## How the NDIS can help your patients living with mental illness

- The National Disability Insurance Scheme (NDIS)
  takes a lifetime approach to ensure people with a
  lifelong disability have the 'reasonable and necessary'
  supports they need to live an ordinary life.
- Mainstream supports, such as those provided by GPs and other healthcare services (a patient's psychiatrist, psychologist, and tertiary mental healthcare services, for example) will continue, and are key to ensuring that NDIS participants receive the full range of supports that they need.
- The NDIS supports participants where their disability has a functional impact across one or more of the six NDIS life domains.
- Participants accepted into the scheme with mental illness will be considered to have psychosocial disability, and as such will receive psychosocial supports through an NDIS plan.
- As their GP, you are key in assisting your patient to access the NDIS, which only needs to be done once.

To access the NDIS, your patient needs to be **under 65**, an **Australian citizen** or holding a Permanent Visa or a Protected Special Visa (SCV), and their **mental illness** has a functional impact across **one or more** of the following domains:

- Social interaction
- Self-care
- Self management

Learning

- Communication
- Mobility

The NDIS takes a lifetime approach. Assisting your patient by completing an Access Request Form will enable them to receive practical supports to help them live their best life. Note that you use MBS item numbers (such as 36, 44) when you are seeing your patient to prepare the documentation.

Below are some examples of patients you may see who could benefit from NDIS supports:

## Alex's story

Alex was diagnosed with early episode psychosis at 19, having been hospitalised in psychiatric units several times as a teenager.

Now 21, his private psychiatrist continues to work with him. He is enrolled at university but is missing more classes due to his illness. He is finding it difficult to understand lecture content (learning) due to increased positive symptoms. His father often attends his GP appointments with him, and indicates non-compliance with medication despite Alex believing he has taken his medication (self management). His father is becoming increasingly anxious about Alex's care and future because he is a single parent and FIFO worker, meaning that Alex regularly spends weeks without any informal supports.

The NDIS can support Alex and his family by providing a support worker to prompt Alex to take his medication, complete activities of daily living (ADLs) and attend university.

## Sue's story

Sue was diagnosed with depression after her marriage broke down 15 years ago. Sue has a mental health care plan, is seeing you as her GP weekly and a psychologist monthly. Sue's health has deteriorated over the last couple of years – she has been missing appointments and has mentioned that she is not coping with activities of daily living (ADLs) and as a result has had a number of complaints from her landlord. This stress has also caused Sue to have no interest in her personal hygiene (self-care). Sue is becoming increasingly withdrawn and you find engagement with her difficult (communication).

Sue reports that she no longer participates in social activities (social interaction).

The NDIS can support Sue when she is unwell by providing a support worker who can assist her to re-establish self-care routines, prompt her to take her medication and attend appointments. Sue's NDIS supports can build her capacity to participate in the community so she can improve her social interaction and communication skills.

For support to guide your patients with mental illness though the access process contact HelpingMinds on (08) 9427 7100 or intake@helpingminds.org.au

This project is an NDIS Information, Linkages and Capacity Building (ILC) initiative. For more ILC events and resources please visit http://www.disability.wa.gov.au/wa-ndis/wa-ndis/information-linkages-and-capacity-building/resources/





