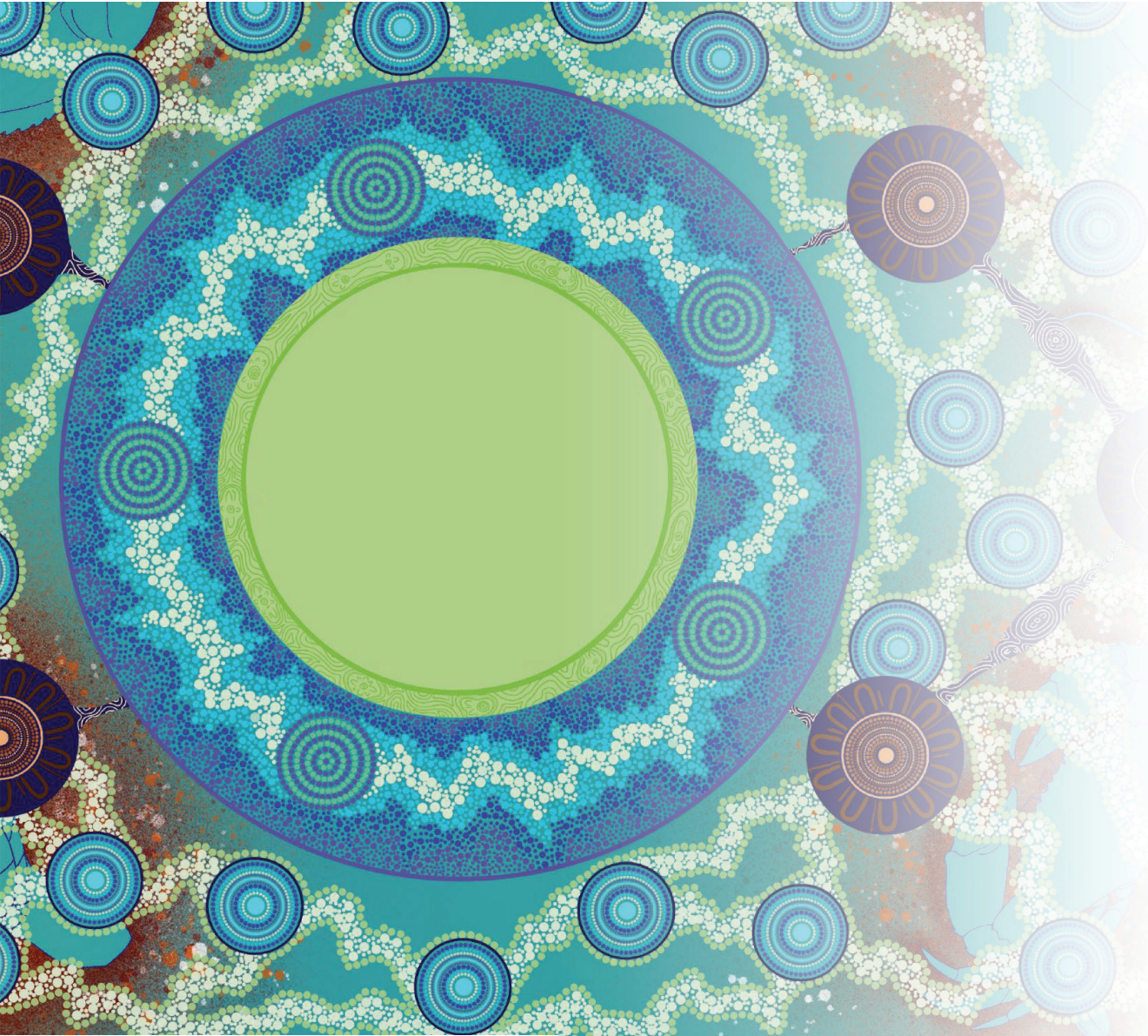




ONLINE

NDIS Access Project Information Session





**We acknowledge the
Traditional Custodians of the
lands on which we live, work,
learn and care, and pay
respects to the Aboriginal and
Torres Strait Islander peoples
and their Elders, past, present
and emerging**

Acknowledgment of Mental Health

I would also like acknowledge the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have their own lived/living experience.

We recognise the vital contribution and value the courage of individuals who have shared their perspectives and personal experiences for the purpose of learning and growing together to achieve better outcomes for all.

Overview of the NDIS Access Project

- **Navigating the National Disability Insurance Scheme (NDIS) application process can be a challenging task.**
- **The Mental Health Commission has funded the NDIS Access Support Project, to assist people with a psychosocial disability to test their eligibility and apply for an individual support package through the NDIS.**
- **We (HelpingMinds) collaborate with the individual and other services to help people understand, engage in, and complete the NDIS access process.**

Overview of the NDIS Access Project

- **Without support, people who may be eligible might be missing out on the services they need at the time they need it.**
- **In addition to the above, the projects particular focus is on supporting:**
 - **Consumers at risk of or experiencing homelessness**
 - **Consumers in supported residential service**
 - **Consumers not engaged or pending discharge from public mental health treatment services**
 - **Consumers referred by Office Public Advocate**

Eligibility

To be eligible for the NDIS Access Project you must:

Be aged between 18 and 65

Be an Australian citizen or permanent resident

Have a psychosocial disability, caused by an impairment, which is likely to be permanent

Have undergone evidence-based treatments that have not relieved or cured your impairment (assessed on an individual basis)

How to Refer

We accept referrals from:

- Medical professionals
- Self-referrals
- Family / Friends / Carers

- Please email ndistransition@helpingminds.org.au
- Phone: 0436 396 453 (Amy Harfield)
- www.helpingminds.org.au/ndis-access-project



Referrals



Government of Western Australia
Mental Health Commission

*We're working for
Western Australia.*

Mental Health Commission - NDIS Access Project

▲ Information and Consent Form

Why

Applying for the National Disability Insurance Scheme (NDIS) can sometimes be difficult and overwhelming. Without support, people who may be eligible might be missing out on the services they need at the time they need it.

What

The Mental Health Commission (The Commission) has been funded by the State Government to assist mental health consumers with their NDIS access requests. This project will provide you with the help you need to apply for the NDIS and assist you with the planning process if you are found eligible. The project is scheduled to commence from the 14th of August and will run until the 14th of April. Referrals can be submitted before project start date.

Who

The below organisations have been funded to provide this support:

- 360 Health and Community
- HelpingMinds
- Neami National

Consumer of Mental Health Western Australia (CoMHWA) have been funded to assist you with peer support throughout the process.

How

After your referral has been accepted, someone from one of the organisations will meet with you to submit your access request to the NDIS. With consent this person will also talk to your doctor and/or mental health case manager about your mental health, treatments, and impact on your life, which are needed to work out if you are eligible for NDIS.

CoMHWA will also provide peer support as part of this process. You can choose not to receive this support (please see tick box below).

Consent

We need your consent to accept this support. Part of the project involves collecting some information about your experience. This is to assist the MHC to provide and improve our current and future mental health supports and services.

Your consent allows:

- the MHC to share your contact information with the organisation who will help with your access request (referral)
- MHC to give and receive information with clinical treatment services and other organisations as listed below
- the organisation to provide the MHC with **deidentified** NDIS plan details for reporting purposes

The consent is valid for a maximum period of 18 months from the date of signing.

Referrals

MHC NDIS Access Project - Referral Form			
Client consent form signed and attached to this referral?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Contact Details:			
Last Name:	First Name:	Pronouns:	Date of Birth:
	Preferred Name:	Gender:	
Address:		Phone:	
Client Demographics:			
<input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Culturally Linguistic and diverse <input type="checkbox"/> LGBTQIA+			
Permanent Resident or Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the client's visa status:			
Primary Diagnosis and Psychiatric History <i>If no diagnosis, describe main impairments</i>			
Relevant Medical/Physical History			
Current medications/Medication history			
Does the client have a history of risk factors, including e.g.: (Briefly describe details/date of significant events)			
<input type="checkbox"/> Aggression to self/suicide attempt <input type="checkbox"/> Aggression to others <input type="checkbox"/> Substance use			
Has a previous NDIS Access Request been made? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide information below:			
NDIS Reference Number (if known):			
Outcome:			
Please attach a copy if available			
Source of Referral:			
Is the consumer due to be discharged from your service?		Pending d/c date:	
Name of referrer:	Phone:		
Title:			
Email:			
NB: If discharge imminent please provide secondary contact			
Mental Health Team	Case Manager Name		
Email:	Email:		
Signature:	Date:		

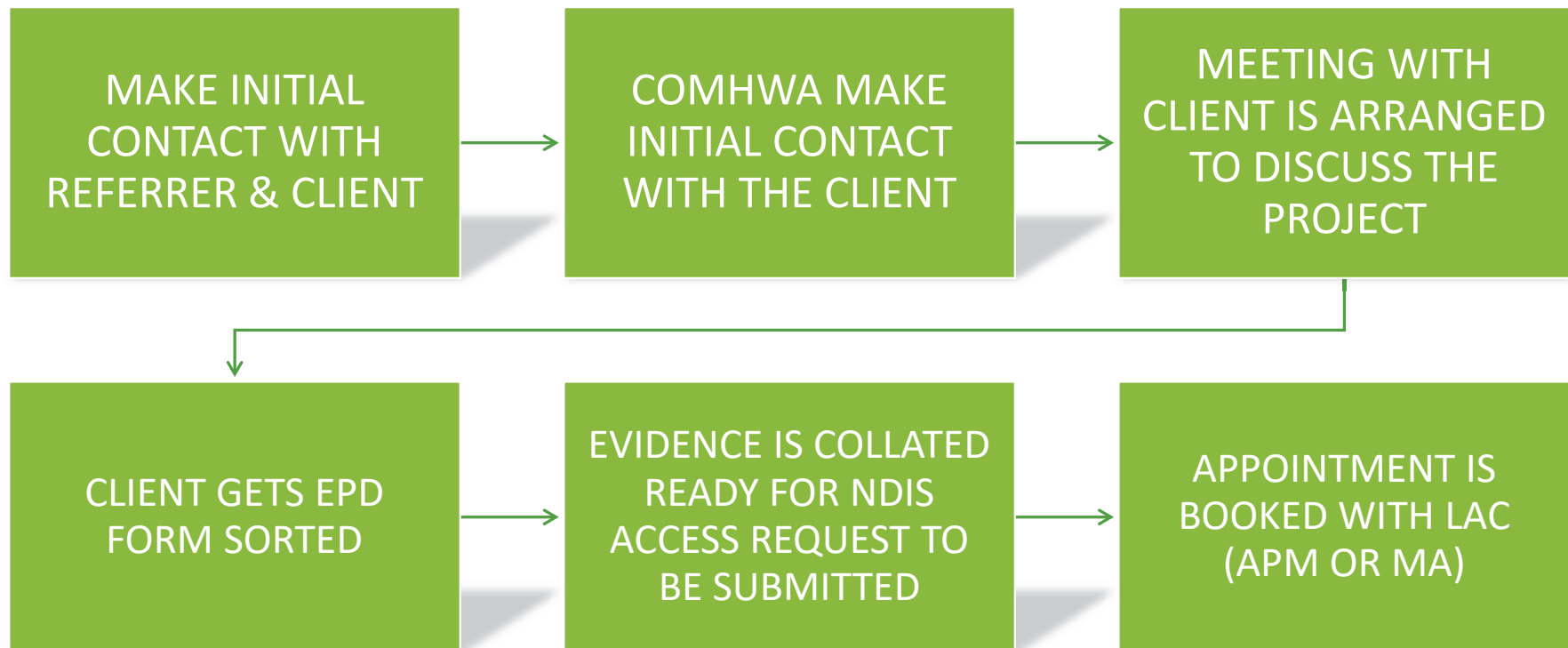
Referrals

I consent to be referred to the NDIS Access Project and the release of information as above.

Client Name:		Client DOB:
Address:		
Signature:		Date:
Guardian Name and Signature (if applicable):		Date:
I consent to MHC giving and receiving information about me with the following:	GP Clinical Treatment Team: Support organisations:	Date:

I **do not** want to speak to a peer from CoMHWA as part of this [process](#)

Process once referral is received:



Client Journey



Client Journey

- **Contact with the referrer and the client to arrange our first meeting – we met at the crisis accommodation for our initial meeting, secondary meeting was at Tom’s house (he found accommodation!)**
- **During the first meeting we discussed NDIS supports and the application process, the support I can provide, expectations and possible outcomes**
- **Worked closely with the referrer to obtain evidence that could be used to support Tom’s application**
- **Met with Tom again (one on one) to discuss any concerns and prep him for the meeting with the LAC**
- **Submitted the evidence and arranged a LAC appointment for Tom**
- **Regularly checked in with Tom to see how he was and if there were any updates on his access request – access was approved!**
- **Support offered at the planning meeting and implementation of the plan**



Questions