Submission to the Senate Standing Committee on Community Affairs Legislation

Inquiry into

The Social Security and Other Legislation Amendment Bill 2011 Schedule 3 (Disability Support Pension Impairment Tables)

August 2011

Who we are:

Painaustralia was formed in February 2011 to facilitate implementation of the National Pain Strategy[1].

The National Pain Strategy was developed by over 150 health care, consumer and other stakeholder organisations and was unanimously supported by these bodies at the National Pain Summit which was officially opened by the Minister for Health and Ageing, the Hon Nicola Roxon at Parliament House Canberra in March 2010.

Painaustralia had not been formed at the time of the establishment of the advisory committee for the review of the Disability Support Pension and consequently, was not approached to contribute to the Review.

Painaustralia's concerns with the Disability Support reforms

Painaustralia supports the need for a review of the Tables based on the key principle that people with a disability should be assessed on their ability to function and to undertake paid work. Indeed best practice multi-disciplinary approaches to the management and treatment of chronic pain promote the importance of exercise, function and work as factors that contribute positively to the person's wellbeing and quality of life.

However, we are concerned that the new tables and the principles that underlie them, do not take into account the unique predicament of those people who suffer severe chronic pain conditions where often there is no diagnosed underlying cause, and no effective treatment or effective stabilisation.

Painaustralia notes the statement in the Advisory Committee's final report to Government June 2011 that "*There is no Table dealing specifically with pain."*[2]

Of particular concern is the statement in the Advisory Committee's final report that *"Pain is a symptom and not a diagnosis."*[3] *Recent* scientific research into the pathology of chronic pain contradicts this.

The complex medical and social predicament faced by many people with chronic pain requires particular attention in the context of assessing functional impairment, especially with respect to their ability to work or access to the Disability Support Pension.

New understanding of Chronic Pain

The National Pain Strategy arises out of a fundamentally new understanding of chronic pain, based on the remarkable advances in neuroscience and medical knowledge over the last decade.

A growing body of evidence and opinion, here and internationally, now recognises that chronic pain can become a disease state in its own right.

Chronic pain is severe pain that persists day after day, night after night for more then three months, long after the healing from an injury or surgery, or other treated condition.

When pain is brief or short term (acute pain), it acts as a warning for the body to seek help. Initially, the clinician may assume that the pain is a symptom of some underlying condition, and prescribe analgesics, while focussing on what the underlying problem could be.

However, when pain does not go away with treatment, but becomes severe, and persists for several months, it can be accompanied by severe physical, psychological and environmental changes, that constitute a disease in its own right.

If this occurs, regardless of the underlying disease, injury or other event that triggered the pain, the clinician must focus on the management of the pain condition in order to assist in restoring the individual to a better state of well-being and function.

A large body of basic research indicates that chronic pain is associated with neuroplastic changes in the nervous system at peripheral, spinal cord and brain levels. These changes are essentially permanent, not curable, and only incompletely controllable with all the tools and knowledge currently available.

This understanding is supported by the recently released report by the USA National Academy of Sciences, Institute of Medicine – *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research* and by the *European Societal Impact of Pain - Road Map for Action* released at meeting at the European Parliament in May 2011.

We submit that the principles and criteria proposed for the assessment of people with chronic pain are manifestly unfair, and do not recognise the unfortunate biological reality of chronic pain. We therefore seek to propose an amendment to the Impairment Tables as outlined below.

The prevalence of chronic pain in Australia

The 2007 Access Economic Report (2007) revealed that chronic pain affects one in five Australians in the working age group, rising to one in three in the older age group – that is 3.2 million people. This prevalence is similar to that in other developed countries.

Of the total economic cost of chronic pain of $34 billion, productivity costs were estimated to be 34% whilst 20% of the costs were borne by the heath care system.

Research has found a strong link between the prevalence of chronic pain and socio-economic status and stressed that attention must be paid to disadvantaged groups, in particular people in rural and regional areas and people from culturally and linguistically diverse backgrounds, as well as the aged.

Currently, there is a major unmet demand for clinical pain management services. Not only do Pain Clinics in public hospitals have long waiting lists, often in excess of a year but also, there is little or no access to effective multi-disciplinary pain services at the primary care level.

The National Pain Strategy makes clear recommendations to address these inequities in Goal 4, which articulates:

"People in pain will have timely access to effectively co-ordinated care and support as close as possible to where they live" and

"People with pain will have access to an interdisciplinary team of appropriately skilled practitioners, both in the community and in hospital settings".

It is hoped that the introduction of Medicare Locals will provide the framework needed to facilitate the development of effective multi-disciplinary pain services at primary care level.

We are confident that access to better services will have a very significant impact in reducing the number of people with chronic pain needing to apply for a Disability Support Pension. However it will be many years before we see the desired outcomes of these health reforms, so

the need to provide a safety net for people living with chronic pain is evident.

Painaustralia's Assessment of proposed Impairment Tables:

A review of the proposed new Tables by a panel of pain medicine specialists has identified that a number of medical conditions characterised by severe chronic pain will not be assessable as impairments, even though they may have major functional impacts on daily activities and preclude the sufferers from being able to apply for, let alone maintain, 15 or more hours per week in the labour market without the need for ongoing support.

Some types of chronic pain can be attributed to a specific, although not always treatable cause – such as osteoarthritis, spinal cord injury or multiple sclerosis. In these instances any associated impairments will be assessable under one or more of the Tables.

However, not all chronic pain conditions can be clearly diagnosed. Examples of these include:

- Fibromyalgia Syndrome, the diagnostic label given to people with diffuse, persistent pain with no evident cause or tissue damage
- Neuropathic Pain – ongoing pain associated with injury, or damage to a peripheral nerve, persisting long after healing of the original trauma.
- Complex Regional Pain Syndrome (CRPS) which encompasses an array of painful conditions characterised by regional pain that is seemingly disproportionate in time or degree to the usual course of any known trauma or lesion.

It is believed the complexity of such conditions stems from the interaction between the "somatic" and the "psychological" contributions, to a greater extent than is commonly appreciated, so that to have to attribute such chronic pain to a treatable "cause" or otherwise to dismiss it as a symptom of emotional disturbance is incorrect, pejorative, unfair and stigmatising.

Recommendations

We have provided above some examples of chronic pain conditions that will not be able to be assessed under the proposed new Tables. As a result, people who suffer these conditions will be denied access to possible income support, only because of the clinical labels they carry, even though there is new knowledge available of their fundamental biological basis.

We suggest that - to some extent - people with these chronic pain conditions could be assessed under the categories listed in Table 5 – (Mental Health Function.) as these reflect the functional challenges of people with chronic pain more fairly than the somatically focussed other Tables. These categories are:

- Self Care and Independent Living
- Social/Recreational Activities and Travel
- Interpersonal Relationships
- Concentration and Task Completion
- Behaviour, Planning and Decision- making
- Work / Training Capacity

If effect we are suggesting that Table five could be re-cast (and re-titled) as a template for the assessment of impairment of people with chronic pain conditions.

However we cannot emphasise too strongly that this does not imply that impairment caused by such intractable chronic pain conditions is the same as, or even similar to a mental health condition. To do so would be to further stigmatise a condition that has profound physical as well as mental challenges for the sufferer.

By contrast, we are seeking a solution within the existing framework.

We propose that further consultation is needed to arrive at a satisfactory resolution, and we would like to collaborate with you to bring this about.

We would appreciate the opportunity for Painaustralia to convene a suitably qualified medical and consumer panel, to meet with you in this regard.

We thank you for the opportunity to contribute to this Inquiry.

Lesley Brydon
CEO Painaustralia

Endnote

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[1] National Pain Summit initiative. *National Pain Strategy*, December 2010.
http://www.painaustralia.org.au/images/painaustralia/National_Pain_Strategy_2011.pdf

[2] Advisory Committee Final Report submitted to the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs 30 June 2011. Review of the Tables for the Assessment of Work-Related Impairment for Disability Support Pension, Appendix F: Recommended Revised Impairment Tables, para 34, page 4.
http://www.fahcsia.gov.au/sa/disability/payments/Pages/dsp_impairment_final_report.aspx

[3] ibid, para 35, page 4.