**Instructions for completing the Psychosocial Reports to attach to the Access Request Form to NDIS.**

The Psychosocial Report should be attached to an Access Request Form for NDIS.

A “Health Professional” to sign on page 2, is a GP or Psychiatrist for example, preferably a Psychiatrist.

It’s important to try to compile a list of different treatments that have been tried, which demonstrates the enduring nature of the Psychiatric Condition.

* Less is more for evidence sometimes; ie. Sending select documents that verify diagnosis and permanence, but they don’t need the recovery orientated documents about the strengths during access phase; some reports are outdated and also exaggerate (encourage) strengths such as independence in certain areas which is not needed for access phase.
* Avoid statements like
	+ consumer can travel independently
	+ consumer can manage their mental health independently, if this is an exception;
	+ because this highlights the strength and is used as evidence against the application when it is still an area that is often impacted by the psychiatric condition, but we are used to framing these things in the positive/strength based perspective.
* Avoid referring to situational issues/crises that could be resolved and therefore considered the real need rather than the psychosocial disability (thus they deflect as a housing/welfare/health issue rather than a disability issue).
* Avoid referring to substance use as this can be considered a treatable condition (or deflected to AOD services).
* NDIA will want the technical diagnosis such as Major Depressive Disorder rather than “Depression”.
* Avoid saying that the condition was triggered by trauma, loss or grief (because this can be seen as a phase rather than permanent; when there is no evidence for them to do that but we avoid the debate).
* If accurate, state on each domain in the report (except mobility perhaps) that there is “significant impairment due to the psychiatric condition”.