

# **SUPPORTING PEOPLE WITH MENTAL HEALTH NEEDS TO ACCESS THE NDIS**

Detailed information for  
medical and allied health professionals

This document provides information to supplement our brochure for medical and allied health professionals who are supporting their patients to apply for the National Disability Insurance Scheme.

**[www.vmiac.com.au](http://www.vmiac.com.au)**

# YOUR ROLE

## MEDICAL AND ALLIED HEALTH PROFESSIONALS

Health professionals can support their patients to apply for the NDIS by providing evidence of disability and functional impairment. This evidence can be critical in whether patients are approved to access support services.

### NDIS BASICS

The National Disability Insurance Scheme (NDIS) provides individualised funding packages for disability support services to people under 65 years who have a permanent and significant disability. Read more: <http://bit.ly/MHNDIS>

### NDIS and mental health

People diagnosed with a mental illness may be eligible for the NDIS if they have a permanent and significant disability because of their mental health condition. This is referred to as a '**psychosocial disability**'.

### NDIS eligibility

Key NDIS eligibility criteria for people with psychosocial disability:

- **Diagnosis** Diagnosed (or likely to be diagnosed) mental health condition
- **Permanence** Likely to have lifelong impacts
- **Functional impairment** Day-to-day living is significantly impacted by the condition

### Documenting evidence of eligibility

You may be required to complete:

- NDIS Supporting Evidence Form
- NDIS Access Request Form (part F)
- Documentation that the person has, or is likely to have, a permanent disability
- Reports or assessments that demonstrate the extent of functional impairment from the disability, such as mental health plans, WHODAS 2.0, Life Skills Profile or HoNOS

**TIP** You might need to book long/extended sessions for NDIS assessments

**TIP** Remind patients to keep records throughout their NDIS application, including: copies of all forms, correspondence (including envelopes), and a log of all telephone discussions.

# HOW TO PROVIDE EVIDENCE

## FOR PEOPLE WITH PSYCHOSOCIAL DISABILITY

### Evidence about disability commonly includes

- Primary disability (ie, mental illness diagnosis)
- Any secondary disabilities
- Current treatment
- Any other treatment likely to remedy the condition\*

#### \* Important

This last criterion aims to determine if there is a medical treatment that's likely to 'cure' the condition. For most people with a psychosocial disability, the medical evidence suggests 'no'. Only answer 'yes' to this question if there is a different class of evidence-based treatment that has not yet been tried.

### Evidence about functional impairment

The NDIS defines six types of functional impairment:

Mobility / motor skills	Communication	Learning
Social interaction	Self-care	Self-management

People with a psychosocial disability may have impairments in one or all these categories, and there are many aspects of mental health problems which may contribute to this impairment.

For each category you will need to describe:

1. The type of impairment
2. The types of assistance required

As you assess each type of impairment, consider people's needs when they are at their most distressed and disabled.

**TIP** The NDIS assessment process is not consistent with recovery-oriented mental health practice, where the focus is on building hope and working with strengths. Instead, the NDIS focus is on permanence and deficits.

**While this is not ideal, it is important to use NDIS terminology to give people the best possible chance of being able to access disability support services.**

# PSYCHOSOCIAL ASSESSMENTS

## BEING SUPPORTIVE

The NDIS assessment process can be a difficult experience for many people. This section provides some information on common challenges that patients face during the assessment process which may be helpful to consider in your practice.

### Emotional barriers

Many people applying for the NDIS find it emotionally challenging. These are a few common experiences to bear in mind:

**Anxiety and fearfulness** Many people are fearful of being rejected, of losing supports they've had in the past, or of being judged by assessors. Some people liken the NDIS assessment experience to past experiences with Centrelink, where highly personal information has to be shared with strangers, and the power rests with a big bureaucracy. Some people are already fearful of using the telephone or opening mail—and this can present a very practical barrier to the NDIS application process.

**Frustration and anger** Some people may feel frustrated at having to go through a lengthy bureaucratic process to get support, especially if they are used to older service models where there was little, if any, bureaucracy. Others may feel frustrated about having to focus on deficits and disability, or having to justify their needs, or having to repeat their very personal struggles over and over again.

**Shame and self-criticism** Many people with a psychosocial disability struggle with feelings of shame, and this can lead to low self-esteem, self-criticism, and feeling unworthy of assistance. Some people may blame themselves for their disability, while others may cope by projecting a more confident outward appearance than they actually feel. These feelings can all create barriers to expressing what the person needs.

'If we can share our story with someone who responds with empathy and understanding, shame can't survive.'

— Brene Brown

**Despair and hopelessness** Many people already feel a sense of hopelessness, which may be a part of their mental health experiences, or of having been given poor prognoses, or of having spent many years already in distress, isolation and poverty. People with these feelings may find it difficult to imagine the better life that could come from having disability supports, or they may find it difficult to believe that they will be approved for the NDIS.

**Feeling overwhelmed** Some people can feel overwhelmed by the many steps, detail and time involved in applying for the NDIS. This is a more complicated process than many people are used to, and people's ability to cope with the complexity can be impacted by mental health symptoms and by medication side effects—especially if people have experienced cognitive impairment.

✱ All of these barriers are best approached with sensitivity and empathy. While we can't change the process, you and others may be able to support people through the difficult steps. It may be helpful to remind people that once they are accepted into the NDIS it is for life—so even though the process is challenging, it only needs to happen once.

## Barriers to disclosing disability and impairment information

Some people will be very clear about their issues and needs, but others may not disclose much information.

There are different reasons for this, and you may need to provide more time, support, and helpful prompts to assist people through the process.

Here are some considerations:

**'I don't deserve anything better.'** Some people with psychosocial disability have very low self-esteem, and this may have been reinforced by experiencing many challenges in life.

**'But I'm so used to that.'** Some people may take impairments for granted, particularly if they have lived with them for many years. However, the NDIS was established because people with disability are entitled to supports that help them to fully participate in life.

**Not realising that impairments can be overcome.** Some people may not realise that there are strategies to overcome or adapt to impairments, particularly if they've never accessed disability support services before.

**'Others are worse off than me.'** Some people may worry that others deserve help more than they do, and may think that others will miss out if they apply for support.

**Memory or cognitive impairments.** Some people, particularly those on long-term antipsychotic medication or long term electroconvulsive therapy, may have cognitive impairments, including memory loss. This might make it difficult to recall impairments in their day-to-day life, or to think of types of assistance that might be helpful. Cognitive impairments may make it more difficult to complete paperwork as well.

# NDIS EVIDENCE

## TYPES OF FUNCTIONAL IMPAIRMENT

This section provides an example of assessing types of functional impairments for one type of mental health symptom. See over the page for a checklist of more considerations.

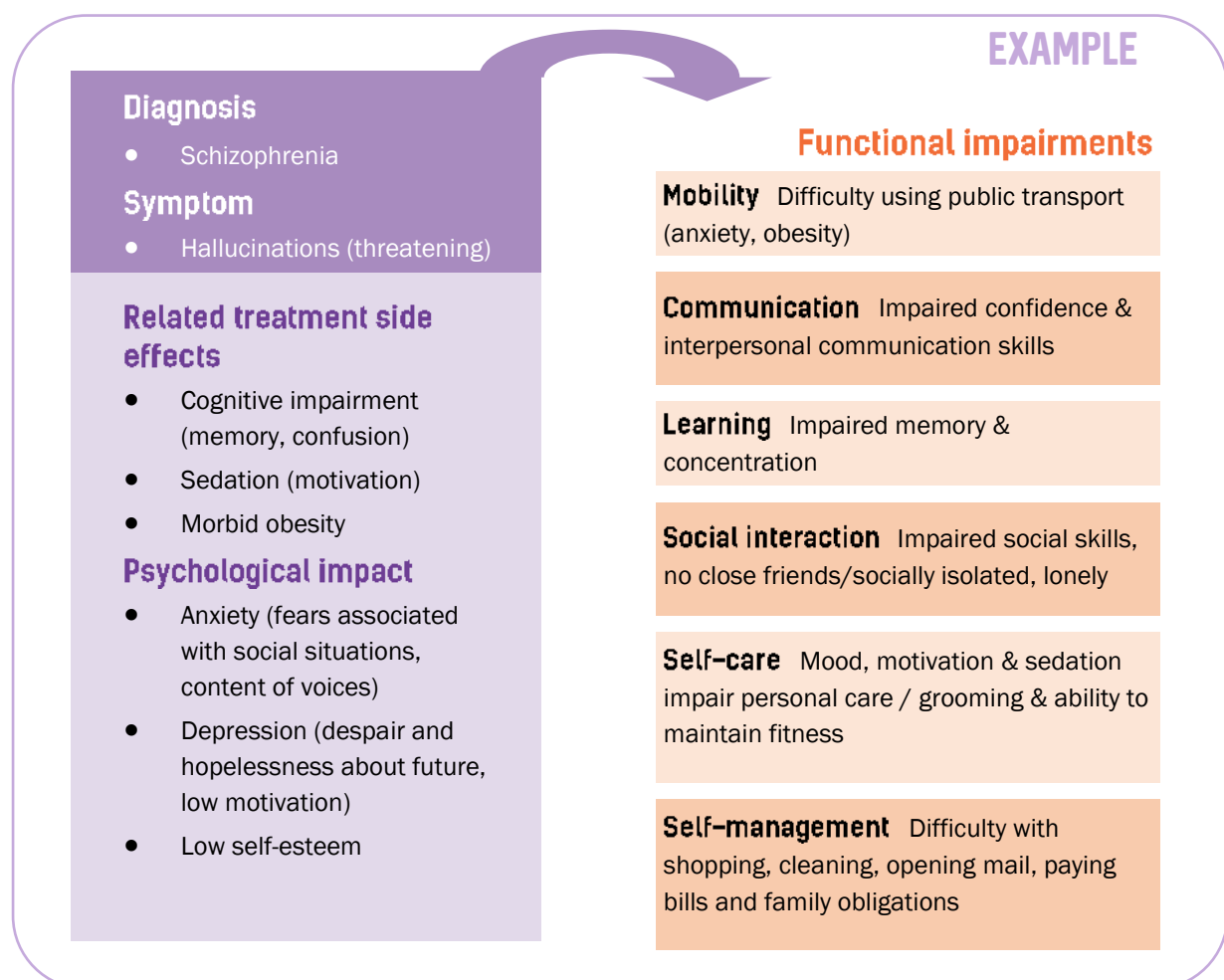
### Assessing types of functional impairment

Think about your patient's experience of mental health symptoms, and how each one impacts their day-to-day life, for each NDIS type of functional impairment.

Every person has a different experience and needs, and not all people will be able to easily tell you about the impacts on their life.

### How mental health problems can lead to different functional impairments

This illustration is just one example, for one symptom, of a range of functional impairments. Remember that each person's experience is different.



## EXAMPLES OF EVIDENCE CONSIDERATIONS

### FUNCTIONAL IMPAIRMENT

There are many different types of functional impairment that may affect people with a psychosocial disability. This page outlines considerations to inform your assessments.

When assessing functional impairment, think about your patient's symptoms in relation to their mental health condition and how these symptoms can impact their day to day life. Below are some examples of psychological, social and medication issues which may impact any, or all, of the six NDIS types of functional impairment:

- Mobility
- Learning
- Self-care
- Communication
- Social interaction
- Self-management

Psychological			Medication side effects	Social
Mental	Emotional	Behaviour		
Hallucinations	Irritability	Aggression	Sedation (eg, tiredness, dizziness, sleep problems)	Engagement
Derealisation	Elevated mood	Self-harm		Rapport
Compulsions	Depression	Suicidality	Cognitive impairment (eg, memory loss, confusion, slowed thinking)	Withdrawal
Awareness	Shame	Safety		Social acceptance
Alertness	Guilt	Self-care	Hormonal and/or sexual dysfunction	Vulnerability
Orientation	Obsession	Mania		Initiating conversation
Memory	Anxiety	Impulsivity	Movement symptoms (eg, trembling, muscle stiffness, slowness of movement, shuffling walk, restlessness, twisting movements, grimacing, uncontrolled tongue movements, lip puckering or rapid eye blinking)	Responding to conversation
Concentration	Hopelessness, despair			Social contact
Problem-solving	Motivation		Metabolic and cardiovascular impacts (eg, morbid obesity and related mobility issues, diabetes)	Making & keeping friends
Learning difficulties	Anger			Friction/avoidance of others
Paranoia	Self-confidence		Emotional impacts (eg, anxiety, agitation, depression)	Sense of life purpose
Delusions / unusual beliefs				Connections
Distracted thinking			Other side effects (eg, dry mouth or excessive saliva, blurred vision, constipation, diarrhoea, difficulty urinating, headaches and vomiting)	Stranger danger
Self-awareness				Intimate relationships
Decision making				Family relationships
Dissociation				Parenting
Racing thoughts				

Note: This is not a complete list

**TIP** Some people with a psychosocial disability benefit from a more complex **occupational therapy (OT) assessment** during their NDIS application—however cost may be a barrier.

# EXAMPLES OF EVIDENCE CONSIDERATIONS

## TYPES OF ASSISTANCE

After assessing the types of functional impairment, you will also need to make recommendations for the types of disability assistance required.

As with impairments, you will be in the best position to determine these needs through conversations with the person.

Below are examples of some of the kinds of disability support assistance that can be helpful for people with a psychosocial disability

Type of assistance	Explanation
Support coordinator	Planning and selecting the best support services to meet the person's goals
Psychology, counselling	Therapy to address disability needs (rather than underlying condition), such as: Social skills, emotional barriers to participation, motivation, building confidence or self-esteem, problem solving, planning and decision making
Occupational therapy	Overcoming barriers, mobility issues
Exercise physiotherapy	Building/maintaining fitness, living with mobility issues/movement issues consequential to disability
Dietetics	Support to address dietary issues as a consequence of disability
Personal care attendant	Practical personal assistance with self-care, household tasks, participating in recreation, education, employment
Household services	Practical services such as a cleaner or gardener, help with transporting children to school
Travel support	Assistance to access community, social and recreational activities
Group programs	Social, community and recreational groups and activities
Peer support	Exploring ways to live with disability, motivation, empathic understanding, crisis planning
Assistive technology	Equipment to assist with mobility or learning
Employment support	Assistance with finding and/or keeping a job

Note: This is not a complete list

**TIP** Many people with psychosocial disability can benefit from an independent support co-ordinator, to help plan and manage their NDIS assistance package.

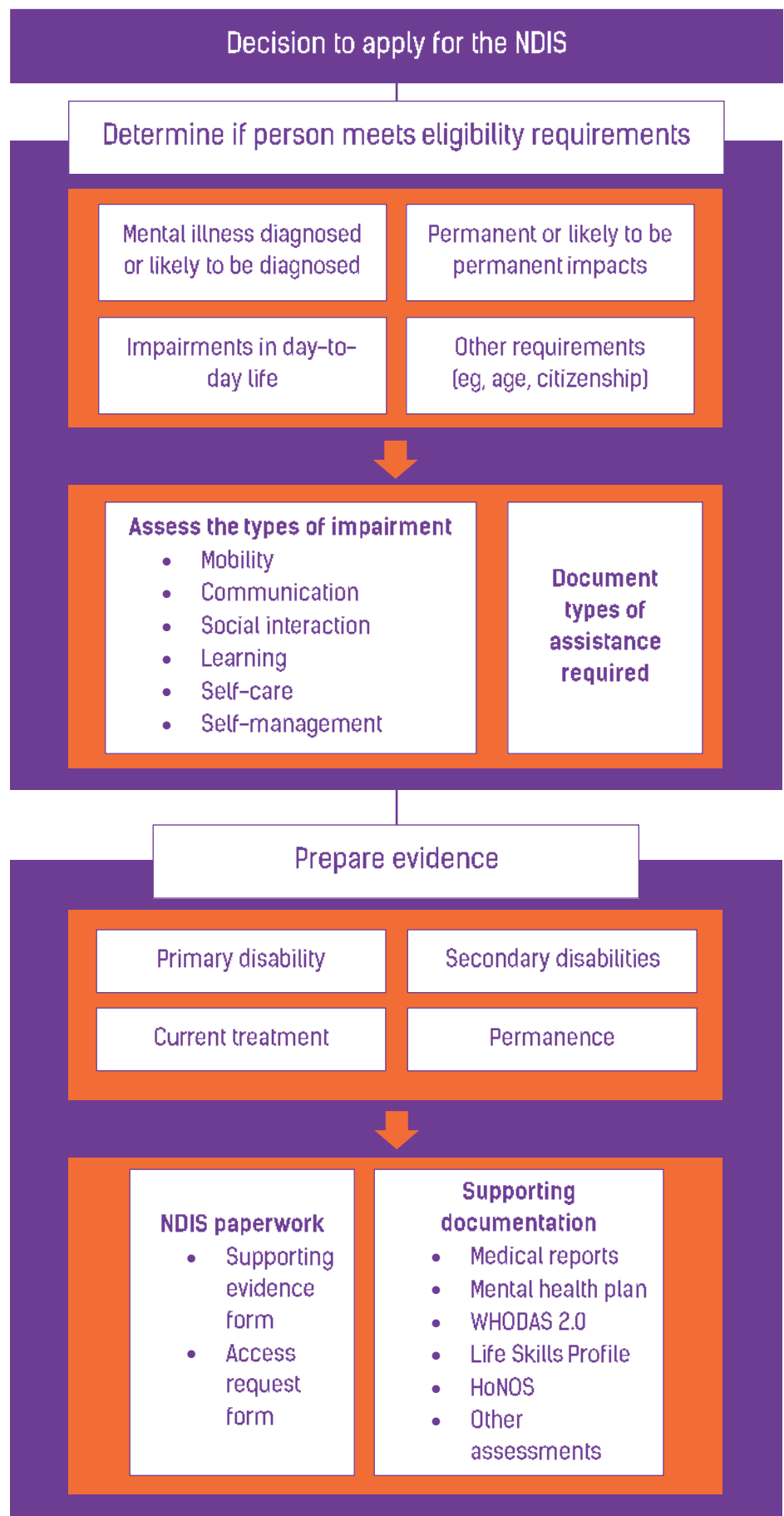


# OVERVIEW OF STEPS

Throughout...

Be supportive

Remind people to  
keep records of all  
paperwork and  
telephone contacts





VMIAC is the peak Victorian non-government organisation for people with lived experience of mental health or emotional issues.

## VMIAC PROVIDES

**Advocacy:** Working with people to ensure their rights are protected and their choices are honoured.

**Education:** Providing education to the community about mental and emotional health from the consumer perspective.

**NDIS:** Information and support for mental health consumers regarding the National Disability Insurance Scheme.

Read more about VMIAC on our website

[www.vmiac.org.au](http://www.vmiac.org.au)

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