

## **Joint Standing Committee on the National Disability Insurance Scheme**

Inquiry regarding the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

### **Introduction**

In late 2013, the Independent Advisory Council (IAC) for the National Disability Insurance Scheme (NDIS) identified the need to improve the Scheme's responsiveness to people with psychiatric conditions as a priority for its work in 2014. Conclusions and directions outlined in their 2014 Report were also informed by the findings of a concurrent Literature Review: Mental Health and the NDIS (August 2014). Please see the link to this document in [\*Attachment 4 - Key Products and Resources\*](#). The IAC recommended the development of a five year 'NDIS Mental Health Implementation Plan' as a statement of its directions and priorities to improve the Scheme's responsiveness to people with disabilities related to mental illness.

In April 2014, the National Disability Insurance Agency (NDIA) appointed Strategic Adviser, Mr Eddie Bartnik, who was previously the Mental Health Commissioner for Western Australia (WA) and also had extensive disability experience. Mr Bartnik began to develop, with the sector, a strategic mental health work plan for the NDIA and also to build a mental health team and capability within the NDIA. This work has grown steadily over this three year period and has provided a focal point for leadership and capacity within the NDIA. In 2016, the NDIA appointed an experienced mental health and disability professional to Director of the Mental Health Team and added additional staffing capacity.

### **Engagement with the Sector**

The NDIA established the National Mental Health Sector Reference Group (NMHSRG) in 2014 to be an effective conduit for information and communication between the NDIA, the mental health sector and the broader community. The NMHSRG is chaired by NDIA Strategic Adviser, Mr Bartnik, and provides expert advice from a cross-section of the mental health sector to the NDIA about the progressive integration of psychosocial disability into the NDIS. The NMHSRG meets three times per year and a detailed communiqué and a plain English communiqué are available publically after each meeting. The communiqué from the October 2016 meeting is attached, for information. Please see [\*Attachment 1, 2 and 4\*](#). Notably the communiqué includes a Data Attachment which provides consistent data and narrative to the sector on the progress of mental health in the NDIS. Please see [\*Attachment 3 – Key data on Psychosocial Disability as at 31 December 2016\*](#).

The NDIA develops an annual work plan to address emerging and key issues and undertake project work, as required. Key themes of the work plan include communication and engagement with the mental health sector, capacity building within the NDIA and external to the NDIA and strategy, data and policy which includes the transition of Commonwealth mental health programs to the NDIS. This work is reported to the NMHSRG at each meeting with updates included within the NMHSRG communiqués and subsequent reporting across the NDIA. The NDIA has also established an internal Community of Practice for Psychosocial Disability to ensure consistency in practice and rapid sharing of opportunities for ongoing improvement.

Major projects which are now fully or largely completed include *the Operational Access Review*, *the Psychosocial Support Design Project (completed in conjunction with Mental Health Australia)* and *the Psychosocial Disability Website project*. Work continues on the development of data on typical supports required by people with psychosocial disability to inform planning and reasonable and necessary decisions.

Annual updates on the Mental Health work plan and priorities are provided to the IAC and the NDIA Board.

The NDIA has committed to an extensive engagement schedule, including a current national round of Mental Health Roundtables in each state and territory to update key stakeholders on progress within the NDIS and identify key priorities for further work. The key emerging priorities will be discussed with the NMHSG at the planned March 2017 meeting and communicated via the Communiqué.

This work has resulted in the establishment of strong ongoing leadership and collaborative arrangements with the mental health and psychosocial disability sectors.

In December 2016, the NDIA co-facilitated a national consultation on the interface between the Draft 5<sup>th</sup> National Mental Health Plan and the NDIS. The NDIA is working in collaboration with the sector to highlight the need for the mainstream mental health system to plan and implement effective psychosocial supports for those people outside the NDIS target population.

### **Current Status**

There is currently a steadily growing number of people with psychosocial disability in the NDIS. The current data set is small due to the phasing of state/territory government and Commonwealth mental health programs into the NDIS. In most jurisdictions, people with a psychosocial disability are phasing later in the agreed transition schedules. However, some key points are:

- The *Productivity Commission Inquiry into Disability Care and Support* estimated that 411,250 people would meet the access requirements for Tier 3 funded supports in 2011-12. Further, the Productivity Commission estimated that approximately 56,880 people would be participants with a significant and enduring primary psychosocial disability (13.8 per cent).
- By 2019-20 the number of expected participants in the NDIS is approximately 460,000, of which approximately 64,000 participants are estimated to be participants with a significant and enduring primary psychosocial disability (13.9 per cent).

As of 31 December 2016, NDIS data demonstrates:

- Across all states/territories 7,840 (10.2 per cent) of NDIS participants had a psychosocial disability, and 4,764 participants (6.2 per cent) had psychosocial disability recorded as their primary disability (an increase of 2,017 people since June 2016).
- 56 per cent of all participants with a primary or secondary psychosocial disability had more than one disability listed. Note: these numbers need to be treated with caution as NDIS states/territories currently support variable age cohorts (for example, South Australia for 0 – 17 year olds and Tasmania for young people aged 12 – 24) or regions and not all phasing is complete.
- Considering trial site locations only, those which were whole of population had a representation of individuals with psychosocial disability recorded as their primary disability that was consistent with the original modelling, as illustrated below:
  - New South Wales – Hunter: 13.0 per cent;
  - Victoria – Barwon: 14.1 percent;
  - Australian Capital Territory: 12.5 per cent; and
  - Western Australia – Perth Hills: 8.8 per cent.

**Note:** these numbers consider trial site locations only, as the NDIS has only recently commenced rolling out beyond these locations.

- Approximately 44 per cent of participants with primary psychosocial disability were recorded as receiving services through state/territory or Commonwealth programs, and 56 per cent were recorded as not previously receiving services.

*Note: Whilst there are limitations with this information, it is worth noting that there is a mix of new and existing participants.*

- This data has been closely monitored and, as would be expected with the timing of the phasing of mental health programs and with the increased understanding of the NDIS, the proportion of participants with a primary psychosocial disability in each trial site has increased over time, bringing it closer to the projected Productivity Commission estimate. This is shown in Table 1 below.

**TABLE 1. TRIAL SITE PARTICIPANTS WITH A PSYCHOSOCIAL DISABILITY AS A PROPORTION OF ALL TRIAL SITE PARTICIPANTS**

	Prior to 201	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
<b>Participants with a primary psychosocial disability</b>									
<b>NSW_HTR</b>	8.6%	8.2%	9.0%	9.2%	9.6%	10.8%	12.3%	12.9%	14.1%
<b>VIC</b>	13.3%	13.7%	13.9%	14.1%	14.0%	14.0%	14.1%	14.2%	14.9%
<b>ACT</b>	2.5%	3.3%	4.0%	4.9%	5.7%	8.2%	11.3%	11.9%	12.9%
<b>WA</b>	1.1%	1.0%	1.5%	2.9%	5.1%	7.2%	7.6%	8.5%	9.9%
<b>All participants with a psychosocial disability</b>									
<b>NSW_HTR</b>	13.9%	13.2%	13.6%	13.6%	13.6%	14.6%	15.8%	17.0%	18.3%
<b>VIC</b>	16.7%	17.2%	17.2%	17.5%	17.3%	17.3%	17.3%	17.8%	18.6%
<b>ACT</b>	7.5%	9.3%	9.0%	10.3%	10.9%	12.8%	15.2%	16.6%	17.5%
<b>WA</b>	3.5%	2.7%	4.0%	5.3%	7.3%	9.3%	9.7%	11.0%	12.7%

Overall, the data from the Barwon site in Victoria is the most comprehensive and this data and experience indicates that the NDIS is currently in line with the Productivity Commission estimates. In particular, the prevalence of participants with a psychosocial disability in the Barwon site and Newcastle local government area (within the Hunter trial site in New South Wales (NSW) is approximately 4.3 per 1,000 and 5.0 per 1,000, respectively, which is in line with the Productivity Commission estimate.

Feedback via the NMHSRG and jurisdictional roundtables and meetings indicates that participants with a psychosocial disability are now accessing increased opportunities and supports under the NDIS. For example, see Mental Health Perspectives – NDIS by the NSW Mental Health Commission.

**Click here:** [www.youtube.com/watch?v=9X-ea-O50Vg](http://www.youtube.com/watch?v=9X-ea-O50Vg).

## **Response to Terms of Reference**

In the context of the role and scope of responsibilities of the NDIA, comments are provided as appropriate on the Terms of Reference below.

### Terms of Reference

a) the eligibility criteria for the NDIS for people with a psychosocial disability;
---

Sections 24 and 25 of the *NDIS Act 2013* detail the criteria for access to the Scheme, which is briefly detailed below:

To become an NDIS participant, an applicant must:

- have a permanent impairment that significantly affects their ability to take part in everyday activities, or have a developmental delay;
- be aged less than 65 when they first apply to enter the NDIS and meet additional age requirements if they live in South Australia or Tasmania;
- live in Australia in an NDIS area on a specified date; and
- be an Australian citizen or hold a permanent visa or a Protected Special Category visa.

Most potential participants with a psychosocial disability will be asked to provide evidence that they have or are likely to have a permanent disability relating to their mental health condition. This needs to be documented by a health professional and in the case of psychosocial disability, this is usually a treating general practitioner or treating psychiatrist. The NDIA will also need evidence/assessments to describe the extent of the functional impact of the mental health condition on the person's everyday living skills.

These could include, but are not limited to:

- Pre-existing assessment reports from specialist clinicians – for example, Health of the Nation Outcome Scale (HONOS) or Life Skills Profile 16 (LSP16) or the World Health Organization Disability Assessment Schedule (WHODAS).
- Assessment information provided by the participant and/or the participant's carer to Australian Government agencies such as Centrelink – for example, for the purposes of Carer Allowance, Carer Payment or Disability Support Pension.
- Assessment information provided by state/territory governments.
- Assessment information provided to or prepared by the participant's existing service provider – for example, PIR assessments or PHaMs EST tool within the last six months.
- Other assessment-related information the participant considers is relevant and useful in describing their support needs.

The NDIA Mental Health team has developed a specific factsheet – *Completing the NDIA Access process: Tips for communicating about psychosocial disability to assist clinicians and service providers to understand the NDIS access process and criteria*. This is provided at [Attachment 5](#).

The NDIA has presented at approximately 600 events during 2016 to assist potential participants, families, carers, service providers and peak bodies to better understand the NDIS, access criteria and planning processes. The NDIA Mental Health team has given specific presentations tailored to the mental health sector at approximately 45 events during 2016, to a range of forums.

b) the transition to the NDIS of all current long and short term mental health Commonwealth Government funded services, including the Personal Helpers and Mentors services (PHaMs) and Partners in Recovery (PIR) programs, and in particular;

- i. whether these services will continue to be provided for people deemed ineligible for the NDIS;

At 31 December 2016, 81 per cent (up from 78 per cent in June 2016) of participants with a psychosocial disability submitting an access request have been found to meet the access requirements for the NDIS.

The proportion of trial site access requests with a primary psychosocial disability has also increased over time, most significantly in the Australian Capital Territory (ACT) and WA – Perth Hills. This is shown in table 2 below.

**TABLE 2. ACCESS REQUESTS FOR TRIAL SITE PEOPLE WITH A PSYCHOSOCIAL DISABILITY AS A PROPORTION OF ALL TRIAL SITE ACCESS REQUESTS**

	Prior to 2011	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
<b>Access Requests for people with a primary psychosocial disability</b>									
<b>NSW_HTR</b>	10.8%	10.4%	11.1%	11.0%	11.8%	12.6%	13.7%	14.4%	14.1%
<b>VIC</b>	14.5%	14.6%	14.6%	14.9%	14.6%	14.9%	14.9%	15.1%	14.9%
<b>ACT</b>	3.6%	4.3%	4.6%	5.4%	7.1%	9.2%	11.7%	12.5%	13.3%
<b>WA</b>	3.5%	2.9%	3.7%	5.1%	7.4%	8.8%	9.0%	9.8%	9.6%
<b>All access requests for people with a psychosocial disability</b>									
<b>NSW_HTR</b>	16.5%	15.8%	15.9%	15.9%	16.2%	16.6%	17.2%	18.4%	18.3%
<b>VIC</b>	18.2%	18.2%	18.4%	18.4%	18.3%	18.2%	18.0%	18.5%	18.8%
<b>ACT</b>	9.4%	10.6%	10.2%	11.6%	12.9%	14.3%	15.6%	17.0%	17.9%
<b>WA</b>	5.8%	4.7%	6.4%	7.8%	10.0%	10.9%	11.0%	12.3%	12.3%

The NDIA works closely with the Department of Social Services (DSS) and Department of Health (DoH) mental health programs to assist the participants and service providers of designated programs to transition to the NDIS, as requested (noting that not all Commonwealth mental health programs are transitioning to the NDIS). This has included:

- providing workshops in conjunction with DoH and DSS for the Chief Executive Officers of mental health services, providers and team leaders/key workers in all states and territories;
- attending PiR and PHaMs conferences/events;
- participating in webinars;
- collaborating with the Flinders University Transition Support Team who are assisting DoH funded service providers to transition to the NDIA; and
- developing resources as required.

The NDIA ensures that participants who are not eligible for the NDIS are provided with information about relevant supports in their community and are connected to a Local Area Coordinator (LAC) or are funded to have a support coordinator who is able to assist to link them to services within their community when required.

The commitment to the continuity of support for current service participants who are not eligible for the NDIS has been agreed to by all Commonwealth, state and territory governments as part of bilateral agreements, noting that detailed operational arrangements to achieve this objective are still under negotiation with all jurisdictions, excluding Victoria. The NDIA assists the Commonwealth in this planning with the provision of data as available and regular meetings (i.e. Commonwealth Mental Health Transition Committee, NDIA, DoH and DSS Data Committee).

- c) the transition to the NDIS of all current long and short term mental health state and territory government funded services, and in particular;
- ii. whether these services will continue to be provided for people deemed ineligible for the NDIS;

The NDIA works closely with state and territory governments to assist the participants and service providers of designated programs to transition to the NDIS as requested (noting that not all state and territory mental health programs are transitioning to the NDIS). This has included:

- attending meetings and information giving sessions;
- providing workshops for staff in a range of government agencies;
- reviewing key state or territory government documents, such as practice guides and mainstream interface factsheets; and
- providing resources as required.

The NDIA assists participants who are not eligible for the NDIS to obtain information about relevant services in their community and a LAC may be able to assist to link them to appropriate services within their community when required.

The commitment to the continuity of support for participants who are not eligible for the NDIS has been agreed to by all Commonwealth, state and territory governments as part of bilateral agreements.

- d) the scope and level of funding for mental health services under the Information, Linkages and Capacity building framework;

The Information, Linkages and Capacity Building (ILC) Policy was endorsed by the Disability Reform Council and the grants funding level set to gradually increase to approximately \$132 million at 2019-2020. There are two components: ILC grants and the ILC component of the LAC role (approx. 20 per cent of their activity).

ILC will start fully at different times across Australia based on when that jurisdiction reaches full Scheme.

State and territory governments will work with organisations that currently deliver ILC-type activities, including mental health services, that may fit into ILC in the future to let them know what the funding arrangements will be leading up to the start of ILC in each state and territory. A similar process will occur for federally funded programs.

The NDIA recently released the *Community Inclusion and Capacity Development (CICD) Program Guidelines – Implementing Information, Linkages and Capacity Building*. Along with the ILC Commissioning Framework, the Guidelines explain how the NDIA will roll out ILC across the country over the next few years.

There are two Program Activities described in the Guidelines:

- ILC Jurisdictional Based Grants – this is how the NDIA will roll out ILC in each state and Territory.
- ILC National Readiness Grants – this is to build:
  - sector capacity in anticipation of a national approach to ILC; and
  - the foundations required to deliver ILC activities on a national scale.

In 2016-2017 ILC Jurisdictional Based Grants in the ACT and ILC National Readiness Grants funding will be allocated through open grants rounds.

The NDIA anticipates that organisations that deliver mental health services may apply under these funding rounds. However, the number of projects funded which support people with psychosocial disability will be dependent on the volume and the strength of applications against the selection criteria outlined in the Program Guidelines for ILC.

e) the planning process for people with a psychosocial disability, and the role of primary health networks in that process;

The NDIS individual participant planning process for people with psychosocial disability starts with the first plan.

The first plan is the start of a lifelong relationship with the NDIS. Once the participant has gained access to the NDIS, the NDIA will work with the participant to develop a first plan. The first plan will identify the reasonable and necessary supports required to meet immediate needs and start to identify goals to be achieved. The first plan provides participants with individualised funding that they control and choose how to use.

This plan is reviewed in 12 months' time, giving the participant time to think about their goals, the supports that are working for them and the options that may be available to them. Participants can choose to invite others to attend their planning conversation, which may include family members or current service providers or other trusted supports in their life.

DSS and DoH have contracted with current mental health service providers to assist potential participants to access the NDIS, engage in pre-planning and provide support through the NDIS planning process, if requested. At this stage, Partners in Recovery and the Day2Day Living programs remain in-kind contributors to the NDIS; therefore current participants of these programs will remain with their providers for ongoing support during transition.

The NDIA is liaising closely with DoH to develop working relationships with Primary Health Networks (PHN) at a local, state/territory and National levels to understand the impact and opportunities that their planned regional commissioning of primary health and mental health services will have for access to services.

Existing NDIS regions are progressively developing working relationships with PHNs in recognition of the value of strong collaboration on regional planning and improved integration of supports for people with disabilities within the health and mental health systems.

f) whether spending on services for people with a psychosocial disability is in line with projections;

At 31 December 2016, across all states/territories, \$268.7 million (5.3 per cent) of approved committed supports is for participants with a primary psychosocial disability, and a total of \$495.9 million (9.8 per cent) is for participants with any psychosocial disability. Note: this committed support spans different periods of time for different participants, depending on when the participant first entered the NDIS.

Considering NSW, Victoria, the ACT, WA and Queensland only, 70 per cent of supports approved for participants with a primary psychosocial disability who have an approved plan is committed for core support (both daily activities and community participation). Nine per cent has been committed for capacity building – support coordination, and six per cent to each capacity building of social/civic and daily activities. Victoria also has a higher proportion committed to capacity building – employment.

Participants with a primary psychosocial disability have a range of committed support in their NDIS plans, with most participants receiving between \$20,000 and \$50,000.

Considering the range of committed support, less participants on low and high levels of committed support have entered the NDIS than expected and more participants on medium levels of committed support have entered, compared with the expected number.

However, despite differences in the distribution between actual committed support and expected costs, the total cost is in line with what was expected. That is, considering the number of participants who have entered the Barwon and Hunter trial sites<sup>1</sup> and the committed support in their packages – the total cost is in line with the Productivity Commission estimate.

It is also worth noting that not all committed support is being utilised – this is consistent across all participants in the NDIS (not just participants with psychosocial disability). Hence, the actual package costs after considering utilisation will be lower than expected.

NDIS experience is still emerging and these findings need to be treated with caution.

g) the role and extent of outreach services to identify potential NDIS participants with a psychosocial disability; and

During trial, the NDIA undertook a range of activities through engagement teams to assist potential participants with a psychosocial disability to access the NDIS. This included spending time in mental health facilities, with ‘street doctor’ clinics, and on location with providers, including homelessness and mental health services.

Additionally, the NDIA has supported a number of key projects such as the *Morisset Hospital* project in NSW, the *Hard to Reach* project in Victoria and the *Psychiatric Hostels* project in WA where potential participants, who may have had difficulty accessing and utilising the NDIS, were assisted in this process.

The NMHSRG has also recently focussed on the NDIA’s Rural and Remote and Aboriginal and Torres Strait Islander Engagement Strategies.

The NDIA is now using the learning from these activities and projects to develop an approach for those participants who may be regarded as ‘Hard to Reach’. This may include:

- the role of LACs with their experience in working in the community sector, often with established networks and/or direct experience working in homelessness and Culturally and Language Diverse (CALD) services; and
- building the capacity of mainstream services to assist potential participants to link to the Scheme.

The NDIA is also working to build on the connection of people with transitioning programs and has further developmental work planned with Primary Health Networks, Local Health networks, general practitioners as well as private mental health professionals.

h) the provision, and continuation of services for NDIS participants in receipt of forensic disability services;

It is noted that the state and territory governments across Australia differ greatly in the legislative arrangements and current provision of mental health forensic and disability forensic services.

In November 2015, the Council of Australian Governments (COAG) published the updated *Principles to Determine the Responsibilities of the NDIS and Other Service Systems*. These principles cover 11 interface areas including justice, health, mental health and housing which have been agreed by all Commonwealth, state and territory governments.

---

<sup>1</sup> Barwon and Hunter are used in this analysis as they commenced on 1 July 2013 and for ages 0-64 years.



Within NDIS participant plans, the following key points relevant to the interface with the justice system are detailed below:

- The criminal justice system is responsible for:
  - Pre-sentence psychological and psychiatric reports regarding cognitive ability, psychiatric conditions or other matters required to assess a person's ability to plead in court or considerations prior to sentencing or diversion.
  - Support for people with disability including victims and witnesses of crime to access and navigate the justice system including guardianship, advocacy, community visitors and legal support.
  - Reasonable adjustment to mainstream services provided to individuals, organisations and systems that have contact with the justice system that provide services to people with disabilities.
  - Court-based support programs and specialist lists, including bail support.
  - Management of offenders to ensure compliance with supervised orders or conditions.
  - Early identification and intervention programs and post-custody services to prevent (re)offending, including in accessible formats for people with disability.
  - Offence specific interventions which aim to reduce specific criminal behaviours, reasonably adjusted to the needs of people with a disability and which are not clearly a direct consequence of the person's disability.
  - Intensive case coordination operated by the justice or other service systems where a significant component of the case coordination is related to the justice system.
- The NDIS will be responsible for:
  - Coordination of NDIS supports in collaboration with the supports offered by the justice system, including for victims, witnesses and alleged offenders with disability.
  - Supports to address behaviours of concern (offence related causes) and reduce the risk of offending and reoffending such as social, communication and self-regulation skills, where these are additional to the needs of the general population and are required due to the impact of the person's impairment/s on their functional capacity and are additional to reasonable adjustment.
  - The NDIS will continue to fund the reasonable and necessary supports, including the funded supports outlined in the participant's plan, including assistance with planning, decision making, scheduling, communication, self-regulation and community living.

For people in a custodial setting (including remand) the only supports funded by the NDIS are those required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, and are limited to:

- aids and equipment;
- allied health and other therapy directly related to a person's disability, including for people with disability who have complex challenging behaviours;
- disability specific capacity and skills building supports which relate to a person's ability to live in the community post-release;
- supports to enable people to successfully re-enter the community; and
- training for staff in custodial settings where this relates to an individual participant's needs.

Where a person is remanded in custody, NDIS funding for reasonable and necessary supports in the participant's plan will continue to be available to the person when they are released.

Key points relevant to the interface with the mental health system are detailed below:

- The health and mental health systems have responsibility for assisting participants with clinical and medical treatment. The health and mental health systems are responsible for the diagnosis and treatment of psychiatric conditions and mental illness. This includes:
  - All medical and clinical services such as general practitioners, mental health treatment by psychiatrists or psychologists.
  - Medications and pharmaceuticals.
  - Services and therapies in which the primary function is to provide treatment\* of mental illness targeted towards people affected by mental illness or a psychiatric condition, including 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 or psychiatric condition, especially where delivered by health services (notwithstanding the note above).
  - Intensive case coordination operated by the mental health system where a significant component of case coordination is related to the mental illness.

*\* Treatment is defined here as activities associated with stabilisation and management of mental illness (including crisis, symptom and medication management) and establishment of pathways for longer term recovery.*

A participant's NDIS plan may include a range of supports provided by informal, mainstream and community networks. The NDIS is not intended to replace the supports and services provided by mainstream systems. Before any funded support is added to a participant's plan, the NDIA must be satisfied that the support is most appropriately funded through the NDIS.

The NDIS is responsible for ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life. This may also include provision of family and carer supports to support them in their carer role, and family therapy, as they may facilitate the person's ability to participate in the community and in social and economic life.

This includes:

- Support for community reintegration and day to day living, including development of skills, assistance with planning, decision-making, personal hygiene, household tasks, social relationships, financial management, transport, support for accommodation access\*\*, and community connections provided, other than where provided as an integral part of an established treatment program.
- 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, including recreation, education, training and employment, housing, and primary health care.
- Community supports aimed at increasing a person's ability to live independently in the community or to participate in social and economic activities, including in-home and centre-based care, recreational activities, day centre services and holiday care and community access (including life skills and social skills day programs).
- The coordination of NDIS supports with the supports offered by the mental health system and other relevant service systems.

*\*\* Supports to assist a person to obtain and maintain accommodation and/or tenancies where these support needs are required due to the impact of the person's impairment on their functional capacity.*

**Attachments:**

- Attachment 1: National Mental Health Sector Reference Group Sector Communiqué – October 2016
- Attachment 2: National Mental Health Sector Reference Group Sector Communiqué Easy Read  
October 2016
- Attachment 3: Key Data on Psychosocial Disability and the NDIS – at 31 December 2016
- Attachment 4: Key Products and Resources – NDIS and Mental Health
- Attachment 5: Completing the access process for the NDIS Tips for communicating about psychosocial  
disability final August 2016

## **National Mental Health Sector Reference Group Sector Communiqué – October 2016**

---

The National Mental Health Sector Reference Group (NMHSRG) provides expert advice from a cross section of the mental health sector to the National Disability Insurance Agency (NDIA) about the integration of psychosocial disability and mental health into the Scheme. The NMHSRG is also an important mechanism for information sharing across the mental health sector and the broader community. As such, the purpose of this Communiqué is to provide the key outcomes of the eighth meeting of the NMHSRG which took place on 28 October 2016 in Melbourne.

The meeting was well attended with members focusing on the important work underway in transitioning to a national Scheme and planning the integration of mental health and psychosocial disability into the NDIS.

The NMHSRG, chaired by NDIA Strategic Adviser Mr Eddie Bartnik, includes diverse sector representatives and is attended by expert guest presenters when necessary.

The following members, project managers and invited guests were in attendance:

### **Chairperson**

1. Mr Eddie Bartnik, NDIA Strategic Advisor

### **Members**

2. Ms Anne Skordis, NDIA GM Scheme Transition
3. Mr Evan Bichara, Consumer Representative
4. Ms Arahni Sont, Carer Representative
5. Ms Julie Anderson, Consumer Representative
6. Ms Marita Walker, NDIA Regional Manager
7. Mr John Riley, Department of Social Services
8. Ms Robyn Humphries, Mental Health Drug and Alcohol Principal Committee\*
9. Ms Amy Wyndham, Mental Health Drug and Alcohol Principal Committee\*
10. Dr Anthony Millgate, Department of Health
11. Mr Tully Rosen, Mental Health Commission (NSW) (for Mr John Feneley)\*\*
12. Mr Rod Astbury, Community Mental Health Australia
13. Mr Josh Fear, Mental Health Australia (for Mr Frank Quinlan)

### **Project Managers**

- Ms Emma Coughlan, Mental Health Australia
14. Ms Joanne Llewellyn, Department of Social Services
15. Ms Deborah Roberts, NDIA Mental Health Section
16. Mr Mark Rosser, NDIA Mental Health Section
17. Ms Belinda Wilson, NDIA Mental Health Section

### **Invited Guests**

18. Ms Amanda Bresnan, Community Mental Health Australia
19. Mr Damian Griffiths, First Peoples with Disability Network
20. Ms Stephanie Gunn, NDIA GM Community Linkages
21. Mr Adrian Munro, Richmond Wellbeing

### **Dialling in**

22. Ms Sarah Johnson, NDIA Scheme Actuary
23. Ms Belinda Krause, NDIA Actuary
24. Mr Jason Leung, NDIA Program Analyst

## Apologies

25. Ms Janet Meagher AM, NDIS Independent Advisory Council

26. Dr Gerry Naughtin, NDIS Independent Advisory Council

27. Mr Frank Quinlan, Mental Health Australia

28. Mr John Feneley, NSW Mental Health Commission

\*representative of the Mental Health Drug and Alcohol Principal Committee (MHDAPC) of the Australian Health Ministers Advisory Council

\*\*representative of Mental Health Commissions.

## Summary of the Eighth Meeting

The Chairperson acknowledged the Wurundjeri people as traditional owners of land and paid respect to elders both past and present.

The Chairperson, Mr. Eddie Bartnik, welcomed members to the third meeting of the NDIA Mental Health Sector Reference Group (the NMHSRG) for 2016 and thanked members for their attendance.

The Chairperson acknowledged that the NDIS gives effect to Australia's obligations under the *United Nations Convention on the rights of People with Disabilities* (2006) and noted the criticality of continuance of the National Mental Health Sector Reference Group as an ongoing partnership mechanism between the mental health sector and the National Disability Insurance Agency.

The Chairperson acknowledged the valuable contribution of people with a lived experience of mental health difficulties, along with their families/ carers and all those in the sector who support them. The Chairperson reminded the NMHSRG that the core purpose of the group is to ensure people with psychosocial disability accessing the Scheme (including through the ILC) have the best life they can in the community.

## Chairperson's Report

The Chairperson welcomed returning member Ms Amy Wyndham and acknowledged invited guests:

- Mr. Adrian Munro – presenting to members the work completed by *Richmond Wellbeing*, Sharing the Journey, NDIS Peer Education Workshops.
- Ms. Amanda Bresnan, newly appointed Executive Director, Community Mental Health Australia.
- Mr. Damian Giffis, CEO, *First People's Disability Network* – presenting to members in relation to Aboriginal and Torres Strait Islander people and disability.
- Ms. Stephanie Gunn, General Manager, *Community Linkages NDIA* – presenting to members the Agency's work developing a strategy for Aboriginal and Torres Strait Islanders.

The Chairperson acknowledged the sustained contribution to the NMHSRG of outgoing Secretariat, Ms. Petra Hill.

The Chairperson acknowledged that the NMHSRG and its continuity of membership and collective, unified voice supporting Scheme transition and psychosocial disability has been important in building sector confidence and the wider community's confidence in the NDIS.

The Chairperson spoke of the significant engagement work completed by the NDIA in recent months.

The Chairperson noted for members that the national office mental health team has developed a draft 2016/17 workplan. The plan is well considered and represents the breadth of work required to build capacity externally within the sector to embrace, understand and interface with the Scheme and internally for the Agency to ensure its regional teams and community partner focus is comprehensive enough to accommodate the particular needs of participants and carers with psychosocial disability.

The Chairperson noted that unfortunately both members of the Independent Advisory Council (IAC), Dr.Gerry Naughtin and Janet Meagher were apologies for the meeting.

## **Members' Reports**

A 'Members Reports' session commenced the meeting, allowing shared visibility of NDIS transition and readiness planning. Of significance, the NMHSRG heard feedback including:

- Members of the National Register of Mental Health Consumers and Carers noting;
  - Strong sense of engagement by the NDIA at the moment in particular in NSW
  - Strong carer's themes in recent months include; self-management/ self-direction – carers feel the promotion of self-management is not as strong as it could be,
  - Separating the NDIS from the responsibility of jurisdictions (states and territories) – There is a sense of confusion in relation to service and support 'gaps' – NDIA seems to be receiving a lot of 'flack' in relation to mainstream service system which are state and federal government funding responsibilities,
  - The role of Support Coordination is being highly valued by participants and carers,
  - NDIS services are being considered 'cheap' forms of support. There should be a higher value placed on services. There is an emerging perception issue about the 'quality' of NDIS supports,
  - NDIS should not replace a suite of existing community services including; rehabilitation and recovery.
- That a recent media report in relation to accessing the NDIS in the ACT and the perception of potential participants missing out had now been resolved. The NDIS legislation requires that people can apply to access the Scheme when it is available in their area. The Agency has 21 days to assess access. The issue in the ACT related to planning appointments and relied on communication from government after bilateral targets specific to the ACT had been met. That communication had now been received and planning appointments had recommenced. The NDIS does not have a 'cap' in relation to participant numbers.

- The NDIA's capacity to achieve first quarter targets for transition to full scheme had been impacted by problems with the web based portal. The Disability Reform Council has agreed to a plan to recover and achieve 100% of agreed targets by the end of December 2016. In relation to provider claims - 97% are now progressing as they should.
- A presentation describing – *Sharing the Journey, NDIS Peer Education Workshops* which were auspice by Mental Health Australia through the Sector Development Fund and completed by Richmond Wellbeing nationally was given. The presentation highlighted that a total of 649 people participated in the workshops and that participants' placed a high value on the workshops featuring presentations from people with the lived experience of mental health issues. The presentation also highlighted that the workshops had strong engagement from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities.
- The concept of a community/non-profit driven national NDIS conference to be organised by CMHA had progressed with a target date being set for November 2017. Sydney will be the preferred location.
- Dr. Peggy Brown has been appointed the new CEO of the National Mental Health Commission.
- The Mental Health Drug and Alcohol Principal Committee's recent work includes: 5<sup>th</sup> National Mental Health Plan (*plan*). On the 21<sup>st</sup> of October a draft of the 5<sup>th</sup> *plan* was released for consultation. Seven action areas have been identified including; severe and complex mental illness, coordinated treatment and the NDIS. A consultation process includes an online survey, written submissions which can be lodged up until mid-December and 10 direct consultation events to be held in states and territories. Mental Health Australia is working closely with the Department of Health on the consultation process. Both Mental Health Australia and Community Mental Health Australia will provide written submissions. The NDIA has previously provided a written submission to inform the development of the *plan*.
- The NDIA has implemented a 'first plan' process. Challenges in relation to efficiencies and bringing people into the Scheme through transition and meeting bilateral targets needed to be addressed. A speedier and less stressful process is the overall aim of the 'first plan' process. Feedback from trial indicated participants and carers needed time to understand the Scheme so as to maximise choice and control, establish goals and envisage what's possible through reasonable and necessary supports provided through the Scheme. A 'guided conversation' will provide for a description of goals and reduce delay in processes from access through planning to receiving supports. Further information about first plans will be made available.
- The Department of Health have recently completed a series of events nationally through the Transition Support Project (facilitated by Flinders University). Partners in Recovery and Day to Day Living providers have been provided briefings and presentations in relation to transitioning to the NDIS.
- Section 55 (S55) letters were sent by the NDIA 31/10/2016 to Partners In Recovery and Day to Day Living providers.
- A national forum was held in October in Canberra for Primary Health Networks (PHN) – CEO's were in attendance and work in relation to mental health was highlighted. Work to understand the interface between PHN's and the NDIS will be progressed in the new year. This area of work is included within the NDIA Mental Health Work Plan for 2016/17.

- Disability Reform Council update – Western Australian trials of the NDIS have been extended by 12 months. Previous commitment to an October 2016 announcement about whether the NDIS would be rolled out in Western Australia will be delayed to ensure comparative trials can be further analysed.
- A scheduled Productivity Commission review of the NDIS is approaching and Terms of Reference are currently being drafted. This is the last major scheduled review before full Scheme transition and community mental health supports will be included as a part of this review.
- As part of the NDIA Co-design framework, the *Psychosocial disability and recovery* factsheet is currently being reviewed by key external and internal stakeholders.

## Aboriginal and Torres Strait Islander Approach

Ms. Stephanie Gunn, General Manager, *Community Linkages NDIA* and Mr. Damian Griffis, CEO, *First People's Disability Network* then gave presentations to members in relation to Aboriginal and Torres Strait Islander people and disability.

The presentations gave members a comprehensive insight into the work the NDIA is currently developing to support engagement, access and support provision with Indigenous communities and the complexities in understanding prevalence rates and the impact of disability for Aboriginal people.

- Some key presentation highlights from Ms Gunn included:
  - Currently the Scheme has 6% Aboriginal and Torres Strait Islander participant representation:
    - Utilising a community partnership model the NDIA is looking to advance on the 6% of current participants.
  - Defining and measuring disability within Aboriginal and Torres Strait Islander communities is a challenge.
  - Engaging with communities has been challenging and requires further work
  - A specific Aboriginal and Torres Strait Islander Reference Group has helped drive engagement and collaboration.
  - Eight core themes within the Strategy including: meaningful engagement, accessible information, flexible agency service delivery, leveraging partnerships and markets response to consumer choice. From these core themes further notions are actively promoted and supported including employment opportunities within communities which build on common demand when individual needs are seen in total.
- Some key presentation highlights from Mr Griffis included:
  - A10 point plan in relation to Aboriginal people with disability has been developed and launched 3 years ago and are on the whole incorporated in the 8 points within the NDIA strategy.
  - Research and data in relation to Aboriginal people with disability is a contested space and clarity needs to be gleaned – an example is the 'normalising' of hearing loss within communities. So wide spread that the community don't necessarily consider this a disability.



- No current prevalence rate for psychosocial disability in Australia amongst Aboriginal and Torres Strait Islander people.
  - Very little reference material on disability in Aboriginal and Torres Strait Islander communities.
  - Family/ community is the key provider of supports currently – disability is not considered a point of difference.
  - Denial of human rights – access to shelter, education, employment and its impact on Aboriginal people needs to be considered when reflecting on disability prevalence within communities.
  - Rural and remote access to supports will have a higher percentage impact on Aboriginal people.
  - Community by Community approach is the only way to go in relation to genuine engagement and ‘buy in’ to the NDIS. This is something that will be easy to say and not so easy to do.
- The presentations were welcomed by all members with acknowledgement of the importance, value and impact of the information given.
  - The NDIA Aboriginal and Torres Strait Islander Engagement strategy will be published once approved by the Disability Reform Council.

## **Scheme Actuary’s Report**

- Ms Sarah Johnson, Scheme Actuary presented the report: *People with Psychosocial Disability and the NDIS – as at 30 June 2016*. It was noted that the June 2016 Quarterly Report, a Sustainability Report and Trial Site ‘dashboard’ are now available on the NDIS website.
- As at 30 June 2016, across all trial sites 3,615 (10.1%) of all scheme participants have a psychosocial disability, and 2,747 participants (7.7%) have psychosocial disability recorded as their primary disability. It was also noted that 37% of all participants with a primary or secondary psychosocial disability have more than one disability listed.
- Ms Johnson then took the NMHSRG through the *People with a Psychosocial Disability Report* in detail. Information on people who had completed an access request as at 30 June 2016 included a breakdown of the numbers of participants with a psychosocial disability across trial sites.
- For the purposes of this communique, a Key point’s summary of data *People with Psychosocial Disability and the NDIS – as at 30 June 2016* is included. Refer to Attachment A.

## **Project Updates**

Papers on the progress of key NDIA mental health projects were tabled. A summary is provided here:

### **Reference Packages**

Find out more: [NDIS Reference Packages for Psychosocial Disability](#)

- For further information relating to this project, please contact:  
Ms. Deborah Roberts

Find out more: [MHA / NDIA Design of Supports for Psychosocial Disability](#)

- The project produced a number of jointly agreed recommendations for the NDIA to consider.

- The development of an implementation plan to address the project recommendations in liaison with all other relevant divisions including NDIA Media, Communications and Engagement, NAT, Operations and Market & Sector. Some of these recommendations are already being addressed.
- A final report and implementation actions arising from the report will then be considered by the NDIA's Executive Management for joint publication.

For further information relating to this project, please contact:

Mr. Josh Fear

## Access Review

Brisbane, Perth, Darwin and Adelaide. Sydney is scheduled for November 2. Melbourne, Canberra and Hobart will be rescheduled to early 2017. Information Sessions have been completed in: Melbourne, Sydney, Brisbane, Perth, Darwin, Adelaide and Ballarat (regional Victoria). The information sessions have been completed in collaboration with the Department of Health and Flinders University as a part of the Transition Support Project. Key themes arising in each jurisdiction have been captured with a summary sent to delegates. These themes will help inform part of the work to be completed within the Mental Health Team Work Plan 2016/2017.

- In addition to the above schedule the NDIA Mental Health Team have conducted a range of other engagement events including targeted cohorts; forensic clinicians' and services in Victoria and Queensland and Carers in Queensland and nationally through a webinar format.
- Enhancement of NDIA materials.
  - A review of documentation used by the National Access Team has been completed.
  - Consultation with key NDIA teams; National Access Team, Operations, Communications, Engagement & Media and Markets and Pricing is ongoing. This will facilitate improved language, communication and processes for potential participants and their carers as well as the wider mental health sector.
  - A Communication and Engagement Strategy for the mental health team is being developed in collaboration with Communication, Engagement and Media. This will incorporate a body of work to be completed within the 2016/17 Mental Health Work Plan.
  - An NDIA Products and Resources document has been developed. In addition the following resources have recently progressed; See *Attachment C*
  - Completing the access process for the NDIS, Tips for communicating about psychosocial disability, is now available for public use and is on the NDIS website.
  - Recovery fact sheet is in the final stages of approval for public use.
  - 2 page easy read NMHSRG Communique is now available on the NDIS website. See *Attachment B*.
  - A contract for the development and implementation of a digital resource specific to psychosocial disability and the NDIS with Mental Health Coordinating Council of NSW has been finalised. A work plan has been approved. Approximate completion timeframe is March 2017.
- Resource kit and staff training package for NDIA staff. The NDIA through the Learning and Development Branch have purchased a two year licence from the Mental Health Coordinating Council (MHCC) (NSW) for exclusive use of their capacity, mental health eLearning recovery suite.
  - A working paper observing the Agencies Learning and Development Strategic Plan 2015-16, Learning and Development Model and Growing Capability Map and providing recommendations for the inclusion or development of mental health and wellbeing training components is ongoing. Ongoing meetings with representatives from Learning and Development are in place to facilitate enhancing mental health focused training initiatives for all NDIA staff.

- Mental Health First Aid training for Geelong based staff was held on May 18 and 19.
- NDIA Community of Practice. Quarterly meetings are ongoing.
- 'Hard to reach' cohort. Included within the original recommendations stemming from the Operational Access Review Working Groups was the inclusion of a strategy to understand how to reach and engage with the 'hard to reach'. A pilot initiative funded through the NDIA has commenced in the Barwon region to test strategies in relation to how to engage hard to reach cohorts. This initiative will be delivered by Barwon region community support provider Diversitat who specialise in supporting culturally and linguistically diverse communities.

For further information relating to this project, please contact:

Mr. Mark Rosser

### **NDIS Psychosocial Resources Online**

- In July 2016, the National Disability Insurance Agency (NDIA) and the Mental Health Coordinating Council (MHCC) commenced working in partnership to deliver an online resource to provide information to people with psychosocial disability, their families and carers, concerning the NDIS.
- This NDIS Psychosocial Resources Online Project (Project) aims to assist people with psychosocial disability, families and carers on the recovery journey to understand what it means to have choice and control and build their capacity to exercise this choice and control. This is done by providing quality information on and connections to the types of supports that are available, including NDIS supports and how to start preparing for the NDIS, including tools and information about NDIS access requirements and planning.
- The Project seeks to deliver a resource hosted on the MHCC website that acts as an easy to use, interactive one-stop shop for people with psychosocial disability. As such, it is critical that the Project is user-led, involving people with lived experience in the designing and testing of the resource.
- The Project will use co-design methodology (*the first co-design workshop was held in September*) to work with people with lived experience who are both NDIS participants and prospective participants as key contributors to the decisions and design of the product that they will be using. As well as this, the Project will be informed by an Advisory Group (*first meeting was held in November*) made up of people with lived experience, including representatives from the National Mental Health Consumer and Carer Forum, who will provide strategic advice and direction.
- A staged approach will be used to undertake the Project, with the following timeframes:
  - research and development in November 2016,
  - piloting in November/December 2016,
  - build and implementation in January 2017 and,
  - Go Live in March 2017.
- The expected completion of the Project is March 2017 and the online resource will be updated and reviewed by MHCC for a period of five years after which the on-going need and viability of the resource will be reviewed.

For further information relating to this project please contact:  
Mr. Mark Rosser

## Meeting Close

The Chairperson reminded members that the focus of the NMHSRG's work is the NDIA's *Mental Health WorkPlan 2016-17* including projects captured in the plan. Additionally, the NMHSRG is an important mechanism for information sharing across the mental health sector, NDIA and the broader community.

The NMHSRG agreed the following topics be added to the NMHSRG Forward Meeting Plan:

- Information Linkages and Capacity Building (ILC) and Local Area Coordination (LAC) implementation,
- more dedicated focus on markets, providers and pricing and,
- Workforce considerations (where to come from, training, retaining, competency, quality).

The next meeting is expected to take place in February 2017.

For further information regarding the National Mental Health Sector Reference Group, please contact:  
Mr. Mark Rosser

## Attachments

Attachment A: Key Data on Psychosocial Disability and the NDIS as at 30 June 2016

Attachment B: Two Page summary of the Sector Communique

Attachment C: NDIA Products and Resources on Psychosocial Disability



## Sector Communique – October 2016

### National Mental Health Sector Reference Group

**The National Mental Health Sector Reference Group provides expert advice from the mental health sector to the NDIA about mental health and the NDIS.**

| People with lived experience | Family and carers | Mental Health Commissions | NDIS Independent Advisory Council | Commonwealth Departments of Social Services and Health | Mental Health Australia | Mental Health Drug and Alcohol Principal Committee | Scheme Actuary | NDIA Mental Health Section | NDIS Strategic Adviser

The NDIS gives effect to Australia's obligations under the [United Nations Convention on the rights of People with Disabilities](#) (2006).

The National Mental Health Sector Reference Group (NMHSRG) was established by the NDIA in 2014 to build a strong working relationship between the mental health sector and the NDIA.

For the [terms of reference](#) & previous [sector communiques](#) visit the NDIS website.

#### Members' Reports

- The NDIA has resolved a media report in the ACT regarding potential participants missing out. Communication from government clarified bilateral targets.
- The NDIA web based portal issues and their effect on bi-lateral targets have been mitigated. An Implementation plan to recover and achieve revised targets by the end of Dec 2016 is in place.
- The NDIA has introduced a 'first plan' process.
- The Department of Health have completed national Partners in Recovery (PIR) & Day to Day Living (D2DL) events facilitated by Flinders University.

#### NDIA Aboriginal and Torres Strait Islander engagement strategy

- Core themes within the Strategy:
  - Meaningful engagement,
  - Accessible information,
  - Flexible agency service delivery,
  - Leveraging partnerships and markets to respond to consumer choice,
  - Employment opportunities which build on common demand within communities.
- A national Primary Health Networks (PHN) & mental health forum run in Canberra was attended by CEOs. A future focus will be on the PHN & NDIA interface.
  - ❖ Note: Included in 2016/17 Mental health Work Plan.
- Disability Reform Council notified of a [Western Australian trials extension](#) by 12 months.
- Mental Health Australia commissioned Richmond Wellbeing through the Sector Development Fund to deliver the [Sharing the Journey, NDIS Peer Education Workshops](#) presentations



- Community Mental Health Australia (CMHA) will lead development of an NDIS Community Mental Health Conference, with a tentative date of November 2017.
- [Dr. Peggy Brown](#) has been appointed the new CEO of the National Mental Health Commission.
- Mental Health Drug and Alcohol Principal Committee has opened consultation into the 5<sup>th</sup> National Mental Health Plan.
- A scheduled [Productivity Commission](#) review of the NDIS is approaching. Community mental health supports will be part of this review.

## Aboriginal and Torres Strait Islander (ATSI) engagement strategy

- Currently the Scheme has 6% Aboriginal and Torres Strait Islander participants.
- Defining and measuring disability & engaging with ATSI communities is a challenge acknowledged & addressed in the strategy.
- A Reference Group has been created.
- Core themes within the Strategy (see *highlighted text box on page 1*)
- **Mr Griffiths noted:**
  - A [10 point ATSI people with disability plan](#) is on the whole incorporated in the 8 points within the NDIA strategy
  - ATSI people with disability research and data needs to be clarified & centralised.
  - *Community by Community approach* is the best-practice in developing genuine engagement and 'buy in' to the NDIS.

## Scheme Actuary's Report

- Ms Sarah Johnson, Scheme Actuary presented the report: *People with Psychosocial Disability and the NDIS – as at 30 June 2016*.

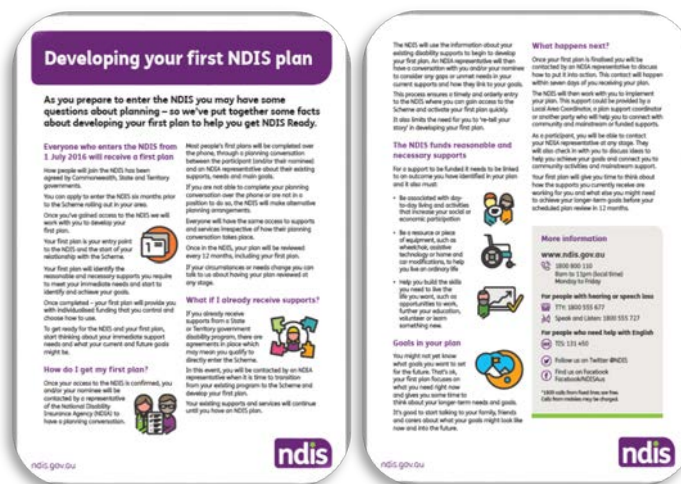
Note: the [June 2016 Quarterly Report](#), a [Sustainability Report](#) and [Trial Site 'dashboard'](#) are now available on the NDIS website.

- See *adjacent highlighted text box*
- It was also noted that 37% of all participants with a primary or secondary psychosocial disability have more than one disability listed.

- A key summary of data for *People with Psychosocial Disability and the NDIS – as at 30 June 2016* is included at [Attachment A](#).

## Scheme Actuary's Data

As at 30 June 2016, across all trial sites 3,615 (10.1%) of all scheme participants have a psychosocial disability, and 2,747 participants (7.7%) have psychosocial disability recorded as their primary disability.



The development of new 'First Plan' factsheets.

## Current NDIA Psychosocial Disability Projects

- NDIS Outcomes Measures and Reference Packages for Psychosocial Disability
- MHA/NDIA Design of Supports
- Operational Access Review NDIS
- Psychosocial Resources Online, and
- NDIA Community of Practice: Enhancing Practice

## Coming Up...

The next meeting of the National Mental Health Sector Reference Group is expected to take place in February 2017. Possible topics for discussion include Information Linkages & Capacity Building including the role of Local Area Coordinators, markets, providers and pricing and workforce

## Key Data on Psychosocial Disability and the NDIS - as at 31 December 2016

- The *Productivity Commission Inquiry into Disability Care and Support* estimated that 411,250 people who would meet the access requirements for Tier 3 funded supports in 2011-12. Further, the Productivity Commission estimated that approximately 56,880 people would be participants with a significant and enduring primary psychosocial disability (13.8 per cent). In 2019-20 the number of expected participants in the NDIS is approximately 460,000 of which approximately 64,000 participants are estimated to be participants with a significant and enduring primary psychosocial disability (13.9 per cent).
- Across all states/territories 7,840 (10.2 per cent) of all scheme participants have a psychosocial disability, and 4,764 participants (6.2 per cent) have psychosocial disability recorded as their primary disability. 56 per cent of all participants with a primary or secondary psychosocial disability have more than one disability listed. Note, these numbers need to be treated with caution as NDIS States/Territories currently support specific age cohorts (for example, South Australia for 0 - 17 year olds and Tasmania for young people aged 12 - 24) or regions and not all phasing is complete.
- In New South Wales and Victoria the proportion of participants with a primary psychosocial disability is 5.6 per cent and 10.4 per cent respectively. In the Australian Capital Territory, Western Australia and Queensland, it is 12.4 per cent, 8.2 per cent and 5.6 per cent respectively. Note: these numbers differ when only the trial site locations are considered, most significantly in the New South Wales-Hunter and Victoria-Barwon trial site locations being 13.0 per cent and 14.1 per cent respectively.
- The current prevalence rates of people with a psychosocial disability differs significantly between state regions. For participants aged 25 to 44 years, the trial site regions prevalence rates are lowest in North East Perth and highest in Barwon. The prevalence rate is higher for participants aged 45 to 64 years in each trial site compared with other age groups. Comparing across state regions that include the trial site locations, it is lowest in North East Perth, and highest in Barwon. Once again these numbers should be treated with caution as psychosocial disability has only recently commenced being phased into any state region areas outside of the trial site LGAs, and potential participants continue to approach the scheme. Further, existing support arrangements and the demographics of the different geographical areas also play a part.
- 3,720 (78 per cent) participants with a primary psychosocial disability currently have an approved plan.
- 81 per cent (up from 78 per cent in June 2016) of participants with a psychosocial disability submitting an access request have been found to meet the access requirements for the scheme.
- Across all states/territories, \$268.7 million (5.3 per cent) of approved committed supports is for participants with a primary psychosocial disability, and a total of \$495.9 million (9.8 per cent) is for participants with any psychosocial disability. Note: this committed support spans different periods of time for different participants, depending on when the participant first entered the NDIS.
- Participants with a primary psychosocial disability have a range of package values, with most participants receiving between \$20,000 and \$50,000.



### Attachment 3

- Considering New South Wales, Victoria, the Australian Capital Territory, Western Australia and Queensland only, 70 per cent of supports approved for participants with a primary psychosocial disability who have an approved plan is committed for core support (both daily activities and community participation). 9 per cent has been committed for capacity building - support coordination, and 6 per cent to each capacity building of social/civic and daily activities. Victoria also has a higher proportion committed to capacity building - employment.
- Considering trial site locations only, the proportion of participants with a primary psychosocial disability in each trial site has increased over time, bringing it closer to the projected Productivity Commission estimate. This is shown in Table 1 below.

**Table 1 Trial site participants with a psychosocial disability as a proportion of all trial site participants**

	Prior to 201	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
<b>Participants with a primary psychosocial disability</b>									
<b>NSW_HTR</b>	8.6%	8.2%	9.0%	9.2%	9.6%	10.8%	12.3%	12.9%	14.1%
<b>VIC</b>	13.3%	13.7%	13.9%	14.1%	14.0%	14.0%	14.1%	14.2%	14.9%
<b>ACT</b>	2.5%	3.3%	4.0%	4.9%	5.7%	8.2%	11.3%	11.9%	12.9%
<b>WA</b>	1.1%	1.0%	1.5%	2.9%	5.1%	7.2%	7.6%	8.5%	9.9%
<b>All participants with a psychosocial disability</b>									
<b>NSW_HTR</b>	13.9%	13.2%	13.6%	13.6%	13.6%	14.6%	15.8%	17.0%	18.3%
<b>VIC</b>	16.7%	17.2%	17.2%	17.5%	17.3%	17.3%	17.3%	17.8%	18.6%
<b>ACT</b>	7.5%	9.3%	9.0%	10.3%	10.9%	12.8%	15.2%	16.6%	17.5%
<b>WA</b>	3.5%	2.7%	4.0%	5.3%	7.3%	9.3%	9.7%	11.0%	12.7%

- The proportion of access requests with a primary psychosocial disability has also increased over time. This is shown in Table 2 below.

**Table 2 Access requests for trial site people with a psychosocial disability as a proportion of all trial site access requests**

	Prior to 201	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
<b>Access Requests for people with a primary psychosocial disability</b>									
<b>NSW_HTR</b>	10.8%	10.4%	11.1%	11.0%	11.8%	12.6%	13.7%	14.4%	14.1%
<b>VIC</b>	14.5%	14.6%	14.6%	14.9%	14.6%	14.9%	14.9%	15.1%	14.9%
<b>ACT</b>	3.6%	4.3%	4.6%	5.4%	7.1%	9.2%	11.7%	12.5%	13.3%
<b>WA</b>	3.5%	2.9%	3.7%	5.1%	7.4%	8.8%	9.0%	9.8%	9.6%
<b>All access requests for people with a psychosocial disability</b>									
<b>NSW_HTR</b>	16.5%	15.8%	15.9%	15.9%	16.2%	16.6%	17.2%	18.4%	18.3%
<b>VIC</b>	18.2%	18.2%	18.4%	18.4%	18.3%	18.2%	18.0%	18.5%	18.8%
<b>ACT</b>	9.4%	10.6%	10.2%	11.6%	12.9%	14.3%	15.6%	17.0%	17.9%
<b>WA</b>	5.8%	4.7%	6.4%	7.8%	10.0%	10.9%	11.0%	12.3%	12.3%

### Attachment 3

- Tables and figures presented in the COAG December 2016 quarterly report for participants with a primary psychosocial disability are shown below.

**Table 2-3 Participants by disability group – Q2 2016-17**

Disability group	Total access determinations	Participants	Participants as a % of total access determinations	Distribution by disability group
Psychosocial disability	1,636	1,167	71.3%	7.1%
<b>Overall</b>	<b>18,863</b>	<b>16,462</b>	<b>87.3%</b>	<b>100%</b>

**Table 2-4 Participants by disability group - Q1 2013-14 to Q2 2016-17**

Disability group	Total access determinations	Participants	Participants as a % of total access determinations	Distribution by disability group
Psychosocial disability	5,851	4,763	81.4%	6.2%
<b>Overall</b>	<b>81,708</b>	<b>76,269</b>	<b>93.3%</b>	<b>100%</b>

**Table 2-5 Participants with an approved plan by disability group – Q2 2016-17**

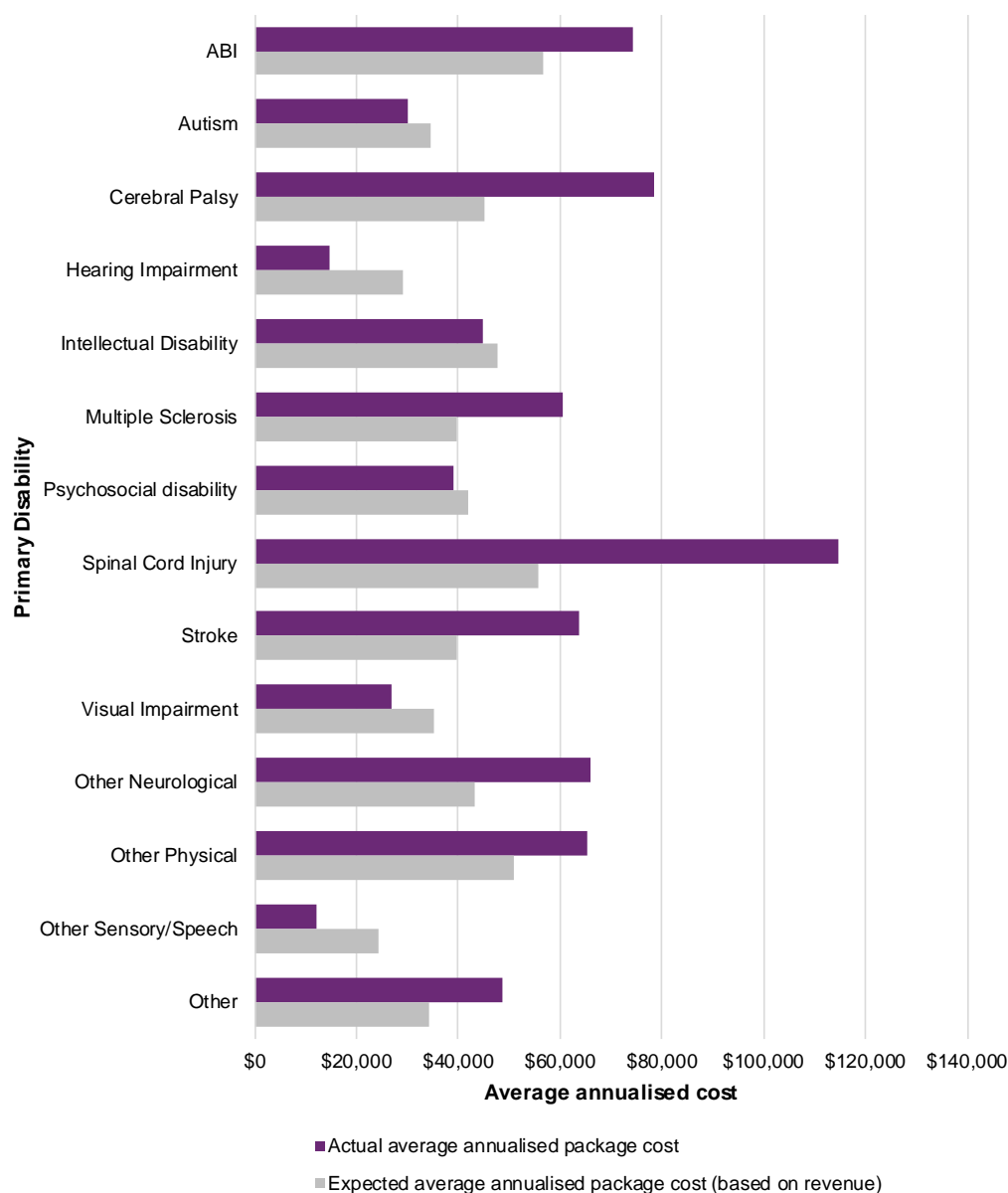
Disability group	2016-17 Q2 Approved Plans	Distribution
Psychosocial disability	1,173	5.0%
<b>Overall</b>	<b>23,495</b>	<b>100%</b>

**Table 2-6 Participants with an approved plan by disability group - Q1 2013-14 to Q2 2016-17**

Disability group	Approved Plans	Distribution
Psychosocial disability	3,835	6.3%
<b>Overall</b>	<b>61,215</b>	<b>100%</b>

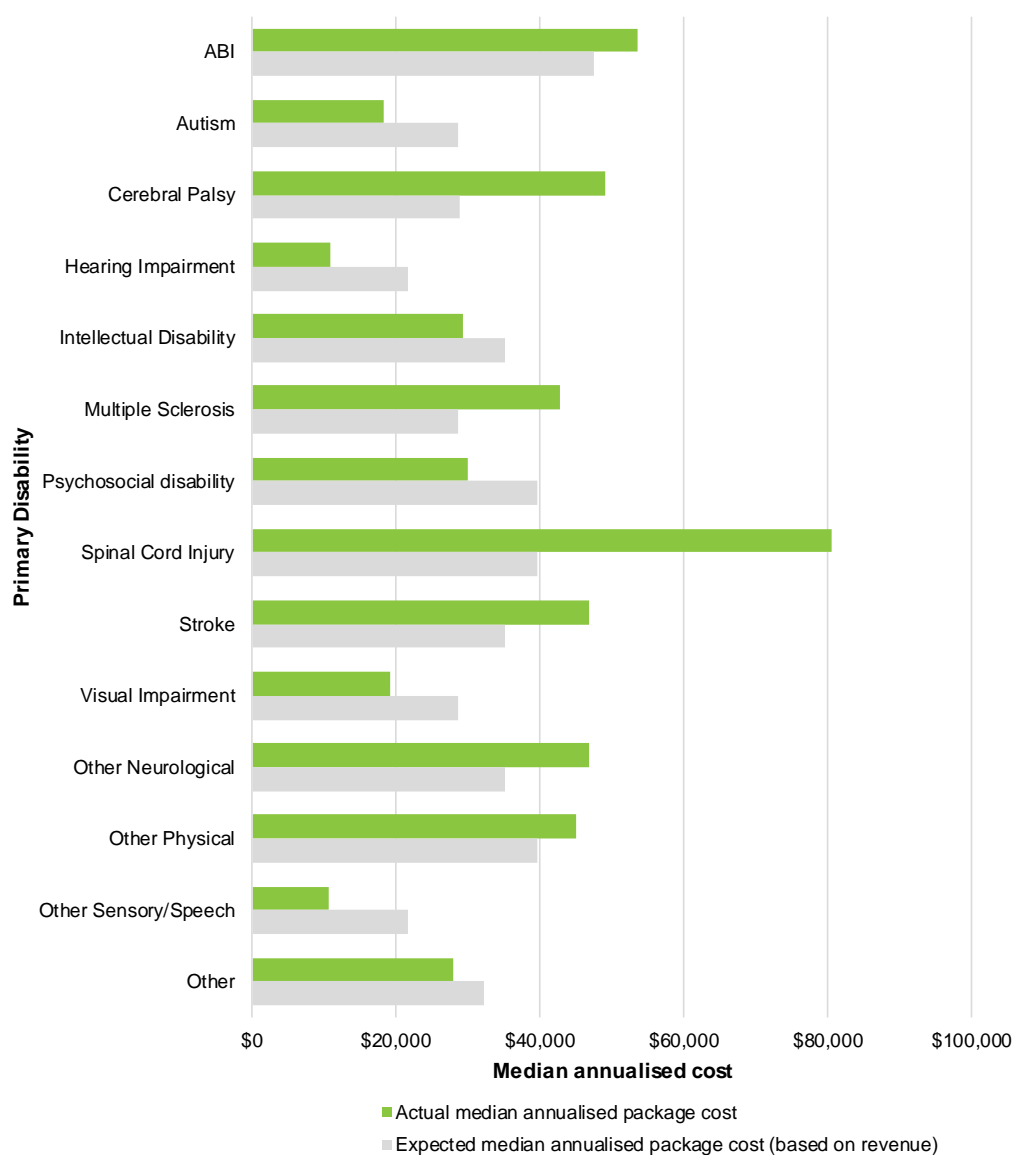
### Attachment 3

**Figure 2-1 Average annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals from 1 July 2016**



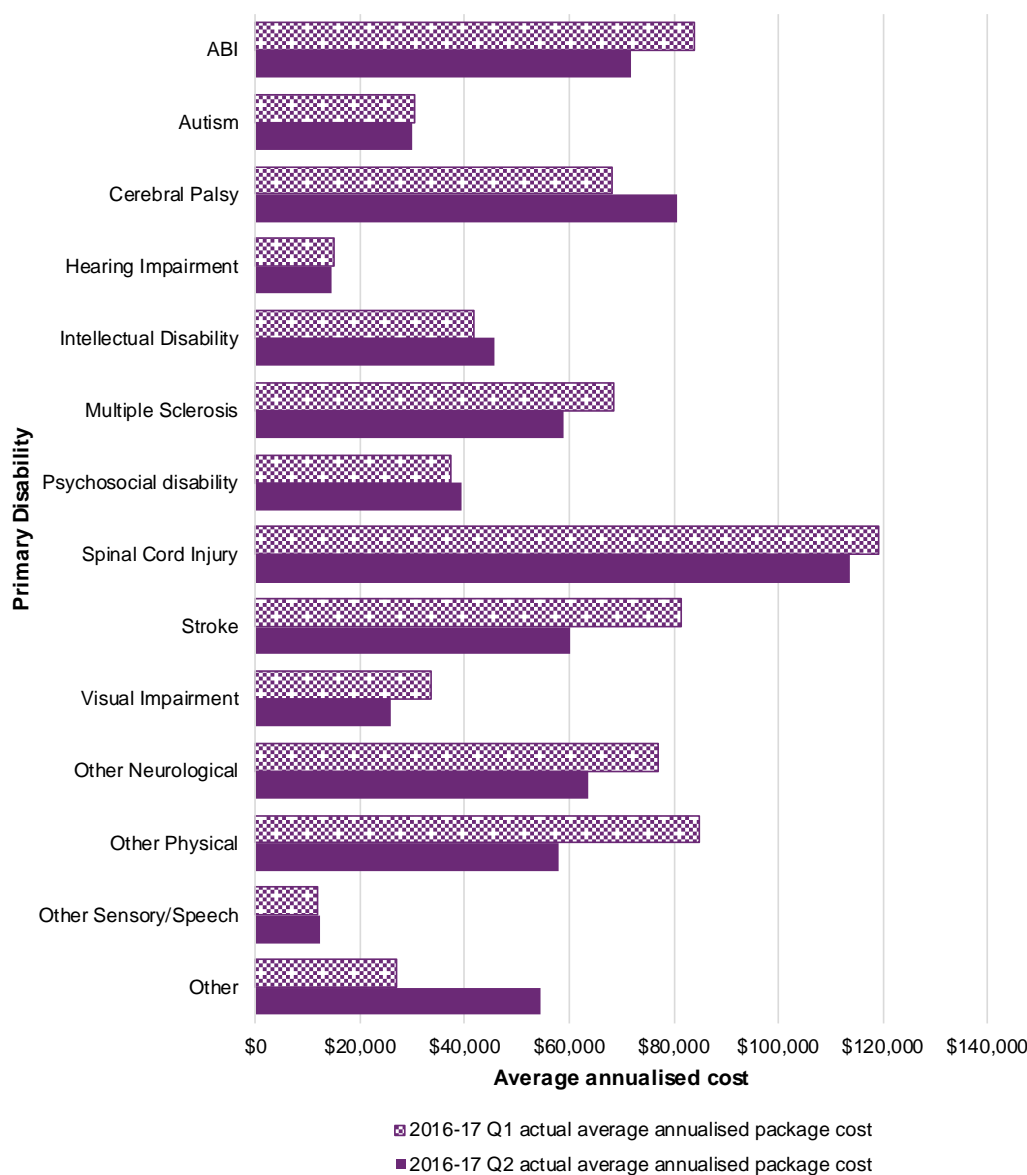
### Attachment 3

**Figure 2-2 Median annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals from 1 July 2016**



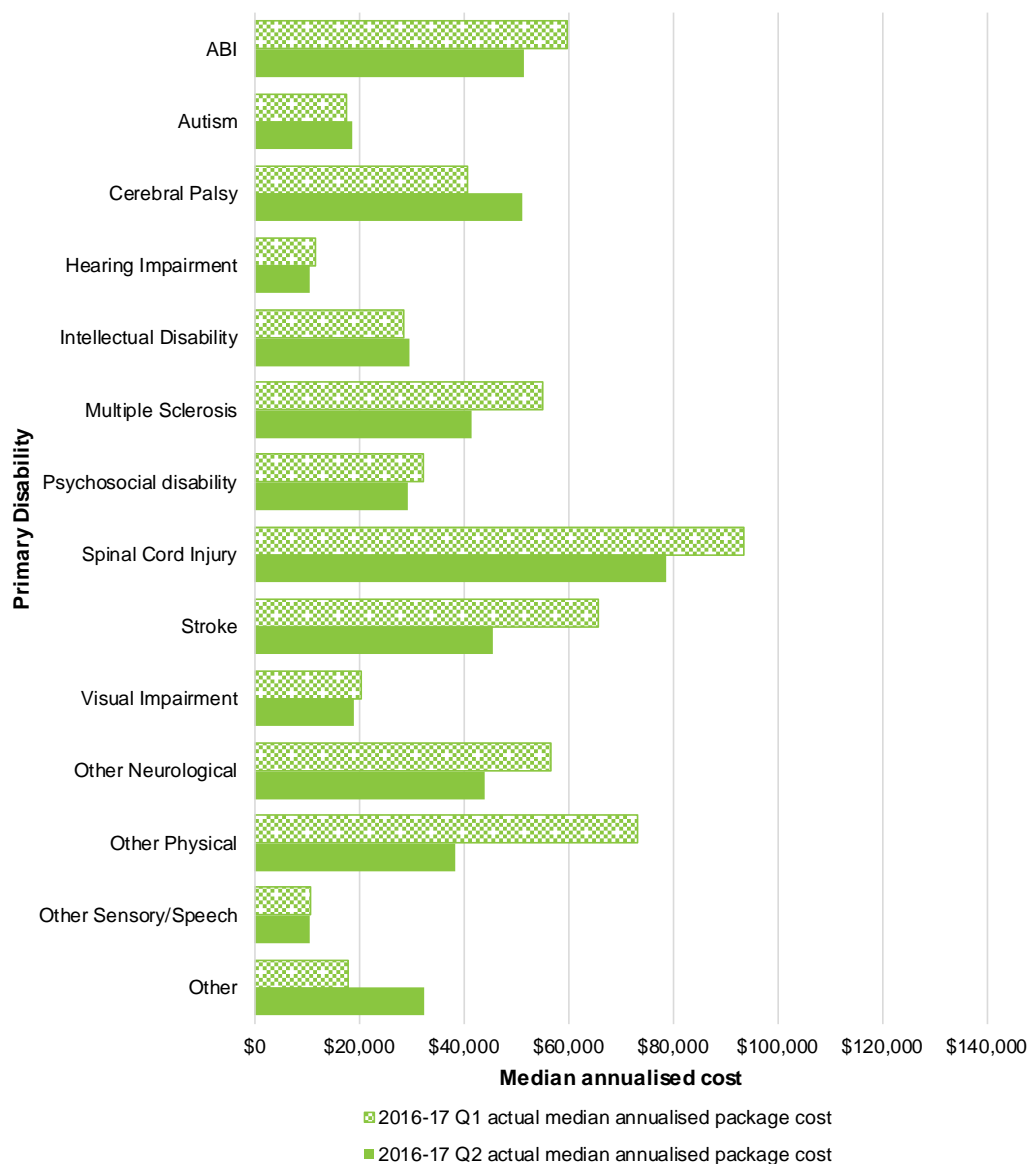
### Attachment 3

**Figure 2-3 Average annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals in 2016-17 Q1 compared to participants with first plan approvals in 2016-17 Q2**



### Attachment 3

**Figure 2-4 Median annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals in 2016-17 Q1 compared to participants with first plan approvals in 2016-17 Q2**



# NDIS and Mental Health

---

## NDIA Products and Resources

1. **National Mental Health Sector Reference Group (NMHSRG) - Sector Communiques** by the NDIA.

Click here: [National Mental Health Sector Reference Group \(NMHSRG\) - Sector Communiques](#)

**Description:** Following each meeting of the NMHSRG, a sector communique is developed with members and made available on the NDIS website. This communique provides information about the NDIA's current mental health projects, including links to project scopes and to other websites and resources relevant to the mental health sector.

2. **Psychosocial disability, recovery and the NDIS** factsheet by the NDIA.

Click here: [Psychosocial disability, recovery and the NDIS factsheet](#)

**Description:** The factsheet details the concept of recovery within a psychosocial disability context and its' application within the NDIS and individualised funding.

Key extract from factsheet: *"Recovery is about achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition".*

3. **Completing the Access Process -Tips for Communicating about Psychosocial Disability** by the NDIA.

Click here: [Completing the Access Process -Tips for Communicating about Psychosocial Disability](#)

**Description:** *Completing the Access Process* document is a resource for mental health clinicians engaging with the Scheme.

\*The NDIA gratefully acknowledges the work and practical assistance of the ACT Government's Health, Mental Health, Justice Health, Alcohol and Drug Services and Canberra Hospital and Health services in the development of this resource.

4. **Mainstream interface: Mental health service** factsheet by the NDIA.

Click here: [Mainstream interface: Mental health service factsheet](#)

**Description:** The factsheet details supports the NDIS will fund in relation to mental health services.

5. **Psychosocial Supports Design Project – Progress report (April 2016)** by NDIA and Mental Health Australia (MHA).

Click here: [Psychosocial Supports Design Project – Progress Report \(April 2016\)](#)

**Description:** Summary of the progress made in implementing the recommendations of the Psychosocial Supports Design Project – Final Report.

6. ***Psychosocial Supports Design Project – Final Report (April 2016)*** by NDIA and Mental Health Australia (MHA).

Click here: [Psychosocial Supports Design Project – Final Report \(April 2016\)](#)

**Description:** The NDIA and Mental Health Australia embarked on a joint project to identify optimal packages of support for NDIS participants with a psychosocial disability. The Project began in response to concerns expressed by mental health providers operating in NDIS trial sites about the applicability of the NDIS Support Catalogue (now called the NDIA Price Guide) to the types of support services likely to be chosen by participants with psychosocial disability.

The broad aims of the Project were:

1. To describe in detail the range of disability supports for people who have a primary condition of psychosocial disability that may be sourced by individuals with NDIS funding.
2. To make evidence based recommendations, where new support items may be needed to adequately assist people with psychosocial disability who are participants in the NDIS

7. ***Key Themes Arising from the NDIS and Mental Health Webinar*** by the NDIA.

Click here: [Key Themes Arising from the NDIS and Mental Health Webinar](#)

**Description:** The 'NDIS and Mental Health' webinar generated a large amount of community interest with over 700 people participating in the live stream.

A transcript, video recording and a NDIA response to *Key Themes Arising from the NDIS and Mental Health Webinar* are publically available on the NDIS website.

8. ***NDIS and Mental Health Webinar*** by the NDIA.

Click here: [NDIS and Mental Health Webinar](#)

**Description:** To mark Mental Health Week, the NDIA hosted a NDIS and Mental Health Webinar on Wednesday, 7 October 2015. The expert panel included NDIS participants and those with lived experience. Discussion focussed on how people with psychosocial disability are using the NDIS to improve their lives.

9. ***Carers Australia Victoria – Interview with Eddie Bartnik*** by Carers Australia.

Click here: [Carers Australia Victoria – Interview with Eddie Bartnik](#)

**Description:** *Carers Australia Victoria – interview* is a resource detailing the NDIA leading work around mental health / psychosocial disability, Local Area Coordination and Information, Linkages and Capacity Building (previously called Tier 2 of the NDIS).

10. ***Mental Health and the NDIS: A Literature Review commissioned by Mind Australia for the NDIS*** by the Independent Advisory Council (IAC).

Click here: [Mental Health and the NDIS: A Literature Review commissioned by Mind Australia for the NDIS](#)

**Description:** Jointly published on the 20<sup>th</sup> May 2015, the paper provide expert advice to inform community expectations on: access to the NDIS, the nature of supports that may



be provided by the NDIS, and more broadly, the current state of evidence relating to the impact of psychosocial disability in the context of the implementation of the NDIS.

11. ***Psychosocial Disability and the NDIS: An Introduction to the Concept of Holistic Psychosocial Disability Support*** by Paul O'Halloran.

Click here: [Psychosocial Disability and the NDIS: An Introduction to the Concept of Holistic Psychosocial Disability Support](#)

**Description:** Jointly published on the 20<sup>th</sup> May 2015, the paper provide expert advice to inform community expectations on: access to the NDIS, the nature of supports that may be provided by the NDIS, and more broadly, the current state of evidence relating to the impact of psychosocial disability in the context of the implementation of the NDIS.

12. ***The NDIS Independent Advisory Council Advice on Implementing the Scheme for People with a Psychosocial Disability*** by the NDIA.

Click here: [The NDIS Independent Advisory Council Advice on Implementing the Scheme for People with a Psychosocial Disability](#)

**Description:** This document, along with the Agency Response to the IAC advice on implementing the Scheme for People with a Psychosocial Disability was developed for the NDIA Board's consideration. They are publically available on the NDIS website.

## External Resources

13. ***Mental Health Perspectives - National Disability Insurance Scheme (NDIS)*** by the NSW Mental Health Commission.

Click here: [Mental Health Perspectives - National Disability Insurance Scheme \(NDIS\)](#)

14. ***Mental Health Australia – Sector Development*** by Mental Health Australia.

Click here: [Mental Health Australia – Sector Development](#)

15. ***Unravelling Psychosocial Disability - Position Statement*** by the National Mental Health Consumer and Carer Forum (NMHCCF).

Click here: [Unravelling Psychosocial Disability - Position Statement](#)

## Contact

For further information email: [Mental.Health.Team@ndis.gov.au](mailto:Mental.Health.Team@ndis.gov.au)

# Completing the access process for the NDIS

*Tips for Communicating about Psychosocial Disability*

5<sup>th</sup> August 2016



## **MENTAL HEALTH, JUSTICE HEALTH, ALCOHOL AND DRUG SERVICES**

The National Disability Insurance Agency greatly acknowledge this resource has been developed with the practical assistance of the ACT Government's Health, Mental Health, Justice Health, Alcohol and Drug Services and Canberra Hospital and Health services.

Developed by ACT Health Occupational Therapists, Division of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) in consultation with the MHJHADS National Disability Insurance Scheme Clinical Leaders Group, 2014.

## Recovery and Psychosocial Disability

The concept of recovery has grown out of the mental health consumer movement and describes the personal process as people and their families/carers work through the challenges of mental health conditions and their experiences with services to re-establish self esteem, identity and a meaningful role in society.

When people talk about mental health recovery, they do not necessarily mean achieving a state without mental illness or the impairments and disabilities that can result. Very often this is not possible. Even for people whose mental health condition is well managed, impairments and psychosocial disabilities can be long lasting or intermittent. Recovery is about achieving an optimal state of personal, social and emotional well being, as defined by each individual, whilst living with or recovering from a mental health condition.

In the context of the *National Disability Strategy*, recovery is about maximising the potential of individuals with a psychosocial disability to participate in the community. Recovery approaches acknowledge that the effects of illness and subsequent psychosocial disability may or may not diminish over time. This means that while some people may recover to the point they do not require any mental health or disability supports, others will always require supports to assist and maintain their recovery, ongoing community participation and social inclusion.

*Recovery is about growth and empowerment and the provision of choice for community participation. It is a pathway to social inclusion and a foundation for the provision of disability supports for people with a psychosocial disability.*

It is important that within the process of assessment, recovery planning or planning with the NDIS, that strengths are identified and harnessed. This further supports a recovery oriented approach.

(Adapted from National Mental Health Consumer and Carer Forum, 2011)

## Accessing the NDIS

Access to the NDIS is described in the My NDIS Pathway guide. This guide is a useful resource for potential participants, carers and workers. The guide and additional information supporting families and carers is available on the NDIS website -

<http://www.ndis.gov.au/participants/planning-process>

“ To access the NDIS, we’ll need to know some information about you. Everyone will provide this information in different ways. You might be asked to fill in a form or tell someone over the phone.” *My NDIS Pathway, Your guide to being an NDIS participant, page 5*

Potential participants or their representative will be asked to provide a range of information. The information requested will be a mix of demographic (date of birth, address, citizenship etc.), direct supports (do they have a carer) and disability specific. In particular, having information ready in advance of the access request, about the type of disability they are experiencing (including the likely permanency), their treatment history and the functional impact of the disability process will help.

People who are not eligible for funding, may still be able to access disability and mainstream supports available in the community. For further information about how people will be supported to access these community supports including the role of Local Area Coordinators (LAC) and information, linkages and capacity building (ILC) got to the NDIS website - <http://www.ndis.gov.au/people-disability/information-and-referral>

## Access information

### Disability type

The potential participant may be asked to provide evidence that they have or are likely to have a permanent disability. This needs to be documented by a health professional and in the case of psychosocial disability, this will be a treating GP or treating psychiatrist.

### Functional impact

For the purposes of understanding the extent of functional impact and psychosocial disability an “allied health professional” including an occupational therapist, psychologist, nurse or social worker can complete functional assessments. These assessments can be beneficial in the access and planning phases.

As suggested above, information about the person’s disability may be requested.

If there is a current assessment that addresses functioning (e.g. occupational therapy assessment, neuropsychological assessment) of the person you may wish to ensure that the participant or their representative has a copy of this or can advise the NDIA representative where this information could be sourced from. Additional assessment information can also be provided to support the functional assessment and or impact.

These could include and are not limited to:

- a. Pre-existing assessment reports from specialist clinicians. These could include; Health of the Nation Outcome Scale (HONOS) or Life Skills Profile 16 (LSP16)
- b. Assessment information provided by the participant and/or the participant’s carer to Australian Government agencies such as Centrelink (e.g. for the purposes of Carer Allowance, Carer Payment or Disability Support Pension)

- c. Assessment information provided to state/territory government agencies
- d. Assessment information provided to or prepared by participants' existing service providers, e.g. PIR assessment or recently (within 6 months) PHaMS EST.
- e. Other assessment-related information the participant considers is relevant and useful in describing their support needs.

## Determining Levels of Support

Information is helpful in determining access to the NDIS, and can assist with planning. Frequency and duration of support can be difficult to conceptualise, especially when a person may have multiple needs and types of support identified. It is reasonable for a person to provide an indication of the frequency of support (e.g. daily, weekly, etc.) required. Further detail can be provided in the planning stage. *Any detail that can be provided at the time will help when the NDIS planners or Local Area coordinators (LAC) (for some participants) are working with the person to develop their plan.*

Hints for factors that determine the level and frequency of support:

- What roles, responsibilities, activities and tasks does the person need support with?
- How often are tasks that the person requires assistance with performed? How many times does the person need support per day, per week, per month or per year?
- What support is currently provided? Are services already involved which can provide details about how long tasks take or areas that need more support/time?
- What are the goals of the support and will this affect time allocated? (E.g. learning skills in an area to build independence as opposed to doing the task for the person).
- Is this enough or the right sort of support to promote living a 'ordinary life? The NDIS stated Vision is; 'Optimising social and economic independence and full participation for people with disability'.
- What natural supports are around the person? Can these be maintained/sustained?
- What supports might be grouped or can overlap, e.g. support with transport might roll into support with social interaction or assistance with shopping.
- Draw up a weekly or monthly timetable with the person and identify when/where the person will require assistance/support.
- Will the level of support change? (E.g. due to the episodic nature of the person's illness or the potential that the person will require less support in the future) Given this, what might be the average over a month, 6 months or year?

## For more information/Guidance

1. Please visit the NDIS website <http://www.ndis.gov.au/>

Information for participants available on the NDIS website

<http://www.ndis.gov.au/participants>

Information specific to access

<http://www.ndis.gov.au/people-disability/access-requirements>

Evidence of Disability

<http://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability>

NDIS Operational Guidelines are also available on the website

<http://www.ndis.gov.au/about-us/operational-guidelines>

Of particular relevance to this stage of the process, are those guidelines related to: Gateway, Access, Planning and Assessment.

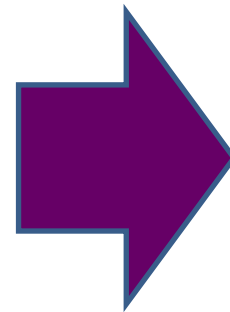
2. If the prospective participant is linked to a multidisciplinary team, talk through the referral with relevant expertise in your team. There may be a dedicated staff member with specific NDIS knowledge.
3. Consult with an Occupational Therapist for ideas to understand and support specific functional issues that people may face.

### References:

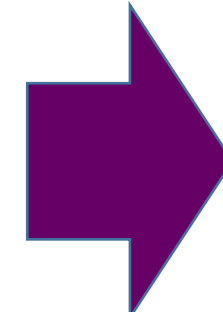
1. National Mental Health Consumer & Carer Forum (2011). *Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with Mental Health Conditions*. Canberra.
2. National Disability Insurance Scheme (2014), *Operational Guidelines - Assessment of Participant's Needs (v2.0)*.
3. World Health Organisation, *WHO Disability Assessment Scale 2.0*.
4. My NDIS Pathway, Your guide to being an NDIS participant

## Connecting - symptoms > function > support

Symptoms
<u>Appearance</u> – Issues related to self-awareness, appropriateness, social acceptance, motivation, self-care, lifestyle issues and safety.
<u>Behaviour/Speech</u> - Social engagement, rapport with others, level of arousal/activity, withdrawal, disinhibition, aggression, interfering behaviours, compulsions, awareness of others.
<u>Mood/Affect</u> - Depression, elevated mood, irritability, stability of mood state, appropriateness of affect, range of affect.
<u>Perception</u> - Hallucinations, derealisation.
<u>Thought Form/Content</u> - Paranoia, delusions, preoccupations, thoughts of self-harm/suicide, aggression, obsessions, anxiety, distracted/tangential thinking, poverty of thought.
<u>Cognition</u> - Alertness, orientation, memory, spatial awareness, concentration, learning, planning, problem solving, following instructions, generating ideas, social cognition (e.g. challenges with reading nuances of verbal and non-verbal cues).
<u>Judgement/Insight</u> - Self-awareness, understanding of illness and associated difficulties, issues of safety/vulnerability, decision-making, response to stigma/discrimination.
<u>Volition</u> - Interest, intrinsic/extrinsic motivation, goal-oriented, aspirations, engagement, enjoyment.
<u>Other</u> - Treatment side-effects (e.g. sedation, weight gain, tremors etc.), sensory sensitivity, post-traumatic stress, low self-esteem, low confidence.



Functional impact
<ul style="list-style-type: none"> <li>Using public transport</li> <li>Leaving the house</li> <li>Going to shopping centres</li> <li>Attending recreational/vocational activities</li> <li>Mobility difficulties as a result of side effects of treatment (e.g. tremor, weight gain)</li> </ul>
<ul style="list-style-type: none"> <li>Communicating needs, wants</li> <li>Following instructions, conversations or understanding directions</li> </ul>
<ul style="list-style-type: none"> <li>Initiating and responding to conversation</li> <li>Social contact (e.g. isolation and withdrawal)</li> <li>Making and keeping friendships</li> <li>Friction with, or avoidance of, others in the household</li> <li>Having a sense of purpose in life</li> <li>Connecting with faith/spirituality/volunteering/community</li> <li>Talking to strangers or particular people</li> <li>Interaction affected by specific behaviours (e.g. overactive, aggressive, disruptive, offensive)</li> </ul>
<ul style="list-style-type: none"> <li>Cognitive skills (e.g. planning, memory, learning new information, concentration)</li> <li>Participating in group learning (classes, tutorials)</li> </ul>
<ul style="list-style-type: none"> <li>Managing household responsibilities (laundry)</li> <li>Budgeting money</li> <li>Solving problems that arise</li> <li>Making decisions</li> <li>Taking responsibility, behaving responsibly/safely</li> <li>Maintaining adequate diet/nutrition</li> <li>Shopping/ cooking</li> <li>Keeping safe in home environment (food storage, use of stove etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Personal care/ grooming</li> <li>Maintaining physical health</li> <li>Non accidental self-injury</li> <li>Managing medication</li> <li>Sexual health and wellbeing</li> </ul>



Support Type
Types of disability support that may be helpful includes personal support to; <ul style="list-style-type: none"> <li>Develop skills, provide coaching</li> <li>Provide prompts/cues</li> <li>Supervise (e.g. for safety)</li> <li>Assist (e.g. work alongside)</li> <li>Encourage (emotional support, motivation, accompany to build confidence)</li> <li>Provide feedback / behavioural support</li> <li>Attend to particular tasks (e.g. clean kitchen)</li> </ul>
Equipment/Aids <ul style="list-style-type: none"> <li>Devices that can assist with cognitive problems (e.g. learning, concentrating, organising)</li> <li>Aids/equipment to overcome movement difficulties</li> <li>Aids/equipment to overcome communication difficulties</li> <li>Equipment to assist person to cope with symptoms (e.g. music player to help cope with persistent voices)</li> </ul>

Legend: Functional domains in Access Request Form Section F
Mobility/ Motor skills
Communication
Social Interaction
Learning
Self-Management
Self-Care



## Examples - symptoms > function > support

Area of Need	Factors of ill health that create difficulty	Functional Implications	Type of support considered
Mobility/ motor skills	Example: paranoia/ anxiety	Unable to use public transport unaccompanied/ difficulty leaving the house	Person to accompany when using public transport/ provision of transport
Communication	Example: Delusional thinking/ hallucinations/ cognitive difficulties	Difficulty interpreting communications, following instructions, seeking help/ direction	Person to assist with interactions, especially with appointments
Social Interaction	Example: post-traumatic stress and anxiety	Social withdrawal/ difficulty responding to social situations/ fear or distrust of others/ difficulty getting needs met	Person to accompany when attending social activities at least for a period of time
Learning	Example: Cognitive difficulties	Difficulty with organising tasks, learning new information, memory	Equipment that assists with recording and organising. Person to assist with learning and engaging in particular activities
Self-Management	Example: Amotivation/ Cognitive Difficulties	Difficulty in attending to responsibilities due to lack of motivation/ interest/ concentration/ organisation/ different priorities	Person to supervise, prompt, support with care of house, managing money, getting services.
Self-Care	Example: Side effects causing weight gain, increased appetite, lethargy	Difficulty with self-care activities including hygiene, managing physical wellbeing, diet	Assistive equipment to enable self- care activities. Access to healthy lifestyle activities including exercise