RE: Letter in Support of Psychosocial Disability NDIS Access Request for Mr. Robert Ian Magine
1 Reimagine street, SYDNEY NSW
DOB: 01/01/1961
Application Number: NDIS-0000-0001

Date

To Whom It May Concern,

I am writing this letter to support the application for Robert (Bob) Ian Magine to receive funding, a plan and support through the NDIS. Bob has severe and persistent mental illness with complex and diverse health and social needs. He has been assessed as being eligible for Partners in Recovery (PIR). Bob is also currently on the Disability Support Pension and has not been in paid employment for most of his adult life.

As a Support Facilitator for PIR, I have been working with Bob for one year and seven months. Bob is a 53-year-old man who understand himself to be living with Schizophrenia. He does not well understand the term psychosocial disability. The diagnosis of Schizophrenia was first made in 1999 by Dr Phyllis Diabbe. However, Bob has a complicated history and has been diagnosed with a range of mental health conditions which have, and continue to, impact his functional capacity:

- 01/01/1990 Depression and anxiety
- 01/01/1991 Depression with psychotic features
- 01/01/1999 Schizophrenia
- 01/01/2001 Schizoaffective disorder, tardive dyskinesia.

Bob is currently under the care of Dr Belinda Vellor MBBS, FRANZCP, Consultant Psychiatrist and received the following extended hospital treatments on the following occasions:

- 2001 St George Hospital Psychiatric Emergency Care Centre
- 2001 St George Hospital Acute Inpatient Unit & General Acute Ward
- 2003-2004 St George Hospital Acute Inpatient Unit & General Acute Ward
- 2005 Macquarie Secure Mental Health Rehabilitation Unit
- 2007-2010 Macquarie Acute Inpatient Unit & General Acute Ward
- 2011-2015 Macquarie Acute Inpatient Unit & General Acute Ward.

Bob is currently on both antipsychotic and antidepressant medications. He has been on a large number of medications of different types over the years and has had electroconvulsive therapy (ECT) as part of his treatment at Macquarie Hospital.

Long term treatment effects include:

- Significant weight-gain and high blood pressure
- Random muscle movements such as facial grimacing and tremors
- Drowsiness and poor concentration
- Problems showing emotion
- Trouble interacting with others
- Anxiety.

Bob has found cognitive behavioural therapy (CBT) with his private psychologist helpful in staying out of hospital this past year.

Throughout the time I have been working with Bob, it evident to me and his treatment team that Bob's mental health conditions, medication, treatment and trauma significantly impacts on his ability to function at home, in the community and his ability to participate in daily activities. Please see on the following pages more specific information describing functional impact and implications along with recommendations for the type and frequency of support needed.

MOBILITY

Functional impact
Bob is heavily reliant on his sister to get around, but these excursions are limited as his sister does not live close by. Bob has been unable to take public transport since 2010 as, unfortunately, he had several bad experiences that have caused him extreme anxiety. He does not cope well with crowded places. He does not want to leave the house on his own or with people he does not know well. It takes approximately two hours for Bob to get ready and out of the house and, sometimes, he is not doing well enough to leave the house and requires additional support, prompting and supervision. Bob's physical health is causing him further anxiety as recent medication related weight gain means that he finds it hard to move around, and often becomes short of breath and dizzy. Physical exercise such as a short walk to the corner shop is hard. He is worried that people are watching and judging him because of his tremors and weight. Bob wants support to become more independent in getting out of the house and to use public transport to get to the library.
Type, and frequency of support
Guidance, supervision and prompting at two hours in the AM seven days a week (14 hours).

COMMUNICATION

Functional impact
Bob finds it difficult to communicate with others, engage in volunteer or paid work and venture independently into the community. His medication and treatment history have meant that Bob can be very drowsy, can't keep up with conversations, follow instructions and he can be easily distracted. He can find it hard to organise his thoughts and communicate his support needs when he is not doing so well. Bob would like support to overcome these barriers to communication and cognition (thinking) to help regain his independence.
Type, and frequency of support
Eg. Supports to attend appointments, to help with communicating everyday activity needs, support to implement strategies to organise his thinking and behaviour. Psychological testing and an occupational therapy functional assessment could help inform the basis of a more informed and strategic support plan and to reduce the need for support in the future?

SOCIAL INTERACTION

Functional impact
As a result of extended stays in hospital, Bob has become extremely mistrustful, isolated, losing touch with friends and family and he feels very disconnected from the community. It is very hard for Bob to establish new relationships as he struggles with trust and experiences high levels of

anxiety. Bob is very self-conscious about his tremors and facial twitching which cause people to stare or seem worried about being near/working with him. New situations and loud, busy environments can be overwhelming, making meeting people, shopping or even going for a coffee particularly distressing without the support of people he trusts. Bob has identified a number of community groups he would like assistance to participate in – these include Weight Watchers and a local historical society. Supports and encouragement to get to and engage with these activities are essential to building his confidence and independence.
Type, and frequency of support
Eg. Three days community access and transport assistance; weekly relationship coaching or mentoring; encouragement through guidance supervision and promoting to participate in social and community activities and to build natural/informal supports.

LEARNING

Functional impact
Bob is keen to participate more in the community. He feels that he can use his experience of living with a mental health condition to support others. He would one day like to study to obtain a Certificate IV in Mental Health and gain employment as a Mental Health Peer Worker. While having completed a BA many years ago his current ability to study has been impacted by poor memory and concentration. In order to progress with this goal Bob will need to be supported to engage with study. Help with the purchase of a computer to support his goal of writing and publishing a book about local history would be beneficial to Bob's ability to work and study independently.
Type, and frequency of support
Eg, Study mentor, computer access/skill development.

SELF-MANAGEMENT

Functional impact
Bob's finances are currently managed by his mother, however, her health is impacting her ability to continue managing this for him. Bob will need support to manage his finances in the future, which he is keen to do.
Type, and frequency of support
Eg. Financial counselling, budgeting/money management assistance/skill development.

SELF-CARE

Functional impact
Bob struggles with his self-care. A side effect of long term medication has led to long periods of isolation and inactivity as a result, Bob has gained 45kgs. Bob needs support to improve his awareness of nutrition and engagement in physical exercise. Bob finds it hard to maintain the cleanliness of his house which is too much for him to manage on his own when he is not doing so well. In-home assistance will help increase his capacity to manage his home independently as Bob hopes to one day rent his own apartment. Note: see also self-care issues included in mobility.

Type, and frequency of support
Eg. In addition to the two hours daily of support addressed under 'mobility' Bob would benefit from support to organise and attend an annual full health physical with a GP, access to dietician/nutritionist & health mentor, assistance with gym membership and/or personal trainer. Bob would benefit from both core and capacity building support to develop skills required to maintain a tenancy (eg, paying bills, cleaning house, maintaining house, grocery shopping and cooking). If successful with this NDIS access request, Bob would also benefit from Coordination of Supports assistance as he develops the skills to better self-manage his disability support needs and increase his social and economic participation.

As a result of working with Bob, he has identified the following short and long term goals:

1. To live and manage his home independently, including:
    a. Everyday household tasks including cooking his own meals
    b. Management of his own finances
    c. Moving from shared accommodation to rented apartment nearer his family.
2. To work part time and be a part of the local community, including:
    a. Build the skills to talk to people and build confidence for happier relationships
    b. Help others who are/have mental health conditions
    c. Write a book about local history.
3. Maintain a healthy life, including:
    a. Manage his own daily routine
    b. Learn about healthy behaviour and nutrition
    c. Be active and lose weight to be more confident and get places.

Please find attached the following recently completed additional supporting documents:

- World Health Organisation Disability Assessment Schedule (WHODAS 2)
- Life Skills Profile 16 (LSP 16)
- Health of the National Outcome Scale (HONOS)

As you can see from the information provided, Bob has substantially reduced function on a day-to-day basis resulting in him not having the skills or capacity to live independently without a very high level of support.

If you have any questions related to any of the information stated above or you would like to discuss things further, please do not hesitate to contact me.

Kind regards,

Harry

Name: Harry Hope
Role: Manager, Mental Health & Senior Support Facilitator
Organisation: Partners in Recovery, SYDNEY NSW 2000
Phone:
Email: