

## What is Psychosocial Disability & how can the NDIS help?

- What does NDIS mean by psychosocial disability?
- What is the eligibility criteria for psychosocial disability?
- What do I do if I am already on the NDIS but I want to add psychosocial disability as an access met diagnosis?
- What can I be funded for with a psychosocial disability?
- Does health still play a role as part of my support?
- What is a psychosocial recovery coach?

Presenting tonight:


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## Acknowledgement of Country

I would like to begin today by acknowledging the Traditional Custodians of the land on which we meet today, and pay my respects to their Elders past, present and emerging. I extend that respect to Aboriginal and Torres Strait Islander peoples here today.





Today, we'll explore what psychosocial disability means, eligibility criteria, funding options, and the role of health supports and the role of a psychosocial recovery coach.

## What is psychosocial disability?

Psychosocial disability is a term that refers to a mental health condition that significantly impairs a person's function despite mental health treatment. This can include, but is not limited to a person's social, emotional, and cognitive functioning, impacting their ability to engage effectively in daily activities and interact with others.



## Eligibility criteria

Eligibility criteria to access the NDIS for psychosocial disability is the same as the general eligibility criteria for the NDIS:

- **Age** – A person must be under the age of 65 at the time of access request;
- **Residency** – A person is an Australian citizen, permanent resident of Australia, or the holder of a special category visa who is a protected SCV holder, and lives in an area where the NDIS is currently available;
- **Disability** – Meets all of the disability requirements under Section 24 (s24) of the NDIA Act.



## Section 24 explained:

For the NDIS a person must meet each of the following criteria:

- **Section 24(1)(a)**  
The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition.
- **Section 24(1)(b)**  
The impairment/s are, or are likely to be, permanent.
- **Section 24(1)(c)**  
The impairment/s result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities: communication, social interaction, learning, mobility, self-care, self-management.
- **Section 24(1)(d)**  
The impairment/s affect the person's capacity for social or economic participation.
- **Section 24(1)(e)**  
The person is likely to require support under the NDIS for the person's lifetime.



## What does permanent impairment mean?

When considering access to the NDIS for a person with a mental health condition, impairments must be specifically about loss or damage to mental function.

An impairment can be considered likely to be permanent if there are no known, available and appropriate evidence-based treatments that would likely remedy the impairment for the individual.



## What does functional impact of the impairment mean?

A person's functional capacity is highly individualised. Some people experience difficulties with carrying out tasks (reduced functional capacity) but others may be unable to effectively participate in or complete a task (substantially reduced functional capacity). The NDIS requires that the impairment or impairments has/have resulted in substantially reduced psychosocial functioning to undertake activities in at least one of following areas:

- **Communication:** includes being understood in spoken, written, or sign language, understanding others and the ability to express needs.
- **Social interaction:** includes making and keeping friends, interacting with the community, behaving within limits accepted by others and the ability to cope with feelings and emotions in a social context.
- **Learning:** includes understanding and remembering information, learning new things and practicing and using new skills. Learning does not include educational supports.
- **Mobility:** means the ability of a person to move around the home and community to undertake ordinary activities of daily living requiring the use of limbs.
- **Self-care:** relates to activities related to personal care, hygiene, grooming, feeding oneself, and the ability to care for own health care needs.
- **Self-management:** means the cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself. This includes completing daily tasks, making decisions, problem solving, and managing finances.



## Continued: what does functional impact of the impairment mean?

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

The NDIA considers the impact of the impairment on day-to-day functioning between acute episodes not at any given point in time. It is irrelevant whether the person is acutely unwell or having a particularly good day at the time of access request.

A substantial reduction in capacity is an inability to effectively participate in or complete a task. For a reduction to be considered substantial within at least one of the six areas of functioning described above, there must be an inability to effectively function within the whole or majority of the area, not just a singular activity. It is not enough that a person may take longer to do an activity or may require a bigger effort to do it or have to do it in a different way to be considered a substantial reduction.



## Information required at access – psychosocial disability

To be eligible to access the NDIS, a person with a psychosocial disability will have an impairment (loss of or damage to mental function) that has resulted in disability.

The Convention on the Rights of Persons with Disabilities (CRPD) gave a broad definition: “People with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

To meet the NDIS access requirements for psychosocial disability, evidence of disability will demonstrate that the disability is attributable to a mental health condition/s. Details of a clinical history confirming an unspecified mental health condition is sufficient where a specific mental health diagnosis is not available/appropriate.



## Information required at access

The access process has changed and involves speaking with your partner in the community and completing a community connections meeting. If you are applying as someone with a psychosocial disability you need to do the following:

1. Have evidence from a psychiatrist, GP, or psychologist which clearly states
  - your mental health diagnosis or diagnoses,
  - when you were diagnosed,
  - all treatments you have had, with dates of the treatment
  - a clear statement saying that **"there are no further health treatments and despite all health treatments there is still significant functional impact in ( and list the domains that impact ) and your psychosocial disability is lifelong and permanent"**

\*\* Note that there can still be future treatments through health that you can access and health will still be involved but the NDIA need to know that there isn't anything in the immediate future that will change the functional impact otherwise they will ask you to wait for that to be tried and exhausted first before proceeding with the application.



## Information required at access

2. Any reports from psychologists, social workers or occupational therapists who can write about the functional impact of your psychosocial disability on your day to day life specifically in the domains of mobility, communication, social interaction, self care, self management and learning.
3. The psychosocial disability form needs to be completed by a psychologist, GP, psychiatrist or social worker.

\*\* If there are detailed reports around the functional impact then the section in the psychosocial disability form does not need to be comprehensive however if there is not the evidence in the reports then the areas in this form need to be completed comprehensively and written functionally not medically.



## What if the condition fluctuates?

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

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

Confirming that a person's impairment is likely to remain across their lifetime has no reflection on whether the person has achieved their best possible version of personal and emotional wellbeing.



## Access for psychosocial disability for those already on the scheme

If you have already met access for another condition and would like to add psychosocial disability to your access met diagnoses then the following needs to happen:

- Evidence ( the same as above from GP, psychiatrist, psychologist ) which details diagnoses, treatment and permanency.
- Occupational therapist, psychologist, neuropsychologist or social worker speaking to the functional impairment of the disability.
- Psychosocial disability form being completed.
- Change of situation form completed
- Submitted to the NDIA which will go through and be considered.



## What can be funded when access for psychosocial disability is met?

When someone has access to NDIS for psychosocial disability, it can become confusing which supports the NDIS is responsible for, and what is the responsibility of the health system. It is important to understand that the health system still plays a large role and has responsibility. The health system is generally responsible for clinical services such as diagnosis and treatments.



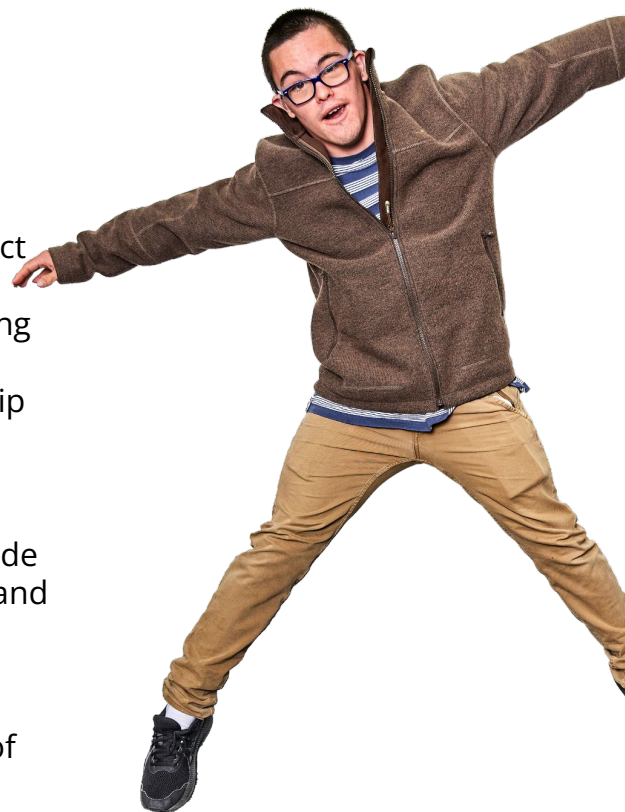
## What is the health system responsible for?

- Clinical acute mental health supports – care in a hospital or similar setting.
- Clinical outpatient and continuing care – mental health care where you don't stay in hospital.
- Clinical rehabilitation and recovery for your mental health.
- Clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop.
- Mental health residential services, where the main reason is treatment or rehabilitation, or where the staff are mainly clinical or medical.
- Help with other issues or conditions you may have alongside a psychosocial disability, where the issue or condition is clearly the responsibility of another service system – this may include services funded by Medicare.



## What is the NDIS responsible for?

- Skill development, such as capacity building supports to learn everyday life skills, manage your money, plan your day and make decisions.
- Capacity building supports to help you live at home, for example help with personal care , home and living supports, and help with cooking and cleaning.
- Social skills development, such as capacity building supports that help you manage social relationships, take part in social skills day programs, or connect to people and places in your community.
- Social and recreation support, if you need help to join social activities, sporting clubs or community groups.
- Help to find somewhere to live and to manage your rental or home ownership responsibilities, where you need this support because of your disability.
- Support from allied health professionals, like psychologists or mental health occupational therapists, that are directly related to helping you manage or reduce the functional impact of your psychosocial disability – this could include social and communication skills development, regular help with medication and symptoms, and behaviour intervention and support.
- Help to plan and coordinate your NDIS supports with your mental health supports, such as a recovery coach.
- Help to transition to a new life stage, where you need this support because of your disability.



## Psychosocial Recovery Coach

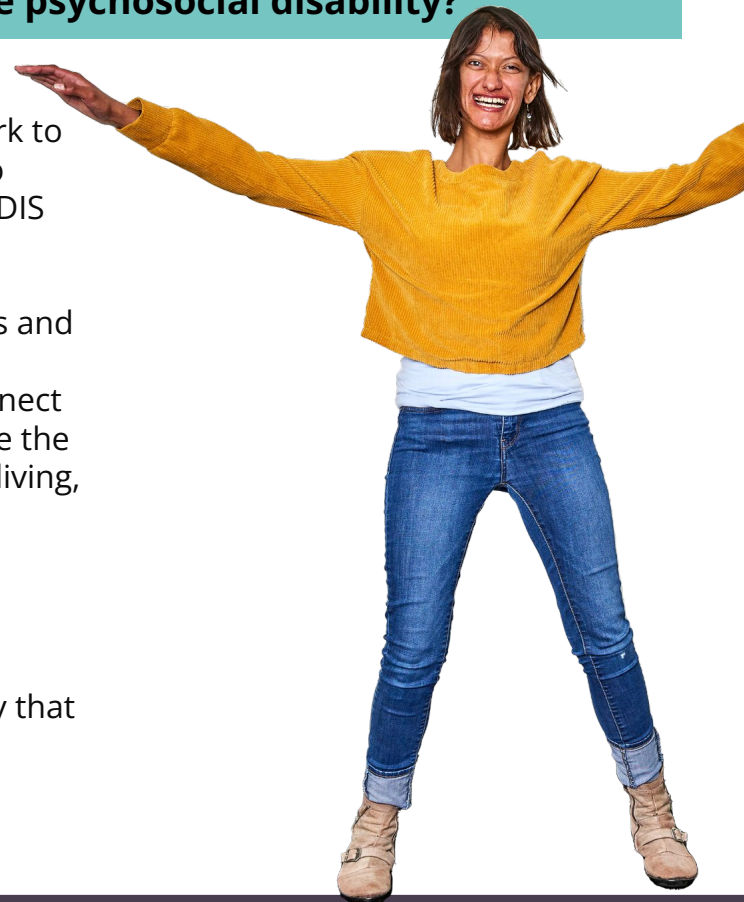
- A Psychosocial Recovery Coach is typically a trained professional who works directly with individuals with psychosocial disabilities to support their recovery journey.
- Their focus is on empowering individuals to set and achieve their personal recovery goals, which may include improving mental health and well-being, enhancing social connections, gaining independence, and achieving meaningful participation in community life.
- Psychosocial Recovery Coaches provide one-on-one support, often using a person-centered and strengths-based approach to help individuals identify their strengths, resources, and aspirations.
- They may assist individuals in developing coping strategies, problem-solving skills, and resilience to manage the challenges associated with their psychosocial disability.
- Psychosocial Recovery Coaches often have lived experience of mental illness or formal training in mental health recovery principles and practices.



## Can you have a support coordinator instead when you have psychosocial disability?

### Support Coordinator:

- A Support Coordinator is a role specified within the NDIS framework to assist participants, including those with psychosocial disabilities, to navigate and access supports and services funded through their NDIS plan.
- Their primary role is to work collaboratively with the participant to implement their NDIS plan, ensuring that they receive the supports and services they need to achieve their goals and objectives.
- Support Coordinators help participants understand their plan, connect with service providers, develop service agreements, and coordinate the delivery of funded supports across various domains, such as daily living, social participation, employment, and health.
- They assist participants in identifying suitable service providers, negotiating service agreements, and monitoring the quality and effectiveness of services received.
- Support Coordinators also advocate for participants' needs and preferences, ensuring that their NDIS plan is implemented in a way that promotes choice, control, and dignity.



## Support coordinators and psychosocial recovery coaches

In summary, while both Psychosocial Recovery Coaches and Support Coordinators play crucial roles in supporting individuals with psychosocial disabilities on the NDIS, the former focuses on direct assistance with mental health recovery and goal attainment, while the latter focuses on coordinating and facilitating access to NDIS-funded supports and services to help individuals achieve their broader life goals and objectives. These roles often work in tandem to provide holistic and person-centered support to NDIS participants with psychosocial disabilities.

**You can be given funding for one or the other or for both in your NDIS plan.**

## Questions

