

# Frequently Asked Questions (FAQs)

For mental health professionals supporting  
people applying for the NDIS



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## Background

The NDIA’s national mental health team ran over 50 workshops on mental health and access to the NDIS across all State and Territories in 2018/19. The workshops had over 1,000 mental health professionals and 400 Local Area Coordinators attend.

The FAQ’s listed in this document were those most often asked throughout the workshops and detailed in collated feedback forms.



## Consent

### **Q. What if a person doesn't have an awareness of their disability or they refuse to consent to apply for the NDIS but need support?**

To apply to access the NDIS either the prospective participant or their legal guardian are required to provide consent to the National Disability Insurance Agency (NDIA).

If the prospective participant does not have a legal guardian, they may request their informal supports, service provider or other supports such as an advocate to apply for a legal guardianship to support them to understand the NDIS and the potential impact of not consenting to access.

### **Q. What if the participant wants the NDIA to contact someone else on their behalf?**

If the participant wishes for someone else to be their primary contact, they can give consent in multiple ways.

Consent can be given:

- Over the phone by calling 1800 800 110 (toll free)
- On paper via the Access Request Form or a letter
- By email to [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)
- In person at an NDIA or NDIA Partner office

Their authorised contact can be listed on their record as their primary contact for future interactions with the NDIA.

### **Q. Can consent be provided for a whole organisation/service rather than a specific person?**

Yes, consent can be provided for the NDIA to speak to a service a participant or prospective participant may be connected with rather than just a particular person in that service. This can allow for a speedier process if the NDIA needs to seek further information.

## Providing evidence

### **Q. Who can provide evidence?**

Evidence can be submitted in any form or by any person to assist an access request.

A person with a primary psychosocial disability, with a disability that is likely to be permanent and who requires support to undertake day-to-day activities is likely to have had interactions with treating health professionals such as Psychiatrists, GP's and/or Psychologists. Generally, for evidence about the person's disability/impairment and if it is likely to be permanent, the NDIA will require information from a treating health professional e.g. a treatment history including future treatment options.



For information on if a person has substantially reduced functional capacity, the NDIA prefers the people that know that person best to provide evidence.

Evidence can be provided from a range of sources such as a treating health professional, the prospective participant, their carer, support worker or case manager.

**Q. Is the treating health professional's history with the prospective participant taken into context?**

The NDIA staff member will want to know the relationship between the treating health professional and the prospective participant, for example, how often and for how long has the treating health professional been treating the person?

However, the person's situation or environment also has to be considered. For example, a person who is transient or someone who lives in a remote community may not have access to a regular treating health professional. It would be beneficial to mention this in the evidence provided if this is the case.

**Q. Can you get files from other Government services e.g. Disability Support Pension (DSP) information from Centrelink?**

During the access process the NDIA may check the Centrelink system only to confirm the person's name, date of birth, address and disability type if consent is given to do so. The NDIA cannot gain, or will not ask, for any more detailed information such as a DSP application.

While a DSP application or other recent Government applications may be useful supporting evidence, it is the choice of the prospective participant or their support person/s to provide this to the NDIA directly.

**Q. Do participants or prospective participants need to provide personal and/or private details about themselves that they might not want to share?**

Throughout the access process the NDIA requires evidence regarding an impairment. A person does not have to share any personal details if they do not wish to, particularly regarding any trauma or abuse.

For example, if a diagnosis is Post-traumatic Stress Disorder (PTSD), the NDIA does not need to know the causes of the PTSD, but the support required as a result of the condition and how it impacts the person's functioning day-to-day.

**Q. Does a person only need to provide information about when they need the most support?**

Throughout the access process the NDIA is seeking to determine a person's baseline functioning and day-to-day support needs. While we seek information on when a person needs the most



support. We are also equally interested to hear about when a person needs the least support and the support needs in between.

### **Q. What should be included in a support worker statement?**

A carer or support worker statement can assist with gaining a clearer picture of the prospective participant's support needs. A carer or support worker statement may contain:

- their role, the length of time they have supported the person
- what support they provide including; how many hours per week and level of support required
- other supports the person has in their life including other family, friends and services
- a description of how the person's mental health condition impacts their everyday life with a focus on the six life skill areas: social interaction, self-management, self-care, learning, mobility and communication
- if there is any evidence on how the person has lived without appropriate supports in place? For example if a person has lived with their parents for their entire life, what was the outcome when they weren't able to care for the person or can't continue to provide support?
- any other information that might be helpful to assess the person's functional capacity including examples. For example if a person has tried social activity A, B and C and they weren't successful due to X, Y and Z.

For further information on what to include when writing a support worker letter visit the [Mental health and the NDIS page](#).

### **Q. What are functional assessments?**

Functional assessments are valuable pieces of evidence to assist an access delegate decide whether someone has a substantially reduced functional capacity.

Functional assessments are completed by people that know the person well such as a carer or support worker, and outline in what instances the person needs the most support over a recent period.

In isolation a functional assessment may not be enough evidence to meet the access requirement, however, it may be considered in conjunction with information from a treating health professional or carer/support worker statement.

The preferred assessments for people with a psychosocial disability are:

- Life Skills Profile 16 measure (LSP-16)
- World Health Organisation Disability Assessment Scale (WHODAS)
- Health of the Nation Outcomes Scale (HoNOS)



It may be useful for more than one assessment to be provided if available. For example an LSP-16 completed by a support worker and a WHODAS by a carer.

## Contact from the NDIA

### **Q. When does the NDIA contact someone?**

If the prospective participant has previously been receiving services from a State/Territory or Commonwealth Program their contact details have been shared with the NDIA, the NDIA will attempt to contact them. If the NDIA cannot contact the person by phone an Access Request Form will be sent to their address.

If the prospective participant was not receiving services previously they can call the NDIA on 1800 800 110 for information.

### **Q. Will the NDIA leave a message when someone doesn't answer their phone?**

If the person has identified themselves in their voicemail and it matches our records the Agency staff member will leave a message. If the person does not identify themselves, the staff member will not leave a message due to privacy guidelines.

## Access request

### **Q. How long after an access not met decision is made can a prospective participant reapply?**

Decisions under the NDIS Act that can be reviewed are known as reviewable decisions. A person seeking a review must make a request for a review within three months of receiving written notice of the original decision.

If the request is made three months after the original decision a decision cannot be reviewed and therefore a new access request is required. There is no legislated timeframe for completion of internal reviews.

## Co-existing conditions

### **Q. What if someone's disability was caused by drug or alcohol abuse or they continue to use drugs or abuse alcohol?**

The prospective participant must provide evidence that their impairment is a result of their mental health condition and not a direct result of the continued use of drugs and alcohol.

The information provided must detail, if available, evidence of the impairment being present during a period of abstinence. There is no requirement for ongoing abstinence to satisfy NDIS eligibility. If there has been no period of abstinence known, provide details on the co-existing condition attempting to highlight the impact of the mental health condition on their day-to-day functioning.

If available, a person may also provide evidence confirmed by a specialist neuropsychiatrist or neuropsychologist.

A prospective participant does not need to be abstinent from drugs or alcohol to gain access to the Scheme.

## Permanency of impairment

### **Q. What evidence needs to be provided to say someone has a likely to be permanent impairment?**

For someone to meet the access requirements, specifically, if their impairment is likely to be permanent, they need to provide evidence that *“there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment”* [5.4 NDIS Rules 2016](#).

Most likely this is information provided by a treating health professional, including a treatment history and advice that there are no treatments still being explored likely to remedy the impairment. Treatment can be provided in conjunction with NDIS supports, however it would be focused on the management of symptoms and would not alleviate the impairment.

It is important to provide detail of why any common treatments may not have been explored. For example, someone living in a remote community may not have access to the same treatment options that someone living in a capital city does.

### **Q. What if someone is treatment resistant?**

The NDIA will consider permanence of the condition where treatment resistance is indicated, that is, the person’s condition is not responding to treatment, despite the fact a range of options have been tried.

If someone is refusing treatment, the NDIA would need information on the type of treatment, the reasons for and how long has the person been refusing treatment and what would be the outcome if this person undertook the treatment i.e. would the person’s impairment still be present?

### **Q. Under what age is it considered that the impairment may alleviate with age appropriate development?**

Generally, treating health professionals have been reluctant to confirm that someone has a likely to be permanent impairment as a result of their mental health condition before the age of 25.



If you are supporting someone under 25 to collect information for their access request, the evidence has to be very clear around treatment options explored and that there are no future treatments that are likely to remedy the impairment.

## Substantially Reduced Functional Capacity

**Q. How is it decided if someone's impairment has caused substantially reduced functional capacity?**

For a prospective participant to meet Section 24(1)(c) of the [NDIS access requirements](#) their evidence will be assessed against six life skill areas Social interaction, Self-management, Self-care, Learning, Communication and Mobility.

For a reduction to be considered substantial within one of the six life skill areas there must be an inability to effectively function within the whole or majority of the life skill area, not just a singular activity.

If the person, on the majority of days, requires support from other people with the whole or majority of that life skill area, they may be considered as having a substantially reduced functional capacity.

**Q. What if someone has reduced capacity in all six of the life skill areas but not the capacity is not considered substantially reduced?**

To meet [Section 24\(1\)\(c\) of the NDIS Act](#) a person must be assessed as having a substantially reduced functional capacity in at least one or more of the six life skill areas.

**Q. What if the person has fluctuating needs?**

When considering if a person has substantially reduced capacity to carry out everyday tasks within a life skill area, the NDIS looks at how the person manages between acute episodes. It is irrelevant whether a person applies to the NDIS when they are severely unwell or feeling particularly well.

If the prospective participant's functional capacity is reduced on a day-to-day basis but only substantially reduced during an acute episode then they may not meet the NDIS access requirements.

## Early Intervention

**Q. Why is it rare for someone with a primary psychosocial disability to come into the NDIS through early intervention?**

There are limited circumstances that potential prospective participants with disability attributable to a mental health condition will meet the legislative requirement under [Section 25 of the NDIS Act](#).





For people with psychosocial disability there are two primary reasons:

- The person must provide evidence that their disability is likely to be permanent. An impairment is likely to be permanent if there are no known, available and appropriate evidence based treatments that would be likely to remedy the impairment
- It must be decided that early intervention supports are most appropriately funded through the NDIS and not more appropriately funded through other general systems of service delivery. The Council of Australian Governments (COAG) principles outline the mental health system will be responsible for early intervention while the NDIS will be responsible for ongoing psychosocial recovery supports

Further detail on the Early Intervention Guidelines can be found on the [NDIS Early Intervention Requirements page](#).

Further detail on the [COAG Principles \(PDF 626KB\)](#)

## Contact Details

### **Q. Who should be contacted to follow up on an NDIS access request?**

If you would like to speak to someone regarding an NDIS access request and the prospective participant or legal guardian has provided consent for the NDIA to speak with you regarding their application, you can:

- Call the NDIA on 1800 800 110 (toll free)
- Email [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)

## Other Services

### **Q. What options are available for people who aren't eligible for the NDIS?**

If the person was a client of Mental Health Programs; Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) or Day to Day Living (D2DL) and they have tested their eligibility with the NDIS but deemed ineligible, they will be provided with Continuity of Supports (CoS), ensuring they will continue to receive similar levels of support.

From 1 July 2019 these programs will close and Primary Health Networks (PHNs) have been commissioned to deliver supports through the \$109.8 million announced in the 2018-19 Federal Budget.

People who have a severe mental illness and associated psychosocial functional impairment who are ineligible for the NDIS, and who are not eligible for CoS, may be eligible to access the support through the National Psychosocial Support Measure, \$160 million over four years as



announced in the 2017-18 Federal Budget. Primary Health Networks will begin implementing this funding in programs from 1 January 2019 and will cater to local area needs.

Clinical mental health services will continue to run and be available to all people who require intensive shorter-term supports.

## Resources

### **Q. What resources are available to assist with knowing what to provide at access?**

The NDIS website has many resources available to assist with the access process and specific information to assist people with a psychosocial disability and their support networks. For further detail on the FAQ responses and more you may wish to visit the following links:

- [Mental health and the NDIS page](#)
- [Accessing the NDIS page](#)
- [Understanding the NDIS page](#)
- [reimagine.today website](#) - Supporting people living with mental health conditions to navigate the NDIS. Produced by the Mental Health Coordinating Council (MHCC).