**Psychosocial Disability:** HOW TO DOCUMENT EVIDENCE FOR THE NDIS

**Guide for Support Facilitators**

A Cover Letter template has been developed to streamline the amount of documentation (especially clinical documentation) required to be gathered often from multiple sources by PIR SFs in order to assist a PIR client with an NDIS application and give a client the best opportunity under the NDIS. The Cover Letter will begin with a brief summary of the client’s condition and treatment followed by a detailed description of functional impact and implications. It is intended the Cover Letter can be used as a template detailing all relevant necessary information and modified as required. Please refer to the Cover Letter EXAMPLE on how to best describe functional impact and implications as well as the type and frequency of support needed.

**NOTE:** The Cover Letter will NOT replace the Evidence of Disability Form. It is still necessary to complete the Evidence of Disability Form.

**Describing functional impact**

Included within the Cover Letter is specific information describing functional impact and implications along with recommendations for the type and frequency of support needed (if this information is known to the SF). It is important that the following areas are addressed:

- **MOBILITY** – e.g. Moving around the house, leaving the house, moving about in the community – shopping centres or recreational activities, using public transport or a motor vehicle, getting in and out of bed or a chair, mobility difficulties as a result of side-effects of treatment.
- **COMMUNICATION** – e.g. Communicating needs and wants, following instructions and conversations, understanding others and understanding directions.
- **SOCIAL INTERACTION** – e.g. Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions, having a sense of purpose in life, making connections in the community or volunteering.
- **LEARNING** – e.g. Understanding, remembering, learning new information, concentrating.
- **SELF-MANAGEMENT** – e.g. Doing daily activities such as cooking or laundry, handling and solving problems which arise, managing money and budgeting, making decisions, keeping safe in home environment, taking responsibility and behaving responsibly, connecting to services.
- **SELF-CARE** – e.g. Showering/bathing, dressing, eating, toileting, maintaining physical health, managing medication.

*For each of the above areas, it is necessary to clearly describe and articulate:*

- Whether the person needs assistance because of their disability.
- What that assistance might entail.
- The frequency of assistance (if known).
Determining levels of support

The Evidence of Disability Form Part C requests information about the type and frequency of support a person might need due to their psychosocial disability. This information is helpful in determining eligibility for the NDIS, and it can also assist with planning for the NDIS. Frequency and duration of support can be difficult to conceptualise, especially when there are a multiple needs and types of support identified. It is reasonable to provide an indication of the frequency of support (eg. daily, weekly, etc.) which can be given more detail in the planning stage.

Hints for determining frequency of support:

- What roles, responsibilities, activities, tasks does the person need support with?
- How frequently are tasks performed that the person requires assistance with?
- Does the person need support per day, per week, per month or per year?
- What support is currently provided?
- Are there services already involved that can provide details about how long tasks take or areas that need more support/time?
- What are the goals of the support and will this affect time allocated? (eg. Learning skills in an area to build independence as opposed to doing the task for the person).
- Is this sufficient or the appropriate sort of support to promote living a good life?
- What natural supports are around the person?
- Can these supports be maintained/sustained? What supports might be grouped or overlap? (eg. support with transport/support with social interaction)
- Draw up a weekly or monthly timetable with the person and identify when/where the person will require assistance/support.
- Will the level of support change? (eg. Due to the episodic nature of the person’s illness or the potential that the person will require less support in the future. Given this, what might be the average over a month, 6 months or year?)

NOTE: Any detail that can be provided will help when the NDIS planners are working with the person to develop their plan.

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Connecting - symptoms > function > support
SYMPTOMS/MENTAL STATE/ILLNESS RELATED FACTORS


Behaviour/Speech - Social engagement, rapport with others, level of arousal/activity, withdrawal, disinhibition, aggression, interfering behaviours, compulsions, awareness of others.

Mood/Affect - Depression, elevated mood, irritability, stability of mood state, appropriateness of affect, range of affect.

Perception - Hallucinations, derealisation.

Thought Form/Content - Paranoia, delusions, preoccupations, thoughts of self-harm/suicide, aggression, obsessions, anxiety, distracted/tangential thinking, poverty of thought.

Cognition - Alertness, orientation, memory, spatial awareness, concentration, learning, planning, problem solving, following instructions, generating ideas, social cognition (eg. challenges with reading nuances of verbal and non-verbal cues).

Judgement/Insight - Self-awareness, understanding of illness and associated difficulties, issues of safety/vulnerability, decision-making, response to stigma/discrimination.

Functional areas that can be impacted by factors associated with mental illness:
- Using public transport, leaving the house.
- Going to shopping centres.
- Attending recreational/vocational activities.
- Mobility difficulties as a result of side-effects of treatment.
- Communicating needs and wants.
- Following instructions and conversations.
- Understanding directions.
- Initiating and responding to conversation.
- Social contact (eg. isolation and withdrawal).
- Making and keeping friendships.
- Friction with, or avoidance of, others in the household.
- Having a sense of purpose in life.
- Connecting with faith/spirituality/volunteering/community.
- Talking to strangers or particular people.
- Interaction affected by specific behaviours (eg. overactive, aggressive, disruptive, offensive, including sexually offensive behaviours).
- Cognitive skills (eg. planning, memory, learning new information, concentration.)
- Participating in group learning (eg. classes, tutorials).
- Managing household responsibilities.
- Budgeting money.
- Solving problems that arise, making decisions.
- Taking responsibility, behaving responsibly/safely.
- Doing laundry, shopping/cooking.
- Maintaining adequate diet/nutrition.
- Keeping safe in home environment.
- Personal care/grooming.
- Maintaining physical health.
- Non-accidental self injury.
- Managing medication.
- Sexual health and wellbeing.

FUNCTIONAL DOMAINS IN EVIDENCE OF DISABILITY FORM PART C

KEY: MOBILITY COMMUNICATION SOCIAL INTERACTION LEARNING SELF-MANAGEMENT SELF-CARE
### Acknowledgements:
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