

NDIS & area mental health service interface



Adapted from *National Disability Insurance Scheme (NDIS) Information for Specialist Clinical Mental Health Services* DHHS, 2016

1. Supporting people to access the NDIS

To access the NDIS, a prospective participant must first make an access request to the NDIA. This process includes the need to provide consent for the NDIA to collect and share personal information to make a decision about whether the person can access the NDIS. To complete this process the person will need to provide evidence they meet the NDIS age, residence (including citizenship or visa status) and disability requirements. Without this evidence the person cannot complete the NDIA access process.

Role of area mental health services

Area mental health services can play a key role in explaining to relevant consumers the benefits of being a NDIS participant and the NDIA access process. Current and past consumers (discharged from the service in the last 12 months) will need the help of area mental health services to provide evidence they meet the disability requirements of the NDIS.

In this regard, the person may ask their health professional to:

- Provide copies of reports, letters or recent assessment of their psychiatric disability (and other co-existing disability if relevant) and the impact it has on their mobility, communication, social interaction, learning, self-care and or ability to self-manage OR
- Complete a functional assessment.

2. Supporting participants in the NDIA planning conversation

Once a person has been assessed as meeting the NDIS access criteria the NDIA will contact them to develop a NDIS Plan. The person can invite people who are important in their life to help or support them during their NDIS planning conversation, including family, friends, carers or others. The purpose of this discussion is to develop a personal, goal orientated plan. More than one discussion will occur if required. Some NDIS participants, due to their high level psychiatric disability and severity/acuity of their mental illness, may require intensive or tailored support to make and express decisions related to their psychosocial support needs throughout the NDIA administration process (from access to plan development, implementation and review).

An NDIS participant may authorise a person (such as a carer/family member/guardian/advocate) to make decisions on his/her behalf regarding the Plan. In some circumstances this representative may need support to make decisions regarding the individual's psychosocial support needs. The need for additional support is particularly relevant for people who do not have a carer/family/guardian/advocate to support them.

Role of area mental health services

Area mental health services may assist registered consumers by attending the NDIA planning meeting/s (with the consent of the individual) to assist them with the planning conversation. This may be particularly important for consumers with complex needs and/or those who do not have other formal or informal supports.

In some situations this planning discussion may need to take place in a bed based clinical mental health setting. Health services can provide the consumer with a record of their most recent Health of the Nation Outcome Scale (HoNOS) and Life Skills Profile 16 (LSP-16) assessment to assist them and the NDIA with the planning conversation.

3. Coordinated service planning

Some NDIS participants will have complex needs associated with their psychiatric disability and may experience barriers to accessing, developing and implementing their NDIS plan. In these circumstances the NDIA may fund support coordination as part of the participant's NDIS plan. Support coordination is not funded for all NDIS participants. For some participants support coordination may be provided by the Local Area Coordinator (LAC). Support coordination can include, for example, assisting a participant to: engage with area mental health services; make decisions related to their disability support; be actively engaged in case/care planning; and make and attend appointments. Few people diagnosed with psychiatric conditions have a static set of psychosocial support needs. As people explore or move towards one goal, another goal will emerge, or change. In the early stages of receiving NDIS support many participants may struggle to identify goals. On this basis it is likely that most people with psychosocial disability will require more frequent and iterative goal planning and review. Coordination of service/supports between a participant's NDIA service provider/s and health service, in collaboration with the individual, will ensure a more integrated response to the participant's psychosocial support and mental health treatment needs.

Role of area mental health services

Area mental health services can support this outcome by:

- Participating in joint case planning with the NDIA, or funded NDIS providers/NDIS support coordination provider to ensure the participant's NDIS Plan and treatment plan complement each other.
- Request the NDIA consider support coordination be part of the participant's NDIS plan if they feel this is necessary.

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- Initiating contact with the NDIA/Local Area Coordinator or the participant's NDIS provider when the participant is experiencing a significant change in their psychosocial functioning and request a review of their NDIS Plan.
- Notifying the participant's nominated NDIS service provider or funded NDIS support coordination provider when:
 - A participant is admitted to a bed-based area mental health service (acute inpatient, sub-acute and extended care services).
 - A participant ceases to be a consumer of the clinical specialist mental health service system.

4. Information sharing

Information on prospective and existing NDIS participants who are registered consumers of the area mental health service system will need to be shared between the service system and the NDIA to support participants to engage in, and complete, the NDIS access, assessment, planning, review and implementation processes.

The sharing of consumer/participant information can only occur with the informed consent of the individual.

Robust information sharing practices will: reduce the risk that consumers of the area mental health service system who are eligible for the NDIS miss out on required supports; ensure consumer/participant treatment and support plans are well coordinated and efficiently delivered; and ensure the participant's NDIS plan is responsive to the participants changing psychosocial disability support needs.

Role of area mental health services

Information sharing practices between health services and the NDIA are to be applied in circumstances when a consumer of an area mental health service:

- Is in the process of providing evidence to establish NDIS access
- Is in the process of planning to develop a NDIS Plan or reviewing their NDIS Plan
- Is experiencing a significant or rapid change in their psychosocial support requirements which requires an immediate response
- Is admitted to a bed-based area mental health service
- Experiences a change in legal status, as this relates to the application or cessation of an involuntary treatment order or a compulsory treatment order
- When the clinical mental health services ceases to deliver treatment to a consumer who is a NDIS participant.

5. Discharge Planning

On discharge from hospital (acute inpatient) or bed-based clinical mental health settings, existing and prospective NDIS participants may have changed or newly acquired psychosocial disability support needs that need to be in place in order for the person to be discharged.

In some instances, support may need to be provided with minimal notice at the time of discharge or within hours of discharge, particularly when a person is discharged from an acute mental health inpatient setting.

This will require timely engagement with the NDIA, the Local Area Coordinator and/or the participant's NDIS provider (if they have one). Good joint discharge planning will ensure patient/consumer's psychosocial support needs are appropriately identified and NDIS supports are in place at the time of discharge.

Role of area mental health services

Joint discharge planning should be applied in circumstances where an individual - either an existing or prospective NDIS participant - requires planning to support their discharge from acute mental health inpatient, sub-acute, secure extended care and community care unit service settings. This includes circumstances where:

- Patients in a bed-based specialist mental health service require specific funded NDIS support to facilitate discharge, and need to undergo NDIS access and planning to determine eligibility and obtain this support.
- An existing NDIS participant's discharge from hospital, sub-acute or a secure extended care mental health service is conditional on the provisional of additional NDIS supports being available and the person is at risk of a longer than necessary stay in the absence of an appropriate level of NDIS support.
- A person has multiple service responses that require coordination by their NDIS provider to ensure a timely discharge and appropriate discharge destination/outcome.

Specialist mental health services delivering acute (hospital), bed-based subacute or rehabilitation services need to:

- Ensure early notification to NDIA to determine a person's status as a NDIS participant, with their consent or that of their carer/family/advocate/ nominated person.
- Provide timely advice to the NDIA that the consumer/participant has been admitted to a bed-based mental health services.
- Prepare and collect relevant document/evidence to support the NDIA access and planning process for prospective NDIS participants.
- Facilitate case planning and information sharing between the service, the patient/consumer and their carer/s and the NDIA while the person is in the bed-based service.
- Develop, review and implement an agreed discharge plan throughout the person's stay, in collaboration with the NDIA, the individual's carer/family/guardian/advocate (as relevant) and other relevant non NDIA support services the person may need.
- Oversee and manage the discharge planning process, as it relates to the coordination of the consumer's clinical treatment needs.
- Monitor changes in the patient's medical and functional status and social support needs throughout the person's hospitalisation/sub-acute admission and ensure these are taken into account in discharge planning.

For more information regarding interface and role of the NDIA refer to [NDIS Practice Advice for Health Services – Mental Health Services](#) (NDIS Information for Specialist Clinical Mental Health Services)