



SUBMISSION

Impact of the National Disability Insurance Scheme (NDIS) Support Rules

25 July 2025

**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



The National Mental Health Consumer Alliance (the Alliance) has prepared this submission in response to the invitation to provide input into the National Disability Insurance Scheme Support Rules. The Alliance represents people across Australia with psychosocial disability who are National Disability Insurance Scheme (NDIS) participants. Our members, the State and Territory mental health consumer peak bodies, have engaged with people who are receiving NDIS supports to inform this submission.

All references to 'Consumer' and 'lived experience' in this submission refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term "mental health consumers" as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this report.

About us

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues. We are the people experiencing mental health issues/distress, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website: nmhca.org.au.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the traditional custodians of the land on which we work and pay our respects to Elders past and present. Sovereignty was never ceded.





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Executive Summary

The introduction of the *National Disability Insurance Scheme (Supports for Participants) Rules 2013* (NDIS support Rules) has negatively impacted people living with psychosocial disability – those that receive supports/services through the National Disability Insurance Scheme (NDIS) and those that do not. The introduction of the Support Rules Lists was just one part of many changes to the NDIS that have been, and continue to be, rolled out in the last two years. Due to the speed of the reform process, the Government's promised co-design has not taken place in a true, inclusive form leaving the list of supports available not meeting the needs of people living with psychosocial disability.

Conversations with people living with psychosocial disability around Australia have identified a reduction in supports and services available through the NDIS and a move backwards to a clinical model excluding many non-therapeutic supports and services that people living with psychosocial disability find work for them. There is a near -absence of lived-experience-led evidentiary standards or explanatory frameworks, making it exceedingly difficult to demonstrate the clinical benefits of therapeutic interventions tailored to this cohort.

If the supports/services are not available through the NDIS, people are being advised to seek them out elsewhere without any assistance or information provided as to where such supports/services may be available. We know from the *Analysis of Unmet Need for Psychosocial Supports Outside of the National Disability Insurance Scheme*, published in 2024, that there is a critical shortfall of supports and services outside of the NDIS.

Concerningly, there is evidence that the NDIS list treats people with psychosocial disability differently to people with living with physical disability. People living with psychosocial disability have told us of their concerns that the lack of knowledge of NDIS/NDIA staff about psychosocial disability directly impacts what is now available on the lists and what an individual is provided.

Some items on the NDIS list are for specific 'disability' types only. An example is where people with psychosocial disability are unable to get cover for exercise services/supports yet this is available for people living with physical disability. The NDIS should look beyond the artificial categories of disability and look at the interplay and connections between all disabilities.



Recommendations

The Alliance recommends:

1. All governments urgently begin genuine co-design with people living with psychosocial disability to consider to develop psychosocial supports as part of the Foundational Supports – Targeted Supports, to ensure that supports and services are available for people living with psychosocial disability on, and off, the NDIS. No person living with psychosocial disability currently receiving supports and services through the NDIS should be removed from the NDISI they can access these supports outside of the NDIS.
2. Any policy changes to the NDIS, particularly those affecting the availability and scope of psychosocial supports, must be closely aligned with ongoing national reform efforts: Foundational Supports – Targeted Supports (psychosocial supports) and negotiations underpinning the National Mental Health and Suicide Prevention Agreement.
3. The NDIS/NDIA undertake genuine co-design with people living with psychosocial disability to consider what psychosocial supports should remain available on the NDIS and how best to communicate any changes and/or rules to people living with psychosocial disability and how best to support people when changes come into effect.
4. The NDIS/NDIA undertake genuine co-design with people living with psychosocial disability to consider the inclusion of non-therapeutic supports on the NDIS list given the limitations on evidence as required under a 'clinical model' approach.
5. Genuine individual advocacy is funded so that all people living with psychosocial disability who have supports/services removed from their NDIS plans can be assisted with finding supports/services outside of the NDIS. These services/supports should not be removed from a person's plan until alternative, free services/supports are accessible.
6. Improvement of the understanding of psychosocial disability for all people working within the NDIA and NDIS as well as plan assessors and plan developers through workforce training, led by people with lived experience of psychosocial disability. This will enhance the experience of people living with psychosocial disability applying and utilising the NDIS and what is available on the lists.



National Disability Insurance Scheme Support Rules

The Alliance has continuing reservations about the changes to Section 10 of the *National Disability Insurance Scheme Act (2013)* (the Act) with the introduction of *National Disability Insurance Scheme (Supports for Participants) Rules 2013* (NDIS support Rules) and the impact of these changes on NDIS participants with psychosocial disability. We stand by the concerns raised in our submission to the NDIS Supports Transitional Rules¹, many of which have not been addressed. We know that in general participants with psychosocial disability are getting less support funded than they previously have, often because of the reduced flexibility in what funding can be used for.

The NDIS support rules have caused people with psychosocial disability confusion and concern, regardless of whether they are current National Disability Insurance Scheme (NDIS) participants or in the process of applying to be, or considering applying to become, a participant.

The NDIS support rules and introduction of lists of supports available through the NDIS were introduced to allow for greater consistency in decision making to ensure everyone received what they were entitled to receive. The requirement of knowing what individuals receiving support from the NDIS are entitled to would be put back onto the NDIS planners and not on individual NDIS participants. However, this only truly works if the users of the supports are included in the identification of what is and is not required, and this has not happened at a broad and inclusive level.

Psychosocial Disability

People living with psychosocial disability have identified a significant gap in the National Disability Insurance Agency (NDIA) workforce's understanding of psychosocial disability. This has directly impacted the NDIA's ability to accurately assess the therapeutic supports that are beneficial and used by people receiving NDIS supports. Compounding this issue is the near-absence of lived-experience-led evidentiary standards or explanatory frameworks, making it exceedingly difficult to demonstrate the clinical benefits of therapeutic interventions tailored to this cohort.

Lived experience and peer supports cannot—and should not—be evaluated through a clinical outcomes framework.

¹ [National Mental Health Consumer Alliance | Our Advocacy](#), "Response to the release of the NDIS Supports Transitional Rules, 23 October 2024



In the absence of a dedicated and standardised approach to measure these supports, a clinical lens is often applied by default. This perpetuates the dominance of clinical paradigms and overlooks the unique value that lived experience perspectives bring. As a result, the true intent behind the inclusion of the lived experience workforce—in fostering empathy, connection, and holistic recovery—is routinely missed.

Current NDIS support rules disproportionately favour clinically endorsed service models at the expense of alternative therapeutic options preferred by people living with psychosocial disability. This represents a regressive shift toward rigid clinical norms and away from more effective, consumer-led approaches—many of which better align with the needs of individuals who fall outside conventional diagnostic or treatment frameworks.

Furthermore, this approach negatively impacts those who have experienced harm or discrimination within mainstream systems. Mental health consumers have long advocated to move beyond medicalised and institutional models of disability, striving for recognition and inclusion within broader social structures. The prevailing emphasis on clinical validation undermines this progress and risks re-traumatising individuals through systems they actively seek to overcome.

For individuals whose NDIS-supported therapeutic services have been withdrawn, the consequences are already being felt. Loss of access to these supports has introduced additional stress and instability, jeopardising the progress many have made in managing their symptoms and maintaining wellbeing. It must be acknowledged that many individuals have made significant personal progress thanks to their engagement with NDIS-supported psychosocial supports. Removing these supports will not only disrupt ongoing recovery journeys but may also erode the hard-won stability and identity that these supports helped cultivate.

The *Analysis of Unmet Need for Psychosocial Supports Outside of the National Disability Insurance Scheme*² (2024) identifies a critical shortfall in available services for individuals living with psychosocial disability. Individuals previously accessing essential supports through the NDIS which are no longer available due to the NDIS Support Rules, have, and are, at serious risk of receiving no further assistance. At present, there are limited alternative options for those in need, and foundational psychosocial supports remain conceptual without practical delivery mechanisms. This absence of tangible support disproportionately affects those most at risk, exacerbating their vulnerability and further marginalising their wellbeing.

² <https://www.health.gov.au/resources/publications/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report?language=en>, accessed 21 July 2025



In response to this concerning reality, **the Alliance recommends:**

- **The NDIA implements a longer transition period for NDIS participants with psychosocial disability to alternative supports.** This transition must provide individuals with adequate time to identify, access, and engage with alternative supports that are free and tailored to their specific needs before any current NDIS-funded services are withdrawn.
- **The NDIA must ensure that all affected participants receive clear and proactive referrals to alternative services.** These referrals should specify available pathways for accessing psychosocial support outside the scheme, including funding sources and responsible service providers. If these supports are not offered through the NDIS, it is imperative to outline how they will be sustainably funded and by whom.

Any policy changes to the NDIS—particularly those affecting the availability and scope of psychosocial supports—must be closely aligned with ongoing national reform efforts.

These include the foundational work on Foundational Supports – Targeted Supports (psychosocial supports) and negotiations underpinning the National Mental Health and Suicide Prevention Agreement. Coordinated, integrated action across these platforms is essential to safeguard outcomes for individuals living with psychosocial disability.

Supports and services should not be included or excluded from NDIS lists based purely on financial cost. We understand what works for us, what does not, and what needs to change to ensure that support is safe, socially and emotionally meaningful, and economically sound. Human experience and personal exceptions need to be considered, with some people requiring extra supports.

When the NDIS amendments were introduced through the 'Getting the NDIS Back on Track No.1' legislation to parliament, the Government stated "*With this legislation in place, we can get on with the important work of designing the finer, practical elements of NDIS reform with Australians with disability... This will be done through close engagement and co-design with people with disability.*"

This was further reinforced in June 2024, when the NDIA released the shared statement on co-design, in partnership with the Department of Social Services (DSS), NDIS Quality and Safeguards Commission (Q&SC), Independent Advisory Council (IAC) and Disability Representative and Carer Organisations (DRCOs). Disappointingly no significant co-design has been undertaken with people with psychosocial disability regarding NDIS Rules, the



recent Funding Periods change, and significantly the Section 24 Early Intervention changes.

The Interim Report – Review of Mental Health and Suicide Prevention Agreement by the Productivity Commission³ reinforces the importance of co-design and the inclusion of people with lived experience of mental health challenges at all levels of policy – design, development, implementation evaluation and governance.

The Alliance recommends inclusive co-design with people living with psychosocial disability to ensure the right supports are available. We also recommend the inclusion of people living with psychosocial disability at levels of the NDIS/NDIA to ensure the lived expertise is included in the design, development, implementation evaluation and governance.

Despite the NDIA's reluctance to take a principles-based approach and retain the current list-based approach, the Alliance recommends a **principles-based approach** to determine what people can access through the NDIS.

Questions from Department of Social Services regarding the changes to the NDIS

The rest of this submission answers the questions proposed by the Department of Social Services (DSS).

1. Understanding of the NDIS Support Rules

People living with psychosocial disability receiving NDIS supports consistently report a limited understanding of the NDIS support rule. This is because the language used by the NDIS is overly technical, and the process for determining whether a support is included or excluded is unclear. This is particularly problematic for people with psychosocial disability, for whom supports are often non-clinical, recovery-oriented, or fluctuate over time.

Understanding is further undermined by inconsistent messaging from planners, support coordinators, and plan managers, and by the lack of accessible guidance for participants with communication or cognitive barriers. The lack of detailed knowledge of these rules by the NDIA planners, support coordinators, and plan managers with the NDIA as well as the general workforce is proven by inconsistent messaging. Mental health consumers want to know how the workforce will be trained and informed about these rules.

³ <https://www.pc.gov.au/inquiries/current/mental-health-review/interim>, accessed 21 July 2025



Mental health consumers wonder how these rules have been so poorly put together if the NDIA had, as claimed, genuinely undertaken a co-design process with people living with mental health challenges and other disabilities to determine and make the rules. The Alliance recommends genuine co-design with people living with psychosocial disability to consider what psychosocial supports should remain available on the NDIS; how best to communicate any changes and/or rules for people living with psychosocial disability; and how best to support people when changes come into effect.

2. What would help make the rules easier to understand?

The following were identified to help make the NDIS support rules easier to understand for people with psychosocial disability.

- Explain why NDIS supports are listed or removed from the NDIS support rules list. This would help people living with psychosocial disability understand whether this was a purely economic decision or whether the decision was made due to lack of evidence. Without knowing why supports are removed, it is difficult for the mental health community to ensure the evidence is gathered to make essential supports available.
- Publish a clear, plain-language guide to the NDIS support rules with real-world examples, including supports relevant to psychosocial disability. The wording and terminology are not clear, and the language choices and tones are very confusing especially for those with limited English or learning and speech difficulties, and some rules are open to misinterpretation.

These guides should include practical examples of how they will impact participants' level of support and care. Coordinators should be able to advise a participant using practical examples of how the new rules will personally impact an individual's level of support and care.

The rules speak about how some supports will be carved out of their care for certain participants, but it is incredibly vague regarding what this means practically.

- Include scenarios demonstrating how supports that do not appear explicitly on the list may still be considered 'reasonable and necessary.'
- Integrate the process for requesting 'replacement supports' into standard planning, and ensure it is transparent, timely, and reviewable.
- Provide clarity on when and how mainstream items can be funded based on disability-related functions.



- Provide targeted training and guidance for NDIA planners, support coordinators, and plan managers to ensure consistent understanding and advice across the system.
- Engage in extensive consultation, education and training for people on the scheme and general society. Nothing about us, without us. And this has definitely been done without us.

3. How have the lists helped you know what the NDIS can and cannot fund

In practice, the lists have created confusion and anxiety rather than clarity. The binary inclusion/exclusion model does not reflect the complexity of participants' lives and needs. The presence of both 'in' and 'out' lists – each with exceptions and carve-outs – creates uncertainty rather than certainty. While clear lists obviously make things clear as to what can and cannot be funded compared to an open book, assisting to make decisions more consistent – lists also place limitations on what supports someone can/cannot obtain despite what may work best for them.

Many participants report that supports previously funded under earlier plans are now being rejected or questioned. Others describe being told verbally by planners or providers that certain supports will not be approved, without formal notice or reasoning. For people with psychosocial disability, the consequences of this are particularly severe, as many recovery-oriented supports fall into ambiguous categories (e.g. group therapy, art programs, trauma-informed coaching, peer navigation, or use of everyday technologies to manage symptoms).

NDIS support rules will push many people living with psychosocial disability off the NDIS and out of receiving supports. The few that won't be negatively impacted by the change will be the privileged amongst society who have the expertise, the money, the education as well as the support systems in place to help advocate their point or their case for their disabilities. This does not work for the majority of participants.

Participants increasingly avoid using their funding for innovative or individualised solutions, even where they are cost-effective and demonstrably beneficial, for fear of having claims rejected or being labelled non-compliant. The intent to provide greater confidence has instead led to increased gatekeeping, withdrawal of supports, and erosion of trust.

While it is helpful to have a clarification of supports that are/are not funded by NDIS, especially for self-managed participants and likely for plan managers themselves, the rules seem to miss the mark, particularly for the limited list of replacement supports one can apply for in addition to therapies available.



4. What have you found hard about using or understand the lists for supports that are....

a) Supports that are NDIS supports

- Many supports included in the lists are either heavily qualified or vaguely described. For example, psychosocial recovery support is not explicitly listed, and its omission leads to uncertainty about whether it is available for people living with psychosocial disability.
- Confusing items on the list with no explanation as to what it includes. For example, the item that covers supports provided on a short-term basis that provides assistance to manage life transitions, including transition out of a mental health setting.
- Assistive technology is narrowly defined, privileging disability-specific modifications over widely available, low-cost technologies that serve the same function. A mainstream smart speaker that helps someone manage routine and anxiety may be rejected, even though it delivers a disability-related benefit.
- Some planners interpret 'support from allied health professionals' as only including clinical settings, which results in peer or trauma-informed workers being excluded from a person's plan.

b) Supports that are not NDIS supports?

Many items are open to interpretation making it difficult to determine whether a support could be funded as an alternative support.

People living with psychosocial disability have advised that the NDIS lists are more inclusive and conducive for people living with physical disabilities. The lists exclude many therapeutic supports used by people with psychosocial disability and severely restrict community-based supports, pushing towards a medicalized approach that undoes decades of progress in psychosocial disability support.

The exclusions list contains items that are essential to many participants' independence, wellbeing and social inclusion such as:

- Almost all forms of mental health support currently available for psychosocial participants, including psychology, allied health and other targeted supports such as occupational therapy are excluded. In particular, the exclusion of psychology for people with psychosocial disability removes access to a key treatment pathway that is unaffordable for majority of people receiving supports through the NDIS. While up to 10 psychology appointments can be subsidised under the Medicare Better Access Initiative,



when weekly appointments are required, the out of pocket costs can be around \$10,000 a year.

- The exclusion of air conditioning for people with thermoregulation issues which can be caused by medication side effects
- Participation in non-clinical therapies would be more beneficial for some participants than conventional therapy such as psychotherapy. For example, clinical therapeutic supports such as yoga, mindfulness, trauma-informed programs, peer support, animal based therapy, art therapy, and music therapy are beneficial for some people but are no longer available. Additionally, Core funds can no longer be used to purchase the equipment needed to participate in in these activities even if they can access them through the NDIS.
- The options available through the NDIS are now more focused on clinical provision rather than what might work best for participants. Exclusion of holistic, alternative, traditional medicine therapy. These changes disproportionately impact Culturally and Racially Marginalised (CARM) people on the scheme as they are no longer able to access their traditional medical approaches, even with a clinical referral.
- The exclusion of alternative supports that are culturally safe and community specific, such as spiritual healing and wilderness therapy.
- The use of short-term accommodation in mainstream venues for respite purposes, noting that these options have been removed from the list.
- The exclusion of clothing and hygiene products for sensory needs (e.g. menstrual products, compression garments).
- Electric toothbrushes are listed as a standard household item that are NOT funded. However assistive technologies that are allowed are written as "products to facilitate washing and drying the participant's body, caring for the participant's body and body parts, dressing and protecting the participant's body". For those with sensory issues, and certain physical disabilities electric toothbrushes should be included. However, as it isn't one of the five replacement supports, applications cannot be done for this to be included.
- Mainstream technologies (e.g. smartwatches or communication apps) are often excluded despite supporting essential daily functions like routine, regulation, and communication. Better examples of what exactly these supports would be replacing would be helpful. For example what would a smart watch be replacing in their assistive technology/consumables category? NDIS state that replacements are not 'additional supports' but I would argue that digital devices such as tablets, watches, phones, apps for accessibility or communication would be best used in combination with existing



supports such as support workers or physical therapy. Having things like communication assistive devices or apps can be synced up with support worker/carer devices and could aid in the care of the individual whereby more attentive monitoring would have previously been required.

- Digital literacy tutoring is not on the list. With many Australian Government funded mental health services now being offered through online means only, such as the upcoming introduction of the Australian Government's National Early Intervention Service online literacy is essential for people living with psychosocial disability.
- The lists have removed any flexibility people living with psychosocial disability on the scheme had to use their NDIS funding, including paying for peer workers to assist with participating in general community activities and attending mainstream art classes. This flexibility supported people living with psychosocial disability to reintegrate into the society, make a societal contribution and benefit from skill development. The changes have pushed people back into mainstream, clinical supports and services and inadequate systems, forcing people to live and socialise only within an 'illness bubble'.
- Group-based or peer-led recovery programs, especially when delivered in clinical environments, are excluded based on setting rather than purpose.
- Flexible respite options – such as holidays with support workers – are refused in favour of institutional providers, despite higher costs and reduced participant choice.
- There is no mention of lived experience/peer workforces or peer specialist services.
- The exclusion of supports to find and retain employment and education, including tailored supports in workplaces and educational settings.
- The exclusion of attendance fees to participate in social and community engagement activities.
- No targeted transitional supports or specialised psychosocial support programs or respite/short-term accommodation.

5. What are some examples of things in the NDIS Supports lists that aren't clear?

This is covered in the previous sections.



6. Are there areas of the Support Rules or Lists that need to change?

Mental health consumers have advised that there are several areas of the NDIS Support Rules that need to be changed. These include:

A. Remove the exclusions list

The presence of a formal exclusions list contradicts the original intent of the NDIS to be flexible, person-led, and based on individual goals and needs. The exclusions list disproportionately harms people with psychosocial disability, whose needs are often misunderstood or fall outside mainstream clinical models.

B. Restore the 'reasonable and necessary' principle as the core eligibility test

Support decisions should be based on the individual's goals, disability-related needs, and the outcomes the support will achieve, not a static list. Replacing nuanced, evidence-informed decision-making with blanket exclusions undermines the integrity and intent of the scheme.

C. Explicitly include supports relevant to psychosocial disability such as:

- Psychosocial recovery coaching and peer navigation
- Non-clinical therapeutic supports (see dot point 2 under question 4)
- Technology-enabled supports (e.g. smart home devices, communication apps)
- Social participation costs and community integration supports

It is imperative that the NDIS recognises that people with psychosocial disability require more support than the Medicare/public and private medical supports available. The reality is that these participants need therapy each week, and a variety of therapy types in order to have a better quality of life and have some form of independence when interacting with the community.

D. Reform the replacement support process so that it is:

- Accessible and built into standard planning conversations.
- Supported by clear criteria and transparent decision-making.
- Subject to review and appeal mechanisms.



- Designed to reduce, not increase, administrative burden for participants.

E. Embed equity and responsiveness to context, including:

- Participants in rural and regional areas must be able to use funds flexibly where listed providers are unavailable.
- Cultural appropriateness and participant identity must be considered, including supports tailored to LGBTIQ+ and First Nations participants.
- Participants should not be penalised for using mainstream or lower-cost alternatives that deliver equivalent or better outcomes.

F. Remove the artificial categories of disability and look at the interplay and connections between all disabilities.

G. Include exercise physiology for all participants. Exercise physiology is often covered for those with physical disability, but not for those with a psychosocial disability despite substantial evidence that physical health and activity can positively influence mental health and symptom severity. Additionally, weight gain is a well-documented impact of several medications prescribed to people with psychosocial disability leading to early mortality and co-morbidities including obesity, cardiovascular disease and diabetes⁴. For some people living with psychosocial disability, such as Post Traumatic Stress Disorder (PTSD), physical manifestations of chronic pain are directly related to this disability.

7. Any other comments, concerns or things to note?

The Alliance calls for more representation of psychosocial disability as a disability in the NDIS and NDIA, and this can be done by involving people with lived experience of psychosocial disability in the governance and decision-making process of both organisations.

In addition, further work needs to be done, led by lived experience of psychosocial disability, on the interplay and intersectionality of physically disabled people with compounding mental health challenges, illness, distress and suicidality as well as psychosocial disability. The intersectionality makes an impact on what services and supports are required.

⁴ <https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>, accessed 23 July 2025



RECOMMENDATIONS

The Alliance recommends:

1. All governments urgently begin genuine co-design with people living with psychosocial disability to consider to develop psychosocial supports as part of the Foundational Supports – Targeted Supports, to ensure that supports and services are available for people living with psychosocial disability on, and off, the NDIS. No person living with psychosocial disability currently receiving supports and services through the NDIS should be removed from the NDISI they can access these supports outside of the NDIS.
2. Any policy changes to the NDIS, particularly those affecting the availability and scope of psychosocial supports, must be closely aligned with ongoing national reform efforts: Foundational Supports – Targeted Supports (psychosocial supports) and negotiations underpinning the National Mental Health and Suicide Prevention Agreement.
3. The NDIS/NDIA undertake genuine co-design with people living with psychosocial disability to consider what psychosocial supports should remain available on the NDIS and how best to communicate any changes and/or rules to people living with psychosocial disability and how best to support people when changes come into effect.
4. The NDIS/NDIA undertake genuine co-design with people living with psychosocial disability to consider the inclusion of non-therapeutic supports on the NDIS list given the limitations on evidence as required under a 'clinical model' approach.
5. Genuine individual advocacy is funded so that all people living with psychosocial disability who have supports/services removed from their NDIS plans can be assisted with finding supports/services outside of the NDIS. These services/supports should not be removed from a person's plan until alternative, free services/supports are accessible.
6. Improvement of the understanding of psychosocial disability for all people working within the NDIA and NDIS as well as plan assessors and plan developers through workforce training, led by people with lived experience of psychosocial disability. This will enhance the experience of people living with psychosocial disability applying and utilising the NDIS and what is available on the lists.



Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience.

We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

Nothing about us without us.



NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

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See nmhca.org.au for more information about the Alliance.

For questions about this submission, please contact us at policy@nmhca.org.au.