AAPi
AUSTRALIAN ASSOCIATION of PSYCHOLOGISTS INC
a true voice for psychology

Feedback to the NDIS Supports Rules Consultation July 2025

26 July, 2025

Dear Department of Social Services,

The Australian Association of Psychologists incorporated (AAPi) appreciates the opportunity to provide recommendations regarding the NDIS Supports Consultation from the perspectives of psychologists who work with individuals with disabilities and their supports. We have limited our responses to those support services provided by psychologists. We are in an unfortunate position where the support needs of disabled individuals are not adequately supported through Medicare, NDIS, or any other public health services. Limiting funding for psychology services, as has been significantly demonstrated since the start of the new legislation, is inappropriate and, if this trend continues, will increase the burden on individuals, families, and communities. It is short sighted and will ensure that participants become more disabled over time with higher costs seen in the NDIS where funding reductions are desired by the NDIA and Government Ministers responsible for this portfolio. We urge the Department to address the lack of funding for psychologist services within the NDIS and consider our recommendations for addressing this issue and the inequities in the provision of funded services.

How well do you understand the NDIS Support rule?

Since the beginning of the new legislation, psychologists have noted a significant misunderstanding about the appropriateness of funding for services provided by psychologists within the NDIS. This includes NDIA staff as well as key stakeholders, such as plan managers, support coordinators, community partners, and providers. We have consistently raised this issue with key executives within the Agency and requested that training be provided to staff so that decisions about psychology funding can be made accurately and appropriately. Despite this, the issue has persisted, and we have seen a significant worsening of the situation over time, with a substantial increase in members contacting AAPi, stating that their clients are no longer able to access funding for psychology.

There is significant confusion in the disability sector about what is the responsibility of the health system and what is the responsibility of the disability sector, and the delay in the development of foundational supports has meant that many participants are significantly under-supported and will see a decline in their functioning, as they cannot access support from psychologists.

There is also significant confusion in the sector regarding capacity building and what “stated support” means in this context. Again, we have sought advice from the NDIA, but the materials released publicly are confusing and do not adequately describe whether capacity building funding that does not specifically state 'psychology' can be

used for psychology services if they meet all other funding criteria (i.e., reasonable, goal-focused, related to disability, etc.).

Psychologists are facing increased administrative complexity due to unclear communications and decisions from the NDIA. This has led to:

- Harmful delays for participants
- Reduced confidence among psychologists in the Scheme's ability to deliver flexible, needs-based support
- There is ongoing confusion about what psychology services are considered "reasonable and necessary" under the NDIS.
- Confusion about whether diagnostic services are appropriate under Early Intervention/Early Childhood

What would help make the rule easier to understand?

Despite assurances that the Operational Guidelines regarding Therapeutic Supports would be made available, these have been consistently delayed, and after nine months of discussions, they have still not been released. These are urgently needed so that providers, participants and all stakeholders are clear about what therapeutic support is available and funded through the NDIS.

There is considerable confusion about whether some therapies that were on the "out list" were acceptable when provided by psychologists rather than those without qualifications. The NDIA has since provided information on the Frequently Asked Questions page to clarify that these supports could be provided by psychologists, but has not addressed Neurofeedback when provided by psychologists. It would be more appropriate for this information to be included in the lists themselves, so that it is clear to anyone looking for that information. The way it is currently displayed makes it difficult for many participants and providers to understand what constitutes appropriate support provided by a psychologist.

It would also be appropriate for wording in plans to be made clearer, and if the meaning of stated support is meant to be at a category level and not describe the exact therapies that can be accessed, then this needs to be more explicit in plans.

How have the lists of NDIS Supports helped you to know what the NDIS can and cannot fund?

The lists do not aid in decisions regarding access to psychological therapies or other services provided by psychologists. Internal staff who make decisions about plans do not understand the lists, and there is significant variability in the supports funded from person to person, with psychology largely being misunderstood as not funded or there

being an assumption that all psychology should be provided by the health system when participants may not be eligible for services provided through this system.

What have you found hard about using or understanding the lists for:

- **supports that are NDIS supports**
- **supports that are not NDIS supports?**

The wording in the supports lists is ambiguous regarding psychology funding, and there are often misunderstandings by planners, plan managers, support coordinators, early childhood partners, and local area partners about whether psychology services are appropriate to be funded under the NDIS. We receive reports from our members that participants are denied funding for psychologist services at a higher frequency and that there is a conflation between the roles of psychologists and other allied health professionals, with the latter preferred due to their lower cost. There is frequent rhetoric around psychology being a duplication of supports with services like occupational therapy, speech therapy and behaviour support when there are very clear differences in the services provided by psychologists and those of other allied health professions.

The 'not NDIS supports list' includes wording about mental health supports that is unclear and gives the impression that any supports related to mental health, such as psychology services, are not funded under the NDIS. Without psychological support being adequately described as funded on the NDIS supports list, there is a risk that if the lists are not made more explicit, psychology services will continue to be underfunded.

Parent support/carer training is also funded within the NDIS, but based on the supports and not support lists, it would be very easy to form the opinion that this is not an NDIS-funded support. This type of service is essential for building the capacity of informal supports for participants, thereby reducing the need for NDIS support over time.

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

The lists as a whole are found to be quite unclear and confusing. We have spent a considerable amount of time liaising with NDIA staff to obtain clarity on what is funded and what is not, and we still find that discrepant advice is provided by agency staff. There is significant concern that many view psychology as being on the outs list due to statements within the unfunded list regarding the responsibility of the health system. With psychology not mentioned specifically in some sections of the supports list, this leaves many with the impression that it is specifically not funded or only funded for certain disability types.

Disability-related health supports are one area where psychologists do provide services, but the wording of the lists does not mention psychology, so services are often interpreted as not being able to be provided by psychologists (p. 11 of the supports list).

Early intervention also does not list psychologists as being able to provide early intervention supports for early childhood. It specifically lists only two professions – speech pathologists and occupational therapists. Many misinterpreted this as meaning that psychology was no longer being funded for early intervention.

Therapeutic supports are inadequately described in the supports list, and this is leading to a marked misinterpretation of whether psychology is a funded support.

The descriptions of replacement supports indicate that only a few items can be used as replacement supports, whereas it may be more appropriate to include other items, as they would pose a significant cost savings in participant plans if funded.

Are there any areas of the NDIS Supports rule (or lists) you think need to be changed? This might include things that should be included in the lists.

Some of the therapies listed on the 'not funded list' are those used by psychologists in an evidence-based manner, and the NDIA has since advised that they are appropriate to be provided by psychologists. Neurofeedback, gaming therapy, and animal-assisted therapy. A significant body of research has been amassed regarding the efficacy of Neurofeedback - https://isnr.org/isnr-comprehensive-bibliography (Darling, 2024). While its use as a clinical treatment would not be appropriate under the NDIS, psychologists can utilise this type of therapeutic support to enhance the functional capacity of participants. An example of this would be to teach emotion regulation skills to clients who have impaired executive function or altered brain structures, to increase physical activity levels in those with disabilities that affect energy levels and movement, and to provide functional improvements in movement disorders, traumatic brain injury, stroke, and cerebral palsy. Where a qualified professional has recommended neurofeedback for the functional improvement of a participant, it is provided by an appropriately qualified allied health professional, such as a psychologist; this should be funded under the NDIS and included in the supports list. Gaming therapy also falls into this category when provided by psychologists and other allied health professionals. These professionals effectively use gaming platforms to provide therapeutic intervention that would be consistent with the goals and aims of the NDIS. The use of VR and video-game environments to facilitate social engagement, practice community engagement and communication should be allowed under therapeutic supports if the therapy is not clinical in nature and is provided to improve the functional capacity of participants.

Psychologists regularly prescribe assistive devices and technology to participants and the requirement that items funded through the NDIS be disability specific means that many participants are unable to access these supports when they would have significant disability related benefits for the participant and would be more cost effective for the scheme overall or they have to purchase a more expensive item that is modified for

disability. Evidence of benefit should be considered when determining whether the NDIS should fund an item prescribed by a health or allied health professional.
Disability-related supports to assist participants in maintaining their employment are an area that needs to be addressed. There is a chronic underemployment of disabled individuals, and some supports would be most appropriately funded under the NDIS.

The interface between the justice system and the NDIS is another area that requires attention. We have had members raise concerns with us around the requirements placed on carers and families to continually monitor those with severe behaviours of concern that lead to offending behaviour. Without adequate provisions for disability related supports in place, risks to practitioners, families and workers are significant.

Diagnostic assessments and screening services—where these relate specifically to disability and will assist with the provision of services and supports to help the participant improve their functioning —should be funded by the NDIS. Early intervention participants also require assessments to facilitate their entry into the scheme and ensure appropriate and evidence-based therapies are provided to improve functioning.

Where there are significant issues related to the disability of one family member, including adjusting to a new impairment, family therapy focused on the family adjusting to support the needs of the disabled family member should be included on the list of things to be funded under a participant's NDIS plan. This service is not provided through any other service and will directly reduce the support that the participant requires ongoing from the NDIS. A suitably qualified allied health practitioner should be funded to provide family therapy. The same argument applies to marriage and relationship counselling. Where issues arise in a relationship due to one or both individuals' disabilities, services aimed at improving the functioning of the dyad and facilitating support for the NDIS participant should be funded under the participant's NDIS plan. This will reduce the amount of ongoing support they require from the NDIS. A suitably qualified psychologist or allied health practitioner should provide this.

Kind regards,

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