



# Mock case study: Karen Smolls

This document describes Karen Smolls, an imaginary NDIS applicant, assisted by her support worker, GP and psychiatrist. 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 complex NDIS application – we also have a resource for a more straightforward application based on an imaginary NDIS application Marree Pourri.

## Contents

1. Case study description – as written by Karen's support worker
2. A **good quality, helpful NDIS application**, including:
  - a. Support worker cover letter
  - b. Evidence of psychosocial disability form, completed by Karen's support worker and her GP
  - c. Supporting evidence form for a physical condition
  - d. Letter from Karen's psychiatrist
3. A **poor quality, unhelpful application**, including
  - a. Support worker cover letter
  - b. Evidence of psychosocial disability form, completed by Karen's support worker and her GP
  - c. Supporting evidence form for a physical condition
  - d. Letter from Karen's psychiatrist



## Case Study – Karen Smolls

### *An NDIS Applicant from the perspective of her Mental Health Support Worker Roohi James.*

Karen lives with severe and chronic back pain due to an injury and this severely impacts her mental health condition – she has been diagnosed with Bipolar Affective Disorder. It can be really hard for Karen to move around and she uses a mobility scooter to travel short distances. This restriction on her movement significantly impacts Karen and she feels very depressed and anxious about her circumstances.

Karen cannot catch buses due to both her mental health condition and her physical condition. Sometimes Karen misses important health appointments due to the combined impact of her physical and mental health conditions. Karen mobilises with a 4 wheeled walker in her home, this can become difficult as Karen has issues with hoarding, and she struggles to leave enough space to get around the house.

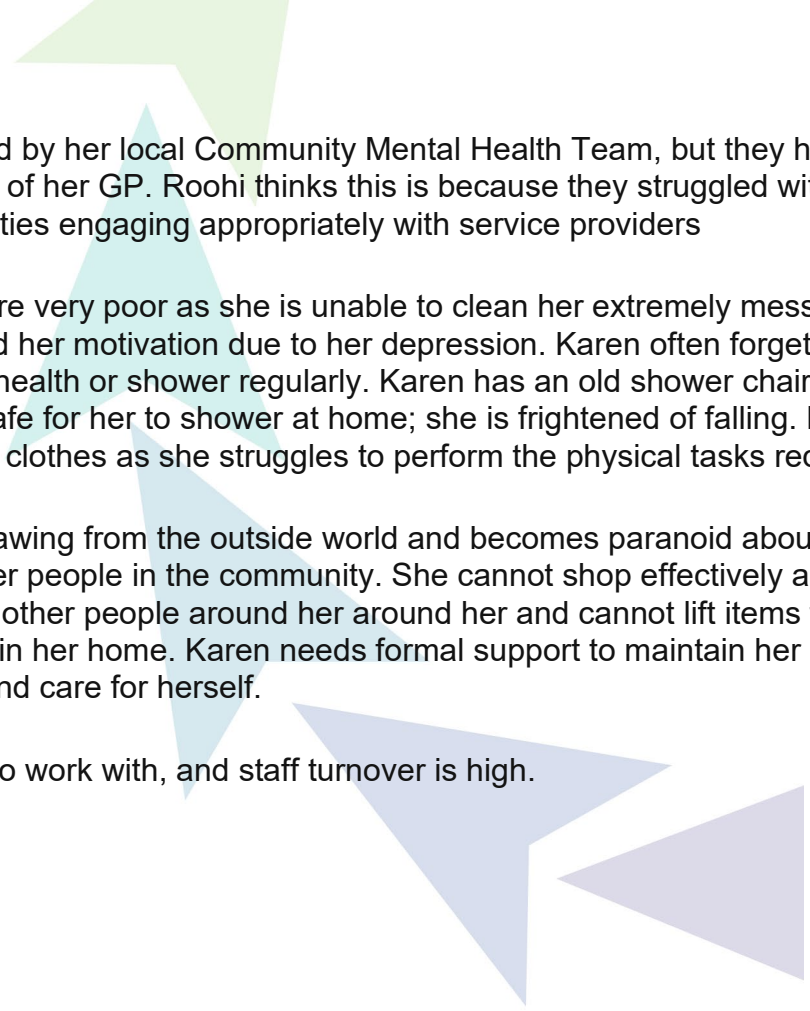
Karen received some compensation from a motor vehicle crash in 1995, receiving a lump sum payment, but due to her psychosocial disability she mismanaged and exhausted her funds. She has since had several periods of homelessness, drug use and incarceration which exacerbated her physical and mental health issues.

After a long-term admission to a psychiatric unit, Karen ended up having a full guardianship order. Karen no longer has a formal guardian but still has her money managed by the public trustee. Karen does not like this and often petitions to have it removed as she believes that she will be able to manage her money now. Her support worker Roohi believes that this restriction on Karen's spending is a human rights issue and put her in contact with an advocate.

Karen has no informal supports but has occasional contact with her mother by phone. Karen was sexually abused as a child by her stepfather and she blames her mother for this. They have had a difficult relationship throughout her lifetime, and this has a significant impact on Karen's wellbeing. Karen ruminates on their relationship frequently and these ruminations styles can impact her ability to function.

At times Karen becomes very unwell, particularly after contact with her mother. Occasionally this will result in Karen becoming acutely unwell, and she will call emergency services repeatedly. Due to these behaviours, Karen is frequently detained under section 57 MHA by Police. These days, detentions are usually shorter and she is generally discharged back to the community from the Emergency Department.

Karen is non-compliant with her medication on occasion; she forgets to take it and becomes acutely unwell. This also leads to escalated behaviours and occasional mental health detentions. Her General Practitioner has developed an action plan in consultation with Emergency Services and the NGO providing her mental health supports regarding her behaviours of concern. Karen requires regular social interaction; however, she finds it difficult to engage with other people outside of a formal support situation.



Karen used to be managed by her local Community Mental Health Team, but they have discharged her to the care of her GP. Roohi thinks this is because they struggled with her behaviours and her difficulties engaging appropriately with service providers

Karen's living conditions are very poor as she is unable to clean her extremely messy home due to her back issues and her motivation due to her depression. Karen often forgets to eat and does not care for her health or shower regularly. Karen has an old shower chair that is broken and it is really unsafe for her to shower at home; she is frightened of falling. Karen usually does not wash her clothes as she struggles to perform the physical tasks required.

Karen is constantly withdrawing from the outside world and becomes paranoid about her neighbours and about other people in the community. She cannot shop effectively as she struggles emotionally with other people around her and cannot lift items from shelves or put them away in her home. Karen needs formal support to maintain her social interaction, self-manage and care for herself.

Karen can be exhausting to work with, and staff turnover is high.



**Section:**

**Good quality, helpful application**

27 March 2026

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

To the Access Assessor,

Re: **Karen Smolls**  
**6 Knotting Place**  
**Allenby Gardens SA 5042**

DOB: **4 January 1960**

Application Number 460000000

Please find this support letter regarding Karen Smolls' application to receive a plan and support through the NDIS. Karen has severe and persistent mental illness and complex needs and is currently receiving funds through the Commonwealth Psychosocial Support Program (CPSP). Karen is unable to work and receives the Disability Support Pension.

Karen is a 59 year old woman with cooccurring psychosocial and physical disabilities. Karen's General Practitioner, Dr James Helpful, has provided evidence regarding the following diagnoses.

- Bipolar
- Major Depressive Disorder
- Failed Back Syndrome Post Spinal Fusion

Dr Helpful has completed a supporting evidence form regarding Karen's failed back syndrome and has also completed a separate evidence of psychosocial disability form to address Karen's severe and persistent psychosocial disability.

Dr Helpful has provided information regarding Karen's treatment, therapies and the likely permanence of her disabilities. Dr Helpful has also provided letters from Karen's Spinal Surgeon Dr Kręgosłup and Spinal Surgeon Dr Anthony Tulang-Belakang. Dr Tulang-Belakang completed a review and provided a second opinion regarding whether further surgical interventions could be undertaken to remedy Karen's impairment. Dr Helpful has also provided a copy of the Occupational Therapist's prescription for Karen's mobility scooter and a discharge summary from the Community Mental Health Team for your records.

Dr Helpful has advised that *"both disabilities would independently have a significant impact on Karen's quality of life, and I am aware that each condition must be assessed independently, however I note the combination of conditions substantial impair Karen's ability to self-care, self-manage and interact socially."*

## Community NGO

I have completed Section B of the evidence of psychosocial disability form, if you have any questions related to this application, please do not hesitate to contact me. Whilst completing her verbal access request with your team, Karen 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 Karen for your records.

Yours faithfully

Roohi James  
**Mental Health Support Worker**

Phone: 08 8333 4444

Email: [roohi@communityngo.org.au](mailto:roohi@communityngo.org.au)



# Evidence of psychosocial disability form

NDIS applicant's name: Karen Smolls

Date of birth: 4 January 1960

NDIS reference number (if known): 460000000

## 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 1992

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 Affective Disorder (Diagnosed Crammond Clinic – Psychiatrist Dr Jung)                                    | 1985           |
| Major Depressive Disorder (Diagnosed Psychiatrist Dr Freud)                                                      | 1980           |
|                                                                                                                  |                |
|                                                                                                                  |                |

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 |                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------|
| 1985                       | Queen Elizabeth Hospital – Crammond Clinic – (3 times)                                |
| 1990-1992                  | Long term admission to Glenside Campus – to step down program to community            |
| 1995 – 1996                | MVA – Trauma RAH then admitted to Glenside Campus - to step down program to community |
| 2000                       | RAH – C Wing (psychiatric admission of 2 months)                                      |
| 2010                       | Queen Elizabeth Hospital – Crammond Clinic (Medication adjustments due to menopause)  |

## 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.)

Karen's functional impairments due to her psychosocial disability has been completed very comprehensively by Karen's mental health support worker in the community.

I request that you review this Evidence of Psychosocial Disability Form in conjunction with the Supporting evidence form completed for Karen's Failed Back Syndrome Post Spinal Fusion.

It is evident that Karen's ability to care for herself and her significant physical disabilities is greatly impacted by Karen's psychosocial disability. Both disabilities would independently have a significant impact on Karen's quality of life, and I am aware that each condition must be assessed independently, however I note the combined impact of her of conditions exponentially increases the severity of her impairment.

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Social interaction</b> <ul style="list-style-type: none"> <li>• Making and keeping friends</li> <li>• Interacting with the community</li> <li>• Behaving within limits accepted by others</li> <li>• Coping with feelings and emotions in a social context.</li> </ul>                                                                                                                                                                      |                                        |
| <b>Self-management</b><br>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"> <li>• completing daily tasks</li> <li>• making decisions</li> <li>• problem solving</li> <li>• managing finances</li> <li>• managing tenancy.</li> </ul> Are there any community treatment orders / guardianships / financial administrations in place? |                                        |
| <b>Self care</b><br>Activities related to: <ul style="list-style-type: none"> <li>• personal care</li> <li>• hygiene</li> <li>• grooming</li> <li>• feeding oneself</li> <li>• care for own health.</li> </ul>                                                                                                                                                                                                                                 |                                        |
| <b>Communication</b> <ul style="list-style-type: none"> <li>• Being understood</li> <li>• Understanding others</li> <li>• Expressing needs</li> <li>• Appropriate communication</li> </ul>                                                                                                                                                                                                                                                     |                                        |
| <b>Learning</b> <ul style="list-style-type: none"> <li>• Understanding and remembering information</li> <li>• Learning new things</li> <li>• Practicing and using new skills</li> </ul>                                                                                                                                                                                                                                                        |                                        |
| <b>Mobility</b><br>Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.                                                                                                                                                                                                                                                                                                           |                                        |

### 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<br>(includes non-pharmacological supports) | Date started | Date ceased  | Effect on the impairments |                     |               |        |               |
|----------------------------------------------------------------------------------|--------------|--------------|---------------------------|---------------------|---------------|--------|---------------|
| CBT                                                                              | 2000<br>2005 | 2000<br>2005 | Effective                 | Partially effective | Not Effective | Unsure | Not tolerated |
| Various inpatient therapeutic interventions                                      | 1985         | 2010         | Effective                 | Partially effective | Not Effective | Unsure | Not tolerated |
| Narrative Therapy                                                                | 1986         | 1986         | Effective                 | Partially effective | Not Effective | Unsure | Not tolerated |
| ECT                                                                              | 1985<br>1990 | 1985<br>1990 | Effective                 | Partially effective | Not Effective | Unsure | Not tolerated |
| Counselling (sparodically)                                                       | 1987         | 2000         | 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                                                                       | 2004         | 2010         | Effective                 | Partially effective | Not Effective | Unsure | Not tolerated |
| Lithium                                                                          | 1985         | 2004         | 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.

Karen has undergone extensive inpatient and outpatient treatment. There have been substantial improvements due to these therapies, and pharmacological interventions, and Karen would be considered fully treated and stable, it is unlikely, however, that there will be any further gains in her functional abilities which are substantially impaired.

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.

I am managing Karen's care in the community. Karen is currently stable and was last discharged from Western Community Mental Health in 2012 after going through medication changes. I have attached her discharge summary from that service which details her diagnoses and summarized her treatment history.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Section B completed by: Roohi James

Job title: Mental Health Support Worker

Organisation: Community NGO

Contact number: 8333 44444

### 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.

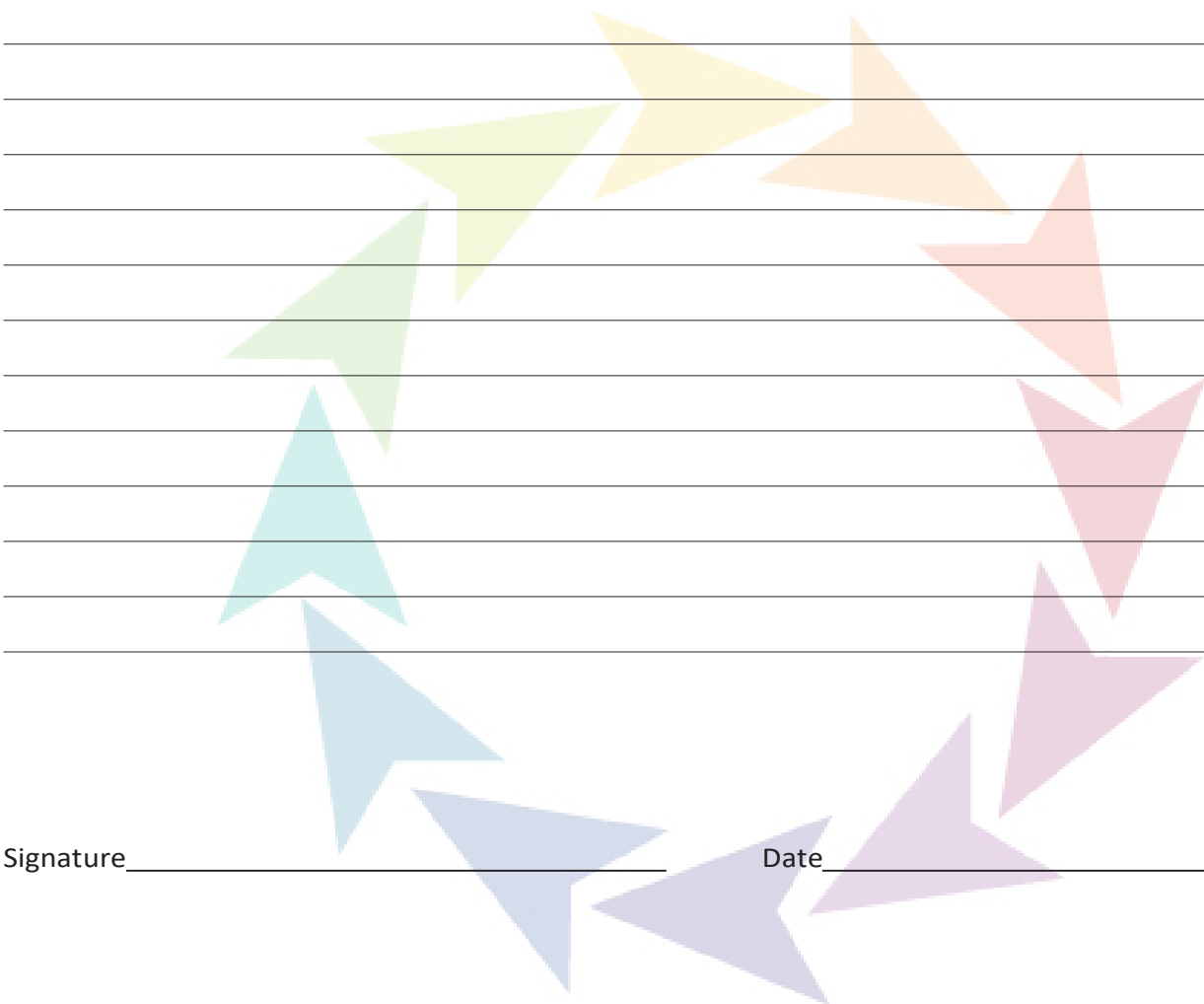
Please give examples where possible, and write n/a if there are no impairments in a domain.

| Domain                                                                                                                                                                                                                                                                                                                                                                                                                                               | Description of the impairments present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social interaction</b> <ul style="list-style-type: none"> <li>• Making and keeping friends</li> <li>• Interacting with the community</li> <li>• Behaving within limits accepted by others</li> <li>• Coping with feelings and emotions in a social context.</li> </ul>                                                                                                                                                                            | <p>Due to Karen's psychosocial disability she is extremely socially isolated. Karen requires formal support to engage in the community in any way. Karen requires substantial support to manage her feelings when around other people and can withdraw completely leading to an exacerbation of her psychosocial disability.</p> <p>Karen has substantial physical disabilities which impact her abilities to interact in the community these have been addressed in her supporting evidence of disability form.</p>                                                                                        |
| <b>Self-management</b><br>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"> <li>• completing daily tasks</li> <li>• making decisions</li> <li>• problem solving</li> <li>• managing finances</li> <li>• managing tenancy</li> </ul> <p>Are there any community treatment orders / guardianships / financial administrations in place?</p> | <p>Karen is very disorganized due to her psychosocial disability and finds it difficult to remember to eat regularly, take her medication without daily prompting and maintaining her household.</p> <p>Karen's finances are managed by the public trustee as she is currently unable to manage her tenancy or pay her bills without substantial support.</p> <p>Karen needs substantial support when making decisions.</p> <p>Karen has substantial physical disabilities which impact her abilities to complete daily tasks, these have been addressed in her supporting evidence of disability form.</p> |
| <b>Self care</b><br>Activities related to: <ul style="list-style-type: none"> <li>• personal care</li> <li>• hygiene</li> <li>• grooming</li> <li>• feeding oneself</li> <li>• care for own health</li> </ul>                                                                                                                                                                                                                                        | <p>Karen due to her psychosocial disability requires substantial support and prompting to maintain her personal care and hygiene. Karen often forgets to eat and without support would struggle to care for her health.</p> <p>Karen has substantial physical disabilities which require regular allied health appointments and intervention. Her psychosocial disability impacts her organizational skills to manage these appointments and requirements. The impact of her physical disability on her ability to self-care have been addressed in her supporting evidence of disability form.</p>         |
| <b>Communication</b> <ul style="list-style-type: none"> <li>• Being understood</li> <li>• Understanding others</li> <li>• Expressing needs</li> <li>• Appropriate communication</li> </ul>                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Learning</b> <ul style="list-style-type: none"> <li>• Understanding and remembering information</li> <li>• Learning new things</li> <li>• Practicing and using new skills</li> </ul>                                                                                                                                                                                                                                                              | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Mobility</b><br>Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.                                                                                                                                                                                                                                                                                                                 | <p>Karen has substantial physical disabilities which impact her abilities to move about in the community, these have been addressed in her supporting evidence of disability form.</p>                                                                                                                                                                                                                                                                                                                                                                                                                      |

**7** Comments or additional information

Please add any comments, explanations or further information.

Please see attached support worker letter.



Signature\_\_\_\_\_Date\_\_\_\_\_

# Access Request – Supporting Evidence Form

The National Disability Insurance Agency (NDIA) will use the information in this form to determine if a person meets the requirements to become a participant in the National Disability Insurance Scheme (NDIS). *For children under 6 with a developmental delay, please use the Access Request – Supporting Evidence Form for Children Under 6 with Developmental Delay.*

## Instructions for the person applying to become a participant in the NDIS

## Instructions for the health or educational Professional completing this form

You do not need to complete this form if you can provide recent existing information (letters, assessments or other reports) from a health or education professional which details:

- your impairment;
- how long it will last; and
- how it impacts on your daily life.

### How to complete this form:

**Section 1** can be completed by you, your parent, representative or your health or educational professional.

**Sections 2 and 3** must be completed by a health or educational professional.

If you have questions about this form, are having difficulty completing it, or would like more information about the NDIS, please contact us:

**Phone:** 1800 800 110 | **TTY:** 1800 555 677 |

**Speak and Listen:** 1800 555 727

**Internet Relay:** Visit <http://relay.service.gov.au> and ask for 1800 800 110

**Email:** [nationalaccesssteam@ndis.gov.au](mailto:nationalaccesssteam@ndis.gov.au)

### Returning this form:

Please return the completed form to:

**Mail:** GPO Box 700, Canberra, ACT 2601

**Email:** [NationalAccessTeam@ndis.gov.au](mailto:NationalAccessTeam@ndis.gov.au)

**Or** take it to your local NDIA office.

**Sections 2 and 3** of this form must be completed by a health or education professional.

You may provide the person applying to the NDIS with copies of letters, assessments or other reports in lieu of completing this form.

If you have any questions about this form please contact the NDIA on 1800 800 110 or go to [ndis.gov.au](http://ndis.gov.au)

## SECTION 1: Details of the person applying to become a participant in the NDIS

This part of the form can be completed by you, a parent, representative or professional

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Full name                                       | Karen Jane Smolls |
| Date of Birth                                   | 4 January 1960    |
| Name of parent/ guardian/ carer/ representative | N/A               |
| Phone                                           | 0411 222 333      |
| NDIS number (if known)                          | 460000000         |

## SECTION 2: Details of the person's impairment/s

This part of the form must be completed by a treating doctor or specialist

### 1. Details of the health professional completing Section 2

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| Full name of health professional | Dr James Helpful                                        |
| Professional Qualification       | RACGP                                                   |
| Address                          | Clinic Road Surgery - 123 Clinic Road, Adelaide SA 5000 |
| Phone                            | 08 8111 2222                                            |
| Email                            | james.helpful@clinicroadsurgery.com.au                  |
| Signature                        |                                                         |
| Date                             | 25/03/2020                                              |

## 2. Details of the person's impairment/s

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2.1 What is the person's primary impairment</b> (i.e. the impairment with the most impact on daily life)?                                                                                                    | Failed Back Syndrome post Spinal Fusion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>2.2 How long has the person had this impairment?</b>                                                                                                                                                         | 2006<br>Condition Leading to Surgery since MVA 1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>2.3 Is the impairment likely to be lifelong?</b><br><br>NB: an impairment may be considered likely to be lifelong even if the impact on the functional capacity fluctuates or varies in intensity over time. | Yes, Karen's condition is expected to decline progressively. Allied health interventions are expected to slow the progress of her decline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>2.4. Please provide a brief description of any relevant treatment undertaken (current and/or past)</b>                                                                                                       | All conservative measures were exhausted prior to Spinal Fusion undertaken in 2006, by Dr Blogstein. Since 2006, despite multiple interventions undertaken since 2006 including extensive physio therapy, occupational therapy and psychotherapy, Karen lives with significantly disability. This involves altered biomechanics leading to joint leading, muscular hypertrophy, atrophy, and spasms. Dr Blogstein has advised (as per attached letter dated 25 March 2018) that no further surgical interventions can be undertaken due to the significant risks this would pose to Karen's long-term well-being. A second opinion was sought and this decision was affirmed by Dr Jones 4 April 2019 (letter attached). |

|                                                                                                        |                                                                         |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>2.5. Does the person have another impairment that has a significant impact?</b> If yes, please list | Yes, please refer to Evidence of Psychosocial Disability Form attached. |
| <b>2.6. How long has the person had this impairment?</b>                                               | Please refer to Evidence of Psychosocial Disability Form attached.      |
| <b>2.7. Is the impairment likely to be lifelong?</b>                                                   | Please refer to Evidence of Psychosocial Disability Form attached.      |
| <b>2.8. Please provide a brief of any relevant treatment undertaken (current and/or past)</b>          | Please refer to Evidence of Psychosocial Disability Form attached.      |

|                                                                             |    |
|-----------------------------------------------------------------------------|----|
| <b>2.9. Does the person have any other impairments?</b> If yes, please list | No |
|-----------------------------------------------------------------------------|----|

**3. Are there early intervention supports that are likely to benefit the person by reducing their future needs for supports? If yes, please tick and write details. If no proceed to question 4.**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <p><b>The provision of early supports will: Please tick <input checked="" type="checkbox"/></b></p> <p><input type="checkbox"/> Alleviate the impact on functional capacity</p> <p><input type="checkbox"/> Prevent deterioration of functional capacity</p> <p><input type="checkbox"/> Improve functional capacity</p> <p><input type="checkbox"/> Strengthen the sustainability of available or existing supports</p> | <p><b>Details of recommended early intervention supports:</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

**4. Have any assessments been undertaken of the person's impairment(s)? If yes, please write details and tick if assessment is attached to form. If no proceed to SECTION 3.**

**Please record assessment type, the date the assessment was undertaken and the assessment score or rating** **Please tick ☒**

| Assessment Type*                                                             | Date Completed | Score or Rating | Assessment attached to this form?       |                             |
|------------------------------------------------------------------------------|----------------|-----------------|-----------------------------------------|-----------------------------|
| Care and Need Scale (CANS)                                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Gross Motor Functional Classification Scale (GMFCS)                          |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Hearing Acuity Score                                                         |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-4) |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Visual Acuity Rating                                                         |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Communication Function Classification System (CFCS)                          |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Vineland Adaptive behaviour Scale (Vineland-II)                              |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Modified Rankin Scale (mRS)                                                  |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Manual Ability Classification Scale (MACS)                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| American Spinal Injury Association Impairment Scale (ASIA/AIS)               |                |                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disease Steps                                                                |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Expanded Disability Status Scale (EDSS)                                      |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Other.....                                                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

### SECTION 3: Details of the functional impact of the impairment/s

This part of the form must be completed by a health or education professional

You can provide an existing report instead of completing this Section, however it is important that the information you provide matches the information required by this Section.

#### 1. Mobility

Moving around the home, getting in and out of bed or a chair, mobilising in the community including using public transport or a motor vehicle.

\* Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

|                                                                                |                              |                                                                     |
|--------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|
| Does the person require assistance to be mobile because of their impairment/s? | <input type="checkbox"/>     | Yes, needs special equipment                                        |
|                                                                                | <input type="checkbox"/>     | Yes, needs assistive technology                                     |
|                                                                                | <input type="checkbox"/>     | Yes, needs home modifications                                       |
|                                                                                | <input type="checkbox"/>     | Yes, needs assistance from other persons                            |
|                                                                                | <input type="checkbox"/>     | (including physical assistance, guidance, supervision or prompting) |
| <input checked="" type="checkbox"/>                                            | No, does not need assistance |                                                                     |

If yes, please describe the type of assistance required:

Karen requires a mobility scooter to move around the community. (OT Prescription attached)

Karen requires a 4 wheeled walker indoors to mobilise. Without this device Karen is unable to walk further than 10 metres unaided.

#### 2. Communication

Being understood in spoken, written or sign language and ability to understand language and express needs and wants by gesture, speech or context appropriate for age.

|                                                                                  |                              |                                                                     |
|----------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|
| Does the person require assistance to communicate because of their impairment/s? | <input type="checkbox"/>     | Yes, needs special equipment                                        |
|                                                                                  | <input type="checkbox"/>     | Yes, needs assistive technology                                     |
|                                                                                  | <input type="checkbox"/>     | Yes, needs home modifications                                       |
|                                                                                  | <input type="checkbox"/>     | Yes, needs assistance from other persons                            |
|                                                                                  | <input type="checkbox"/>     | (including physical assistance, guidance, supervision or prompting) |
| <input checked="" type="checkbox"/>                                              | No, does not need assistance |                                                                     |

If yes, please describe the type of assistance required:

### 3. Social interaction

Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.

Does the person require assistance to interact socially because of their impairment/s?

☐ **No**, does not need assistance

☐

**Yes**, needs special equipment

☐

**Yes**, needs assistive technology

☐

**Yes**, needs assistance from other persons:  
(including physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of social interaction assistance required:

Karen, due to the mobility issues brought about by her failed back syndrome requires substantial assistance to engage in social activity. Karen cannot drive and cannot use public transport. Without substantial support Karen remains socially isolated.

Please see evidence of psychosocial disability form for further information regarding the impact of Karen's psychosocial disability on her social interaction.

### 4. Learning

Understanding and remembering information, learning new things, practicing and using new skills

Does the person require assistance to learn effectively because of their impairment/s?

☐ **No**, does not need assistance

☐

**Yes**, needs special equipment

☐

**Yes**, needs assistive technology

☐

**Yes**, needs assistance from other persons:  
(including physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of assistance required:

## 5. Self-Care

Showering/ bathing, dressing, eating, toileting, caring for own health.

\* Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

Does the person require assistance with self-care because of their impairment/s?

☐ No, does not need assistance

☐

Yes, need special equipment

☐

Yes, needs assistive technology

☐

Yes, needs home modification

☐

Yes, needs assistance from other persons in the areas

☐

of:

☒ showering/bathing

☐ eating/drinking

☐ overnight care (e.g. turning)

☒

toileting

☒

dressing

**If yes**, please describe the type of assistance required:

Karen is unable to shower safely without special equipment and without someone present in the home to ensure her safety due to her falls risk when transferring from shower chair to her walker. Additionally, Karen needs assistance to care for her lower extremities due to her restricted movement.

Karen needs assistance to attend health appointments as she requires substantial assistance for appointments beyond the distances she can travel on her mobility scooter.

Karen has additional concerns regarding her ability to self care due to her psychosocial disability, these have been addressed using the Evidence of Psychosocial Disability Form.

## 6. Self-Management

Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)

Does the person require assistance with self-management because of their disability?

☐ No, does not need assistance

☐

Yes, needs special equipment

☐

Yes, needs assistive technology

☐

Yes, needs assistance from other persons:

(physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of assistance required:

Karen, due to her Failed Back Syndrome, needs substantial assistance to help her maintain her home environment. Karen cannot undertake most cleaning and tidying jobs due to her restricted mobility and her home becomes squalid without assistance from others. Karen cannot wash her clothes due to her physical limitations.

Karen needs assistance with shopping as she is unable to bend, lift or carry items to put them away (even if home delivered by supermarkets).

Karen has additional concerns regarding her ability to self manage due to her psychosocial disability, these have been addressed using the Evidence of Psychosocial Disability Form.

# DR TINA STROBOS RANZCP

## CONSULTANT PSYCHIATRIST

National Access Team  
National Disability Insurance Agency  
GP Box 700  
CANBERRA ACT 2601

6 April 2020

To Whom It May Concern

**Re: KAREN SMOLLS – DOB – 4 January 1960**

Karen Smolls has been my patient since her previous psychiatrist, Dr Jung retired in 2004. Whilst, it is self-evident that this will have a negative impact on her mental health, as Ms Smolls's psychiatrist, I will only address her psychosocial disability and will leave discussion of her failed back syndrome to her general practitioner, neurosurgeon and allied health professionals.

Ms Smolls was diagnosed with bipolar affective disorder in 1985 after initially being diagnosed with major depressive disorder in 1980. Ms Smolls has undergone extensive intervention since the mid 1980's. There have been multiple hospital inpatient admissions, with two long term admissions to psychiatric units.

Ms Smolls, after multiple medication trials, can be considered fully treated and stable. The following therapies have been attempted to mitigate the impact of her mental health condition:

- Cognitive Behavioural Therapy
- Narrative Therapy
- Counselling
- Electroconvulsive Therapy (ECT)

Despite these interventions, Ms Smolls has a severe and enduring psychosocial disability that substantially impacts her ability to function across a number of domains. Ms Smolls is unable to adequately care for herself, self-manage or engage in social interaction without substantial daily support in the community. I have reviewed the Evidence of Psychosocial Disability Form completed by Ms Smolls' GP and Community NGO Support Worker and concur that this is an accurate representation of her function.

If you have any further queries regarding Ms Smolls' psychosocial disability, please do not hesitate to contact me.

Yours sincerely,

*Dr Tina Strobos*



## **Section:**

# **Poor quality, unhelpful application**

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

27 March 2026

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

To Whom It May Concern,

Re: **Karen Smolls**  
**6 Knotting Place**  
**Allenby Gardens SA 5042**

DOB: **4 January 1960**

Application Number 460000000

My name is Roohi James and I am writing this letter to support the application for Karen to receive a plan and support through the NDIS. Karen has severe and persistent mental illness and complex needs and is currently receiving funds through the Commonwealth Psychosocial Support Program (CPSP). Karen has been on the DSP for many years as she is unable to work.

I have been working with Karen for 6 months. Karen is a 59 year old woman with chronic back pain from a car accident in 1995. Karen also has the following conditions which impacts on her functional capacity:

- Bipolar
- Major Depressive Disorder
- AOD

Karen is currently under the care of her General Practitioner and receiving the following treatment:

- Medication

I have attached Karen's compensation report from her car accident in 1995, Karen has had surgery on her back, however she lives with chronic pain which impacts her mental health conditions. Karen received a lump sum payment, but due to her psychosocial disability she spent a lot of the money on other items and started hoarding. Karen lost most of her funds and had periods of homelessness drug use and incarceration which exacerbated her physical and mental health issues. Karen has issues with gambling which makes managing her money difficult but denies current drug and alcohol use.

As you will see from her GP, Dr Helpful's information provided, Karen's psychosocial disability has seen her hospitalised on multiple occasions since the 1980's. Karen lives with severe chronic pain due to her back injury and this severely impacts her mental health condition. It can be difficult for Karen to move around and she uses a mobility scooter to travel short distances. Karen can't catch buses due to both her mental health condition and her physical condition. Sometimes Karen misses health appointments due to the combined impact of her physical and mental health conditions. Karen mobilises with a 4 wheeled walker in her home, this can become difficult as Karen is a hoarder and she struggles to leave enough space to get around the house. I have included photos of Karen's home to demonstrate how severe the impact of her conditions are.

## Community NGO

Karen has no informal supports but has occasional contact with her mother by phone. They have had a difficult relationship throughout her lifetime, and this has a significant impact on Karen's wellbeing. Karen ruminates on this frequently and it impacts her ability to function and at times she becomes very unwell, particularly after contact with her mother. Occasionally this will result in Karen becoming very unwell and will call Triple zero repeatedly. Karen is frequently detained under section 57 MHA by Police. Karen has difficulties engaging with service providers.



When Karen is unwell, she can withdraw from the outside world and worries about other people in the community. When unwell, Karen, cannot shop effectively as she struggles emotionally with other people around her. Due to her chronic pain, Karen cannot lift items from shelves or put them away in her home.



Karen is occasionally non-compliant with her medication this causes her to become very unwell which results in mental health detentions. Sometimes she has been physically harmed further as she becomes aggressive with Police and this results in physical altercations. When Karen becomes unwell, she will ring emergency services constantly and scream into the phone. Her psychiatrist has developed an action plan in consultation with Emergency Services and the NGO providing her mental health supports.



Karen's living conditions are very poor as she is unable to clean her extremely messy home due to her back issues and her motivation due to her depression. Karen does not eat appropriately and due to the impact of her medications and her inability to exercise has been diagnosed with obesity and diabetes. Karen needs to have an exercise physiologist and a nutritionist funded support to assist with these concerns.



When Karen is unwell, she does not care for her health or shower regularly. Karen has an old shower chair that is broken and it is really unsafe for her to shower at home, she is frightened of falling and this Karen usually does not wash her clothes as she struggles to perform the physical aspects required. Karen has due to her psychosocial disability had issues with her support workers who will often refuse to work with her any longer.



Throughout the time I have been working with Karen it has become evident to me that these diagnoses significantly impact on her ability to function at home and in the community and participate in daily activities. Please see on the attached Evidence of Psychosocial Disability Form and Supporting Evidence of Disability Form more specific information describing functional impact and implications along with recommendations for the type and frequency of support needed.

As you can see from the information provided, Karen is clearly significantly impacted on a day-to-day basis resulting in her not currently having the minimum level of skills or capacity to live independently without a very high level of support.

If you have any questions related to any of the information stated above or you would like to discuss things further, please do not hesitate to contact me.

Kind regards,

Roohi James  
**Mental Health Support Worker**

Phone: 08 8333 4444  
Email: roohi@communityngo.org.au

# Evidence of psychosocial disability form

NDIS applicant's name: Karen Smolls

Date of birth: 4 January 1960

NDIS reference number (if known): 460000000

## 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 1992

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 |
|------------------------------------------------------------------------------------------------------------------|----------------|
| As Per Supporting Evidence Form                                                                                  |                |
|                                                                                                                  |                |
|                                                                                                                  |                |
|                                                                                                                  |                |

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 |                                 |
|----------------------------|---------------------------------|
|                            | Regularly detained since 1980's |
|                            |                                 |
|                            |                                 |
|                            |                                 |
|                            |                                 |

## 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.)



Karen's mental health is severely impacted by her chronic back pain.

**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                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Social interaction</b> <ul style="list-style-type: none"> <li>• Making and keeping friends</li> <li>• Interacting with the community</li> <li>• Behaving within limits accepted by others</li> <li>• Coping with feelings and emotions in a social context.</li> </ul>                                                                                                                                                                      | As per Supporting Evidence Form                                                     |
| <b>Self-management</b><br>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"> <li>• completing daily tasks</li> <li>• making decisions</li> <li>• problem solving</li> <li>• managing finances</li> <li>• managing tenancy.</li> </ul> Are there any community treatment orders / guardianships / financial administrations in place? | <ul style="list-style-type: none"> <li>• As per Supporting Evidence Form</li> </ul> |
| <b>Self care</b><br>Activities related to: <ul style="list-style-type: none"> <li>• personal care</li> <li>• hygiene</li> <li>• grooming</li> <li>• feeding oneself</li> <li>• care for own health.</li> </ul>                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• As per Supporting Evidence Form</li> </ul> |
| <b>Communication</b> <ul style="list-style-type: none"> <li>• Being understood</li> <li>• Understanding others</li> <li>• Expressing needs</li> <li>• Appropriate communication</li> </ul>                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• As per Supporting Evidence Form</li> </ul> |
| <b>Learning</b> <ul style="list-style-type: none"> <li>• Understanding and remembering information</li> <li>• Learning new things</li> <li>• Practicing and using new skills</li> </ul>                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• As per Supporting Evidence Form</li> </ul> |
| <b>Mobility</b><br>Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.                                                                                                                                                                                                                                                                                                           |                                                                                     |



### 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<br>(includes non-pharmacological supports) | Date started | Date ceased | Effect on the impairments |                     |               |        |               |
|----------------------------------------------------------------------------------|--------------|-------------|---------------------------|---------------------|---------------|--------|---------------|
| As per supporting evidence form                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | tolerated     |
|                                                                                  |              |             | Effective                 | Partially effective | Effective     | Unsure | 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.



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.

See attached compensation report and psychiatrist's letters to me advising medication changes and treatment plans.



Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Section B completed by: Roohi James

Job title: Mental Health Support Worker

Organisation: Community NGO

Contact number: 8333 44444

### 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social interaction</b> <ul style="list-style-type: none"> <li>• Making and keeping friends</li> <li>• Interacting with the community</li> <li>• Behaving within limits accepted by others</li> <li>• Coping with feelings and emotions in a social context.</li> </ul>                                                                                                                                                                            | <p>When unwell, Karen struggles to manage her emotions and struggles to maintain friendships. Her severe pain makes it hard for her to move around and meet people for coffees. Only talks to her mother on the phone, due to their shared trauma history these phone calls can make her very unwell.</p> <p>Would benefit from group supports once per week and 1:1 support at least once per week.</p>                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Self-management</b><br>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"> <li>• completing daily tasks</li> <li>• making decisions</li> <li>• problem solving</li> <li>• managing finances</li> <li>• managing tenancy</li> </ul> <p>Are there any community treatment orders / guardianships / financial administrations in place?</p> | <p>Karen has concerns with hoarding, (photos attached). Due to her lack of motivation and chronic pain, Karen does not clean her home as much as she would like.</p> <p>Karen has a gambling issue and struggles with finances</p> <p>Would benefit from financial counselling, gambling addiction therapy and cleaning services for her home.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Self care</b><br>Activities related to: <ul style="list-style-type: none"> <li>• personal care</li> <li>• hygiene</li> <li>• grooming</li> <li>• feeding oneself</li> <li>• care for own health</li> </ul>                                                                                                                                                                                                                                        | <p>Karen's chronic pain and lack of motivation impact her self care, when unwell, she does not shower regularly or do her washing etc. Karen is occasionally non-compliant with her medication as she forgets to take it and becomes very unwell which results in mental health detentions, sometimes she has been physically harmed as she becomes aggressive with Police and during physical altercations with Police she has caused further injuries to her back. When Karen becomes unwell, she will ring emergency services constantly and scream into the phone. Her psychiatrist has developed an action plan in consultation with Emergency Services and the NGO providing her mental health supports - Would benefit from Support worker 3 times per week and daily phone calls prompting re medication.</p> |
| <b>Communication</b> <ul style="list-style-type: none"> <li>• Being understood</li> <li>• Understanding others</li> <li>• Expressing needs</li> <li>• Appropriate communication</li> </ul>                                                                                                                                                                                                                                                           | <p>Karen requires support to get her needs met. When she is unwell she struggles to communicate with others.</p> <p>Would benefit from regular support worker to assist with communication.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Learning</b> <ul style="list-style-type: none"> <li>• Understanding and remembering information</li> <li>• Learning new things</li> <li>• Practicing and using new skills</li> </ul>                                                                                                                                                                                                                                                              | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Mobility</b><br>Moving around the home and community to undertake ordinary activities of daily living requiring the use of limbs.                                                                                                                                                                                                                                                                                                                 | <p>Karen has substantial physical disabilities which impact her abilities to move about in the community, motor scooter, needs home modifications.</p> <p>Karen requires support to move about the community, cannot catch public transport.</p> <p>Would benefit from transport funding and support worker etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

7

Please add any comments, explanations or further information.

Please see attached Support Worker Letter

Signature\_\_\_\_\_

Date \_\_\_\_\_

# Access Request – Supporting Evidence Form

The National Disability Insurance Agency (NDIA) will use the information in this form to determine if a person meets the requirements to become a participant in the National Disability Insurance Scheme (NDIS). *For children under 6 with a developmental delay, please use the Access Request – Supporting Evidence Form for Children Under 6 with Developmental Delay.*

## Instructions for the person applying to become a participant in the NDIS

## Instructions for the health or educational Professional completing this form

You do not need to complete this form if you can provide recent existing information (letters, assessments or other reports) from a health or education professional which details:

- your impairment;
- how long it will last; and
- how it impacts on your daily life.

### How to complete this form:

**Section 1** can be completed by you, your parent, representative or your health or educational professional.

**Sections 2 and 3** must be completed by a health or educational professional.

If you have questions about this form, are having difficulty completing it, or would like more information about the NDIS, please contact us:

**Phone:** 1800 800 110 | **TTY:** 1800 555 677 |

**Speak and Listen:** 1800 555 727

**Internet Relay:** Visit <http://relayservice.gov.au> and ask for 1800 800 110

**Email:** [nationalaccessteam@ndis.gov.au](mailto:nationalaccessteam@ndis.gov.au)

### Returning this form:

Please return the completed form to:

**Mail:** GPO Box 700, Canberra, ACT 2601

**Email:** [NationalAccessTeam@ndis.gov.au](mailto:NationalAccessTeam@ndis.gov.au)

**Or** take it to your local NDIA office.

**Sections 2 and 3** of this form must be completed by a health or education professional.

You may provide the person applying to the NDIS with copies of letters, assessments or other reports in lieu of completing this form.

If you have any questions about this form please contact the NDIA on 1800 800 110 or go to [ndis.gov.au](http://ndis.gov.au)

## SECTION 1: Details of the person applying to become a participant in the NDIS

This part of the form can be completed by you, a parent, representative or professional

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Full name                                       | Karen Jane Smolls |
| Date of Birth                                   | 4 January 1960    |
| Name of parent/ guardian/ carer/ representative | N/A               |
| Phone                                           | 0411 222 333      |
| NDIS number (if known)                          | 460000000         |

## SECTION 2: Details of the person's impairment/s

This part of the form must be completed by a treating doctor or specialist

### 1. Details of the health professional completing Section 2

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| Full name of health professional | Dr James Helpful                                        |
| Professional Qualification       | RACGP                                                   |
| Address                          | Clinic Road Surgery - 123 Clinic Road, Adelaide SA 5000 |
| Phone                            | 08 8111 2222                                            |
| Email                            | james.helpful@clinicroadsurgery.com.au                  |
| Signature                        |                                                         |
| Date                             | 25/03/2020                                              |

## 2. Details of the person's impairment/s

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2.1 What is the person's primary impairment</b> (i.e. the impairment with the most impact on daily life)?                                                                                                    | Failed Back Syndrome post Spinal Fusion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>2.2 How long has the person had this impairment?</b>                                                                                                                                                         | 2006<br>Condition Leading to Surgery since MVA 1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>2.3 Is the impairment likely to be lifelong?</b><br><br>NB: an impairment may be considered likely to be lifelong even if the impact on the functional capacity fluctuates or varies in intensity over time. | Yes, Karen's condition is expected to decline progressively. Allied health interventions are expected to slow the progress of her decline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>2.4. Please provide a brief description of any relevant treatment undertaken (current and/or past)</b>                                                                                                       | All conservative measures were exhausted prior to Spinal Fusion undertaken in 2006, by Dr Blogstein. Since 2006, despite multiple interventions undertaken since 2006 including extensive physio therapy, occupational therapy and psychotherapy, Karen lives with significantly disability. This involves altered biomechanics leading to joint leading, muscular hypertrophy, atrophy, and spasms. Dr Blogstein has advised (as per attached letter dated 25 March 2018) that no further surgical interventions can be undertaken due to the significant risks this would pose to Karen's long-term well-being. A second opinion was sought and this decision was affirmed by Dr Jones 4 April 2019 (letter attached). |  |

|                                                                                                        |                                                                         |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| <b>2.5. Does the person have another impairment that has a significant impact?</b> If yes, please list | Yes, please refer to Evidence of Psychosocial Disability Form attached. |  |
| <b>2.6. How long has the person had this impairment?</b>                                               | Please refer to Evidence of Psychosocial Disability Form attached.      |  |
| <b>2.7. Is the impairment likely to be lifelong?</b>                                                   | Please refer to Evidence of Psychosocial Disability Form attached.      |  |
| <b>2.8. Please provide a brief of any relevant treatment undertaken (current and/or past)</b>          | Please refer to Evidence of Psychosocial Disability Form attached.      |  |

|                                                                             |    |  |
|-----------------------------------------------------------------------------|----|--|
| <b>2.9. Does the person have any other impairments?</b> If yes, please list | No |  |
|-----------------------------------------------------------------------------|----|--|

**3. Are there early intervention supports that are likely to benefit the person by reducing their future needs for supports? If yes, please tick and write details. If no proceed to question 4.**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <p><b>The provision of early supports will: Please tick <input checked="" type="checkbox"/></b></p> <p><input type="checkbox"/> Alleviate the impact on functional capacity</p> <p><input type="checkbox"/> Prevent deterioration of functional capacity</p> <p><input type="checkbox"/> Improve functional capacity</p> <p><input type="checkbox"/> Strengthen the sustainability of available or existing supports</p> | <p><b>Details of recommended early intervention supports:</b></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

**4. Have any assessments been undertaken of the person's impairment(s)? If yes, please write details and tick if assessment is attached to form. If no proceed to SECTION 3.**

**Please record assessment type, the date the assessment was undertaken and the assessment score or rating** Please tick ☒

| Assessment Type*                                                             | Date Completed | Score or Rating | Assessment attached to this form?       |                             |
|------------------------------------------------------------------------------|----------------|-----------------|-----------------------------------------|-----------------------------|
| Care and Need Scale (CANS)                                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Gross Motor Functional Classification Scale (GMFCS)                          |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Hearing Acuity Score                                                         |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-4) |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Visual Acuity Rating                                                         |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Communication Function Classification System (CFCS)                          |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Vineland Adaptive behaviour Scale (Vineland-II)                              |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Modified Rankin Scale (mRS)                                                  |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Manual Ability Classification Scale (MACS)                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| American Spinal Injury Association Impairment Scale (ASIA/AIS)               |                |                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disease Steps                                                                |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Expanded Disability Status Scale (EDSS)                                      |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| Other.....                                                                   |                |                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

### SECTION 3: Details of the functional impact of the impairment/s

This part of the form must be completed by a health or education professional

You can provide an existing report instead of completing this Section, however it is important that the information you provide matches the information required by this Section.

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Mobility</b>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                      |
| Moving around the home, getting in and out of bed or a chair, mobilising in the community including using public transport or a motor vehicle.<br>* Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs. |                                                                                                                                                                                                                                                                                                                      |
| Does the person require assistance to be mobile because of their impairment/s?<br><input type="checkbox"/> No, does not need assistance                                                                                                                                                                                   | <input type="checkbox"/> Yes, needs special equipment<br><input type="checkbox"/> Yes, needs assistive technology<br><input type="checkbox"/> Yes, needs home modifications<br><input type="checkbox"/> Yes, needs assistance from other persons (including physical assistance, guidance, supervision or prompting) |
| <b>If yes, please describe the type of assistance required:</b><br>Karen requires a mobility scooter to move around the community. (OT Prescription attached)<br><br>Karen requires a 4 wheeled walker indoors to mobilise. Without this device Karen is unable to walk further than 10 metres unaided.                   |                                                                                                                                                                                                                                                                                                                      |
| <b>2. Communication</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                      |
| Being understood in spoken, written or sign language and ability to understand language and express needs and wants by gesture, speech or context appropriate for age.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
| Does the person require assistance to communicate because of their impairment/s?<br><input type="checkbox"/> No, does not need assistance                                                                                                                                                                                 | <input type="checkbox"/> Yes, needs special equipment<br><input type="checkbox"/> Yes, needs assistive technology<br><input type="checkbox"/> Yes, needs home modifications<br><input type="checkbox"/> Yes, needs assistance from other persons (including physical assistance, guidance, supervision or prompting) |
| <b>If yes, please describe the type of assistance required:</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                      |

### 3. Social interaction

Making and keeping friends and relationships, behaving within limits accepted by others, coping with feelings and emotions.

Does the person require assistance to interact socially because of their impairment/s?

☐ **No**, does not need assistance

- ☐ **Yes**, needs special equipment  
☐ **Yes**, needs assistive technology  
☐ **Yes**, needs assistance from other persons:  
(including physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of social interaction assistance required:

Karen, due to the mobility issues brought about by her failed back syndrome requires substantial assistance to engage in social activity. Karen cannot drive and cannot use public transport. Without substantial support Karen remains socially isolated.

Please see evidence of psychosocial disability form for further information regarding the impact of Karen's psychosocial disability on her social interaction.



### 4. Learning

Understanding and remembering information, learning new things, practicing and using new skills

Does the person require assistance to learn effectively because of their impairment/s?

☐ **No**, does not need assistance

- ☐ **Yes**, needs special equipment  
☐ **Yes**, needs assistive technology  
☐ **Yes**, needs assistance from other persons:  
(including physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of assistance required:



## 5. Self-Care

Showering/ bathing, dressing, eating, toileting, caring for own health.

\* Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

Does the person require assistance with self-care because of their impairment/s?

☐ No, does not need assistance

☐

Yes, need special equipment

☐

Yes, needs assistive technology

☐

Yes, needs home modification

☐

Yes, needs assistance from other persons in the areas

☐

of:

☐ showering/bathing

☐ eating/drinking

☐ overnight care (e.g. turning)

☐

toileting

☐

dressing

**If yes**, please describe the type of assistance required:

Karen is unable to shower safely without special equipment and without someone present in the home to ensure her safety due to her falls risk when transferring from shower chair to her walker. Additionally, Karen needs assistance to care for her lower extremities due to her restricted movement.

Karen needs assistance to attend health appointments as she requires substantial assistance for appointments beyond the distances she can travel on her mobility scooter.

Karen has additional concerns regarding her ability to self care due to her psychosocial disability, these have been addressed using the Evidence of Psychosocial Disability Form.



## 6. Self-Management

Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)

Does the person require assistance with self-management because of their disability?

☐ No, does not need assistance

☐

Yes, needs special equipment

☐

Yes, needs assistive technology

☐

Yes, needs assistance from other persons:

(physical assistance, guidance, supervision or prompting)

**If yes**, please describe the type of assistance required:

Karen, due to her Failed Back Syndrome, needs substantial assistance to help her maintain her home environment. Karen cannot undertake most cleaning and tidying jobs due to her restricted mobility and her home becomes squalid without assistance from others. Karen cannot wash her clothes due to her physical limitations.

Karen needs assistance with shopping as she is unable to bend, lift or carry items to put them away (even if home delivered by supermarkets).

Karen has additional concerns regarding her ability to self manage due to her psychosocial disability, these have been addressed using the Evidence of Psychosocial Disability Form.



# Dr Sigmund Freud FRANZCP

## Consultant Psychiatrist

Dr James Helpful  
Clinic Road Surgery  
123 Clinic Road  
ADELAIDE SA 5000

6 April 2020

Dear James,

**Re: KAREN SMOLLS**

Thank you for providing Karen with a new referral to this practice. Karen appears to be traveling well with a reduction in her contacts with emergency services as per our plan. Karen and I discussed strategies to manage her behaviours and it is felt that some CBT may prove helpful.

I have continued her aripiprazole her as this appears to working well for her. Karen advises improvement with insomnia, so quetiapine also to continue at this stage.

Thank you for your continued care of our patient.

Yours sincerely,

*Sigmund*

Berggasse 19, 1090 Wien – 40 6112 1155