

Glossary: Key terms for understanding the NDIS and psychosocial disability

NDIS and Mental Health Sector terms

Introduction

Traditionally the disability and mental health sectors have been distinct, involving different systems of supports, principles, and terminology. The National Disability Insurance Scheme (NDIS) brings these two systems together to support individuals in their recovery journey. This glossary seeks to explain terminology commonly used in both systems.

The [2015 NDIS Review of Access](#), guided by the National Mental Health Sector Reference Group (NMHSRG), included a sub-committee tasked to examine the most appropriate way to improve the use of language, tools and products to better facilitate access to the NDIS for people with psychosocial disability. One recommendation made by the Review of Access was to develop a glossary of NDIS and mental health sector terms.

This glossary will:

- support the use of consistent language across the mental health sector and the NDIS
- help participants their families and carers, staff and partners, mental health professionals, service providers and members of the public to navigate between disability and mainstream mental health services.

For further information about the NDIS and psychosocial disability, please refer to the [Psychosocial Disability section of the NDIS website](#). You will find five downloadable snapshots on how you can access the NDIS if you have psychosocial disability. Consumers and carers can also access the [reimagine.today website](#) for information about the NDIS developed by consumers and carers in collaboration with Mental Health Coordinating Council (MHCC) NSW and funded by NDIA.

Mental health terms

Co-morbidity – refers to the occurrence of more than one disorder at the same time. It may refer to co-occurring mental health issues or co-occurring mental health issues and physical or intellectual conditions. The term co-morbidity is generally no longer used—the preferable terms are co-existing or co-occurring.

Mental health condition – refers to symptoms that may be caused by life events or genetic factors. They can be temporary or lifelong and include mood, anxiety, personality, psychotic, and compulsive disorders. Mental health condition is an interchangeable term that also refers to a mental health issue. This term is encouraged to be used rather than mental illness.

Mental health issue – an interchangeable term to refer to psychiatric impairment and mental health condition. This term is encouraged to be used rather than mental illness

Mental illness – an interchangeable term to refer to mental health condition. The term mental illness can be found offensive by people living with mental health issues, their families and carers.

Psychiatric condition – an interchangeable term to refer to mental health condition. 'Psychiatric' is a term related to mental health professionals and associated establishments.

Psychiatric diagnosis – an interchangeable term to refer to psychiatric impairment. Can be found offensive.

Psychiatric impairment – an interchangeable term to refer to psychiatric diagnosis. Can be found offensive.

Psychosocial disability – the term used to describe a disability arising from a mental health condition or conditions. Not everyone who has a mental health condition will have a disability, but for those who do, it can be severe and longstanding and it can have a significant impact on someone's life and potential recovery. Psychosocial disability is the term preferred by people living with mental health issues, families, and carers.

'Psychosocial disability' is an internationally recognised term under the [United Nations Convention on the Rights of Persons with Disabilities](#) and is used to describe what is often the outcome for a person with a mental health condition attempting to interact with a social environment that presents barriers to their equality with others.

Psychosocial disability may also describe the experience of people with impairments and participation restrictions related to mental health issues such as the loss of or reduced abilities to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.

People

Carer – the term commonly used by services and governments to describe a person who provides unpaid support to an individual who needs help. A carer may be, and will continue to be, either the person's wife, husband, partner/significant other, parent, neighbour, friend or, in some cases, their child or children.

Consumer – (mental health specific term) refers to a person who is 'living with' a mental health issue and is currently using, or has previously used, a mental health service.

Consumer/peer advocate – a person who has been asked by an individual living with a mental health issue to speak on their behalf and represent their concerns. A consumer or peer advocate seeks the outcomes desired by the individual. Although government and others may give power to advocates, such advocacy is tokenistic unless it is directly accountable to the consumer.

Consumer/peer/lived experience representative – a member of a government, professional body, industry or non-government organisation committee who attends or contributes to a single meeting or series of meetings to provide views on behalf of people living with mental illness or family or friends supporting someone living with mental illness. This person is nominated by, and is accountable to, an organisation of peers. The role of a consumer/peer/lived experience representative is to provide a lived experience perspective.

Correspondence nominee – a person appointed to act on behalf of an NDIS participant in relation to activities under the *National Disability Insurance Scheme Act 2013* (NDIS Act) that do not relate to their NDIS plan. For example, a correspondence nominee may receive copies of mail or make enquiries on behalf of the participant. An appointment of a correspondence nominee may be made at the request of the participant or by the National Disability Insurance Agency (NDIA).

Nominee – a person who is able to act on a participant's behalf as a correspondence nominee or a plan nominee (or both) for the purposes of the NDIS.

Participant – (NDIS specific term) a person becomes a participant in NDIS once the NDIA determines they satisfy the access criteria.

Plan nominee – a person who is appointed by a delegate of the CEO of the NDIA, or at the request of the participant, to assist in the development, preparation, review or replacement of a participants' NDIS plan or the management of the funding for supports under the person's plan.

The recovery approach

Clinical recovery – refers to the elimination or improvement of symptoms of a mental health issue through the treatment of impairments.

Mental Health Sector definition of recovery – a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose as one grows beyond the catastrophic effects of mental health issue/s.

NDIS definition of recovery – achievement of an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health issue.

Personal recovery – refers to living a satisfying, hopeful, contributing life within the limitations caused by the mental health issue.

Wellbeing – the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.

NDIS legislative terminology

Impairment – any loss or abnormality of psychological, physiological or anatomical structure or function. Impairment is the loss or damage to mental function resulting from the condition or diagnosis of symptoms.

Likely permanence of impairment – a permanent impairment is an impairment for which there is no known, available or appropriate evidence-based treatment or intervention that may remedy the impairment.

While an individual's mental health condition may be episodic, the impairment/s as a result of the mental health condition may still be considered permanent.

Substantially-reduced functional capacity – an inability to effectively participate in or complete a task (much more than a person experiencing difficulty with task completion). This is considered in an age-appropriate context.

The reduction must be within one or more of the six legislative (NDIS Act 2013, S24(1)) domains; *social interaction, communication, learning, mobility, self-care, and/or self-management*. For a reduction to be considered substantial within a domain there must be an inability to effectively function within the whole or majority of the domain, not just a singular activity.

Supports

Continuity of supports – (NDIS specific term) means that people who do not meet the NDIS access requirements, but were accessing a disability or mental health service before applying to become an NDIS participant, will continue to receive support consistent with their current arrangements. This arrangement has been agreed to by the Commonwealth Government and all states and territories.

Continuity of supports – (mental health specific term) means linkage of components of individualised clinical treatment and care across health service agencies according to individual needs.

Informal support – an individual's network of support or assistance from family, carers, friends, neighbours and members of the community. People providing informal support are not paid for the care they provide.

Lived experience/peer worker – a person who is employed in a role that requires them to identify as being, or having been a mental health consumer or carer. Peer work requires that lived experience of mental illness is an essential criteria of job descriptions, although job titles and related tasks vary.

Mainstream services – goods, services, supports and assistance available for the general community which are not provided by the NDIS—for example services provided by health and education.

Mental health service – a specialised service that provides assessment, treatment and clinical support for people experiencing mental health issues. Mental health services may be delivered either publicly or privately. They include both inpatient and community-based services. A mental health service may include:

- a hospital—but only to the extent the hospital provides clinical treatment or care to people who have or may have a mental health issue
- a community mental health service
- any service, or any service in a class of service, prescribed by the regulations for this definition.

Supports – services, assistance and products required by an NDIS participant to address the impact of a disability. Supports can include mainstream services, assistance from family, carers, friends and NDIS funded items such as supports to access employment support.

Psychosocial support – refers to support provided to enable people to live or remain in the community as opposed to clinical treatment or medication.

Psychosocial support can refer to support provided by non-clinical but trained mental health workers and peer workers, and as one to one support or in groups. This type of support may be considered within the range of supports offered in an NDIS plan.

Psychosocial support can sometimes be used by the sector to describe activities the NDIA would clearly see as ‘treatment’ (as per the [Council of Australian Governments \(COAG\) Mainstream Interface Applied Principles](#)).

For example, clinically-led cognitive behaviour therapy for depression and anxiety in a group or individual session, clinically-led group sessions to assist management of symptoms such as ‘Hearing Voices’ groups, and/or support to ensure administration of medication and monitoring the side effects. ‘Treatment’ remains outside the scope of NDIS (Source: [Health Workforce Australia \[2014\]: Mental Health Peer Workforce Study](#)).

Reasonable and necessary – ‘reasonable’ means something fair and ‘necessary’ means something you must have. The NDIS funds reasonable and necessary supports relating to a person’s disability to help them achieve their goals and meet their needs. For more information please see [reasonable and necessary factsheet](#).



The diagram above shows the things the NDIS takes into account when considering whether a support is reasonable and necessary.

Coordination

Care coordination – the following definition is from the [Australian Institute of Health and Wellbeing](#).

Care coordination services provide a single point of contact (via a Care Facilitator) for people (and their families/carers) with lived experience of mental health issues and complex care needs. Care Facilitators will be responsible for ensuring all of the patient's clinical and non-clinical care needs, as determined by a nationally consistent assessment tool, are being met. Also known as care/case manager or key worker. Key features are:

- The principal service provided is the coordination of access to a range of services required by the individual.
- Where other support services are delivered, they are incidental to the principal care coordination role.

**The terms 'care coordination' and 'support coordination' are often used interchangeably, however, they have distinct meanings.

Local Area Coordinator (LAC) – (NDIS specific term) are local organisations working in partnership with the NDIA to help participants, their families and carers access the NDIS.

An LAC will:

- provide assistance to participants with less complex needs to connect to their local community and help them put their NDIS plan into action
- provide short-term help to people with disability who are not eligible for the NDIS to help them find community based activities or resources
- work with the community to develop activities that with benefit all people with disability.

Planner – (NDIS specific term) an NDIA employee who can make planning decisions. They work with participants and planning partners to determine current and future supports that will enable participants to achieve their goals and aspirations and enable better outcomes. They also support participants to access the NDIS by facilitating the completion of their first plan and review of their subsequent plans.

Support Coordination – (NDIS specific term) assistance to strengthen participants' abilities to coordinate and implement supports in their plans and to participate more fully in the community. Also known as 'Coordinator of Supports'. Support Coordination may include:

- initial assistance to link participants with providers
- coordination of funded, mainstream and community supports
- building on informal supports and resolving points of crisis
- parent training and developing participant resilience in their own network community
- developing participant capacity for social and economic participation.

Specialist Support Coordination – (NDIS specific term) includes all the activities outlined in ‘Support Coordination’ but addresses situations where it is appropriate to have a specialist deliver Support Coordination-style activities—necessitated by specific high-level risks in the participant’s situation.

Support Connection – (NDIS specific term) a time limited service focused on enabling a participant to connect to supports in their plan. The word ‘connection’ is appropriate for a support that assists participants to establish arrangements with funded providers and to build a network of informal and mainstream supports.

Support Connections primarily focus on helping a participant to begin implementing their plan by assisting them to:

- identify options (funded, mainstream and in informal networks)
- investigate options
- understand funding flexibility
- reach decisions regarding services
- reach agreement with providers
- commence services and ensure new support arrangements thrive.

Planning/Treatment

Care plan – (put in place by Community and Mental Health teams) a written statement developed for individuals which states the nursing and other interventions to be undertaken, the health outcomes to be achieved and the review of care which will occur at regular intervals.

NDIS participant plan – a plan approved by the NDIA that contains the participant's statement of goals and aspirations and statement of participant supports.

Treatment in the community – (delivered through Community and Mental Health teams) applies to a person subject to a treatment authority, forensic order or treatment support order that enables treatment to be provided to a patient without detaining the patient at a hospital under an inpatient treatment order.

Wellness plans/advance directives – (put in place by Community and Mental Health teams) are 'designed to facilitate consumer involvement in their own care, particularly in terms of symptom management, relapse prevention and crisis planning. It serves as a recovery aid and a prompt or reminder about what to do to support someone's recovery.

It includes a component of the form where consumers can nominate what they would like to happen (or not happen) if they become unwell, such as who might look after the children, who to contact and who would be preferred to be involved in care and treatment planning. It also includes an opportunity to document the type of supports and treatments or medications that keep the person well, and those that are unhelpful'. ([Source](#))

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