

Mental Health Access Snapshot Series

Snapshot 4 – Functional capacity and mental health issues

The National Disability Insurance Scheme (NDIS) is designed to provide individualised support to people who experience ongoing disability because of a mental health condition. That is, individuals who experience impairment across their lifetime and their capacity to carry out everyday activities, without support, is substantially reduced.

Many people are unfamiliar with the term functional capacity and can find it challenging thinking in terms of how their mental health condition impacts their everyday life. The National Disability Insurance Agency (NDIA) recognises that recovery is based on identifying strengths. Identifying areas where someone needs additional support with everyday activities is not something people routinely do. Understanding the difference between reduced functional capacity and substantially reduced functional capacity can also be challenging.

The questions and answers below are designed to explain the consistent approach the NDIA takes in determining if a person's capacity to carry out everyday tasks is considered substantially reduced.

What is functional capacity and how do you differentiate between 'reduced' and 'substantially reduced' functional capacity?

Functional capacity is the ability to carry out tasks in a variety of everyday situations. A person's functional capacity is highly individualised. Some people experience difficulties with carrying out tasks (reduced functional capacity) but others may be unable to effectively participate in or complete a task (substantially reduced functional capacity).

How do you apply such a subjective term as 'substantially reduced functional capacity' fairly and consistently?

The NDIA determines the difference between reduced and substantially reduced functional capacity by focusing on everyday functioning within six specific life skill areas:

- communication
- social interaction
- learning
- mobility
- self-care
- self-management

The NDIA recognises that people will usually have both functional strengths and weaknesses. In recognition of this, it is not necessary to have substantially reduced functional capacity in all six of the life skill areas. A person only needs to have substantially reduced capacity in one area. The NDIA considers both what a person can and cannot do within each life skill area.

A person is likely to have substantially reduced functional capacity if they usually are not able to function without support for most activities within at least one of the six life skill areas.



Communication: includes being understood in spoken, written, or sign language, understanding others, and the ability to express needs.

Social interaction: includes making and keeping friends, interacting with the community, behaving within limits accepted by others, and the ability to cope with feelings and emotions in a social context.

Learning: includes understanding and remembering information, learning new things, and practicing and using new skills. Learning does not include educational supports.

Mobility: means the ability of a person to move around the home and community to undertake ordinary activities of daily living requiring the use of limbs.

Self-care: relates to activities related to personal care, hygiene, grooming, feeding oneself, and the ability to care for own health care needs.

Self-management: means the cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself. This includes completing daily tasks, making decisions, problem solving, and managing finances.

What if my substantially reduced functional capacity is not caused by my mental health condition, but other factors such as drug or alcohol concerns?

To meet the NDIS access requirements for psychosocial disability, substantially reduced capacity must be the result of impairment caused by a mental health condition.

Where co-existing drug or alcohol dependency issues may be present, evidence must demonstrate that the substantially reduced functional capacity remains regardless of the status of the co-existing issues.

What is the difference between an activity and a life skill area?

An activity is a specific task, while a life skill area is the broad category the activity sits within. For example having a shower is an activity (task) within the life skill area (category) of self-care.

A person would not be considered to have substantially reduced functional capacity for self-care if they are unable to have a shower but are still able to wash, use a bath, and clean their teeth because on balance within the life skill area they can carry out a range of activities.



Is functional capacity substantially reduced, within a life skill area, if it just takes longer to complete activities or they are carried out differently?

Taking longer to complete an activity or carrying out activities in a slightly different way to commonly accepted practice, is not considered a substantial reduction in capacity.

For example: A person who feels anxious about going to the shops at busy times but is able to still complete the shopping at quieter times does not have substantially reduced capacity to participate in the activity of shopping. If that same person has significant difficulty making friends and retaining friendships but retains a limited circle of friends and participates in activities where they have common interests, then capacity for social interaction would not be considered substantially reduced. This is because the person can participate in social activities – even though their participation may be modified or more limited than someone who does not experience impairment.

Is it necessary for a person to be completely non-functional within a life skill area to be considered to have substantially reduced capacity?

No, but it is important to remember that NDIA does look at the balance between what a person can and cannot do when considering whether a person's functional capacity is substantially reduced.

For example, someone who has substantially reduced capacity in self-management may be able manage their own small budget for incidental expenses but need another person's assistance to make major life/financial decisions and budget.

What if I only have substantially reduced functional capacity when I am acutely unwell?

If your functional capacity is reduced on a day-to-day basis but only substantially reduced during an acute episode then you will probably not meet the NDIS access requirements. To meet the access requirements a person will have substantially reduced capacity on a day-to-day basis, despite their episodic needs.

Please refer to Access Snapshot 5 for information about what support may be available to you outside of the NDIS.



Can my functional capacity in carrying out everyday tasks be considered substantially reduced when my capacity varies over time?

Yes. When considering whether a person has substantially reduced capacity to carry out everyday tasks within a life skill area, the NDIA looks at how the person manages between acute episodes. It is irrelevant whether a person applies to the NDIS when they are acutely unwell or feeling particularly well.

For example: the person may have substantially reduced capacity for self-management on a day-to-day basis but may also need occasional assistance with self-care and social interaction at times when they are unwell. In these circumstances, the person would meet the access requirement for substantially reduced capacity in the self-management life skill area.

If you meet all the access requirements and become a NDIS participant, your planner will consider your needs across all life skills (and episodic needs) irrespective of which life skills area/s you met the substantially reduced functional capacity access criteria with.

How do I provide evidence of the functional impact of my impairment caused by my mental health condition?

The best way to provide evidence is to have someone appropriately qualified (usually a mental health professional) complete a functional assessment to demonstrate your functional capacity. Appropriate assessments include the Life Skill Profile 16 (LSP-16) which is the preferred psychosocial functional assessment tool of the NDIA or the World Health Organisation Disability Assessment Schedule (WHODAS). The NDIA finds these types of assessments helpful because they provide a picture of your functioning over time (not when you are having a particularly good or bad day).

Your other supports such as family, friends, and/or support workers can also provide helpful information on your functional capacity as they see you in your day-to-day life. This information (and/or a statement from you saying how your impairment affects you) is helpful in addition to information provided by a mental health professional.

If you have any other formal documentation such as assessments given to Centrelink or other government departments, or if there are any formal orders in place, this can help the NDIA with determining functional impact.

What if I don't currently have substantially reduced capacity because the support I have in place is working really well? Will I meet the NDIS access requirements?

Potentially, yes, in these circumstances you could meet the access requirements but the evidence you give to NDIA must detail your functioning without the support in place.

When determining whether functional capacity is substantially reduced for the purposes of access, the NDIA always considers how someone functions without support. The evidence you provide to the NDIA needs to have information about how your impairment caused by your mental health condition impacts your everyday life. This will likely include details of how you function without support, as well as describing the supports that are working for you.

The NDIS provides participants with a lifetime commitment to supports and funding as required to support their individual recovery journey.



Myth Busters

If a person experiences “good days” the NDIA determine they do not have substantially reduced capacity.

False. The NDIA looks at the person’s ability to function in the periods between acute episodes, not at any given point in time. It is irrelevant whether a person applies to the NDIS when they are acutely unwell or feeling particularly well.

A person who has not worked for 20 years because of their mental health condition must have substantially reduced capacity.

False. The NDIA looks at day-to-day functioning and considers what people can do as well as what they cannot do within the six life skill areas. Not being able to work because of a mental health condition does not, in isolation, demonstrate substantially reduced capacity in one of the life skill areas.

My ability to do day-to-day activities is substantially reduced in comparison to what it was before my mental health concerns began, so I should meet the NDIS access requirements.

False. Substantially reduced functional capacity does not involve a comparison with levels of functional capacity previously enjoyed. It is a comparison with a person in the community who has not experienced similar impairment.

Only a psychiatrist can provide the best evidence of a person’s functional capacity.

False. Psychiatrists *can* provide evidence of functional capacity however, appropriately qualified mental health professionals such as mental health nurses can also provide evidence. Depending on the nature of the doctor/patient relationship a psychiatrist may be well positioned to provide evidence of functional capacity. The NDIA will consider the qualification of the person giving evidence and the relationship they have with you.

Please refer to Access Snapshots 1, 2, 3 & 5 for further information about the NDIS and Mental Health.

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