

PROVIDING EVIDENCE OF PSYCHOLOGICAL DISABILITY

AREA OF NEED	DESCRIPTION OF AREA OF NEED	FACTORS OF ILLNESS THAT CREATE DIFFICULTY	FUNCTIONAL IMPLICATIONS	TYPE OF SUPPORT NEEDED	FREQUENCY OF SUPPORT NEEDED	EXAMPLE OBSERVATIONS
Mobility and Transport	- Moving around the house - Volunteering - Moving about in the community - Using public transport or a car - Getting in and out of bed or a chair - Difficulties as a result of side-effects of treatment	- Paranoia - Anxiety - Depression - Obsessions	- Unable to use public transport unaccompanied - Difficulty leaving the house	Person to accompany when using public transport	Attend weekly activity (1hr/wk) Grocery shopping (2hr/wk) Appointments (2hrs/mth) Total 14hrs/mth	X Is unable to leave the house or use public transport on a daily basis as a direct result of her severe anxiety & lack of motivation which are symptoms of her mental illness. One-on-one support on a weekly basis would assist her to cope with her anxiety and improve her motivation assisting her to be more mobile.
Communication	- Communicating needs & wants - Following instructions & conversation - Understanding others - Understanding directions	- Delusional thinking - Hallucinations - Cognitive difficulties - Depression - Anxiety	Difficulty interpreting communication, difficulty understanding directions	Person to assist with interactions, especially with appointments, work activities, groups	Monthly support to attend appointments, weekly support to attend and participate in volunteer group	X has become isolated in the community since being diagnosed with schizophrenia. X experiences symptoms of paranoia & therefore finds it difficult to interact with others, engage in volunteer or paid work & venture independently into the community. X also struggles to follow directions & is easily distracted. X is fiercely independent & has limited insight into his ability to complete daily activities & as a result often fails to communicate his own needs for support.
Social Interaction	- Making & keeping friends and relationships - Behaving within limits accepted by others - Coping with feelings & emotions - Having a sense of purpose in life - Making connections in the community - Volunteering	- PTSD A - Anxiety - Paranoia - Hallucination - Derealisation - Aggression - Obsessions - Poverty of thought - Depression - Elevated mood - Stability of mood - Social cognitions	- Social isolation and withdrawal - Difficulty with: responding to social situations - Making & keeping friends - Talking to strangers or certain people - Interaction affected by behaviours - Fear or distrust of others	Person to accompany when attending social activities, at least for a period of time	Attendance at social activities (2hrs/2nd wk) May require graded support for new social situations	X has become socially isolated since being diagnosed with depression. X rarely ventures into the community alone & prefers to spend time at home. X feels very anxious when meeting new people which further adds to his social isolation. X speaks very quickly due to mania, and at other times she is unable to speak due to feeling depressed. This means it is very difficult for X to interact socially and maintain friendships. X often has feelings & emotions she is unable to cope with due to her mental illness.

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Learning	- Understanding - Remembering - Learning new information - Concentrating	- Cognitive difficulties - Alertness - Memory - Orientation - Concentration - Learning - Planning - Compulsions - Hallucinations - Derealisation	Difficulty with: - Organising tasks - Learning new info - Following instructions - Understanding directions - Making decisions - Solving problems	Equipment that assists with recording and organising (e.g. tablet device). Person to assist with learning & engaging in particular activities	Support + training for device use (10hrs over a number of weeks) Assistance with study/rec activities (1hr/wk). Total 6hrs/mth + equipment cost	At times X finds it difficult to concentrate on information within paperwork. Due to her mental illness she can experience flatness and manic and can have difficulty concentrating, understanding and remembering new things.
Self Management	- Doing activities (e.g. cooking, laundry) - Handling & solving problems - Managing money - Budgeting - Making decisions - Keeping safe in-home environment - Taking responsibility - Behaving responsibly - Connecting to services	- Motivation - Cognitive - Difficulties - Issues related to self awareness - Compulsion - Depression - Preoccupations - Hallucinations - Anxiety - Tangential thinking - Paranoia	Difficulty with: - Attending to responsibilities due to; lack of motivation, interest, concentration & organisation - Managing household - Budgeting - Solving problems - Making decisions	Person to supervise, support with care of house, managing money, getting services, etc.	Assist with minimum 1 meal/day and other home based responsibilities. Assist with shopping and appointments (3hrs/wk) Total 17 hrs/wk	At times X has difficulty completing daily chores due to lack of motivation associated with a depressive episode. During depressive and manic episodes X has difficulty making decisions. When symptoms of mania are heightened X reports buying unnecessary items, making impulsive decisions, starting too many projects and rearranging her furniture. When symptoms of depression are heightened, X is unable to make decisions and has no motivation to complete.
Self Care	- Showering/bathing - Dressing - Eating - Toileting - Maintaining physical health - Managing medication	- Medication side effects causing weight gain - Increased appetite - Lethargy	Difficulty with self care activities including: - Hygiene - Maintaining adequate diet - Nutrition - Dressing appropriately - Managing physical wellbeing - Maintaining physical health	Assist with equipment to enable self care activities. Access to healthy lifestyle activities including exercise.	Assist to attend exercise program, including transport on weekly basis. Provision of equipment, training and support (6hrs/mth) + equipment cost	X presents as dishevelled with poor levels of hygiene. X reports as only showering 1-2 times a week & often has delusional beliefs associated with water. X manages her own meal preparation by purchasing freezer meals, but often forgets to eat due to distracting symptoms. X is unable to maintain cleanliness of her own unit & reports that it becomes too much for her to be able to manage on her own. X has lived in squalor for the last 5 years.