



NDIS – Occupational Therapy Report

Supported Independent Living (SIL) Report

Participant Details

NDIS participant's name	Mr. Richard McLean
NDIS number	430938559
NDIS plan dates	Start date: 13/12/2023 Review date: 12/12/2024
Date of birth	08 April 1973
Current address	Mr. McLean is currently residing in a temporary emergency housing option in Victoria, Australia.
Support coordination	Anas C Specialist Support Coordinator - GenU anas.c@genu.org.au 0484 917 584
Date/s of assessment	5 January 2024, 5 February 2024, 6 February 2024, and 13 February 2024
Location of appointment	Assessments were conducted via telehealth (video call) due to geographical constraints. Persons present during the consultation include Georgia Gray (Occupational Therapist), Mr. Richard McLean (Participant), Zabi Hussein Khil (Director of Free Living Australia), and Anas C (Specialist Support



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	Coordinator).
Date of report	29/02/2024

Clinician name	Georgia Gray
Qualification/s	Occupational Therapist
AHPRA registration #	OCC0002447933

Assessment Method

An initial assessment was conducted with Mr. McLean on the 5th of January 2024 via telehealth. Subsequent consultations were conducted on the 5th of February, the 6th of February, and the 13th of February 2024. Persons present during the consultation include Georgia Gray (Occupational Therapist), Mr. Richard McLean (Participant), Zabi Hussein Khil (Director of Free Living Australia), and Anas C (Specialist Support Coordinator).

This occupational therapy assessment and SIL report will assist in identifying Mr. McLean's current barriers, and functional abilities, as well as recommending interventions and supports that are likely to assist him in meeting his goals.

Mr. McLean was referred to Allied Health 2U (AH2U) for an Occupational Therapy assessment due to his increased need for NDIS support and requiring a review of his needs. This SIL report will assist in identifying Mr. McLean's current barriers, and functional abilities, as well as recommend interventions and supports that are likely to assist him to meet his goals.

The following standardised assessments were conducted to review Mr. McLean's current functional status and support needs:



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- World Health Organisation Disability Assessment Scale (WHODAS 2.0)
- Life Skills Profile – 16 (LSP – 16)

Other sources of information utilised for the report information gathering:

- Richard McLean's current NDIS plan
- Clare Moore Psychiatric Hospital Discharge Summary 09/03/2021
- Clare Moore Psychiatrist Hospital Discharge Summary 11/01/2023
- Second Psychiatric Opinion Report, 16/12/2022, authored by Veda Chang
- NDIS Constricted Contact Letter, 12/01/2024
- Mercy Hospital Psychiatric Ward Patient Progress Note, 26/02/2021
- Mercy Psychiatric Hospital Neuropsychological Assessment Report, 13/01/2023, authored by Marcia Chew
- "Dear NDIS CEO" letter, 04/01/2023, authored by Mr. Richard McLean

Reason for Referral

Richard McLean was referred to Allied Health 2U for an Occupational Therapy assessment and SIL report. The aim of this assessment is to consider and define Mr. McLean's goals and requirements in regard to formal support provision and residential considerations.

The purpose of this report is to:

- Provide an overview of Mr. McLean's disability, medical history, social history, and current living arrangements.
- Provide an overview of Mr. McLean's previous and current functional capacity.
- Provide an overview of Mr. McLean's engagement in activities of daily living and mobility capacity.
- Provide an overview of Mr. McLean's required level of support.



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- Provide results of standardised assessments.
- Provide assessment and recommendations regarding Mr. McLean's eligibility for a Supported Independent Living (SIL) package.
- Provide suggestions on the daily support, allied health, and assistive technology (AT) needs of Mr. McLean.

Background Information

Medical and Social History

Richard McLean is a fifty (50) year-old male whose primary diagnoses as recognised by the NDIS are Schizophrenia and Attention-Deficit Hyperactivity Disorder (ADHD). Mr. McLean's health documentation also identifies him as having diagnoses of Adjustment Disorder, Borderline Personality Disorder, Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Anxiety, Panic Disorder, Short-term Memory Loss, and Arthritis (hip and knee).

Mr. McLean is currently residing in Melbourne, Victoria. Mr. McLean has a recent history of homelessness and residing in his car for extended periods. Mr. McLean is currently being provided with housing, supplied by Free Living Australia. Mr. McLean has been provided housing with Free Living Australia out of goodwill to avoid homelessness. He is currently unable to pay rent or contribute towards the household. At the time of assessment, Mr. McLean has one housemate whom he finds challenging to get along with. Mr. McLean reports not feeling comfortable with his housemate and hesitance to connect. This housing opportunity is not a permanent solution.



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Mr. McLean was diagnosed with Schizophrenia when he was twenty-one (21) years old. Following his diagnosis, Mr. McLean has experienced significant hospitalizations and medicated using antipsychotics and antidepressants. Throughout his early adulthood years, Mr. McLean was an active member of his community working as a mental health advocate. In 2002 Mr. McLean wrote a book, "Recovered, Not Cured: A Journey Through Schizophrenia" about his experience being diagnosed and living with Schizophrenia. This book was extremely popular when it was released, winning Mr. McLean's prestigious awards.

Schizophrenia is a complex mental health disorder characterised by a disintegration of thought processes, emotions, and behaviour. Mr. McLean experiences paranoid delusions which include beliefs of being targeted by authorities, spied on, and plotted against. Delusions are fixed, false beliefs that are often centred around persecution, conspiracy, and harm. Mr. McLean's experience of delusions has led to significant distress and resulted in behaviours such as social withdrawal, hostility, and aggression in an attempt to protect himself from perceived threats. Mr. McLean has strong beliefs that he is made a scapegoat by the Australian Government, involving "no-touch torture" and harmful messaging being sent into his home. Mr. McLean frequently experiences auditory hallucinations of authorities projecting hurtful slurs and messaging either directly into his home or projected into his brain. These instances have caused Mr. McLean significant distress and fear.

Mr. McLean conducted and completed his tertiary education at the Victoria University College of Education. Following writing his book on his experience of schizophrenia, Mr. McLean worked as a public speaker and advocate for psychosocial disabilities. Mr. McLean recalls providing talks at universities, government agencies, and within his community. Mr. McLean also worked as an art therapist for a short period. Mr. McLean is very passionate about spreading awareness and removing the stigma associated with



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mental health disorders. Mr. McLean has since ceased his work due to declining mental health and consuming conspiracy ideations.

Mr. McLean is also a very creative person, as demonstrated through his artwork and participation in various artistic pursuits. For some time, Mr. McLean worked as a cartoonist for large newspaper publishers. Mr. McLean reports that he does not frequently participate in art activities due to being consumed by his conspiracy of treatment within the healthcare system. Mr. McLean's art involvement has also ceased due to his lack of art resources and materials. Mr. McLean spends a lot of his time writing and advocating for himself. Mr. McLean writes to protest his treatment and demand action.

Mr. McLean has a pet Husky, called Crystal. Mr. McLean cares for his dog deeply and has stated on various occasions that he lives for Crystal. Mr. McLean reports being scared of homelessness due to not being able to home his dog and provide her with appropriate care. Mr. McLean does not have informal support, from his family.

Mr. McLean reports being hospitalised seven (7) times in the last three (3) years to manage his psychosocial disability symptoms. Mr. McLean has significant trauma from a suicide attempt that occurred while staying in Mercy Psychiatric Hospital in 2021. While Mr. McLean states that he is not actively suicidal, he has stated in an email on multiple occasions of his intention to suicide.

Mr. McLean is not currently accessing any mental health or allied health service provision and has not for the last three (3) years. Mr. McLean reports experiencing significant neglect and malpractice by his service providers.



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Mr. McLean experiences significant auditory hallucinations and paranoid delusions. Mr. McLean reports ideations surrounding the conspiracy against him which include him being a whistleblower, experiencing financial abuse, neglect of care and services and ideations of “no-touch torture”. Mr. McLean reports various instances of being persecuted as a person of interest systematically, politically, and financially. Mr. McLean’s interest in this conspiracy consumes his every day, impacting his daily activities, social participation, and participation in society. Mr. McLean has a significant loss of trust towards service providers and people of authority.

Mr. McLean is currently involved in an active court case surrounding allegations of harm which Mr. McLean sent to authoritative figures in Australian politics via email. Mr. McLean experiences manic episodes where he will send multiple emails detailing his experience of neglect and torture. Mr. McLean reports being fearful of the outcome of this court trial as he does not intend to harm. Mr. McLean experiences short-term memory loss, and states not remembering to send this message. Mr. McLean and his care provider state that he is not a violent person and has never had any intention to harm anyone.

Mr. McLean is diagnosed with ADHD, which has been previously medicated for. When Mr. McLean was medicated with dexamphetamines, he stated experiencing increased focus and functional capacity. Mr. McLean is not currently medicated for his ADHD. Due to ceasing medication, Mr. McLean began self-medicating with methamphetamine. Mr. McLean is an active methamphetamine user. Mr. McLean expresses his interest in being appropriately medicated for his ADHD in order to cease his illicit substance use. Mr. McLean reports using methamphetamine regularly since 2021.

Mr. McLean requires full-time support and appropriate housing to ensure his disability is managed appropriately and his behaviour is regulated. Mr. McLean currently requires



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significant support to ensure he participates in daily activities, develops his independence, manages his psychosocial disability, and ensures that he behaves appropriately.

Due to Mr. McLean's mental health symptoms and the OT's clinical assessment of his daily functioning, it is clear that he is not safely living and functioning independently in his current setting. SIL funding is being requested to support Mr. McLean in his goal of living in his own supported accommodation and enable him to increase participation and manage his disability.

Current Service Provision

Mr. McLean is not currently accessing any allied health or mental health services. He has not accessed formal services for the last three (3) years. Mr. McLean reports feeling neglected and mistreated by his service providers within his experience. He states often feels that service providers are involved in the conspiracy against him and that the absence of services is a sign of malpractice with the purpose of harming him.

Mr. McLean receives formal support provision from support workers to assist him with his daily activities. Support workers play a crucial role in assisting Mr. McLean by providing various forms of support tailored to his specific needs, including:

- **Daily living skills:** Assisting Mr. McLean with his activities of daily living including self-care tasks (personal hygiene) and domestic tasks (meal preparation, cleaning, and managing finances). Mr. McLean requires assistance for all instrumental activities of daily living as he is significantly consumed and distracted by his paranoid delusions surrounding conspiracy and torture. Mr. McLean does not display a motivation to maintain his home environment or hygiene standards independently. He requires prompting and direct assistance for these daily activities.



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- Medication and health management: Mr. McLean requires a formal support network that he trusts to assist him with ensuring his health care and medication needs are met. Mr. McLean requires significant advocacy from care coordinators to ensure his health needs are being communicated clearly and understood appropriately. Mr. McLean has a significant loss of trust in authority and healthcare service providers due to instances of perceived neglect. Mr. McLean benefits from having formal support with him during appointments.
- Social support: Mr. McLean has limited informal support currently. Mr. McLean requires formal support to offer empathetic listening and emotional support. Support workers will create a safe space for Mr. McLean to express his feelings, fears, and frustrations without judgment. When Mr. McLean is surrounded by people, his symptoms are reduced significantly, and he is less likely to engage in negative behaviours.
- Community access and integration: Mr. McLean requires support to access the community safely and behave appropriately. Mr. McLean expresses the desire to engage within his community and create healthy and meaningful relationships. He will require support to ensure he behaves appropriately in association with the environment and feels supported when initiating conversation with others.
- Crisis intervention: Mr. McLean is at extremely high risk for episodes of crisis, suicidal ideation, and mania. Mr. McLean requires formal support to assist him in assessing situations critically and redirecting his negative behaviours. When Mr. McLean is alone, he will often experience increased auditory hallucinations and significant distress surrounding the conspiracy against him. Formal support is required to be available to help during times of crisis or heightened symptoms. This may include de-escalating stressful situations, contacting emergency services if necessary, and providing emotional support.



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Mr. McLean requires full-time formal support to ensure the appropriate management of his psychosocial disability and associated behaviours. Mr. McLean's support staff must be trained in severe psychosocial disability and crisis management.

Personal Activities of Daily Living (PADLs)

Personal Care	Level of Assistance	Support Ratio	Comments
Dressing – upper and lower body	Modified independence - prompting assistance	1:1	Mr. McLean requires prompting assistance to change his clothes regularly and dress appropriately. Mr. McLean states financial challenges result in a lack of clothing to choose from.
Eating	Total independence	N/A	Mr. McLean is independent with the mechanisms required for eating (bilateral hand function, bringing food to the mouth, chewing, swallowing, etc.).
Showering	Modified independence - prompting assistance	1:1	Mr. McLean requires prompting assistance to shower regularly and maintain his hygiene. Mr. McLean reports not showering on most days due to reduced motivation.
Toileting/continence	Total independence	N/A	Mr. McLean is independent with toileting tasks. He reports occasional instances of incontinence, which he manages independently.
Grooming/hygiene	Modified independence - prompting	1:1	Mr. McLean is reported to maintain a poor level of grooming and hygiene standards. He requires prompting



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	assistance		assistance to shower regularly, wear clean clothing, and do other hygiene tasks.
Sleep	Total independence	N/A	Mr. McLean does not require assistance with his sleep. He reports poor sleep quality and quantity due to auditory hallucinations, increased psychosocial symptoms, and restless legs. Mr. McLean is occasionally disruptive to those he may live with during the late hours of the night, as he would be active in the home.

Instrumental Activities of Daily Living (IADLs)

Mr. McLean displays poor executive functioning including the initiation, continuation, and completion of tasks. Mr. McLean is not formally medicated for his ADHD, which he believes makes a significant difference to his functional capacity. Mr. McLean requires prompting and direct formal support for his instrumental activities of daily living.

Activity	Level of Assistance	Support Ratio	Comments
Household maintenance	Maximum assistance	1:1	Mr. McLean requires assistance for household domestic tasks including cleaning areas, washing the dishes, doing the laundry, etc. Mr. McLean does not typically complete these tasks due to low motivation and experiencing significant preoccupation with his paranoid delusions and advocating for himself (through writing).



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Shopping	Total independence	N/A	Mr. McLean reports complete independence with grocery shopping tasks. He completes online ordering with household delivery when he requires new groceries. Mr. McLean reports financial limitations regarding purchasing food.
Meal preparation	Maximum assistance	1:1	Mr. McLean requires assistance with meal preparation tasks including meal planning, grocery shopping, food preparation, following recipes and maintaining safe kitchen practices. Mr. McLean tends to not cook nutritious meals independently, opting for easy pre-made meals that do not meet his nutritional requirements.
Medication and health management	Minimal assistance	1:1	Mr. McLean requires assistance to take his medication regularly. He benefits from having support during health appointments to ensure he communicates his experience clearly and effectively.
Personal finances	Minimal assistance	1:1	Mr. McLean reports experiencing severe debt due to poor financial management. He currently receives income from the Disability Support Pension (DSP). Mr. McLean communicates goals surrounding obtaining employment for financial stability.



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Community access	Minimal assistance	1:1	Mr. McLean typically drives himself where he needs to be independent. His car is currently not working which has increased his social isolation. He currently requires assistance for community access.
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Outcome Measures

The following formal assessments were completed by Mr. McLean (Participant) and Zabi Hussein Khil (Director of Free Living Australia) on the 6th of February 2024.

Standardised Assessment	Scoring	Interpretation
<p><u>World Health Organisation Disability Assessment Schedule (WHODAS 2.0)</u></p> <p>The WHODAS is a practical, generic assessment instrument that can measure health and disability at the population level or in clinical practice.</p> <p>The WHODAS is a tool to produce standardized disability levels and profiles; directly linked to</p>	<p>The scores are displayed in a metric ranging from 0% to 100%, where 0% = no disability, and 100% = full disability.</p> <ul style="list-style-type: none"> • Cognition: 70.83% • Mobility: 65% • Self-care: 31.25% • Getting along: 70% • Life activities: 87.5% • Participation: 90.63% <p>Total score: 69.2%</p>	<p>Mr. McLean displays moderate to severe occupational impact in relation to his disability.</p> <p>Mr. McLean has identified the following areas of concern highlighted throughout the WHODAS assessment:</p> <ul style="list-style-type: none"> - Participation in Society: Mr. McLean has significant challenges joining in community activities in the same way as everyone else due to environmental and social



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<p>the International Classification of Functioning, Disability and Health (ICF). Domains include cognition, mobility, self-care, getting along, life activities (household and work), and participation.</p> <p>WHODAS 2.0 captures the level of functioning in six domains of life:</p> <ol style="list-style-type: none"> 1. Cognition – understanding and communicating 2. Mobility – moving and getting around 3. Self-care – attending to one's hygiene, dressing, eating and staying alone 4. Getting along – interacting with other people 5. Life activities – 		<p>limitations. He states that he has a severe problem living with dignity because of the attitudes and actions of others. Mr. McLean has been significantly emotionally and financially affected by his health condition. His relationship with his family has also been negatively impacted by his psychosocial disability.</p> <ul style="list-style-type: none"> - Life activities: Mr. McLean is currently completely unable to participate in household responsibilities, work tasks (employment), or education tasks due to the significant symptoms associated with his psychosocial disability. - Understanding and communicating: Mr. McLean displays severe difficulty concentrating on doing something for ten (10) minutes or more at a
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<p>domestic responsibilities, leisure, work and school</p> <p>6. Participation – joining in community activities and participating in society.</p>		<p>time. He has challenges remembering important things, problem-solving, and learning new tasks. Mr. McLean's executive functioning is impacted significantly by his disability. Mr. Mclean displays challenges with initiating and maintaining appropriate conversations and following social expectations.</p> <ul style="list-style-type: none"> - Getting along with people: Mr. McLean has significant challenges getting along with those close to him and maintaining friendships. He finds difficulty communicating with people he doesn't know and making new friendships. - Mobility: Mr. McLean displays poor standing and walking endurance. He is unable to stand for
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		periods longer than thirty (30) minutes and cannot walk for distances longer than a kilometer.
<p><u>Life Skills Profile (LSP-16)</u></p> <p>The Life Skills Profile – 16 is a standardised assessment that assesses an individual's general functioning over the last three (3) months. The LSP-16 takes into account the participant's age, social, and cultural context. The LSP-16 is divided into four (4) categories, including withdrawal, self-care, compliance, and social. All items are answered on an anchored four-point scale, with higher scores indicating a greater degree of disability. The participant receives a total score out of 28, with the</p>	<p>The total score that Mr. McLean scored on the LSP-16 was 35/48, indicating moderate challenges in association with his disability. The following are the specific domain scoring:</p> <ul style="list-style-type: none"> • Withdrawal: 9/12 • Self-care: 12/15 • Compliance: 6/9 • Anti-social behaviour: 8/12 <ul style="list-style-type: none"> ○ Total: 35/48 	<p>Within this assessment, Mr. McLean was identified as having difficulty with a variety of daily activities and life skills. The following areas were identified as those Mr. McLean experiences <i>significant</i> difficulty with:</p> <ul style="list-style-type: none"> - Self-care: Mr. McLean tends to be extremely poorly groomed with poor cleanliness of clothes. He has a significant challenge maintaining an adequate diet. - Social: Mr. McLean tends to completely withdraw socially and has significant difficulties maintaining friendships and relationships. He



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higher the score, the higher the dysfunction.		<p>demonstrates extreme challenges living with others in the household due to friction. Mr. McLean often behaves irresponsibly.</p> <p>- Compliance: Mr. McLean does not tend to cooperate with health services.</p>
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Occupational Therapy Goals

Short-term goals:

- Ideally, within the next three (3) months, Mr. McLean will be provided with a consistent multi-disciplinary team who Mr. McLean trusts and can be provided with appropriate health care needs and advocacy.
- Ideally, within the next three (3) months, Mr. McLean will be provided Supportive Independent Living (SIL) formal support to assist his disability needs to be met adequately.
- Ideally, within the next six (6) months, Mr. McLean will be supported to find appropriate long-term housing.
- Ideally, within the next six (6) months, Mr. McLean will be supported to coordinate his legal concerns and persecution.



Long-term goals:

- Ideally, within the next twelve (12) months, Mr. McLean will be supported to complete the required training and certificates to obtain meaningful employment for increased purposes and financial independence.
- Ideally, within the next twelve (12) months, Mr. McLean will be supported to increase his social participation and community access.

Participant Level of Support

Impact of disability

Mr. McLean's schizophrenia and paranoid delusions have a significant impact on his daily functioning, affecting various aspects of his life. Mr. McLean's psychosocial disability impacts his following daily activities:

- **Social relationships:** Mr. McLean's paranoid delusions involve beliefs that others are plotting against and persecuting him. These beliefs have led to significant social withdrawal, suspicion, and difficulty trusting others.
- **Self-care and domestic living activities:** Mr. McLean tends to avoid certain activities or environments that he perceives as threatening. He is often distracted by his beliefs that he has reduced motivation to participate in his daily activities. Mr. McLean's disability impacts his ability to engage in self-care activities such as grooming, eating well, and seeking medical care when needed.
- **Safety:** Mr. McLean often does not feel safe at home due to strong auditory input threatening him. Mr. McLean often takes extreme measures to protect himself from perceived threats. This includes avoiding leaving his home, carrying weapons for protection, and engaging in risky behaviours.
- **Work and education performance:** Mr. McLean's disability has significantly interfered with his ability to concentrate, make decisions, and complete tasks effectively. He has been unable to maintain employment due to his psychosocial disability symptoms.



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- Financial stability: Mr. McLean tends to be impulsive and irrational with his financial decisions. He has difficulty with financial stability and managing his money. Mr. McLean reports having significant debt.
- Legal complications: Mr. McLean's paranoid delusions have led to legal complications due to erratic and threatening behaviours towards authority figures.
- Emotional well-being: Living with paranoid delusions is extremely distressing and isolating. Mr. McLean experiences heightened anxiety, fear, and stress which impacts his emotional well-being and quality of life.
- Treatment compliance: Mr. McLean's beliefs make it challenging for him to engage in treatment, such as taking medication or attending therapy. He may be distrustful of healthcare providers or believe that the treatment is part of a conspiracy against him.

Mr. McLean requires formal support provision from support workers to assist him with his daily activities. Support workers play a crucial role in assisting Mr. McLean by providing various forms of support tailored to his specific needs, including:

- Daily living skills: Assisting Mr. McLean with his activities of daily living including self-care tasks (personal hygiene) and domestic tasks (meal preparation, cleaning, and managing finances). Mr. McLean requires assistance for all instrumental activities of daily living as he is significantly consumed and distracted by his paranoid delusions surrounding conspiracy and torture. Mr. McLean does not display a motivation to maintain his home environment or hygiene standards independently. He requires prompting and direct assistance for these daily activities.
- Medication and health management: Mr. McLean requires a formal support network that he trusts to assist him with ensuring his health care and medication needs are met. Mr. McLean requires significant advocacy from care coordinators



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to ensure his health needs are being communicated clearly and understood appropriately. Mr. McLean has a significant loss of trust in authority and healthcare service providers due to instances of perceived neglect. Mr. McLean benefits from having formal support with him during appointments.

- Social support: Mr. McLean has limited informal support currently. Mr. McLean requires formal support to offer empathetic listening and emotional support. Support workers will create a safe space for Mr. McLean to express his feelings, fears, and frustrations without judgment. When Mr. McLean is surrounded by people, his symptoms are reduced significantly, and he is less likely to engage in negative behaviours.
- Community access and integration: Mr. McLean requires support to access the community safely and behave appropriately. Mr. McLean expresses the desire to engage within his community and create healthy and meaningful relationships. He will require support to ensure he behaves appropriately in association with the environment and feels supported when initiating conversation with others.
- Crisis intervention: Mr. McLean is at extremely high risk for episodes of crisis, suicidal ideation, and mania. Mr. McLean requires formal support to assist him in assessing situations critically and redirecting his negative behaviours. When Mr. McLean is alone, he will often experience increased auditory hallucinations and significant distress surrounding the conspiracy against him. Formal support is required to be available to help during times of crisis or heightened symptoms. This may include de-escalating stressful situations, contacting emergency services if necessary, and providing emotional support.

Mr. McLean requires full-time formal support to ensure the appropriate management of his psychosocial disability and associated behaviours. Mr. McLean's support staff must be trained in severe psychosocial disability and crisis management.



Mr. McLean requires FULL-TIME formal support provision to ensure the appropriate management of his psychosocial disability, assist him with his daily activities, reduce behaviour risks, manage his symptoms, and support him in increasing his independence.

Details of support required

PADLs (self-care)	Support needs	Frequency	Approximate time to complete
Dressing – upper and lower body	1:1 prompting support	2 times per day	15-20 minutes
Showering/bathing	1:1 prompting support	2 times per day	15-20 minutes
Grooming	1:1 prompting support	2-4 times per day	20-30 minutes
Eating	1:1 prompting support	3-5 times per day	10-15 minutes
IADLs	Support needs	Frequency	Approximate time to complete
Meal preparation	1:1 support	3-5 times per day	15-45 minutes
Household maintenance (cleaning)	1:1 support	1-3 times per day	30-60 minutes
Laundry	1:1 support	1-3 times per week	30-60 minutes
Shopping	1:1 support	1-3 times per week	1-2 hours



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Community access	1:1 support	3-6 times per week	3-5 hours
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Reasonable and Necessary Criteria

The following NDIS reasonable and necessary criteria have been considered in the preparation of this report:

1. It (SIL) will enable the participant to meet their goals and objectives.

Mr. McLean's goals include accessing appropriate care and support to best manage his psychosocial disability. The provision of specialised disability accommodation will allow Mr. McLean and his support team (both formal and informal) to be cared for appropriately. Mr. McLean requires extensive care from a support team 24/7 for all ADLs, PADLs, and psychosocial disability and risk behaviour management. SIL will provide a safe environment and routine for Mr. McLean to live where he will feel safe and have access to support 24 hours each day. Mr. McLean will develop strategies to manage his everyday activities, his well-being, and relationships at home and within the community. SIL will provide staff to assist Mr. McLean in maintaining a daily routine, attending to grooming and hygiene, and fostering healthy social relationships.

2. It (SIL) will assist the Participant's independence, and social and economic participation.

Mr. McLean does not currently receive the level of formal support he requires to participate in his daily activities. SIL funding will enable Mr. McLean to live with formal support which will provide him with increased social engagement and relationship formation. Mr. McLean will be provided with ongoing psychosocial support services and capacity building with support workers (SIL) to increase his functional capacity, assist



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with crisis management, develop his independence with daily activities and reduce his disability symptoms.

3. It (SIL) represents value for money both in terms of the benefits achieved and the cost of alternative support.

Mr. McLean requires 24-hour support for supervision, participation in daily activities, social support and crisis management. His support requirements are for all self-care activities, instrumental activities of daily living, community access, socialisation, and health management. Without SIL, Mr. McLean is at extremely high risk for harmful behaviour towards himself and others.

4. It (SIL) is effective or beneficial for the participant having regard to good practice.

A good practice is client-centred and considers a holistic look at Mr. Mclean's goals and also what he needs in terms of support to maintain his health and well-being. SIL funding is a model of care that strives to provide individualized support in a shared or solo living environment.

5. It (SIL) must coordinate with but not replace informal support.

At the time of assessment, Mr. McLean does not receive any informal support from family members or friends.

6. It (SIL) is most appropriately funded by the NDIS.

Mr. McLean requires 24-hour care as a result of the psychosocial impairments associated with his schizophrenia. When compared to other funding bodies, the NDIS is the only option that can provide Mr. McLean with a high level of support, for environmental, allied health, and behavioural needs. Mr. McLean does not have access to other appropriate funding bodies.



7. It (SDA and SIL) must relate to the person's disability.

Mr. McLean requires SIL support provision to assist him with the following tasks associated with his psychosocial disability as recognised by the NDIS.

- Daily living skills: Assisting Mr. McLean with his activities of daily living including self-care tasks (personal hygiene) and domestic tasks (meal preparation, cleaning, and managing finances). Mr. McLean requires assistance for all instrumental activities of daily living as he is significantly consumed and distracted by his paranoid delusions surrounding conspiracy and torture. Mr. McLean does not display a motivation to maintain his home environment or hygiene standards independently. He requires prompting and direct assistance for these daily activities.
- Medication and health management: Mr. McLean requires a formal support network that he trusts to assist him with ensuring his health care and medication needs are met. Mr. McLean requires significant advocacy from care coordinators to ensure his health needs are being communicated clearly and understood appropriately. Mr. McLean has a significant loss of trust in authority and healthcare service providers due to instances of perceived neglect. Mr. McLean benefits from having formal support with him during appointments.
- Social support: Mr. McLean has limited informal support currently. Mr. McLean requires formal support to offer empathetic listening and emotional support. Support workers will create a safe space for Mr. McLean to express his feelings, fears, and frustrations without judgment. When Mr. McLean is surrounded by people, his symptoms are reduced significantly, and he is less likely to engage in negative behaviours.
- Community access and integration: Mr. McLean requires support to access the community safely and behave appropriately. Mr. McLean expresses the desire to engage within his community and create healthy and meaningful relationships.



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He will require support to ensure he behaves appropriately in association with the environment and feels supported when initiating conversation with others.

- Crisis intervention: Mr. McLean is at extremely high risk for episodes of crisis, suicidal ideation, and mania. Mr. McLean requires formal support to assist him in assessing situations critically and redirecting his negative behaviours. When Mr. McLean is alone, he will often experience increased auditory hallucinations and significant distress surrounding the conspiracy against him. Formal support is required to be available to help during times of crisis or heightened symptoms. This may include de-escalating stressful situations, contacting emergency services if necessary, and providing emotional support.

8. It (SIL) is not likely to cause harm to the participant or pose a risk to others.

The provision of SIL is highly unlikely to cause harm or risk to Mr. McLean or others. If he is not to be provided with the appropriate funding for SIL, Mr. McLean will be placed at significant risk. It is a necessity that Mr. McLean is provided with 24-hour support services for all activities of daily living. Without the provision of these services, Mr. McLean would be anticipated to decline mental well-being and daily living function quickly with a high risk of manic episodes, suicidal ideations, and threatening behaviour.

Specialist Disability Accommodation (SDA)

"SDA" stands for Specialist Disability Accommodation, which refers to housing specifically designed to cater to the needs of people with significant disabilities who require specialized support. The concept of "improved liveability" in SDA refers to specific design features and modifications within the accommodation that enhance the quality of life and independence of the residents. Level 1 in the SDA framework



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represents the lowest level of support needs among the various levels of support identified. The features of Level 1 Improved Liveability SDA include:

- **Design Features:** SDA at Improved Liveability Level 1 incorporates design elements that make the living environment more accessible, functional, and comfortable for residents with disabilities. This may include features such as wider doorways and corridors to accommodate mobility aids, adjustable kitchen countertops, lever handles on doors and faucets for easier use, and non-slip flooring to prevent accidents.
- **Safety and Security:** The accommodation is equipped with safety features to ensure the well-being of residents. This may include secure entry systems, emergency call systems, and appropriate lighting both indoors and outdoors to promote safety and security.
- **Accessibility:** SDA at this level prioritizes accessibility throughout the living space. This includes features such as ramps or lifts for wheelchair access, grab bars in bathrooms, and accessible bathroom fixtures to facilitate independent living for residents with mobility impairments.
- **Flexibility:** The design of the accommodation allows for flexibility to accommodate the changing needs of residents over time. This may involve adaptable spaces that can be easily modified to meet individual requirements or accommodate assistive devices as needed.
- **Integration with Support Services:** While SDA at Improved Liveability Level 1 provides a supportive living environment, it is not necessarily designed to accommodate on-site support services. Residents may receive support from external service providers as needed, and the accommodation is designed to facilitate access to these services.



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Mr. McLean would benefit significantly from accessing SDA support provision. Mr. McLean would be suitable to residing in a two (2) bedroom and one (1) bathroom apartment. Mr. McLean's home environment will include an additional bedroom to for support staff to sleep in on overnight stays.

Mr. McLean is suitable to reside in **Specialised Disability Accommodation (SDA) with no other participants**. Mr. McLean requires full time (24/7) formal support provision to meet his disability needs and ensure appropriate behaviour and self-management. Mr. McLean is not suitable to be housed with another NDIS participant as Mr. McLean displays high risk behaviours including being disruptive, threatening, and volatile. Mr. McLean's next living arrangement must supply accommodation (individual bedrooms with ensuite) for his support workers to stay overnight.

Summary

Mr. Richard McLean is a forty-nine (49) year-old male whose primary diagnoses as recognised by the NDIS are Schizophrenia and Attention-Deficit Hyperactivity Disorder (ADHD). Mr. McLean's health documentation also identifies him as having diagnoses of Adjustment Disorder, Borderline Personality Disorder, Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Anxiety, Panic Disorder, Short-term Memory Loss, and Arthritis (hip and knee).

Mr. McLean was referred to Allied Health 2U for an Occupational Therapy assessment and SIL report. The aim of this assessment is to consider and define Mr. McLean's goals and requirements in regard to formal support provision.



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Throughout the assessment, Mr. McLean is in significant need of **full-time formal support provision** to assist him with managing his psychosocial disability and increasing participation in his activities of daily living.

Mr. McLean's schizophrenia and paranoid delusions have a significant impact on his daily functioning, affecting various aspects of his life. Mr. McLean's psychosocial disability impacts his following daily activities:

- Social relationships: Mr. McLean's paranoid delusions involve beliefs that others are plotting against and persecuting him. These beliefs have led to significant social withdrawal, suspicion, and difficulty trusting others.
- Self-care and domestic living activities: Mr. McLean tends to avoid certain activities or environments that he perceives as threatening. He is often distracted by his beliefs that he has reduced motivation to participate in his daily activities. Mr. McLean's disability impacts his ability to engage in self-care activities such as grooming, eating well, and seeking medical care when needed.
- Safety: Mr. McLean often does not feel safe at home due to strong auditory input threatening him. Mr. McLean often takes extreme measures to protect himself from perceived threats. This includes avoiding leaving his home, carrying weapons for protection, and engaging in risky behaviours.
- Work and education performance: Mr. McLean's disability has significantly interfered with his ability to concentrate, make decisions, and complete tasks effectively. He has been unable to maintain employment due to his psychosocial disability symptoms.
- Financial stability: Mr. McLean tends to be impulsive and irrational with his financial decisions. He has difficulty with financial stability and managing his money. Mr. McLean reports having significant debt.



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- Legal complications: Mr. McLean's paranoid delusions have led to legal complications due to erratic and threatening behaviours towards authority figures.
- Emotional well-being: Living with paranoid delusions is extremely distressing and isolating. Mr. McLean experiences heightened anxiety, fear, and stress which impacts his emotional well-being and quality of life.
- Treatment compliance: Mr. McLean's beliefs make it challenging for him to engage in treatment, such as taking medication or attending therapy. He may be distrustful of healthcare providers or believe that the treatment is part of a conspiracy against him.

Other Recommendations (Therapy, Capital Support, Home Modifications, and Support Coordination)

Therapy supports	Summary of Recommendations for Therapy Supports
Occupational Therapy – Functional Capacity Assessment	Mr. McLean would benefit from ten (10) hours of Occupational Therapy input and assessment annually to fulfil his NDIS reporting requirements and ensure his ongoing disability needs are met. Mr. McLean will require an updated functional capacity assessment to be completed in twelve (12) months, or earlier if there has been a change in circumstances. Total hours recommended: 10 hours per year.
Occupational Therapy - Ongoing	Mr. McLean would significantly benefit from ongoing fortnightly Occupational Therapy input to assist him with the following everyday activities and goals:



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	<ul style="list-style-type: none"> - Increase functional capacity (domestic and self-care) - Executive functioning skills and techniques - Routine development - Emotional regulation and behaviour support <p>Total hours recommended: 30 hours per year.</p>
Specialist Support Coordination	<p>Mr. McLean requires ongoing specialist support coordination funding to assist him with organising day-to-day support, allied health input, and meeting NDIS requirements. Mr. McLean requires sufficient support coordination hours to monitor and ensure that his needs are being met to allow for the ultimate opportunity to reach his goals. This support coordination funding includes his NDIS support coordination <u>and</u> his care coordination by his chosen care provider.</p> <p>Total hours recommended: 150 hours per year</p>
Specialist Disability Accommodation (SDA)	<p>Mr. McLean is suitable to reside in Specialised Disability Accommodation (SDA) with no other participants. Mr. McLean requires full time (24/7) formal support provision to meet his disability needs and ensure appropriate behaviour and self-management. Mr. McLean is not suitable to be housed with another NDIS participant as Mr. McLean displays high risk behaviours including being disruptive, threatening, and volatile. Mr. McLean's next living arrangement must supply accommodation (individual bedrooms with ensuite) for his support workers to stay overnight.</p> <p>Mr. McLean requires access to SDA with:</p> <ul style="list-style-type: none"> • Design category: Improved Liveability • Typology: Apartment, 1 resident/1 bedroom
Emergency	<p>Mr. McLean requires emergency respite accommodation with</p>



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Respite	<p>formal support to assist him in potential instances of significant psychosis and mental health crises. Mr. McLean has an increased capacity to function and cope when he is removed from his typical environment and provided with full-time care.</p> <p>Total days recommended: 28 days (including overnight) per year.</p>
Psychologist	<p>Mr. McLean would significantly benefit from regular <u>weekly</u> psychologist/counselling input for support with emotional regulation and identification, coping strategies to manage distressing situations and interpersonal skills to support social interactions. On top of weekly psychologist input, Mr. McLean's psychologist requires an additional ten (10) hours per year for NDIS report writing requirements.</p> <p>Total hours recommended: 62 hours per year.</p>
Psychiatrist	<p>Mr. McLean requires monthly input from a psychiatrist to assist him with his medication management and review of medication.</p> <p>Total hours recommended: 20 hours per year.</p>
Financial Counsellor	<p>Mr. McLean requires fortnightly financial counselling to provide financial education, and resources, and learn how to budget. Mr. McLean wishes to reduce his debt and find financial independence.</p> <p>Total hours recommended: 30 hours per year.</p>
Disability Employment Services	<p>Mr. McLean wishes to develop his training, education, and career progression. He would significantly benefit from regular input from a disability employment service to assist Mr. McLean in coordinating a career pathway, being supported in achieving required certifications and finding a work routine that meets his disability needs. Mr. McLean requires monthly input from a career</p>



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	<p>advisor who specialises in psychosocial disability.</p> <p>Total hours recommended: 12 hours per year.</p>
Behaviour Support Specialist and training	<p>Mr. McLean would significantly benefit from fortnightly input from a behavioural support specialist to assist him with his behaviour management, and coping techniques. The below recommended hours include an additional ten (10) hours for report writing. Mr. McLean presents with complex and high-risk behaviour associated with his psychosocial disability. His support workers and other staff require adequate training by a behavioural support specialist.</p> <p>Total hours recommended: 50 hours per year.</p>
Drug and Alcohol Counselling	<p>Mr. McLean will benefit from ongoing input from Drug and Alcohol Counselling every week to assist him with setting goals, developing positive relationships and increasing his capacity for life skills. Mr. McLean will require appropriate support to cease his regular drug use. The hours recommended include an additional ten (10) hours for report writing.</p> <p>Total hours recommended: 62 hours per year.</p>
Physiotherapy and Exercise Physiology	<p>Mr. McLean requires monthly input from a physiotherapist and weekly exercise physiologist input to assist Mr. McLean in safe and supported participation in exercise for increased mental and physical health.</p> <p>Total hours recommended: 52 hours per year.</p>
Art Therapy	<p>Mr. McLean has an extensive history of creating art and would benefit from accessing fortnightly art therapy service provision as additional psychosocial supports.</p> <p>Total hours recommended: 30 hours per year.</p>
Legal and Medical	<p>Mr. McLean requires significant legal and advocacy support due to his experience with his psychosocial disability and associated</p>



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Advocacy Team	behaviours. Total hours recommended: 35 hours per year.
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If you have any questions regarding the above report, please do not hesitate to contact me via email.

Regards,

gggray

Georgia Gray

Occupational Therapist

Disclaimer:

This document was true and accurate at the time it was written to the best knowledge of the author. The assessment was completed using all available information at the time it was written, and no responsibility is accepted if the supplied information was inadequate or incomplete.

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