



Frequently Asked Questions - For mental health professionals supporting people applying for the NDIS

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Background

The Frequently Asked Questions (FAQs) in this document are some of the most commonly asked questions to the NDIA by mental health professionals about supporting people with psychosocial disability to apply to the NDIS to become participants.

The [Guide for Mental Health Professionals](#), and the [Psychosocial Disability and Access factsheets](#) on the NDIS website also provide useful information for mental health professionals on psychosocial disability, access, and the NDIS. General Practitioners (GPs) can also access the [GP Guide to the NDIS for psychosocial disability](#) on the NDIS website.

Consent

What if a participant wants to give consent to the NDIA to have someone listed on their record as an authorised primary contact?

A participant can provide written consent or complete a [consent form](#), which is available on the NDIS website. They can also provide consent by phone or email, or in person at an NDIA or partner office. These [contact details](#) can also be found on the NDIS website.

The authorised contact person can go on their record as their primary contact for future contact with the NDIA.

Can consent be given for an organisation or service rather than a specific person?

Consent can be given for the NDIA to speak with a service of a participant or applicant, rather than a specific person in the service. This can make the process faster if the NDIA needs more information.

Providing evidence

Who can provide evidence?

Any relevant person in the applicant's life can give evidence in any form to help with an access request.

The NDIA prefers evidence from a treating professional who:

- is the most qualified person to give evidence of the primary disability
- has treated the applicant for a long time (at least six months)
- is registered to practice in Australia or New Zealand
- provides disability evidence like a report, assessment, or supporting letter from a health professional.

The treating professional who provides evidence of permanent impairment will usually be different from the mental health professional who provides evidence of functional capacity. For more information, visit [How do we weigh evidence of disability?](#) on the NDIS website.

A person with a primary psychosocial disability that is likely to be permanent, who requires support to undertake day-to-day activities, is likely to have had interactions with treating health professionals such as psychiatrists, GPs, and/or psychologists.

Generally, for evidence about the person's disability/impairment and if it is likely to be permanent, the NDIA will require evidence from a treating health professional, for example a treatment history, including future treatment options.

For information on if a person has substantially reduced functional capacity, the NDIA prefers the health professionals who know the applicant best (if possible) to provide evidence that an applicant has substantially reduced functional capacity.

A comprehensive functional assessment from a qualified mental health professional is preferred, however evidence can also come from a range of sources such as a treating health professional, the applicant, their carer, mental health worker, peer worker or case manager.

Is the treating health professional's history with the applicant considered?

The NDIA will want to know the relationship between the treating health professional and the applicant. For example, how often and for how long the treating health professional has been treating the applicant.

The applicant's situation or context will also be considered. For example, someone who is transient or lives in a remote community may not have access to a regular treating health professional. This information should be included in the evidence provided if this is the case.

Can the NDIA get files from other government services such as Disability Support Pension (DSP) information from Centrelink?

If an applicant provides consent, the NDIA may check the Centrelink system to confirm only an applicant's name, date of birth, address and citizenship or visa status.

The NDIA cannot see and will not ask for any more information such as a DSP application.

While a DSP application or other recent government applications may be useful evidence to provide with the access request, it is the choice of the applicant to provide this to the NDIA.

Do applicants need to give private details they may not want to share?

The NDIA needs evidence about an impairment in the access process. An applicant does not have to share any personal details if they do not want to, particularly about trauma or abuse.

For example, if a diagnosis is post-traumatic stress disorder (PTSD), the NDIA does not need to know the causes. But the NDIA does need to know about the support required and how it impacts the applicant's daily functioning.

Does an applicant only need to give information about when they need the most support?

The NDIA needs information to help determine an applicant's baseline functioning and support needs. This means understanding when an applicant needs the most support and when they need the least, as well as in between the two.

If an applicant'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 disability requirements.

To meet the disability requirements an applicant will have substantially reduced capacity on a day-to-day basis, despite their episodic needs.

A person may also apply to the NDIS under the early intervention requirements. The NDIA must be satisfied the person has one or more identified impairments that are, or likely to be, permanent. The NDIA also thinks about if the support is most appropriately funded through the NDIS.

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

What should be included in a mental health support worker/peer worker statement?

A mental health worker/peer worker statement helps to create a clearer picture of the applicant's needs.

The statement may include:

- a support worker, mental health worker or peer worker's role and how long they have supported the applicant
- the support a mental health worker/peer worker provided including how many hours per week and the level needed
- other supports the applicant has.
 - For example, family, friends and services
- how the applicant's mental health condition or psychosocial disability impacts their daily life. Focusing on six life skill areas:
 - social interaction
 - self-management
 - self-care
 - learning
 - mobility
 - communication.
- any evidence about how the applicant has lived without disability-related supports
 - For example, if an applicant lives with their parents, what happened when the parents could not care for the applicant or provide support?
- any other information that may be helpful to assess the applicant's functional capacity.
 - For example, an applicant has tried social activity A, B and C, but these weren't successful due to X, Y and Z.

For more information on the support worker/peer worker letter and a template visit the [NDIS website](#).

What are functional assessments?

Functional assessments are evidence that may help the NDIA decide if someone has a substantially reduced functional capacity.

Functional assessments are usually completed by allied health professionals with a specialisation in mental health who know the applicant well, or with a carer/family member or support worker who knows the applicant well. They detail where an applicant needs disability-specific support due to the functional impact of their mental health conditions over a recent period.

The NDIA accepts evidence of functional capacity in any format. However, as a guide, a comprehensive functional assessment from a mental health professional is preferred by the NDIA. This provides the information the NDIA typically relies on to assess whether an applicant meets the criteria for ‘substantially reduced functional capacity’.

The [Evidence of Psychosocial Disability form](#) is the preferred form of evidence for people with psychosocial disability to support the NDIS access process.

Completing a functional assessment can provide additional information regarding how an applicant manages daily tasks and activities over time. Functional assessments include:

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

The LSP16, HONOS or WHODAS do not provide enough evidence on their own for the NDIA to see if an applicant meets the eligibility requirements. But they may be considered alongside information from a treating health professional and carer/support worker statements. More than one assessment is useful if available.

Access request

How long after an unsuccessful decision can an applicant reapply?

Decisions under the NDIS Act that can be reviewed are called reviewable decisions. An applicant seeking a review must make a request for a review within 3 months of receiving written notice of the original decision.

If a request is made after 3 months of the original decision, then a review cannot take place and a new access request is needed.

An applicant can reapply to the NDIS any time after an Access Not Met decision.

The only time an applicant cannot reapply is when an internal review is underway.

The NDIA aims to complete all internal reviews within 60 days from the day after the request is received. Please visit the [Request a review of a decision](#) page on the NDIS website for more information.

Permanency of impairment

Which evidence is needed 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.

A treating health professional will most likely provide this evidence. This will include a treatment history and advice that there are no treatments likely to remedy the impairment.

NDIS supports will focus on the ongoing functional recovery and supports to increase social and economic participation. It will not relieve the impairment. The clinical mental health treatment team will provide clinical treatment to focus on the management of symptoms.

It is important to provide details 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 as someone living in a capital city.

What if a person is resistant to treatment?

The NDIA will look at the permanence of the impairment resulting from a mental health condition where there is treatment resistance. This is when an applicant's condition is not responding to treatment, despite trying a range of options.

What if a person refuses treatment?

If someone refuses treatment, the NDIA needs to know:

- the type of treatment
- the reasons for the treatment
- how long has the applicant been refusing treatment
- the outcome if the applicant had the treatment, such as if the impairment would still be present.

Substantially reduced functional capacity

How does the NDIA decide if an applicant's impairment creates substantially reduced functional capacity?

The NDIS Act uses the term 'substantially reduced functional capacity' to mean that on most days, a person's impairment significantly limits their ability to manage or perform ordinary activities of daily living, across a range of tasks in one or more of the following six life skill areas:

- social interaction
- self-management
- self-care
- learning
- communication
- mobility.

For an applicant to meet Section 24(1)(c) of the [NDIS disability requirements](#) their evidence will be assessed against the six life skill areas listed above. These six areas are called functional domains.

For a reduction to be substantial in one of the six life skill areas, there must be a significant reduction or change in function within the whole or majority of the life skill area. It cannot just be one task within the life skill area, for example showering in the life skill area of self-care.

If an applicant needs disability-specific support with all or most of that life skill area on a day-to-day basis, they may be considered as having substantially reduced functional capacity.

What if an applicant has reduced capacity in all six of the life skill areas but the capacity is not considered substantially reduced?

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

What if the applicant has episodic and fluctuating needs due to the nature of their mental health condition?

The NDIA looks at how the applicant manages between acute episodes to determine if they have substantially reduced capacity to carry out day-to-day tasks within a life skill area.

We will be able to look at their functional capacity over time, whether an applicant applies when they are unwell or well, or if their needs change across the day or week or month.

An applicant may not meet the NDIS access requirements if their functional capacity is reduced on a day-to-day basis, but only substantially reduced during an acute episode.

Contact details

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 applicant or legal guardian has provided consent for the NDIA to speak with you regarding their application, you can view the [contact information](#) for the NDIA on our website to get in contact with us.

Other services

What options are there for people who can't access the NDIS?

The NDIS does not replace community mental health services or treatment services provided through the health system. The NDIA works with mainstream and community services to create a strong support system so people with mental health condition/s get the support they need.

You can visit the [What are mainstream and community supports](#) page on the NDIS website for more information.

The NDIS can help all individuals who experience disability or mental health conditions to connect with other government services, and local community-based supports. This includes doctors, community groups, sporting clubs, support groups, libraries and schools.

The NDIS can also provide information about what support is provided by each state and territory government.

We do this through an NDIS partner in the local community, known as a local area coordinator.

To find this support please visit the [partners in the community](#) page on the NDIS website.

For people with mental health conditions and psychosocial needs who are not accessing the NDIS, psychosocial support is available through the Commonwealth Psychosocial Supports (CPS). These are commissioned by Primary Health Networks (PHNs).

This program is for people experiencing severe mental health condition/s who need short-term help to function daily. It helps people:

- connect with the clinical care and other services they need
- build their capacity in managing daily activities
- strengthen social skills, friendships and relationships with their family
- increase educational, vocational and training skills.

You can contact your local PHN, or you can visit [Psychosocial support for people with severe mental illness](#) on the Department of Health and Aged Care website for more information.

Further information about PHNs can be found at on the [Primary Health Networks](#) website.

You can also visit the Australian Government's [Head to Health](#) website for information about general mental health support.

Contact [by email](#) if you have other questions about the Commonwealth Psychosocial Support Programs and initiatives.

Resources

What help is available to understand the evidence needed for an NDIS access request?

The NDIS website has many resources to help with the access process. There is also specific information to help people with psychosocial disability and their support networks.

For more detail on the FAQs and more, visit these links:

- [Psychosocial disability](#) on the NDIS website.

- [Accessing the NDIS](#) on the NDIS website.
- [Understanding the NDIS](#) on the NDIS website.
- [Reimagine Today](#) on the reimagine.today website, helping people living with mental health conditions navigate the NDIS. Produced by the Mental Health Coordinating Council (MHCC).
- The [NDIS mental health toolkit](#) on the Independent Mental Health Advocacy website offers information for people thinking of applying for, or who have been accepted into, the NDIS. It was co-designed with people with psychosocial disability.

National Disability Insurance Agency

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Telephone 1800 800 110

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