

The General Practitioner (GP) guide to the NDIS for psychosocial disability

The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides funding to eligible people with disability, including psychosocial disability, to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.

People who meet NDIS eligibility criteria are known as NDIS participants.

We provide funding to eligible people with disability from mental health conditions to:

- gain more time with family and friends
- have greater independence
- access new skills, jobs or volunteering in their community
- achieve an improved quality of life.

While we recognise mental health conditions impact people, not everyone who has a mental health condition experiences psychosocial disability.

We also support inclusive communities. These are where everyone can pursue goals to improve their community engagement, personal satisfaction and wellbeing.

Receiving payment for supporting a patient's NDIS access request

A patient may request that a General Practitioner (GP) examine them to assess or confirm a mental health condition.

GPs may claim the time taken to consult and give details and information for the NDIS application process under a Medicare item. The patient must be present for the consultation.

It is at the GP's discretion to select the most appropriate Medicare item number for the consultation. This is consistent with the operation of the [Medicare Benefits Schedule](#).

Who should apply to the NDIS

Not all people with mental health conditions will require funded support from the NDIS. NDIS supports are for patients with the following:

- Their recovery journeys that are likely to be lifelong.
- Their impairments resulting from mental health conditions have a significant impact on their ability to carry out day-to-day activities. We call this psychosocial disability.

A person may experience impairment across their lifetime. But we understand this does not stop them from pursuing their best possible version of personal, social and emotional wellbeing.

Patients who are not eligible for NDIS-funded support will still have access to support from a [local area coordinator](#).

Local area coordinators have strong connections in the community and can connect people with mainstream supports in their local area including:

- community groups
- recreational activities such as sporting clubs and performing arts groups
- other social networks.

Find your [nearest local area coordinator office](#) on the locations page of the NDIS website.

NDIS eligibility

To meet the eligibility requirements of the NDIS, a person must:

- experience disability as a result of their mental health condition
- have an impairment from the mental health condition that is likely to be permanent, which means it is likely to remain across their lifetime. This includes conditions that vary in intensity and are episodic and fluctuating in nature.
- be aged under 65 years at the time they access the NDIS.
- live in Australia and be an Australian citizen, the holder of a permanent visa, or have a Protected Special Category Visa (SCV)
- meet the disability or early intervention criteria.

For a person to meet the [disability requirements](#), they must also have a mental health condition that has resulted in a substantial reduction in functional capacity to carry out day-to-day tasks in a variety of everyday situations.

Eligibility for patients with a mental health condition

People who experience disability as a result of their mental health condition and who may be eligible for the NDIS will have an impairment that is likely to be permanent.

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 that have not already been tried.

For someone with psychosocial disability, this may look like:

- They have explored with their clinicians and treating professionals known available and appropriate evidence-based treatments.
- They have participated in periods of treatment and support with mental health clinicians and clinical teams.
- They have been undergoing ongoing treatment that attempts to reduce the impact of mental health conditions.
- Despite ongoing clinical treatment, their impairment has not been remedied, is likely to be permanent and they require ongoing support to increase their social and economic participation.
- They experience functional impacts from their mental health conditions in carrying out everyday tasks. These may:
 - vary in intensity
 - be episodic and fluctuating in nature.

People who may not be eligible or who choose not to apply will have access to support from local area coordinators. Local area coordinators can connect people with mainstream and community services.

Starting the access process

If your patient or their support person wishes to apply to the NDIS and they are likely to meet the [eligibility requirements](#), the best way to apply is by contacting [their nearest local area coordinator or local NDIS office](#) who can help them through the application process and be a point of contact.

Visit [Applying to the NDIS](#) on the NDIS website for more information.

How GPs can help a patient access NDIS support

The central role of a GP in supporting a patient with psychosocial disability to access the NDIS is to provide clinical information that forms part of the evidence of disability to support an NDIS access request.

GPs may also help people:

- better understand and connect with the NDIS
- connect with a local area coordinator for mainstream and community supports.

Find more information in the [Guide for Mental Health Professionals](#) on the NDIS website.

Others who can help

Helping a patient apply for the NDIS is a team effort. Other professionals who can help are:

- both inside and outside your practice environment
- from a health and non-health background.

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

You can also read the following [Helping patients navigate access to the NDIS](#) brochure, available on the NDIS website, for more information.

Evidence of disability under the disability requirements

An outline of what we need to support an NDIS access request for a patient with psychosocial disability who will meet the disability requirements is:

1. Confirmation of a mental health condition

A specific mental health diagnosis will demonstrate the presence of a mental health condition. If there is no diagnosis recorded, you can provide a clinical history consistent with an unspecified mental health condition.

2. Confirmation the impairment that result from the condition is likely to be permanent

Show this by detailing the patient's treatment history and planned treatment. Also provide clinical rationale if a known treatment option is not to be explored.

3. Confirmation of substantially reduced functional capacity from the mental health condition in one or more of these areas:

- Social interaction
- Self-management
- Self-care
- Communication
- Learning
- Mobility.

We look at the balance between what a person can and cannot do to see if a reduction in capacity is substantially reduced. Read about this in more detail in [Our Guideline – Applying to the NDIS](#) on the NDIS website.

We do not need information about the following to support an access request:

- Personal details about someone's trauma or abuse.
- Unrelated medical concerns.

Find more information about this in the [Guide for Mental Health Professionals on Access](#) on the NDIS website.

Information about daily functioning

Qualified and experienced allied health professionals with a specialisation in mental health can provide information on the functional capacity of the person, relevant to the professional's specialty. These may be a:

- occupational therapist
- psychologist, or
- social worker.

Other professionals including mental health nurses or mental health workers who have completed the Australian Mental Health Outcomes and Classifications Network (AMHOCN) (training in completing functional assessment tools) can also provide primary evidence of functional capacity.

It may be helpful for the GP to comment about information provided by another person and if it is consistent with their clinical findings. We also consider the nature of the relationship between the person and medical practitioner, and how often and for how long they have been receiving treatment from them.

It is important to focus on what a person can and cannot do without support when describing their functioning. This is instead of describing the symptoms of the mental health condition.

How to give evidence

We accept functional capacity evidence in any format the applicant or their representative provides. But we prefer a comprehensive functional assessment from a mental health professional. This gives us information we typically need to assess the criteria for substantially reduced functional capacity.

To support the access process, please use the [Evidence of Psychosocial Disability form](#) for people with psychosocial disability.

Completion of the following functional assessments also provides some additional information on how someone manages daily tasks and activities over time:

- Life Profile 16 (LSP16)
- Health of the Nation Outcome Scale (HONOS)
- World Health Organisation Disability Assessment Schedule (WHODAS).

The LSP16, HONOS or WHODAS may not provide enough evidence to see if an applicant meets the eligibility requirements. But they may be considered alongside information from a treating health professional and carer/support worker statements. More than one assessment may be useful if available.

NDIS forms

Treating health professionals can use the [Evidence of Psychosocial Disability form](#) to collect evidence for NDIS eligibility for people with a psychosocial disability. It is not compulsory but preferred for primary psychosocial disability.

This form has two sections to be completed by:

- The most appropriate clinician.
- The appropriately qualified mental health professional.

It requests information about the type and frequency of support needed due to the psychosocial disability.

Other existing documents may be helpful in providing evidence of disability. These include the following:

- Documentation and formal assessments given to Centrelink or other government departments.
- Existing reports, including specialist reports when available, with the person's treatment history and other planned treatment.
- Other assessment information useful in describing the support needs.

The NDIS and personal recovery

We are committed to improving the experience of people with psychosocial disability in the NDIS.

In December 2021, we released the [Psychosocial Disability Recovery-Orientated Framework \(Recovery Framework\)](#).

The Recovery Framework aims to improve the responsiveness to, and experience of, NDIS participants with psychosocial disability. It will deliver meaningful change and better outcomes for participants living with psychosocial disability.

What the NDIS funds

The NDIS is designed to fund ongoing psychosocial recovery supports that focus on improving a person's functional ability.

This includes supports that enable people with psychosocial disability to:

- build their capacity
- increase their levels of independence to undertake daily living activities
- be part of their community
- participate in social and economic life.

Examples of these supports include the following:

- Recovery coaching provided by a [psychosocial recovery coach](#) to increase independence as well as social and economic participation through tailored recovery plans.
- Mentoring, peer support or help with individual skill development.
- Capacity building for meal planning and preparation, as well as everyday skills and independence.
- Structured routines that integrate medication management.
- Finding and keeping accommodation.
- Daily living activities such as self-care, grooming and hygiene when this is needed because of episodic and fluctuating wellbeing.

Broader health and mental health system responsibility

Other service systems remain responsible for providing ongoing mental health treatment and clinical interventions to people with psychosocial disability, even after access to the NDIS. These include the following:

- Clinical acute mental health supports: care in a hospital or similar setting.
- Clinical outpatient and continuing care: mental health care where someone does not stay in hospital.
- Clinical rehabilitation and interventions for a patient's mental health.
- Clinical early intervention mental health and wellbeing supports, such as services to help children, teenagers and young people grow and develop.
- Mental health residential services where the main purpose is treatment or rehabilitation, or where staff are mainly clinical or medical.
- Help with other issues or conditions a patient may have alongside a psychosocial disability. This is where the issue or condition is clearly the responsibility of another service system, and may include services funded by Medicare.

Visit the [Mental health and psychosocial disability](#) page on the NDIS website for more information.

Primary Health Network services for people not accessing the NDIS

Primary Health Networks (PHNs) have these key objectives:

- Increase the effectiveness of medical services for patients, particularly those at risk of poor health outcomes.
- Improve care coordination so patients get the right care in the right place at the right time.

The role of a PHN

A PHN has the following roles:

- Commission health services to meet the needs of people in their regions.
- Address gaps in primary health care.
- Work with GPs and other health professionals to build health workforce capacity and a high quality of care.
- Commission psychosocial support services for people with severe mental health issues and psychosocial needs who are not accessing the NDIS.

PHN services for people with severe mental health issues

Psychosocial support services for people with severe mental health issues and psychosocial needs who are not accessing the NDIS work differently.

PHNs commission these Commonwealth Psychosocial Supports (CPS). For more information you can:

- contact your local PHN
- visit the [Psychosocial support for people with severe mental illness](#) page on the Department of Health and Aged Care website.

We work with mainstream and community services for a strong system of support. This means people with mental health conditions get the support they need.

More information

- Visit the [What are the mainstream and community supports](#) page of the NDIS website.
- Find out more about PHNs on the [Primary Health Networks](#) website.
- [Psychosocial disability](#) page on the NDIS website.
- [Mental health and psychosocial disability](#) NDIS Guideline.
- [How to apply to the NDIS](#) page on the NDIS website.

National Disability Insurance Agency

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

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