Guide to Reasonable and Necessary (R & N) decisions

Psychology supports and mental health

Case example

Emilia has a physical disability which she receives funding for in her plan. She also has Generalised Anxiety Disorder, which is separate from her disability and she's receiving clinical treatment through the health system. She works with a psychologist to monitor and reduce her symptoms. Emilia feels her anxiety is getting worse. She asks us for funding so she can see her psychologist more often. This funding would supplement the supports she already gets from mainstream health services through a mental health care plan.

Would we fund this?

No, we can't fund clinical treatment from a mental health professional as it's not an NDIS support.

Why wouldn't we fund this?

NDIS laws determine what we can and can't fund. We call the supports we can fund NDIS supports. You can use the funding in your plan to buy NDIS supports if they directly relate to your disability and are in line with your plan.

Clinical mental health supports are not NDIS supports. By clinical mental health supports, we mean supports focussed on assessment, diagnosis, monitoring and treatment of mental health conditions. Clinical mental health supports focus mainly on symptom reduction, rehabilitation and recovery and, where possible, resolution of a condition. This is different from NDIS psychology supports, which focus on building and maintaining a person's functional capacity.

We can't fund clinical treatment from a mental health professional for your disability if it's not focussed on building or maintaining your functional capacity. This means, Emilia's clinical treatment for her anxiety isn't an NDIS support and is provided by a psychologist in the health system.

The health system is a mainstream system that provides clinical mental health supports. Mental health services provided by the health system can include services in a hospital or in the community. These include psychology, psychiatry, medication, counselling or other types of therapy delivered by mental health professionals. These supports are provided by state and territory governments and may be partially funded by Medicare.

We may fund psychology supports that help address specific needs related to your functional capacity. These supports aren't clinical supports because they aren't for diagnosis, treatment, monitoring, or assessment of your mental health condition. NDIS supports aim to build your skills and independence. They have specific goals and outcomes, with a timeframe to achieve

them. You may need them for a short time or a longer time, depending on your individual situation. If a psychology support helps you achieve these goals and outcomes, we can fund it.

What else do we think about?

We think about whether the health system or other providers can deliver these types of support. This includes:

- early intervention supports related to mental health which are clinical in nature. This includes clinical supports for child and adolescent developmental needs
- residential care where the main purpose is for inpatient treatment or clinical rehabilitation. This includes residential care which is overseen by clinical staff to give primary mental health care supports
- supports relating to co-morbidity. This means your support needs relate to other conditions you may have alongside your mental health condition. For example, treatment for drug or alcohol dependency is the responsibility of the health system. These supports are the responsibility of other mainstream systems and can't be funded by the NDIS.

Case example

Jim is 48 and lives with schizophrenia. He works part time as a groundskeeper and does landscaping. Jim accesses clinical treatment through a psychologist and psychiatrist which he gets from the health system. They help him manage his symptoms with psychological treatment and medication.

Jim's disability makes it more difficult for him to get motivated and organised in the mornings. This means he's sometimes late for work, so he wants some help to improve this. Jim asks for funding for a psychologist to help him with strategies to improve his motivation and organisation. This is so he can maintain his work and independence. Jim's psychologist provides a report that explains the psychology supports Jim needs. This includes how long and how often he'll need this support to achieve his goals.

To work out if psychology as a therapy support is an NDIS support for Jim, the planner looks at whether the information Jim gave us meets the NDIS funding criteria.

In Jim's case, the planner agrees this support:

- is an NDIS support and isn't for diagnosis, assessment, treatment or monitoring of his schizophrenia. Jim already gets clinical support from the health system
- directly relates to Jim's disability which he meets access for
- will help Jim to improve his functional capacity by giving him strategies to increase his motivation and organisation
- is good value for money. It's likely to increase Jim's independence and reduce his need for support over time.

The planner agrees Jim's request meets the NDIS funding criteria and approves funding for psychology as a therapy support.

Case example

Katea is 9 years old and is autistic. She's finding it hard to engage with other children but would like to have friends at school and participate in social activities like girl guides. She has funding in her plan for speech pathology to help her improve her communication skills. Her speech pathologist identifies Katea doesn't only struggle with physical speech. She also struggles with managing social interactions. They recommend Katea's parents take her to see a psychologist who specialises in helping children who have difficulty managing social interactions.

Katea's parents use some of her capacity building funding from her NDIS plan to visit a psychologist to find out if they can help. The psychologist recommends a 3-month program of therapy for Katea. It will help her to learn and build social skills for making friends. The psychologist will work with Katea and her family to track and record Katea's progress and make any needed changes. The psychologist will also coordinate with Katea's speech pathologist to make sure they're providing complimentary care.

At Katea's plan reassessment, her mother requests funding in her plan for this psychology as a therapy support.

To work out if this support is reasonable and necessary, Katea's planner looks at the information Katea's parents and therapists have provided against the NDIS funding criteria.

They think about whether the requested support:

- is an NDIS support
- will help improve Katea's social participation
- will help her pursue her goal of going to girl guides and making friends
- is not a support that's reasonable for Katea's parents to provide
- directly relates to her disability.

The planner also thinks about whether the support:

- is already being claimed from another service. If so, they wouldn't approve the funding. This is because we can't fund a service when it is already being funded by another system. For example, if Katea was already claiming her sessions under a Medicare mental health care plan, she can't also claim them with NDIS funding. This would be non-compliant activity. NDIS funding can't be used to cover gap payments for Medicare
- is a clinical treatment or service. For example, if the support was focused on symptom reduction, it would be the responsibility of the health system. If it's focused on building or maintaining her capacity, the NDIS can fund it.

The planner agrees the request meets the NDIS funding criteria and approves funding for psychology as a therapy support for Katea. She'll receive this alongside the funding for her speech pathology.

Case example

Roxanne has lived with a psychiatric condition for several years. Her mental health has a big impact on her life, functional ability and independence. Roxanne often becomes overwhelmed and frustrated when shopping in the community and tends to avoid this activity. She has an NDIS plan to help her with her psychosocial disability support needs. Roxanne wants to improve her independence and asks the NDIS for funding for psychology supports to build her capacity.

The supports will help her learn how to do everyday activities such as leaving the house on her own and doing the grocery shopping each week. By providing capacity building therapy supports, we expect Roxanne will be able to work towards her goal of being more independent and will need less support over time.

When we think about whether a support is an NDIS support for Roxanne, we look at the information she gives us against the NDIS funding criteria. We may fund therapy supports that:

- directly relate to her disability support needs
- focus on increasing her functional capacity and independence.

Examples of the types of psychology supports we might fund include:

- psychology sessions to develop strategies for problem solving, so she can be more independent with everyday activities and take part in community life
- therapy sessions to develop self-confidence and emotional regulation strategies.

We include funding in Roxanne's plan for capacity building therapy supports. As she builds capacity, Roxanne will hopefully need less psychology supports over time. We can continue to fund some therapy in her plan to help her maintain her capacity and independence as she works towards her goals.

For more information, go to:

- Our Guideline – Reasonable and necessary supports
- Our Guideline – Disability-related health supports
- Our Guideline – Mainstream and community supports
- Our Guideline – Therapy supports.