

Mental Health Access Snapshot Series

Snapshot 3 – Recovery and the NDIS

The National Disability Insurance Scheme (NDIS) legislation is committed to supporting a person's mental health recovery. A founding principle of the NDIS is that:

“People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability” Section 4 NDIS Act 2013.

The NDIS defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with, or recovering from, a mental health condition. The National Disability Insurance Agency (NDIA) also acknowledges the important contribution of families, friends and peer supports in a person's recovery journey.

To receive individualised NDIS support, as an NDIS participant, a person must, among other things, show that their impairment resulting from their mental health condition is likely to remain across their lifetime (i.e. likely to be permanent).

Below are some questions and answers to help understand this more.

Doesn't the 'likely to be permanent requirement' contradict the concept of mental health personal recovery?

No, the NDIA needs evidence that the impairment caused by the mental health condition is likely to remain across the person's lifetime. Confirming that the person's impairment is likely to remain across their lifetime has no reflection on whether the person has achieved their best possible version of personal and emotional wellbeing.

Can I still access the NDIS if the impacts from my impairment reduces?

Yes, the NDIS can provide individualised support for those people whose recovery journey is likely to be lifelong. The NDIA works with each NDIS participant to support their individual recovery journey. For some NDIS participants, the amount of funding they require may decrease overtime as their recovery improves. NDIS plans are reviewed regularly and adjusted based on individual reasonable and necessary requirements.

Many mental health conditions can be lifelong, so many people will meet the likely to be permanent requirement?

Not necessarily. It is important to remember the NDIA needs to know that the impairment(s) caused by the mental health condition is likely to remain across the person's lifetime, not just the mental health condition itself. The mental health condition might be lifelong, but clinical recovery from the symptoms is possible.

Clinical recovery from the symptoms of a mental health condition is different from personal recovery.

There is no requirement that treatment and/or interventions must be completed for an impairment to be considered likely permanent. However, they must be explored to the extent that clinical recovery is no longer likely and ongoing treatment is centered on personal recovery.

Clinical recovery means:

- the absence of symptoms of the mental health condition as a result of treatment and/or intervention and the person being cured; or
- the absence of symptoms because the treatment and/or interventions is/are suppressing or controlling them.

What happens if the treating clinician doesn't know yet whether the impairment is likely to last for the rest of a person's life?

If the treating clinician does not know the likely impact of treatment and/or intervention, then the impairment caused by the mental health condition can't be considered 'likely to be permanent' at this stage, meaning the person is unlikely to be eligible for the NDIS.

What sort of evidence does the NDIA require to show that an impairment caused by a mental health condition is likely to remain for the rest of a person's life?

Evidence is required from a treating clinician (usually a GP or psychiatrist) that all appropriate and available treatment/ intervention options have been explored and the impairment is likely to remain regardless of ongoing recovery-focused treatment/ interventions.

The NDIA does not make recommendations for specific treatment/interventions but requests evidence that shows a basic history of treatments/interventions explored. If a commonly known treatment for the condition has not been explored then a statement of clinical rationale for not pursuing this treatment/intervention may be required.

The NDIS accepts information in the chosen format of the person requesting access to the NDIS.

What if the mental health condition is episodic?

Mental health conditions for which the impact of the impairment varies over time (episodic) can remain across a person's lifetime and can be considered likely to be permanent.

Myths Busters

The NDIA will make clinical judgments about appropriate treatment/interventions for an individual

False. The treating clinician will decide on appropriate treatment and/or interventions for an individual. The NDIA requires evidence that provides a history of treatment and the rationale relating to any decisions made by the clinician not to pursue a known treatment/intervention option.

The NDIA requires personal and intrusive information relating to trauma and abuse to demonstrate permanence of impairment.

False. The NDIA does not require specific information identifying a trigger for a mental health condition and is respectful of a person's right to privacy. There is no need to share private information relating to trauma and/or abuse with NDIA staff.



The NDIA will not accept a person has a likely permanent impairment unless they have had years of treatment/intervention.

False. The treating clinician confirms how much treatment/intervention is required for an individual before an impairment can be considered permanent. The NDIA requests that clinicians provide clinical rationale to support that an impairment is likely to remain across a person's lifetime (especially where there are any unusual circumstances).

If a person's impairment caused by their mental health condition is accepted as likely to be permanent then they will meet the NDIS disability requirements for individualised support.

False. Likely permanence of impairment alone is not enough to meet the NDIS disability requirements. Other factors are also considered which include that the impairment resulted in a substantial reduction in everyday functioning. For more details refer to Snapshot 4.

Contact the NDIS

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