

LIVING MY BEST LIFE

TRAINING WORKBOOK



Acknowledgement of Country

Living My Best Life acknowledges the Traditional Owners and Custodians of the Country; Whadjuk Noongar Boodja, and their ongoing connection to land, sea, and community.

We pay our respects to their Elders past and present.

We extend acknowledgement and respect to any Aboriginal and Torres Strait Islander people who are undertaking this training.



About This Project

Richmond Wellbeing and RUAH Community Services, with funding from the Department of Communities, have partnered together to develop training and resources for NDIS service providers to successfully support consumers with a psychosocial disability to access the NDIS.

In consultation with service providers and consumers, the Sector Transition Funding project team designed a comprehensive Application Toolkit that addresses the access request process. The toolkit and relevant resources are accessible online on the Living My Best Life website.

www.rw.org.au/living-my-best-life

Training Objectives

This training workshop pulls from consultation report findings and focus group work on the main barriers faced in accessing the NDIS and how to address these.

- Identifying helpful/unhelpful language.
- Access Request Form & Evidence Psychosocial Disability form.
- Substantially reduced functional capacity & permanent Impairment.
- Supporting and encouraging networking with like-minded service providers.

What Is the NDIS?



The National Disability Insurance Scheme (NDIS) is a scheme of the Commonwealth Government that funds people with an approved disability to purchase reasonable and necessary services and supports.



Why is the NDIS called an insurance scheme?

The NDIS is social insurance, not welfare.

The NDIS is the payment a participant receives, which is managed by the NDIA.

Who is the NDIA?

The National Disabilities Insurance Agency (NDIA) is the agency that implements the NDIS. They make the decisions about individuals' eligibility and funding.

This is based on legislation called the NDIS Act 2013, which sets out what supports and services are considered reasonable and necessary for the NDIS to fund.

NDIA have their own guidelines which outline the evidence required, how it should be presented, and the language used.



How to Apply for the NDIS

To make a psychosocial application for the NDIS, you need to meet access requirements. The following forms are used. Each document is available on the NDIS website.

1. Access Request Form (ARF)
2. Evidence of Psychosocial Disability Form (EPD)
3. Supporting Evidence Form

Applications can be submitted in person to an NDIS office, via mail to GPO Box 700, Canberra ACT 2610, or via email to NAT@ndis.gov.au

Access Request Form (ARF)

The Access Request Form (ARF) is a 28-page document that is necessary for the NDIA to assess if you are eligible for the NDIS. The ARF requires the applicant to provide information describing their age, residency status, and their disability. Section 1 is to be filled out by the applicant, while Section 2 requires completion by a treating professional.

- Section 1: The Applicant from page 2
- Section 2: The Treating Professional from page 13

ndis
Access Request Form

Complete this form to apply for the National Disability Insurance Scheme (NDIS).

How to complete this form:

- You (the applicant) should complete Section 1.
- Your Treating Professional should complete Section 2.
- Please attach evidence of age, residence (including citizenship or visa status), and disability with this application form. We need this information to make a decision about your application.

Note for children under 7 years: The NDIS has engaged Early Childhood Partners around Australia to support children under 7 years. We encourage you to consider this pathway and contact your Early Childhood Partner before you complete this form. Please visit our website or call us for their contact details.

How to contact us
Do you need help to understand this form?
Do you need help to fill out this form?
Do you have more questions or need information about the NDIS?

You can contact us by:

Phone:	1800 800 110
Speak and Listen:	1800 555 727
Teletypewriter (TTY):	1800 555 677
Email:	NAT@ndis.gov.au
Internet Relay:	Visit relayservice.gov.au and ask for 1800 800 110
Translating and Interpreting Service (TIS):	Call TIS National on 131 450 and ask for the NDIS on 1800 800 110 once an interpreter is available

How to return your completed form and evidence to us:

- Email: NAT@ndis.gov.au
- Mail: GPO Box 700, Canberra, ACT 2601
- In person: Take it to your local NDIA office.

ndis Application Form **Section 1: The Applicant**

7. What is your date of birth? (DDMMYYYY)

Note: For children under 7, we encourage parents/guardians to contact your local Early Childhood Partner before completing this form.

8. Are you of Aboriginal and/or Torres Strait Islander origin?

No
 Yes – Aboriginal
 Yes – Torres Strait Islander
 Yes – Aboriginal and Torres Strait Islander
 Do not wish to disclose

9. What is your country of birth?

10. Are you living in Australia permanently?

No
 Yes

11. Are you an Australian citizen?

No – Go to Question 12
 Yes – Go to Question 13

12. What type of visa do you have?

Permanent Residence visa – provide details below
 Protected Special Category visa
 Other – provide details below

13. What is your current home address?

Visa type: _____
 Nationality: _____
 Number, Street: _____
 Suburb: _____
 State: Please select | Postcode: _____

Page 3 of 28
NDIS Application Form

ndis Application Form **Section 2: The Treating Professional**

Part B: Evidence of Disability

In Part B, you will need to provide information about the applicant's disability. This information should provide evidence of:

- their primary disability and any other disabilities they may have
- if their disability is permanent.

Applicant's disability

1. What is the applicant's main disability?

The main disability is the one that has the most impact on the applicant's life.

2. Does the applicant have any other disabilities?

No
 Yes – provide details below
 Disability 2: _____
 Disability 3: _____

3. How long has the applicant's functional capacity been affected by their disability?

4. Is the impairment time limited and/or degenerative in nature?

No
 Yes – time limited
 Yes – degenerative

5. Is the impairment currently being treated?

No
 Yes – provide details about current treatments/interventions being implemented below

If more space is required, please attach a separate document with details or use the space in Part F.

a) Description of current treatments

Page 14 of 28
NDIS Application Form

Evidence of Psychosocial Disability form (EPD)

The Evidence of Psychosocial Disability form (EPD) is a 9-page document that is required if the applicant has a psychosocial disability (defined on page 9). The EPD provides space to give evidence around the psychosocial disability. Section A is completed by the applicant, carer, or appropriate support person, while section B is completed by the treating professional. If the applicant has multiple disabilities, such as a physical and psychosocial, then they need to fill out the information for the physical disability in the ARF and the psychosocial disability in the EPD.

Evidence of psychosocial disability form ndis

NDIS applicant's name: _____
 Date of birth: _____
 NDIS reference number (if known): _____

Section A To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Section A completed by: _____
 Qualifications: _____
 Organisation/Practice: _____
 Contact number: _____

Presence of a mental health condition

I have treated the applicant since _____
 I can confirm that they have a mental health condition.
 Yes No

Diagnosis (Or, if no specific diagnosis has been obtained, please briefly describe the mental health condition.)	Year diagnosed

Has the applicant ever been hospitalised as a result of the condition(s) above?
 Yes No
 Hospital discharge summary attached

Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

History of hospitalisation	
Dates of admission	Hospital name

Developed by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2015. 1/9 ndis

Section A

To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician from page 1.

Section B

Section B: To be completed by the applicant's support worker or appropriate person from page 6.

Supporting Evidence Form

While not compulsory, the Supporting Evidence Form allows applicants to provide additional evidence for their application. The NDIS also may ask for more information about your disability after you apply and ask for a treating professional to fill out this form.

ndis
Access Request - Supporting Evidence Form

The National Disability Insurance Agency (NDIA) will use the information in this form to determine if a person meets the requirements to become a participant in the National Disability Insurance Scheme (NDIS).

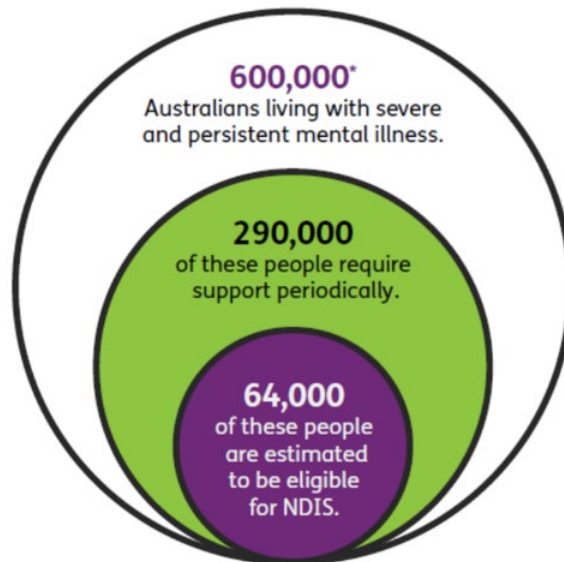
NOTE: For children under 6 with a developmental delay, please use the Access Request - Supporting Evidence Form for Children Under 6 with Developmental Delay.

Instructions for the person applying to become an NDIS participant	Instructions for health or education professionals
<p>You do not need to complete this form if you can provide recent existing information (letters, assessments or other reports) from a health or education professional which details:</p> <ul style="list-style-type: none"> • your impairment; • how long it will last, and • how it impacts on your daily life. <p>Section 1 can be completed by you, your parent, representative or your health or educational professional.</p> <p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>Enquiries: If you have questions about this form, are having difficulty completing it, or would like more information about the NDIS, please contact us:</p> <p>Phone: 1800 800 110 TTY: 1800 555 677 Speak and Listen: 1800 555 727 Internet Relay: Visit http://raisyservice.ndis.gov.au and ask for 1800 600 110 Email: NAT@ndis.gov.au</p> <p>Please return the completed form to: Mail: GPO Box 700, Canberra, ACT 2601 Email: NAT@ndis.gov.au or take it to your local NDIA office.</p>	<p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>You may provide the person applying to the NDIS with copies of letters, assessments or other reports in lieu of completing this form.</p> <p>If you have any questions about this form, please contact the NDIA on 1800 800 110 or go to ndis.gov.au</p>

1 of 8

Personal & Confidential when complete
 Supporting Evidence Form 1.1 - 8 April 2020

Who Is Likely to Get NDIS Funding?



As seen above, not everyone with a mental health condition will be eligible for the NDIS.

- 56,559 people with a psychosocial disability have an active NDIS plan, compared to the 586,758 participants in total (21/22 Q3 NDIS report).
- 70% of applications for the NDIS for applicants with psychosocial disabilities were approved in 2019, compared with 50% in 2022 (21/22 Q4 NDIS report).

Reflective Questions

Why is everyone not going to be eligible?

Where do the 290,000 people get support?

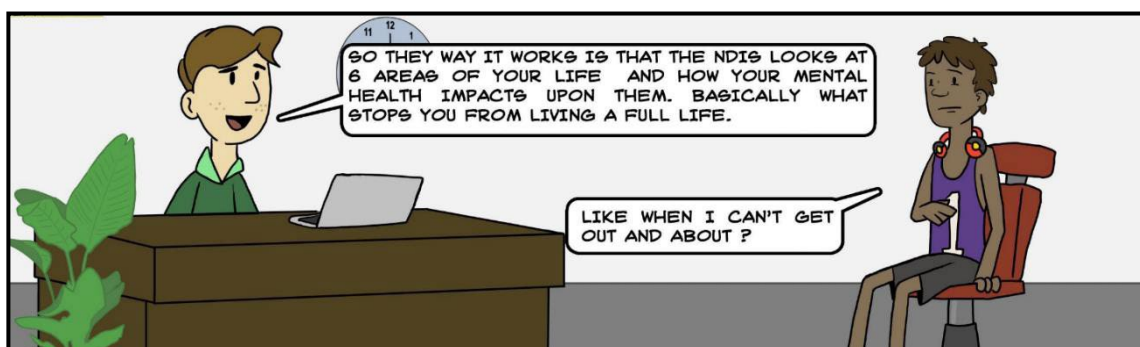
"NDIS is part of a broader system of supports to support people with mental health"

Holistic Preparation (Preparing Your Participant)



Holistic preparation looks at how best to prepare your participant for the process of applying for the NDIS. It is important to not only discuss each possible outcome, but also each step of the process and what is required. Things you should discuss with the applicant includes:

- How long the application process will take.
- How much it will cost to gather the required evidence.
- What will happen if the applicant isn't eligible.
- What impacts the process may have on the applicant.



Reflective Questions - Holistic Preparation

How would you have the conversation with your participant about applying for the NDIS?

How would you explain the process?

How would you handle expectations from the participant in the process?

How will the participant be supported?

How will you be transparent about the process?

"This preparation is almost how to be included in the 64,000"

Eligibility Criteria



Age

The NDIS is for people between the ages of 7 and 65.

Children under 7 years old fall under the Early Childhood Approach. Within this age group, you can contact WANSLEA, the NDIA partner that delivers the Early Childhood Approach in Western Australia.

For people over 65 years old, supports are usually provided through My Aged Care – unless the person already has an NDIS plan in place.

Note that, if there is an existing NDIS plan in place, the person has the right to choose to transition to My Aged Care or keep their plan in place.

Residence

- Australian citizens
- Permanent resident visa holders
- Protected special category visa holders – Visa specific for New Zealand Citizens
<https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/special-category-visa-subclass-444>

Disability Requirements

- A disability that is likely to be permanent and without supports.
- Have a substantially reduced capacity to take part in the activities of daily living.
- Likely to require support over their lifetime.

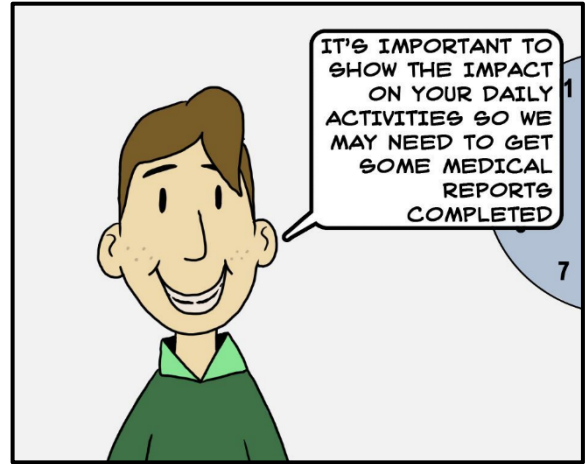
Psychosocial Disability

A psychosocial disability occurs when a person faces considerable difficulty with everyday activities due to impairments related to their mental health condition.

Not everyone who has a mental health condition will experience psychosocial disability, but for people who do, it can be severe, long-standing and significantly impact their daily life.

Some area's they may experience difficulty in are:

- Finding and keeping a job,
- Forming social contacts,
- Managing finances and daily responsibilities,
- Building relationships and healthy adjustment, and
- Maintaining physical health and well-being.



Reflective Question

What are some examples of mental health conditions that may not meet eligibility criteria for a psychosocial disability?

"It's not just about having a mental health diagnosis"

Psychosocial Disability and Co-Occurring Disabilities

Multiple Disabilities

If an applicant has a psychosocial disability and another co-occurring disability that meets eligibility criteria, you need to present the evidence in a way that makes it easy for the assessor to evaluate these separately.


Provide ONLY information relevant to the psychosocial disability in the Evidence of Psychosocial Disability form, and information relevant to the other disability in the Access Request form.

Don't describe the health and mental health conditions as being linked. If an assessor is led to believe one condition is linked to another, then they may only give funding for one or question the permanency of both due to one condition relying on another.

“If the physical condition were remedied, would they also no longer experience impairments from their mental health condition?”

Supporting Evidence Form

This is the form potential participants can use to collect supporting information if the NDIA requests more information to assess the person’s eligibility for the NDIS.

 Access Request – Supporting Evidence Form	
<p>The National Disability Insurance Agency (NDIA) will use the information in this form to determine if a person meets the requirements to become a participant in the National Disability Insurance Scheme (NDIS).</p> <p>NOTE: For children under 18 with a developmental delay, please use the Access Request – Supporting Evidence Form for Children Under 18 with Developmental Delay.</p>	
<p>Instructions for the person applying to become an NDIS participant</p> <p>You do not need to complete this form if you can provide recent written information (letters, assessments or other reports) from a health or education professional which details:</p> <ul style="list-style-type: none"> • your impairment • how long it will last; and • how it impacts on your daily life. <p>Section 1 can be completed by you, your parent, representative or your health or education professional.</p> <p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>Caution: If you have questions about this form, are having difficulty completing it, or want the most information about the NDIS, please contact us:</p> <p>Phone: 1800 800 110; TTY: 1800 555 677 Speak and Listen: 1800 555 727 Internet Relay: 1800 555 727 (voice) or 1800 555 727 (text) Email: 1800555727@ndis.gov.au or call 13 22 22 for more information</p>	<p>Instructions for health or education professionals</p> <p>Sections 2 and 3 must be completed by a health or education professional.</p> <p>You may provide the person applying for the NDIS with copies of letters, assessments or other reports in lieu of completing this form.</p> <p>If you have any questions about this form, please contact the NDIA on 1800 800 110 or go to ndis.gov.au</p>
<p>Please return the completed form to: Mail: GPO Box 753, Canberra, ACT 2601 Email: 1800555727@ndis.gov.au or take it to your local NDIA office</p>	

1 of 8

Privacy and Confidentiality information
 Supporting Evidence Form 1.1 - 8 April 2020

Alcohol, Other Drugs (AOD)

The NDIA need to be confident that the functional difficulties are a result from the mental health condition and are not a result of current AOD misuse.¹

Evidence options to show this can include:

- **Functional assessments or reports** about function from a time when a person was not using AOD (e.g. an inpatient facility, extended hospital stays, rehab clinic, incarceration).
- **Statements from clinicians that confirm the disability exists independently of AOD misuse** (e.g. the person was diagnosed with likely permanent mental health conditions prior to AOD misuse).
- **Neuropsychology assessments** - these can document impaired brain function that is likely to be permanent. Access to these types of assessments will not be feasible for everyone and can be costly.



Permanent Impairment

The term impairment commonly refers to loss of or damage to a physical, sensory, or mental function. These impairments can include:

- Loss of ability to function,
- Inability to think clearly,
- Unable to experience full physical health,
- Can't manage the social and emotional aspects of their lives.

The NDIA needs to understand the treatment history and likely outcomes for people on an individual basis. Whilst it is recognised that many mental health conditions will remain with the person over their lifetime, the impact or major symptoms of the conditions may be managed with medications and/or therapies.



Keep Aware of Changes

Like all legislation, the NDIS Act can be amended and updated by parliament. For example, on 30 March 2022 the National Disability Insurance Scheme Act 2013 was amended by Parliament. The amendments provide clarity about the ‘permanence’ criteria (sections 24(3) and 25(1A) of the NDIS Act) for disabilities that are episodic in nature.

Keeping up to date with changes is important as it affects how we approach each application. We would recommend subscribing to online newsletters that updates when changes are made to the Act.

Substantially Reduced Functional Capacity

Substantially reduced functional capacity is when a person with a disability cannot:

- Take part in activities or tasks without assistive technology equipment (other commonly used items) or home modifications.
- Participate in activities or tasks without the assistance of another person.¹



Reflective Questions

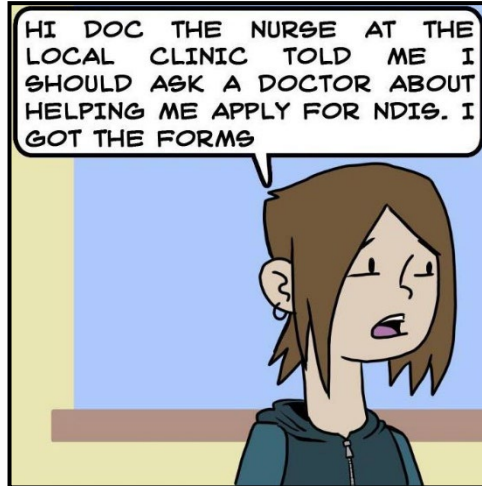
How can we determine if a person experiences substantial impairment. Let’s consider day to day functioning.

Without support, what is life like?

How do they manage between acute episodes?

Relative to a person in the community of a similar age who does not have a disability?

Evidence of Psychosocial Disability Form



The Evidence of psychosocial disability form (EPD) is the preferred way for people with a psychosocial disability to provide evidence of disability when applying to access the NDIS. The EPD form has been specifically designed for people with a psychosocial disability.

Evidence of psychosocial disability form ndis

NDIS applicant's name: _____
 Date of birth: _____
 NDIS reference number (if known): _____

Section A To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Section A completed by: _____
 Qualifications: _____
 Organisation/Practice: _____
 Contact number: _____

1 Presence of a mental health condition

I have treated the applicant since _____
 I can confirm that they have a mental health condition.
 Yes No

Diagnoses (If a specific diagnosis has been obtained, please briefly describe the mental health condition.)

_____	Year diagnosed
_____	_____
_____	_____

Has the applicant ever been hospitalised as a result of the condition(s) above?
 Yes No
 Hospital discharge summary attached

Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

Date of admission	Hospital name
_____	_____
_____	_____
_____	_____

Downloaded by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2015. 1/5 ndis

Section A (Page 1) must be complete by a clinician (Usually GP or psychiatrist):

- Diagnosis
- Treatments
- Statement of permanency
- Impairments resulting from the mental health condition

Section B To be completed by the applicant's support worker or appropriate person.

Section B completed by: _____
 Job title: _____
 Organisation: _____
 Contact number: _____

1 Abbreviated Life Skills Profile (LSP-16)

(Note: You need to complete training on the LSP-16 before using it. Training is available at <http://trial.nsw.centrelink.gov.au>)

Assess the applicant's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crisis, when the patient was ill, or becoming ill.

	0	1	2	3
Does this person generally have any difficulty with initiating and responding to communication?	No difficulty at all <input type="radio"/>	Slight difficulty <input type="radio"/>	Moderate difficulty <input type="radio"/>	Extreme difficulty <input type="radio"/>
Does this person generally withdraw from social contacts?	Does not withdraw at all <input type="radio"/>	Withdraws slightly <input type="radio"/>	Withdraws moderately <input type="radio"/>	Withdraws almost totally <input type="radio"/>
Does this person generally show warmth to others?	Considerable warmth <input type="radio"/>	Moderate warmth <input type="radio"/>	Slight warmth <input type="radio"/>	No warmth at all <input type="radio"/>
Is this person generally well groomed (e.g. neatly dressed, hair combed)?	Well groomed <input type="radio"/>	Moderately well groomed <input type="radio"/>	Slightly groomed <input type="radio"/>	Extremely poorly groomed <input type="radio"/>
Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Moderate cleanliness of clothes <input type="radio"/>	Moderate cleanliness of clothes <input type="radio"/>	Some cleanliness of clothes <input type="radio"/>	Very poor cleanliness of clothes <input type="radio"/>
Does this person generally neglect her or his physical health?	No neglect <input type="radio"/>	Slight neglect of physical appearance <input type="radio"/>	Moderate neglect of physical appearance <input type="radio"/>	Extreme neglect of physical appearance <input type="radio"/>
Is this person violent to others?	Not at all <input type="radio"/>	Rarely <input type="radio"/>	Frequently <input type="radio"/>	Other <input type="radio"/>
Does this person generally make and/or keep up friendships?	Friendships made or kept up with ease <input type="radio"/>	Friendships made or kept up with slight difficulty <input type="radio"/>	Friendships made or kept up with moderate difficulty <input type="radio"/>	No friendships made or kept up <input type="radio"/>
Does this person maintain an adequate diet?	No problem <input type="radio"/>	Slight problem <input type="radio"/>	Moderate problem <input type="radio"/>	Extreme problem <input type="radio"/>

Downloaded by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2015. 6/9 ndis

Section B (Page 6) is usually completed by a support worker or appropriate person:

- LSP-16 (must have done relevant training)

Description of the impairments resulting from the mental health condition (Evidence in Domains)

Section A

To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Are there any known, available and appropriate evidence-based clinical, medical or other treatments likely to remedy the impairment/s?

Yes No

Please explain.

Do you consider that the applicant's impairments, caused by their mental health condition/s, are likely to be permanent?

Yes No

Further information

I have attached existing reports or other information that may support the NDIS application.

Yes No

Please list any attachments and add any comments, explanations or further information.

Signature: _____ Date: _____

Developed by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2019. 5/9 ndis

Page 5 (Evidence of psychosocial disability form)

Both questions refer to the issue of permanency. In the examples above, the answers ticked show that the disability is considered permanent.

In the first question, consideration is given to treatment options. Sometimes clinicians will note that treatment options are available but not appropriate for the individual, and tick yes to the question. They will then provide further information as to why that treatment option has not been pursued. In that situation, it is better to tick no and keep the explanation. Otherwise, it may result in a rejection.

Section B To be completed by the applicant's support worker or appropriate person.

Section B completed by: _____
 Job title: _____
 Organisation: _____
 Contact number: _____

5 Abbreviated Life Skills Profile (LSP-16)

(Note: You need to complete training on the LSP-16 before using it. Training is available at <https://www.amhcn.org/>.)

Assess the applicant's general functioning over the past three months. Take into account their age, social and cultural context. Do not assess functioning during crisis, when the person is ill, or becoming ill.

	0	1	2	3
Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty <input type="radio"/>	Slight difficulty <input type="radio"/>	Moderate difficulty <input type="radio"/>	Extreme difficulty <input type="radio"/>
Does this person generally withdraw from social contact?	Does not withdraw at all <input type="radio"/>	Withdraws slightly <input type="radio"/>	Withdraws moderately <input type="radio"/>	Withdraws most or near totally <input type="radio"/>
Does this person generally show warmth to others?	Considerable warmth <input type="radio"/>	Moderate warmth <input type="radio"/>	Slight warmth <input type="radio"/>	No warmth at all <input type="radio"/>
Is this person generally well groomed (e.g. neatly dressed, hair combed)?	Well groomed <input type="radio"/>	Moderately well groomed <input type="radio"/>	Poorly groomed <input type="radio"/>	Extremely poorly groomed <input type="radio"/>
Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes <input type="radio"/>	Moderate cleanliness of clothes <input type="radio"/>	Poor cleanliness of clothes <input type="radio"/>	Very poor cleanliness of clothes <input type="radio"/>
Does this person generally neglect her or his physical health?	No neglect <input type="radio"/>	Slight neglect of physical problems <input type="radio"/>	Moderate neglect of physical problems <input type="radio"/>	Extreme neglect of physical problems <input type="radio"/>
Is this person violent to others?	Not at all <input type="radio"/>	Rarely <input type="radio"/>	Occasionally <input type="radio"/>	Often <input type="radio"/>
Does this person generally make and/or keep up friendships?	Friendships made or kept up with ease <input type="radio"/>	Friendships made or kept up with slight difficulty <input type="radio"/>	Friendships made or kept up with moderate difficulty <input type="radio"/>	No friendships made or kept up <input type="radio"/>
Does this person maintain an adequate diet?	No problem <input type="radio"/>	Slight problem <input type="radio"/>	Moderate problem <input type="radio"/>	Extreme problem <input type="radio"/>

Developed by the Transition Support Project, in conjunction with the NDIA, with funding from the Department of Social Services, September 2019. 6/9 ndis

Section B To be completed by the applicant's support worker or appropriate person.

5 Abbreviated Life Skills Profile (LSP-16)

To access the training, go to learning.amhcn.org, then go to the LSP-16 module to complete. This is required before the applicant or support person can fill out this part of the ESD.

Page 6 (Evidence of psychosocial disability form)

The Six Domains

The NDIA uses these six areas that we all need to have abilities/skills in to ensure a well-balanced holistic life. The six domains are used to provide evidence where participants have reduced capacity/impairments, and what supports are needed.

Access to the NDIS is based on a functional, practical assessment of what a person can and cannot do across **at least** one of these areas.



1. **Social Interaction**

The ability to interact with others in the community and to make and keep friends.

2. **Self-Management**

The ability to organise one's life including planning and making decisions.

3. **Self-Care**

The ability to take care of personal health and wellbeing.

4. **Communication**

The ability to be understood and to understand others.

5. **Learning**

The ability to learn new skills.

6. **Mobility**

The physical ability to move around the home and the community using arms and legs.

The NDIA must be satisfied that the person with a disability has substantially reduced functional capacity to undertake one or more of the above activities.

Tips for Writing Evidence

When writing evidence, it is important to use language that is clear, concise and doesn't leave any room for misinterpretation.

You should focus on the psychosocial disability only and leave out any mention of difficulties that result from the health condition/s alone.

Consider how the person's mental health condition impacts their management of their physical or other conditions.



Questions to ask when gathering evidence

- Does the person need assistance because of their disability?
- What does that assistance look like?
- How frequently might they need assistance?

You should be selective with your evidence, so be sure to read over everything before you submit your application.

A good way to manage this is to get clinicians to summarise a person's history, this gives an overview that is easier for an assessor to read and see the whole picture. See the Doctor's Statement Template from training resources.

ACTIVITY – Prompts for Clinicians form

The Prompts for Clinicians form is a tool developed by North East Healthy Communities, which compares the 6 domains to associated symptoms, impacts, and possible supports. It can be found in our training materials, or on our website.

Compare the six domains to each of the related symptoms. Which surprised you?

How might this document help with collecting evidence for the six domains?

Language

The NDIA has developed its own guidelines which outline the evidence required, how it should be presented, and the language it needs to be written in.

This can be difficult when you are used to phrasing things in a positive, recovery focused language. However, this is the language that the NDIA requires.



Sounds episodic	Suggests impairments are not substantial ¹
when unwell/well	would benefit from
on good/bad days	needs guidance and prompting
in times of crisis	feels anxious/depressed
currently is experiencing	is unmotivated
sometimes will	lacks confidence/low self esteem

“Don’t use this language, leave it out.”

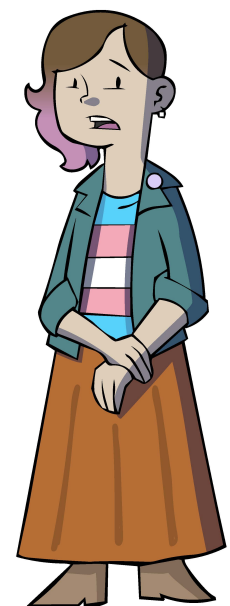
Self-management example



Unhelpful	Helpful
<p>When unwell withdraws from others.</p> <p>Struggles with motivation etc.</p> <p>Nat's neighbours help him to cook, clean and with his budget.</p> <p>Would benefit from a financial counsellor, nutritionist, and cleaning support.</p>	<p>Due to his psychosocial disability, Nat is unable to manage his finances independently and is reliant on the support of others.</p> <p>Due to his inability to keep his house clean and neighbours' conflict, Nat is at risk of losing his tenancy.</p> <p>Nat is highly vulnerable and has previously been exploited financially by others in his government housing complex.</p>

Self-Care examples

Unhelpful	Helpful
<p>When unwell Fran struggles to care for her health and hygiene.</p> <p>Sometimes non-compliant with her medication.</p> <p>Struggles to maintain a healthy diet or exercise routine.</p> <p>Sometimes Fran gets into disputes with her neighbours due to her irregular sleep patterns.</p> <p>Would benefit from a nutritionist and personal trainer and support workers to prompt around medications.</p>	<p>Due to her psychosocial disability, Fran requires considerable support for self-care activities.</p> <p>Fran is reliant on others to cook, clean and ensure that she attends health appointments and takes her medication.</p> <p>Without this support her physical and mental health decline rapidly.</p>



Kavitha's Application - Part 1

ACTIVITY

Read Kavitha's story in the **Living My Best Life** graphic novel.

How are her impairments/substantially reduced capacity impacting her life? What are the daily life skills Kavitha needs to have? Fill the below table with your findings:

Domains	Impairments	Daily Life Skills
Social Interaction		
Self-Management		
Self-Care		
Communication		
Learning		
Mobility		

Kavitha's Application - Part 2

ACTIVITY

Based on Kavitha's animation, write your own domain evidence for Kavitha – the strongest domain you feel.

Domains	Evidence
Social Interaction	
Self-Management	
Self-Care	
Communication	
Learning	
Mobility	

ACTIVITY - Mental Health Mood Tracker

This activity shows where substantially reduced capacity/permanent impairments can show up in daily life. Using the daily mental health mood tracker on the next page:

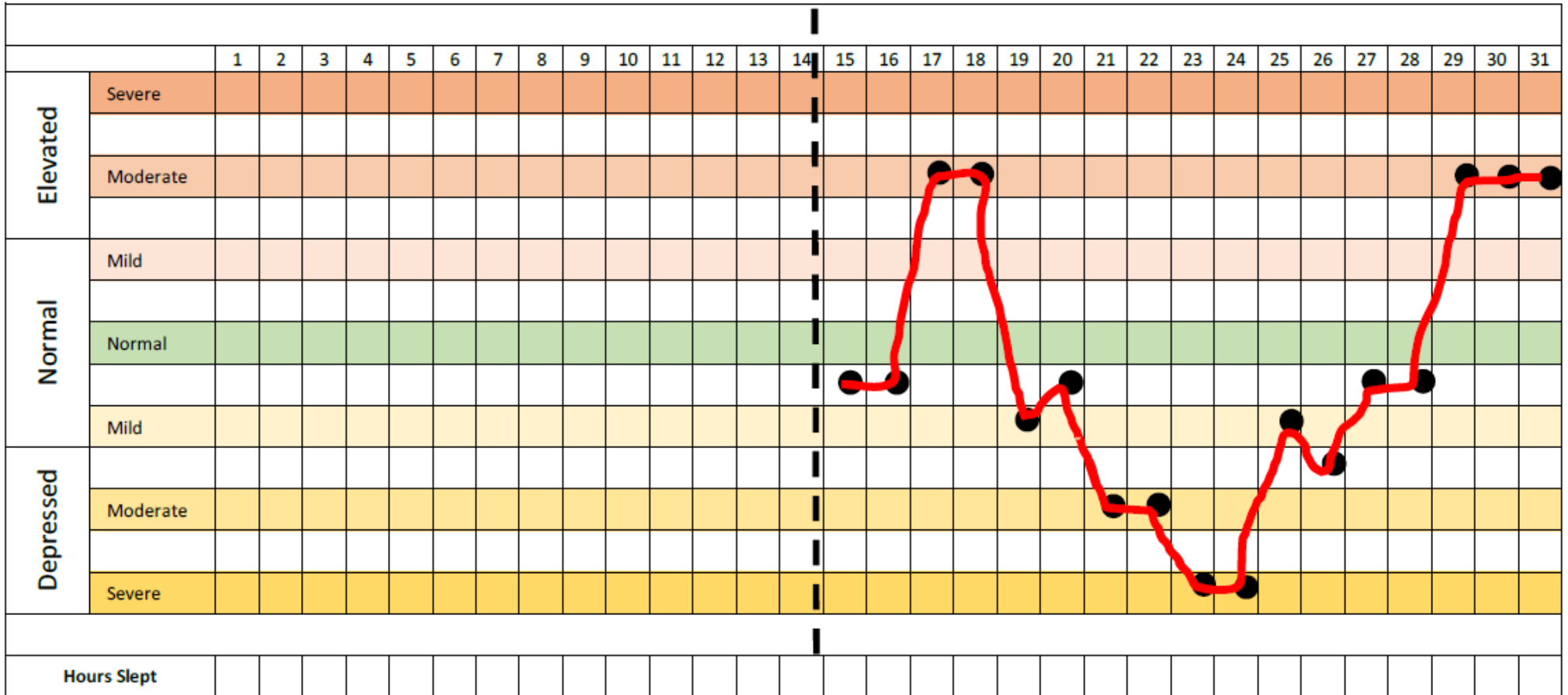
1. Fill out the first 7 days, reflecting how you have been feeling.
2. Looking at your pattern, where could you have benefited from extra support? Write which days and what support you could have benefited from below.

3. Looking at your list in Q2, how did you manage? Which days stood out most for you?

4. Look at the example from Day 15, this is a generic chart map reflecting a client/consumer with PSD. What reduced capacity may this participant experience? – what daily tasks were they unable to achieve?

5. Looking at the consumers list you compiled in this question; how did they manage?

Daily Mental Health Mood Tracker



Barriers

As workers, we come across barriers that challenges us, even before starting the application process. Being aware of these barriers can assist in navigating the NDIS application process.

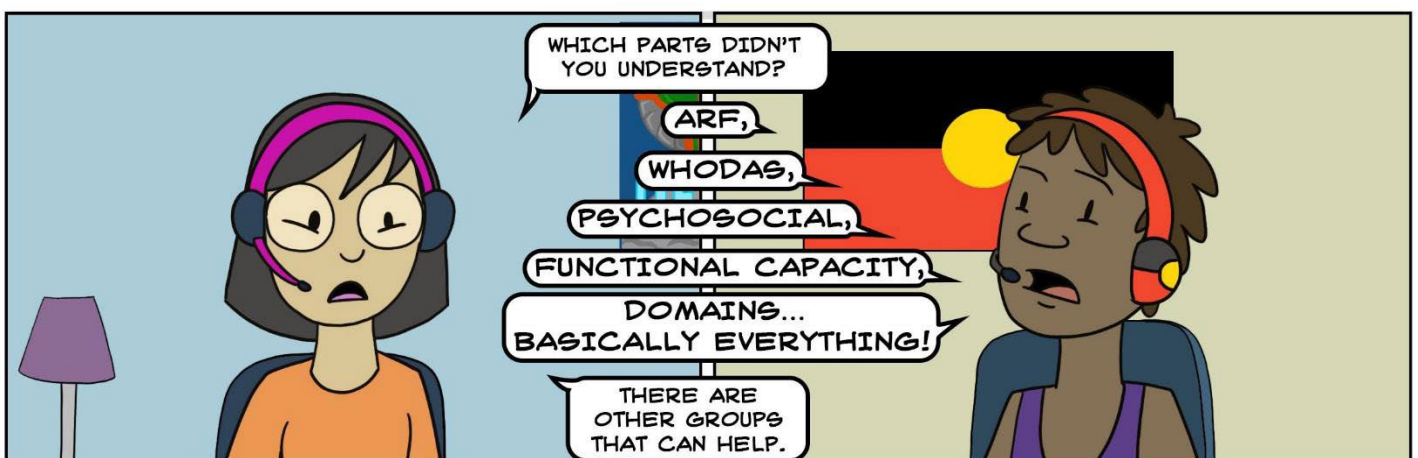
Some barriers that are often encountered are:

- Client perceptions and experience of the NDIS.
- Embarking on the application process for client.
- Gaining adequate evidence to support application.
- Cultural perceptions of disability.

NDIS Jargon

Information relating to the NDIS is evolving and being updated regularly. It's important to be confident in understanding the different jargon that the NDIA uses. Keep up to date by:

- Searching for definitions you're unsure of on the NDIS website. The search bar provides definitions and easy to read documentation which can help your understanding.
- Understanding that words like recovery can have different meanings, be sure to use clinical recovery terminology rather than personal.
- Be across different acronyms – For example, do you know what an ARF is?



Application Tips

- Including a Cover Letter / Summary is a great way to draw attention to the key parts of an application. Example cover letter in training resources.
- You can always make an information request using a 'Reasons for Access Decision' on previously rejected applications to assist you in understanding the assessors' reasons for rejection.
- When emailing your application, it is important to remember the 10mb file size limit. This may require you to send multiple emails so make sure you title them accordingly, eg 1/5, 2/5, 3/5 etc.

Application Toolkit

As part of the Living My Best Life program, an application toolkit has been developed which includes a wide range of resources such as:

- Podcast Episodes
- Graphic Novel
- Animated Training Videos
- Other resources



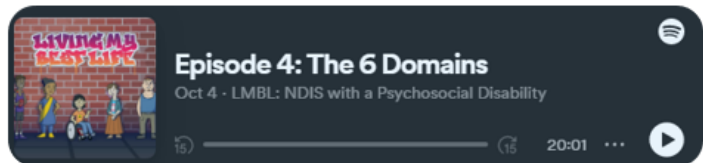
rw.org.au/living-my-best-life



[@LivingMyBestLife.NDIS](https://www.facebook.com/LivingMyBestLife.NDIS)



[@livingmybestlife.ndis](https://www.instagram.com/livingmybestlife.ndis)



References

- What is the NDIS
www.ndis.gov.au/understanding/what-ndis#ndis-what-does-it-mean
- NDIS Psychosocial Disability Glossary
www.ndis.gov.au/media/119/download?attachment
- Mental Health and the NDIS
www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis
- National Mental Health Policy
www.health.gov.au/resources/publications/national-mental-health-policy-2008
- Providing Evidence of your Disability
[Providing evidence of your disability | NDIS](http://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis)
- ¹ “NDIS Access and Psychosocial Disability
<https://www.tspforall.com.au>

Forms

- NDIS Access Request Form
www.ndis.gov.au/how-apply-ndis/what-access-request-form
- Clinician Report Part F of NDIS Access Request
https://www.rw.org.au/wp-content/uploads/2022/02/nepcp_infomhc_prompts.pdf
- Evidence of Psychosocial Disability (PSD) form
<https://www.ndis.gov.au/media/1825/download?attachment>
- Access Request – Supporting Evidence Form
<https://www.ndis.gov.au/media/2324/download?attachment>