

Accessing the NDIS: a guide for mental health professionals

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Introduction

The National Disability Insurance Scheme (NDIS) provides funding to eligible people with disability, including psychosocial disability, to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.

The NDIS also connects anyone with disability or mental health conditions to services in their community.

This includes connections to doctors, community groups, sporting clubs, support groups, libraries and schools, as well as providing information about what support is provided by each state and territory government.

The NDIS does not replace community mental health services provided through the health system.

This guide has information on:

- the access process
- what information the NDIA needs to make a decision
- how to communicate evidence of disability, impairment and functional impact of a mental health condition.

The NDIS and recovery-based practice

At the National Disability Insurance Agency (NDIA), we use the World Health Organisation's (WHO) definition of psychosocial recovery. This is also known as **personal recovery** in the community mental health sector.

'For many people, recovery is about regaining control of their identity and life, having hope for their life, and living a life that has meaning for them whether that be through work, relationships, spirituality, community engagement or some or all of these' *World Health Organisation*.¹

¹ Guidance on community mental health services: promoting person-centred and rights-based approaches. Geneva: World Health Organization; 2021

Although a person may experience impairment due to their psychosocial disability, across their lifetime, the NDIA understands it does not stop them pursuing their best possible version of personal, social and emotional wellbeing.

The NDIA also acknowledges the important contribution of families, carers, informal supports and peer supports in a person's recovery journey.

The Psychosocial Disability Recovery-Oriented Framework

The NDIA is committed to improving the experience of participants with psychosocial disability in the Scheme.

In December 2021, the NDIA released the [Psychosocial Disability Recovery-Oriented Framework \(Recovery Framework\)](#).

The aim of the Recovery Framework is to improve the responsiveness to, and experience of NDIS participants with psychosocial disability.

It will deliver meaningful change and better outcomes for participants living with psychosocial disability.

Psychosocial recovery coach

Psychosocial recovery coaches (recovery coaches) are a support for participants with psychosocial disability that can be funded in an NDIS plan.

Recovery coaches support people with psychosocial disability to increase their independence, and their social and economic participation. They help people:

- take more control of their lives
- better manage complex challenges of daily living.

A recovery coach also works with a participant to:

- build capacity and resilience
- identify, plan, design and coordinate different supports
- plan and maintain engagement through periods of increased support needs
- provide coaching to build on strengths, knowledge, skills, resilience, and decision-making.

Accessing the NDIS

For people already receiving mental health services, we recommend they can start by talking to their current service providers or treating professionals about which type of support best suits their needs, and consider whether the NDIS is for them by reviewing the [eligibility requirements](#).

If they decide to apply for the NDIS, the best way to apply is by contacting [their nearest local area coordinator or local NDIS office](#) who can help them through the application process and be a point of contact.

A person who thinks they are eligible for the NDIS can:

- engage with their local area coordinator
- download and complete the [Evidence of Psychosocial Disability form](#)
- work with their general practitioner, allied health and specialist medical professional/s to prepare and provide the information required.

The Evidence of Psychosocial Disability Form is the preferred form for applicants with psychosocial disability.

Visit [Applying to access the NDIS](#) on the NDIS website for more information about accessing the NDIS.

How the NDIS decides who is eligible

People who experience disability because of a mental health condition/s, and may be eligible for NDIS funded support will:

- have participated in periods of treatment and support with mental health clinicians and clinical teams
- have been undergoing ongoing treatment that attempts to reduce the impacts of mental health conditions, which has not remedied the impairment
- have tried any other treatments that are available and recommended by their treating professional for their mental health condition that may remedy the impairment.
- despite all the treatment they have undergone and will continue to receive, their mental health condition will continue to impact on their ability to function, and the impact is likely to be permanent
- be likely to require support to increase their social and economic participation
- be likely to require lifelong support.

The NDIA needs evidence provided by treating mental health professionals that the person's impairment arising from a person's mental health condition is resistant to further clinical treatment.

This means that for people with a significant psychosocial impairment arising from a mental health condition that is likely to be permanent, they may be eligible for NDIS support.

If a person is not eligible for the NDIS or chooses not to apply, there are other services available, such as other government and community services. The NDIA can help connect to these other services through local area coordinators.

Local area coordinators have strong connections in community and can help people connect with supports in their local area including community groups, recreational activities such as sporting clubs, performing arts groups and other social networks.

Visit the [LAC Partners in the Community](#) page on the NDIS website for more information.

Assessing eligibility

All access decisions are made following the NDIS Act 2013 which includes the following requirements:

- **Age** – A person must be under the age of 65 at the time of access request;
- **Residency** – A person lives in Australia and is an Australian citizen, permanent resident of Australia, or the holder of a special category visa who is a protected SCV holder, and
- **Disability** – Meets all of the disability requirements under Section 24 (s24) of the NDIS Act as described below OR
- **Early intervention** – Meets all of the early intervention requirements under Section 25 (s25) of the NDIS Act, as described on page 13.

Section 24 of the NDIS Act

Access delegates can make access decisions. They are NDIA staff members. In making access decisions they must consider each application against the criteria set out in section 24 and section 25 of the NDIS Act.

To be eligible for the NDIS under section 24, a person must meet each of the following criteria:

Section 24(1)(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 psychosocial disability.

Section 24(1)(b)

- The impairment/s are, or are likely to be, permanent.

Section 24(1)(c)

- The impairment/s 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.

Section 24(1)(d)

- The impairment/s affect the person's capacity for social or economic participation.

Section 24(1)(e)

- The person is likely to require support under the NDIS for the person's lifetime.

What information the NDIS needs at access

Psychosocial disability

To be eligible to access the NDIS, a person with a psychosocial disability will have an impairment that has resulted in disability, and meet the disability requirements or the early intervention requirements. Visit [Do you meet the disability requirements](#) on the NDIS website for more information, or the [Eligibility and early intervention FAQ](#).

To meet the NDIS disability requirements, evidence of disability must demonstrate the disability is due to mental health challenges.

A specific mental health diagnosis will show a mental health condition.

If there is no diagnosis recorded, a clinical history consistent with an unspecified mental health condition can be provided. However, sharing a diagnosis with the NDIA will make it easier for us to see if a person meets the eligibility requirements.

Permanent impairment

When considering access to the NDIS for a person with a mental health condition, impairments must be specifically about psychosocial functioning, or a reduced capacity to do daily life activities and tasks due to the person's mental health.

An impairment can be considered likely to be permanent if there are no known, available and appropriate evidence-based treatments that would likely remedy the impairment that have not already been tried.

A treating clinician, usually a GP or psychiatrist, is required to provide evidence that the person has a mental health condition. A specific diagnosis is not required. Access to the NDIS is determined by assessing the functional impact of the impairment on a person's day-to-day life, whereas a diagnosis may change over time.

When reviewing the evidence against the likely permanence of impairment requirement, the NDIA thinks about:

- how long the person has had the impairment.
- to what extent treatment options have been explored.

Information about treatment (past, current and future)

There is no requirement that treatment and/or interventions must be completed for an impairment to be considered likely permanent. However:

- treatment and/or interventions must be explored to the extent that clinical treatment is not likely to alleviate the impairment
- ongoing treatment is centered on personal recovery.

The NDIA does not make recommendations for specific treatment/interventions. The treating clinician will decide on appropriate treatment and/or interventions for a person.

The NDIA requires evidence that provides:

- a history of treatment
- the clinical rationale relating to any decisions made by the clinician to not pursue a treatment/intervention option.

Case study: Donna

Donna is 45 years old. In 1989, at the age of 18, she was diagnosed with schizophrenia and depression by a doctor at an Adult Mental Health Service after a series of admissions to a psychiatric unit.

Donna is currently seeing a treating psychologist and psychiatrist. Both confirm the diagnosis, the permanence of impairment and compliance with medication. A treatment history of multiple psychological interventions, psychotherapy and medication is provided.

The psychiatrist indicates that although the treatment Donna is receiving is helping, it is unlikely that the impairments she experiences will be remedied and treatment is largely focused on Donna's personal recovery journey.

Fluctuating conditions

For mental health conditions which are episodic and fluctuate in severity over time, the severity, duration and frequency of the fluctuations are taken into account when determining eligibility to access the NDIS.

While the symptoms of mental health condition/s and support needs may fluctuate, the impairment can remain across a person's lifetime and can be considered likely to be permanent.

A person may experience impairment across their lifetime. The NDIA understands this does not stop them from pursuing their best possible version of personal, social and emotional wellbeing.

Functional impact of the impairment

The NDIS approach is centered on a person's strengths, and their goals and support needs related to the impairment from a mental health condition. For this reason, during access, the NDIA needs to know information about how the impairment/s impacts a person's day-to-day life. This is known as the **functional impact of the impairment**.

Information regarding the impact of the functional impairment is usually best provided through a functional assessment, completed by an allied health professional. There is more information on functional assessments and allied health professionals on page 15.

Impairment resulting in substantially reduced functional capacity

Functional capacity is unique to every individual. Some people can experience difficulties with carrying out tasks. In the NDIS this is called **reduced functional capacity**.

Other people may usually need disability-specific supports to be able to participate in or complete an activity. This is called **substantially reduced functional capacity**.

The NDIA requires confirmation of substantially reduced functional capacity due to the person's mental health conditions in one or more of these areas:

- **Communicating** – how a person speaks, writes, or uses sign language and gestures, to express themselves compared to other people their age. How well a person understands, and how others understand the person.
- **Socialising** – how a person makes and keep friends or interacts with the community. We also look at behaviours and how a person cope with feelings and emotions in social situations. For example, a person may experience social avoidance and need support from others to access the community.
- **Learning** – how a person learns, understands, and remembers new things, and practices and uses new skills.
- **Mobility, or moving around:** how easily a person moves around their home and community, how a person gets out and about. Generally speaking, a person applying for the NDIS for a primary psychosocial disability is not likely to have substantially reduced functional capacity in this life skill area.
- **Self-care:** personal care, hygiene, grooming, eating and drinking, and health. How a person gets dressed, showers or bathes, eats or goes to the toilet. For example, a person requires ongoing direct interventions to manage their health care needs.
- **Self-management:** how a person organises their life. How a person plans, makes decisions, and looks after themselves. This might include day-to-day tasks at home, such as how a person solves problems, or manages money. We think about how someone's psychosocial disability affects their ability to manage their life, not their physical ability to do these tasks.

For example, a person needs support from others to manage the demands of a tenancy and to make decisions and look after themselves.

A person is **likely** to have substantially reduced functional capacity if they are usually not able to function without support for most activities within **at least 1 of the 6** life skill areas.

The NDIA considers the impact of the impairment on day-to-day functioning between acute episodes, and not just at a point in time. This means it does not affect the access request if the person is acutely unwell or having a particularly good day at the time of applying.

A substantial reduction in capacity is an inability to effectively participate in or complete an activity. For a reduction to be considered **substantial** within at least one of the six areas of functioning described above, there must be an **inability to effectively function** within the **whole** or **majority of the area**, not just a singular task.

It is not enough that a person may take longer to do an activity, or it may take more effort for them to do it, or that they have to do it in a different way, to be considered a substantial reduction.

When deciding whether capacity is substantially reduced, the NDIA will look at what the person can do as well as what they cannot do.

Case study: Gary

Gary has been attending a chess club, however he has been asked to leave the club as he can't comply with the rules and social norms accepted by the group. Gary often has issues with social structure and can be verbally aggressive.

Gary attends a walking group where the environment is less rigid and he can walk with others or walk on his own as he chooses. Gary goes shopping independently (albeit at quieter times of the day) and on occasion he has dinner with a friend.

Gary's capacity within the social interaction domain is not substantially-reduced.

Effect on social and economic participation

The NDIA considers whether a person's permanent impairment/s affects their capacity for social or economic participation. For example, finding and keeping a job, or going to the movies with a friend.

If a person meets the other eligibility criteria it is likely their impairment will have some effect on their social and economic participation.

NDIS support across a lifetime

To access the NDIS under the disability requirements a person must likely require lifetime support from the NDIS. That support must be most appropriately provided by the NDIS and no other service systems such as the health system.

If an impairment varies in intensity (for example, due to the episodic nature of the condition) the person may still be assessed as likely to require support under the NDIS for the person's lifetime, despite the variation.

If a person does not meet the disability requirements, they may be able to access the NDIS under the early intervention requirements.

Visit the [Eligibility and early intervention FAQ](#) page on the NDIS website for more information.

Co-existing substance use issues

Where co-existing substance use issues are present, evidence must show that the substantially reduced functional capacity remains, regardless of the status of the co-existing issues.

The NDIA needs to see evidence that demonstrates the person's substantially reduced functional capacity is the result of permanent impairment that still is present, even during times of abstinence from substance use.

Identifying that substantially reduced capacity is the result of a mental health condition and not substance use issues is a highly specialised task and usually occurs in the following circumstances:

- it is confirmed by a specialist neuropsychiatrist or neuropsychologist; or
- it is confirmed following abstinence from substance/alcohol use in a controlled setting (most likely hospital inpatient), although there is no requirement for ongoing abstinence to satisfy NDIS eligibility.

During the access process and throughout the relationship with the NDIS, a person may still be accessing or planning to access treatment for co-existing substance use issues, as long as they have provided the evidence as above.

The NDIS does not fund treatment for co-existing substance use issues. This is provided through mainstream services, usually by alcohol and other drug (AoD) services.

Children and young adults

Many practitioners are reluctant to diagnose mental health conditions or confirm likely permanence of impairment until adulthood. There are early interventions, clinical services and supports available for young people outside of the NDIS.

The NDIS Act does not exclude children or young adults with a psychosocial disability, however, it would be very rare that NDIS access would be met.

NDIS applicants under 9 can still receive mainstream supports from an early childhood partner through community connections.

Section 25 Early Intervention Criteria

The NDIA considers each application that does not meet the section 24 disability requirements against the early intervention criteria contained within section 25 of the NDIS Act 2013.

To meet the early intervention criteria a person must, among other items:

- meet the likely to be permanent requirement in section 25(1)(a)
- be likely to benefit from early intervention supports as in section 25(1)(b) and (c), and
- confirm the section 25(3) requirement that early intervention support is most appropriately funded or provided through the NDIS.

[Section 25 of the NDIS Act](#) has a full description of the Early Intervention Criteria.

The [Principles to determine the responsibilities of the NDIS and other service systems \(PDF 626 KB\)](#), available on the Department of Social Services website, has more information about the responsibility of the NDIS and other service systems at the mental health interface.

High-prevalence mental health conditions

High-prevalence mental health conditions includes conditions like depression and anxiety.

A complex disease management plan would usually be recommended for a high-prevalence mental health condition by the treating GP. Treatment can be needed for short to long periods of time.

A person may live with high-prevalence mental health conditions throughout their adult lifetime and not meet the disability requirements of section 24 or the early intervention requirements of section 25 of the NDIS Act.

See [Factsheet 5: NDIS and other services supporting your mental health](#) for more information on how the NDIS works with other service systems for people with mental health conditions, and the services that are available for people who cannot access the NDIS.

Support for people not eligible for NDIS

People with disability or mental health conditions aged 9 to 64 can be assisted by the NDIS to link with other government services, and local or community-based supports. This is provided by a local area coordinator.

Psychosocial support is available for people with a psychosocial disability who are not accessing the NDIS. This is called Commonwealth Psychosocial Supports (CPS) and is run by Primary Health Networks (PHNs).

Contact your local PHN, or visit the [Australian Government Department of Health and Aged Care](#) website for more information.

The NDIA works with mainstream and community services to create a strong support system so people with a mental health condition/s get the support they need. Visit the [What are mainstream and community supports](#) page on the NDIS website for more information.

To learn more about how services outside the NDIS can support people with mental health conditions, visit the [Australian Government Department of Health and Aged Care](#) website.

Communicating evidence of disability, impairment and functional impact to the NDIA

When providing evidence to the NDIA about a person's disability and impairment/s, there are a range of stakeholders that can provide valuable information. They include:

Primary treating clinician

Primary treating clinicians are generally a psychiatrist or general practitioner (GP). These clinicians are appropriately qualified to provide evidence of a mental health condition/s and evidence relating to the likely permanence of the impairment. They can also provide evidence of the functional impact of the disability.

In extremely rare circumstances, like rural and remote areas, a psychologist may be considered as a primary treating clinician. For example, in some regions, treatment from a psychologist is all that is available and has been provided over a significant period of time.

Allied health professionals

Qualified and experienced allied health professionals can provide information on the functional capacity of the person, relevant to the professional's specialty.

Mental health professionals

Qualified and experienced mental health professionals, and potentially mental health/peer workers, can provide primary evidence of functional capacity. They should hold a relevant professional qualification, such as:

- mental health occupational therapist
- social worker
- psychologist
- mental health nurse, or
- mental health workers who have completed Australian Mental Health Outcomes and Classifications Network (AMHOCN) (training in completing functional assessment tools).

Where a mental health/peer worker or support worker is not appropriately qualified/trained, they may still be able to provide valuable information.

Their information can be considered alongside evidence provided by an appropriately qualified professional.

Family, carers and friends

Family, carers, and friends can provide very helpful information on functional capacity and how the impairment impacts a person's day-to-day life. This evidence can be considered alongside evidence provided by a qualified professional.

The person applying to the NDIS

The person applying to the NDIS may provide evidence of how their impairment affects their day-to-day living. This is valuable evidence which can be considered alongside evidence provided by a qualified professional.

Evidence of psychosocial disability

The NDIA accepts evidence of disability in any format the applicant or their representative provides.

The [Evidence of Psychosocial Disability form](#) is a document that can be used to collect evidence for NDIS eligibility for people with a psychosocial disability. It is not compulsory, but it is preferred for primary psychosocial disability.

The form has two sections: one for the most appropriate clinician and one for the most appropriately qualified mental health professional.

It asks for information about the type and frequency of support needed due to the psychosocial disability.

More information is available on the [Providing evidence of your disability](#) page on the NDIS website.

Functional capacity

The NDIA accepts evidence of functional capacity in any format the applicant or their representative provides. However, as a guide, a comprehensive functional assessment is preferred by the NDIA, as this provides the information that the NDIA typically relies on to assess if someone meets the criteria for 'substantially reduced functional capacity'.

The NDIA also recognises the following assessments as providing additional supporting evidence of functional capacity:

- Life Skills Profile 16 (LSP16)
- World Health Organisation Disability Assessment Schedule (WHODAS 3) and
- Health of the Nation Outcome Scale (HONOS).

Further information can be found on the [How do we weigh evidence of disability?](#) page on the NDIS website.

The NDIA also considers the following information helpful in contributing to the evidence of disability and early intervention requirements:

- Assessment information provided by the participant and/or the participant's carer/family member to Australian Government agencies such as Centrelink (e.g., for the purposes of Carer Allowance, Carer Payment or Disability Support Pension).
- Assessment information provided to state/territory government agencies when applying for support and specialist services.
- Assessment information provided to or prepared by participants' existing service providers, if any.
- Other assessment-related information the applicant considers is relevant and useful in describing their support needs.

The person applying to the NDIS does not need to provide personal details relating to trauma or abuse.

Levels of support

Information about the types and amount of support the person currently has is helpful. This kind of information provides valuable insight into functioning. It helps the NDIA to understand the differences between how a person functions with and without support (e.g. daily, weekly etc.).

The below questions may be helpful to build a picture of the impact of a person's impairment, to support a request to access NDIS. They include:

- What roles, responsibilities, activities and tasks does the person need support with? For example:
 - Does the person work?
 - Does the person access the community?
 - Can the person complete their activities of daily living?
 - Does the person require prompting to complete tasks?

- How often is the person assisted with tasks? How many times does the person need support per day, per week, per month or per year? For example:
 - Does the person require substantial verbal prompting to complete tasks?
 - Does the person need to have someone with them to access the community?
 - How often does the person need to be reminded to undertake a task?
- What support is currently provided? Are services already involved which can provide details about areas that need more support/time?

For example:

- Does the person see a psychologist or other counselling service? How often?
- Does the person receive support from community services? How often?
- Is this enough or the right sort of support?
 - Does the person have good relationships with informal/community supports? Can they be maintained and sustained within current arrangements?
 - Are the people in their life supportive of building the person's capacity?
- Will the level of support change due to episodic and fluctuating needs? What might be the average over a month, 6 months or year?

Tips for preparing evidence of disability

When supporting an NDIS access request, the following is helpful:

- Financial administration and guardianship orders.
- The functional domain of learning as it relates to capacity to learn or 're-learn' everyday tasks (not educational supports).
- Information describing an applicant's functioning without supports in place.

Not helpful:

- A general statement of substantial impairment in a letter or as a 'tick box'.
- A general statement that the person 'has difficulty' with a certain activity.

These are not sufficient evidence of a substantial reduction in functional capacity.

Online resources for participants

Reimagine today

The Mental Health Coordinating Council's [reimagine today](#) website has been co-designed by people living with mental health conditions and their support networks. This resource can assist people to understand and prepare for the NDIS.

The reimagine [My Life Workbook \(PDF 1,853 KB\)](#) can be downloaded from the website to help people to prepare for NDIS access and planning. The reimagine website also has information about mental health, recovery and the NDIS.

This resource also features community hubs with resources specific for the families and carers, First Nations, CALD, LGBTIQ+, and remote communities.

Independent mental health advocacy

A mental health toolkit is available on the [Independent Mental Health Advocacy](#) website. It provides information for people thinking of applying for or accepted onto the NDIS. It was co-designed with people with psychosocial disability.

New evidence and internal reviews

An NDIS applicant may be asked to provide more information or new evidence by the NDIA to support their access request. This additional information can be sent by email. Visit the [Contact page](#) on the NDIS website for our email address and other contact details.

If an NDIS applicant is not eligible, they can't become an NDIS participant. The NDIA will try to contact by phone, or preferred contact method, to explain why a person was not eligible. The NDIA will provide reasons for the decision and also answer any questions.

The NDIA will also send a letter with the decision, including the reasons a person was not eligible, and what they can do next. The letter will confirm the date the decision was made.

If a person does not agree with the decision that they are not eligible for the NDIS, they should [contact the NDIA](#). The NDIA can help explain the decision and what the options or next steps might be.

A person can also ask for an internal review. Another staff member, who wasn't involved in the original decision, will then check if the NDIA made the right decision.

A person needs to ask for an internal review within 3 months after receiving the decision. Learn more about [reviewing decisions](#) on the NDIS website.

Administrative Appeals Tribunal (AAT)

If a person does not agree with the internal review decision, they can ask the Administrative Appeals Tribunal (AAT) to review it. This is called an external review. There cannot be an external review until after the internal review decision has been made.

A person can [contact the NDIA](#) to discuss any concerns they may have about the process. A person can also [make a complaint](#) if they are not happy with any part of the process.

For more information about asking for an external review of an NDIS decision, check out the [Administrative Appeals Tribunal](#) website.

More information

National Disability Insurance Agency

[ndis.gov.au](https://www.ndis.gov.au)

Telephone 1800 800 110

Webchat [ndis.gov.au](https://www.ndis.gov.au)

Follow us on our social channels

[Facebook](#), [Instagram](#), [YouTube](#), [LinkedIn](#)

For people who need help with English

TIS: 131 450

For people who are deaf or hard of hearing

TTY: 1800 555 677

Voice relay: 1800 555 727

National Relay Service: relayservice.gov.au

Additional Resources

1. Please visit the [Psychosocial disability](#) page on the NDIS website.
2. For information on the NDIA's approach to recovery in the NDIS, visit the [Psychosocial Disability Recovery-Oriented Framework](#)
3. For information specific to access to the NDIS please visit: [Applying to the NDIS](#) on the NDIS website.
4. Psychosocial Disability and Access Factsheet Series: [NDIS - Psychosocial Factsheet Series](#) on the NDIS website.
5. Evidence of Disability: [How do we weigh evidence of disability?](#) on the NDIS website.
6. NDIS Our Guidelines: [Do you meet the disability requirements?](#) on the NDIS website.
7. A free online resource to help people living with a mental health condition navigate the NDIS: [reimagine today](#) website.
8. NDIS Our Guidelines: [Eligibility and early intervention FAQ](#) on the NDIS website.
9. AMHOCN provides online training opportunities for Australian public sector mental health staff on the Life Skills Profile (LSP-16) and in the HoNOS. More information on these courses can be found at: [Life Skills Profile - LSP16](#) on the AMHOCN website.
10. If the applicant is linked to a multidisciplinary team, the NDIA recommends mental health professionals talk through the referral with relevant expertise in their teams and access any dedicated staff members with specific NDIS knowledge.
11. Where possible, mental health professionals can also consult with a mental health occupational therapist for ideas to understand and support specific functional issues that people with psychosocial disability may face.

References

1. World Health Organization (2021). Guidance on community mental health services: promoting person-centred and rights-based approaches. Geneva.
2. World Health Organisation (WHO) Disability Assessment Scale 2.0.
3. [Becoming a participant](#) (NDIS website).
4. [Mental health and psychosocial disability](#) (NDIS website).