



A GP guide to the NDIS – Psychosocial disability

What is the National Disability Insurance Scheme?

The National Disability Insurance Scheme (NDIS) is a new way of supporting people who experience disability as a result of mental health issues, to be part of their communities and the workforce.

The NDIS offers two types of support – individualised support and general support.

1. Individualised support involves having an NDIS plan and is available to people who meet the NDIS access criteria.
2. General support is support to link people to other government services, and local community based supports and is available to all Australians who experience disability.

The NDIS also has a role in supporting inclusive communities where everyone can build and pursue their dreams and vision for a good life.

How do I receive payment for supporting my patient's NDIS access request?

General Practitioners (GP) may be requested by patients to perform an examination to assess or confirm the patient's mental health condition. The time taken for GPs to provide details and information for the purposes of the NDIS, may be claimed under a Medicare item if it's part of the consultation (the patient must be present).

It is at the GP's discretion to select the Medicare item number that most appropriately reflects the nature of the consultation. This is consistent with the operation of the Medicare Benefits Schedule,

Which patients should I encourage to apply for individualised NDIS support?

Not all people with a mental health condition will require individualised support from the NDIS.

Individualised NDIS support is for patients whom mental health recovery is likely to be lifelong and whose mental health condition has a significant impact on their ability to carry out day-to-day activities. This is referred to as psychosocial disability.

The NDIS access criteria includes requirements that a person:

- experiences disability as a result of their mental health condition;
- has an impairment caused by the mental health condition that is likely to remain across the person's lifetime;
- has a mental health condition that has resulted in a substantial reduction in capacity to carry out day-to-day tasks in a variety of everyday situations;
- be aged under 65 years at the time they access the NDIA; and
- meets the residence requirements.

Patients with a mental health condition who are most likely to meet the NDIS access criteria usually:

- have explored (with their clinician) known available and appropriate evidence based treatments;
- are best described as people unlikely to experience clinical recovery from the symptoms of a mental health condition. Ongoing treatment is focused on personal recovery i.e. living a meaningful life despite the symptoms of their mental health condition;
- experience major functional impacts from the mental health condition, with everyday tasks; and
- require support to manage everyday tasks most days, not just when acutely unwell.

How does my patient/patient's support person commence the access process?

If your patient is already receiving disability/mental health support services from their state or territory government, you can encourage them to contact their existing support service who can also provide assistance to access the NDIS.

If your patient is not currently receiving any supports, but wishes to be considered for the NDIS, they (including carer, guardian, or nominee) can contact the National Disability Insurance Agency (NDIA) on **1800 800 110** to be advised on next steps to commence the access process.

What is the role of GPs in supporting a patient to access individualised NDIS support?

The central role of a GP is to provide clinical information that forms part of the evidence of disability to support an NDIS access request.

GPs may also have a role assisting people to better understand and connect with the NDIS.

NDIA staff will not make clinical judgements. NDIA staff will use the evidence of disability provided to determine whether the person meets the legislative requirements to access NDIS.

What information does the NDIA need for evidence of disability?

A brief outline of the information required to support an NDIS access request is provided below:

1. *Confirmation of a mental health condition.*
A specific mental health diagnosis is helpful and will demonstrate the presence of a mental health condition. If there is not a diagnosis recorded, a clinical history consistent with an unspecified mental health condition is sufficient.

2. *Confirmation the impairment/s that result from the condition are likely to be permanent.*
This can usually be demonstrated by detailing the patient's treatment history (including planned treatment) and providing clinical rationale if a known treatment option is not to be explored.
3. *Confirmation that the person has substantially reduced functional capacity, as a result of their mental health condition, in one or more of the following areas:*
 - social interaction
 - self-management
 - self-care
 - communication
 - learning

When considering whether a reduction in capacity is substantially reduced, the National Disability Insurance Agency (NDIA) looks at the balance between what a person can and cannot do. There is more detail on this in the [Access Snapshot 4: Functional Capacity and Mental Health Issues](#).

The NDIS does not require deeply personal information relating to a person's trauma/abuse to support an access request. Information about unrelated medical/health concerns are also not required. Further information can be found on the NDIS website in the [Guide for Mental Health Professionals on Access](#).

What if I feel I'm not best placed to provide information on my patient's day-to-day functioning?

Depending on the nature of the patient/doctor relationship, another mental health professional or support worker may be better placed to provide information about an individual's capacity to undertake daily activities.

In these circumstances it may be helpful for the GP to comment about the information provided by another person and if it is consistent with the GP's clinical findings.

When describing a person's functioning, it's important to focus on what a person can and cannot do without support rather than describing symptoms of the mental health condition.

Some clinicians or community mental health services may also be able to assist by providing a functional assessment.

Completion of a functional assessment such as the Life Profile 16 (LSP16) provides valuable information regarding how a person manages day-to-day tasks and activities over time.

Do I have to complete specific NDIS forms?

Evidence of Disability forms are available from the NDIA. However, the NDIA does not require that evidence of disability be presented on a specific form. All evidence of disability provided to the NDIA will be considered when making an access decision.

Existing documentation that may be available can be helpful in providing evidence of disability. This may include:

- documentation and formal assessments given to Centrelink/other government departments;
- existing reports (including specialist reports when available) detailing the person's treatment history (including planned treatment);
- other assessment-related information relevant and useful in describing support needs; or
- functional assessments such as Life Skills Profile 16 (LSP-16).

What does the NDIS fund?

NDIS funded supports are designed to increase participation in community life and/or work.

Examples of NDIS funded support include:

- assisting with activities of daily living such as self-care tasks, grooming and hygiene;
- assisting with meal planning/meal preparation, associated skills and independence;
- development of a structured routine that integrates medication management;
- assisting to obtain and/or maintain accommodation; or
- mentoring, peer support or support with individual skill development.

What remains the responsibility of broader health and mental health systems?

Other services systems remain responsible for ongoing mental health treatment including therapy and medications to manage symptoms. This includes:

- ongoing mental health treatment including therapy and medication to manage symptoms;
- therapy or therapeutic support, where the support is integrally related to clinical support provided by the health or mental health system i.e. assistance to travel to appointments with clinicians;
- early interventions related to mental health, including clinical support for child and adolescent developmental needs; and

- medication management solely for the purpose of assisting or requiring a participant to take medication that does not form part of other daily living supports.

What is the role of the Primary Health Care Network (PHN)?

PHNs have been established with the key objectives to:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes,
- improve coordination of care to ensure patients receive the right care in the right place at the right time.

The PHN's role is to:

- commission health services to meet the needs of people in their regions and address identified gaps in primary health care;
- work closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high quality care;
- deliver Continuity of Supports (COS) through psychosocial support services for existing clients of Commonwealth mental health programs who are not eligible for the NDIS; and
- continue to provide psychosocial supports to people with a severe mental illness (responsible under the National Psychosocial Support (NPS) measure).

Further information about PHNs can be found on the [Department of Health website](#).

What address can doctors send information to?

Mail: GPO Box 700
Canberra, ACT 2601

Email: NAT@ndis.gov.au

Additional information is available on:

[Mental health and the NDIS page](#)

Phone: 1800 800 110 (8am to 8pm local time)