



Mock case study: Marree Pouri

This document describes Marree Pouri, an imaginary NDIS applicant, assisted by her support worker and GP. It is designed as a learning tool, contrasting a well-written NDIS application for a person with a psychosocial disability, with a poorly written application.

How to use this resource

We recommend you set aside an hour or so to read through the document as a whole. An important part of this resource is the yellow 'sticky note' explanatory comments throughout – keep an eye out for these as you work your way through. As these don't print well, we recommend you read the document on screen.

You should use this resource as a learning opportunity – do not copy elements into a real NDIS application. Each NDIS application is unique and needs to be tailored to the person.

This resource is a fictional case study, gained through our experience working with NDIS access, and based on best practice, and it is in line with NDIS procedures as of June 2020. It does not replace official NDIS advice and we do not guarantee you will gain access based on the information in this resource.

This is a relatively straightforward NDIS application – we also have a resource for a more complex application based on an imaginary NDIS application for Marree Pouri.

Contents

1. Case study description – as written by Marree's support worker
2. A **good quality, helpful NDIS application**, including:
 - a. Support worker cover letter
 - b. Evidence of psychosocial disability form, completed by Marree's support worker and her GP
3. A **poor quality, unhelpful application**, including
 - a. Support worker cover letter
 - b. Evidence of psychosocial disability form, completed by Marree's support worker and her GP



Case Study – Marree Pouri

An NDIS Applicant from the perspective of her Mental Health Support Worker Mark Jiwonhada.

Background

Marree is an Australian citizen and is 35 years old. She has been struggling with her mental health since she was in her teens (low self-esteem, major anxiety and depression). At school she wanted to be a lawyer, however she did not complete year 12 after her mental health problems escalated. Marree was a PIR participant and is now supported by NPS transition funds to access the NDIS.

Treatment history

- Has had a number of voluntary and involuntary hospitalisations since her early 20s, once after a suicide attempt
- Multiple diagnoses including major anxiety and depression, bipolar disorder, PTSD, knee pain and diabetes
- Frequently sees the same GP for management of her diabetes, struggles with chronic knee pain.
- Has a psychiatrist who she sees on and off, prefers to see her GP
- Various past treatments for her mental health conditions include; medication, counselling, a period of ECT during an extensive hospital stay, and CBT
- Mental health impairments (mood etc.) currently optimally treated with medication however sometimes chooses not to take her medication which can lead to periods of being acutely unwell
- Has struggled with her weight as a result of medication which impacts her physical and mental wellbeing.

Daily life

- Lives alone in government supported housing, apartment block
- Has disordered sleeping patterns
- Struggles with pain and doesn't do a lot of physical activity - walking long distances is difficult
- Recipient of the DSP, often spends her money quickly and has been known to give her money to other people if they ask her for help
- Has a close relationship with her mother but estranged from the rest of her family
- Reliant on her mother for cooking, cleaning and managing her money – without this support her physical and mental health can rapidly decline
- Has struggled with keeping the house clean in the past and risks losing tenancy
- Does not have any consistent social contacts, often taken advantage of by others and has conflict with some of her neighbours due to her irregular sleep patterns
- Worries when going out in public, often thinks people are watching or following her
- Tends not to leave the house alone, which means she needs support for things like shopping and going to the doctors
- Does not have a driver's licence – Mental Health support worker has occasionally driven Marree to appointments to make sure she attends
- Has become quite dependent on her support facilitator, views her as a friend and often calls to talk on weekends or after hours.

Links relevant to this case study

- Principles to determine the Responsibilities of the NDIS and other Services: <https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf>
 - General Principles that guide actions under the NDIS Act: <https://www.ndis.gov.au/about-us/operational-guidelines/overview-ndis-operational-guideline/overview-ndis-operational-guideline-about-ndis>
 - NDIS Information for GPs and Health Professionals: <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals>
 - Section 24 of the NDIS Act – Operational Guidelines regarding Access to the NDIS: <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-disability-requirements>
 - AAT Case regarding Obesity and the NDIS (Schwass and NDIA) <http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AATA/2019/28.html>
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Section:

Good quality, helpful application

30 April 2020

National Access Team
National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

To the Access Assessor,

Re: **Marree Pouri**
6 Knotting Place
Allenby Gardens SA 5042

DOB: **01 January 1985**

Application Number 43000000

Please find this support letter regarding Marree Pouri's application to receive a plan and support through the NDIS. Marree has severe and persistent mental illness and complex needs and is currently receiving funds through the National Psychosocial Scheme – Transition. Marree was formerly receiving funded support through the Partners in Recovery program.

Marree's General Practitioner, Dr James Helpful, has provided evidence regarding the following diagnoses.

- Bipolar Disorder
- Post-Traumatic Stress Disorder
- Depression
- Anxiety

Marree has an extensive history of inpatient and outpatient treatments and therapies and has been under the care of psychiatrist Professor Michael F. Myers since 2005. Dr Helpful has provided a summary of Marree's hospital admissions, treatment, therapies and the likely permanence of her psychosocial disability on the NDIA's Evidence of Psychosocial Disability Form.

Marree's mother, Kaiawhina Pouri, provides extensive support to her daughter daily. Kaiawhina cooks, cleans and assists Marree to manage her finances, attend medical appointments. Marree requires substantial support to keep her safe and living independently. Kaiawhina has advised that she has her own health concerns and she will not be able to continue this level of support and this is causing significant stress for them both. I have attached a carer's statement from Kaiawhina to demonstrate the current level of support that she provides for Marree.

I have been providing support to Marree for 3 years under both the PIR and NPS-T programs and have completed Section B of the evidence of psychosocial disability form. Marree requires substantial support in the domains of self-care, self-management and social interaction as a result of the significant impairments relating to her psychosocial disability.

Community NGO

If you have any questions related to any of the information provided or you would like to discuss any aspect of this request, please do not hesitate to contact me.

Whilst completing her verbal access request with your team, Marree gave consent for workers from Community NGO to discuss her application with the National Disability Insurance Agency. I have also attached a consent form signed by Marree for your records.

Marree has requested, due to her mental health condition that you contact either me or her mother Kaiawhina with any requests for evidence or an outcome to this access request.

Yours faithfully

Mark Jiwonhada
Mental Health Support Worker

Phone: 08 8333 4444

Email: Mark.J@communityngo.org.au

Evidence of psychosocial disability form



NDIS applicant's name: Marree Pouri

Date of birth: 01/01/1985

NDIS reference number (if known): 4300000

Section A

To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Section A completed by: Dr James Helpful

Qualifications: RACGP

Organisation/Practice: Clinic Road Surgery - 123 Clinic Road, Adelaide, SA 5000

Contact number: 08 8111 2222

1 Presence of a mental health condition

I have treated the applicant since 2010

I can confirm that they have a mental health condition.

☒ Yes ☐ No

Diagnosis (Or, if no specific diagnosis has been obtained, please briefly describe the mental health condition.)	Year diagnosed
BiPolar Disorder (Diagnosed Cramond Clinic – Clinical Psychologist Dr Kay Redfield Jamison)	2008
PTSD (Diagnosed – (Consultant Psychiatrist – Professor Michael F. Myers) -	2005
Depression (Diagnosed Boylan Ward – Women's and Children's Hospital – Dr Margaret Mahler)	2001
Anxiety (Diagnosed Boylan Ward – Women's and Children's Hospital – Dr Margaret Mahler)	1999

Has the applicant ever been hospitalised as a result of the condition(s) above?

☒ Yes ☐ No

☐ Hospital discharge summary attached

Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

History of hospitalisation	
1999/2000/2001/2002	Boylan Ward – Women's and Children's Hospital
2003/2005/2008	Cramond Clinic – Queen Elizabeth Hospital
2010	The Margaret Tobin Centre – Flinders Medical Centre
2015/2016	Cramond Clinic – Queen Elizabeth Hospital
2019	Cramond Clinic – Queen Elizabeth Hospital



2 Impairments resulting from the mental health condition

An impairment is a loss of, or damage to, a physical, sensory or mental function (including perception, memory, thinking and emotions).

Please review the completed section B of this form. Are the impairments described consistent with your clinical opinion and observations?

☒ Yes ☐ No (If no, please explain the discrepancy in the space provided below, and describe the impairments in 2A.)

2A OPTIONAL: In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:

- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
Social interaction <ul style="list-style-type: none"> • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context. 	As Per Section B
Self-management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including: <ul style="list-style-type: none"> • completing daily tasks • making decisions • problem solving • managing finances • managing tenancy. Are there any community treatment orders / guardianships / financial administrations in place?	As Per Section B
Self care Activities related to: <ul style="list-style-type: none"> • personal care • hygiene • grooming • feeding oneself • care for own health. 	As Per Section B
Communication <ul style="list-style-type: none"> • Being understood • Understanding others • Expressing needs • Appropriate communication 	As Per Section B
Learning <ul style="list-style-type: none"> • Understanding and remembering information • Learning new things • Practicing and using new skills 	As Per Section B
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	As Per Section B

3 Confirmation of likely-to-be-permanent impairments

The applicant has tried the following treatments for the condition/s listed.

☐ Treatment summary attached

Or, if treatment summary is not available, please list treatments in the following table.

Medication, treatment or intervention (includes non-pharmacological supports)	Date started	Date ceased	Effect on the impairments				
CBT	2000 2005	2000 2005	Effective	Partially effective	Not Effective	Unsure	Not tolerated
Various inpatient therapeutic interventions	1999	2019	Effective	Partially effective	Not Effective	Unsure	Not tolerated
ECT (during inpatient at Cramond Clinic)	2008		Effective	Partially effective	Not Effective	Unsure	Not tolerated
Counselling	2005	2010	Effective	Partially effective	Not Effective	Unsure	Not tolerated
Quetiapine Fumarate (Seroquel)	2010	Current	Effective	Partially effective	Not Effective	Unsure	Not tolerated
Aripiprazole	2010	Current	Effective	Partially effective	Not Effective	Unsure	Not tolerated
Olanzapine	Pre 2010		Effective	Partially effective	Not Effective	Unsure	Not tolerated
Lithium	Pre 2010		Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated

Are there any known, available and appropriate evidence-based clinical, medical or other treatments likely to remedy the impairment/s?

☐ Yes ☒ No

Please explain.

Marree has been my patient since 2010 and has undergone extensive inpatient and outpatient treatments as summarised on page 4 of this form. Marree would be considered fully treated and stable. Consulting with her psychiatrist, we do not believe that there are any other treatments available that are likely to remedy her impairments. Marree's condition and associated impairments are likely to persist for her lifetime.

Do you consider that the applicant's impairment/s, caused by their mental health condition/s, are likely to be permanent?

☒ Yes ☐ No

4 Further information

I have attached existing reports or other information that may support the NDIS application.

☐ Yes ☒ No

Please list any attachments and add any comments, explanations or further information.

Signature _____

Date _____

Section B To be completed by the applicant's support worker or appropriate person.

Section B completed by: Mark Jiwonhada

Job title: Mental Health Support Worker

Organisation: Community NGO

Contact number: 8333 4444

5 Abbreviated Life Skills Profile (LSP-16)

(Note: You need to complete training on the LSP-16 before using it. Training is available at <https://www.amhocn.org/>.)

Assess the applicant's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crisis, when the patient was ill, or becoming ill.

	0	1	2	3
Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws total or near totally
Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
Is this person generally well groomed (e.g. neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
Is this person violent to others?	Not at all	Rarely	Occasionally	Often
Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
Does this person maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem

	0	1	2	3
Does this person generally look after and take her or his prescribed medication (or attend for prescribing injections on time) without reminding?	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
Is this person willing to take psychiatric medication when prescribed by a doctor?	Always	Usually	Rarely	Never
Does this person co-operate with health services (e.g. doctors and/or other health workers)?	Always	Usually	Rarely	Never
Does this person generally have problems (e.g. friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
Does this person behave offensively (includes sexual behavior)?	Not at all	Rarely	Occasionally	Often
Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	Capable of full-time work	Capable of part-time work	Capable only of sheltered work	Totally incapable of work

6 Impairments experienced as a result of the mental health condition

In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:

- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
Social interaction <ul style="list-style-type: none"> • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context. 	<p>Due to Marree's psychosocial disability she is extremely socially isolated, Marree is unable to socially interact outside of a formal setting and worries that people are watching or following her. Marree requires substantial support to leave her home and cannot attend health appointments or shop independently. Has had conflict with some of her neighbours as she has not been behaving within the limits that have been acceptable to them.</p>
Self-management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including: <ul style="list-style-type: none"> • completing daily tasks • making decisions • problem solving • managing finances • managing tenancy <p>Are there any community treatment orders / guardianships / financial administrations in place?</p>	<p>Due to her psychosocial disability, Marree is unable to manage her finances independently and is reliant on the support of others.</p> <p>Due to her inability to keep her house clean and neighbor conflict Marree is at risk of losing her tenancy.</p> <p>Marree is highly vulnerable and has previously been exploited financially by others in her government housing complex.</p>
Self care Activities related to: <ul style="list-style-type: none"> • personal care • hygiene • grooming • feeding oneself • care for own health 	<p>Due to her psychosocial disability, Marree requires considerable support for self-care activities. Marree is reliant on others to cook, clean and ensure that she attends health appointments and takes her medication. Without this support her physical and mental health decline rapidly.</p>
Communication <ul style="list-style-type: none"> • Being understood • Understanding others • Expressing needs • Appropriate communication 	N/A
Learning <ul style="list-style-type: none"> • Understanding and remembering information • Learning new things • Practicing and using new skills 	N/A
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	N/A

7

Please add any comments, explanations or further information.

Please see attached support worker letter.

Signature_

Date.



Section:

Poor quality, unhelpful application

Don't forget to read the yellow 'sticky note' explanations!

30 April 2020

National Access Team
National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

To the Access Assessor,

Re: **Marree Pouri**
6 Knotting Place
Allenby Gardens SA 5042

DOB: **01 January 1985**

Application Number 43000000

Please find this support letter regarding Marree Pouri's application to receive a plan and support through the NDIS. Marree has severe and persistent mental illness and complex needs and is currently receiving funds through the National Psychosocial Scheme – Transition. Marree was formerly receiving funded support through the Partners in Recovery program. Marree has been assessed as eligible for the Disability Support Pension and is unable to work.

Marree's General Practitioner, Dr James Helpful, has provided evidence regarding the following diagnoses.

- Bipolar Disorder, PTSD, MDD, Anxiety
- Chronic Knee Pain
- Obesity
- Diabetes Type 2.

The combination of Marree's conditions have a substantial impact on her day to day living. Marree has lived with her mental health conditions for many years and has experienced many hospitalisations and has previously attempted suicide. Marree wanted to undertake legal studies when she was in year 12 and due to her mental health conditions was not able to achieve this goal. Marree would like the support of the NDIS to work towards this goal moving forward.

Due to her psychiatric medications Marree has struggled with significant weight gain and this further impacts her health, self-esteem and functional ability. Marree tends not to leave the house and feels that people are watching or following her. Due to Marree's chronic pain and obesity she struggles with motivation to do physical activities. Marree doesn't prepare nutritious meals for herself and she would benefit from a nutritionist, gym membership and personal trainer in NDIS Supports.

Marree doesn't have a driver's licence and finds it difficult to attend doctors' appointments or go shopping. She would benefit from transportation supports or driving lessons as part of her plan to help her build her independence.

Community NGO

Marree sees her Mother, Kaiawhina, every day, they are very close, and her Mother provides emotional and practical support. Kaiawhina helps with cooking, day to day tasks and assists Marree with her budget. The combined impact of her chronic knee pain, obesity and mental health conditions make it difficult to do these tasks independently. Kaiawhina has advised that she has her own health concerns and she has completed a carer's statement to support this application. Kaiawhina feels that NDIS supports will have a positive impact for her and will improve Marree's currently level of impairment.

I have been providing support to Marree for 3 years under both the PIR and NPS-T programs and have completed Section B of the evidence of psychosocial disability form. I have advised the impact of her conditions and the supports that would be beneficial to Marree.

If you have any questions related to any of the information provided or you would like to discuss any aspect of this request, please do not hesitate to contact me.

Please ensure that you contact either me or her mother Kaiawhina with any requests for evidence or an outcome to this access request.

Yours faithfully

Mark Jiwonhada
Mental Health Support Worker

Phone: 08 8333 4444

Email: Mark.J@community.ngo.org.au

Evidence of psychosocial disability form

NDIS applicant's name: Marree Pouri

Date of birth: 01/01/1985

NDIS reference number (if known): 4300000

Section A

To be completed by the applicant's psychiatrist, GP, or the most appropriate clinician.

Section A completed by: Dr James Helpful

Qualifications: RACGP

Organisation/Practice: Clinic Road Surgery - 123 Clinic Road, Adelaide, SA 5000

Contact number: 08 8111 2222

1 Presence of a mental health condition

I have treated the applicant since 2010

I can confirm that they have a mental health condition.

☒ Yes ☐ No

Diagnosis (Or, if no specific diagnosis has been obtained, please briefly describe the mental health condition.)	Year diagnosed
BiPolar Disorder , PTSD, MDD, <u>Anxiety</u>	Various
<u>Knee pain</u>	
Diabetes Type <u>2</u>	
<u>Obesity</u>	

Has the applicant ever been hospitalised as a result of the condition(s) above?

☒ Yes ☐ No

☐ Hospital discharge summary attached


Or, if hospital discharge summary is not available, please list hospitalisations in the following table.

History of hospitalisation	
	<u>Various</u>

2 Impairments resulting from the mental health condition

An impairment is a loss of, or damage to, a physical, sensory or mental function (including perception, memory, thinking and emotions).

Please review the completed section B of this form. Are the impairments described consistent with your clinical opinion and observations?

 Yes ☐ No (If no, please explain the discrepancy in the space provided below, and describe the impairments in 2A.)

A decorative graphic consisting of several overlapping, semi-transparent arrows of various colors (teal, light green, yellow, orange, pink, and purple) pointing towards the right. The arrows are arranged in a staggered, overlapping pattern, creating a sense of movement and direction.

2A OPTIONAL: In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:

- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
Social interaction <ul style="list-style-type: none"> • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context. 	<p>When unwell withdraws from others.</p> <p>Struggles with motivation etc</p>
Self-management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including: <ul style="list-style-type: none"> • completing daily tasks • making decisions • problem solving • managing finances • managing tenancy. Are there any community treatment orders / guardianships / financial administrations in place?	<p>Needs assistance with finances would benefit from support of a financial counsellor.</p> <p>Nil orders in place</p>
Self care Activities related to: <ul style="list-style-type: none"> • personal care • hygiene • grooming • feeding oneself • care for own health. 	<p>Requires prompting and support</p> <p>Sometimes non-compliant with medication</p> <p>Would benefit from a nutritionist to assist with obesity concerns.</p>
Communication <ul style="list-style-type: none"> • Being understood • Understanding others • Expressing needs • Appropriate communication 	<p>Nil issues</p>
Learning <ul style="list-style-type: none"> • Understanding and remembering information • Learning new things • Practicing and using new skills 	<p>Requires assistance with education etc</p> <p>Would benefit from educational supports.</p>
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	<p>Difficulties moving about the community due to chronic knee pain and obesity issues.</p> <p>Would benefit from supports to assist with nutrition and exercise, knee pain would be improved if weight loss could be achieved.</p>

3 Confirmation of likely-to-be-permanent impairments

The applicant has tried the following treatments for the condition/s listed.

☐ Treatment summary attached

Or, if treatment summary is not available, please list treatments in the following table.

Medication, treatment or intervention (includes non-pharmacological supports)	Date started	Date ceased	Effect on the impairments				
Quetiapine Fumarate (Seroquel) and Aripiprazole			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated
			Effective	Partially effective	Not Effective	Unsure	Not tolerated

Are there any known, available and appropriate evidence-based clinical, medical or other treatments likely to remedy the impairment/s?

☒ Yes

☐ No

Please explain.

Marree would benefit from supports as listed above.

Do you consider that the applicant's impairment/s, caused by their mental health condition/s, are likely to be permanent?

☒ Yes

☐ No

4 Further information

I have attached existing reports or other information that may support the NDIS application.

☐ Yes

☒ No

Please list any attachments and add any comments, explanations or further information.

Signature_____

Date_____

Section B To be completed by the applicant's support worker or appropriate person.

Section B completed by: Mark Jiwonhada

Job title: Mental Health Support Worker

Organisation: Community NGO

Contact number: 8333 4444

5 Abbreviated Life Skills Profile (LSP-16)

(Note: You need to complete training on the LSP-16 before using it. Training is available at <https://www.amhocn.org/>.)

Assess the applicant's general functioning over the past three months, taking into account their age, social and cultural context. Do not assess functioning during crisis, when the patient was ill, or becoming ill.

	0	1	2	3
Does this person generally have any difficulty with initiating and responding to conversation?	No difficulty	Slight difficulty	Moderate difficulty	Extreme difficulty
Does this person generally withdraw from social contact?	Does not withdraw at all	Withdraws slightly	Withdraws moderately	Withdraws total or near totally
Does this person generally show warmth to others?	Considerable warmth	Moderate warmth	Slight warmth	No warmth at all
Is this person generally well groomed (e.g. neatly dressed, hair combed)?	Well groomed	Moderately well groomed	Poorly groomed	Extremely poorly groomed
Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	Maintains cleanliness of clothes	Moderate cleanliness of clothes	Poor cleanliness of clothes	Very poor cleanliness of clothes
Does this person generally neglect her or his physical health?	No neglect	Slight neglect of physical problems	Moderate neglect of physical problems	Extreme neglect of physical problems
Is this person violent to others?	Not at all	Rarely	Occasionally	Often
Does this person generally make and/or keep up friendships?	Friendships made or kept up well	Friendships made or kept up with slight difficulty	Friendships made or kept up with considerable difficulty	No friendships made or none kept
Does this person maintain an adequate diet?	No problem	Slight problem	Moderate problem	Extreme problem

	0	1	2	3
Does this person generally look after and take her or his prescribed medication (or attend for prescribing injections on time) without reminding?	Reliable with medication	Slightly unreliable	Moderately unreliable	Extremely unreliable
Is this person willing to take psychiatric medication when prescribed by a doctor?	Always	Usually	Rarely	Never
Does this person co-operate with health services (e.g. doctors and/or other health workers)?	Always	Usually	Rarely	Never
Does this person generally have problems (e.g. friction, avoidance) living with others in the household?	No obvious problem	Slight problems	Moderate problems	Extreme problems
Does this person behave offensively (includes sexual behavior)?	Not at all	Rarely	Occasionally	Often
Does this person behave irresponsibly?	Not at all	Rarely	Occasionally	Often
What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	Capable of full-time work	Capable of part-time work	Capable only of sheltered work	Totally incapable of work

6 Impairments experienced as a result of the mental health condition

In the table on the following page, please describe the impairments that the applicant experiences. The impairments must be directly attributable to the mental health condition/s listed, and be experienced on a daily basis. You do not need to complete all domains.

Please consider:

- the applicant's impairments over the past six months (or longer for people with fluctuating conditions)
- what the applicant can and cannot do in each domain
- the applicant's needs without current supports in place
- the type and intensity of current supports.

Please give examples where possible, and write n/a if there are no impairments in a domain.

Domain	Description of the impairments present
Social interaction <ul style="list-style-type: none"> • Making and keeping friends • Interacting with the community • Behaving within limits accepted by others • Coping with feelings and emotions in a social context. 	<p>When unwell Marree struggles to manage her emotions around other people. Marree has disordered sleep patterns and this impacts her ability to interact with others. Marree's only close relationships are with her mother and her support worker. When she is unwell Marree gets taken advantage of by others.</p> <p>Would benefit from 1:1 Supports and Group Activities.</p>
Self-management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including: <ul style="list-style-type: none"> • completing daily tasks • making decisions • problem solving • managing finances • managing tenancy <p>Are there any community treatment orders / guardianships / financial administrations in place?</p>	<p>Marree's mother helps her to cook, clean and with her budget.</p> <p>Would benefit from a financial counsellor, nutritionist and a cleaning support.</p>
Self care Activities related to: <ul style="list-style-type: none"> • personal care • hygiene • grooming • feeding oneself • care for own health 	<p>When unwell struggles to care for her health and hygiene. Sometimes non-compliant with her medication. Struggles to maintain a healthy diet or exercise routine. Sometimes Marree gets into disputes with her neighbours due to her irregular sleep patterns.</p> <p>Would benefit from a nutritionist and personal trainer and support workers to prompt around medications and therapies around her sleep patterns.</p>
Communication <ul style="list-style-type: none"> • Being understood • Understanding others • Expressing needs • Appropriate communication 	<p>Marree would benefit from therapies to help her improve her communication with others.</p>
Learning <ul style="list-style-type: none"> • Understanding and remembering information • Learning new things • Practicing and using new skills 	<p>Would need educational supports for courses etc. Assistive tech like an iPad would be helpful to assist with any studies that Marree might like to do in the future.</p>
Mobility Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.	<p>Marree struggles with her weight and knee pain. She is unable to walk long distances. Marree doesn't have a driver's licence and requires support to get around the community and attend appointments.</p> <p>Would benefit from a nutritionist, personal trainer, gym membership etc.</p>

7 Comments or additional information

Please add any comments, explanations or further information.
Please see attached support worker letter.

Signature_____

Date_____