NDIS access training for clinicians

Introducing today's speakers…

Associate Professor Tania Shelby-James
Manager
Transition Support Project

Associate Professor Tania Shelby-James is the Principal Research Fellow for the Discipline of General Practice at Flinders University. She health service researcher specialising in complex or chronic disease, knowledge translation and capacity building.

Tania has represented the research community on national committees for the Australian Government and the NDIA and has been working with mental health providers on the NDIA transition since it's inception in 2013
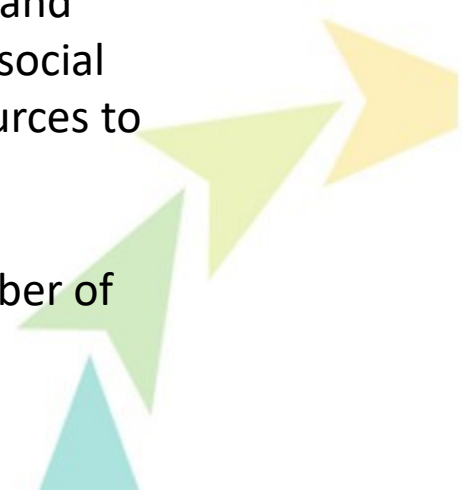
Introducing today's speakers…

**Dr Amy Duncan
Senior research fellow
Transition Support Project**

Amy is a research fellow and registered psychologist specialising in health and organisational psychology. She has been working with providers of psychosocial supports since 2013 with a focus on developing training content and resources to facilitate NDIS transition.

Prior to working with the Transition Support Project she worked on a number of NHMRC trials with a focus on health promotion and systems reform.

Introducing today's speakers…

Georgie Atwell
Project Officer
Transition Support Project

Georgie has been working in the health and community sector since 2013, both in the UK and Australia. She specialises in organisational development and improvement, whilst maintaining a strong focus on values-based, person-centred services.

Her previous roles include operations manager, program manager and project lead.
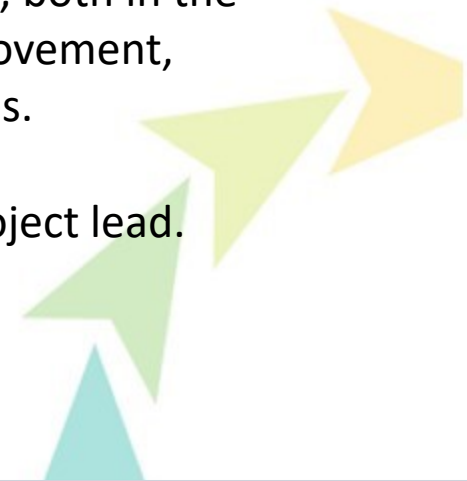
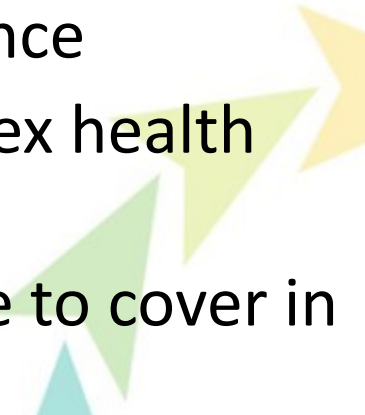# Scope of the webinar

- Briefly discuss the access process and background to the NDIA
- Using the Evidence of Psychosocial Disability (EDP) form as the basis for our training
- Focus will be on the evidence provided in Section A – medical professional information
- Target audience: professional suitably qualified to comment on diagnosis and treatment targeting the underlying mental health condition

Learning outcomes

By the end of todays session you will:

- Understand how the NDIS can support people with a psychosocial disability
- Understand what information the NDIA need to determine eligibility for a patient with psychosocial disability
- 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.
- Know where to go for additional information that we were unable to cover in tonight's presentation

Transition Support Project

What is the Transition Support Project?

- Funded by the Australian Government (DoH & DSS)
- Based at the School of Medicine and Public Health, Flinders University Adelaide
- Support providers to ensure all people who were supported by PIR, PHaMs and D2DL (now NPS-T) clients have the opportunity to test access to the NDIS by June 2021
- Working with mental health sector since 2013
- Work closely with NDIA, the Australian Government and Primary Health Networks.

Why we are extending the project?

- Funded to address barriers
  - Mainstream providers/clinicians received little support/education
  - Lack of understanding on the role of clinicians in access
  - Lack of awareness of the access process for psychosocial disability
  - NDIS process/forms can be confusing
- Without robust/accurate clinician information access is difficult
- Requests from mainstream services for our resources
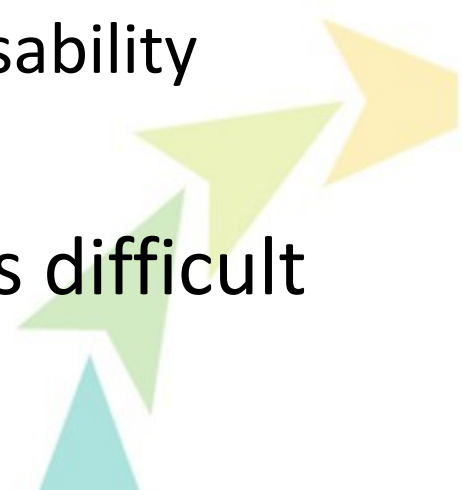
What supports can we offer clinicians?

- Public website - tspforall.com.au
  - Training modules on all aspects of the NDIS pathway
  - Resources including articles and webinar recordings
  - Search function (by postcode) for mental health and NDIS supports

- Webinars and training workshops
- Collaborating with the NDIA on identifying future work

← → C 🔒 tspforall.com.au

::: Apps 🌐 New Tab ⓞ Flinders University -... 🌐 Sign out 📋 Information for Uni... ✔P PARKING n National Disability I... ⓞ Welcome — SEQTA...

TSP FOR ALL
Psychosocial
Disability Explained

CLICK HERE FOR INFORMATION ON OUR CLINICIAN WEBINARS

Updated 1 week ago

Looking for support with
your mental health? →

| NDIS and mental health | Applying to the NDIS ⌄ | Supporting participants | Operating as a provider | For clinicians | TRAINING & RESOURCES 🛠 |

The National Disability Insurance Scheme represents a major reform in disability care in Australia, supporting people with a permanent and significant disability to reach their goals and participate in their communities – this includes people with psychosocial disabilities stemming from mental health conditions.

This website shares information, resources and tools on mental health and the NDIS, recognising that the needs of people with psychosocial disability may be quite different from those of people with other disabilities.

It is primarily designed for healthcare professionals, but may be of use to others.

This website is managed by the Transition Support Project, a group based at Flinders University, and funded by the Department of Health and the Department of Social Services. The project is funded to support the transition of Commonwealth-funded community mental health clients to the NDIS or continuity of support arrangements.

This website makes publicly available many of the resources we have developed. While we are working to ensure that all materials on this site are as widely applicable as possible, you may find some resources that are tailored towards community mental health organisations.

IF YOU WOULD LIKE TO CONTACT US ▾

@ transitionsupport@flinders.edu.au   📞 1800 413 979

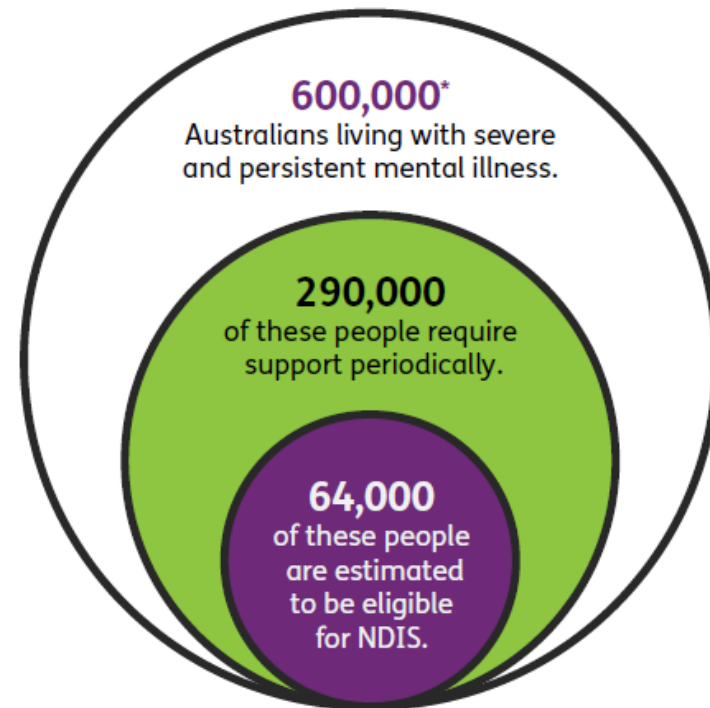# Mental Health and the NDIS

What is the NDIS?

- Underpinned by law – NDIS Act 2013
- Administered by the NDIA
- Provides individualised funding based on the support needs of participants
- Available to eligible Australians with a permanent and significant disability
- Sits alongside existing Government systems.

What is a 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.

- Not everyone who has a mental health condition will experience psychosocial disability.

How many people with mental health conditions are likely to be able to access the NDIS?

600,000*
Australians living with severe and persistent mental illness.

290,000
of these people require support periodically.

64,000
of these people are estimated to be eligible for NDIS.

Example of a mental health condition resulting in a psychosocial disability

Schizophrenia

1

Schizophrenia is the condition.

Emotional regulation

2

Emotional regulation is an example of an impairment. Not everyone with schizophrenia will have impaired emotional regulation.

Difficulty making and keeping friends

3

This is the daily impact of the impairment. 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.

NDIS and mainstream service systems

- The NDIS is not designed to duplicate or replace existing mainstream services or community supports.

- Key principle of the NDIS is to enhance the independence, and social and economic participation of people with disability and their carers

- People can continue to access mainstream clinical health and mental health services when they have NDIS plans.

- Systems must work together.

Responsibilities

MAINSTREAM MENTAL HEALTH

- **Diagnosis** of mental health condition

- **Treatment** services and therapies that provide treatment (stabilisation/management activities including medication, symptom and crisis) of mental health conditions

- **Management** of acute and non- acute residential services, mental health crisis assessment services, hospital avoidance services and post-acute care services.

- **Early intervention:** designed to impact on the progression of a mental illness/psychiatric condition, especially where delivered by health services.

- **Intensive case coordination**: operated by the mental health system where a significant component of case coordination is related to the mental illness.

THE NDIS

- Support for **community reintegration and day to day living** including development of skills, assistance with planning and similar.

- Allied health and other therapy directly related to **managing and/or reducing the impact on a person's functional capacity** of impairment/s attributable to a psychiatric condition, including social and communication skills development, routine symptom and medication management, and behavioural and cognitive interventions.

- **Capacity building support** to help the person access and maintain participation in mainstream community.

- Community supports aimed at **increasing a person's ability to live independently in the community** or to participate in social and economic activities

- **The coordination of NDIS supports** with the supports offered by the mental health system and other relevant service systems.

Reasonable and necessary supports

Assist to pursue goals

Facilitate social and economic participation

Represent value for money

Reasonable expectation of informal supports

Effective and beneficial for the participant

Most appropriately funded by the NDIS

- The NDIS is an individualised scheme

- What is funded for one person may not be funded for another

- All NDIS funded supports must meet the reasonable and necessary criteria (section 34 of the NDIS Act).

NDIS and other allowance schemes

- 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.

- Mobility allowance
  - People cannot continue to receive mobility payments if they are in the NDIS.
  - 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.

Which of the following are the responsibility of the NDIS?

a) Money for groceries

b) A support worker to help someone build independence to catch public transport

c) Daily skills building activities held in a day centre

d) Medication for bipolar disorder

e) Cleaning assistance to help someone maintain a tenancy

Supporting someone to access the NDIS

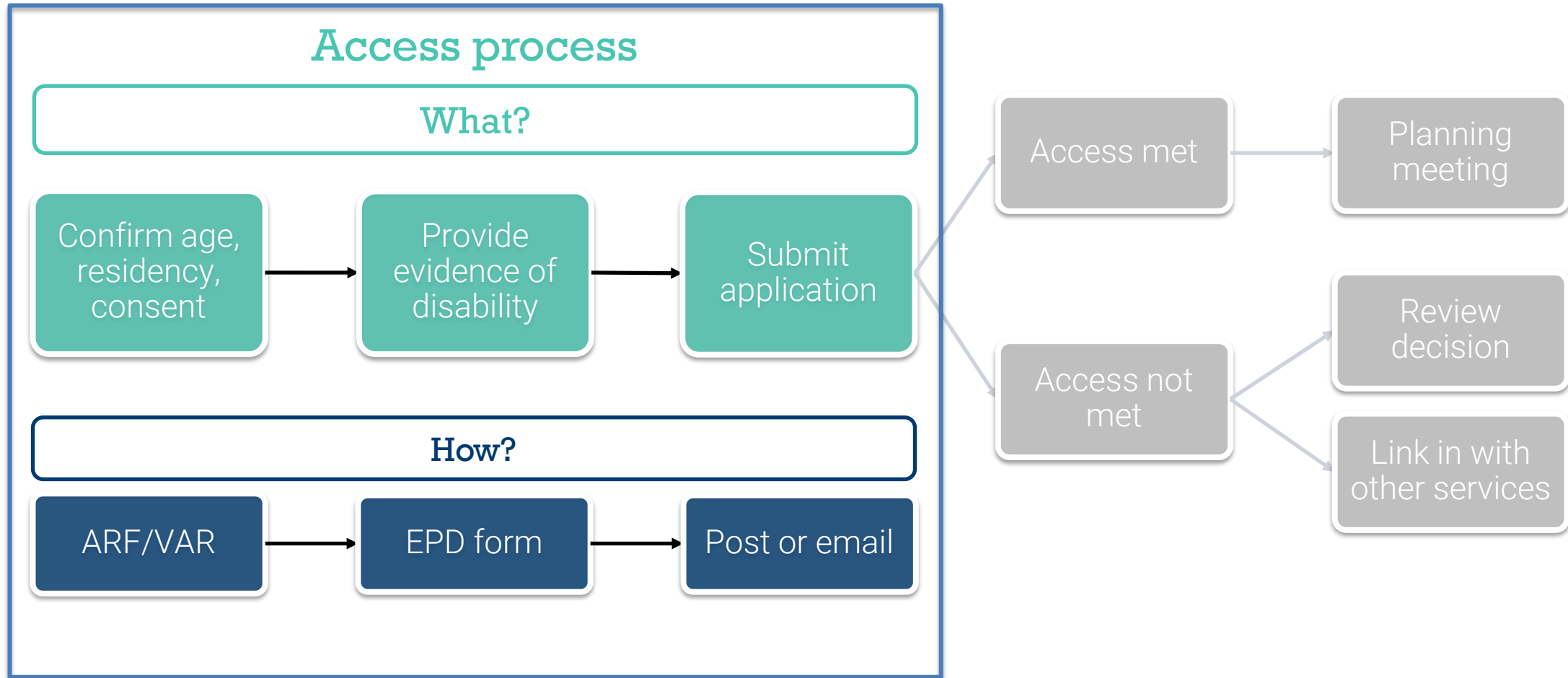# How are access decisions made?

Decisions made by access assessors in the NDIA national access team (NAT):

- trained in understanding NDIS legislation and applying it

- not medical professionals

- rely on information provided by medical professionals to address the criteria

- clinician information plays a critical role in access.
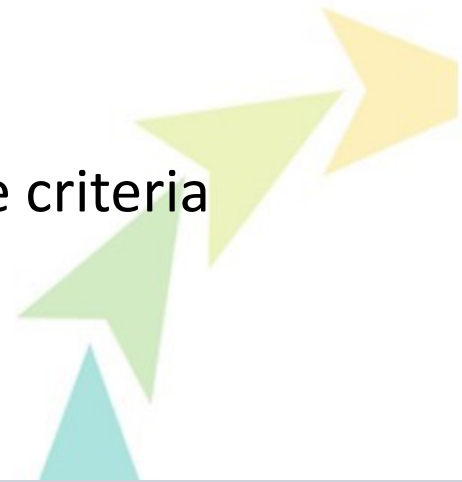
Overview of the access process

NDIS access criteria

To be eligible to for the NDIS a person must meet *all* the 'Access Criteria' in sections 22 to 24 of the NDIS Act 2013:

Age
―
Must be under the age of 65 at the time of applying.

Residency
―
Must be an Australian citizen, holder of a permanent visa or protected special category visa.

Disability
―
Must meet all five disability criteria.

24

The disability criteria

Disability Criteria
Section 24

✓ **24 (a)** Disability attributable to a mental health condition
✓ **24 (b)** Impairments are likely to be permanent

Clinical evidence

✓ **24 (c)** Impairments result in substantially reduced functional capacity to undertake activities within one or more of the specified life domains
✓ **24 (d)** Impairments affect capacity for social or economic participation
✓ **24 (e)** Person is likely to require support under the NDIS for their lifetime.

Evidence about daily impact

List A and B conditions

- People with a 'List A' condition are likely to be granted access based on diagnosis alone e.g. intellectual disability – moderate to profound

- People with a 'List B' condition are likely to be granted access based on diagnosis and an assessment for functional capacity e.g. rheumatoid arthritis

- There are no mental health conditions on either list

- Helpful to know for people who have dual disability

The six domains of daily functioning

Communication

Ability to be understood and to understand others

Social Interaction

Ability to interact with others in the community and to make and keep friends

Learning

Ability to learn new skills

Mobility

Physical ability to move around the home and the community using arms and legs

Self-Care

Ability to take care of personal health and wellbeing

Self-Management

Ability to organise one's life including planning and making decisions

Providing evidence for access

Completing the evidence form

Evidence of psychosocial disability form

ndis

NDIS applicant's name: _____

Date of birth: _____

NDIS reference number (if known): _____

Section A To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Section A completed by: _____

Qualifications: _____

Organisation/Practice: _____

Contact number: _____

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

Available via the NDIS website (https://www.ndis.gov.au/media/1825/download)

- Specifically designed for people with a psychosocial disability

- **Section B** is usually completed by a support worker or appropriate person:
  - LSP-16
  - Description of the impairments resulting from the mental health condition
- May be accompanied by a support worker letter

- **Section A** must be completed by a clinician (*usually* GP or psychiatrist):
  - Diagnosis
  - Treatments
  - Statement of permanency
  - Impairments resulting from the mental health condition - OPTIONAL

Visit the NDIS website

'Types of disability evidence' page

https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence

For each primary disability, these treating health professionals are the most appropriate to provide the standardised assessments that are considered "best practice" in evidence.

Primary disability - Acquired brain injury	+
Primary disability - Autism	+
Primary disability - Cerebral palsy	+
Primary disability - Hearing impairment	+
Primary disability - Intellectual disability, Developmental delay, Global developmental delay, Down syndrome	+
Primary disability - Multiple Sclerosis	+
Primary disability - Psychosocial disability	+
Primary disability - Spinal cord injury	+
Primary disability - Stroke	+
Primary disability - Vision impairment	+
Primary disability - Other	+

Step 1 – Confirm presence of mental health condition

- Confirm that the person has a mental health condition

- Specify:
  – mental health diagnosis only
  – who made the diagnosis and their qualifications
  – when the diagnosis was made

- Diagnosis not required for access, but helpful.

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

This step provides evidence to address section:
✓ 24(a) disability attributable to a mental health condition

Step 2 – History of hospitalisation

- Detail any hospital admissions as a result of the person's mental health condition(s)

     OR

- Attach a hospital discharge summary.

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

This step provides evidence to address section:
- ✓ *24(a) disability attributable to a mental health condition*
- ✓ *24(b) impairments are likely to be permanent*

Step 3 – Confirm impact on daily function

- Review description of impairments in section B of the form (if completed)

- Do you agree with what has been written by the support worker?
  - Yes - only need to tick the box
  - No – explain the discrepancy

- Add additional information to support your assessment in section 2a (optional)

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.)

_____
_____
_____
_____

This step provides evidence to address section:
✓ ***24 (c)*** *Impairments result in substantially reduced functional capacity to undertake activities within one or more of the specified life domains*

Tips for describing functional impairments

When considering functional impairments:

- ✓ Only describe impairments relating to mental health conditions
- ✓ Refer to functional assessments
- ✓ Consider average functioning
- ✓ Write to the relevant NDIS domains
- ✓ Detail functioning without support
- ✓ Provide examples

Tips for describing functional impairments

Helpful example - social interaction

"Symptoms of paranoia associated with the applicant's psychosocial disability lead to poor communication styles and patterns 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."

Unhelpful example

"the applicant struggles to make friends"

Tips for describing functional impairments

Helpful example – self care

"Due to their psychosocial disability, the applicant has substantial difficulty looking after themselves on a daily basis without assistance from their carer or formal support services. Without this support [applicant] skips meals or relies on a diet of fast food, which exacerbates their health issues."

Unhelpful example:

"the applicant has complex psychosocial and physical health difficulties which, together, result in difficulties with [lists activities]

Step 4 – Provide treatment history

- Include all past and current treatments for the mental health condition

- What effect did they have on the impairments

- Only detail treatments relevant to mental health conditions

- Summarise pharmacological and non-pharmacological (e.g. psychotherapy).

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

This step provides evidence to address section:
✓ 24(b) impairments are likely to be permanent

Step 5 – Provide statement of permanency

- Confirm if there is are any treatments likely to remedy the impairments

- Confirm if you consider the impairments to be permanent

- Provide *clinical rationale*

- Without this information a person is unlikely to be found eligible for the NDIS

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

This step provides evidence to address section:
✓ 24(b) impairments are likely to be permanent

Step 5 – Provide statement of permanency cont…

Clinical vs personal recovery

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

If clinical recovery is still possible the person is unlikely to be eligible for the NDIS.

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.

Tips for likely permanence

A helpful likely permanency statement:

- Discusses past and present treatment history
- Comments on a person's current function
- Reflects on the future treatments and likely outcomes
- Is tailored to the individual's application

Example:

" I have reviewed all the clinical files for patient X and in my opinion all reasonable treatments to remedy the condition 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"

Step 6 – Sign and attach further information

- Sign on the last page of section A

- Attach or detail further relevant information. These should complement the information included in the form.

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_____

Other evidence forms

- The EPD is the preferred form for people with a psychosocial disability
- Other forms you may see include:

General tips for providing evidence

✓ Be clear and concise – more is not always better

✓ Provide accurate and objective information

✓ Consider what the evidence is adding to the application

✓ Focus on the mental health condition(s)

✓ Use plain language, avoid medical terminology

✕ Avoid language such as 'when unwell', 'lacks motivation', 'non-compliant'

✕ Avoid talking about supports a person may benefit from – this is more suited to planning.
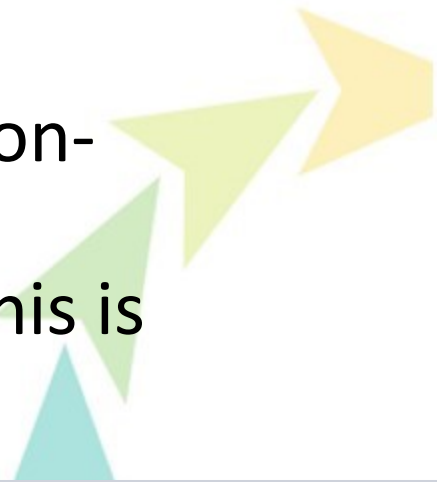
Co-occurring conditions

If a prospective participant has multiple impairments, the NDIA will consider each impairment separately and determine whether each impairment is, or is likely to be, permanent (NDIA operational guidelines-Access)

MULTIPLE DISABILITIES

- Make it easy for the access assessor

- Complete two evidence forms (EPD and supporting evidence or ARF)

- Separate the disabilities – which impairments result in which difficulties.

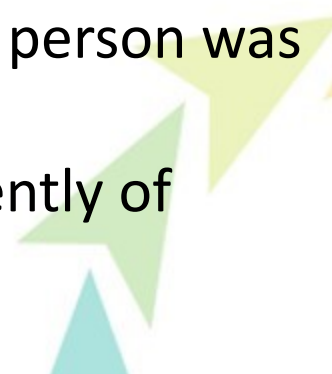**PSYCHOSOCIAL DISABILITY AND CO-OCCURRING HEALTH CONDITIONS**

- Focus on what is relevant to the NDIS

- Relate difficulties back to the mental health condition

- Leave out difficulties resulting from the health condition alone

- Difficulties with health conditions as a result of psychosocial disability is an example of difficulty in the self-care domain

*It is only necessary to separate impairments as shown above when the person has co-occurring psychosocial disability and another type of disability (e.g. physical disability).
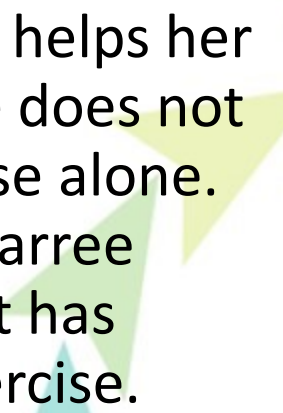
Alcohol and other drug misuse

You need to provide evidence that the impairments are a result of a permanent mental health condition, not the substance/alcohol abuse.

Identifying that the substantially reduced capacity is due to a permanent mental health condition, not substance/alcohol abuse usually occurs through:

- ✓ Functional assessments or reports about function from a time when a person was not using AOD
- ✓ Statements from clinicians that confirm the disability exists independently of AOD misuse
- ✓ Neuropsychology assessments

Case study

Marree is a 35 year old female. She 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. Marree lives alone but her Mum visits her everyday to make sure she takes her medication, tends to her personal care. Her Mum also manages Marree's finances. Marree has a support worker twice a week who helps her access the community to do her shopping and attend appointments. Marree does not have any social contacts apart from this support and does not leave the house alone. 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.

Which of the following are functional impairments attributable to Marree's psychosocial disability?

a) struggles to walk long distances

b) has significant difficulty taking medication or maintaining adequate personal care without reminders

c) unable to access the community independently

d) has poor circulation

e) cannot manage finances or pay bills, has resulted in losing tenancies in the past

f) doesn't have driver's license so can't leave the house.

Does Marree have multiple disabilities?

a) Yes
b) No

Which of the following would you consider when determining likely permanence?

a) does Marree continue to experience significant disability despite undergoing treatments?

b) 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?

c) do you, or Marree's psychiatrist, think clinical recovery is likely for Marree?

d) all of the above.

Marree has tried multiple treatments. Which of them are relevant to her NDIS application?

a) diabetes support group

b) psychotherapy

c) medication for blood pressure

d) medication for depression

e) CBT.

Email us: transitionsupport@flinders.edu.au

Website: tspforall.com.au

Phone: 1800 800 110