This PDF is available as an additional resource to complement the interactive training module.

Significant functionality is lost with the translation to PDF and we recommend all staff to complete the online version.

This training is for GPs, psychiatrists or other mental health clinicians who are supporting adults with psychosocial disability to access the NDIS.

The information in this module is general in nature. Every organisation does things differently and has different policies and procedures, so please interpret the content in this module with your organisation in mind.

Duration: Approximately 30 - 40 minutes to complete (note: you can close the module and pick up where you left off at a later date).

Last updated: May, 2022

Content and links in this training were correct at the time of publication. We check these regularly; however, if you find broken links or errors please contact transitionsupport@flinders.edu.au

Course Outline

- ≡ Training objectives

Access Foundations

- ≡ Overview of access eligibility criteria and processes
- ≡ Access & mental health: who is thew NDIS for?
- ≡ How does the NDIS support people with psychosocial disability?
- ≡ Case study: exploring eligibility

Your role in Access

- ≡ What information does the NDIA need?

- Completing the evidence form
- Tips for providing evidence
- Complex scenarios: co-occurring conditions and AOD
- Case studies: providing evidence

Practice Resources

- Resource pack & certificate of completion

This module is for general practitioners, psychiatrists or other mental health clinicians who are supporting adults with psychosocial disability to access the NDIS.

The module focuses on explaining the role of clinicians in supporting access requests, and giving you the knowledge you need to provide relevant information to assist the NDIA to make access decisions.

By the end of this module you will:

- ☐ Be able to identify patients who are likely to be eligible for the NDIS
- ☐ Understand what information the NDIA need to determine eligibility for a patient with psychosocial disability
- ☐ Understand your role in supporting a person to apply for NDIS support
- ☐ Know which forms to complete and how to provide helpful evidence
- ☐ Understand how the NDIA consider access for people with complex health and psychosocial needs.

This training was developed based on the following resources:

- A GP guide to the NDIS - Psychosocial Disability (fact sheet)
- RACGP NDIS information for practitioners (practice guide)
- The National Disability Insurance Scheme Act 2013 (legislation)
- National Disability Insurance Scheme (Becoming a Participant) Rules 2016 (legislation)
- Access to the NDIS operational guidelines (webpage)
- Mental Health and the NDIS (webpage)
- NDIS mental health snapshot series (NDIS fact sheets)
- Outcomes from Administrative Appeal Tribunal hearings (NDIS appeals)

Overview of access eligibility criteria and processes

This page provides an overview of the National Disability Insurance Scheme (NDIS) access fundamentals and processes. Later in this module we expand on the eligibility and evidence requirements in more detail.

Key points:

1. To be eligible for the NDIS a person will need to show that they have likely permanent impairments resulting from a mental health condition, and that the impairments result in substantially reduced functional capacity.

2. The National Disability Insurance Agency (NDIA) make decisions about who is eligible for NDIS funding by assessing a person's impairments, treatment history and functional capacity against five legislative criteria referred to as the 'Access Criteria'.

3. NDIA access assessors rely on information provided by clinicians and health professionals to make access decisions.

What are the access criteria?

To be eligible to receive NDIS funding a person must meet *all* the 'Access Criteria' described in sections 22 to 24 of the National Disability Insurance Scheme Act 2013. There are three broad criteria that a person must meet to be eligible for funding:

- **Age:** Must be under the age of 65 at the time of applying (NDIS Act Section 22)**.**
- **Residency:** Must be an Australian citizen, holder of a permanent visa or protected special category visa (NDIS Act Section 23) and live in Australia.
- **Disability:** Must meet all five disability criteria (NDIS Act Section 24).

The disability criteria

To meet the disability criteria people will need to provide evidence prepared by clinicians and health professionals to show that they meet the five criteria below.

The person must have a disability (section 24(a))

Section 24(a) the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition;

In the NDIS, 'psychosocial disability' is the term used when a person's health or mental health condition results in impairments that substantially impact the person's capacity to participate in every day activities.

The disability is likely to be permanent (section 24(b))

Section 24(b) the impairment or impairments are, or are likely to be, permanent;

A disability is considered 'likely to be permanent' if there are no known, available and appropriate evidence based treatments that would be likely to remedy (cure or substantially relieve) the impairment (rule 5.4 of the Becoming a Participant Rules).

The disability results in substantially reduced functional capacity (section 24(c))

Section 24 (c) the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities: communication, social interaction, learning, mobility, self-care, self-management.

A person's disability must substantially impact their ability to participate in every day activities. The NDIA will consider what a person can and cannot do within the six activity areas mentioned above in the legislation. Substantially reduced functioning is when a person cannot do most activities within at least one of the areas ***without support***.

The disability affects capacity for social and economic participation (section 24(d))

Section 24 (d) the impairment or impairments affect the person's capacity for social and economic participation;

For the purposes of the NDIS, a person's disability is considered to impact a person's capacity for social and economic participation when the impairments make it difficult for them to find or maintain work or volunteering opportunities, or to participate in social activities like playing sport, going out with friends or travelling.

The person is likely to require NDIS support for their lifetime (section 24(e))

Section 24 (e) the person is likely to require support under the National Disability Insurance Scheme for the person's lifetime.

The NDIS funds supports that are related to challenges with everyday living, it does not fund clinical and other supports that are the responsibility of existing mainstream systems (e.g. services like education, housing, medical and dental - that are available to everyone).

When determining if a person meets this criteria the NDIA will consider what types of supports the person with a disability requires to live an everyday life and whether these supports are best provided by the NDIS, or other systems.

The NDIS is individualised

The NDIS operates under the assumption that disability affects everyone differently. Each application is considered on an individual basis against the criteria.

Exceptions

There is a list of specific conditions (List A) for which access is likely to be granted based on evidence of a diagnosis alone. The list includes conditions for which functional impact is likely to be substantial and lifelong for everyone with that diagnosis regardless of individual circumstances (e.g. intellectual disability - moderate to profound, autism spectrum disorder level 2 or 3).

There is a second list of conditions (List B) for which access may be granted based on evidence of a diagnosis *and* an assessment of functional capacity. This list includes conditions for which the impairments are likely to be lifelong, but require further evidence to determine the extent of functional impairment (e.g. rheumatoid arthritis, or movement disorders).

In both instances, diagnosis and functional capacity information must be provided by an appropriate clinician.

There are no mental health conditions on lists A or B, however it is useful to know about these conditions when working with patients who have dual disability. If the person has a condition on either of these lists their application process may be quicker.

How are access decisions made?

Decisions about who can and cannot access the NDIS are made by access assessors in the National Disability Insurance Agency (NDIA) using evidence provided in an application.

Access assessors are people who are trained in understanding NDIS legislation and applying it. They are not medical professionals.

Assessors rely on information provided by medical professionals to address the criteria. Clinician information plays a critical role in access. However, there are a number of different requirements around providing this information so that the decision can be made. This training will focus on how you can do that.

Application process

The NDIS provides comprehensive information online about how to apply, and the process for appealing eligibility decisions. A brief summary of the application pathway is provided here.

START >

Step 1

Assess age and residency

The NDIA start by assessing the person against the age and residency criteria. This information can be provided to the NDIA on the phone (called a Verbal Access Request, VAR) or by completing the relevant sections of an Access Request Form.

Go to the NDIS 'how to apply' page for the details on each.

Step 2

Establish consents

The person will need to provide their consent (verbal or written) that they:

- Consent to the NDIA collecting information from third parties (e.g. clinicians) for the purposes of determining if the person meets the access requirements
- Consent to the NDIS obtaining information about their age, disability and residence (either via Centrelink or by providing certified documents)
- (optional) Consent for a support worker to assist the person during access
- Consent to participate in the access process.

Refer to the NDIA privacy policy for more information.

Step 3

Assess disability

The NDIA need written information about a person's disability and resulting functional capacity.

This information can be provided a number of ways, which we will discuss further in this training.

Step 4

Decision

Access assessors consider the evidence and make a decision. Sometimes they need clarification/further evidence and may contact clinicians, support workers or the applicant for more information.

The NDIA contact the applicant to tell them if they have met the access criteria (eligible) or not (not eligible).

Usually this is done via mail and the letter includes information about the next steps. See 'Receiving your access decision' for more information.

Eligible people will then have a meeting with the NDIA to talk about their support needs and funding amount.

Step 5

Appeal options

If a person is found ineligible and wishes to appeal this is called requesting a 'review of a decision', you can read about the steps involved, and different levels of review, on the NDIS website.

Access & mental health: who is the NDIS for?

Key points:

1. The NDIS is for people who are likely to experience lifelong functional impairment as a result of their mental health condition(s).
2. The NDIS is for people who have explored clinical treatments for their mental health conditions.

3 A diagnosis alone is not sufficient evidence of functional impairment, information about how the condition(s) impact a person's life is required.

The NDIS is a disability support scheme. To be eligible for individualised funding a person must experience disability as a result of their conditions.

Definitions

Disability

'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.'
Source: United Nations Convention on the Rights of Persons with Disabilities

In the NDIS, a person is considered to have a disability when they experience substantial daily difficulties that are directly attributable to impairments related to their condition(s).

Impairments resulting from mental health conditions

The NDIS definition of impairment is: a loss of, or damage to, physical or mental function. When considering access to the NDIS for a person with a mental health condition, impairments will usually be about loss or damage to mental functions: perception, memory, thinking and emotions.

Psychosocial disability

Psychosocial disability occurs when a person faces considerable difficulty with everyday activities as a result of impairments relating to their mental health condition.

It is important to remember that not everyone who has a mental health condition will experience psychosocial disability (e.g. their impairments don't impact their ability to participate in everyday activities). However, those that do can experience severe effects and social disadvantage including (but not limited to):

- finding and keeping a job
- forming and maintaining appropriate social relationships
- managing finances and daily responsibilities
- building relationships and healthy adjustment
- maintaining physical health and wellbeing.

Example: mental health condition resulting in psychosocial disability

Schizophrenia

Condition
Schizophrenia is the condition

Emotional regulation

Impairment
Emotional regulation is an example of one type of impairment that someone with schizophrenia might experience. Not everyone with schizophrenia will have impaired emotional regulation.

Difficulty making and keeping friends

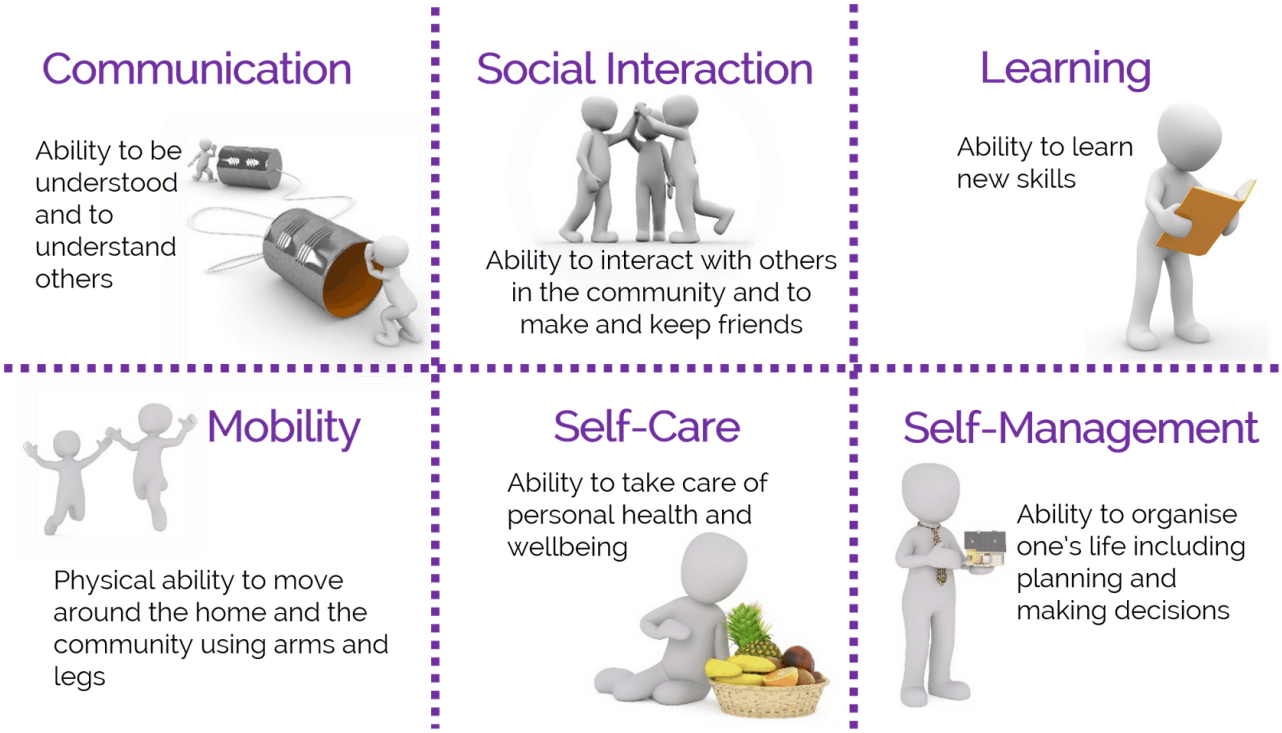
Impact on daily life
A possible impact of impaired emotional regulation is difficulty making and keeping friends.

Not everyone who experiences impaired emotional regulation will experience difficulty with friendships. When people do experience substantial difficulties as a result of the impairments, this is known as psychosocial disability.

This is the main focus of the NDIS – how the condition impacts the person's life.

Six domains of daily functioning

The NDIS is for people whose impairments result in *substantially reduced functioning* in at least one of six life activity areas referred to as 'domains'. A person is considered to be substantially impaired when they are unable to effectively participate in most activities in a single domain *without* support. To be considered eligible for the NDIS only one of the domains needs to be substantially impacted.



Communication

Examples of difficulties in the communication domain include:

- only using 'yes' or 'no' answers in conversation
- having disorganised or nonsensical speech patterns that other cannot follow
- inability to express own needs either verbally or with sign language
- inability to understand others

Social Interaction

Examples of difficulties in the social interaction domain include:

- significant fear or mistrust of other people
- inability to manage emotions or feelings around other people
- behaving in ways not generally accepted by other people
- having, no or very limited social networks

Learning

Examples of difficulties in the learning domain include:

- inability to learn basic tasks such as how to catch a bus alone or how to make a cup of tea
- easily confused or distracted leading to an inability to safely complete simple tasks
- significant memory issues, unable to retain new information

Note: Academic ability (eg. struggling to complete a university degree) is not generally considered to be a learning difficulty.

Mobility

Mobility is specifically about the person's capacity to move around using their arms and legs. Therefore it is very unlikely to see substantial mobility impairments for someone with psychosocial disability. Examples of difficulties in this domain include:

- being unable to walk
- being able to walk only with significant support and mobility devices
- unable to use arms for daily tasks like lifting everyday objects, opening doors etc.

Self-care

Examples of difficulty with self-care include:

- needing constant reminders to take care of personal hygiene
- inability to maintain a healthy diet
- inability to follow health professionals advice or attend appointments as required
- unaware of the importance of maintaining health diet or lifestyle

Self-management

Examples of difficulty in the self-management domain include:

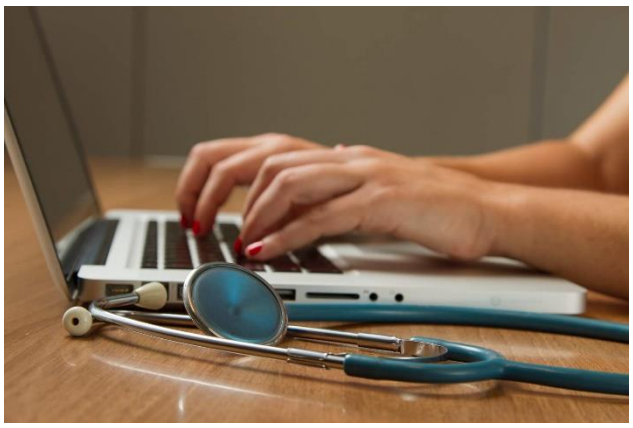
- cannot budget and manage their money
- unable to manage a tenancy and maintaining a house (cleaning etc)
- disorganised and forgets to pay bills or take medication

Diagnoses and the NDIS

A diagnosis of a *specific* mental health condition is not a requirement to access the NDIS but it is helpful.

To meet the access criteria people need to demonstrate that they have difficulties with daily activities as a *result* of one or more mental health conditions.

If there is no diagnosis, it's sufficient to state that there is a 'mental health condition' and to provide a brief summary of how the condition presents.



Treatments

The extent to which clinical treatments have been explored plays a crucial role in determining access to the NDIS. Importantly, people for whom clinical recovery is still possible are unlikely to be eligible for the NDIS. However, people for whom clinical recovery is unlikely, but who continue to utilise interventions and supports for personal recovery, may be eligible.

Clinical Recovery

Clinical recovery is when a person's symptoms are remedied and/or there is significant functional improvements as a result of treatments.

If there are available treatments likely to result in clinical recovery, the person is unlikely to meet the likely permanent criteria.

Example for schizophrenia: medications and psychotherapy directed at managing symptoms are clinically focused treatments.

Personal Recovery

Personal recovery refers to an individual's journey toward living a productive and satisfying life, whilst living with the impacts of mental health conditions.

If there are available treatments that will support a person's personal recovery, but not their clinical recovery, they are likely to meet the likely permanent criteria.

Example for schizophrenia: peer counselling and therapies targeted at building independence in daily life e.g. to maintain tenancies, to build social networks, are recovery focused interventions.

"A recent meta-analysis of 35 studies of people with schizophrenia spectrum disorders found only a small to moderate relationship between outcomes of clinical and personal recovery. This implies that reductions in symptoms of mental illness does not necessarily result in improved personal recovery."

- "Van Eck, Robin Michael, et al..The relationship between clinical and personal recovery in patients with schizophrenia spectrum disorders: a systematic review and meta-analysis." Schizophrenia Bulletin 44.3 (2018): 631-642.

Treatment FAQs

Do *all* treatment options need to have been explored?
The treating clinician will decide on appropriate treatment for a person. The NDIS requires evidence that provides a history of treatment and the rationale relating to any decisions made by the clinician not to pursue a known treatment/intervention option.

What about people who have only recently been diagnosed or started seeking treatment?
People who have only recently begun to experience difficulties with their mental health will likely need to wait until they have explored some treatment options before attempting to access the NDIS.

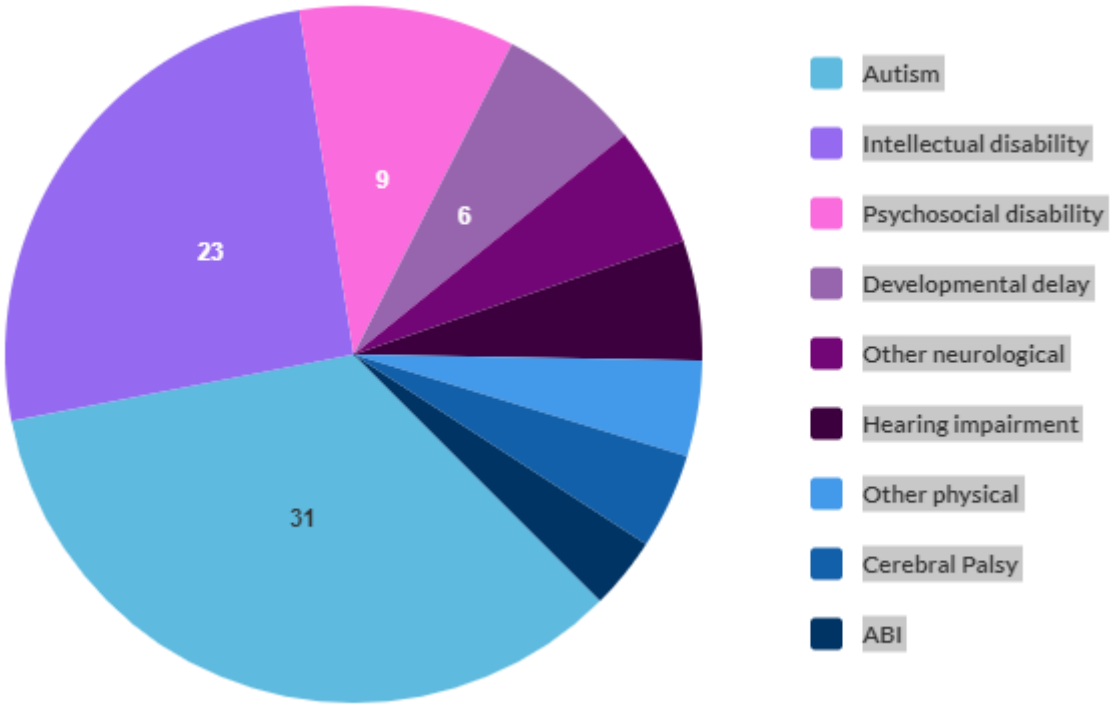
Does treatment need to be completed?

There is no requirement that treatment or interventions must be completed for an impairment to be considered likely to be permanent. However, they must be explored to the extent that clinical recovery is no longer likely and that ongoing treatment is centred on personal recovery (e.g. supporting the person to live a contributing life whilst living with impairments related to mental health conditions).

How many people with mental health conditions meet these criteria?

The NDIS is for people who require a high level of support as a result of their mental health conditions. It is estimated that approximately 10% (64,000) of people experiencing mental health difficulties will meet criteria. To date people with psychosocial disability are the third largest disability group in the NDIS.

Percentage of NDIS participants by disability group



Source: Information obtained from the NDIS Quarterly Report 2019-2020, Table E.12.

How does the NDIS support people with psychosocial disability?

Key points:

1. The NDIS complements mainstream health services, people with NDIS plans will continue to access clinical services through existing systems at the same time as using their NDIS funding.

2. The NDIS funds daily living supports, and supports that build skills and independence (e.g. supports focused on personal not clinical recovery). It does not fund treatments, early intervention, or acute care.

3. The NDIS is an individualised care scheme. Funding plans are developed based on individual needs assessments and goal setting, which is discussed after a person is found eligible.

NDIS and clinical services

People can continue to access mainstream clinical health and mental health services when they have NDIS plans. The NDIS plan will fund services and supports that focus on daily life. Diagnosis, treatment and management of the mental health condition is the responsibility of mainstream services. The NDIS does not duplicate services or supports provided by other systems.

Source: Council of Australian Government- Principles to determine the responsibilities of the NDIS and other services systems, available for download on from our website. Similar tables to the one above are available for all mainstream services (e.g. health, education, transport).

Examples of NDIS funded supports

- A gardener or cleaner to help a person whose disability prevents them from being able to do these tasks independently or who need to build skills to do these tasks independently in the future.
- A support worker or peer worker who can accompany a person to community events because they are very anxious leaving the house alone.
- Art classes, cooking classes or other social or daily skills building activities held in a day centre.
- One on one skills training, for example, counselling to help a person to be comfortable catching public transport alone.

Service FAQs

NDIS and the Disability Support Pension
The NDIS does not pay for everyday items and/or living costs and is not means tested. People will not lose their DSP access if they are eligible for the NDIS.

NDIS and mobility payments
If the person's disability directly impacts their capacity to catch public transport they may be eligible for transport payments in their NDIS plan. These payments are similar to the mobility allowance. People cannot continue to receive mobility payments if they are in the NDIS.

NDIS and everyday costs
The NDIS is not a welfare scheme. People who receive NDIS funding must use this to pay for disability services services and supports. Funding cannot be used for everyday items such as food, groceries, entertainment and other living costs.

NDIS and Better Access
Better Access funding aims to improve treatment and management of mental illness and is a mainstream service. People can have Better Access funding as well as NDIS funding. Better Access funding should be used to pay for clinical services, and NDIS funding to pay for disability related services (e.g. skills building).

Some providers (e.g. psychologists) may need to distinguish between the health services and disability supports that they provide to a single client, and make separate payment claims (e.g. claim payments from Medicare for clinical services, and the NDIS for disability supports).

Individualised funding

The NDIA create an individualised funding plan for each person. There are set criteria that must be met for different supports to be funded. If you would like to know more about the funding criteria, you can click on the image below or complete our reasonable and necessary training module.

Assist to pursue goals
All services and supports must be linked to goals and aspirations. A person may have multiple goals in their NDIS plan, which can be short, medium or long term. Setting goals is important to focus efforts and increase the chance of success.

Goals in NDIS plans don't have to be achieved every time, sometime things go wrong or priorities change. This is OK, the NDIA just need to be satisfied that the support will assist the person to work toward their goal.

Facilitate social and economic participation
This is a key aim of the NDIS. The NDIA must be satisfied that supports or services included in a participant's plans would assist the person to undertake activities that would facilitate social or economic participation.

Simply put, there must be a connection between the support need and the capacity for it to increase a person's independence and ability to participate on society in the way that people without a disability can.

Represent value for money
Supports must represent value for money. When determining if a support represents value for money the NDIA will consider:

- the long-term benefits for the participant
- the potential of the support to reduce need for additional supports in the future
- its value relative to similar supports.

Reasonable expectation of information supports
When deciding what to fund, the NDIA consider what is reasonable to expect families, carers, informal networks or the community to provide.

Each individual situation is different, but some of the things the key considerations include:

- the age and capacity of the carer and/or family

- the intensity and type of support required, compared to someone of a similar age without a disability
- the impact on the wellbeing of the information support and the participant
- the impact on the relationship between the informal support and the participant.

Effective and beneficial for the participant
The NDIS will not fund supports or services that are likely to cause harm to the participant or pose a risk to others.

The NDIA need to be confident that the service is likely to be effective and beneficial for the participant, noting good practice.

Most appropriately funded by the NDIS
The NDIS does not replace or duplicate existing services. It will only fund supports related to the participant's disability and does not pay for every day living costs eg. groceries, rent.

Before including any support or service in a participant's plan, the NDIA will consider if the support is most appropriately funded through the NDIS, or whether it is the responsibility of another service systems.

Case study: exploring eligibility

This fictional scenario is designed to help you understand which patients may or may not be eligible for the NDIS.

Bob, 35
Bob has been your patient for two years, prior to which he lived interstate. Bob was diagnosed with schizophrenia and complex post-traumatic stress disorder by his original psychiatrist five years ago. Bob mostly attends your practice for treatments and medications relating to his diabetes and blood pressure. However you did provide a referral for Bob to see a local psychiatrist and you liaise with that psychiatrist regularly as required for Better Access. Bob would like to apply to access the NDIS.

To determine Bob's likely eligibility for the NDIS you should consider the following:

Treatments

- Has Bob explored treatments? You know that Bob has been seeking help from a psychiatrist and have records of the treatment progress. You also have the records from his previous practice. What can you ascertain about the efficacy of these treatments?

- Has the psychiatrist made recommendations for additional clinical intervention? Based on your knowledge of best practice treatment recommendations for patients with Bob's conditions, do you see any gaps in clinical care that need to be addressed?

Functional impairment

- What do you know about the impact of Bob's mental health conditions on his life?
- Are impairments described in the psychiatrist referrals?
- Have your interactions with Bob given you an indication of the areas of his life that are impacted?
- Does Bob have a support network that do more than what would be expected of informal carers and supporters? What would Bob's life look like without that support?

Likely recovery

- Based on your clinical judgement and utilising the psychiatrist's information, is *clinical* recovery likely for Bob?
- Would future treatments remedy Bob's impairments to the extent that he no longer experienced difficulties with daily life? Or are ongoing treatments (e.g. medications and therapies) likely to maintain current function and/or prevent decline?
- Is Bob likely to require support for the rest of his life in order to participate in daily life?

Bob's eligibility for the NDIS will depend on the answers to the practice considerations above and the quality of information provided in the application. In this context Bob is likely to be eligible if:

- □ His psychiatrist has made treatment recommendations and these have been tried. For someone with Bob's conditions it would be expected that he would have tried medications and psychotherapy (these may still be ongoing), the specifics of which would be described by the psychiatrist, AND
- □ His treatments were effective in controlling symptoms (for example perhaps if Bob was hearing voices - he is on medication that helps with this), but Bob continues to experience difficulty with other areas of his life (e.g. interacting with others) as a result of his mental health impairments even when optimally treated. Or, treatments weren't effective, but there are no further options that are likely to remedy the impairments, AND
- □ Bob is likely to always experience difficulties as a result of his mental health condition. This will vary from one person to the next. Someone with Bob's conditions may experience difficulties with socialising or leaving his house alone, or perhaps difficulties managing his life, paying his bills, maintaining his tenancy or keeping his house clean.

What information does the NDIA need?

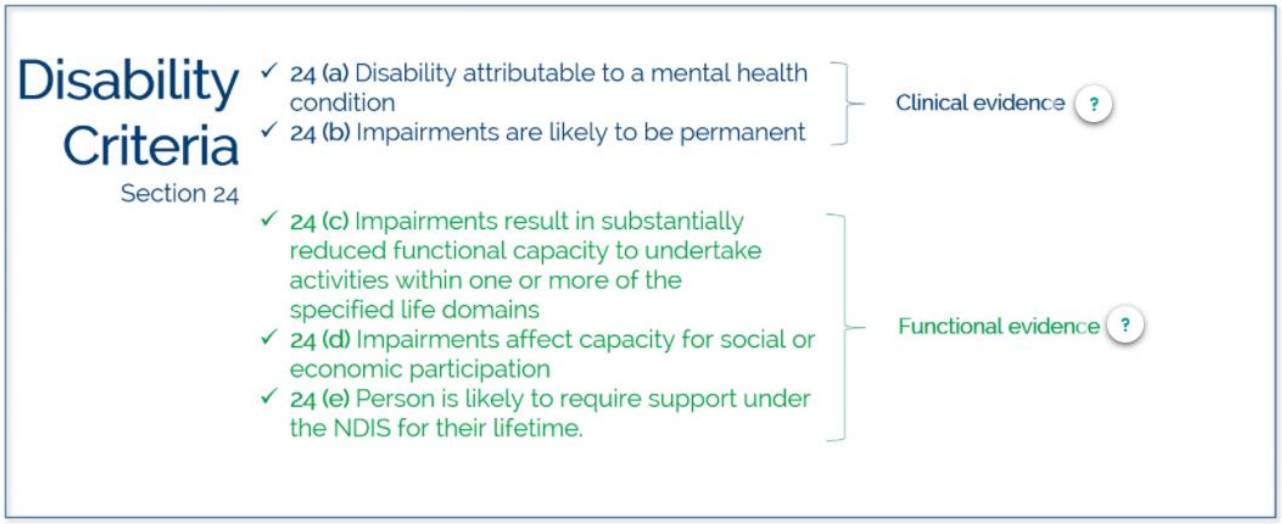
Key points:

1. The NDIA need information about the likely permanence of the person's impairments, and information about how the impairments affect the person's life.

2. Information provided by the treating mental health clinician or GP who has access to the person's medical records is required for access.

3. Information from other relevant health professionals (support worker, social worker, psychologist) is helpful for information about the daily impact of the condition. This information should also be confirmed by a clinician.

Broadly, information gathering falls into two key areas: clinical evidence and functional evidence. The diagram below shows how this maps to the 5 access criteria and who should provide this information.



Clinical evidence

Clinical history relating to the person's mental health condition including:

- diagnosis (if available)
- treatment history and efficacy
- prognosis and treatment recommendations

This information is to be provided by a clinician, usually a GP or psychiatrist. It is generally recommended that the treating mental health clinician provide this information. A GP who is not the primary treating clinician but who manages referrals to the treating clinician and/or has access to relevant treatment records can also provide this information.

Functional impact

Information about how the person's mental health impairments impact their daily life including:

- a description of the impairments
- a summary of the areas of functioning that are impacted
- function assessments

A GP or other treating mental health clinician will need to verify the impact of the impairments on the areas of function. Further detail and functional assessments can be provided by a suitable health professional who knows the person well for example a community support worker, allied health worker or clinical mental health worker.

Completing the evidence form

Key points:

1. You will be asked to fill out a specific form for patients with psychosocial disability. A support worker may have filled some parts out in advance.

2. You will need access to information about a person's condition(s), treatments, medications and hospitalisations (if applicable). Practice staff may fill out parts of the form using medical records in advance.

3. You can charge for the time taken to complete the form during a consultation using a relevant MBS item.

Evidence of psychosocial disability form

The Evidence of psychosocial disability form has been designed specifically for people with a mental health condition to apply for the NDIS. This form guides you to provide the type of evidence that is helpful for an access request. You can also provide reports, assessments, medication summaries or anything that you would like to attach to the application if necessary.

Most of the time the patient will come to you with the form to be completed, if not you can download the form (including a word editable copy) by downloading the resource pack at the end of this module, it is also available on the NDIS website. Click through to see what information is required.

START >

Step 1

Confirm presence of mental health condition

1 Presence of a mental health condition

I have treated the applicant since _____

I can confirm that they have a mental health condition.

☐ Yes ☐ No

Diagnosis (Or, if no specific diagnosis has been obtained, please briefly describe the mental health condition.)	**Year diagnosed**

You will be asked to confirm that the person has a diagnosis of a mental health condition. It is also helpful to provide the date of diagnosis, and the name and qualifications of the clinician who made the diagnosis if available.

Step 2

History of hospitalisation

Has the applicant ever been hospitalised as a result of the condition(s) above?

☐ Yes ☐ No

☐ Hospital discharge summary attached

Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

History of hospitalisation	
Dates of admission	Hospital name

If the patient has been hospitalised for their mental health, list the details (year, hospital attended) on the form as pictured.

Optional: You can provide discharge summaries if these include helpful evidence (e.g. includes details of the diagnosis and treatments tried during an admission).

Step 3

Confirm impact on daily function

2 Impairments resulting from the mental health condition

An impairment is a loss of, or damage to, a physical, sensory or mental function (including perception, memory, thinking and emotions).

Please review the completed section B of this form. Are the impairments described consistent with your clinical opinion and observations?

☐ Yes ☐ No (If no, please explain the discrepancy in the space provided below, and describe the impairments in 2A.)

If the patient has the support of another person for access they might have already provided information about the impact of the mental health condition against the relevant domains of function. If so, this will be described in Section B of the form. Review this information and check the box to indicate if you agree. If you do not agree, explain the discrepancy.

Step 4

Optional: detail functional impact

Domain	Description of the impairments present
Social interaction • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context.	

If you agree with the functional impact descriptions provided in Section B, you can skip this section. If you would like to add to the information or provide your own interpretation you can do so here.

If this information has not been provided by a second health professional, you will need to provide a description of how the person is impacted by their mental health condition for each of the relevant domains.

Note: Treating clinician/specialist evidence may be given more weight than the evidence provided by other health professionals. If your evidence contradicts other information it can be problematic. You should consider if this has any implications for the application and if there is any information that you should include to clarify the discrepancy.

Step 5

Provide treatment history

3 Confirmation of likely-to-be-permanent impairments

The applicant has tried the following treatments for the condition/s listed.

☐ Treatment summary attached

Or, if treatment summary is not available, please list treatments in the following table.

Medication, treatment or intervention (includes non-pharmacological supports)	**Date started**	**Date ceased**	**Effect on the impairments**				
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated

Provide a summary of all the treatments the person has tried for their mental health condition(s) only. Practice staff may be able to print out medication lists or treatment summaries in advance. You can attach these instead if you prefer. Remember to summarise pharmacological and non-pharmacological (e.g. psychotherapy) treatments.

Step 6

Provide statement of permanency

Are there any known, available and appropriate evidence-based clinical, medical or other treatments likely to remedy the impairment/s?

☐ Yes ☐ No

Please explain.

Do you consider that the applicant's impairment/s, caused by their mental health condition/s, are likely to be permanent?

☐ Yes ☐ No

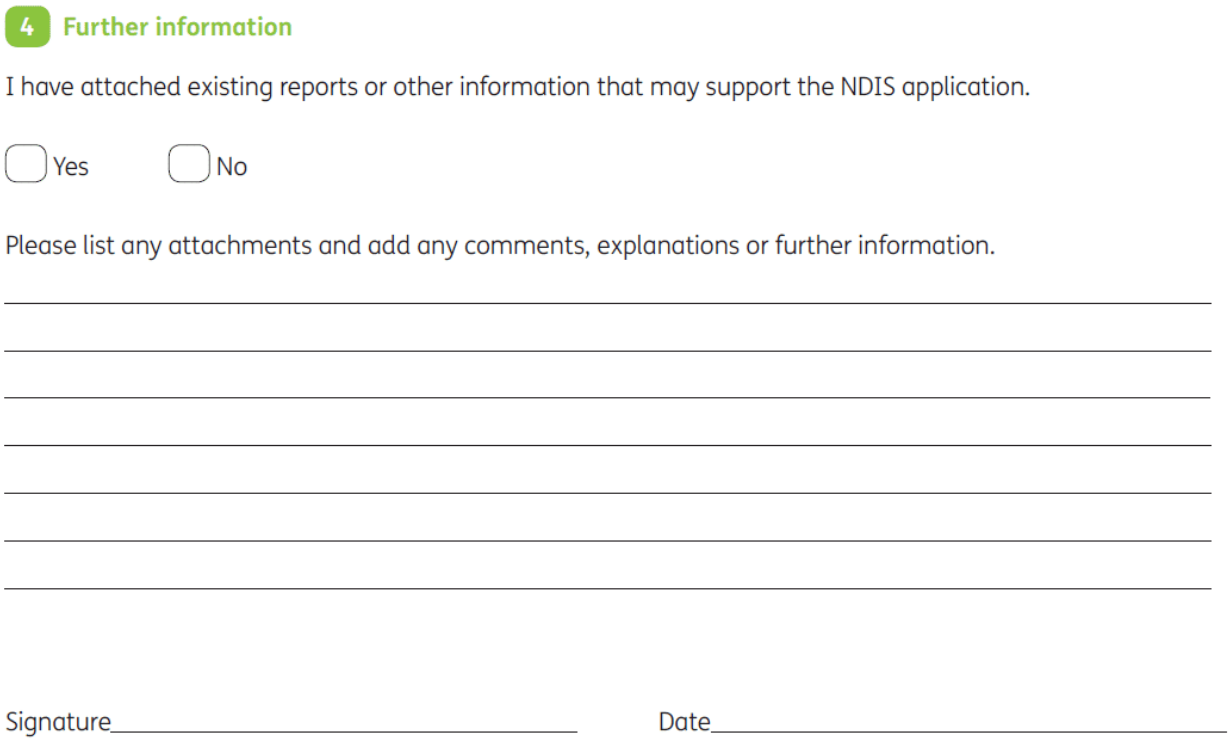
You will need to confirm if there are any available treatments that would likely remedy the impairments for your patient. Importantly, you must provide your clinical rationale for this statement in the space provided under 'please explain'.

You will follow this clinical rationale by checking a box to indicate if you consider impairments to be permanent.

This information is absolutely critical for the patient's application. A person is very unlikely to be found eligible if a rationale for the conclusion of likely permanence is not provided. Further tips for providing your permanency statement are covered in the next section.

Step 7

Attachments



4 Further information

I have attached existing reports or other information that may support the NDIS application.

☐ Yes ☐ No

Please list any attachments and add any comments, explanations or further information.

Signature_____ Date_____

Complete the form by signing on the last page of Section A, there is an opportunity to provide further information you think might be relevant here.

Further information or attachments should complement the information included in the form.

Step 8

Section B

Many people will have the support of a second worker (allied health, social worker, support worker) who will have completed Section B of the form.

If the person does not have this support - you will need to also complete the relevant parts of Section B. This includes completion of the LSP-16 brief functional assessment tool.

Summary

The evidence form has been designed to reduce the burden on clinicians in terms of completing paperwork. It should be able to be completed quickly with access to appropriate records.

Other evidence forms

The Evidence of Psychosocial Disability form is the preferred option for gathering evidence against the NDIS criteria for people with a primary psychosocial disability. Other non-specific evidence gathering forms that you may see include:

- The Access Request Form (Section 2)
- NDIS Supporting Evidence Form

The above forms may be more appropriate for people whose primary disability is not psychosocial or for people with dual disability. We will discuss using these forms for dual disability later. If a patient with primary psychosocial disability presents with one of the above forms you may want to suggest using the Evidence of psychosocial disability form instead.

Clinical rationale and NDIA decision making

The NDIA do not make clinical judgements and rely on clinician evidence to determine if:

- ☐ a person has tried appropriate and evidence-based treatments consistent with best practice
- ☐ a known and effective treatment has not been tried and why
- ☐ there are relevant barriers to treatments that prevent a best practice approach/ necessitate a different treatment plan
- ☐ there are any remaining treatments to try, what these are, and their likely efficacy/outcomes

Further practice considerations

Billing

It is at your discretion to select the Medicare item number that most appropriately reflects the nature of the consultation.

As per Medicare requirements the patient must be present, therefore it is most appropriate to complete this form with the patient present for the consultation noting that practice staff can assist in advance if this is an option for your practice.

Central and Eastern Sydney PHN have developed a billing resource for GP's with example items and scenarios, you can download this resource from their website.

Access to records

Access to medical records is preferable for completing the form and will save you time. If you do not have access to these in your practice (and cannot request access through internal channels), you may need to alert the patient in advance to bring relevant information to the consult.

If the patient is new to your practice you can review the person's medical records, see past diagnoses, see if this lines up with your examination, use your clinical knowledge to assess whether the treatments that have been tried are appropriate for the given diagnosis. As long as you've got access to their medical records then you can use your clinical expertise to provide an informed opinion.

If you don't have access to their records, the access process may be longer than a single consultation – you'll need to spend time with the person over a few visits, get their notes from previous surgeries etc. First and foremost, you are treating them for their mental health condition and you need to make sure that that is being take care of appropriately before tackling an NDIS application.

Accountability and risk

Only an NDIA access assessor can decide if a person is eligible against the NDIS Act. Your role is to provide an accurate and objective summary of the person's condition and treatments based on your clinical expertise. Whilst your information carries considerable weight - you are not being asked to confirm or deny a person's eligibility. You are only being asked to provide the information necessary for the NDIA to make that judgement.

Confidentiality and information sharing

The NDIA obtain consent from the person to share their information (including clinical evidence as discussed) with the NDIA for the purposes of access. Information provided to the NDIA for the purposes of access is stored by the agency as per the privacy principles.

The NDIA also obtain consent from the person to contact relevant health professionals, carers or other parties (e.g. Centrelink) to gather evidence necessary to make an access decision. This means that the NDIA may contact you after you have provided your information, for further details or to clarify any of the evidence provided. The NDIA will only be able to do this if they have the applicant's consent.

Sharing clinical records with patients

Refer to your own practice requirements and principles with regards to sharing medical records with patients.

If patients have asked for information that you are concerned about sharing with them (e.g. raw scores on assessments, letters between clinicians, information from third parties) you can instead summarise the relevant parts in the evidence form or provide your own brief summary as an attachment. In most instances, reports or assessments prepared for a specific purpose and for a clinical audience, are unlikely to be useful to access assessors who do not have the relevant training to interpret this information.

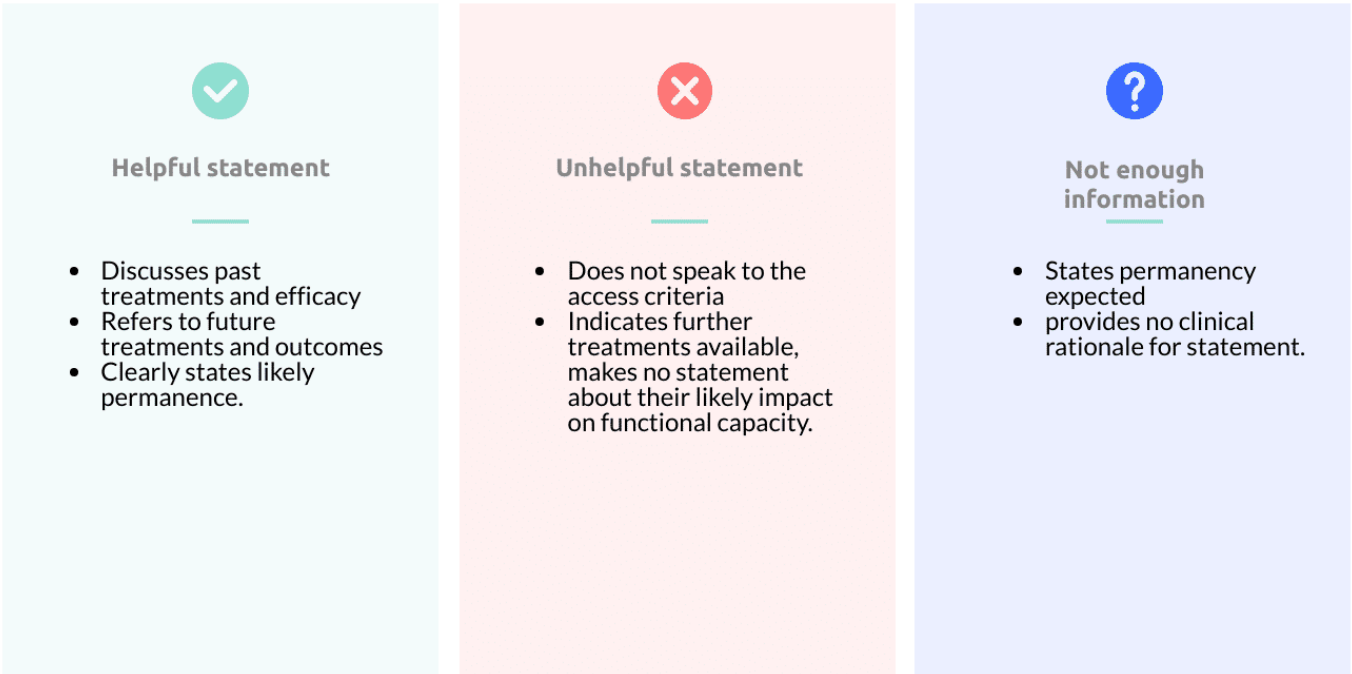
Tips for providing evidence

Key points:

1. The NDIA will need to see that the person has explored treatment options consistent with a best practice treatment plan for their condition(s) and individual circumstances.
2. The NDIA will need a clinician to state that there are no further treatments that would remedy the impairments resulting from the mental health condition(s).
3. You will need to provide clinical rationale for your statement of permanency.

Permanency statement

The statement of permanency is one of the most important parts of the clinician's evidence. A good clinical rationale will reference the treatment history, comment on the person's current function, and reflect on the likely outcomes of future treatments. See examples below.



Helpful
I have reviewed all the clinical files for patient X and in my opinion all reasonable treatments to remedy the impairments have been tried without success. I do not believe there are any other treatments available and the condition and associated impairments are likely to persist for the person's lifetime.

Unhelpful
Patient X experiences significant daily difficulties as a result of their mental health condition They are under the care of Psychiatrist X and will continue to explore treatment options.

No enough information
"In my opinion Patient X has a likely permanent condition"

Permanency FAQs

What if there are still treatments to be tried?

A person can continue to receive clinical treatments for their condition(s) and be eligible for the NDIS. What they need to show is that any further treatments won't remedy the impairments to the extent that they are no longer substantially impacted on a daily basis. If a person is likely to continue treatments or has some further treatments that have been recommended, but not yet explored, consider:

- Are future treatments likely to remedy the impairments? Or are they simply to maintain current function/prevent further decline?
- Are future treatments likely to be focused on personal recovery (e.g. supporting a person to be more independent) or on clinical recovery (e.g. reducing symptoms of mental illness)?
- The functional impairments for this person and the likelihood of these impairments remaining over the person's life time taking into consideration their treatment history. For example, to what extent have past treatments been successful? Is there any reason to believe that future treatments will be any more successful?

Takeaway - It is likely that there will be further options for your patient to try. However, if you mention that there are ongoing treatment options, and make no reference to the likely outcomes of these treatments (e.g. they will prevent decline, not result in clinical recovery) then the person is very unlikely to be found eligible. Remember that for some people with long standing mental ill health, psychosocial disability (e.g. difficulties interacting socially) may persist well beyond the treatment of symptoms.

What if I don't think the person is eligible for the NDIS?

It is important to remember that it's everyone's right to apply and they should be supported to do so if that's what they want. You may however want to explain to them what the NDIS is and how it is designed for people who struggle with substantial problems every single day.

If they still want to apply, be clear, honest and accurate in your evidence. Provide the diagnosis, provide a summary of all the treatments and provide a clinical judgement about future outcomes. If the person isn't eligible for the NDIS that will be a decision that the access assessor will make.

You might also want to take the time to have a chat with the person about their daily difficulties. Sometimes people show their best side to their GP - get dressed up, make sure they've had a shower, they've taken their medication, make sure they present really well. People with mental health conditions can hide how bad their day to day life is from people that they respect and you may be surprised at their level of impairment.

What if a person chooses not to follow their medication regime or to adhere to the treatment recommendations?

The NDIA understands that, due impairments relating to their psychosocial disability, some people may choose not follow or not to engage with treatments for various reasons.

If a patient chooses not to take medications prescribed for their mental health they may still be able to access the NDIS if it can be demonstrated that when the applicant is fully treated and stabilised (e.g. when they are taking their medication) they still experience substantial impairments.

Furthermore, there may be times when treatments that have been recommended (pharmacological or therapy) are not suitable (e.g. culturally or otherwise) for the person, or, due to the nature of their mental health condition, they are unable to engage with these therapies. In these instances it is helpful to document why a treatment or therapy was not suitable, and whether there are further suitable therapies that would remedy the impairments.

Attachments

Additional evidence to supplement the Evidence of psychosocial disability form may be useful – but it's wise to aim to provide an optimal amount of information – more is not always better. Consider whether each piece of information adds to the application, or whether it may raise further questions.

For example, an existing letter from a psychiatrist to you stating that the applicant is 'doing well' may confuse the issue; a short statement that you have corresponded with this specialist and summarising their opinion may be better.

Visit the NDIS 'what is considered good evidence of disability' page for tips on attachments.

Describing functional impairment

People with a psychosocial disability are encouraged to have their support worker or other relevant health professional provide detailed information about their functional impairments. It is your choice to then agree with this information or add your own. Here are some points to consider when describing functional impairment related to mental health conditions.

Only describe impairments relating to mental health conditions

Only describe impairments that are directly related to the person's mental health condition. Including information about other health complications (that are not also a disability in their own right) will make it hard for assessors to make decisions.

Refer to functional assessments

Use functional assessment information if this is available. The Life Skills Profile 16 (LSP 16) is a validated functional assessment tool included in Part B of the Evidence of Psychosocial Disability form. A support worker may have already completed this. Existing functional assessments from allied health professionals may also be helpful, however be mindful only to focus on impairments resulting from mental health conditions, often allied health assessments are wholistic and address the combined impact of physical and mental health impairments.

Consider average functioning

Only describe impairments that impact a person on an average day, descriptions of how a person functions only when acutely unwell will not meet access criteria.

Write to the NDIS domains

Align the difficulties with their relevant domain (refer to evidence form for a summary). You only need to describe domains where the person has substantial difficulty, other domains can be left blank.

Functioning without support

Some people will have considerable support from formal or informal carers which masks the functional impairment. Consider how the person would function without these supports in place.

Provide examples

Provide sufficient detail for the assessor to determine if impairments are substantial (most of the domain is impacted, person requires support to do most activities within the domain). Keep in mind the assessor never meets the person and cannot make assumptions about functioning for that individual. It is often helpful to provide examples.

Examples for functional capacity evidence

Just right
Symptoms of paranoia associated with the applicant's psychosocial disability lead to poor communication styles and patters with others that substantially impact their ability to engage socially. This has included with their family members and those relationships have broken down. The applicant is unable to have healthy relationships outside of formal supports.

Too much
The Applicant struggles to communicate with other people in helpful ways, this can lead to fracturing relationships with family members. For example the applicant had an argument with their family members on Christmas Day when they thought people were judging them. This has caused a great deal of distress with the family and to the applicant. The applicant has a very blunt communicate style that can be misinterpreted and leads to arguments with friends.

Not enough
The applicant has difficulty making friends.

Language tips

It is important to think about the language you use when filling out NDIS applications. A few simple terms can really help to align with (or contradict!) the access criteria.

- ☐ Avoid phrases such as 'lacks motivation' or 'is non-compliant' – these may be interpreted to mean the person's condition is a choice and may improve. They are also terms used in everyday conversation, many people 'lack motivation' or experience anxiety, depression or low self-esteem, these are unlikely to meet substantial criteria.

- ☐ Avoid using terms that imply episodic, rather than everyday, impairments to functioning. Terms like 'when unwell' or 'at times' or 'during crisis' should not be used.

- ☐ Use plain language, assessors will not understand medical terminology.

- ☐ Avoid talking about supports a person may benefit from – this is a discussion that can be had once a person has been accepted into the NDIS, at the planning stage. At the application stage, talking about supports that might help a person can be taken to mean there is room for improvement, which suggests the impairments may not be permanent.

Complex scenarios: co-occuring conditions and AOD

Key points:

1. If your patient has two conditions that result in disability (or you suspect will both meet criteria) provide separate information about each disability.

2. If your patient has one disability and other health conditions that won't meet access, do not describe these additional conditions. Focus only on the mental health condition.

3. Reference to drug or alcohol misuse in NDIS applications can be problematic. The NDIA will need to see evidence that the person's functional impairments are a result of the mental health condition(s) and not the drug or alcohol misuse.

Condition or disability?

When people have more than one condition the NDIS needs to be able to separately assess each condition to determine which one(s) result in a disability. A person may therefore gain access on one condition, but not another, or could gain access for both.

Many people who apply to access the NDIS will have multiple health conditions, some of which will be the responsibility of mainstream health services and not the NDIS. You need to make sure the access request focuses only on the conditions that result in disability.

Multiple disabilities

If the person has a psychosocial disability and another co-occurring disability, you need to present the evidence in a way that makes it easy for the access assessor to consider these separately. Tips for doing this include:

1. Complete two evidence forms: provide information relevant to the psychosocial disability in the EPD form, and information relevant to the other disability in a different form e.g. the Supporting Evidence Form, or Access Request Form Section 2.

2. Always make it clear which impairments result in which difficulties, don't jumble the two conditions. An example of how to do this is shown below.

3. Don't describe health and mental health conditions as linked, this leads the assessor to question the permanency of both. For example, if the physical condition were remedied, would they also no longer experience impairments from their mental health condition?

Conditions not separated

Because of her conditions, Karen has difficulty taking care of her health. She struggles to exercise regularly and to remember to take her medication.

Conditions separated

Due to her back injury Karen is unable to mobilise without the assistance of her scooter. This limits all physical activity. She is unable to shower safely without support.

Due to her psychosocial disability, Karen often forgets to take the medication required for her health conditions and can become very unwell. She also requires constant reminders to eat regularly and take care of her diet to control her diabetes.

Important: It is only necessary to separate conditions as shown above when the person has co-occurring psychosocial disability and another type of disability (e.g. physical disability). If a person has multiple mental health conditions you do not need to discuss these separately.

Psychosocial disability and co-occurring health conditions

If the person has a psychosocial disability and other conditions that make their life difficult, but wouldn't meet NDIS criteria, you need to focus the application on the psychosocial disability only. Tips for doing this include:

1. Leave out any mention of difficulties that result from the health condition alone.
2. Consider how the person's mental health condition impacts their management of their physical or other conditions - perhaps you could include this as an example of the person's psychosocial disability resulting in difficulties in the self-care or self-management domains.

Alcohol and Drugs

Access to the NDIS for people who are currently misusing alcohol or drugs (AOD) is difficult. The NDIA need to be confident that the functional difficulties result from the mental health condition and are not a result of current AOD misuse. Evidence options to show this include:

- ☐ Functional assessments or reports about function from a time when a person was not using AOD (e.g. an inpatient facility, extended hospital stay, rehab clinic)
- ☐ Statements from clinicians that confirm the disability exists independently of AOD misuse (e.g. the person was diagnosed with likely permanent mental health conditions prior to AOD misuse)
- ☐ Neuropsychology assessments - these can document impaired brain function that is likely to be permanent. Access to these type of assessments may not be feasible for everyone and can be costly.

Case studies: providing evidence

Below are two scenarios to help you consider what information to provide for a patient with primary psychosocial disability, and for a patient with dual disability.

Primary psychosocial

Marree, 35
Marree started to experience difficulties with her mental health in her teens and has been diagnosed with major anxiety, depression, bipolar disorder and PTSD. Marree has been your patient for many years and you manage referrals to her psychiatrist. You have also been treating Marree for diabetes and high blood pressure. Marree experiences knee pain from a suspected meniscus injury, her physiotherapist has recommended an exercise plan but Marree struggles with motivation to exercise.

Marree presents for a double appointment to complete the evidence of psychosocial disability form, she is joined by her mental health support worker who she has known for two years.

Presence of a mental health condition and resulting disability

Marree has several mental health diagnoses and some physical health concerns, you should consider:

- When were Marree's mental health conditions diagnosed? Do you have a record of the date and who made the diagnoses?
- Was the diagnosis made by an appropriate mental health clinician e.g. GP, psychiatrist, clinical psychologist?
- Which of the diagnoses are likely to be the primary cause of Marree's daily difficulties?
- Are the physical conditions likely to meet NDIS eligibility criteria? Or are these health conditions which you will continue to manage in your practice? e.g. with medication and regular check ups.

Marree has a history of mental illness dating back to her teen years and has likely engaged with a number of health professionals voluntarily and perhaps involuntarily:

- Has Marree been hospitalised for her mental health conditions? Do you have access to the dates of these admissions?

Functional capacity

Marree's support worker has completed section B of the Evidence of Psychosocial Disability form.

They completed the LSP-16 with Marree and she has high scores (2-3) that indicate she has significant difficulty:

- initiating and responding to conversation, engaging in any social contact, making friends and living with others in a household
- grooming and personal hygiene
- taking medication without reminders, maintaining an adequate diet and taking care of her physical health
- behaving responsibly and participating in work.

Marree's support worker has focused on the areas of social interaction, self-management and self-care as areas for which Marree is substantially impaired and provides a number of examples attributed to impairments relating to her mental health.

You should consider:

- Do you agree with the support workers assessment, have you observed similar impairments for Marree? Is the summary consistent with impairments that you would expect likely for someone with Marree's conditions? Has her support worker

considered the role that Marree's carer (mother) plays in supporting her daily, and described how Marree would function if that support was not available?

- Do you want to add anything to the information provided or are you happy to accept the support workers assessment?

Treatment history

Following a referral from you, Marree's psychiatrist has been chiefly responsible for management of Marree's mental health conditions. To complete the information about treatments consider:

- What treatments has the psychiatrist tried? Do you have information about how effective the treatments were? if not, how might you get this information?

- Did Marree have any treatments for her impairments prior to being referred to her psychiatrist? Marree has a significant history of mental illness and hospitalisations, do you have discharge summaries that describe treatments tried in those facilities?

- Does Marree have a list of medications prescribed for her mental health conditions?

- Is Marree's treatment history consistent with your clinical knowledge of the best practice treatment approach for her diagnoses? For someone with Marree's conditions you would expect a combination of medications and non-pharmacological treatments (e.g. psychotherapies), has Marree tried both?

Prognosis

You will need to make a statement about the likely permanence of Marree's impairments. Consider the following:

- Does Marree continue to experience significant disability despite undergoing treatments?

- How effective has prior treatment been for Marree? Does she continue to experience difficulties interacting socially and looking after herself even with some of her symptoms managed by medications?

- Are there any outstanding treatment recommendations for Marree? if so, to what extent are they likely to significantly reduce the daily impact of the conditions? Or are these treatment recommendations simply the result of Marree's numerous interactions with the mental health system prior to establishing a treatment plan with her psychiatrist and can therefore be disregarded?

- Do you, or Marree's psychiatrist, think clinical recovery is likely for Marree? If she were to continue accessing her current treatments, or try new ones, how would they impact her functional capacity? Is there any need for future clinical treatments? or is focusing on personal recovery the best step for Marree?

A helpful NDIS application for Marree would include the following:

- ☐ A simple list of her mental health conditions, when they were diagnosed and by whom. There is no need to list Marree's physical diagnoses as they are health conditions that are unlikely to meet criteria for NDIS support.
- ☐ A summary of the dates of hospitalisations for her mental health conditions including those that occurred when she was younger if these are available to you.
- ☐ A list of Marree's medications, focusing only on those prescribed for her mental health. A summary of the various treatments that her psychiatrist has tried and those that were tried in the hospital setting.
- ☐ A clear statement that Marree is currently fully treated and stable and under the care of her psychiatrist who supports this assessment. A clear statement that there are no further treatments available that would remedy the daily impact that Marree's mental health conditions have on her life.
- ☐ A letter from her support worker that describes Marree's difficulties, living situation and other information relevant to the application would be a helpful attachment. Other (optional) attachments if relevant could include a letter from Marree's psychiatrist provided the information is consistent with your summary of treatments/prognosis.

Dual disability

Karen, 59
Karen lives with a severe and chronic back condition due to an injury resulting in failed back syndrome post spinal fusion. She has also been diagnosed with bipolar affective disorder. You have been Karen's GP for many years and have consulted with her spinal surgeon as well as her psychiatrist.

Karen presents with her support worker and a partially completed evidence of psychosocial disability form.

The practice consideration questions that we asked above for Marree still apply here for Karen and should also be considered when completing her form. Below we will consider some of the additional questions for someone who has significant physical impairments and psychosocial impairments.

Approach to providing evidence

Karen has significant mental health and physical impairments consider:

- Are both impairments a possibility of meeting the criteria for the NDIS?

- How might you approach the application if both are a potential to meet criteria? How can you provide information clearly about each disability so that the assessor will be able to clearly assess each one?

- Would it be best to use two forms?

Past treatments and prognosis

- Do you have treatment histories and information for both disabilities or do you need to consult more broadly?

- Is evidence from a specialist required to confirm the likely permanence of Karen's back injury?

- As discussed with Marree - to what extent has Karen explored treatments for both conditions, and are both likely to impact her substantially in the future? Can you clearly separate the information for both?

Functional capacity

Karen's support worker has noted that Karen's back injury results in significant difficulty moving around in her house and in the community and that she uses a mobility scooter to travel short distances.

The support worker has also noted that Karen's psychosocial disability results in significant impairment. She is extremely socially isolated and has had a number of problems engaging with previous support services. Her difficulties with pain from the back injury further exacerbate her physical health difficulties.

Consider:

- For each disability, what are the impairments and in which domains?

- Does the psychosocial disability result in challenges in domains that are not impacted by the physical disability and vice versa?

- How can you clearly describe the separate impact of the two so an assessor can be confident that if one was remedied, the other would still remain (e.g. if the back impairments could be remedied, would Karen still experience psychosocial disability or would that remedy also?)

A helpful NDIS application for Karen would include the following:

☐ An evidence of psychosocial disability form that describes treatments and impairments relating to Karen's psychosocial disability only.

☐ A completed Supporting Evidence Form (or Access Request Form) that describes the treatments and impairments resulting from Karen's back injury.

☐ Reference to (and if available, relevant reports from) Karen's psychiatrist in relation to the psychosocial disability.

- ☐ Reference to (and if available, relevant reports from) Karen's surgeon/specialists who have treated her back injury.

- ☐ Evidence should be provided separately so the assessor can assess their individual impact and make an access determination for each.

Additional resources

If you would like to see examples of written applications for the fictional applicants discussed above you can download files for each scenario from our website.

- Example applications Marree (psychosocial access)
- Example applications Karen (complex physical and psychosocial access)