



THE NATIONAL DISABILITY INSURANCE SCHEME AND MENTAL HEALTH

AM I ELIGIBLE FOR A PACKAGE OF SUPPORT?

This information has been prepared to explain the new National Disability Insurance Scheme (NDIS). It has been produced by the Mental Health Council of Australia (MHCA), in partnership with the National Mental Health Consumer and Carer Forum (NMHCCF).

This is one of several resources on the NDIS we have produced for mental health consumers, their families and carers. Others include:

- The National Disability Insurance Scheme and mental health: Introducing the National Disability Insurance Scheme
- The National Disability Insurance Scheme and mental health: Achieving your goals
- The National Disability Insurance Scheme and mental health: What services can I choose?

THE NDIS AIMS TO DELIVER BETTER SUPPORT FOR PEOPLE WITH A DISABILITY

WHAT IS THE NDIS?

The NDIS aims to deliver better support for people with a disability. It is administered by the National Disability Insurance Agency (NDIA). The scheme is government-funded and its services are free. The scheme offers exciting new opportunities for people who are able to access NDIS supports and services.

The NDIS is very new. The law to set up the scheme was only passed in 2013. As with any new program, there are some parts of this scheme that remain unclear.

At this stage the NDIS is only operating at a few trial sites. These sites are:

- The Barwon area in Victoria
- The Hunter region in NSW
- South Australia (but only for children under 15)
- Tasmania (but only for young people aged 15-24)

Trials in the ACT, WA and in the Barkly Shire in the Northern Territory will commence on 1 July 2014. The scheme will then gradually be rolled out across Australia.

The NDIS offers support at different levels. This includes providing information and linking people with disability to disability, mainstream and community services regardless of whether

the person has become a participant in the NDIS. This assistance can be provided by a local area coordinator (LAC) who can help people with disability build their capacity to access their communities.

People with permanent and significant disability, (often those with a severe and persistent mental illness), who meet the access requirements, become participants in the NDIS and have access to the highest level of support. This involves the development and funding of a **personal support plan** for each eligible person with a disability. This is the level of most interest to many people with a disability, and is the focus of this resource.

DOES THE NDIS COVER PEOPLE WITH MENTAL HEALTH ISSUES?

Yes. People with a psychosocial disability related to a mental health issue, (usually a severe and persistent mental illness) have the right to benefit from the scheme as long as they meet the access requirements.



SO WHO EXACTLY CAN BECOME A PARTICIPANT IN THE NDIS?

The new law says that only some people with a disability will be able to become participants in the NDIS and have an individual support plan. To become a participant a person must meet **age and residency access requirements:**

- the person must be under the age of 65 when they apply for access to the NDIS, **and**
- the person must be living in Australia, **and**
- the person must be an Australian citizen or a permanent resident or hold a Special Category Visa (a temporary visa available only to New Zealand citizens).

These requirements are pretty straightforward.

The person must also have a **particular type of disability**. The law is quite specific about the sort of disability a person must have before they can become a participant in the NDIS.

You can become a participant and have a personal support plan only if:

- your disability is permanent, or likely to be permanent, **and**
- Your disability has a big impact on your day-to-day life and your ability to participate in your community or employment, **and**
- Your disability means you usually need support from other people to join in activities or do things at home or in the community, **and**
- You are likely to need supports from the NDIS for the rest of your life, not just from the health system.

We have included some case studies at the end of this resource to help explain who may become a participant in the NDIS.

WHAT'S THIS ABOUT A PERMANENT CONDITION?

People with a psychosocial disability often focus on their health and recovery rather than their mental health condition. They could be very uncomfortable having to describe their disability as permanent because their aim is to be well and as unaffected by their mental health condition as possible.

The NDIA recognises that people with a psychosocial disability, related to a mental illness, need hope. The NDIS aims to support people to manage the disabling effects of their illness to achieve a better quality of life.

But the law is very clear. The NDIS only covers impairments that are, or are likely to be, **permanent**.

Permanency does not mean remaining *always the same*. The law recognises that permanent impairments may vary in intensity, especially with a severe mental illness. A person with a permanent impairment may have episodes of illness together with periods when their illness well managed. As long as that person's need for support is likely to be life-long they may be able to become a participant in the NDIS.

Permanency is determined by looking at all your circumstances. You may need to explain to NDIA staff the history of your illness and how it has limited what you are able to do. You can use different kinds of information to help you do this.

With your permission only, NDIA workers can talk to other people to find out this information. If there are people who know you and your story well (a doctor, mental health worker etc.) you might suggest that NDIA staff contact them.

As work in the NDIS trial sites progress, understanding will improve of what the permanency requirement means in practice for people with a psychosocial disability and how to best support people with a psychosocial disability. The MHCA is working with the NDIA to collect as much information about this requirement as possible, and we will keep you informed.

EARLY INTERVENTION

The eligibility requirements are pretty strict, but there are some exceptions in the case of people who would clearly benefit from what is called *early intervention*.

In some cases people with mental health conditions may be able to become a participant in the NDIS even though their impairments do not yet have a big impact on their lives yet.

These people will still have to meet other requirements:

- They must meet the same requirements when it comes to age and residency **and**
- The person must still have a psychosocial disability that is permanent or is likely to be permanent **and**
- It must be likely that early intervention will benefit the person and reduce the person's future support needs **and**
- The NDIS must be the most appropriate place to fund these supports.

Again, it is still unclear exactly what 'permanency' means here.

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WHAT SORT OF SUPPORTS CAN THE NDIS PROVIDE?

The NDIS can provide participants lots of different support and assistance options. NDIA staff will work with each participant to develop a personal support plan. Participant plans will be based on the person's disability-related support needs and the supports they need to achieve their goals. A participant's plan can include informal support, mainstream and community services.

Supports must also be 'reasonable and necessary'. Reasonable and necessary supports are those that:

- provide value for money, ie the costs are reasonable relative to the benefits expected and when compared to alternative supports
- are effective, having regard to good practice
- take account of what it is reasonable for families and carers and the community to provide
- are most appropriate for the NDIS to fund .

The NDIS does not replace the health system. People with a psychosocial disability will still get their health services from the same places as before and these costs will still be covered by the health system. But the new scheme can cover all sorts of assistance that people may need to help with daily living, to live independently and to engage with the community. The NDIS might cover assistance with:

- Planning and decision-making (e.g. a social worker to help you plan how to move into a place of your own)
- Help with household tasks (e.g. help with cooking meals or cleaning or whatever else you might need to help you live independently)
- Support with building social relationships (e.g. help finding and participating in a film club or going to a concert (noting that the cost of the film or concert will be paid for from your own money)
- Developing skills for budgeting (e.g. help from a financial counsellor so that you can manage your money better)
- Tenancy management (e.g. an advocate to help you manage a dispute with your landlord)
- Support with developing skills for getting to appointments and managing other important activities.

Some of these supports may be delivered in your home. Supports may come from a single service provider or lots of different providers, depending on what you choose is best for you. It is intended that each participant will get the right mix of supports from the support providers they choose.

Your plan is built around you and your needs. Before you go to discuss your plan with NDIA staff, it is worth thinking about your goals and needs, and how you could be supported to meet them.

Even if you do not receive a personal support plan under the NDIS you can still receive information and help with referral to community and mainstream services that could assist you.

FAMILIES AND CARERS

The NDIS recognises that many people with a psychosocial disability receive important support from their families and carers, who often have great insight into what assistance is most needed. The NDIA will help make sure that families and carers are involved in decision-making where possible, including in developing personal support plans.

The NDIS aims to support carers – whether or not they are family members - so that they can continue to provide care. While it does not pay carers directly for their work, it may be able to pay for training that will help carers maintain or improve their care. The NDIS might also fund other supports that make life easier for carers, such as respite.

While the NDIA will work closely with families and carers, the decision to take part in the NDIS must be the decision of the person with disability. Families and carers can tell people about the NDIS or provide a referral (e.g. by contacting the NDIA or by asking a service provider to do so) but cannot join the scheme on someone else's behalf.

Families and carers can help the person complete the first step to finding out if they can become a participant. The first step is to complete My Access Checker (at ndis.gov.au). My Access Checker can be completed either by the person or by their family or carer. My Access Checker will indicate whether the person might be able to receive assistance from the NDIS and give them a number to call to get an Access Request Form.

Many families and carers worry that the people for whom they care may not appreciate the importance of getting the right support to manage their disability. Some people with a psychosocial disability do not always agree that they have a disability or their need for assistance.

The MHCA is working with the NDIA to better understand these tricky issues. The MHCA is committed to ensuring that people with a psychosocial disability have as much support as they need to make the best decisions for themselves, their families and their carers.



BE PREPARED

The NDIS is new and it will probably have some teething problems. Even though people who work at the NDIA are committed to making it a success, it will take time to learn how an initiative as large as the NDIS is working.

Mental health consumers and carers already know about some potential challenges for the NDIS. For example:

- Mental health is not very well understood in the community. People with psychosocial disability may find their needs are not properly understood by NDIA staff.
- Many people with mental health issues do not usually think of themselves as having a permanent disability; instead, they prefer to talk about getting well and recovering. However, people will only be able to become a participant and have an individual support plan if they have a permanent disability and a significant impairment.

MAKING THE NDIS WORK FOR PEOPLE WITH MENTAL HEALTH ISSUES

Everyone has a role in making the NDIS a success. If you have a story you would like to share about your experience with the NDIS, please get in contact with the MHCA. We will protect your confidentiality, but it may help if we can use your stories (without your names) in our efforts to make sure that the NDIS meets the needs of people with mental health issues. If changes are needed to the NDIS in the interests of people with mental health issues, then the MHCA will work with governments and the NDIA to advocate for those changes.

If you have a story you would like to share, or would like more information on the NDIS, you could contact:

- **The Mental Health Council of Australia** – phone 02 62853100 or visit www.mhca.org.au
- **The National Disability Insurance Agency** – phone 1800 800 110 or visit www.ndis.gov.au
- **Carers Australia** – phone 02 61229900 or visit www.carersaustralia.com.au
- **National Mental Health Consumer and Carer Forum** – phone 02 62853100 or email nmhccf@mhca.org.au

ABOUT THE MHCA

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. We're committed to achieving better mental health for all Australians.

The MHCA aims to promote mentally healthy communities, educate Australians on mental health issues, conduct research into mental health issues and reform Australia's mental health system.

ABOUT THE NMHCCF

The National Mental Health Consumer and Carer Forum is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform.

IMPORTANT WORDS

Disability: the new law doesn't define disability, but it uses the word to describe the result of an impairment or impairments. Disability is commonly used to mean inability, incapacity or lack of ability, or a physical or mental condition that limits a person's activities or senses.

Impairment: the law doesn't define impairment. It uses the word to describe the effects of a psychiatric condition where these reduce psychosocial functioning. Impairment is commonly used to mean being weakened or injured.

Psychosocial disability: this is a term used to describe disabilities associated with mental health conditions. A psychosocial disability may result in a person having reduced ability to function, to think clearly, to experience full physical health or to manage the social, emotional or practical aspects of their lives. The NDIS sometimes uses the term psychiatric disability to describe this type of disability.

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CASE STUDY EXAMPLES

Because the NDIS is so new we don't have real-life cases to describe, so the examples below are not actual cases. Instead, we have prepared some examples of the sorts of cases *we think* will and will not be able to become participants in the NDIS. As real-life cases become available we hope to include these on the MHCA's website.

EXAMPLE 1 - CALEB'S STORY

Caleb is 38 years old and experiences delusions and hallucinations due to psychosis. This has led to the breakdown of his marriage, the loss of his job and an inability to work. Caleb requires occasional access to acute clinical care, in addition to his ongoing treatment, and has been hospitalised many times for his condition.

Caleb lives alone and has trouble caring for his own health. He has no contact with his wife or child. He has no significant social connections. He needs regular support from a family relative to manage tasks like attending appointments and paying bills and would probably benefit from the right support with managing his household and personal care. Caleb has been on income support for more than 10 years and while he has found some work during this time, he has not been able to keep a job for more than a few months because of the difficulties he has with social interaction and memory.

Is the disability significant and permanent?	Does it have a big impact on day-to-day life or ability to participate in community?	Does the person usually need support to join in activities or do things at home or in the community?	Are supports likely to be needed for life?	Is the person eligible for a personal support plan under the NDIS?
Yes, Caleb has been hospitalised repeatedly over a lengthy period. His illness has been present for a long time and his treatment is ongoing. He has significant ongoing impairments in cognitive functioning, motivation and organisational ability.	Yes, it has impacted on his relationships, his ability to care for himself well and his capacity to make decisions and be employed.	Yes, Caleb is unable to work unsupported and needs assistance to help him maintain relationships with friends and interact in the community. He is having difficulty looking after himself and would benefit from more support.	Yes. There is a long history of more than 20 years of poor self-management despite treatment. Caleb's impairments affect his day to daily functioning and this looks like it will continue.	Almost certainly yes.



EXAMPLE 2 - ANNE'S STORY

Anne is a 45-year-old Aboriginal woman with a history of complex trauma since childhood for which she began to receive therapy during her 30s. Anne was taken into formal care at birth and spent her childhood in institutional care and a series of foster homes. She studied nursing in her late teens and, although she struggled with alcohol use, she maintained her career, married and had two children.

Ten years ago one of her children became seriously ill and it was about this time that Anne started to experience severe anxiety and depression. During this time she was also traumatised by a bushfire in her local area. Following these events Anne was unable to work, became housebound and her dependence on alcohol increased. After losing her accommodation and becoming homeless Anne was hospitalised for major depressive disorder for six months. She is now on a disability pension and lives in a Department of Housing flat where she is unable to leave her house for extended periods and relies on the support of neighbours for shopping and other errands.

Is the disability significant and permanent?	Does it have a big impact on day-to-day life or ability to participate in community?	Does the person usually need support to join in activities or do things at home or in the community?	Are supports likely to be needed for life?	Is the person eligible for a personal support plan under the NDIS?
<p>Anne's impairments certainly have a significant effect on her functioning.</p> <p>She has been unwell for many years and was hospitalised for six months.</p>	<p>Yes, Anne finds it difficult to leave the house without support. She is unable to work and is disconnected from her family.</p> <p>Anne's alcohol use makes it difficult to determine the impact that her psychiatric condition has on her functioning.</p>	<p>Yes, Anne finds it difficult to leave the house without support.</p> <p>She would require significant assistance returning to work.</p> <p>Anne may also need support in order to manage her alcohol use (but this is not covered by the NDIS).</p>	<p>Given the length of time that Anne has had this impairment, it is possible she will require supports for life. However, until Anne undertakes rehabilitation for her alcohol use, it isn't possible to know this.</p>	<p>Not clear.</p> <p>The significance of Anne's impairments would suggest that she meets the disability requirements.</p> <p>However Anne's use of alcohol makes it difficult for assessors to determine what her support needs are.</p> <p>Anne may only meet the disability requirements once she has received support for her alcohol use.</p>



EXAMPLE 3 - NIK'S STORY

Nik is 27 years old and has been experiencing clinical depression with varying intensity for almost ten years. Nik has been taking prescribed medication on and off since first seeing his GP and from time to time he sees a counsellor when he finds engaging in social activities more difficult.

While his depression and the effects of his medication lead him to occasionally sleep for long periods or, at other times not sleep much at all, Nik is employed at a café 30 hours per week. Apart from occasional absenteeism when his depression or medication symptoms are at their worst, Nik has maintained employment at the same café for over two years. He would like to study or find another job but he fears his condition would prevent him from doing either successfully.

Nik is in contact with his family and has a modest network of friends with whom he engages in social activities. However he does not feel well enough to engage with them as often as he would like to and finds it difficult to plan for any events in advance in case he will not be well enough.

Is the disability significant and permanent?	Does it have a big impact on day-to-day life or ability to participate in community?	Does the person usually need support to join in activities or do things at home or in the community?	Are supports likely to be needed for life?	Is the person eligible for a personal support plan under the NDIS?
<p>Nik's impairment is long term and may very well be permanent. However while it has had some impact on Nick's life he is still able to maintain employment and community participation activities, hence his impairment may not be considered sufficiently significant.</p>	<p>Nik's ongoing depression and side effects of medication have led to some absenteeism from work. In addition, Nik sometimes refrains from social activities because he feels 'too low'. He also feels unable to take up more demanding and higher paying employment or any further study.</p>	<p>No. Sometimes Nik has needed to adjust his medication and has occasionally seen a counsellor when he has found socialising to difficult.</p> <p>Nik is able to attend to his own personal care, prepare meals, maintain his home and attend work at the café the majority of the time. He has no significant issues with budgeting or financial management and manages his private rental accommodation.</p>	<p>Probably yes, although the level of supports needed is likely to remain low and largely provided by the health system (eg medication).</p>	<p>Almost certainly not. While Nik can show that he has a permanent impairment, it is not sufficiently significant for Nik to meet the disability requirements.</p>



EXAMPLE 4 - SANDY'S STORY

Sandy had her first psychotic experience when her twin children were about six months old and her other child was two years old. Prior to experiencing psychosis, Sandy experienced post-natal depression and was already finding it difficult to take care of herself with bathing, cooking and washing, let alone taking care of three small children. Her husband, Phillip, was working full time and could not provide as much support as he would like. Sandy has no other family supports.

The pressure of trying to maintain a normal life and taking care of her children made Sandy's post-natal depression worse and one day Sandy left her home and began wandering around the city. This was how her first psychotic episode occurred. Mental health crisis services soon picked Sandy up and took her to the nearest psychiatric hospital. During her recovery, Sandy's husband managed to take some time off from work and take care of the children.

Having returned home, Sandy looks back at her experience and thinks that if she had had access to some support to help her take care of her children and manage day-to-day chores, her psychosis might have been avoided. Sandy has now been taking medication for the past 3 months which has increased her ability to look after her children and undertake daily activities. Sandy is hopeful that her depression will get better over time.

Is the disability significant and permanent?	Does it have a big impact on day-to-day life or ability to participate in community?	Does the person usually need support to join in activities or do things at home or in the community?	Are supports likely to be needed for life?	Does the person meet the disability or early intervention requirements?
The impairment to Sandy's functioning has been significant, but the permanency of her condition is not clear at this stage.	Yes it did at one stage, but it is not clear that it will continue to have a big impact.	When she was most unwell, Sandy clearly required help to do day-to-day activities such as care for her children. But it is not clear that she will require additional support into the future.	This is also not clear. Sandy was assisted by a mental health crisis service and returned home after a period of recovery in a psychiatric hospital. Given her improvement it is likely that Sandy's support needs will decrease over time.	Unlikely, as the permanency of Sandy's condition would probably be difficult to establish.