

Psychosocial Disability Access Factsheet 6: Providing evidence for NDIS eligibility

This factsheet is part of a series of factsheets on access to the National Disability Insurance Scheme (NDIS) for people with psychosocial disability.

This document provides information about applying to the NDIS and the kind of information and evidence that may be useful.

Someone applying to the NDIS needs to provide evidence they meet NDIS eligibility. This document outlines Section 24 of the NDIS Act which talks about the different disability requirements needed to be eligible for the NDIS.

NDIS eligibility requirements for people with mental health conditions

To access the NDIS, a person must meet the [disability criteria](#) or the [early intervention criteria](#).

Disability criteria

To meet the disability criteria for psychosocial disability, a person must meet all of the following:

- a) one or more impairments to which a psychosocial disability is attributable
- b) the impairment is likely to be permanent
- c) the impairment results in substantially reduced functional capacity
- d) the impairment affects the person's capacity for social or economic participation
- e) the person is likely to require support under the NDIS for their lifetime.

Please visit [Do you meet the disability requirements?](#) on the NDIS website for more information.

Early intervention criteria

To meet the early intervention criteria, a person must meet all of the following:

- They have one or more impairments to which a psychosocial disability is attributable, that is (or is likely to be) permanent; and
- providing early intervention supports will reduce the person's future support needs and will improve their functional capacity or prevent the deterioration of their functional capacity.

If a person meets the above criteria, then assistance may be received from the NDIS, as long as the supports are not more appropriately funded by another service system.

The episodic or fluctuating nature of an impairment or impairments may be considered to be permanent, and support may be provided under the NDIS if a person meets the eligibility criteria.

What to include in your evidence to the National Disability Insurance Agency (NDIA)

Permanent impairment

To demonstrate permanent impairment, evidence is required from a treating clinician (usually a GP or psychiatrist) to show that:

- all appropriate and available treatment/intervention options have been explored, and
- the impairment is likely to remain regardless of ongoing treatment or interventions that might be provided.

We do not recommend specific treatments or interventions, but evidence is needed to show they have been explored. If a commonly known treatment or intervention has not been explored, we may require a statement of clinical rationale explaining the reasons for not pursuing this treatment/intervention.

The NDIA **does need**:

- information that confirms an impairment is **permanent**. The NDIA requests that clinicians provide evidence and information to support that an impairment is likely to remain across a person's lifetime
- evidence that provides a history of treatment. We also require the rationale relating to any decisions made by the clinician to not pursue a known treatment or intervention option.

Gathering evidence

When gathering your evidence for your application to the NDIS, it is important to think about how we weigh different types of evidence. We understand that you may have evidence of your disability from different health professionals at different times. When we decide if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on best practice, or highest quality. We consider this evidence most strongly when we make a decision. For more information visit [How do we weigh evidence of disability?](#) on the NDIS website.

Functional impacts for the disability requirements

Likely permanence of impairment is not enough on its own to meet the NDIS disability requirements. To meet these, we need evidence about your permanent impairment and evidence about how this impacts your functional capacity.

When applying to the NDIS the best way to provide evidence of a functional impact of an impairment is to have a qualified person complete a functional assessment. A qualified person is usually a mental health professional.

You can also ask your mental health professional and treating health professional to complete the [Evidence of Psychosocial Disability form](#). See the next section for more information on the Evidence of Psychosocial Disability form.

The NDIA finds functional assessments helpful because they provide an overall picture of your functioning over time.

Your other supports such as family, friends, and/or peer workers can also provide helpful information. This information would be considered along with the information provided by a mental health professional or treating health professional.

We encourage you to also provide a statement saying how your impairment affects you.

Other information that can help the NDIA determine functional impact includes:

- formal documentation such as assessments given to Centrelink or other government departments
- any formal orders in place.

There is no need to share personal information that does not relate to your NDIS application.

Qualified mental health professionals are usually the most appropriate people to provide evidence of your functional capacity. This includes allied health professionals.

Psychiatrists can also sometimes provide evidence of functional capacity if no allied health professional can provide this.

The NDIA will consider the qualification of the person giving evidence and the relationship they have with you.

The treating health professional who provides the evidence of your disability should:

- be the most appropriate person to provide evidence of your primary disability; and
- have treated you for a significant period of time (e.g. at least six months).

The evidence needed to access the NDIS

The NDIA will consider evidence provided by any relevant person in your life, in any form.

However, if you would like to use a form, the NDIS has created the [Evidence of Psychosocial Disability form](#) to explain the type and frequency of support needed due to the psychosocial disability.

Things to know about the form:

- You don't have to use this form, but it is the preferred form for primary psychosocial disability.
- It has two sections, one for the most suitable clinician and one for the most suitable mental health professional or worker.

The person applying to the NDIS might need help from people such as a carer, family member, peer worker, mental health worker, or mental health practice nurse to gather evidence.

Possible types of evidence

The following list is a guide for types of evidence to provide at access. Please also note:

- this is not a complete list of options
- 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 help your access application to have evidence provided by a range of different people.

1. Evidence of disability

- the [Evidence of Psychosocial Disability form](#) (preferred for psychosocial disability)
- diagnosis history

- existing reports, assessments and letters which show the impact of your mental health conditions
- recent government applications like a Disability Support Pension (if you choose to).

The diagnosis history and existing mental health reports or assessments are usually provided by a treating health professional like a psychiatrist or general practitioner. Sometimes, in rare cases, for example if you live in a rural or remote location, it can be provided by a psychologist.

2. Impairment that is permanent or likely to be permanent

- the [Evidence of Psychosocial Disability form](#) (preferred for psychosocial disability)
- treatment history
- treatment plan
- supporting letter from treating health professional
- existing mental health specific reports or assessments.

A treating health professional will usually provide this information.

3. Impairment that results in substantially reduced functional capacity

- the [Evidence of Psychosocial Disability form](#) (preferred for psychosocial disability)
- comprehensive functional assessment from an allied health professional, such as an occupational therapist or a psychologist
- participant statement or self-report
- [support worker letter](#)
- carer statement
- supporting letter from treating health professional
- recent government applications like a Disability Support Pension (if you choose to)
- financial guardian or administration orders
- functional capacity assessments (LSP-16, WHODAS, HONOS)
- allied health professional reports.

Allied health professionals with a specialisation in mental health, and people who know the person well and understand their daily functioning will usually provide functional assessments and supporting letters.

4. Social and economic Participation

- the [Evidence of Psychosocial Disability form](#) (preferred for psychosocial disability)
- participant, carer and/or [support worker/peer worker statement](#)

- supporting letter from treating health professional
- DSP evidence or work history (if you choose to).

5. Lifelong NDIS support (disability requirements only)

- the [Evidence of Psychosocial Disability form](#) (preferred for psychosocial disability)
- participant, carer and/or [support worker/peer worker statement](#)
- supporting letter from treating health professional
- existing reports or assessments.

Tip: a person should focus on the 6 life skill areas when writing supporting statements:

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

Tip: the person creating the evidence should note what a person can and cannot do within these life skill areas.

For the disability requirements, a person only has to be considered to have substantially reduced functional capacity in 1 of these 6 life skill areas. The most common life skills areas relevant to people with psychosocial disability are:

- social interaction
- self-management
- self-care.

For a carer statement example, visit the [reimagine today](#) website or the [Disability Loop - Guide: Mental Health Carers NDIS Guide](#) on the Disability Loop website. You can also find an example of a [carer statement \(DOCX 90KB\)](#) on the Tandem website.

If you are a mental health or peer worker providing evidence for a person with psychosocial disability applying for the NDIS, visit the [Guide to writing a support worker letter](#) on the NDIS website for information on how to write a Support Worker letter.

Early intervention

A person may also apply to the NDIS under early intervention. The NDIA must be satisfied the person has one or more identified impairments that are, or are likely to be, permanent. The NDIA also thinks about if the support is most appropriately funded through the NDIS.

Visit the [Eligibility and early intervention FAQ](#) on the NDIS website for further information.

Case study example about applying to the NDIS

This is a case study example about Carol. Carol is thinking about applying to the NDIS. Carol's story shows some of the different kinds of evidence you can provide when you are applying to the NDIS.

Carol is 46 years of age and was diagnosed with schizophrenia in 2005. She lives on her own in a rental unit. She has tried several treatments and, although her needs vary, most days she requires support to look after herself, manage her daily needs or socially interact.

Carol's mother supports her, but she is aging and can't offer as much help as she once could. Carol has had several admissions to mental health services over the past 15 years. She has a quarterly session with her psychiatrist. Carol has seen many GPs and her current, Dr Prasad, for the past 8 months.

Carol may be able to give some or all of this evidence to the NDIA:

- Documents about her mental health condition such as diagnosis confirmation.
- A history of treatment.
- A letter from Carol's psychiatrist if there are more treatments likely to ease her impairment.
- A carer statement from Carol's mother.

Tip: the NDIA considers the relationship between the person providing evidence and the applicant. For example, if you don't have a regular health professional, as you don't have a permanent address or are living in a remote area, you should state this in the evidence.

Sharing personal and private information

While the NDIA needs evidence about a person's impairment, you do not have to share any personal details, particularly regarding trauma or abuse.

For example, if your diagnosis is Post-Traumatic Stress Disorder (PTSD), the NDIA does not need to know the causes of the PTSD, but only the support and treatment you require as a result.

Documents from other government departments like Centrelink

With your consent, the NDIA may check the Centrelink system to confirm only a person's name, date of birth, address and citizenship/visa status. The NDIA cannot gain or will not ask for any more information such as a Disability Support Pension (DSP) application.

While a DSP application or other recent government application may be useful supporting evidence, you may choose whether you provide it or not. It is not a requirement.

Access to evidence

If your support person submits evidence on your behalf, and later you wish to see it, you can submit a Freedom of Information (FOI) request. Visit the [Freedom of Information](#) page on the NDIS website for more information.

National Disability Insurance Agency

[ndis.gov.au](https://www.ndis.gov.au)

Telephone 1800 800 110

Webchat [ndis.gov.au](https://www.ndis.gov.au)

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