and has an intellectual disability. Mark was raised in foster care for the majority of his life until the age of 17 and currently receives the Disability Support Pension for independent 18-20 year olds. He has recently enrolled into a TAFE course as he is keen to find employment.

After exiting the foster care system, Mark moved into a rent subsidised Lead Tenet house. However, this model of support was not suited to Mark and he needed to exit from this arrangement. Mark moved out on his own, signing a rent agreement for a small flat. Part of his rent is subsidised, but this rent subsidy will soon end, meaning he will be wholly responsible for rent and living expenses.

Mark is an independent person with no family to support him financially or emotionally. On the DSP for independent 18-20 year olds rate of payment, Mark can only maintain a low standard of living where he struggles to cover basic and essential needs, such as food, electricity and warm clothes over winter.

Access to the 21 and over DSP rate of payment will provide Mark with more independence and less reliance on services. He will have an improved sense of security and will enable a full participation in social, economic and educational life. Age should not be a barrier to attain these basic rights.

**Allie: DSP and Partial Capacity**

Allie is a young person with a disability, currently employed for 18 hours per week. She now faces barriers in accessing the Disability Support Pension due to the work capacity criterion being reduced from 30 hours or fewer per week, to 15 hours or fewer per week. Allie is frustrated at the rigidity of the access process and feels it deters people with disability from being employed.

Allie believes that she meets the eligibility criteria of the Impairment Tables, however her current employment is just three hours more than the DSP access general medical rules permit. Had Allie already been a DSP recipient and been employed in the same position, with the same hours after the fact, she would be financially better off.

Allie now faces the conundrum of weighing up whether she should be resigning or asking for fewer hours – even though she is employed in a role she enjoys and perceives as being good for her mental health – because longer term she would be financially more secure with the DSP payments and its related health care benefits.

Allie wishes that the system was more flexible for those applying for the DSP who were employed, namely by expanding the work capacity criterion back to 30 hours or fewer per week, as is permitted once a person is an approved recipient. Allie is not likely to be able to work much more than her current part-time hours because of her condition. Allie added that the current structure “discourages” people with disability from being employed and that she “feels like [she’s] being shit on by the government for having a job in the first place.”