Schizophrenia and the NDIS

A guide for participants, families and carers working out what the NDIS funds for schizophrenia, and how to ask for it.

FOR PARTICIPANTS & FAMILIES PUBLISHED SEPTEMBER 2026 VERSION 2.0

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About this guide

This guide is for people living with schizophrenia, and for the families and carers around them. It is written by Independent Life Disability Supports (InLife), a registered NDIS provider working with families across Victoria.

We wrote it because the NDIS is complicated, and the people who need it most usually have the least time to work it out. We have kept it plain. Where the NDIS uses jargon, we explain it. Where schizophrenia has its own vocabulary, we explain that too.

WHO THIS IS FOR

Three groups of readers

People recently diagnosed with schizophrenia, or told they may qualify for the NDIS. Families and carers supporting someone living with it. Health professionals helping a person prepare an application.

WHAT YOU WILL FIND

Six sections, and the last is yours

What schizophrenia is, and how it affects daily life. How the NDIS works and how to apply. The supports it commonly funds. How InLife works as a provider. Who to call. Pages to fill in and bring to your planning meeting.

A NOTE ON LANGUAGE

This guide is written in English. InLife supports families in Farsi, Urdu, Hindi, Punjabi and English, and this guide is published in eleven languages. Ask, and we will work in the language that suits your household. Interpreters are free at every NDIS meeting, and you never have to ask a family member to interpret their own health conversation.

CONTENTS

What is in here

THE WORKBOOK IS YOURS

The last four pages are a workbook: your details, a map of your week, and space for your goals. Fill them in and bring this guide to your planning meeting. A planner who can see your week does not have to imagine it.

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SECTION ONE

About Schizophrenia

What schizophrenia is, how it affects daily life, and where the NDIS fits in.

What is Schizophrenia?

Schizophrenia is a mental health condition that can affect thinking, perception, emotion and motivation. People with schizophrenia may experience hallucinations (most often hearing voices), unusual or fixed beliefs (sometimes called delusions), difficulty with focus, memory or planning, and reduced motivation or social engagement. Onset is usually in late adolescence or early adulthood. About one in a hundred Australians will live with schizophrenia at some point.

The NDIS uses the term psychosocial disability — not 'mental illness' — to describe the access pathway for schizophrenia and related conditions. The distinction matters: the NDIS funds the functional impact (how the condition affects everyday life), not the diagnosis itself. For schizophrenia to meet the NDIS access test, the condition needs to be substantial, likely to be permanent, and affecting daily living — areas like managing the home, getting to appointments, maintaining work or study, keeping social connections, or managing money.

Common signs and symptoms

- Hearing voices, or other unusual perceptions (sometimes called 'positive symptoms').
- Strong beliefs that others do not share (delusions).
- Difficulty with motivation, energy or initiative (sometimes called 'negative symptoms').
- Social withdrawal or difficulty maintaining relationships.
- Changes to thinking — difficulty with focus, organisation, planning.
- Disrupted sleep patterns.
- Side effects from medications — weight gain, sedation, stiffness.

The medical context

- Diagnosis is made by a psychiatrist, based on history and observation over time — there is no blood test.
- Antipsychotic medication is the cornerstone of treatment and reduces hallucinations and delusions for most people.
- Long-acting injectable medications are an option that many people find more sustainable than daily tablets.
- Cognitive behavioural therapy for psychosis (CBTp) has evidence and is increasingly available.
- Family-inclusive practice is evidence-based and recommended.
- Physical health monitoring matters — metabolic side effects of medication need active management.

SCHIZOPHRENIA IS NOT

Schizophrenia is not 'split personality' — that is a different condition (dissociative identity disorder). People with schizophrenia are far more likely to be victims of violence than to be violent themselves. Schizophrenia is not caused by bad parenting, by drug use alone, or by personal weakness. Recovery is not just possible — it is the expectation with good supports.

WHERE TO LEARN MORE

SANE Australia, Mind Australia, Neami National and One Door Mental Health are the major service- provider peak bodies. The Royal Australian and New Zealand College of Psychiatrists publishes plain- language information. Orygen leads research on early psychosis and young-adult mental health.

How Schizophrenia can affect daily life

Everyone's experience of Schizophrenia is different. The list below covers areas the NDIS commonly funds support around — it is not a prediction. The conversation with your treating team and the NDIA Planner is what shapes your supports.

DAILY LIVING

How you live each day

Routines often need rebuilding after periods of illness. OT and support workers help re- establish the rhythms of a day — meals, sleep, household, appointments — that hold a life together.

SOCIAL CONNECTION

How you stay connected

Social withdrawal is one of the harder symptoms — and one where peer worker support and community participation programs make the biggest difference. Connection is medicine.

PHYSICAL HEALTH

How your body holds up

Antipsychotic medications often affect weight, cardiovascular and metabolic health. EP, dietitian and GP coordination is built into the plan — physical health is mental health.

WORK AND STUDY

How you earn and learn

Many people with schizophrenia work and study successfully. Supported employment, vocational rehabilitation through OT, and flexible scheduling matter — work is part of recovery, not a reward at the end of it.

HOUSING

Where you live

Stable housing is the foundation of recovery. Supports help maintain a tenancy, set up an independent home, or navigate housing transitions.

IDENTITY AND MEANING

How you stay you

Faith, family, creative work, mentoring others — the things that make you a person, not a patient. The plan is built around those things, not against them.

An ordinary life

A diagnosis of Schizophrenia is not a closed door. The NDIS exists to fund what each person needs to live an ordinary life — to work or study, to spend time with family, to

> **"Schizophrenia is part of someone's story. With the right supports it is not the whole story, and it is rarely the most interesting chapter."**
>
> INDEPENDENT LIFE · HOW WE BEGIN EVERY PLAN

What an ordinary life can look like

- participate in their community, to enjoy the things they enjoy.
- What "ordinary life" looks like
- Living in your own home, with the supports you choose
- Working — part-time, full-time, or self-employed
- Studying — TAFE, university, short courses
- Parenting, with the right family supports
- Driving, where it is medically safe
- Going to the gym, sport, music, creative work
- Intimate relationships, friendships, family connection
- Faith community participation — gurdwara, mosque, church, temple
- Volunteering and peer mentoring
- Travel — domestic and international

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SECTION TWO

The NDIS basics

What the scheme is, whether you can access it, and how to prepare for a planning meeting.

What is the NDIS?

The National Disability Insurance Scheme funds the supports a person needs because of disability. It is not income support and it is not health care.

THE WORD	WHAT IT ACTUALLY MEANS
National	It runs across the whole country, wherever you live.
Disability	It funds support for intellectual, physical, sensory, cognitive, neurological and psychosocial disability, where the functional impact is substantial and likely to be lifelong.
Insurance	It takes a lifetime view, investing earlier so that less support is needed later where that is possible.
Scheme	It funds what you need to build skills, stay independent and live an ordinary life.

Who runs it

The **NDIA** (National Disability Insurance Agency) makes funding decisions. The **NDIS Quality and Safeguards Commission** regulates providers, handles complaints and protects participant rights.

The NDIS in one sentence

It funds "reasonable and necessary" supports so you can live an ordinary life. What that means in practice is the conversation you will have at your planning meeting.

Can I access the NDIS?

The four basic rules

- You are under 65 when you apply.
- You are an Australian citizen, permanent resident, or hold a Protected Special Category Visa.
- You have a permanent disability that substantially affects how you do everyday activities.
- You need support in at least one of: communication, mobility, social interaction, learning, self-care, self-management.

How to apply

- Phone the NDIA on 1800 800 110 to request an Access Request Form.
- Your GP or treating team completes the evidence sections. They are usually the ones who can describe your functional impact.
- The NDIA aims to decide within 21 days of a complete form.

FOR SCHIZOPHRENIA SPECIFICALLY

Schizophrenia can meet the NDIS access pathway as a psychosocial disability where the functional impact is substantial and likely to be permanent. Access is not based on the diagnosis alone — it is based on demonstrated impact on daily living. The strongest applications include a psychiatrist letter, a recent FCA from an OT or mental-health professional, evidence of long-term contact with mental health services, and documentation of how the condition affects work, study, daily living,

IF YOUR APPLICATION IS DECLINED

You can ask the NDIA for an **internal review** (a section 100 review) within three months of the decision. If you are still dissatisfied, you can apply to the **Administrative Review Tribunal** on 1800 228 333 or at art.gov.au. The ART took over this work from the AAT in October 2024, so older letters and websites may still use the old name. Many decisions are changed at the internal review stage once stronger evidence is supplied, so it is worth gathering evidence before you escalate.

Before the planning meeting

The planning meeting is where your first plan gets built with the NDIA. It runs about ninety minutes. Going in prepared changes what comes out.

ONE

Write your goals

Big and small. Where do you want to be in twelve months? In five years? Goals are written in everyday language, not medical terms.

TWO

Map your day

Use the workbook at the back of this guide. Note where help would change things, and be specific about the hard parts of the day.

THREE

Gather evidence

Functional Capacity Assessment, GP letters, hospital discharge summaries, allied health reports, current medication list.

FOUR

Bring someone

Family, an advocate or a support coordinator. You can ask for a free interpreter, and you should if English is not your first language.

EXAMPLE GOALS

Goals are written in everyday language, not medical terms. The NDIA accepts goals like "I want to be able to make my own breakfast" or "I want to volunteer at the local library."

At the planning meeting

The meeting is run by an NDIA planner or a Local Area Coordinator. Both can build your plan with you.

What they will ask

- Your personal details and how you would like to be contacted.
- Which community or mainstream supports you already use: GP, hospital, family, church, mosque, gurdwara, temple.
- Your safety at home and in the community.
- Your goals, for the next twelve months and beyond.
- The kind of support that would help you reach them.

What you can do

- Take your time. Pause, think, ask for the question again.
- Use pictures, photos or other communication aids.
- Have family or a support person speak on your behalf.
- Ask for an interpreter, at no cost to you.
- Decline to answer anything that feels invasive.

> **BRING THIS GUIDE**
>
> The workbook pages at the back are designed for this meeting. Filled in, they give the planner a coherent picture of who you are and what you need, without you having to hold it all in your head on the day.

“Reasonable and necessary” supports

Your plan is built from supports the NDIA considers reasonable and necessary. Reasonable means fair, taking into account what is already available to you. Necessary means you need it to live an ordinary life or work toward your goals.

A support must meet all six tests

- Related to your disability, not general living costs.
- Value for money, judged against the alternatives.
- Likely to be effective and beneficial, with evidence behind it.
- Takes into account informal supports: family, carers, community.
- Most appropriately funded by the NDIS, not by health, education or housing.
- Not a day-to-day living cost everyone has, such as rent, food or ordinary internet.

WHAT THIS LOOKS LIKE FOR SCHIZOPHRENIA

For schizophrenia, supports that pass the test focus on functional recovery — the foundations of a stable life. These commonly include psychosocial recovery coaching, support workers trained in mental health (consistent staff matter especially), supported decision-making, peer worker support, capacity-building therapies (psychology, OT, social work, exercise physiology for metabolic health), help with daily living, community participation supports, and assistance to engage with employment, study and family.

Three ways to manage your funds

At the planning meeting you choose how your funding is paid out. You can change this at any time during the plan, and you can use a different method for different parts of your budget.

OPTION ONE

NDIA managed

The NDIA pays your providers directly. No paperwork for you, and no invoices to check. You can only use registered providers.

OPTION TWO

Plan managed

A plan manager processes invoices and tracks your budget. You can use both registered and unregistered providers. Plan management is funded by the NDIS on top of your other budgets, at no cost to you.

OPTION THREE

Self managed

You pay providers yourself and claim back from the NDIA. The most flexibility, including on price, and the most administration.

> **THIS IS YOUR CHOICE, NOT YOUR PROVIDER'S**
>
> Each option suits different households, and no provider should push you toward one. Ask your planner or Local Area Coordinator to talk you through the trade-offs, and change it later if it is not working. InLife works under all three.

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SECTION THREE

Your supports

The therapies, equipment and support workers the NDIS commonly funds for schizophrenia.

Allied health for Schizophrenia

Allied health is the clinical layer of your supports — therapies and assessments delivered by registered professionals. For Schizophrenia, the disciplines most commonly funded are:

PSYCHOLOGY

Psychologist — therapy and recovery

CBT for psychosis (CBTp), acceptance and commitment therapy, support for trauma where present. Psychology funded under Capacity Building works alongside the participant's psychiatrist, not instead of.

PEER WORKER SUPPORT

Peer Worker — lived experience

Workers with their own lived experience of recovery, employed in a paid role to walk alongside participants. Strong evidence base, central in psychosocial supports.

EXERCISE PHYSIOLOGY

EP — metabolic and mental health

Antipsychotic medications often cause weight gain and metabolic changes. Exercise also has direct mental health benefits. EPs design programs that are sustainable, not punishing.

OCCUPATIONAL THERAPY

OT — daily living and routines

Routine-building, sensory regulation strategies, vocational rehabilitation, home and community access. OTs trained in mental health are central to NDIS psychosocial plans.

SOCIAL WORK

Social Worker — systems and family

Navigating Centrelink, housing, family relationships, advance directives, supported decision-making. Social workers often connect the dots between systems.

DIETETICS

Dietitian — metabolic health

Cardiovascular and metabolic health is a known priority in schizophrenia care. Dietitian input is often funded alongside EP for managing medication side effects.

A NOTE ON FUNDING CATEGORIES

Allied health is funded under Capacity Building, Improved Daily Living, and is given to you in hours. You can use any registered allied health provider you choose. Hourly rates are capped by the NDIS price limits, so a provider cannot charge you above the cap. InLife coordinates allied health; we do not deliver it, and we are not registered for therapeutic supports.

Equipment commonly funded

The NDIS funds disability-related equipment under Capital, as assistive technology. These are the items most often funded for schizophrenia.

EQUIPMENT	WHAT IT IS FOR
Medication management aids	Webster packs, vibrating watches, app-based reminders. Critical for adherence and reducing relapse risk.
Sensory regulation tools	Weighted blankets, noise-cancelling headphones, sensory items that reduce distress and support sleep.
Communication and reminder technology	Smartphone with structured calendar, alarm-based reminders for appointments, medication, daily routines.
Smart-home aids	Automatic lighting routines (supports sleep-wake cycle), simplified controls, voice assistants for low-motivation days.
Sleep-supporting equipment	Light boxes, white noise machines, sleep-tracking tools. Sleep is a major recovery lever in schizophrenia.
Travel and transport aids	Where social anxiety or symptoms make public transport difficult — taxi vouchers, ride-share account setup, structured transport plans.
Wearable health monitoring	Activity trackers, heart-rate monitors — practical tools that support exercise programs and metabolic health goals.

How a request works

- An occupational therapist or other clinician assesses the need and writes a report.
- The report, with quotes where required, goes to the NDIA.
- Low-cost items can come straight out of an existing budget. Higher-cost items need the assessment and approval first.

Home modifications

Minor home modifications cost up to $20,000 and do not change the structure of the home. **Complex** modifications go beyond that, or affect the structure, and the NDIS funds a building construction practitioner to work alongside your home modification assessor. Neither is the same thing as Specialist Disability Accommodation, which is a separate funding stream for purpose-built housing.

Support workers, the everyday backbone

Support workers help with the daily tasks that disability makes harder: personal care, getting to appointments, cooking, medication prompting, community access, staying connected.

Most participants have a named team of three to five workers across the week. The right team feels like a small group of familiar people who know how you like things done, not a roster of strangers.

What good looks like

- The same workers week after week, not whoever is free that day.
- Workers who speak your home language at the door.
- Respect for your faith, dietary practice and household norms.
- Trained on your specific clinical needs before the first shift.

And what you should expect

- Backup workers you have met and approved in advance.
- Shift notes shared within 24 hours, in plain language.
- One escalation point when something is wrong.
- The right to change your team without having to explain why.

> **THE INLIFE MEET-AND-APPROVE PROMISE**
>
> No worker meets a participant for the first time on a shift. You meet them, you decide, then we roster. That holds across every plan we deliver.

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SECTION FOUR

Why InLife

How we roster, how we match workers to households, and what we commit to.

How InLife is different

Plenty of providers fill shifts from a rotating casual pool drawn across several agencies. For someone living with schizophrenia, that is the wrong shape. We roster deliberately instead: a named team around each household, and no worker on a shift the household has not already met and approved.

CONSISTENCY

The same workers

A named team who know your routine, your preferences and your clinical needs. No strangers on a Tuesday because somebody called in sick.

LANGUAGE

Your language at the door

Our team works in Farsi, Urdu, Hindi, Punjabi and English. Workers are matched to the language your household actually speaks, including the language you fall back on when you are tired or unwell.

ONE POINT OF CONTACT

No call trees

One phone number and one email, both reaching the managing directors. No agency switchboard, and no "someone will get back to you".

RECORDS

Written so you can read them

Every shift note and every report written in plain language, and a monthly summary of what has been used, copied to your support coordinator.

REGISTERED, AND VERIFIABLE

InLife is a registered NDIS provider, regulated by the NDIS Quality and Safeguards Commission, covering Core supports, Module 1 high-intensity daily personal activities and Module 2A behaviour support plan implementation. Every registration group is public on the Commission's provider register. We do not deliver therapeutic supports or Specialist Disability Accommodation, and we will tell you so rather than stretch to fit.

How we match workers to households

Matching is the part most providers skip. We treat it as the most important conversation we have with a new household.

ONE

Language

The languages spoken at home, including the one a person reaches for in moments of stress or confusion.

TWO

Gender

Cultural and personal preferences about who delivers personal care, taken as a requirement rather than a preference.

THREE

Cultural fit

Faith observance, dietary practice, household norms and family hierarchy.

FOUR

Clinical competency

The specific skills the person's support requires: medication, transfers, mealtime management, seizure response.

FIVE

Geography

Close enough that workers arrive on time and stay reliable over a long placement.

SIX

You decide

We shortlist, you meet them, you approve. Only then do we roster. If it is not working, say so and we change it.

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SECTION FIVE

Resources & next steps

Where to turn, how plan reviews work, your rights, and the words the NDIS uses.

Where to turn

About the NDIS

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
NDIA	1800 800 110 · ndis.gov.au	Access decisions, plan reviews, general NDIS enquiries.
NDIS Commission	1800 035 544 · ndiscommission.gov.au	Complaints about providers and workers, conduct, restrictive practices.
Administrative Review Tribunal	1800 228 333 · art.gov.au	External review of NDIA decisions after an internal review. Took over from the AAT in October 2024.
Disability Advocacy Network	1300 365 085 · da.org.au	Independent advocacy when you feel unheard.
TIS National	131 450	Free interpreting, in more than 150 languages.

For Schizophrenia specifically

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
SANE Australia	1800 187 263 · sane.org	National peak body for complex mental illness. Helpline, online community, peer support, advocacy.
Neami National	neaminational.org.au	National provider of community-based mental health services and NDIS supports. Recovery- oriented practice.
One Door Mental Health	1800 843 539 · onedoor.org.au	Services and peer support for people with severe mental illness and their families.
Wellways	1300 111 400 · wellways.org	Mental health and disability support provider; peer support, family education, NDIS services.
Mental Health Carers Australia (national.	mentalhealthcarersaustralia.org.au — for.	National peak body representing mental health carers, family and kin.
Lifeline (24/7 crisis)	131114·lifeline.org.au	24-hour crisis support and suicide prevention service. Free and confidential.

Reviewing your plan

About two months before your plan ends you will be contacted to begin a reassessment. This is your chance to reshape supports around the year you have actually had.

Questions worth bringing

- What worked? What did not?
- Which goals did you reach, and which need more time?
- Where did you underspend or overspend, and why?
- Are your funding categories the right shape?
- Has your clinical picture changed?

Reasons to ask early

- A hospital admission or a significant clinical change.
- You need more support hours than the plan funds.
- Equipment you did not know you needed at the start of the year.
- A change in informal supports, such as losing a primary carer or moving house.

> **BRING EVIDENCE, NOT ARGUMENT**
>
> Shift notes that show the gap, allied health reports, hospital letters. Your support coordinator can help you build the case. InLife will provide every shift note and report you need, and we do not charge you for asking.

Your rights, and raising a concern

As an NDIS participant you have the right to

- Decide what supports you receive, and from whom.
- Be treated with dignity and respect.
- Receive supports that are safe and culturally appropriate.
- Get information in your preferred language.
- Make a complaint without losing supports.
- Choose someone to act for you: a nominee, an advocate or a guardian.
- An interpreter, at no cost.

If something is wrong

About a decision	NDIA · 1800 800 110
About a provider or worker	NDIS Commission · 1800 035 544
About InLife specifically	admin@independentlife.au, which reaches both managing directors
To appeal an NDIA decision	Internal review first, then the Administrative Review Tribunal · 1800 228 333
Independent advocate	Disability Advocacy Network · 1300 365 085
Interpreter	TIS National · 131 450

COMPLAINING IS PROTECTED

Raising a complaint is a legally protected action. No provider may reduce your support, treat you differently, or end your service because you complained. That is enforced by the NDIS Commission, and it applies to us as much as to anyone else.

The words the NDIS uses

ARF	Access Request Form. What you submit to apply.
ART	Administrative Review Tribunal. Reviews NDIA decisions after an internal review. It took over from the AAT in October 2024, so older paperwork may use the old name.
Core	The flexible budget covering daily personal care, community access and consumables.
Capacity Building	Funding to build skills: allied health, support coordination, employment supports.
Capital	Funding for equipment and home modifications. It cannot be moved to other categories.
FCA	Functional Capacity Assessment. A clinician's report on what you can and cannot do day to day.
LAC	Local Area Coordinator. An NDIA partner who can build your plan with you.
NDIA	National Disability Insurance Agency. Makes the funding decisions.
NDIS Commission	NDIS Quality and Safeguards Commission. Regulates providers and handles complaints.
Plan manager	A third party who processes invoices and tracks your budget for you.
SC	Support Coordinator. A funded role that helps you put your plan into practice.
SDA	Specialist Disability Accommodation. A separate funding stream for purpose-built housing. It is not a home-modification threshold.

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SECTION SIX

Your workbook

Pages to fill in and take with you. Your details, your week, and your goals.

About me

Take this page to your planning meeting. The planner will want to know who you are before deciding what supports you need.

MY NAME

NDIS NUMBER

DATE OF BIRTH

PHONE

MY ADDRESS

PERSON HELPING ME

THEIR RELATIONSHIP TO ME

MY LANGUAGES

CULTURAL BACKGROUND

MY GP

MY SPECIALIST OR TREATING TEAM

EMERGENCY CONTACT

My week

Sketch a typical week as it is now, and mark the points where help would change things. The gaps are the argument.

Monday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Tuesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Wednesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Thursday

MORNING

YOUR WORKBOOK

AFTERNOON

My week, continued

EVENING

Friday

OVERNIGHT

MORNING

AFTERNOON

EVENING

OVERNIGHT

Saturday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Sunday

MORNING

AFTERNOON

EVENING

OVERNIGHT

My goals

Three things you want, and what would have to be true for you to do them. Written in your words, not clinical ones.

My top three goals for the next twelve months

1 _____

2 _____

3 _____

Three things I need to be able to do them

1 _____

2 _____

3 _____

QUESTIONS TO ASK ON THE DAY

What did you fund, and why that amount? Which budget does each support come from? What happens if my needs change mid-plan? Who do I contact if something is not working? When does this plan end?