Beyond the NDIS: Unmet needs, Foundational Supports and system reform for psychosocial disability

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Executive Summary

We conducted a survey of 1625 people in Australia, asking them about their views on recent and proposed reforms to the National Disability Insurance Scheme (NDIS) and broader psychosocial supports. In this report we have brought together the data relating to unmet needs for support, Targeted Foundational Supports for psychosocial disability, and broader policy reform priorities.

Taken overall the results from 1625 completed survey responses show that there is significant concern in the community about what may eventuate in relation to Foundational Supports, and significant pessimism that the reforms will result in improvements in support for people with psychosocial disability and mental health challenges. This is compounded by poor understanding of what Foundational Supports are, and high levels of mistrust in government and public agencies.

Areas of unmet needs for people with mental health challenges not receiving the NDIS

Around 2/3 of respondents with mental health challenges not receiving the NDIS, or carers reflecting on the needs of those they supported, identified unmet needs. Respondents had the highest needs for: accessing healthcare and therapies (38%), getting out of the house to do activities (32%) and improving relationships with family and/or friends (31%). 35% of people identified that they had no needs which needed to be met.

In open-ended responses psychological supports which provided therapies, counselling, and illness self-management programs to improve executive functioning, and emotional regulation were the most needed support. Other ‘missing’ supports were psychosocial support for personal recovery and independence (such as capacity-building training, recovery coaching, and peer support), daily living supports, financial and employment supports, and involvement in community and social activities.

The most common reasons for individuals not accessing supports for their personal recovery were the cost of supports (45%), not knowing what supports are available (41%), and poor understanding of how the system works (35%).

Reasons for not accessing the NDIS were: uncertainty about eligibility (41%), mental health challenges not seen as severe and permanent (thereby not meeting the eligibility criteria) (27%), limited knowledge of the NDIS (23%) and a belief that the process was not worth it (20%).

Targeted Foundational Supports for psychosocial disability

Across all respondents there was limited awareness of the concept of targeted Foundational Supports for psychosocial disability, with 56% being not aware at all. Of those who were aware, the largest groups were service providers (25% very aware, 49% somewhat aware) and current NDIS participants with psychosocial disability (21% very aware, 35% somewhat aware). Of people with mental health conditions outside the NDIS just 2% were very aware, and 16% somewhat aware.

There were mixed views about the ability for Foundational Supports to reduce pressure on the NDIS (39% affirmative, 33% negative). 38% believed it would improve supports for people with psychosocial disability and 35% thought it would not. Free text responses showed that concerns related to confusion about what Foundational Supports would look like or pessimism that they would not actually eventuate in an equitable or timely manner. Others were worried that people would be removed from the NDIS as a result of Foundational Supports being implemented, that they would receive poorer quality supports or that they would be pushed back into the overburdened public mental health services.

People with mental health challenges outside the NDIS (n = 464) and carers (n = 69) were asked which types of Foundational Supports they would utilise. The most commonly identified supports were: access to a key worker to help navigate systems (49%); illness self-management program (39%); social and community engagement programs (37%); skills and capacity-building support (35%); daily living assistance (32%); peer and family support (27%); employment support services (27%); housing assistance (24%).

Broader policy reform

Thematic analysis of open-text responses about areas for broader policy reform revealed the following key priorities:

1. Strengthen systems beyond the NDIS (n = 126)
2. Ensure fair, efficient, and flexible funding (n = 467)
3. Improve service quality and workforce capacity (n = 238)
4. Simplify process and strengthen navigation (n = 186)
5. Recognise and respect people with disability and their families (n = 134)
6. Promote accountability and public trust (n = 266)

Next steps

These findings show that it is imperative that the government openly discuss proposed reforms with communities in order to: 1) address mistrust and 2) ensure that the design of Foundational Supports, future NDIS changes and broader psychosocial reforms is going to meet the needs of people with psychosocial disability and mental health challenges. This includes using government agencies and the national representative bodies to engage in genuine public consultation and co-design.

This current report feeds into ongoing work of our own research team to design a research-based model of targeted Foundational Supports for psychosocial disability. We hope that the results in this report are an important resource for the sector and government in the development of a range of different options for Foundational Supports and other needed reforms.

Context

In recent years, there has been growing recognition that many people living with mental health challenges[1] experience significant functional impairments yet remain unsupported by either the National Disability Insurance Scheme (NDIS) or mainstream services. The current service landscape is fragmented, difficult to navigate, and often unable to meet the needs of people whose psychosocial disability is episodic, fluctuating, and shaped by social determinants such as housing, income, and community connection.

The final report of the Independent Review of the NDIS, *Working Together to Deliver the NDIS* (2023), highlighted that the Scheme was never intended to meet the needs of all people with disability, particularly those whose support requirements are not permanent or who benefit more from flexible, community-based interventions. To address this gap, the Review proposed a new system of Foundational Supports to be jointly delivered by Commonwealth, State and Territory governments.

Foundational Supports are proposed to provide accessible, equitable, and recovery-oriented assistance to people with disability, focusing on those who are not eligible for the NDIS. They include two streams:

- General Foundational Supports – available to all people with disability; focusing on inclusion, information, peer support, and community capacity-building;
- Targeted Foundational Supports – designed for individuals with higher or more complex needs, such as people with psychosocial disability, children, and young people requiring specialised assistance.

For people with mental health challenges who experience significant functional limitations – sometimes referred to as psychosocial disability - Targeted Foundational Supports are particularly critical for filling known gaps in support. Targeted Foundational Supports are proposed to encompass non-clinical, community-based supports that promote recovery, independence, and participation. Examples include navigation and coordination of services, peer and carer supports, daily living assistance, and flexible funding for short-term, recovery-focused interventions.

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[1] We acknowledge the difficult and sometimes contested nature of language relating to mental illness, mental health and disability. In this report we use the terms ‘psychosocial disability’ and ‘mental health challenges’. In doing so we separate the mental health challenges that people experience from their effects, which relate to functional impairments and may sometimes result in ‘psychosocial disability’. In the context of the NDIS ‘psychosocial disability’ refers to people who have entered the scheme with a primary disability type relating to a mental health challenge.

The results reported in this report are derived from a national survey of over 1600 people which examined recent and proposed changes to the NDIS and perspectives on improvements to broader systems that provide support to people with mental health challenges. While the overall study explored multiple reform areas, this report focuses specifically on results relevant to the proposed Foundational Supports and systems operating outside the NDIS, with the aim of providing understanding of current awareness, expectations, and concerns about how these supports might function in practice.

This research was funded by an Australian Research Council Industry Laureate Fellowship (IL230100154) held by Professor Jennifer Smith-Merry (2024-2029). The National Disability Insurance Agency (NDIA) are a partner on that grant however they had no involvement in the research conducted for this report.

Methods

Study Aims

The overall aims of the survey were to provide data which would assist us to:

1. Understand the experiences of people currently in the NDIS
2. Understand the needs and barriers faced by people with mental health challenges outside the NDIS
3. Examine awareness, experiences, and concerns regarding the new 2024 NDIS rules
4. Explore awareness, expectations, and concerns regarding the Early Intervention pathway within the NDIS recommended by the 2023 NDIS Review
5. Explore awareness, expectations and concerns regarding the targeted Foundational Supports for psychosocial disability outside the NDIS recommended by the 2023 NDIS Review
6. Gather perspectives on the long-term sustainability of the NDIS
7. Seek suggestions for improving access, quality, and coordination of supports for people with psychosocial disability and mental health challenges

This report focuses on the results of the survey in relation to aims 2, 5 and 7.

Questionnaire Design and Testing

We developed five versions of a questionnaire to capture the perspectives of different groups: NDIS participants with psychosocial disability, NDIS participants with another type of disability, people with mental health challenges who are not currently part of the NDIS[2], informal carers of people with psychosocial disability or mental health challenges, providers who work with NDIS participants, and members of the general public. For brevity, these groups are referred to by shortened labels (NDIS-PSD, NDIS-Other, non-NDIS MH, Carer, Provider, and General) in figures and visual displays throughout this report. As an example of the questionnaires, a copy of the questionnaire for people with mental health challenges who are not currently part of the NDIS can be found at the end of the report.

At the start of the survey, screening questions confirmed eligibility and directed respondents to the questionnaire relevant to their role. Questions first gathered demographic data from participants, then sections of questions focused on different aspects of recent and proposed

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[2] People self-reported as having mental health challenges by selecting the option “I have a mental health condition, but I am not currently part of the NDIS” in response to the screening question, “Which of the following best describes you?”

reforms relevant to psychosocial disability. For example, in relation to the proposed targeted Foundational Supports for psychosocial disability, we asked a series of questions to gauge respondents' level of awareness, perceptions of potential benefits, and concerns about how Foundational Supports might operate in practice. We invited respondents to indicate which types of supports they would be most likely to use and to describe any barriers or risks they anticipated. We also asked people about the unmet needs they had for support. This was important because it helped us to understand the types of supports they may need within a Foundational Support system. We included a broad free-text response question about how supports for people with psychosocial disability and mental health challenges could be improved in Australia.

The draft questionnaires were reviewed by the project advisory team, which included people with lived experience, disability advocates, peak bodies, government agencies (such as the National Disability Insurance Agency and Department of Social Services), and disability researchers. We also tested the survey with six people with psychosocial disability using a "think-aloud" process[3]. This helped us assess how easy the questions were to understand, whether the wording was appropriate, if any important topics had been missed, and whether the online format was user-friendly.

Ethics approval was granted by the University of Sydney Human Research Ethics Committee (Project ID: 2024/HE001326).

Survey Data Collection

The survey was delivered online across Australia during May and June 2025. Various recruitment strategies were employed to reach the different groups. NDIS participants and carers were invited through Disabled People's Organisations and advocacy groups such as OneDoor, Mind Australia, and Carers NSW. Several local government councils also helped distribute the survey through their Disability Inclusion Action Plan (DIAP) teams. Service providers were mostly reached through professional networks on LinkedIn. The majority of people with mental health challenges who were not in the NDIS, as well as members of the general public, were recruited through the online panel provider Pureprofile.

Data Analysis

We used descriptive statistics to summarise the survey data. Percentages are based on valid responses only, with missing data and "not applicable" answers excluded from the

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[3] J.L. Padilla & J.P. Leighton (2017) *Cognitive interviewing and think aloud methods.* In: B. Zumbo & A. Hubley (eds) Understanding and investigating response processes in validation research. Social Indicators Research Series, vol. 69. Cham: Springer. Available at: https://doi.org/10.1007/978-3-319-56129-5_12

calculations. Free-text responses were analysed using a framework approach[4]. Three members of the research team read and coded the responses, compared their interpretations, and agreed on a set of common themes. These themes were then used to describe the main issues and concerns raised by respondents. Additional themes were identified where the existing themes did not capture the key themes being raised. To help present the findings, we produced a range of visual displays such as pie charts, bar charts, along with representative quotations from the qualitative data.

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[4] N.K. Gale, G. Heath, E. Cameron, S. Rashid & S. Redwood (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology,* 13(1), 117.

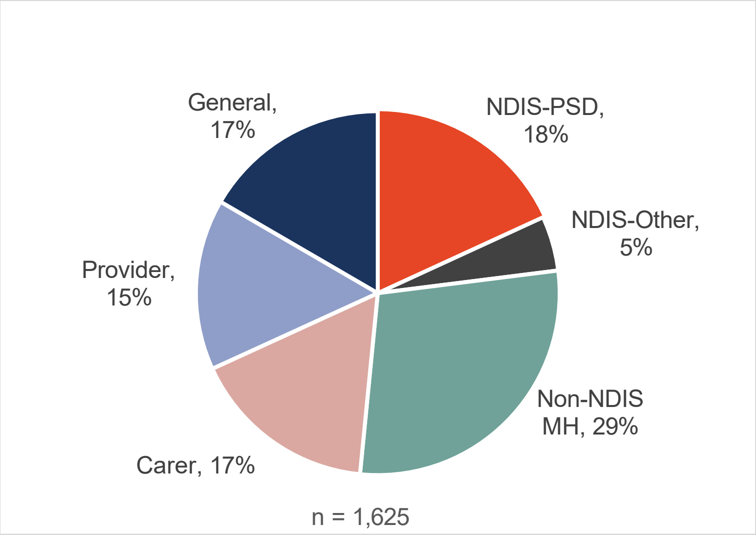
Detailed Results

Respondents Characteristics

A total of 1,625 individuals completed the survey. Most (96%, n = 1,552) filled it in themselves, while a small proportion (4%, n = 65) were helped by a family member, friend, or support worker.

Almost half of the respondents reported having mental health challenges. This included 295 (18%) NDIS participants with psychosocial disability and 464 (29%) people who were not NDIS participants. Other groups included 270 (17%) informal carers supporting someone with mental health challenges, 247 (15%) NDIS service providers, and 270 (17%) members of the general public. A smaller group (5%, n = 79) were NDIS participants with a disability other than psychosocial disability.

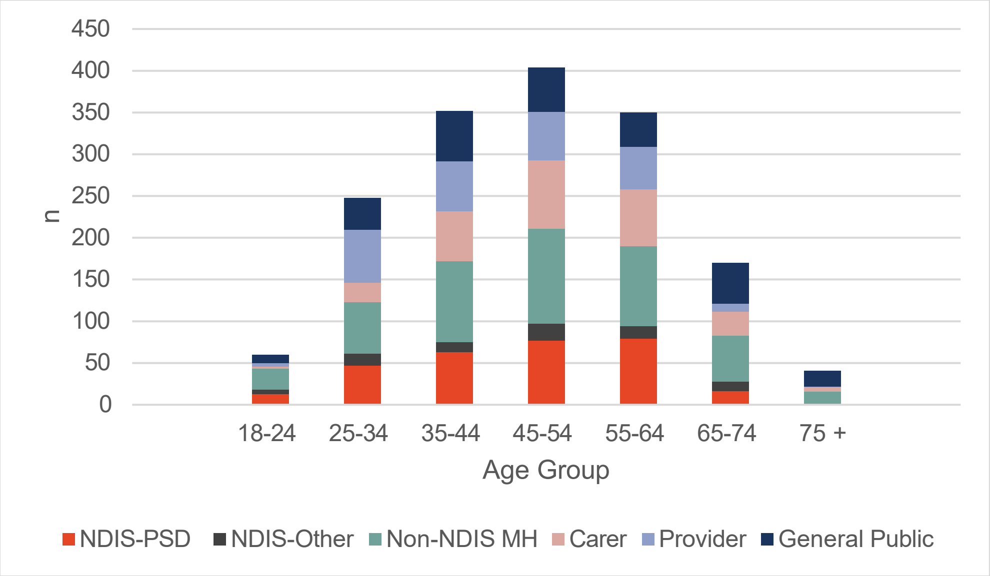
Figure 1. Survey respondent group



Respondents: NDIS participants with psychosocial disability (NDIS-PSD, n = 295), NDIS participants with other disability (NDIS-Other, n = 79), non-NDIS participant with mental health conditions (Non-NDIS MH, n = 464), informal carers of NDIS participants (Carer, n = 270), NDIS service providers (Provider, n = 247) and members of general population (General, n = 270)

Most respondents were female (63%). The age distribution was centred around middle age. Nearly 68% of respondents were aged between 35 and 64 years, with the largest single group being 45–54 years (25%).

Figure 2. Age distribution of survey respondents

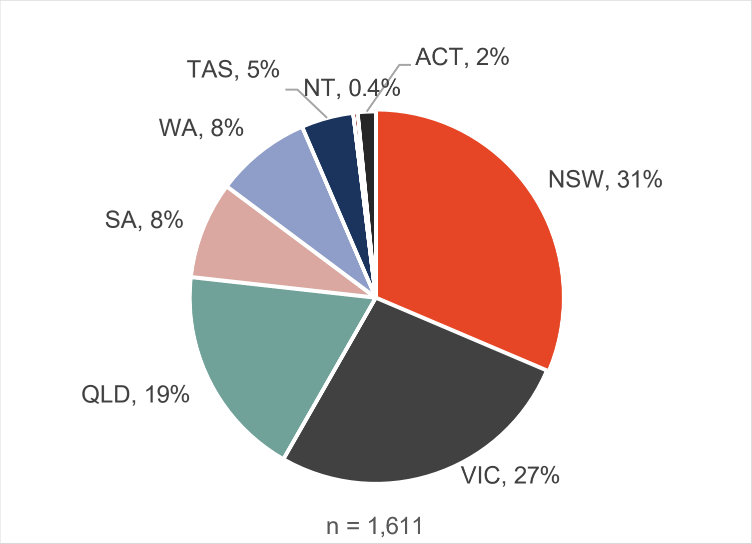


Respondents: NDIS participants with psychosocial disability (NDIS-PSD, n = 295), NDIS participants with other disability (NDIS-Other, n = 79), non-NDIS participant with mental health conditions (MH, n = 464), informal carers of NDIS participants (Carer, n = 270), NDIS service providers (Provider, n = 247) and members of general population (General, n = 270)

A minority (12%, n = 193) identified as coming from a culturally and linguistically diverse background, and only 3% (n = 56) identified as Aboriginal and/or Torres Strait Islander.

New South Wales had the largest share of respondents (31%, n = 506), with strong representation across most groups. Victoria, however, had the highest number of NDIS participants with a psychosocial disability (n = 96).

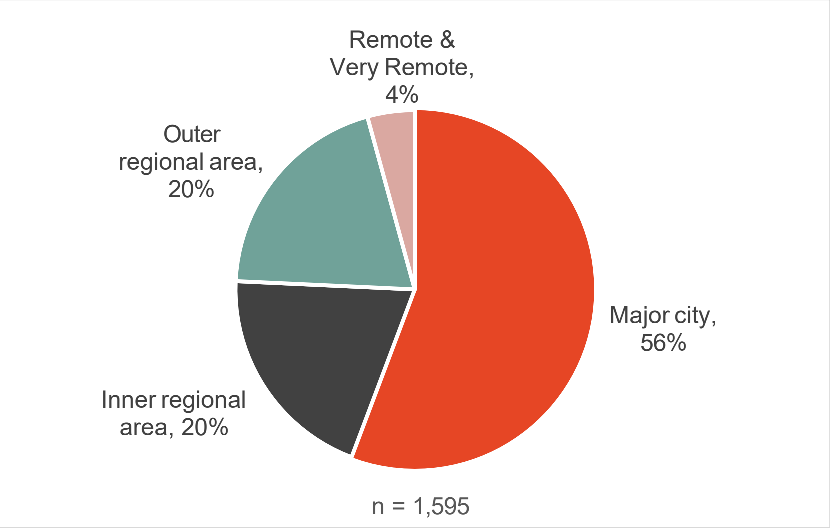
Figure 3. Survey respondents by state and territory



NSW = New South Wales; VIC = Victoria; QLD = Queensland; SA = South Australia; WA = Western Australia; TAS = Tasmania; ACT = Australian Capital Territory; NT = Northern Territory

More than half of the respondents (55%, n = 889) lived in major cities. Inner regional and outer regional areas were equally represented, each accounting for about 20% (n = 319) of the sample. Only a small proportion (4%, n = 68) lived in remote or very remote areas; however, this was more than double the actual national population distribution where only 1.9% live in these areas

Figure 4. Survey respondents by remoteness



Unmet Support Needs

In this section, we focus on the perspectives of people with mental health challenges who were not participants in the NDIS (n = 464), and carers supporting someone with mental health challenges outside the NDIS (n = 69).

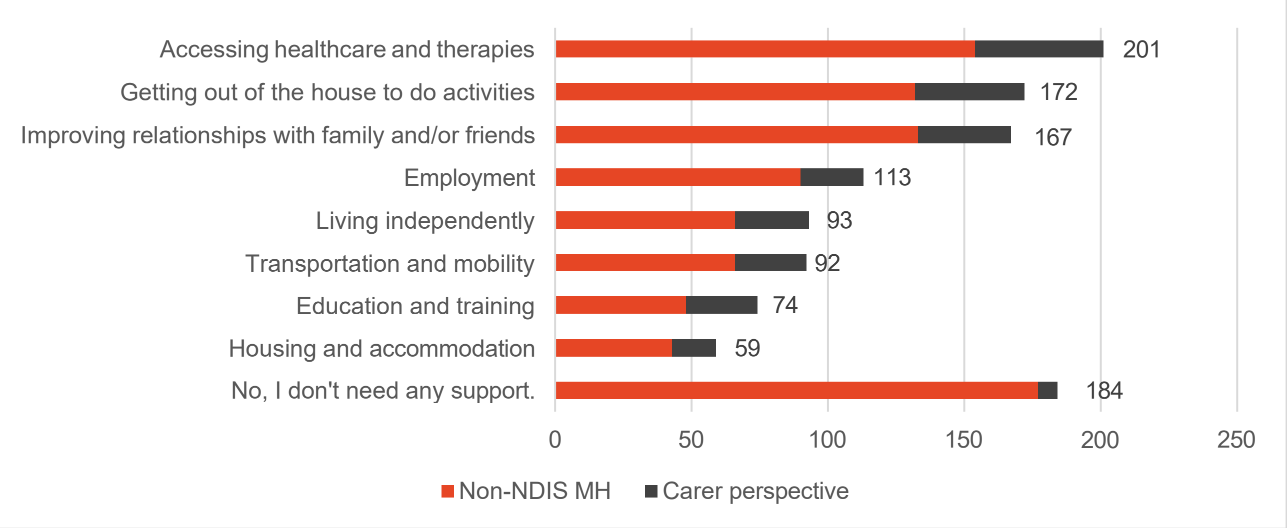
Overview of support needs

We asked respondents about the areas in which they needed support due to mental health conditions. They could select more than one option. The most commonly reported needs were:

- Accessing healthcare and therapies (38%, n = 201)
- Getting out of the house to do activities (32%, n = 172)
- Improving relationships with family and/or friends (31%, n = 167).

More than one-third (35%, n = 184) said they did not need any support.

Figure 5. Areas of support needed due to mental health conditions among people outside the NDIS



Respondents: Non-NDIS MH = people with mental health conditions outside the NDIS (n = 464); Carer perspective= informal carers reporting on care recipients with mental health conditions outside the NDIS (n = 69)

Unmet support needs

In an open-ended question, respondents were asked to describe the types of support they need but are not currently receiving. The table below summarises the key themes across 443 responses, which highlight the most frequently mentioned areas of unmet need. Psychological supports were overwhelmingly identified as the support most needed. People wanted ongoing and affordable access to psychological supports which would provide psychological therapies, counselling, and illness self-management programs to improve executive functioning, and emotional regulation. Other frequently mentioned missing supports were those related to psychosocial support for personal recovery and independence (such as capacity-building training, recovery coaching, and peer support) and support for daily living, financial and employment supports, and support for involvement in community and social activities.

Table 1. Key areas of unmet support among non-NDIS respondents with mental health challenges and informal carers reporting on care recipients with mental health conditions outside the NDIS.

Key Areas	Description	Example Quote
Psychological supports (n = 98)	Ongoing and affordable access to psychological therapies, counselling, and illness self-management programs to improve executive functioning, and emotional regulation.	Support to remain in education, psychology or other therapies to grow and heal and maintain some level of mental health. Support with executive function, support to stop using alcohol and other drugs as coping skills, support to learn how to maintain social connections. *(Person with mental health condition, female, aged 35-44)*
Psychosocial supports (n = 57)	Supports that enhance personal recovery and independence, such as capacity-building training, recovery coaching, and peer support.	Support with living independently, being able to do day-to-day things like cleaning house, organisation etc. *(Informal carer, male, aged 35-44)*
Financial supports (n = 47)	Assistance with out-of-pocket medical costs (e.g., health professional, medicine), daily costs, and compounded financial pressures.	I don't go to doctors or therapy because they are too expensive. *(Person with mental health condition, female, aged 18-24)*
Practical supports for daily living (n = 45)	Assistance with household tasks, home maintenance, transport, and daily appointments.	Transport, which then affects everything else - struggle to grocery shop, get to the pharmacy, get to appointments, get to and from work, get to pools or gyms to actually do more types of

		exercise. *(Person with mental health condition, non-binary, aged 35-44)*
Social /community supports (n = 40)	Support to maintain relationships, building friendships, participate in community, and develop social confidence.	Accessing community and social activities. Developing interpersonal skills and building relationships with family and forming friend groups. *(Person with mental health condition, female, aged 35-44)*
Employment supports (n = 37)	Assistance in finding and keeping stable employment, including workplace adjustments and job-related supports.	I could do with some additional support in doing some of my work-related activities, which at times can make me feel completely isolated from the rest of my team. *(Person with mental health condition, male, aged 45-54)*
Psychiatric supports (n = 34)	Access to psychiatrists for diagnosis, medication review, and assessments.	Regular access to a psychiatrist. It is impossible to get an appointment with a psychiatrist locally or within a reasonable travel distance. *(Informal carer, female, aged 65-74)*
Preventative and general physical health (n = 25)	Supports to maintain physical health and manage comorbid conditions alongside mental health.	I suffer from anxiety and depression, but currently have a complex shoulder injury, making me worse. *(Person with mental health condition, female, aged 55-64)* Health, i.e. going to Dr, dentist. *(Informal carer, female, aged 55-64)*
Housing/ accommodation (n = 15)	Support to secure safe, stable, and accessible housing.	Safe, accessible place to live independently. *(Person with mental health condition, non-binary, aged 35-44)* … I need to live somewhere that doesn't have Stairs, as I have already fallen down the stairs severely in the past, and injured myself so badly that I couldn't walk for 2 weeks. *(Person with mental health condition, female, aged 55-64)*
Allied health supports (n = 15)	Support from allied health professionals such as	I have had back and neck problems from an old injury which need regular massages and physio/chiro appointments, which I can't afford to

	occupational therapists, physiotherapists and dietitians.	maintain. *(Person with mental health condition, female, aged 55-64)*

Perceived barriers to accessing supports for personal recovery

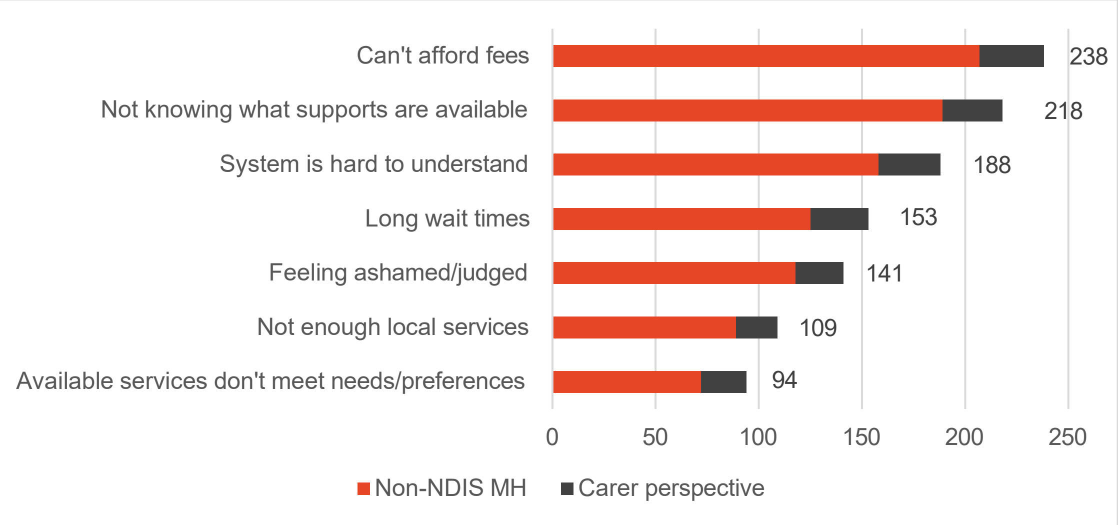
We then asked respondents what challenges, if any, they had experienced when trying to access services that support their recovery. In this context, recovery refers to being able to do the things they want to do, with or without the symptoms of mental illness.

The three most commonly reported barriers to accessing support (people could indicate more than one) were:

- Not having enough money to pay fees (45%, n = 238)
- Not knowing what supports are available (41%, n = 218)
- Finding it hard to understand how the system works (35%, n = 188)

The remaining barriers and their corresponding response proportions are presented in Figure 6.

Figure 6. Perceived barriers to accessing supports for personal recovery



Respondents: Non-NDIS MH = people with mental health conditions outside the NDIS (n = 464); Carer perspective = informal carers reporting on care recipients with mental health conditions outside the NDIS (n = 69)

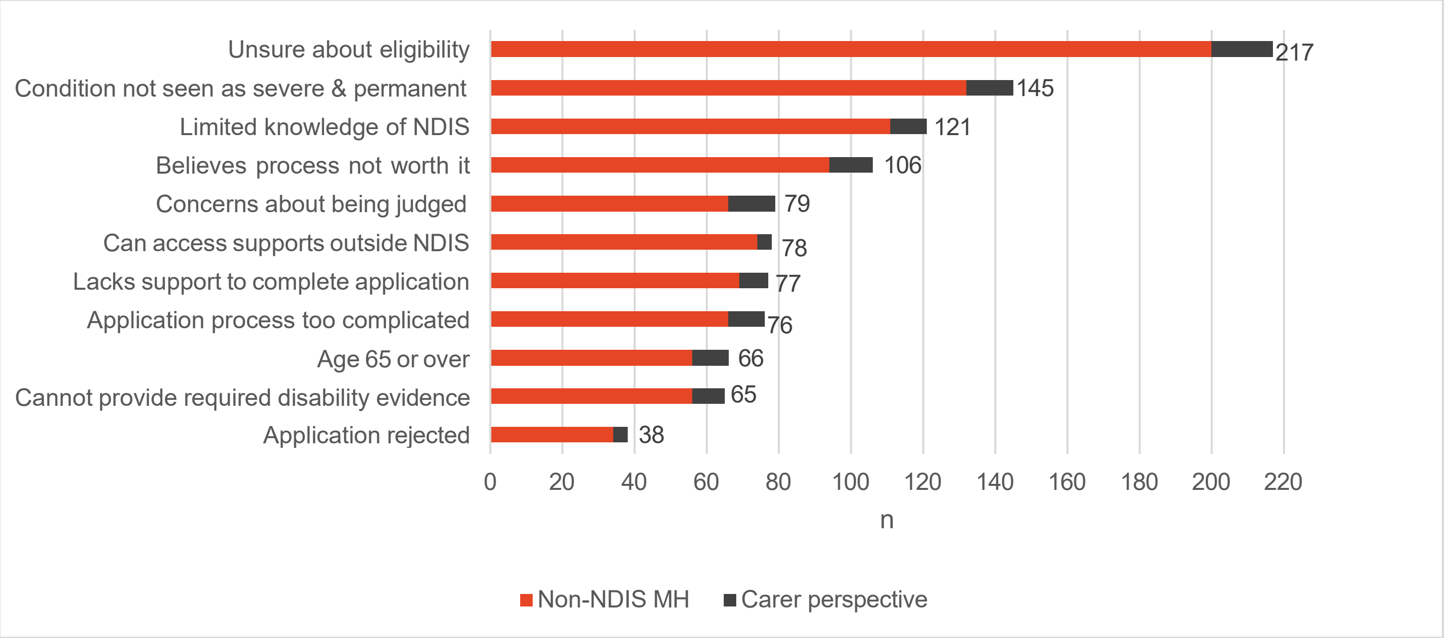
Non-participation in the NDIS

Respondents were asked about the main reasons they (or their care recipients) were not currently participating in the NDIS. Figure 7 reports the reasons given. They could indicate more than one reason.

The most common reasons people gave for not applying for the NDIS were:

- Unsure about eligibility (41%, n = 217)
- Condition not seen as severe and permanent (27%, n = 145)
- Limited knowledge of the NDIS (23%, n = 121),
- Belief that the process is not worth it (20%, n = 106)

Figure 7. Reasons for not participating in the NDIS



Respondents: Non-NDIS MH = people with mental health conditions outside the NDIS (n = 464); carer perspective = informal carers reporting on their care recipients with mental health conditions outside the NDIS (n = 69)

While not a dominant group, it is worth noting that 14% of the respondents (n = 77) reported that they did not have the support needed to complete the NDIS application. These respondents were then asked what would have been most helpful. The most common answers were:

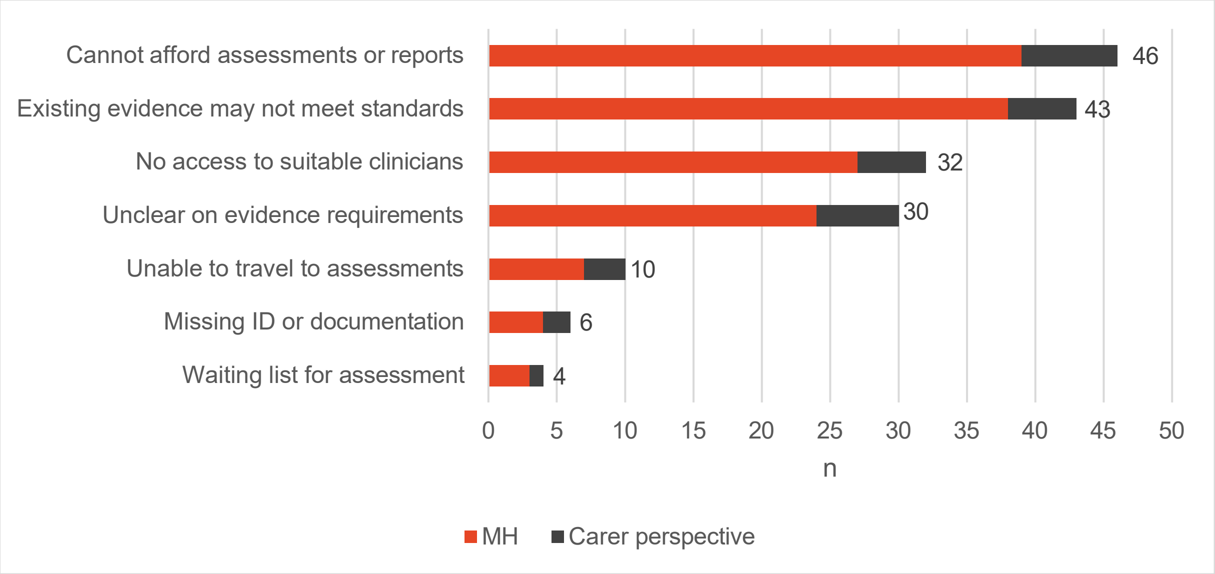
- Advice from a healthcare provider (e.g., GP, psychologist, psychiatrist) to document needs (62%, n = 48)
- Guidance from a community service provider (61%, n = 47)
- Help from NDIS staff to understand and complete the application (55%, n = 42)
- Clear step-by-step instructions on the NDIS website (49%, n = 38)

Twelve percent of respondents (n = 66) reported that being over the age of 64 was the reason they had not applied for the NDIS. Among this group, only 23% were currently receiving a Home Care Package (an aged care service for people aged 65 years and over, funded by the government but separate from the NDIS).

Another 12% (n = 65) said they could not provide the required disability evidence. The main barriers were:

- Not having the money to pay for assessments or reports (71%, n = 46)
- Concerns that existing evidence might not meet the standards required (66%, n = 43)
- Lack of access to clinicians who could carry out assessment (49%, n = 32)

Figure 8. Self-reported reasons for being unable to provide the required evidence for an NDIS application



Respondents: MH = people with mental health conditions who are not in the NDIS (n = 56); Carer perspective = informal carers reporting people with mental health challenges outside of the NDIS (n = 9)

Some respondents (15%, n = 78) said they did not apply for the NDIS because they could access supports outside the scheme. The most commonly used supports were:

- GPs (92%, n = 72)
- Mental health clinicians in private practice (e.g., psychologist, psychiatrist) (76%, n = 59)
- Family or friends (58%, n = 45)

Presumably these respondents were able to have their needs met through these supports and therefore did not need access to the NDIS or other support services.

Foundational Supports

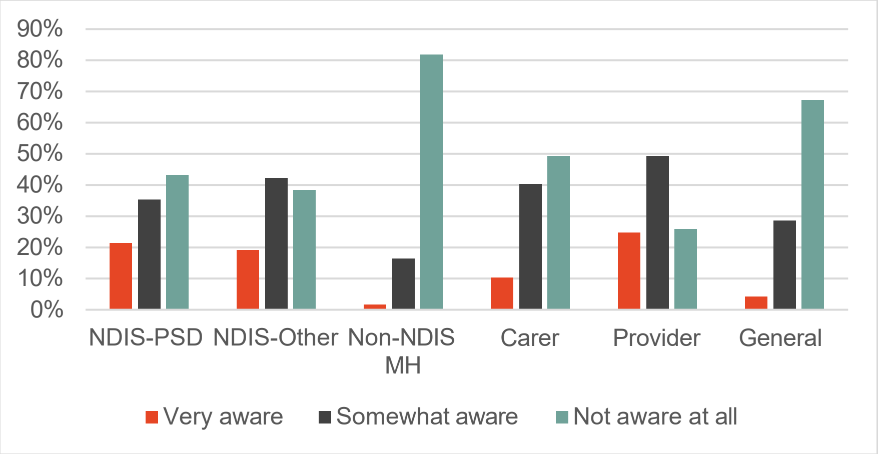
Awareness of Foundational Supports

Across all groups, respondents were asked how aware they were of the proposed Foundational Supports outside of the NDIS. Overall, awareness levels were very limited. More than half of all respondents (56%, n = 909) reported they were *not aware at all*. Around one in three (32%, n = 519) said they were *somewhat aware*, while only a small proportion (12%, n = 186) indicated they were *very aware*.

Awareness varied across groups with service providers more aware of foundational supports than other groups:

- **Service providers**: highest awareness, with 25% (n = 61) very aware, 49% (n = 122) somewhat aware, and only 26% (n = 64) not aware.
- **NDIS participants with psychosocial disability**: 21% (n = 63) very aware, 35% (n = 104) somewhat aware, 43% (n = 127) not aware.
- **People with mental health conditions outside the NDIS**: lowest awareness, with 82% (n = 379) not aware, 16% (n = 76) somewhat aware, and only 2% (n = 8) very aware.

Figure 9. Awareness of proposed Foundational Supports outside the NDIS



Respondents: NDIS participants with psychosocial disability (NDIS-PSD, n = 295), NDIS participants with other disability (NDIS-Other, n = 79), non-NDIS participant with mental health conditions (Non-NDIS MH, n = 464), informal carers of NDIS participants (Carer, n = 270), NDIS service providers (Provider, n = 247) and members of general population (General, n = 270)

Views on the impact of Foundational Supports

Note: This section only presents findings from respondents who were either somewhat aware (n = 519) or very aware (n = 184) of the Foundational Supports to exclude responses where the participants did not understand Foundational Supports.

Views about the potential impact of Foundational Supports were mixed. Just under two in five (39%, n = 271) believed the initiative would help **reduce pressure on the NDIS** – with 9% (n = 64) saying *yes, definitely,* and 30% (n = 207) saying *yes, somewhat*. In contrast, a similar proportion (33%, n = 231) thought it would not help – including 21% (n = 145) who said *no, not really,* and 12% (n = 86) who said *no, not at all*. The remainder were either *neutral* (21%, n = 144) or *not sure* (7%, n = 50).

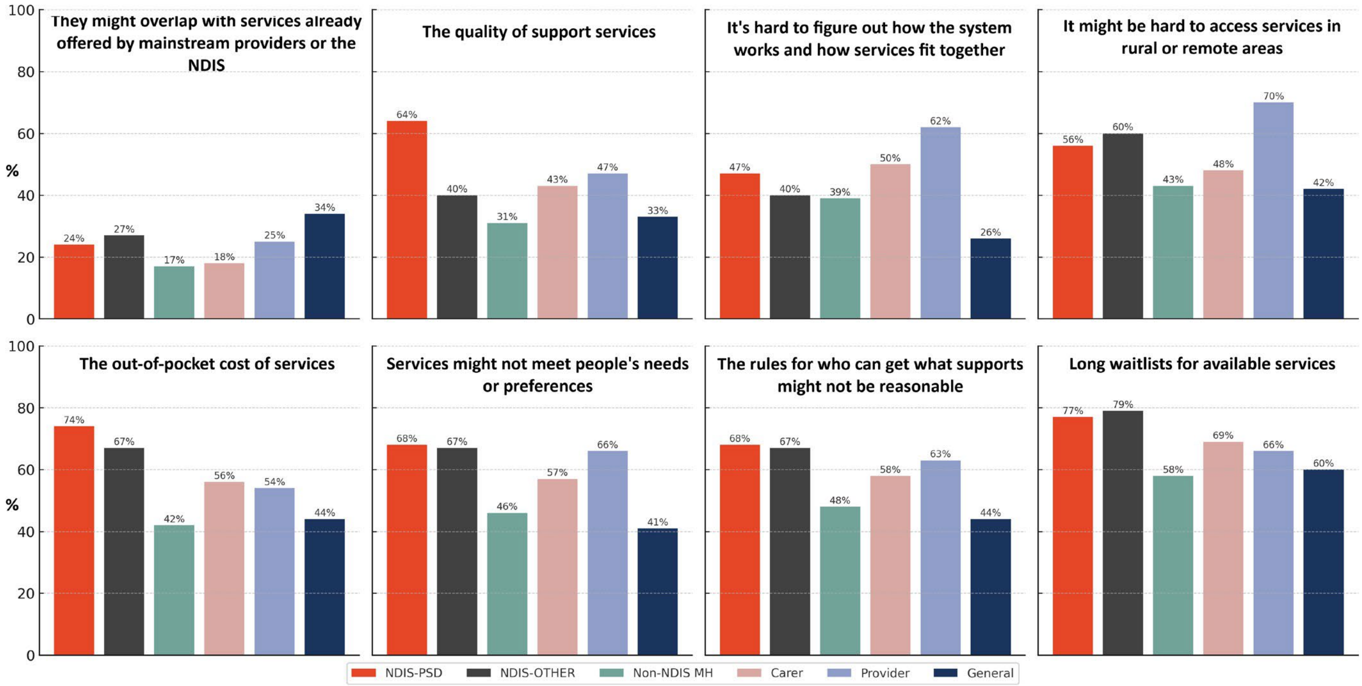
When asked whether the Foundational Supports would **improve support for people with disability**, views were again divided. Just under two in five respondents (38%, n = 269) believed the initiative would lead to improvements – including 11% (n = 78) who said *yes, definitely,* and 27% (n= 191) who said *yes, somewhat*. However, a similar proportion (35%, n = 247) thought it would not – with 21% (n = 147) saying *no, not really,* and 14% (n = 100) saying no*, not at all*. The remainder were either *neutral* (19%, n = 134) or *not sure* (8%, n = 55).

An exploration of these concerns showed a range of concerns about how the Foundational Supports would work. Overall, the most common concerns were

- long waitlists for available services (69%, n = 481)
- eligibility rules may be unreasonable (60%, n = 419)
- services might not meet people's needs or preferences (60%, n = 418)
- out-of-pocket costs (58%, n = 404)
- accessibility in rural or remote areas (56%, n = 388).

For NDIS participants with psychosocial disability, concerns about **service quality** were particularly pronounced – around two-thirds (64%, n = 107) highlighted this issue.

Figure 10 Concerns about how Foundational Supports would operate



Percentages are calculated within each group. Respondents who were aware of the Foundational Supports: NDIS participants with psychosocial disability (NDIS-PSD, n = 167), NDIS participants with other disability (NDIS-OTHER, n = 48), non-NDIS participants with mental health conditions (Non-NDIS MH, n = 84), informal carers of NDIS participants (Carer, n = 137), NDIS service providers (Provider, n = 183), and members of the general population (General, n = 86).

After excluding responses from people who were *not* aware of the Foundational Supports, 156 free-text comments were analysed, revealing the following key themes related to concerns about the proposed initiative. The most frequently expressed concerns related to confusion about what Foundational Supports would look like or pessimism that they would not actually eventuate, that they would not be available in all areas, that there would be differences in availability across states/territories or would not be developed in a timely manner. Others were worried that people would be removed from the NDIS as a result of Foundational Supports being implemented, that they would receive poorer quality supports or that they would be pushed back into the overburdened public mental health services.

Table 2. Key themes and example quotations describing concerns about the proposed Foundational Supports

Key Theme	**Example Quotes**

Lack of clear evidence about what Foundational Supports will look like or fears they may not be available (n = 34)	I don't think the state will agree to pay for it. I'm worried it will never get off the ground. *(NDIS participant with psychosocial disability, female, aged 25-34)* Foundational Supports DON'T EXIST. No one has planned them yet. They are a fantasy at this point. *(Informal carer, female, aged 45-54)*
Insufficient time to establish the program, or services being unavailable in some areas, particularly rural regions (n = 28)	That there will be a significant delay in Foundational Supports being set up. Different States offering variations on a theme and NDIS doing quick flick passes to State supports once implemented. People will be left to fight even harder battles to justify their support needs with NDIS. *(Service provider, female, aged 35-44)*
Worries about being removed from the NDIS or denied entry (n = 20)	I fear that people will be removed from the NDIS and sent to non-existent "foundational" supports. These systems need to be up and running, fit for purpose with external monitoring to assure they are improving lives of participants. *(NDIS participant with psychosocial disability, female, aged 45-54).*
Concerns about being pushed between systems and falling through service gaps (n = 16)	What services will be provided, people falling through cracks and gaps in the system leaving people with disabilities with no supports, no services to help them live independently. *(NDIS participant with psychosocial disability, female, aged 35-44)*
Views that Foundational Supports or the public mental health system could be ineffective, harmful, or already over-burdened. (n = 16)	Funnelling people into an already over-burdened mainstream system with long waitlists won't provide any additional support to families already in need. *(Informal carer, female, aged 45-54)*
Fear of losing existing supports. (n = 16)	As someone who got NO SUPPORT prior to the NDIS because I've finished my mental health treatments it disgusts me that you are planning on taking away my support that is working for me because of some self

	important self serving mental health people who have no clue. I would rather kill myself than go back to no support. I will be stuck at home and will have no contact with anyone. *(NDIS participant with psychosocial disability, female, aged 55-64)*
Mistrust that states and territories would not implement the program / implement it consistently, given jurisdictional differences. (n = 13)	I am sceptical about government commitments (especially State Governments) to developing high-quality foundational support. *(Service provider, male, aged 45-54)*
Workforce shortage (n = 12)	Currently getting other supports in regional and remote NSW are really only available for people on NDIS and has been where we live for probably 8 years- so how do you build that work force back up? We have also lost significant health staff and doctors so winding back to pre-NDIS days will take lots of money time and federal and state plus local policy working together. *(NDIS participant with psychosocial disability, female, aged 45-54)*

Other less frequent themes were: lack of coordination between systems/additional fragmentation (n = 9); that people would lose choice and control or services would not be delivered via a person-centred approach (n = 9); there were a lack of specialist services or services for complex needs available (n = 9); Foundational Supports would not target serious mental illness or complex needs (n = 8); concerns about poor provider conduct (n = 5) or administrative burden (n = 3); that individuals would be denied foundational supports because they were on the NDIS (n = 4); that there would be out of pocket costs or other cost barriers (e.g. A gap to see a psychiatrist) (n = 3); or that there would be an impact on how services could operate (n = 2).

What supports would be used?

Through a multi-response question, people with mental health challenges outside the NDIS (n = 464) and carers (n = 69) were asked which types of Foundational Supports they (or their care recipients) would be most likely to use if available. The responses were:

- Access to a key worker to help navigate systems (49%, n = 261)
- Illness self-management program (39%, n = 210)
- Social and community engagement programs (37%, n = 197)

- Skills and capacity-building support (35%, n = 186)
- Daily living assistance (32%, n = 169)
- Peer and family support (27%, n = 146)
- Employment support services (27%, n = 143)
- Housing assistance (24%, n = 130).

Recommendations for Strengthening Supports for People with Psychosocial Disability and Mental Health Challenges

Nine hundred and fifty survey respondents provided free-text responses which reflected on how supports for people with psychosocial disability and mental health challenges could be improved in Australia. While their opinions varied, several consistent themes emerged, highlighting key system-level areas in need of attention. These areas (described further below) were:

- Strengthen systems beyond the NDIS (n = 126)
- Ensure fair, efficient, and flexible funding (n = 467)
- Improve service quality and workforce capacity (n = 238)
- Simplify process and strengthen navigation (n = 186)
- Recognise and respect people with disability and their families (n = 134)
- Promote accountability and public trust (n = 266)

Priority areas for action

1. **Strengthen systems beyond the NDIS**

Survey respondents stressed that disability supports should not be confined to the NDIS. Equitable participation requires broader systems, such as housing, education, health, transport, and community services, to be inclusive, accessible, and connected. Weakness in these mainstream systems were viewed as often leaving people over-reliant on the NDIS or experiencing service gaps.

Recommendation	Example Quotes
Fund/improve non-NDIS systems (housing, education, health, community) (n = 65)	The health system needs to help people more and prevent things getting chronic. *(NDIS participant with psychosocial disability, female, aged 35-44)*

	The needs to be other supports in place that are better funded for people who are deemed ineligible for NDIS as there are very minimal supports available in mainstream support. (*NDIS participant with psychosocial disability, female, aged 35-44)*
Ensure accessible spaces, technology, and transport (n = 22)	Full compliance with the UNCRPD. Government investment in accessible design of public and private spaces. *(NDIS participant with psychosocial disability, female, aged 35-44)*
Improve continuity of care across different services (n = 8)	Need "continuity of care" guarantee to be incorporated in national and state legislation. *(NDIS participant with psychosocial disability, female, aged 55-64)*
Connect and de-silo systems to prevent people from falling through gaps (n = 13)	Making sure people with disabilities don’t fall through the cracks - more co-ordination between NDIS, health, Centrelink, etc. *(NDIS participant with psychosocial disability, non-binary, aged 25-34)* The State governments should not have closed all their funded disability services. These provide important safeguards. Case Management is essential for complex needs. *(Service provider, female, aged 65-74)*
Strength education and employment pathways for people with disability (n = 18)	Support/incentives for education providers and employers to provide reasonable adjustments to disabled students, volunteers and workers Support/incentives to provide flexible employment for disabled people at every paygrade. *(NDIS participant with psychosocial disability, female, aged 35-44)*

2. Ensure fair, efficient, and flexible funding

This was the most commonly identified theme across all responses. Respondents raised concerns about both individual NDIS funding and system-level financing. At the individual level, many noted that NDIS plans often too rigid, or do not match actual needs. At the system level, concerns focused on whether funds are being used efficiently, whether the financing model is sustainable, and whether resources are distributed fairly across disability supports.

Recommendation	**Example Quotes**
Fund the right supports at the right time, based on individual needs (n = 185)	For psychosocial disability specifically, there are things that really do help, hypnotism for example, in conjunction other things like occupational therapy but we can't get it. Psychosocial disorders aren't the same as intellectual or physical disabilities. NDIS assessments aren't equipped to handle these types of issues. *(NDIS participant with psychosocial disability, female, aged 45-54)* The amount of time you have already struggled with a mental illness should be a big factor in determining your NDIS eligibility. The longer someone is left without adequate support, the more disabled they become, and the less effective your 'general' supports will be. *(NDIS participant with psychosocial disability, female, aged 25-34)* … individualised supports should always take precedence. The move away from individualised funding is terrible and disadvantages all of the community. There is no substitute for assessing a person's evidence on an individual basis and their needs on an individual basis. *(NDIS participant with psychosocial disability, female, aged 35-44)*
Increase funding and services, including for assessments (n = 101)	Costs of reports to get on the NDIS should be fully funded, with no out-of-pocket costs. Currently, out of pocket assessment costs are a primary barrier to accessing the NDIS. Claims get rejected as the PWD cannot afford the costs of obtaining medical assessments and reports. *(NDIS participant with psychosocial disability, male, aged 55-64)*
Improve efficiency and better use of funds to reduce waste (n = 68)	NDIA inefficiency and confusion amplify support provider costs … and create stress for participants, rather than providers applying time to the actual reasonable and necessary supports. Dysfunction in NDIA is not being addressed or acknowledged to save the Scheme cost.

	(NDIS participant with psychosocial disability, male, aged 55-64) My initial plan provided a mere $250 per year in supports for me but $4,500 for those that would administer those funds. It was an absolute joke. *(NDIS participant with psychosocial disability, other, aged 55-64)* An effective audit of NDIA and it's contractors. *(NDIS participant with psychosocial disability, male, aged 55-64)*
Strengthen choice and control and increase flexibility in how individual funding can be used (n = 66)	Flexibility and tailoring to a person's specific needs. Less separation between physical and mental support needs. Whole of life quality needs should come first. *(NDIS participant with psychosocial disability, female, aged 55-64)* Participants need more choice control and flexibility. *(NDIS participant with psychosocial disability, female, aged 45-54)* Treat people with a disability with dignity, respect and allow them to have a say in their care. Let people with a disability live a life with options the same as everyone else. *(NDIS participant with psychosocial disability, female, aged 45-54)*
Review and reform the overall financing model to ensure long-term sustainability and fairness (n = 47)	It's critical that access to disability support is based on need, not income. The NDIS must not become means tested. Means testing would exclude those who are already underserved, including the working poor, casual workers, and people just barely staying afloat. Disability is not a financial status *(Individual with mental health challenges not on the NDIS, female, aged 55-64)* Incorporating a means test would help greatly I feel. When we went to the initial meetings before the NDIS was put in place, we were advised by the presenters that a means test would not be part of it and that you could be a multi-millionaire and still get the NDIS, which is

	wrong. *(NDIS participant with other disability, male, aged 65-74)* Fees should be the same regardless of funding source. *(NDIS participant with psychosocial disability, female, aged 45-54)* Stop paying for excessive high-priced products just because you're on the NDIS. people seem to charge 3 times the price soon as you say you are on NDIS. *(NDIS participant with psychosocial disability, female, aged 55-64)*

3. Improve service quality and workforce capacity

Survey respondents highlighted the need for improvements both across the broader disability sector and within the NDIA. In the sector, stronger workforce development and service quality were seen as critical. Within the NDIA, concerns focused on the handling of assessments and planning processes. Across both areas respondents emphasised the importance of trauma-informed approaches that are respectful, compassionate, and person-centred.

Recommendation	Example Quotes
Strengthen workforce development and raise service quality standards across the disability sector (n = 154)	Support workers should have minimum qualifications as should support coordinators. … Consistently there [are] reports of support workers or coordinators inappropriately providing supports or failing to prioritise participant choice and control. … It is a mess because anyone and everyone jumped on the bandwagon … [with] no requirement for education or experience. *(Service provider, female, aged 45-54)* There is a high staff turnover, due to low wages and insecure work hours which disrupts continuity of care for people with disability. *(Member of general public, female, aged 45-54)*
Embed trauma-informed, respectful, compassionate, and person-centred	The culture and capability of the NDIA needs to be uplifted so that they actually understand trauma. Until staff in the NDIA understand trauma and trauma-

approaches in both service delivery and NDIA practice (n = 17)	informed care, the NDIA delegates will continue to retraumatise people with psychosocial disability. *(NDIS participant with psychosocial disability, non-binary, aged 25-34)* … more mental health training for Psychosocial Disability support providers. *(NDIS participant with psychosocial disability, non-binary, aged 25-34)*
Improve appropriateness of assessments (whether standardised or individualised) and ensure NDIA planners read and act on supporting evidence (n = 67)	Develop more standardised forms as therapists don't know how to write proper reports. Therapists need a more standardised approach. *(NDIS participant with psychosocial disability, female, aged 45-54)* If NDIS requests professional reports, they should read them and fund the supports listed in them as reasonable and necessary. They should not have people less qualified than those who write the reports deciding to not fund what the reports say is needed. *(NDIS participant with psychosocial disability, female, aged 45-54)* Inside NDIS … there is a huge need for templates and pro formas, which request all … of the evidence necessary for successful access or planning. … Outside NDIS – advocates who know the scheme/Act [are needed] to assist with access request paperwork [and] communication with medical practitioners on correct wording for NDIS. Too much is left as ‘hit and miss’ … rejection notices are not sufficiently detailed or assisting to overcome gaps in evidence. *(NDIS participant with other disability, female, aged 55-64)*

4. Simplify process and strengthen navigation

Survey respondents described the mental health system, in particular the NDIS, as overly complex and adversarial, with burdens falling on both service providers and people with mental health challenges. For providers, red tape and frequent changes – often introduced at short notice – were seen as barriers to delivering supports efficiently. For NDIS participants, navigating eligibility, planning, and review processes was often stressful and confusing. Respondents highlighted the need for simpler processes along with stronger navigation support to help participants exercise genuine choice and control.

Recommendation	Example Quotes
Reduce bureaucracy, red tape, and frequent short-notice changes (n = 169)	For [people with psychosocial disability], they need … a continuum of services that is easy to enter and exit … where it is easy to move smoothly from one service to another if their needs change. Ideally it will all be provided by one level of government … They shouldn't have to try and explain to a bureaucrat why they need support for a task one day, and not the next, but have flexibility and assistance to manage their services as required*. (Service provider, female, aged 45-54)* Focus on doing assessments once for a permanent disability and not forcing participants to have expensive annual assessments to prove they have a permanent disability every year, you can't grow a leg back. permanent is permanent. *(NDIS participant with psychosocial disability, female, aged 45-54)* To access the NDIS is virtually impossible for someone with severe mental health issues to do alone. There is no help to access it and it is so complicated. It would be helpful if there were more agencies that could support people to apply. *(NDIS participant with psychosocial disability, female, aged 45-54)*
Provide system navigation supports to assist participants in accessing services inside and outside the NDIS (n = 17)	More information and support - most people new to the NDIS are unsure how to use their funding. New participants should be given the opportunity to understand their plan and have agency to use it the way that is most suitable for them. *(Service provider, female, aged 35-44)* Knowing what services there are out there that can help in someone's recovery and wellbeing. *(Service provider, female, aged 45-54)*

5. Recognise and respect people with disability and their families

Respondents highlighted the need for systems to better acknowledge the lived experiences of people with disability, as well as the critical role of families and carers. This should include the development of policy such as NDIS and the development of Foundational Supports. Recognition of the often-invisible nature of psychosocial disability was also seen as essential to ensure fair access to supports.

Recommendation	Example Quotes
Ensure meaningful collaboration with people with lived experience of disability (n = 69)	Not hiding brutal policy changes behind a 'co-designed' process that has no capacity to influence decisions that have already been made. *(NDIS participant with other disability, female, aged 45-54)* Valuing and amplifying the voices of disabled people and communities - especially in matters which most affect us or systemically disadvantage us. Have more authentic and varied disability representation in political spheres, positions of power, media. (NDIS participant with other disability, female, aged 35-44)
Recognise and involve families and carers in planning and support processes (n = 39)	Funding for husbands/partners other family to understand their disability and how to help. *(NDIS participant with other disability, male, aged 45-54)* Partnering with families and carers. *(Informal carer, female, aged 45-54)*
Ensure invisible disabilities are recognised and adequately supported (n = 26)	NDIS staff [need] to be adequately trained to support people. I've had friends told by planners that they don't 'look' disabled (because they have invisible disabilities or their disability doesn't present the typical way). *(NDIS participant with psychosocial disability, female, aged 25-34)*

6. Promote accountability and public trust

This was the second most common theme identified in participant responses. Responses focused on trust and accountability across systems of support, from trust in government decision making and the NDIA, to the accountability of individual providers and concerns about societal perspectives of people with psychosocial disability. Participants raised concerns about governance, misuse of funds, and the negative portrayal of people with psychosocial disability and mental health challenges in society more generally which leads to stigma and discrimination in the context of disability support. Many called for stronger accountability mechanisms to ensure that both providers and participants act with integrity, and that government rhetoric supports inclusion rather than stigma.

Recommendation	Example Quotes
Strengthen responses to fraud/misuse of funds by providers (n = 138)	An effective audit of NDIA and it's contractors. *(NDIS participant with psychosocial disability, male, aged 55-64)* Stop the abuse and fraud so the costs aren't blown out and the people that need the support can access it. *(NDIS participant with psychosocial disability, female, aged 45-54)*
Strengthen responses to fraud/misuse of funds by participants (n = 30)	Ensuring best fit for services and equipment (might not be least expensive option) and checking what was purchased is really the item that was approved *(NDIS participant with psychosocial disability, female, aged 65-74)* Some people have learned how to get around [the NDIS assessment process] and unfairly access a higher budget than they need. *(Individual with mental health challenges not on the NDIS, female, aged 55-64)*
Address negative politics, media, and public rhetoric about people with disability (n = 98)	Be seen as a human, not a drain or burden. *(NDIS participant with psychosocial disability, male, aged 35-44)* Politicians and media need to stop the hate campaigns against the NDIS and disabled people. … Politicians need to stop using the NDIS as a political football to gain votes for themselves. *(NDIS participant with psychosocial disability, female, aged 55-64)*

Contact

For further information and feedback please contact: **MH-NDIS.project@sydney.edu.au**

For more information on the project in general please visit our website: **Fixing the NDIS for People with Psychosocial Disability**

CRICOS 00026A

THE UNIVERSITY OF SYDNEY

Appendix – Survey

C - Individuals with a Mental Health Condition Not in the NDIS

Q1. What is your gender?

○ Male
○ Female
○ Non-binary
○ Prefer not to say
○ Other (please specify) ______

Q2. Do you identify as Aboriginal and/or Torres Strait Islander?

○ Yes, Aboriginal
○ Yes, Torres Strait Islander
○ Yes, both Aboriginal and Torres Strait Islander
○ No
○ Prefer not to say

Q3. Do you identify as being from a culturally and linguistically diverse (CALD) background?

○ Yes
○ No
○ Prefer not to say

Q4. Which state or territory do you live in?

○ New South Wales
○ Victoria
○ Queensland
○ South Australia
○ Western Australia
○ Tasmania
○ Northern Territory
○ Australian Capital Territory

Q5. How would you describe the remoteness of your residential location?

○ Major city
○ Inner regional area
○ Outer regional area
○ Remote area
○ Very remote area
○ Not sure

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Q6. What are the main reasons you are not currently participating in the NDIS? (Select all that apply)

☐ I don't believe my condition is severe and permanent
☐ I am 65 years old or over → Go to Q7
☐ My application got rejected
☐ I don't know much about the NDIS
☐ I found the application process too complicated
☐ I don't have the support I need to do the application → Go to Q8
☐ I can't provide the required evidence of my disability → Go to Q9
☐ I have concerns about being judged
☐ I don't think it's worth going through the application process.
☐ I don't need it because I can access supports outside of the NDIS → Go to Q10
☐ I am not sure if I am eligible for the NDIS
☐ Other (please specify) _____

All else go to Q11, page 3

Q7. Are you currently receiving a Home Care Package (HCP)?
(The HCP is an aged care services for people 65 years and over, funded by the government, it is not part of the NDIS.)

○ Yes
○ No
○ I am in the process of applying
○ Unsure

Q8. You mentioned that you don't have the support you need to do the application. What kind of support would be helpful?
(Select all that apply)

☐ Guidance from a community service provider to help with the process
☐ Help from NDIS staff to understand and complete the application
☐ Clear, step-by-step instructions on the NDIS website on how to complete the application
☐ Advice from a healthcare provider (e.g., GP, psychologist, or psychiatrist) to document my needs
☐ Assistance from family or friends to fill out and organise the application
☐ Other (please specify): ______
☐ I'm not sure what kind of support would help

Q9. Why are you unable to provide the required evidence of your disability?

(Select all that apply)

☐ I don't have the money to pay for assessments or reports
☐ I don't have access to clinicians who can do the assessment
☐ I'm on a waiting list for an assessment
☐ I don't know what kind of evidence is needed
☐ I don't have the required ID or documentation
☐ I'm unable to travel to appointments for assessments
☐ The evidence I have may not meet the required standards or type (e.g., clinical vs. functional evidence)
☐ Other (please specify) ______

Q10. What supports have you accessed outside of the NDIS for your mental

health? (Select all that apply)

☐ GP
☐ Mental health clinicians (e.g., psychologist, psychiatrist) in private practice
☐ Hospitals
☐ Community-based mental health services and supports (e.g., activity centres, Headspace, Beyond Blue)
☐ Family or friends
☐ My faith community
☐ Veterans' mental health services (e.g., through DVA)
☐ Services provided through my employer (e.g., Employee Assistance Program)
☐ Other (please specify) ______

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Q11. Do you need support in any of the following areas due to your mental health condition? (Select all that apply)

☐ No, I don't need any support.
☐ Living independently
☐ Employment
☐ Education and training
☐ Improving relationships with family and/or friends
☐ Accessing healthcare and therapy
☐ Getting out of house to do activities
☐ Transportation and mobility
☐ Housing and accommodation
☐ Other _____

Q12. What support do you need that you aren't getting right now?

Q13. What challenges, if any, have you had when trying to get services that help with your recovery?
In this case recovery means being able to do the things you want to do, with or without the symptoms of mental illness.

(Select all that apply)

☐ I don't know what supports are available
☐ It's hard to figure out how the system works
☐ There are long waiting times
☐ There aren't many services in my area
☐ Available services don't meet my support needs or preferences
☐ I feel judged or ashamed for seeking help
☐ I don't have enough money to pay for fees
☐ Other (please specify) ______
☐ I have no challenges in accessing services

The 2024 Changes to NDIS Rules
For more information visit NDIS website: www.ndis.gov.au/changes-ndis-legislation

Q14. How aware are you of the recent changes to NDIS rules that began in 2024?

○ Very aware
○ Somewhat aware
○ Not aware at all

Q15. What would help you keep up with frequent changes in the NDIS?
(Select all that apply)

☐ Getting more advance notice of upcoming changes
☐ Receiving more detailed information about changes
☐ Having access to a dedicated contact person to explain changes
☐ Receiving regular updates through emails, newsletters, or SMS
☐ Accessing online resources (e.g., webinars, FAQs, instructional videos) about changes
☐ Having simplified, easy-to-understand explanations of changes
☐ Other (please specify): ______
☐ It's not a concern for me

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Q16. Do you think the new NDIS rules will make participants' experience with the NDIS better or worse?

○ A lot better → Q 1 7
○ A little better → Q17
○ No change → Q19
○ A little worse → Q18
○ A lot worse → Q18
○ Not sure → Q19

Q17. Why do you think the new rules will make the NDIS experience better? (Select all that apply)

☐ They will provide a clearer definition of NDIS supports, making it easier for participants to understand what services they can access.
☐ They will introduce Early Intervention pathways , helping people with disability to get support sooner.
☐ They will simplify administrative processes, making it easier to access and manage support.
☐ They will promote more qualified providers, leading to better services.
☐ They will improve fraud detection and prevention, encouraging more ethical and sustainable practices.
☐ They will increase co-design and consultation, ensuring the needs of people with disability are considered.
☐ Other (please specify) ______
☐ None of the above - it's just my gut feeling or an educated guess.

Go to Q19

Q18. Why do you think the new rules will make the NDIS experience worse? (Select all that apply)

☐ They will reduce participants' flexibility in choosing supports that meet their needs.
☐ The transition to new assessment and funding models may cause temporary services disruptions.
☐ Stricter compliance and enforcement rules for service providers may increase paperwork and reduce quality and availability of direct support.
☐ Other (please specify) ______
☐ None of the above - it's just my gut feeling or an educated guess.

Q19. Would the introduction of the new rules make you more interested in applying for the NDIS?

○ Yes, definitely
○ Yes, somewhat
○ No, not really
○ No, not at all
○ Not sure

An Idea for Early Support in the NDIS

We want to hear your thoughts on an idea for how the NDIS could provide early support for people with mental health needs (psychosocial disability). This idea is based on recommendations from the NDIS Review.

One possible approach could include:

- Providing a **standard support package for six months** when someone joins.
- Using this time to assess their needs and develop a **personalised plan.**
- Offering **flexible support** that can adjust to the ups and downs of mental health conditions.

After six months, participants **might** move to a **detailed one-year plan**, with regular check-ins to review progress and adjust support as needed. The main goal would be to help people **become more independent and work towards their personal goals.**

This idea is still in the early stages. It would be **co-designed** with people who have lived experience, families, carers, service providers, researchers, and experts.

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Q20. Based on the description provided, how interested are you in participating in the Early Support program if it is implemented?

○ Very interested
○ Somewhat interested
○ Neutral
○ Not very interested
○ Not interested at all

Q21. Please choose <u>up to 5</u> types of early support that are most important to you.

☐ The option to leave early support program (or the NDIS) with the choice to return if needed
☐ Access to a key worker who can help me to understand the program and what I can get out of it
☐ More skilled and qualified psychosocial workers
☐ Peer workers who have been through their own mental health challenges (have similar experiences to me)
☐ Services that are more linked to mental health services (e.g., psychiatrists, GPs, allied health, and hospital)
☐ More access to capacity-building supports (e.g., assistance with activities of daily living, such as cooking, cleaning, and self-care)
☐ Greater focus on my community participation plan
☐ More opportunities to meet with peers (other people who have been through similar experiences)
☐ More control over changing my plan (greater flexibility)
☐ More options to discuss personal recovery
☐ Clearer long-term support plans
☐ Access to employment assistance
☐ Access to education opportunities
☐ Other (please specify) _____

Q22. What are the things that you would not want to see/experience in a new early support approach?

____

____

____

Foundational Supports

Foundational Supports (outside of the NDIS) is another initiative proposed by the NDIS Review.

This initiative is a shared responsibility between the Commonwealth, State, and Territory governments. It is designed to bridge the gap between the NDIS and mainstream services, ensuring access to essential support for all people with disability, including those who are not eligible for the NDIS.

Foundational Supports include general supports (available to all people with disability) and targeted supports (focused on those most in need, such as children, young people, and people with persistent mental health challenges).

Examples of Foundational Supports:

<u>General supports</u>: Information and advice, capacity building for individuals, families, and communities, peer support, advocacy, community care, assistance with daily activities (e.g., shopping, property maintenance), and early intervention services.

<u>Targeted supports</u>: Specialised services for specific groups to support independence, capacity building, supported decision-making, social and economic participation, and access to essential equipment.

The Foundational Supports model will be co-designed with people with lived experience, their families, carers, service providers, researchers, and experts.

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Q23. How aware are you of the proposed Foundational Supports outside of the NDIS?

○ Very aware
○ Somewhat aware
○ Not aware at all

Q24. Do you think the Foundational Supports will help reduce the pressure on the NDIS?

○ Yes, definitely
○ Yes, somewhat
○ Neutral
○ No, not really
○ No, not at all
○ Not sure

Q25. Do you think the Foundational Supports will improve support for people with disability?

○ Yes, definitely
○ Yes, somewhat
○ Neutral
○ No, not really
○ No, not at all
○ Not sure

Q26. What types of Foundational Supports would you be most likely to use if they were available?

(Select all that apply)

☐ Access to a key worker who can help me navigate systems
☐ Illness self-management programs
☐ Skills and capacity-building support
☐ Daily living assistance
☐ Peer and family support
☐ Employment support services
☐ Social and community engagement programs
☐ Housing assistance
☐ Other (please specify) ______
☐ None of the above

Q27. Would the availability of Foundational Supports outside the NDIS make you less likely to renew or apply for NDIS?

○ Yes, definitely
○ Yes, somewhat
○ Neutral
○ No, not really
○ No, not at all
○ Not sure

Q28 What concerns, if any, do you have about how Foundational Supports outside of the NDIS will work?

(Select all that apply)

☐ They might overlap with services already offered by mainstream providers or the NDIS
☐ Services might not meet people's needs or preferences
☐ Long waitlists for available services
☐ It might be hard to access services in rural or remote areas
☐ The rules for who can get what supports might not be reasonable
☐ The out-of-pocket cost of services
☐ It's hard to figure out how the system works and how services fit together
☐ The quality of support services
☐ Other (please specify): ________
☐ I have no concerns
☐ I don't have an opinion on this

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NDIS Sustainability

Q29. How concerned are you about whether the NDIS can keep running and providing enough support in the long-term?

○ Very concerned
○ Somewhat concerned
○ Neutral
○ Not very concerned
○ Not concerned at all
○ I don't have an opinion on this

Q31. In your opinion, what changes, if any, could help keep the NDIS running in the long term?
Please select up to 5 items.

☐ Moving some NDIS funding to Foundational Supports to assist more people at an earlier stage
☐ Using resources more efficiently
☐ Prioritising the most important supports
☐ Reducing administrative costs
☐ Increasing taxes to better fund the NDIS
☐ Cracking down on fraud and misuse of funds
☐ Having people pay part of the cost for some services
☐ Incorporating a means test to determine eligibility for certain supports (a way to check if someone qualifies for help based on their income and financial situation)
☐ Other (please specify) ______
☐ I don't have an opinion on this

Q32. Optional Question

In your opinion, what are the most important areas that need improvement in how Australia supports people with disability, both inside and outside of the NDIS?

____

____

____

____

You're almost done! Just one final questions to wrap up.

Q33. Did someone assist you in completing this survey?

○ No, I completed the survey on my own.
○ Yes, a family member assisted me.
○ Yes, a friend assisted me.
○ Yes, a support worker assisted me.
○ Yes, other (please specify): ______

Thank you for completing this survey.

By returning this survey, you consent to your responses being used for research purposes.
Please return this survey to

Professor Jennifer Smith-Merry,
Susan Wakil Health Building, The University of Sydney,
Camperdown, NSW, 2006.

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If you experience feelings of distress as a result of participating in this study, you can inform the research team, and they will provide assistance. Alternatively, you can contact the following counselling services: Life Supports counselling service

Life Supports counselling service	**Beyond Blue**	**Lifeline**
1300 735 030	**1300 22 4636**	**131114**
http://lifesupportcounselling.com.au	**https://www.beyondblue.org.au**	**https://www.lifeline.org.au**

If you have any concerns about the study procedures or wish to make a complaint to someone independent of the study, please contact the University's Human Ethics Manager at human.ethics@sydney.edu.au or +61 2 8627 8176, and reference the project identifier: 2024/HE001326.

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