ermha 365

Mental Health
Disability
Complex Services

JULY 2025

# ermha365 response to the NDIS Supports Rules Consultation

Submitted by ermha365

# Introduction

This submission by **ermha**365 responds to the current consultation on the NDIS Supports Rules. It draws on our extensive experience supporting people with complex needs, including those with dual disabilities, justice involvement, and housing instability. We highlight the insufficiencies of the current NDIS Supports lists and propose targeted recommendations to ensure the scheme remains inclusive and effective.

# Strategic Framing

- Over 62,000 NDIS participants have a psychosocial disability.
- Funding low-cost supports prevents high-cost interventions.
- Excluding people with complex needs from necessary supports undermines their dignity and safety and can lead to hospitalisation, incarceration, and homelessness.

# Summary of our response

As noted in our August 2024 submission, we remain concerned that the NDIS Supports lists will unfairly disadvantage people with complex support needs:

1. Mental health supports are inadequately defined and funded
2. Justice system supports are excluded despite high need
3. Housing-related supports are critically underfunded
4. Essential living costs are excluded despite their impact on safety
5. Therapies and supports with emerging evidence are excluded, and
6. The inflexibility of the NDIS Support Lists undermines individualised support.

In addition, under the NDIS Support Lists and NDIS planning framework as it currently stands, essential staff roles remain unfunded including team leaders, admin staff, and key workers who manage complex cases, compliance, and coordination including incident reporting, rostering, supervision, and crisis management.

Failure to fund these crucial roles leads to staff burnout and turnover, reduced service quality and safety, and inability to support complex clients effectively.

## 1. Mental Health Supports Are Inadequately Defined and Funded

The current NDIS Supports list excludes critical mental health services such as inpatient care, pharmaceuticals, and bridging supports.

Sarah, a participant with dual disability who benefits from high-intensity support staff during mental health team visits. These supports help Sarah self-regulate and ensure her care is holistic and uninterrupted. This has led to improved mental health and reduced staffing needs from 2:1 to 1:1 during visits.

This case study demonstrates the importance of integrated support during mental health interventions.

Without NDIS-funded bridging supports, participants with dual disabilities face service gaps that exacerbate their conditions and increase long-term costs. We recommend including carve-outs for bridging supports and advocacy for dual disability participants, especially during transitions between hospital and community care.

## 2. Justice System Supports Are Excluded Despite High Need

NDIS does not adequately recognise or fund the needs of participants with complex psychosocial, justice, and health-related challenges who require intensive case management and cross-sector coordination.

If unfunded, participants fall through service gaps, experience increased risk of institutionalisation or harm, and providers “drop” participants because they are unable to sustain support for high-needs clients.

The exclusion of supervision and monitoring for justice orders (STOs, NCSOs) fails to support participants with legal obligations.

Narelle, a participant on a Supervised Treatment Order, requires continuous support for compliance, tribunal preparation, and court attendance. Support workers document progress, attend care team meetings, and provide emotional and practical support. Without this, Narelle risks incarceration due to behaviours linked to her disability.

This case study illustrates the need for intensive support to comply with tribunal and court requirements. We recommend funding supervision, reporting, and tribunal preparation to uphold human rights and reduce recidivism.

## 3. Housing-Related Supports Are Critically Underfunded

The NDIS Supports Lists currently exclude rental assistance and direct housing support. Support Coordinators are left holding the gap, and participants experiencing homelessness are referred to external agencies that often lack capacity.

The exclusion of rental assistance and housing-related costs undermines the delivery of SIL supports. The great majority of NDIS participants are not eligible for SDA, and due to the lack of affordable housing, providers like **ermha**365 must use their own funds to secure rental properties.

Additionally, the exclusion of housing-related costs and denial of SDA to many participants also fails to acknowledge the quality and safeguards obligations in supporting NDIS participants who have complex psychosocial disability, and to prevent risk of justice system involvement, and deterioration in physical and mental health.

This is a huge challenge for registered providers, like **ermha**365, as we try to stay viable and meet the NDIA's obligations, provide safe and appropriate homes for the people we support and safe workplaces for our staff.

We do not want to walk away from providing SIL/SDA to the people we support — some of the most vulnerable in Victoria and the Northern Territory, where we operate. In many cases, **ermha**365's NDIS clients have come to us after multiple service breakdowns with the fly-by-night unregistered providers who "drop" them when their packages are exhausted.

Housing is a core need for our NDIS clients and the delivery of SIL, without which our participants face homelessness, jeopardising their support and wellbeing.

We recommend allowing rental assistance for participants who do not qualify for SDA but require SIL.

## 4. Essential Living Costs Are Excluded Despite their Impact on Safety and Community Participation

**Transport** is inconsistently funded. Activity-based transport that would enable travel to appointments, community activities, and support services is often excluded, and general transport funding is inaccessible for providers.

As a result, participants become isolated and miss essential services, and providers must reduce support hours to cover transport, undermining care.

**Essential domestic supports** like cleaning, lawn mowing, and biohazard cleaning are excluded, especially for participants not in 24/7 care.

Regular cleaning is required for hygiene and safety, and biohazard cleaning after medical incidents or contamination is essential for health and safety compliance. Lawn mowing for property upkeep is also essential to maintain habitable and safe working and living conditions.

As a result of these exclusions, support providers and participants are exposed to increased health risks; participants experience reduced dignity and independence, and service providers are open to greater liability.

**Exclusions such as internet and mobile phones** disproportionately affect participants with high support needs, including complex and challenging behaviours. These items are essential for communication and increasing independence and community participation. Their absence creates service disruptions.

We recommend funding essential living costs directly linked to disability-related support needs.

## 5. Therapies and Supports with Emerging Evidence Are Excluded

**Therapies such as yoga, massage, and animal-assisted therapy are excluded despite their benefits in trauma-informed care.** Participants with psychosocial disability and complex trauma histories benefit from these supports. We recommend reassessing exclusions and including therapies with emerging evidence of benefit.

Examples include:

- Yoga for anxiety and trauma recovery
- Animal therapy for emotional support and social engagement
- Art therapy for expression and healing.

Helen is a young vulnerable adult with an intellectual disability for whom equine therapy is an integral part of life. Prior to being supported by **ermha**365, Helen would move around frequently, disengaging with her support services and workers. Consequently, she was at risk of harm and exploitation and would be reported to the police as missing. Now, Helen is living in stable accommodation and sleeps in her own home every night. Equine therapy has been part of the intensive behaviour support for Helen that helps her feel safe.

**Occupational Therapy funding is too limited**, as NDIS often funds only the functional capacity assessment, not the ongoing OT sessions and therapeutic work needed for sensory regulation, daily living skills, and mobility, and to build skills and independence.

As a result, participants receive assessments without follow-through, and there is little to no improvement in functional capacity or independence.

## 6. The inflexibility of the NDIS Support Lists undermines individualised support.

The rigid categorisation of supports fails to accommodate participants with extraordinary support needs, whether psychosocial, physical or both. The current lists do not reflect the principles of choice and control central to the NDIS or recognise the diverse goals, needs, and circumstances of each participant.

We recommend a flexible, needs-based framework that allows for exceptions and individualised support planning.

# Answers to the questions framed by the Consultation paper

## How well do you understand the NDIS Support rule?

**ermha**365 understands the intent of the NDIS Support rule to clarify what supports can be funded. However, the rule remains complex and inconsistently interpreted across the sector. This creates confusion and uncertainty for participants, families, and providers. Our experience with high-intensity support clients shows that the rule does not adequately reflect the lived realities of participants with complex needs.

## What would help make the rule easier to understand?

To make the rule easier to understand, we recommend:

- Clearer definitions and examples of supports, especially in areas like household items, therapies, and day-to-day living costs.
- Consistent interpretation guidance for support coordinators, plan managers, and NDIA staff.
- Training and resources for providers and participants to navigate the rules effectively.

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

The lists have provided a framework, but they are overly restrictive and lack nuance. They do not reflect the lived realities of participants with complex needs, particularly those requiring high-intensity supports or facing systemic barriers in housing, justice, and mental health. Case studies such as Sarah and Narelle illustrate how the lists fail to accommodate necessary supports in mental health and justice contexts.

## What have you found hard about using or understanding the lists for:
## - supports that are NDIS supports
## - supports that are not NDIS supports?

The binary nature of the lists fails to account for:

- Dual disability needs, where mental health and disability intersect.
- Justice system involvement, where supervision and reporting are essential
- Housing instability, where SIL supports are impossible without secure housing.
- Essential living costs, such as biohazard cleaning and communication tools, which are critical for dignity and safety.

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

Examples of unclear items in the NDIS Supports lists include:

- **Animal-assisted therapy:** Unclear criteria for inclusion.
- **Innovative community participation:** What are considered extraordinary support needs? For instance, are activities like animal therapy for participants with complex trauma that help them participate in community considered in this category?
- **Day-to-day living costs:** Overly broad exclusions that ignore the realities of participants who cannot work or access SDA.
- **Therapies such as yoga, massage, music and art therapy,** which have evidence supporting their benefit in trauma-informed care but are excluded.

## Are there any areas of the NDIS Supports rule (or lists) you think need to be changed?

We recommend the following changes:

1. Include advocacy and bridging supports for participants with co-occurring mental health conditions.
2. Fund comprehensive assessments to distinguish between disability and mental health needs.
3. Support participants on STOs and NCSOs with tailored supervision, reporting, and tribunal support.
4. Allow rental costs to be funded under NDIS plans for participants who do not qualify for SDA.
5. Fund internet services, phones, and related accessories to ensure providers can maintain contact with participants.
6. Include mental health supports in the list of disability-related health supports to ensure holistic care.