NDIS Support Rules

Consumers of Mental Health WA

July 2025

Consumers of Mental Health WA

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1. Acknowledgement of Country

Consumers of Mental Health WA proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and Custodians of the Land and Water on which we live and work. We acknowledge Western Australia's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that Sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

2. Preamble

1. About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

2. Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's cover page.

3. Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological and emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include "peer", "survivor", "person with a lived experience" and "expert by experience".

This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness'.

CoMHWA endorses Black Dog Institute's Aboriginal and Torres Strait Islander Lived Experience Centre's universal definition of lived experience for First Nation communities:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved

one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing.

This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

4. About the consultation

Reproduced from https://engage.dss.gov.au/ndis-supports-rule/

The Department of Social Services (DSS) opened consultation on the NDIS supports rules on 16th June 2025. Last year, the Australian Parliament passed changes to the NDIS Act. These changes created the structure new NDIS rules. This consultation concerns the creation of new rules for the NDIS.

Consultation on NDIS Supports was invited via survey or making a submission. A discussion paper and easy read resource was created to support the consultation.

The consultation asks the following questions:

- How well do you understand the NDIS Support rule?
- What would help make the rule easier to understand?
- How have the lists of NDIS Supports helped you to know what the NDIS can and cannot fund?
- What have you found hard about using or understanding the lists for:
    - supports that are NDIS supports
    - supports that are not NDIS supports?
- What are some examples of things in the NDIS Supports lists that aren't clear?
- 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.

Consultation closed on 27th July 2025.

3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the Department of Social Services' NDIS Supports Rules consultation. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback specifically informed by the experiences of participants accessing the scheme for supports with psychosocial disability.

The introduction of the NDIS supports rule eroded what were already scarce support options for participants with psychosocial disability, and it is therefore imperative that its missteps not be carried forward. The rule excluded needed supports, drastically reduced flexibility and choice, introduced confusion for participants and the providers, plan managers and support coordinators with whom they engage, and has contributed to underutilisation of plans. Given the lack of foundational supports outside of the NDIS, more participants with psychosocial disability will fall through the well-documented and long-standing chasms between support systems[1] unless there are drastic changes to the NDIS supports rule.

In particular, CoMHWA has heard that the lists are not helpful in bringing clarity and do not allow for sufficient flexibility. Clarity and flexibility are the qualities most participants desired in an NDIS supports rule going forward. While CoMHWA would prefer a principles-based approach instead of the lists, given the NDIA's stated intentions to keep lists, these should be designed in a way that avoids blanket exclusions affecting needed supports, and should make space for innovation and flexibility. Furthermore, NDIS supports should include psychosocial supports for personal recovery, which should be scoped and co-designed with people with psychosocial disability.

The rule has contributed to deep mistrust, and participants continue to feel unheard and under-consulted on changes that significantly affect their lives. There is a need to establish a specialised, ongoing, reference group of participants with psychosocial disability so that there are mechanisms for the NDIA to remain in touch with the needs of participants.

We base our submission on:

- A survey that was distributed to members, open between 24th of June 2025 and 13th July 2025.
- Ongoing consultation with CoMHWA's NDIS reference group, members of which are people who access NDIS for supports with psychosocial disability.

[1] Health Policy Analysis (2024). *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme*. https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf

- Ongoing data collection and input from CoMHWA's Individual Advocacy and Peer Pathways (service navigation) programs.
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

The submission begins with a discussion of the impact of the introduction of the rule to access to supports for people with disability. The remainder of the submission is structured around response to the consultation questions. While the consultation questions have been copied verbatim from the consultation paper, CoMHWA responds to these drawing from the collective feedback of our members and NDIS participants with psychosocial disability, and from our organisational position as a peak body representing consumers with lived experience.

4. Impact of the NDIS supports rule on NDIS participants with psychosocial disability

CoMHWA has heard from many NDIS participants with psychosocial disability and from organisations and NDIS service providers across the mental health sector in WA about the severe loss of access to supports that participants with psychosocial disability have experienced because of the introduction of the NDIS supports rule. CoMHWA echoes the frustration of participants with messaging that the rule exists merely to clarify, rather than alter, what can and cannot be an NDIS funded support, given that the introduction of the rule has led to obvious changes not only in their experience of what supports they can access funding for, but also in the categorisation of items and services as NDIS supports or as not NDIS supports. A straightforward example is sexual services, which have now been outright excluded from being considered an NDIS support despite a previous court ruling that upheld the right of an NDIS participant to use their funding to access sexual services.[2] Participants have told us that the rule has reduced flexibility around funding use depending on individual needs and circumstances, and has reduced participants' choice and control over their supports.

[2] National Disability Insurance Agency v WRMF [2020] FCAFC 79 (2020). https://www.judgments.fedcourt.gov.au/judgments/Judgments/fca/full/2020/2020fcafc0079 (accessed 23/08/2024).

Most concerningly, the loss of access to NDIS funding for supports that participants previously have been able to access has meant that participants have been going without needed supports in their lives, which has a severe and detrimental effect on their mental health and wellbeing, their ability to participate fully in their community, and their opportunities to build capacity in different areas of their lives. Psychosocial supports outside of the NDIS are currently minimal, and, despite consultation being underway to design foundational supports outside of the NDIS, implementation of these supports is likely several years away. As a consequence, participants unable to access supports through NDIS are left with no options for access to those supports as they simply do not exist in their communities through other channels, or, where they do exist, are accessible largely through private health and mental health services that are prohibitively expensive for many people.

CoMHWA notes the impact of the short timeline from creation of the support rule to when it came into effect, which left participants with little time to get across the new information and understand how it would impact them. It left them with almost no time to make alternative arrangements for supports for which they would no longer be able to access funding. CoMHWA hopes that this consultation will do things differently, with any changes made introduced over a timeline that allows for participants to understand and fully prepare for possible impacts.

CoMHWA is concerned to see the recent decline in NDIS access for people with psychosocial disability, with the latest data for the end of March 2025 showing just 26% of access decisions resulted in the participant joining the scheme,[3] compared to 36% at the same time in 2024,[4] and 42% in 2023.[5] We would like to see governmental recognition that this is an issue, and work done to understand and address the causes.

5. Inadequate Involvement of People with Disability

It is once again disappointing to see that despite feedback in previous consultation rounds developing the Transitional rules that people with disability need to be engaged in meaningful consultation, and preferably co-design, of the rules, that the Department of Social Services (DSS) has not taken this opportunity to develop the new rules in order to engage people with disability in the first instance through a process of

[3] National Disability Insurance Agency (2025). Table 2: Access in the year ending 31 March 2025 – Psychosocial Disability and all participants. From: *Psychosocial data to 31 March 2025*. [dataset]. National Disability Insurance Agency. https://dataresearch.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial

[4] National Disability Insurance Agency (2024). Table 2: Access in the year ending 31 March 2024 – Psychosocial Disability and all participants. From: *Psychosocial data to 31 March 2024*. [dataset]. National Disability Insurance Agency. https://dataresearch.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial

[5] National Disability Insurance Agency (2023). *Psychosocial data to 31 March 2023*. [dataset]. National Disability Insurance Agency. https://dataresearch.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial

codesign. The lack of an exposure draft of the rule hampers ability to tailor submissions towards the intentions of the Government in rendering permanent the NDIS supports rule and moving out of the transitional rule. CoMHWA urges DSS to make available an exposure draft for comment and further consultation following this round of consultation. Ideally, an exposure draft would be co-designed with people with disability, and then put up for further feedback and co-design ahead of finalisation. One participant, when asked what could help to make the rule easier to understand and use, suggested that the NDIA could best learn what would work best through ongoing consultation:

> *"Have community focus groups - ongoing."*

6. Discussion of Consultation Questions

1. How well do you understand the NDIS Support rule?

CoMHWA finds that the NDIS Support Rule is not generally well understood, despite the stated purpose of the rule being to increase clarity and understanding for participants of what can and cannot be considered an NDIS funded support. In our recent consultations with our members, the majority of participants report they do not understand the rule well, and only a couple of participants say they understand the rule well. Some say they do not understand it at all. Participants also tell us that there is uneven understanding of the rule even among support providers. One group of participants all shared that they feel they would need a lawyer to assist them to understand. The lists have proven particularly difficult for participants to understand. For some, the rule had so complicated their understanding of what is and is not an NDIS support, that they relied entirely upon others to tell them what they could have funded:

> *"I don't get a lot of stuff through the NDIS because I'm unaware on what it can be used for unless I'm told."*

The replacement supports rule is also not well understood by many participants. However, one participant described that support and guidance from staff during the replacement supports process enabled stronger understanding of the rule and the process.

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

1. Include information about what the rule means for people with psychosocial disability, specifically. Feedback from participants indicates that tailored information about would be helpful in developing understanding of what NDIS supports are relevant and available to participants with psychosocial disability, and what support options and pathways they can use. Research suggests that the need for

specific information about support options for psychosocial disability in the NDIS has been recognised for several years, though little has been done to address this.[6]

2. Removing the lists and replacing them with a principles-based approach would make the rule easier to understand, and CoMHWA continues to support the feedback provided the National Mental Health Consumer Alliance's submission alongside the State/Territory Consumer Lived Experience Peaks that reverting to a principles-based approach about what is reasonable and necessary will better meet participants' needs.[7] CoMHWA would like to reiterate that the introduction of lists has not made rules about what can and can be funded clearer for most participants, despite the stated intention of the lists being to improve clarity and understanding. The NDIA has stated in communications around this consultation that it is not considering removing the lists and replacing them with a principles-based approach, despite the many organisations, participants, and other sector stakeholders calling for a principles-based approach. Such an approach was the norm in previous years of the NDIS, and while CoMHWA feels that approach can be improved upon, the argument that having a principles-based approach is now impossible seems difficult to sustain. Participants with psychosocial disability have told us they find the lists constricting, contradictory, and overly prescriptive.

   "Depending on who you see, something either will or won't get funded. It has made things more confusing. What is reasonable and necessary is dependent on a person's personal circumstances."

   Most participants indicated they are in favour of a principles-based approach rather than having long lists to get across.

3. If a wholesale replacement of the lists with a principles-based approach continues not to be possible, simplify the lists down to one list of NDIS supports that allows for flexible, principled approaches to tailoring use of funding for relevant supports, and avoids blanket exclusions. While many participants would prefer the lists be replaced with a principles-based approach, some participants feel that lists are not a bad idea in theory, but all of them feel the lists that currently exist require extensive changes to make them understandable and useable. Participants feel that the lists should enable scope for both greater clarity and greater flexibility around what can be funded, in particular, specific advice about how the lists can be implemented in flexible ways would be welcome.

   Among those participants who would like to see lists continue in some form, there are differing views about which specific lists should stay and which should go. Some participants feel a general list of

[6] Choi, J., Ellem, K. and Drayton, J. (2025). Supporting the Recovery of NDIS Participants With Psychosocial Disability: A Narrative Literature Review. *Australian Journal of Social Issues*. https://doi.org/10.1002/ajs4.70005

[7] National Mental Health Consumer Alliance (2024). *Submission on Draft Lists of NDIS Supports.* https://nmhca.org.au/our-advocacy/

included supports is helpful guidance, but would like to see the exclusions list removed to facilitate more clarity. One participant described feeling that a (short) exclusion list could be helpful in giving participants an understanding of things that can definitely not be funded, but they are strongly against an inclusion list, as this implies less flexibility in what funding can be used for and in meeting the unique and diverse needs of thousands of NDIS participants:

> *"There shouldn't be a list of approved supports – people can find out what works for their circumstances, and get that funded."*

One participant noted that they feel the lists provide a layer of accountability and protection for participants as they could prevent providers charging money/claiming funds for things they shouldn't without participants knowing.

4. Communicating the rule in ways that are easier to read and navigate will help participants understand it. To that end the rule should be communicated in plain English, and should be available in Easy Read, Auslan, and translated formats.

> *"Use simple and easy-to-understand language to express rules, and avoid too many technical terms and complex sentences."*

Navigation of the lists and the rule would be improved with the inclusion of a search bar for keyword searches. Participants find it difficult to understand what the rule means for them specifically, so having a personalised, written reference, including a list of supports they could potentially access NDIS funding for, would be more helpful than general advice. As one participant observed:

> *"A PERSONALISED list of supports, I'm sure the NDIS/NDIS could *press a button* to populate one for me, that would be helpful."*

5. Undertaking efforts to educate support coordinators, Local Area Coordinators (LACs) and NDIA staff to ensure consistent interpretation of the lists would assist in bolstering participants' understanding of the rule. Participants frequently report that they find uneven understanding and differed interpretations of the rule among different providers and NDIS personnel they consult with about what they can have funded. They notice inconsistent interpretations of the rule based who they ask and who is approving funding for specific items.
6. Ensure that participants themselves are always receiving timely and comprehensive communication of the rule, and of any news and changes to the NDIS, accounting for their communication preferences and needs. CoMHWA has heard from participants who have support people involved in managing their funding, plan managers, and those with guardians that have been appointed for them, that they have not directly received news of key changes, including of the NDIS support rule when it was introduced,

as this news has gone to their support persons, plan managers or guardians instead. Participants have a right to know about changes that affect them, and the NDIA must take responsibility for ensuring it is communicating with them rather than relying on news being passed on to them by those support people in their lives. In the words of one participant:

> *"It would be beneficial to enhance communication channels during the NDIS support process. Clearer and more timely notifications about application status and rule changes would greatly improve the user experience."*

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

CoMHWA consistently hears from participants with psychosocial disability that the rule is particularly difficult to understand for them, given that certain items may be generally considered NDIS supports but they may not be able to access them because of decisions about what is considered a disability-related support for participants with psychosocial disability. The prevailing feedback CoMHWA has heard is that most participants do not feel the lists help them know what the NDIS can and cannot fund. Where participants have been able to glean understanding, it has largely been from the lists of exclusions, where explicit naming of a support that cannot get NDIS funding makes clearer what they can and cannot claim.

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

a. supports that are NDIS supports

Participants describe difficulties in using the lists that are a consequence of uneven understandings among providers, support coordinators and plan managers about what the NDIS will and will not fund. Several participants describe having 'strict' personnel who are reluctant to sign off on or approve items, even when those items appear to indeed be on the list of supports that are NDIS supports. One participant was told they can claim something by their plan manager and then later told they should think twice before claiming it because the NDIA may reject it. Another participant noted that they have had to be the one advising their plan manager of what can be funded when they have faced reluctance to approve items, even having to advise plan managers that they can go directly to the NDIA to ask for advice on approval of certain items. For several participants, the increased reluctance of plan managers to approve certain items arises from not only their inconsistent and inadequate understanding of the lists, but also a desire to avoid responsibility for their inadequate understanding:

"Plan managers don't want to take responsibility if you get in trouble. What's the point of these people? Isn't it their function to give approval and have responsibility? The only thing they help with is processing invoices. It's costing NDIS a lot of money."

Given the level of difficulty required for participants to understand the rule, a lack of knowledgeable, trustworthy support coordinators and plan managers leaves participants in the difficult position of having funding but having no reliable signpost for how it can be appropriately used. Participants end up with plans that do not reflect their needs, and are unable to access the supports they do need.

Participants have told us of their difficulties in using their funding in the wake of the introduction of both lists. Even prior to the introduction of the rule, data shows that participants with psychosocial disability often underutilise budgets, which, according to one 2022 study of this phenomenon, can result from "inconsistent understanding across an under-resourced NDIS workforce of the relationships between mental illness, functioning and disability, results in plans that are not reflective of needs. When plans are not reflective of needs, utilisation is stymied."[8] Furthermore, for some participants, "what they needed most in their lives is not readily available to them through the NDIS."[9] Participant feedback and continued underutilisation indicates that this has only become more of an issue since the introduction of the rule.

People are afraid to claim for supports, and would rather go without supports than risk incurring a debt or other action against them if they claim something they shouldn't, however, participants are also concerned that they will have funding removed or reduced if they do not use it. One participant noted they have used perhaps 30% of their core funding because they are too scared to claim many things they might previously have claimed for, and because they are unsure, and are receiving conflicting advice about, what can and cannot be an NDIS support. They have consequently been going without supports, despite such supports being needed. Their plan is coming up for review, and they are concerned that the unused funding will be taken away.

Participants feel they must spend time figuring out how to use system to get the most out of it. One participant noted that:

"Often understanding is not the issue, a person might be too overwhelmed to navigate and use the system."

[8] Devine, A., Dickinson, H., Rangi, M., Huska, M., Disney, G., Yang, Y., Barney, J., Kavanagh, A., Bonyhady, B., Deane, K., & McAllister, A. (2022). 'Nearly gave up on it to be honest': Utilisation of individualised budgets by people with psychosocial disability within Australia's National Disability Insurance Scheme. *Social Policy & Administration, 56*(7), 1056–1073. https://doi.org/10.1111/spol.12838, p. 1069.

[9] Ibid., p. 1069.

Some participants told us they felt that those with lower support needs are better able to get what they need, as they have the capacity to navigate and figure out the system and because the system seems to be only able to provide minimal supports to most people. One participant shared that they feel that the system does not feel designed to be helpful, and that it has only been through luck that they have found the people with the right knowledge of the system to help secure enough funding that they can get support when they need it. In their words:

"You should not have a system that requires you to get lucky to get what you need."

Some participants with complex support plans and behaviour support plans can experience additional barriers to using the list of NDIS supports even for items that other participants with psychosocial disability are regularly able to access because of plan manager judgements around risk. One participant described being unable to access harm reduction items and other sensory items, because of judgement that these items could be used in self-harming behaviours, despite the participant's desire to access those items in order to reduce their distress and consequent behaviours their provider finds to be challenging.

The list of supports that are NDIS supports is not exhaustive, yet appears sometimes to be treated as such by personnel that participants rely on to understand what can be funded, and it is sometimes communicated as being exhaustive to participants. This makes it difficult for participants to ensure that their plan contains the supports they need and makes it difficult to get approval to claim certain supports if they are not explicitly mentioned on the list.

b. supports that are not NDIS supports?

Participants have shared that the lack of flexibility afforded by the exclusions list is the hardest aspect of using the list when seeking supports for their needs. The list's exclusion of specific supports that participants have found helpful and for which they have previously had funding, or would like to access into the future, is difficult to adjust to when they have no other options for accessing those supports outside of the NDIS.

On a practical level, using and understanding the lists for supports that are not NDIS supports becomes difficult as participants feel they must always cross-reference both lists to see if they can figure out what can and cannot be funded, which is time consuming and confusing. Even when comparing lists, the similarities and overlaps between NDIS supports and items on the exclusions list render it challenging to parse what funding may be used on. Definitions of specific supports reveals grey areas not made readily apparent, that hinge on participants understanding specific, specialist terminology so that they can grasp the finer differences between types of supports and why they have been excluded. For example, the list of supports that are not NDIS supports states that animal therapy is not considered an NDIS support, and yet

animal-*assisted* therapy can be funded. It is not reasonable to expect participants to understand such terminology, or to have to do follow-up research in order to identify how the NDIS defines those supports.

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

CoMHWA has heard that it is challenging for participants to understand the distinction between what is not funded because it is not an NDIS support, and what is not funded because it is not a support for which they personally are able to have funding or have included on their plan. The existence of the explanatory statement, which provides often helpful information explaining the rule, and a myriad of other web resources and documents explaining the eligibility process for accessing distinct categories of funding or specific items demonstrates the lack of clarity in the lists. As suggested in the section above, the finer details about how specific supports are categorised and named makes for a lack of clarity.

Participants with psychosocial disability have often told CoMHWA that they are unsure whether they are able to access psychologists using their NDIS funding because of the Scheme's rule regarding what is considered treatment and what is a support to assist with functional ability. Some people are being told they can no longer access psychology by some support coordinators or plan managers. It is difficult for participants to know what they can access and what they can't when there is so much contextual information they need to be across when knowing whether they can access psychology for the purpose they have in mind or not.

There are several therapeutic supports currently on the inclusion list, that participants tell us they find challenging to tell apart from items on the exclusion list. For example, games therapy is on the exclusion list, however, it is possible to access game-assisted therapy provided by an allied health professional in the context of functional capacity-supporting therapy provided by an allied health professional.

Excluding coaches raised some confusion early on for participants who were unsure whether this excluded psychosocial recovery coaches, which it was not intended to as these are still a support NDIS will fund.

One participant pointed out that key details of time-limited supports are not readily available, making it challenging for participants to make decisions about supports in times of transitions and when changing support providers:

> *"There is no mention of the length of delivery. For example, Assistance with managing Transitions and Supports. There is no mention of changing supports - does this shorten the length of services provided or is there an allowance of addition time and funding for transition between difference service providers. Or should a participant stay with the initial provider?"*

6. 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.

CoMHWA will provide feedback about changes to the lists as the NDIA have indicated they will not be removing the lists though, as previously stated, CoMHWA feels a principles-based approach is preferable to having lists of NDIS supports. In this section, we provide general recommendations about broader changes followed by comments about specific items on the lists. Participant feedback since the introduction of the NDIS supports rule has been that the lists appear motivated by a desire to cut costs, often at the expense of meeting the needs of participants. Participants with psychosocial disability feel particularly affected by this, with most telling us the negative effects on their access to supports, their level of funding and their NDIS plans. Changes to the lists are an opportunity to remedy the harm caused by the introduction of the NDIS supports rule by making facilitating access to needed supports the key motivation for the lists.

The lists must allow for more flexibility, to enable participants to access supports that are right for them. There is now compelling evidence that the inflexibility of the NDIS creates barriers for participants to get appropriate supports.[10] To allow greater flexibility in the lists, CoMHWA recommends that:

1. The lists should make provision for the funding of supports that are not normally considered NDIS supports where a participant cannot otherwise access such a support. The rationale for why some items are not NDIS supports points to (and, in practice, widens) major gaps in service and support systems. The explanatory note for the NDIS transitional rule says that:

   > *"The exclusion of an item as an NDIS support does not create a commitment or obligation for other service systems to provide that support. Similarly, these lists do not create an obligation for other service systems to provide for accessibility or to make reasonable adjustments. Those obligations are created through relevant antidiscrimination legislation at the federal and State and Territory level."*[11]

   Refusing key supports on the logic that it is another system's responsibility to fund those items, regardless of whether those items actually are provided and funded elsewhere, leaves people with disability to go without those supports for long periods of time as various departments, agencies and

[10] Elmes, A., Campain, R., Brown, C., & Wilson, E. (2025). Psychosocial Recovery Coaching and the National Disability Insurance Scheme: Outcomes and their Alignment with the CHIME-D Recovery Framework. Community mental health journal, 10.1007/s10597-025-01477-6. Advance online publication. https://doi.org/10.1007/s10597-025-01477-6, p. 11.

[11] Explanatory Statement: National Disability Insurance Scheme Act 2013. (2024) *National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules*. (Cth) https://www.legislation.gov.au/F2024L01257/latest/text/explanatory-statement

governments work, often for years, through the practical logistics of who will provide which supports. There should be scope and flexibility in the rule to include supports that NDIS has previously funded, and to fund supports that are not otherwise available to people with psychosocial disability in the region/state/territory they live. NDIS should provide provisions to fund supports that mainstream systems do not, recognising that mainstream systems operate in ways that are routinely exclusionary and do not meet the needs of people with disability. Foundational supports outside of the NDIS are currently being designed and it will be some time before they are in place, so excluding supports that are not going to be around for some time feels premature at best – if those supports are to be eventually excluded, then amendments can be made once those foundational supports are in place, and not years not before. The NDIS supports rule is an opportunity to ensure that people with disability are not once again left to fall through the considerable gaps created by lack of collaboration and coordination of supports across systems and sectors.

Furthermore, they should provide scope for accessing funding for items that might not be routinely considered NDIS supports where need arises due to circumstances outside of participants' control – for example, when a participants' meal delivery service is disrupted and they need to order a takeaway delivery so that they are not missing meals.[12]

2. Lists should avoid blanket exclusions of certain categories of supports (including mainstream supports) from NDIS funding. This would help to avoid unintended consequences of blanket exclusions that have resulted in genuine supports for people with disability no longer being NDIS funded. We note that the impact of blanket exclusions on participants has been documented in the media, where the exclusion of 'Non evidence based' practices such as Equine Therapy has had negative impacts upon participants that found this support to be a powerful positive influence on their wellbeing.[13]
3. Scope out, co-design and include supports for psychosocial disability focused on personal recovery as there are very few specific options for people with psychosocial disability to access support with the list in its current form. The NDIS review suggested that the NDIS "has not structured its processes or stewarded the provider market to support independence and personal recovery,"[14] and feedback from

[12] Disability Advocacy Network Australia (2024). *Submission: Section 10 – draft lists of NDIS Supports*. https://dana.org.au/wp-content/uploads/2025/01/NDIS-Supports-draft-lists-DANA-Submission-2024-Final-240820-2.pdf, p. 27.

[13] White, L. (2025, July 21). 'Disability advocates say NDIS changes disregard alternative therapy benefits' *ABC News*, https://www.abc.net.au/news/2025-07-21/equine-therapy-ndis-changes-takeover-goldfields/105348100

[14] NDIS Review. (2023). *Working together to deliver the NDIS Independent Review into the National Disability Insurance Scheme Final Report*. https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf, p. 129.

participants suggests that despite many changes in the NDIS, people with psychosocial disability are having a worse time getting support.

4. Allow scope in the lists to enable funding for access to mental health supports, as people with psychosocial disability have specific additional needs for mental health services that are not adequately covered by mainstream systems' provisions for subsidies. While CoMHWA understands that the explanation for certain mental health supports being excluded from the list rests on the logic that subsidies and supports are provided through mainstream systems, we believe that the NDIS should fund supports for some of these items beyond what the mainstream system provides in order to ensure that people with psychosocial disability who require an intensity of support that mainstream systems are not presently constructed to offer, are not going without supports they need to manage the ongoing impact of their disability because they cannot afford to access the private system. Access to psychologists through the Medicare Better Access Scheme covers only a partial subsidy for up to 10 sessions per year with a Mental Health Care Plan, leaving a large gap fee, and Medicare Mental Health Centres usually only offer support (largely from mental health nurses) for people experiencing mild to moderate distress. WA has extremely restricted options for people with complex challenges or more severe distress, and few crisis support options that are not Emergency Departments (EDs). A couple of participants have shared experiences of being given less support through public mental health services because of providers believing they can or should access supports through NDIS instead. Recent research has shown that ED and hospital staff do not understand what NDIS provides, sometimes assuming that NDIS provides emergency mental health care when it does not, which has resulted in care being withdrawn or withheld from participants: "When an NDIS plan was known to exist ED staff assumed the NDIS would somehow provide all that was required."[15]
5. Recognise and fund supports for intersecting physical health and wellbeing needs of participants with psychosocial disability. CoMWHA has heard feedback from participants that the intersection between health and mental health is not understood within the NDIS. The exclusion of health-related items has meant that NDIS has become very narrow about what it will and won't fund depending on a person's identified disability, there is even more restricted scope than before for participants to receive support when they experience multiple, intersecting challenges in their daily lives. For example, one participant

[15] McIntyre, H., Loughhead, M., Hayes, L., Allen, C., Barton-Smith, D., Bickley, B., Vega, L., Smith, J., Wharton, U., & Procter, N. (2024). 'Everything would have gone a lot better if someone had listened to me': A nationwide study of emergency department contact by people with a psychosocial disability and a National Disability Insurance Scheme plan. *International journal of mental health nursing, 33*(4), 1037–1048. https://doi.org/10.1111/inm.13309

keeps getting rejected for therapies that would help manage the impact of conditions they experience, because they address physical issues stemming from psychosocial disability.

6. In the event that the necessary items are not added to the list of NDIS supports, the replacement support section should be expanded to include more items participants may require and the application process should be simplified, with having less onerous requirements for supporting materials. One participant recounted their experience:

   "The application process for alternative support should be simplified. At present, the document requirements are cumbersome and the approval time is too long."

7. Revise the categorisation of items that are not regarded as 'evidence-based.' Including in the lists' reference to supports considered and not considered to be 'evidence-based' prior to the establishment and operation of the NDIS Evidence Advisory Committee which has been set up to provide advice in making that determination undermines the purpose of such a Committee by making judgements about what items should be found not to be evidence-based. Without additional explanation of what evidence is considered, and how judgement is made about what is evidence based, the exclusion of those items seems arbitrary. CoMHWA notes that the medicalised understanding of evidence is problematic and prevents a shift away from medicalised understandings of psychosocial disability towards personal recovery models. Understandings of helpful and effective supports should be informed by lived experience expertise, and lived experience should be considered as valid evidence equal to clinical knowledge.
8. NDIS supports should endeavour to support the holistic needs of people with disability across all areas of their lives. The lists as they currently stand exclude supports in entire areas of life such as family, relationships and parenting. It is unclear why supports to build capacity for community participation or work are in scope, but supports building capacity to engage in romantic relationships, for example, are not.
9. Ensure additional flexibility in the rule to account for the needs of regional, rural and remote participants in thin market areas. Some participants live in places where there are no providers of needed supports on inclusion lists in their areas. In those circumstances, they should be afforded additional flexibility to find supports in their community.

Changes needed to list of supports that are 'NDIS supports'

Accommodation assistance or tenancy assistance

Medium-term accommodation should not require that a person already have a place they are set to move into to access this support, as such accommodation can take significant time to secure. In the meantime, a

person may have few or no options for accommodation where they can be appropriately supported, or indeed, they have no access to accommodation at all.

Assistance animals

Descriptions of assistance animals should be altered in order to be more in line with the *Disability Discrimination Act 1992* (Cth). NDIS definitions and operational guidelines around assistance animals are inconsistent with legislation and do not account for the barriers already faced by many people with disability in accessing an assistance animal, as pointed out in *the Joint Statement Calling for People with Disability's Access to Assistance Animals to be Protected*, which calls for the establishment of a National Assistance Animal Framework to meet the needs of people with disability, and remove inequitable access barriers.[16] For one, not all states and territories have a formal, legislated system providing accreditation and training, but because the list and the NDIS operational guidelines make reference to accreditation, they are placed in a position where it is much more challenging for them to access an assistance animal and prove to the NDIS that it is an eligible animal.

NDIS criteria for who can access an assistance animal should broaden to include more people with psychosocial disability. Currently, this is limited to people with PTSD who do not have a co-occurring diagnosis, but most people who have a diagnosis of PTSD do have co-occurring diagnoses.[17] Research in Australia reveals that psychiatric assistance dogs and assistance animals provide effective supports to people across a wide range of ages and experiences of psychosocial disability or mental health challenges.[18]

All costs relating to having and maintaining an assistance animal should be funded by NDIS. Pet insurance for an assistance animal is a one such cost that should be funded by the NDIS. CoMHWA has heard from one assistance animal handler that this is a non-negotiable and large cost of having an insurance animal, and imposes a financial burden to handlers.

[16] Australian Autism Alliance, et al., (2025), *Joint Statement Calling for People with Disability's Access to Assistance Animals to be Protected*. https://australianautismalliance.org.au/media-releases/media-release-assistance-animals/

[17] Rytwinski, N. K., Scur, M. D., Feeny, N. C. & Youngstrom, E. A. (2013). The co-occurrence of major depressive disorder among individuals with posttraumatic stress disorder: a meta-analysis. Journal of Traumatic Stress, 26(3):299-309. https://pubmed.ncbi.nlm.nih.gov/23696449/

Price, M., Legrand, A. C., Brier, Z. M. F. & Hébert-Dufresne, L. (2019). The symptoms at the center: Examining the comorbidity of posttraumatic stress disorder, generalized anxiety disorder, and depression with network analysis. Journal of Psychiatric Research, 109:52-58. https://www.sciencedirect.com/science/article/abs/pii/S0022395618307088

Haruvi-Lamdan, N., Horesh, D., Zohar, S., Kraus, M. & Golan, O. (2020). Autism Spectrum Disorder and Post-Traumatic Stress Disorder: An unexplored co-occurrence of conditions. Autism, 24(4):884-898. https://doi.org/10.1177/1362361320912143

[18] Lloyd, J., Johnston, L. & Lewis, J. (2019) Psychiatric Assistance Dog Use for People Living With Mental Health Disorders. Frontiers in veterinary science, 6, 166. https://doi.org/10.3389/fvets.2019.00166

NDIS should assist with the costs of appropriate training of an assistance animal to ensure that people with disability are not left without this support for protracted periods of time due to scarcity of supply of trained animals or inability to afford training. In CoMHWA's recent discussions with our members, as part of our submission to the Assistance Animals National Principles consultation, we heard of the financial burden of having an animal trained, or of training an animal as an owner-trainer. Members told us that NDIS funding is something that they felt should help with this financial burden, as there are no other avenues for support for this and it is a cost that is borne as part of meeting needs arising from the day-to-day impact of their disability in their lives.[19]

Assistance in coordinating or managing life stages, transitions and supports

This item should state that it includes support with transitions in times of grief and in times of family and personal crisis. One consumer has told us of difficulties accessing timely NDIS supports when impacted by grief, and shared with us the stressful impact of wait times when trying to access supports.

Assistance to access and maintain employment or higher education

Participants who had received employment supports through NDIS in the past told CoMHWA that access to employment coaches through NDIS is helpful. However, recent changes to NDIS funding and supports have made it more challenging to access the supports with employment they had previously found helpful.

Assistance with travel or transport arrangements

This item should be more broadly described to enable participants who need assistance travelling for the purposes of obtaining daily necessities, attending medical appointments and other activities not currently described in this category. One participant told us of the impact of the loss of this support:

> *"After not being able to get travel assistance services, my travel became extremely inconvenient. Daily shopping, medical treatment and other activities were difficult to carry out smoothly, and my quality of life was greatly reduced."*

Assistive equipment for recreation, household tasks, personal care and safety, and communication and information equipment

The definition of what counts as assistive equipment should be reconsidered. The blanket exclusion of items unless they are specific, assistive items is particularly exclusionary of the needs of people with psychosocial disability, as here are comparatively fewer specific assistive items developed for them.

[19] Consumers of Mental Health WA (2025). *Submission to Consultation on the Assistance Animals National Principles*. https://comhwa.org.au/wp-content/uploads/2025/06/SA-2025-8-Assistance-Animals-National-Principles.pdf, p. 9-10.

CoMHWA has heard from several participants of the need for funding to cover noise-cancelling headphones, which they have been unsuccessful in having approved as an NDIS support. A lack of noise-cancelling headphones negatively affects some participants' ability to participate in the community and be in public spaces. Noise cancelling headphones can be a cost-effective support option that is often cheaper than specific 'assistive' items, and can reduce the need for support workers to enable participants to undertake activities.

Several participants have told us that their requests for funding to access apps that support their functional capacity and address needs related to their psychosocial disability have been denied, because these apps are not categorised as assistive. This is despite such apps often being developed to support mental health and enable easier navigation of tasks.

One participant noted that emerging technologies could be excluded if flexibility and scope is not given for them to be accessed through NDIS funding in the lists:

> *"It is necessary to increase support for emerging assistive technology equipment for the disabled."*

Daily personal activities

This item should broaden to enable participants to access mainstream services/supports for maintaining personal hygiene such as hairdressing and nail salon services, among other things. Access to such services is more cost effective than engaging support workers, ensures participants can access these supports from properly trained service providers, enables participants to access support with these activities in ways that maintain their personal space, privacy and comfort in their own home, and allows participants the opportunity to engage in activities in their community, providing opportunities for social connection when they visit these services.

Development of daily care and life skills

Feedback from one participant suggested the need for a specific niche form of support to be articulated around mentorship and organisation. Support coordinators often don't have the specific expertise needed to support participants to develop capacity around organisation. One participant shared that support workers that assist with organising life commitments and tasks are essential for reducing and preventing overwhelm and stress, and supporting their functioning in their day-to-day life. However, the high turnover with workers and lack of workers with strong skill in that area makes it hard to get that support in a consistent manner.

Mentorship can build skills and support capacity across social roles and career, develop strategies for developing, and build connections needed and attend meetings.

"When I first started getting supports, I was in crisis. I was lucky to have someone with experience in NDIS and connections who could help support. [That person] acted as an individual advocate."

Disability-related health supports

There is a need for clarity in this item around what supports for accessing health or mental health services for participants with complex communication needs or behaviours, and what this can include for people with psychosocial disability when they are moving between supports systems such as NDIS and hospitals.

Exercise physiology and personal well-being activities

This category should include mention of these activities promoting psychosocial wellbeing in order to improve access for participants with psychosocial disability. One participant told us that they would like the lists to provide for access to exercise physiology, which demonstrates that there is a lack of clarity about this item and that access for people with psychosocial disability is more difficult. Participants also would like to see access to gym memberships included here to support personal wellbeing, as they have previously been able to access this support through NDIS, and because of the strong link between exercise and social and mental functioning and wellbeing.[20]

Group and centre-based activities and Innovative community participation and Participation in community, social and civic activities

Include cost of participation in the activity itself, otherwise many NDIS participants will be unable to afford the costs of participating in community and social life. Participation in a hobby enables participants to be engaged with their community and in activities they enjoy, which supports capacity for social engagement and for caring for their own wellbeing.

Household tasks

Cleaning, garden and home maintenance are important to many of the participants CoMHWA has heard from. NDIS participants should not have to be limited to accessing NDIS providers or support workers to do these tasks. One participant told us that because of changes to availability of workers (in this case, an unregistered provider choosing not to continue offering services to participants because of incoming changes to registration requirements), funding and supports categories, they have gone from being able to

[20] Austin, F., Wright, K., Jackson, B., Budden, T., McMahen, C., & Furzer, B. (2025). Experiences of Exercise Services for Individuals with Severe Mental Illness: A Qualitative Approach. Psychology of Sport & Exercise, 78, Article 102826. https://doi.org/10.1016/j.psychsport.2025.102826

White, R.L., Vella, S., Biddle, S. et al. (2024). Physical activity and mental health: a systematic review and best-evidence synthesis of mediation and moderation studies. Int J Behav Nutr Phys Act 21, 134 https://doi.org/10.1186/s12966-024-01676-6

use their funding for a garden maintenance worker to having to use more funding to engage three support workers to do the same task.

Specialised driver training

Participant feedback to CoMHWA indicates that this item should mention that this support includes provisions for enabling accessible communication, whether this be funding for communication supports during instruction, or ensuring that support can cover driving instructors who are appropriately trained in disability communication. One participant noted:

> *"Include qualified driving instructors that are trained in disability communication, for example providing visual prompts, alternative communication methods and aligned disability strategies."*

Specialised supported employment

This category could include more support options to enable people in supported employment to transition to work in open employment settings. We expand on the specific impact of employment support options in our discussion of excluded supports below, noting for now that allowing for supports that help facilitate a transition between supported and open employment would allow for people with psychosocial disability to be more supported to lead a meaningful life.

Support coordination

Include explicit mention of inclusion of support from a psychosocial recovery navigator, as suggested in the final report of the NDIS Review.[21] The complexities of the interfaces between NDIS, mental health systems, community supports and supports across other settings and sectors including education, employment, and justice and corrections are such that where people cannot access NDIS funding for supports because other systems are expected to provide them, they are left attempting to understand and navigate multiple pathways to support – or, often, put into situations where supports are not provided at all, but the NDIS will not fund a support because of the expectation that another system has that responsibility. Service navigation has been demonstrated to be effective in supporting individuals with lived experience of mental health challenges through these complexities.[22] Peer navigators should also be defined as explicitly in scope for inclusion.

[21] NDIS Review (2023). *Psychosocial supports.* https://www.ndisreview.gov.au/resources/fact-sheet/psychosocial-supports (accessed 15/08/2024).

[22] Rattray, M., & Shelby-James, T. (2025). Clients' experiences of receiving service navigation for mental health support in primary care: Findings from a mixed-methods evaluation. *BMC Health Services Research*, *25*(1), 445. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-12622-y

CoMHWA frequently hears from participants than support coordinators are not adequately knowledgeable in and trained around working with participants with psychosocial disability, and so are not able to connect participants with relevant psychosocial supports.

Therapeutic supports

A better, and broader, description is required to ensure that people with psychosocial disability are able to access supports through funding for this item. This category is a source of confusion for participants with psychosocial disability, as it is not clear what kinds of therapeutic supports they can access, under what circumstances they can access them, and whether access includes psychologists.

There should be greater scope in this category for capacity building, especially as a complement to how participants might engage support workers. For example, a person could have a support worker accompany them to social activities or activities in the community, but to build they social skills, capacity and ongoing desire to engage socially, they need to access therapeutic supports regarding anxiety and emotional regulation. As one participant said:

> *"I think I would really benefit from this, I just want to get the support to engage with the community in the way that everyone should."*

CoMHWA feels that therapeutic supports for participants with psychosocial disability should support recovery, and funnelling participants towards rigidly defined therapeutic supports only provided by allied health professionals is not sufficient to enable this. Given continuing reports of decline in allied health providers,[23] limiting support options to such providers amid conditions in which the NDIA's approach to pricing and other market issues means that people with disability cannot easily access them imposes often insurmountable barriers to getting supports. We often hear from participants that they would like access to Peer workers through the NDIS, and, generally, CoMHWA's members often reiterate a need for more Peer support workers in the mental health system. Given the research on the effectiveness of Peer support, including access to peer support in the NDIS, there should be scope for participants with psychosocial disability to access to Peer supports, including one to one supports and group supports.[24]

[23] National Disability Services (2024). #4aBetterNDIS Fact sheet: Why we need to be concerned about NDIS allied health services. https://nds.org.au/news/4abetterndis-fact-sheet-ndis-allied-health-services

Australian Psychological Society. (2025). Allied health peak bodies call for immediate halt and review of NDIS price cuts. https://psychology.org.au/about-us/news-and-media/media-releases/2025/allied-health-peak-bodies-call-for-immediate-halt

[24] Elmes, A., Campain, R., Brown, C. et al. (2025). Psychosocial Recovery Coaching and the National Disability Insurance Scheme: Outcomes and their Alignment with the CHIME-D Recovery Framework. Community Ment Health J. https://doi.org/10.1007/s10597-025-01477-6

We go into more detail below about items on the exclusion list that we believe should be removed from that list and included as funded supports.

Changes needed to the list of supports that are not NDIS supports

CoMHWA feels that this list should be drastically altered and shortened. With respect to specific changes to the current list, the following items should be altered:

Sexual services and sex work

CoMHWA believes that sexual services and sex work should not be excluded but should be added to the list of supports that are considered NDIS supports. The exclusion of such items, which the NDIS previously has funded and which was backed by court rulings, denies the human rights of people with disability, and their ability to fully participate in all aspects of life, including sexual expression. CoMHWA adds our support to the Joint position statement: NDIS and sexuality that was signed by 38 disability and allied health organisations opposing reform to the NDIS in 2024 prior to the introduction of the lists, and calls for the decision that sexual services and sex be excluded to be reversed.[25] CoMHWA has consistently heard from participants that they feel that sexual services should not be excluded as an NDIS support.

Accommodation and household related

Costs of utilities that are needed to cover increased cost for the operation of specific equipment or to assist with increased costs of utility use arising from a person's needs relating to their disability should not be excluded. The explanatory statement says that there are already payments available to cover some of these costs but these are generally only available for specific subsets of people (low-income, for instance) and vary state to state.

Standard household items should be funded where they are required to assist with needs arising from a person's disability – a person having to apply for a replacement support in order to obtain this is inefficient and may leave them without needed funding in other areas, which could be avoided if they had funding for the items they require from the start. Some standard items can function in ways that support accessibility or are assistive. A person may not be able to access "assistive" versions of an item, as they have no need of specific functionality accompanying that item, but a standard version of the item carries the functions they require to meet needs arising from the impact of their disability in their lives. For example, we have heard from participants that dishwashers can be a necessary support, because they help people with daily living

[25] People with Disability Australia. (2024). Joint position statement: NDIS and sexuality. https://pwd.org.au/joint-position-statement-ndis-and-sexuality/

tasks and needs that otherwise need to be carried out by or done with the assistance of a support worker at greater ongoing cost. Such items would also in many cases support the independence and capacity of a participant.

Finance and payments related

Insurance costs relating to the ongoing care and maintenance of supports that are NDIS supports should not be on this list, and should be included in the lists of supports that are NDIS supports.

NDIS should consider funding the gap payment for Medicare funded mental health services for people with psychosocial disability. These are supports required by people with psychosocial disability specifically to address their needs as people with disability, and so mainstream access to such supports, with an average gap fee of 100 dollars, is not meeting needs.[26]

Lifestyle related

Relationship supports, intimacy coaches and relationship and dating coaches should not be excluded from being NDIS supports. Some of the participants we spoke to noted that access to such supports would have helped their personal recovery, and research has called for a change in approach from the NDIS to enhance relational wellbeing by provided relationships supports.[27] Participants also explained that they felt the exclusion of these items denies the ability of people with psychosocial disability to experience and participate in an important part of life on an equal basis as people who do not have disability:

> *"Why is this prohibited when this is such a meaningful goal that people might have?"*

As previously noted in our earlier comments on Assistive equipment**,** what is a standard item for some might be a needed disability support for another, and there are items here that are excluded which will impact the ability of people with psychosocial disability to get the support they need to engage in daily tasks and in their communities.

The blanket exclusion of standard computer and digital devices should be removed, as smart watches, tablets and phones can support independence and recovery. Such items can be essential for accessing a range of beneficial apps and communication options, and have been shown to offer significant benefits for

[26] Australian Psychological Society. (2024). People losing access to psychology services amid cost-of-living crisis, APS member poll reveals. https://psychology.org.au/about-us/news-and-media/media-releases/2024/people-losing-access-to-psychology-services-amid-c

[27] Meltzer A, Davy L. (2019) Opportunities to enhance relational wellbeing through the National Disability Insurance Scheme: Implications from research on relationships and a content analysis of NDIS documentation. Aust J Publ Admin; 78: 250–264. https://doi.org/10.1111/1467-8500.12373

those people experiencing anxiety, agoraphobia and other mental health challenges.[28] Consequently, we believe that digital devices should not be on the list of exclusions.

The costs of recreational activities and events that enable participants to engage in recreational, social and community activities should not be subject to blanket exclusions. Participants have told us that access to options that NDIS previously identified as a support it would fund to enable community and social participation for them are no longer available. As one participant explained, this meant that they had:

> *"Fewer options to add meaning to life."*

Clothing and beauty related services

As explained in the previous section regarding daily personal activities, the rule should not exclude all beauty related services as these can be appropriate, reasonable and cost-effective supports for personal hygiene.

Some standard clothing and footwear may be a cost-effective alternative to adaptive, modified clothing needed to meet a participants' sensory needs.

Travel and transport related

Travel and transport for the purposes of respite ought to be included. CoMHWA has heard from participants that some plans have respite listed on the plan, but now with travel and transport excluded it is not possible or less possible to take the respite. One participant shared that previously they would have had the flexibility to access funding for accommodation for respite, but since the introduction of the rule that was no longer possible for them.

Pet related

This item should not exclude pet insurance for assistance animals. As we outlined above, the definition of an assistance animal must also be addressed in order to ensure that people living with psychosocial disability are not unduly excluded from receiving the benefits offered by these supports. Having access to funds to obtain Insurance for assistance animals is vitally important to the peace of mind of participants that make use of these valuable animal supports, ensuring that unexpected event or illness does not impact the wellbeing of their animals or impede the assistance that they offer.

Not evidence-based

Many items on this list are helpful supports that participants tell us they would like to access. There are items on this list that have significant evidence behind them, such as meditation and yoga, which have

[28] Linardon J, et al. (2024) 'Current evidence on the efficacy of mental health smartphone apps for symptoms of depression and anxiety. A meta-analysis of 176 randomized controlled trials' in World Psychiatry, *23*(1), 139-149, https://doi.org/10.1002/wps.21183

benefits for mental health.[29] Some participants have told us that the question of whether they are able to access yoga persists, with some saying they aren't able to access as it moved to non-NDIS supports, and others still accessing yoga through some providers who offer it in the context of allied health professionals incorporating this into therapies.

Wellness, life, career, and cultural coaches should be removed from this exclusions list, and included in the list of supports that are NDIS supports, as these can be important supports enabling people with psychosocial disability to work towards personal recovery goals. One participant told us that a life coach and a cultural coach would be valuable support for them. NDIS participants have also mentioned the need to rethink the exclusion of game therapy and animal therapy.

Participants were deeply concerned by the 2024 news that music and creative arts therapies might be removed, and are against such a development, given that these therapies can be a helpful psychosocial support and promote social participation.[30]

As we and others have noted,[31] the approach to defining evidence-based supports has excluded access to some supports that are important to some Culturally and Linguistically Diverse communities, which means that NDIS participants in these communities have fewer options for relevant, appropriate, and culturally safe supports. The National Mental Health Consumer Alliance have, in their submission about the NDIS Rules, highlighted the concern that the adoption of medicalised approaches will prevent access to traditional healing practices for Aboriginal and Torres Strait Islander Peoples, as well as other marginalised cultures.[32] We echo this concern and believe that culturally appropriate supports must be made available to participants in the NDIS.

Related to health

Participants have told us of how the exclusions of gym access/memberships removes options for support for community engagement and management of their day-to-day health needs.

[29] Vancampfort et al. (2021). The efficacy of meditation-based mind-body interventions for mental disorders: A meta-review of 17 meta-analyses of randomized controlled trials. *Journal of Psychiatric Research*, *134*, 181-191, https://doi.org/10.1016/j.jpsychires.2020.12.048.

[30] Jensen A., and Bonde, L. (2018). The use of arts interventions for mental health and wellbeing in health settings. *Perspectives in Public Health*, *138*(4), 209-214, https://doi.org/10.1177/1757913918772602.

[31] National Mental Health Consumer Alliance (2024). *Submission on Draft Lists of NDIS Supports.* https://nmhca.org.au/our-advocacy/

Every Australian Counts (2025). *Submission on The Draft Lists of Permitted and Prohibited 'NDIS Supports.'* https://engage.dss.gov.au/wp-content/uploads/2024/10/Every-Australian-Counts-EAC.pdf, p. 11.

[32] National Mental Health Consumer Alliance (2024). *Submission on Draft Lists of NDIS Supports.* https://nmhca.org.au/our-advocacy/

CoMHWA has heard from a participant that NDIS is unable to fund sleep aids for them as they are not defined as an NDIS support. Consumers have said this is an issue because sleep difficulties intersect with disability and health and mental health challenges. CoMHWA repeats the initial calls we made, alongside the Federal, State and Territory Consumer peaks, for sleep consultant services, and non-clinical support for chronic pain given the high co-occurrence of sleep difficulties[33] and/or of chronic pain for people with mental health challenges.[34]

Related to mental health

This category should not contain blanket exclusions, and should be rethought in the context of opportunities to enable funding for personal recovery related supports. Avoid wording that would exclude participants from accessing non-clinical psychosocial support within clinical services or settings, such as group, peer, art therapy or other psychosocial recovery supports.

Psychologists should not be excluded where they may be classified as treatment. The need for better access to psychologists through the NDIS is one of the major pieces of feedback CoMHWA has from participants with psychosocial disability, and has been for some time. As described earlier, existing mainstream access options do not cover full fees, leaving individuals to pay a gap fee many cannot afford, and offer an insufficient number of subsidised sessions for many participants with psychosocial disability.

NDIS funding could also greatly increase participants access to needed support by not excluding funding for psychiatrists. Participants should be able to access specialists, such as (but not limited to) Occupational Therapists and Speech Therapists, who may sometimes be working in a clinical environment or classed as having clinical expertise, but who provide psychosocial recovery support.

One participant told us that they feel counselling should be included as an NDIS support:

> *"long-term professional psychological counselling services for special mental illnesses."*

Related to child protection and family support

Capacity building supports across all areas of a participant's life, including relationships and family connections should be NDIS funded supports and should not be included on this list.[35] This includes items

[33] Fornaro, M., et al. (2024). Insomnia and related mental health conditions: Essential neurobiological underpinnings towards reduced polypharmacy utilization rates, *Sleep Medicine*, *113*, 198-214, https://doi.org/10.1016/j.sleep.2023.11.033.

[34] Australian Institute of Health and Welfare (2025). *Physical health of people with mental illness*. https://www.aihw.gov.au/reports/mental-health/physical-health-of-people-with-mental-illness

[35] Meltzer, A. and Davy, L. (2019). Opportunities to enhance relational wellbeing through the National Disability Insurance Scheme: Implications from research on relationships and a content analysis of NDIS documentation. *Aust J Publ Admin*, *78*, 250–264, https://doi.org/10.1111/1467-8500.12373.

like therapeutic supports with family, parenting, marriage and relationships, as these enable people with psychosocial disability to build capacity for participating in relationships and provide support for social and community participation, which is within the remit of the NDIS.

Related to higher education and vocational education and training

NDIS funding should not exclude the provision of supports related to higher education and vocational education and training, as this exclusion operates counter to the following stated principle undergirding the rationale for NDIS supports: 'the support will help you undertake activities that will help you take part in work, social and community life.'[36] The current refusal for funding of services and devices that would help facilitate education for participants is counterintuitive, given the above principle and overarching concern for ensuring participants are supported to their engagement with society and meaningful pursuit of their goals. These supports would serve to better facilitate access plans and other supports offered by education institutions themselves—the supports we were told could not be funded included devices such as noise cancelling headphones, which we have heard are outside the remit of education institutions to provide in their effort to ensure equitable access to education. Providing such supports would therefore not result in duplication or inefficiency, but would instead result in a multiplicative impact in the level of support participants receive in the pursuit of education goals desired by both participants, and the NDIS more broadly.

Related to employment

NDIS funding should extend to more employment supports in order to facilitate more people with disability finding and maintaining employment in open workplaces. A recent research study on work integration social enterprises connecting people with disability to open or hybrid employment identified the need for greater flexibility and scope for employment support in the NDIS. The report noted that what is covered through NDIS funding leaves out supports that are essential in negotiating the complex pathways to finding and maintaining work, meaning that some participants are not supported adequately through this process:

> *"Individuals can use their NDIS funding in the Disability Enterprise, in Open and Hybrid Employment arrangements (that is when working in both a Disability Enterprise and Open Employment). … Disability Enterprises were restricted in the types and level of support they provided to participants, due to an absence of suitable employment support funding in Individual Plans."*[37]

[36] National Disability Insurance Scheme (2025) 'Principles we follow to create your plan' Accessed online 23/07/25 https://ourguidelines.ndis.gov.au/media/1541/download?attachment

[37] Campbell, P., Joyce, A., Crosbie, J., & Wilson, E. (2024). *Connecting Pathways to Employment with the Work Integration Social Enterprise (WISE) - Ability Model: Final Report* (Version 1). Swinburne. https://doi.org/10.25916/sut.26378302.v1, p. 52.

In CoMHWA's recent discussions with consumers as a part of our submission to the Next Steps in Supported Employment consultation, several consumers identified that they feel the NDIS could play a more meaningful role in supporting employment outcomes for people with psychosocial disability. There are very few Disability Employment Services that provide appropriately tailored and specialised support for people with psychosocial disability in particular, so there is a need for funding to enable access to such supports.

Related to housing and community infrastructure

As previously noted in our joint submission on Draft NDIS supports lists with the NMHCA and other State/Territory Consumer peaks, this item should not exclude participants in Specialist Disability Accommodation and Supported Independent Living arrangements from appropriate crisis housing and short- or medium-term accommodation if they are evicted.[38]

Exit cleaning and damage repairs can assist people with psychosocial disability to find and maintain tenancy in the private housing market. Repairing damage that arises directly from a person's disability should be funded by the NDIS. People with psychosocial disability may require assistance with home maintenance tasks including cleaning – it is unclear why this is accounted for in the inclusion list but exit cleaning is excluded here.

Related to justice

People with disability in prison systems should have access to needed NDIS supports, and exclusion from NDIS should not be a form of extrajudicial punishment. CoMHWA supports asks we, alongside the NMHCA and other state and territory peaks, have already made concerning the need to ensure access to NDIS supports, some of which are explicitly excluded in the transitional rule, including access to pre-sentencing psychiatric reports to support access to NDIS items upon release. Rewording to avoid blanket exclusion of access to NDIS supports to meet the access and daily living needs of participants who are in custody, including those individuals classed as mentally impaired accused being held in secure mental health facilities, is important for participants with psychosocial disability as prisons and other custodial environments are chronically ill-equipped to meet the routine mental health needs of mainstream prison populations, and so are unlikely to provide adequately for the needs of people with psychosocial disability.[39]

[38] National Mental Health Consumer Alliance (2024). *Submission on Draft Lists of NDIS Supports*. https://nmhca.org.au/our-advocacy/

[39] The Justice Reform Initiative (2022). *State of incarceration: Insights into imprisonment in Western Australia.* https://assets.nationbuilder.com/justicereforminitiative/pages/337/attachments/original/1684124859/JRI_Insights_WA-2-2.pdf?1684124859, p. 11.

The explanatory statement to the transitional rule includes mention of people in custody who are on bail, probation, or parole, serving a community-based order, and under forensic orders (in the community). CoMHWA feels that there can be no reasonable argument that people in custody who are in the community should not have full access to NDIS supports – they are not in a facility providing any kind of disability support, and so providing those supports must be the responsibility of the NDIS.

Related to aged care

The NDIS should fund psychosocial supports for people living in aged care facilities who access NDIS for psychosocial disability. Aged care facilities are not intended to, and do not function, in ways that meet the needs of younger people with psychosocial disability who live in such facilities. Younger people with psychosocial disability in aged care facilities are there because of a systemic failure to provide more suitable housing and support options for them.[40] It is not reasonable to withhold psychosocial and other disability-related supports from participants that will enable them to connect with their community, build their capacity, and potentially transition out of that setting. It is encouraging to note that the NDIA has been doing work to support younger participants in residential aged care to move into age-appropriate settings,[41] and it should consider revising this section so that it does not stand in the way of that work.

Unlawful goods and services

Participants told us they found the mention of unlawful good and services on the exclusion list to be patronising, saying that they would not assume that funding could be used to purchase something that was not lawful.

7. Conclusion

The NDIS Support Rules are in drastic need of amendment and reform if they are to address the profound levels of distrust, confusion and distress that the changes have so far had on participants living with a psychosocial disability. The current Rules are difficult to understand and navigate, leading to significant stress for participants as well as having an adverse effect on their wellbeing by delimiting their access to

Sotiri, M. & Schetzer, L. (2024). *Adult imprisonment in Australia*. Justice Reform Initiative, Australia. https://assets.nationbuilder.com/justicereforminitiative/pages/441/attachments/original/1733879377/Dec_2024_PRISONS.pdf?1733879377 pp. 15-16.

[40] Young People in Nursing Homes National Alliance. (2024) *What was the issue: Younger Australians are still being placed into residential aged care*. Accessed 23/07/25 https://ypinh.org.au/the-issue/what-is-the-issue/

[41] NDIS Quarterly Report Q3 2024–25. https://www.ndis.gov.au/publications/quarterly-reports

supports that work for them. As we have explored throughout this submission, participants have found the change to a list of included and excluded supports rather than a principles-based approach to be confusing and prohibitive.

The impact of this shift from a principles-based approach has not only impacted which supports can be offered to participants to achieve their goals, but has also impacted what goals participants have set. We have heard that goals have been strategically reworded so as to ensure that individuals can receive funding, even when these goals are not aligned with the preferences or personal goals of participants. This represents a critical problem where the intention of the NDIS is being undercut the Scheme's Rules for supports, leading to worse outcomes for participants across Australia and unaddressed needs that will lead to system-wide inefficiencies.

In lieu of a return to a principles-based approach for NDIS supports, CoMHWA hopes that our submission can serve to mitigate the variety of harms that we have heard about from people living with psychosocial disability since the Support Rule changes came into effect. To address this impact appropriately going forward, it is essential that provisions are made to ensure that psychosocial supports to support personal recovery are co-designed with NDIS participants with psychosocial disability. Without listening to these individuals and addressing the gaps in the Scheme they identify, people utilising the NDIS will continue to experience unnecessary distress and confusion when they are vulnerable and seeking support.

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