



Operational Guideline – Planning and Assessment – Supports in the Plan – Interface with Mental Health

Legislation

1. Read ss. 4, 5 and 34 of the [National Disability Insurance Scheme Act 2013](#) (NDIS Act) and [National Disability Insurance Scheme \(Supports for Participants\) Rules 2013](#) (Supports for Participants Rule).

General principles

2. People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.

See s.4(2) of the [NDIS Act](#)
3. People with disability should be supported to receive supports outside the National Disability Insurance Scheme (NDIS), and be assisted to coordinate these supports with the supports provided under the NDIS.

See s.4(14) of the [NDIS Act](#)
4. Reasonable and necessary supports for people with disability should:
 - a. Support people with disability to pursue their goals and maximise their independence, and
 - b. Support people with disability to live independently and to be included in the community as fully participating citizens, and
 - c. Develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.

See s.4(11) of the [NDIS Act](#)
5. The preparation, review and replacement of a participant's plan should so far as reasonably practical be individualised; directed by the participant; where relevant consider family, carers and significant others; consider availability of informal support, access to mainstream and community supports; and build individual capacity to increase participation and inclusion in community with the aim of achieving individual aspirations.

See s.31 of the [NDIS Act](#)
6. Plans should maximise choice and independence of the participant and facilitate tailored and flexible responses to individual goals and needs.

See s.31 of the [NDIS Act](#)

7. The statement of participant supports specifies the general supports (if any) and the reasonable and necessary supports (if any) that will be funded. In deciding whether to approve a statement the delegate must:
- Have regard to the legislation and rules, participant statement, relevant assessments,
 - Be satisfied that all clauses of s.34 of the [NDIS Act](#) on reasonable and necessary are met including that the support is most appropriately funded by the NDIS and offers value for money,
 - Have regard to the principle that a participant should manage their plan to the extent they wish and the operation and effectiveness of any previous plans of the participant.

See ss. 4(11), 33, 34 and 35 of the [NDIS Act](#)

Reasonable and necessary supports

8. Before specifying any general support, or reasonable and necessary support, in a participant's plan the delegate has to:
- Be satisfied that all the criteria set out in s.34(1) of the [NDIS Act](#) are met in respect of each funded support before it is included in a participant's plan,
 - Ensure the support:
 - Will not cause harm to the participant or pose risk to others,
 - Is due to the effect of the disability on the participant and does not duplicate supports available from other systems,
 - Does not relate to day to day living costs (e.g. rent, groceries, utility fees) unless directly attributable to the impact of the disability on the participant, and
 - Is not illegal or consist of income replacement.
- See Operational Guideline – Planning and Assessment – Supports in the Plan*
See rs.5.1, 5.2 and 5.3 of the [Supports for Participants Rule](#)
- Consider the additional guidance for delegates set out in this Operational Guideline in relation to the interface with the mental health system.
9. This Operational Guideline lists the matters that delegates are to consider under headings which refer to the paragraphs of s.34(1) of the [NDIS Act](#). For example, value for money (s.34(1)(a) of the [NDIS Act](#)) and effective and beneficial having regard to current good practice (s.34(1)(b) of the [NDIS Act](#)). Delegates are to note that the matters to be considered may fall across more than one paragraph of s.34(1) of the [NDIS Act](#) and need to be considered in relation to more than one paragraph of s.34(1) of the [NDIS Act](#).

Goals and aspirations

10. Before including a support in a participant's plan the delegate must be satisfied that the support will assist the participant to pursue their goals.

See s.34(1)(a) of the [NDIS Act](#)

Supports most appropriately funded by the NDIS

11. Which service system is responsible for mental health supports is the subject of agreement between governments.
12. The NDIS will be responsible for supports that are not clinical in nature and that focus on a person's functional ability, including supports that enable a person with a mental illness or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life.

See r.7.6 of the [Supports for Participants Rule](#)

13. The NDIS will not be responsible for:
 - a. Supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care, rehabilitation/recovery, or
 - b. Early intervention supports related to mental health that are clinical in nature, including supports that are clinical in nature and that are for child and adolescent developmental needs, or
 - c. Any residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff, or
 - d. Supports relating to a co-morbidity with a psychiatric condition where the co-morbidity is clearly the responsibility of another support system (e.g. treatment for a drug or alcohol issue), or
 - e. The operation of secure mental health facilities that are primarily clinical in nature.

See r.7.7 of the [Supports for Participants Rule](#)

14. The table below provides guidance on whether a support is more appropriately funded or provided through the NDIS or by other parties. Other parties can include government departments and agencies, independent organisations funded by governments to provide services, individuals and families.

A. The NDIS is generally more appropriate to fund the following reasonable and necessary supports:

1. **Assistance to coordinate supports and assistance with daily personal activities** – assistance for community (re)integration and day to day living including assistance with planning, decision-making, personal hygiene, household tasks, social relationships and financial management.
2. **Development of daily living and life skills** – to increase the participant's ability to live as autonomously as possible, including skills in daily life activities, communication and social skills, problem solving and managing funding of supports.
3. **Assistance with accommodation and tenancy obligations** - to guide, prompt, or undertake activities to ensure the participant obtains/retains appropriate accommodation, including specialist tenancy support services where no other tenancy support option is available.
4. **Assistance with daily life tasks in a group or shared living arrangement (non-clinical)** – where residential accommodation is provided as an integral part of non-clinical care.
5. **Assistance with transport** – specialist transport to and from health appointments required as a result of a participant's disability (where no other transport option is appropriate and not

substituting for parental responsibility).

B. Depending on their purpose the following supports are generally more appropriately funded by either the NDIS or other parties:

1. Assistance in managing life stages, transitions and supports, can be funded by the NDIS or by the health/mental health system. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports.
 - a. NDIS: Assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports,
 - b. Other parties: Assistance where the majority of the coordination and transition supports relate to supports funded by the health/mental health system.
2. Therapeutic support, including counselling and social work services:
 - a. NDIS: where the support is provided as a non-clinical standalone service aimed at managing and/or reducing the functional impact of a participant's psychiatric condition on undertaking activities of daily living or social and economic participation, including social and communication skills development, and behavioural and cognitive interventions.
 - b. Other support systems: where the support is integrally connected to a package of clinical supported provided by the health or mental health system.

C. Other support systems are generally more appropriate to fund the following supports:

1. Diagnosis of psychiatric conditions.
2. Clinical treatment – general practitioner, psychiatry, pharmaceuticals, clinical care in the community, residential services, mental health crisis assessment services, post-acute services, hospital avoidance services and post-acute care services.
3. Early interventions related to mental health, including clinical support for child and adolescent developmental needs.
4. Residential care (clinical), where the primary purpose is for inpatient treatment or clinical rehabilitation, where the service model primarily employs clinical staff.
5. Mental health crisis services.

Assistance available from the NDIS when individualised funding is not reasonable or necessary

15. It may be appropriate to refer a participant to a Local Area Coordinator to support the participant in accessing mainstream supports.
16. A Local Area Coordinator may be able to provide a range of general supports such as:

- a. When requested, provide local/ relevant information to the participant and their support networks regarding mainstream services to facilitate independence, participation and inclusion identified with a participant's plan,
 - b. When requested, support the participant and family's access and inclusion to service settings, and
 - c. When requested, facilitate coordination of specialised supports between the National Disability Insurance Agency (NDIA) and service settings.
17. A Local Area Coordinator can also work on a broader level with mainstream service systems to enhance access, participation and inclusion of people with disability. This includes by building the inclusion capacity of mainstream service providers in the local region.