



Fact Sheet A – Delivering National Disability Insurance Scheme Psychosocial Supports/Services

In Western Australia, the Mental Health Commission (MHC) funds a number of Non-Government Organisations to provide mental health services. These services provide mostly psychosocial supports and accommodation supports, though some organisations deliver clinical (face-to-face counselling) services. It is likely that these organisations will have registered or will be considering registering to become providers of National Disability Insurance Scheme (NDIS) psychosocial supports/services.

1. How Does NDIS Support People with Psychosocial Disability?

The NDIS supports people with a permanent and significant functional impairment arising as a result of their disability or mental health condition. NDIS participants with psychosocial disability will access supports through the NDIS that help them undertake a range of activities. This includes:

- assistance with planning, decision making and household tasks;
- assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills; and
- supports to participate in community activities such as recreation, education, training and employment.

NDIS participants with psychosocial disability may also require supports from health and mental health services which are delivered via mainstream systems. The public and private health and mental health systems (not the NDIS) are responsible for assisting participants with clinical and medical treatment. The health and mental health systems are responsible for the diagnosis and treatment of psychiatric conditions and mental illness. This includes:

- all medical and clinical services such as general practitioners, psychiatrists and psychologists; care while admitted in hospital, in-patient and residential care; and medications and pharmaceuticals.

Early intervention is funded where it is likely to reduce the participant's future need for support. Thus, people with early signs of a mental health issue are helped by the health system in the first instance. This is because the health system diagnoses and manages mental health issues.

The supports offered by the NDIS are generally not the type of help a person requires at the first signs of a mental health issue. NDIS supports will help the person address the functional impact of their psychosocial disability such as supports to increase the participant's independence, and social and economic participation. For more information on supports and services funded by the NDIS, visit:

<https://www.ndis.gov.au/providers/becoming-ndis-provider/am-i-ready/supports-and-services-funded-ndis>

2. NDIS Registration process

There are two pathways for registration to become NDIS providers:

- **Certification** (for providers that provide high risk and more complex supports and services); and
- **Verification** (for providers delivering lower risk/lower complexity supports and services).

In addition to accreditation against the National Standards for Mental Health Services (NSMHS), organisations funded by the MHC that register as an NDIS provider will also be required to undertake a certification audit against the NDIS Practice Standards (PS) **Core Module**. A small number of these organisations may also be audited against the Specialist Behaviour Support Module and the Implementing Behaviour Support Plans Modules, depending on the NDIS services they register for (Refer to forthcoming Fact Sheet – **Positive Behaviour Support & Restrictive Practices in NDIS**).

Detailed information on NDIS registered provider requirements can be found at:

<https://www.ndiscommission.gov.au/providers/registered-provider-requirements>

As the NDIS provides a broad range of supports/services to people with a broad range of disabilities, the NDIS PS Core Module does not have a particular focus on psychosocial support/services. Each practice standard has a high-level participant-focused outcome with related indicators that providers should demonstrate.

For organisations accredited against the NSMHS, evidence used for Standards 1, 3, 5, 9 and 10 should be able to be utilised to meet the requirements of the NDIS PS. However, it will be important to take into account that the NDIS PS do not have a particular focus on psychosocial supports/services and therefore some modifications to NSMHS-specific evidence may be needed for it to meet the requirements of the NDIS PS.

For example, in the NDIS PS, 'support plan' refers to the high-level plan that outlines participant goals, aspirations and required supports, including any funding they might receive to support achievement of the participant's goals. These plans are reviewed annually and are an important component of the service agreement between participants and providers. While they are not a care/treatment plan that is typically used as part of mental health (psychosocial) services/supports, similar individual recovery plans for consumers are expected as part of the NSMHS.

As outlined in **Fact Sheet B: Related Policies and Procedures Between the NDIS PS and NSMHS**, whilst the NSMHS has a strong focus on recovery-oriented practice; the NDIS PS do not. However, the NDIS does have a focus on recovery for psychosocial participants. Therefore, it should be possible for organisations that have a strong recovery-oriented commitment, guiding documents and practice to reflect this recovery-oriented commitment into evidence required for certification against the NDIS PS.

For more information on the NDIS and mental health, visit: <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>