



Mental Health Access Snapshot Series

Snapshot 6 - Providing evidence for NDIS eligibility

A person wishing to apply for the NDIS needs to provide evidence that they meet the NDIS eligibility requirements. This document will specifically detail *Section 24 of the NDIS Act*, the disability requirements. The prospective participant may need support from other people such as a carer or support worker to gather the evidence for their access request. The below information is to assist anyone completing or supporting someone completing an access request.

What are the eligibility requirements for the NDIS for people with mental health conditions?

To access the NDIS a person must meet the eligibility criteria. For further information please visit the [Am I eligible page of the NDIS Website](#)

As part of the eligibility criteria a person must meet the disability criteria, which is they must meet all of the following:

- a) The person has an impairment attributable to a psychiatric condition
- b) The impairment is likely to be permanent
- c) The impairment results in substantially reduced functional capacity
- d) The impairment affect the person's capacity for social or economic participation
- e) The person is likely to require support under the NDIS for their lifetime

What evidence does a person need to provide when they access the NDIS?

The National Disability Insurance Agency (NDIA) requires evidence that the prospective participant meets the above criteria. The NDIA accepts evidence provided by anyone in any form. The below list is a guide for some evidence types for each criteria.

This is not a complete list of options however, a person may need to submit one or more of these documents to have enough detail to meet the criteria. One document may also provide evidence over multiple criteria. It can be beneficial to have evidence provided by different people.

Possible evidence types against each criteria of Section 24:

- a) Disability/Impairment** (this information is usually provided by a health professional who treats the person. This might be a psychiatrist, GP or psychologist)
 - NDIS Access Request Form (ARF)/ NDIS Supporting Evidence Form (SEF)
 - Diagnosis history
 - Existing mental health reports or assessments
 - Recent government applications (e.g. Disability Support Pension)
- b) Disability/Impairment is likely to be permanent** (usually provided in information from a treating health professional)
 - NDIS ARF/ NDIS SEF

- Treatment history
- Treatment plan
- Supporting letter from treating health professional
- Existing mental health specific reports or assessments

c) Impairment results in substantially reduced functional capacity (usually provided by people that know that person well and/or understand their day-to-day functioning)

- NDIS ARF/NDIS SEF
- Participant statement/self-reporting
- Support Worker letter
- Carer statement
- Supporting letter from treating health professional
- Recent government applications (e.g. Disability Support Pension)
- Financial guardian or administration orders
- Functional capacity assessments (LSP-16, WHODAS, HONOS)
- Occupational therapy reports

Tip: When writing support statements, a person should focus on six 'life skill' areas:

1. Social interaction
2. Self-management
3. Self-care
4. Learning
5. Communication
6. Mobility

It's important for the person developing the evidence to note what a person can and cannot do within these life skill areas.

A person only has to be considered to have substantially reduced functional capacity in 1 of these 6 life skill areas to meet this criteria. The most common life skills areas considered to have substantially reduced functional capacity for people with a psychosocial disability are: social interaction; self-management; and self-care.

For a carer statement example please visit the [Reimagine.today website](#) or [the PDF of a carers statement](#) (336KB).

d) Social and Economic Participation

- NDIS ARF/NDIS SEF
- Participant/Carer/Support Worker statement
- Supporting letter from treating health professional
- DSP evidence/Work history

e) Lifelong NDIS supports

- NDIS ARF/NDIS SEF
- Participant/Carer/Support Worker statement
- Supporting letter from treating health professional
- Existing reports or assessments

Early intervention:

A prospective participant may also choose to apply under early intervention. The NDIA must be satisfied the prospective participant has one or more identified impairments that are, or are likely to be permanent and whether the support is most appropriately funded through the NDIS.

Governments agreed that the mental health sector is best placed to provide short term support and as such it is rare to see a person with a primary psychosocial disability come into the Scheme through early intervention.

For further information please visit: [Access to the NDIS - Early intervention requirements](#) on the NDIS website.

Example:

Carol is 46 years of age and was diagnosed with schizophrenia in 2005. She lives on her own in a rental unit. Carol has explored multiple treatment options and although her support needs fluctuate, on the most days she requires some personal support to look after herself, manage her day-to-day needs or socially interact.

Carol is primarily supported by her mother, who is ageing and can't provide as much support as she once could. Carol has had multiple admissions to mental health services over the past 15 years. She has a quarterly meeting with her psychiatrist and is currently supported by a mental health case manager. Carol has seen many different GP's throughout her mental health recovery journey. Her current GP, Dr Prasad, she has seen for the past 8 months. Carol has a Support Worker through her community mental health service 4 hours per week. Carol is assisted by her Support Worker to do a Verbal Access Request (VAR) with the NDIA.

The evidence Carol is supported to provide to the NDIA may include:

- Existing documents or letters regarding her mental health condition e.g. diagnosis
- A history of treatments
- A letter from Carol's psychiatrist stating if there are any further treatments likely to alleviate her impairment
- A Carer Statement written by Carol's mother
- Support Worker letters from Carol's Case Manager and Support Worker

Tip: The relationship the person providing evidence has with the prospective participant is taken into context. For example, if the prospective participant doesn't have access to a regular treating health professional, as they are transient or live in a remote area, state this in the submitted evidence.

Myth busters

Myth: Personal and private information has to be shared.

False.

Throughout the access process the NDIA requires evidence regarding a person's impairment. They are not required to share any personal details, particularly regarding trauma or abuse. For example, if their diagnosis is Post-Traumatic Stress Disorder (PTSD), the NDIA does not need to know the causes of the PTSD, but the support and treatment you require as a result.

Myth: The NDIA can obtain documents from other Government Departments such as Centrelink.

False.

During the access process, with consent, the NDIA may check the Centrelink system only to confirm a person's name, date of birth, address and disability type. The NDIA cannot gain or will not ask for any more detailed information such as a Disability Support Pension (DSP) application.

While a DSP application or other recent Government applications may be useful supporting evidence, it needs to be provided to the NDIA by the prospective participant or their supports.

Myth: Evidence should only focus on when the prospective participant needs the most support.

False.

Throughout the access process the NDIA is seeking to determine a person's baseline functioning and support needs. While we seek information on when the person need the most support, we are equally interested to hear about when they need the least and in-between the two.

Myth: The prospective participant will be greatly 'out-of-pocket' collecting the evidence required for the access request.

False.

Where possible, the prospective participant or their supports on their behalf, may submit information that a treating health professional has previously developed. If an appointment is required with a General Practitioner (GP) to gather evidence the GP may claim the consultation through Medicare.

Fact: All evidence submitted can be accessed by the prospective participant.

True.

If evidence has been submitted on a person's behalf and they wish to see it, they can do so through requesting a Freedom of Information (FOI) request.

Contact the NDIS:

Phone: 1800 800 110

Email: enquiries@ndis.gov.au

Visit: [NDIS Website](#)