



Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Centre for Disability Research and Policy, The University of Sydney

Authors: Dr Kuo-yi Jade Chang, Dr Joel Hollier, Dr Hyejin Kim, Dr Ivy Yen, Professor Jennifer Smith-Merry

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Contents

Executive Summary	3
Key Findings.....	3
Next Steps.....	5
Context.....	7
Structural Challenges and the Case for NDIS Reform.....	7
Overview of the 2024 NDIS Reforms	8
Why Psychosocial Disability Is Central to the Reform Debate.....	8
Rationale for the Current Study.....	10
Methods	11
Study Aim and Objectives.....	11
Questionnaire Design and Testing	11
Survey Data Collection	13
Data Analysis.....	13
Detailed Results	15
Respondent Characteristics	15
NDIS Experience	17
New 2024 NDIS Rules	21
The Proposed Early Intervention Approach.....	27
NDIS Sustainability	34
Limitations	40
Policy Implications.....	41
Recommendations.....	43
Conclusion	45
Contact.....	47

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Figures

Figure 1. Survey respondent group.....	15
Figure 2. Age distribution of survey respondents	16
Figure 3. Survey respondents by state and territory	16
Figure 4. Survey respondents by remoteness.....	17
Figure 5. Ratings of how well NDIS plans are working across different life areas	18
Figure 6. Awareness of 2024 NDIS Rule changes	22
Figure 7. Approaches to keep people up to date with the NDIS changes	24
Figure 8. Interest in participating in the Early Intervention pathway	28
Figure 9. Average importance scores for different types of early support	29
Figure 10. Concern about NDIS sustainability across stakeholder groups.....	34
Figure 11. Strategies to help sustain the NDIS	35

Tables

Table 1. Key themes and example quotations describing suggested changes to improve how the NDIS supports people with psychosocial disability	19
Table 2. Perceived benefits of the new NDIS rules among respondents who expect a better experience.....	25
Table 3. Concerns among respondents who expect a worse experience under the new NDIS rules	26
Table 4. Key themes and example quotations on what respondents would not want to see in the proposed 'Early Intervention approach.	30
Table 5. Key themes and example quotations describing suggestions on how to sustain the NDIS	35

Executive Summary

This report presents findings from a national survey of 1,625 people in Australia, examining experiences of and perspectives on recent and proposed reforms to the National Disability Insurance Scheme (NDIS), with a particular focus on psychosocial disability and mental health support needs. Recent reforms have focused on clarifying the scope of NDIS-funded supports, strengthening access criteria and their application, improving transparency in decision-making and plan funding, and expanding regulatory oversight through mandatory provider registration and enhanced compliance powers. Proposed reforms include efforts to reshape the NDIS Early Intervention pathway for psychosocial disability, alongside the development of Foundational Supports outside the NDIS to deliver broader system-level supports.

Survey respondents included NDIS participants with psychosocial disability and other disability, people with mental health challenges who are not currently NDIS participants, informal carers, service providers, and members of the general public. Respondents were asked about their experiences with the NDIS (where relevant), their awareness and perceptions of the 2024 legislative changes, their views on proposed reforms such as the Early Intervention pathway, and their perspective on the long-term sustainability of the Scheme. In addition, respondents provided 3,372 free-text responses to open-ended questions, offering more detailed insights into their experiences, concerns, and suggested improvements.

Quantitative data were analysed using descriptive and inferential statistical methods, while qualitative free-text responses were analysed using a framework approach. These analyses generated a set of key findings, which are summarised below and discussed in more detail in the report.

Key Findings

1. Experiences of the NDIS among participants with psychosocial disability are mixed but consequential for recovery.

Most NDIS participants with psychosocial disability (71%) reported that the Scheme had helped their recovery to some extent. However, nearly one in five (17%) reported that the NDIS had made their recovery worse. Perceived recovery benefits were strongly associated with how well NDIS plans were working across key life domains, particularly employment, independent living, and social relationships. Employment and education supports were consistently identified as areas in which respondents reported that their NDIS plans were working least effectively.

2. Participants and carers identify persistent structural problems in how the NDIS operates.

Qualitative responses highlighted recurring concerns about what is offered under the Scheme (e.g. lack of support for psychology), how the Scheme interacts with mainstream

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

mental health services, a poor understanding of psychosocial and co-occurring disabilities, perceived administrative burden, and whether the promise of “choice and control” is being realised in practice. Respondents frequently described the need to “fight” for supports, inconsistent decision-making, and insufficient explanation of planning and review outcomes.

3. Awareness of the 2024 NDIS legislative changes is uneven and low outside the Scheme.

While service providers and current NDIS participants reported relatively high awareness of the 2024 NDIS rule changes, awareness among people with mental health challenges outside the NDIS and the general public was very low. Across all groups, respondents emphasised the need for clear, accessible, and consistent communication, advance notice of changes, and access to knowledgeable contact persons who can provide tailored guidance.

4. Expectations of the 2024 NDIS reforms are predominantly negative among those closest to the Scheme.

A majority of NDIS participants with psychosocial disability (67%), providers (62%), and carers (43%) expected their experience of the NDIS to worsen under the new rules. The most common concern was reduced flexibility in choosing supports, followed by fears of increased red tape, service disruption, stricter evidence requirements, and funding reductions. Concerns were particularly acute among people with psychosocial disability, who perceived the proposed 2024 reforms to be insufficiently aligned with recovery-oriented, trauma-informed practice.

5. The proposed ‘Early Intervention’ (s25) pathway¹ for those new to the Scheme attracts interest but raises significant concerns.

Interest in the proposed Early Intervention approach for participants new to the Scheme was moderate among current NDIS participants and higher among people with mental health challenges outside the NDIS. Respondents prioritised early access to skilled psychosocial workers, strong links to mental health services, and having a consistent key worker. However, substantial concerns were raised about rigid time limits, lack of individualisation, workforce capacity, stigma, potential loss of existing supports, and transitions to inadequate mainstream services. Many respondents stressed that an Early Intervention pathway for those new to the Scheme must not be used to delay or deny access to longer-term NDIS supports where needs are enduring.

¹ The proposed new early intervention pathway that participants responded to refers to a proposed pathway aligned with section 25 of the NDIS Act (Early Intervention). In the context of psychosocial disability, this does not refer to newly acquired or short-term mental health conditions. Rather, it is intended to provide structured, time-limited support at the point of entry to the NDIS for people with significant and enduring psychosocial disability, with the aim of assessing needs and determining appropriate longer-term supports.

6. Concern about NDIS sustainability is widespread, but cost-cutting at the expense of participants is not supported.

Around 70% of respondents were very or somewhat concerned about the long-term sustainability of the NDIS. The most strongly supported strategies for sustainability were cracking down on fraud and misuse of funds, improving efficiency, and reducing administrative and bureaucratic costs. There was limited support- particularly among NDIS participants with psychosocial disability - for hypothetical strategies presented in the survey's multiple-choice questions that would shift costs onto participants (e.g. co-payments), restrict access, or move funding away from individualised supports without adequate alternatives.

Next Steps

The views of respondents present in this report point to key steps that the Federal Government can take to ensure the 2024 NDIS reforms improve outcomes for people with psychosocial disability without undermining recovery or equity.

In the short term, the Government should:

- **Continue to deepen co-design processes to build trust and effectiveness.** Community co-design, particularly with people who have lived experience of psychosocial disability, is essential to ensuring reforms better meet participant needs and rebuild confidence in the Scheme.
- **Support reform implementation by improving communication and transparency.** This includes providing clear and accessible explanations of how legislative changes affect existing and potential NDIS participants, ensuring access to knowledgeable points of contact, and providing adequate notice and transitional arrangements for changes to existing supports.
- **Strengthen safeguards to monitor early impacts of reforms.** Monitoring changes in psychosocial disability access rates, funding amounts, plan quality, and service continuity will help identify and address unintended harms in a timely manner.
- **Address provider market dysfunction and workforce capacity.** This includes reviewing pricing schedules to reduce disparities between NDIS and non-NDIS rates for comparable services, strengthening quality assurance processes with a greater focus on service outcomes, and addressing workforce shortages in psychosocial disability supports.

In the medium term, the Government should prioritise:

- **Co-design and implement an Early Intervention pathway for new psychosocial participants in ways that ensure legitimacy.** This includes genuine flexibility, trauma-informed practice, and clear pathways to ongoing NDIS support where needs are enduring, based on actual service availability rather than assumed mainstream capacity.
- **Strengthen the quality of NDIA decision-making in relation to access and planning.** This includes increasing psychosocial disability expertise, improving

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

quality assurance processes, and monitoring patterns in internal reviews and tribunal reversals to enhance consistency and fairness.

- **Develop and adequately resource mainstream alternatives before fully implementing time-limited pathways such as that proposed for Early Intervention under the NDIS Review.** Mental health, housing, employment, and community supports must be reliably available to ensure that people who do not meet, or no longer meet, NDIS thresholds are not left without appropriate support.

For long-term sustainability, reforms should:

- **Align eligibility and planning frameworks with recovery-oriented practice.** Fluctuating mental health conditions can result in enduring functional impairment requiring ongoing support. Planning approaches should enable flexible support intensity that responds to variable functioning without requiring repeated demonstrations of permanence.
- **Invest in prevention and early intervention outside the NDIS, prioritising a systematic approach, where 'Foundational Supports' work alongside the NDIS and recovery-oriented clinical supports.** Well-resourced mental health care, stable housing, employment assistance, and social connection initiatives reduce reliance on high-intensity crisis supports and promote more sustainable outcomes.
- **Establish independent monitoring of equity outcomes.** Transparent monitoring of access rates, funding adequacy, plan quality, and recovery-related outcomes across disability types and demographic groups will help ensure reforms do not disproportionately disadvantage people with psychosocial disability or other groups.

Context

Structural Challenges and the Case for NDIS Reform

The National Disability Insurance Scheme (NDIS) was established to provide Australians with disability-related support through an insurance-style model of lifetime support, emphasizing choice, control, and tailored to individual needs. At its core, the Scheme aims to enhance social and economic participation and improve quality of life for people with significant and permanent disability by funding reasonable and necessary supports that are directly linked to functional goals^{2 3}.

Over time, however, the NDIS has faced intensifying challenges. Rapid growth in participant numbers and expenditure has driven substantial increases in Scheme costs: the NDIS expanded from approximately \$14 billion in 2017–18 to over \$40 billion by 2023–24, and, without further reforms, is projected to reach annual costs of \$95.8 billion by 2034–35⁴. Alongside these fiscal pressures, persistent concerns have been raised about administrative complexity in planning and review processes, inconsistent decision-making, and inequities in access and outcomes across disability types⁵.

In addition, heightened concern has emerged around fraud, misuse of funds, and unethical provider practices within the NDIS. In public discourse and government commentary, fraud was often framed as a threat to Scheme sustainability and public confidence⁶. Together, these systemic pressures created significant political and policy momentum for reform.

In response, the Australian Government commissioned an independent NDIS Review in late 2022, with its final report released in December 2023⁵. The Review examined the Scheme's design, operations, and sustainability, and made numerous recommendations aimed at restoring the NDIS's foundational intent and improving its functionality and equity⁵. These recommendations subsequently informed the 2024 NDIS legislative amendments.

² Australian Government Department of Health (n.d.) *NDIS market roles and responsibilities*. Canberra: Australian Government. Available at:

<https://www.health.gov.au/resources/publications/ndis-market-roles-and-responsibilities?language=en>

³ Productivity Commission (2011) *Disability care and support: Productivity Commission inquiry report* (Report No. 54). Canberra: Australian Government.

⁴ National Disability Insurance Agency (n.d.) *Annual financial sustainability reports*. Canberra: NDIA. Available at: <https://www.ndis.gov.au/publications/annual-financial-sustainability-reports>

⁵ Commonwealth of Australia (2023) *Working together to deliver the NDIS: Independent Review of the National Disability Insurance Scheme – Final Report*. Canberra: Department of Social Services.

⁶ Chinnappa, M., Smith-Merry, J. & Chang, K.-Y.J. (2025) The cost of the National Disability Insurance Scheme: Australia's print-media discourse. *Australian Journal of Social Issues*, 0, 1–11. Available at: <https://doi.org/10.1002/ajs4.70063>

Overview of the 2024 NDIS Reforms

In direct response to the recommendations of the 2023 NDIS Review, the Government introduced the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024*, which came into effect on 3 October 2024. This legislation represents the most significant structural reforms of the Scheme since its establishment. These reforms are transitional in nature, with the NDIA continuing to refine and operationalise their implementation, with further consultation on associated NDIS rules currently underway.

A core focus of the amendments is to clarify which supports the NDIS may fund, including the introduction of a statutory definition of 'NDIS supports' and expanded rule-making powers to specify those supports (s 10; s 33)^{7,8}. The reforms also clarify the operation of the access criteria (s 21), requiring the NDIA to determine and communicate whether a person meets the disability requirements (s 24), the early intervention requirement (s 25), or both. Amendments to s 24 clarify that an impairment must give rise to a need for NDIS supports, while changes to s 33 strengthen the link between funded supports in a participant's plan and the impairment(s) through which access was met. The legislation also introduces 'impairment notices' to increase transparency in access decisions and provides clearer statutory grounding for plan funding arrangements, including total funding amounts, funding components, and funding periods⁸.

The 2024 changes also expand regulatory oversight by introducing mandatory registration for certain provider categories (platform providers, support coordinators, and Supported Independent Living providers) and by enhancing the compliance and enforcement powers for the NDIS Quality and Safeguards Commission⁹. These reforms are interim. Further reforms, including changes to the registration for a wider group of providers towards a risk-proportionate model as suggested by the NDIS Provider and Worker Registration Taskforce, are being considered by policy makers¹⁰.

Why Psychosocial Disability Is Central to the Reform Debate

People with psychosocial disability have occupied a uniquely precarious position within the NDIS since its inception. Psychosocial disability refers to significant functional impairment

⁷ National Disability Insurance Agency (n.d.) *Changes to NDIS legislation*. Canberra: NDIA. Available at: <https://www.ndis.gov.au/about-us/improving-ndis/changes-ndis-legislation>

⁸ National Disability Insurance Agency (n.d.) *Summary of NDIS legislation changes*. Canberra: NDIA. Available at: <https://www.ndis.gov.au/about-us/improving-ndis/changes-ndis-legislation/summary-legislation-changes>

⁹ National Disability Insurance Agency (2024) *Additional \$110 million investment in NDIS fraud prevention*. Canberra: NDIA. Available at: <https://www.ndis.gov.au/news/10525-additional-110-million-investment-ndis-fraud-prevention>

¹⁰ Department of Health, Disability and Ageing (2025) *NDIS Provider and Worker Registration Taskforce*. Canberra: DHDA. Available at: <https://www.health.gov.au/committees-and-groups/ndis-provider-and-worker-registration-taskforce>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

arising from mental health conditions, which, in interaction with social and environmental barriers, produces enduring experiences of disability¹¹. Unlike many physical disabilities, psychosocial disability is often fluctuating and episodic, complicating assessment under eligibility frameworks that rely on notions of permanence and stability¹².

As of December 2025, 65,827 NDIS participants (around 9% of all participants) identify psychosocial disability as their primary disability category¹³, though this likely understates the true prevalence given diagnostic complexity and multiple disability presentations.

Previous research has found that the NDIS can be confusing for participants with psychosocial disability, who often report unmet expectations of the Scheme and limited 'choice and control'^{14,15}. Advocacy groups and mental health peak bodies have raised concerns that cost-containment pressures may be influencing administrative decision-making – particularly through narrower interpretations of what constitutes 'reasonable and necessary' supports and the application of access and support pathways – in ways that may disproportionately disadvantage people with psychosocial disability¹⁶.

The 2023 NDIS Review highlighted the need for reform in how people with psychosocial disability are supported. It recommended reforms within the NDIS, through a shift toward a more personalised, recovery-oriented framework and the establishment of a specialised Early Intervention pathway for most new participants with psychosocial disability⁵. It also recommended a new approach outside the Scheme through a new system of Foundational Supports, which would provide psychosocial supports for people who do not receive such supports under the NDIS and better access to mainstream supports. Both of these recommendations have been sketched out in only minimal detail by the NDIS Review,

¹¹ Hamilton, D., Hancock, N., Scanlan, J.N. & Banfield, M. (2020) The National Disability Insurance Scheme and people with severe and persistent mental illness/psychosocial disability: A review, analysis and synthesis of published literature. *Australian & New Zealand Journal of Psychiatry*, 54(11), 1071–1084.

¹² Tune, D. (2019). Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee. Australian Government. Available at: <https://www.health.gov.au/sites/default/files/2025-07/review-of-the-ndis-act-2013-report.pdf>

¹³ National Disability Insurance Agency (n.d.) *NDIS data and research*. Canberra: NDIA. Available at: <https://dataresearch.ndis.gov.au/explore-data>

¹⁴ Hollier, J. & Smith-Merry, J. (2026) Expectations and Reality: The Lived Experiences of Australians With Psychosocial Disability Within the NDIS, *Australian Journal of Social Issues*, <https://onlinelibrary.wiley.com/doi/10.1002/ajs4.70096>

¹⁵ Wilson E, Campain R, Pollock S, Brophy L, & Stratford A. (2022) Exploring the personal, programmatic and market barriers to choice in the NDIS for people with psychosocial disability. *Australian Journal of Social Issues*. 57(1):164–184. doi: [10.1002/ajs4.154](https://doi.org/10.1002/ajs4.154).

¹⁶ Australian Psychosocial Alliance (2025) Access Denied: Psychosocial Disability and the NDIS. Available at: <https://psychosocialalliance.org.au/campaign>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

though for Foundational Supports there has been significant academic and advocacy-led discussion about what the reforms might mean in practice^{17,18,19}.

Rationale for the Current Study

At this pivotal stage in the evolution of the NDIS, there is a pressing need for empirical evidence that captures early impacts and perceptions of the 2024 reforms across diverse stakeholder groups. Both quantitative and qualitative data are essential to understand how recent legislative and rule changes are being interpreted and experienced by participants, carers, service providers, and people with mental health challenges who are not currently in the Scheme.

These perspectives help assess whether the reforms are perceived to be advancing the NDIS's foundational objectives - particularly choice, control, and equitable access to supports - or whether they risk entrenching new barriers for current and prospective participants who are already marginalised within disability and mental health service systems.

By drawing directly on the lived experiences and perceptions of survey respondents about proposed policy and legislative reforms, this study contributes to an early assessment of how the reforms are being experienced, understood, and anticipated, and identifies possible areas for refinement to better align with the Scheme's original intent and commitments. This is important knowledge for government policymakers and those agencies, such as the NDIA, who are supporting current and prospective NDIS participants. Understanding both perceptions and misperceptions helps to shape consultation and communication strategies that are better targeted to community interests and fears.

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¹⁷ Smith-Merry, J, B. Mullin, J. Hollier and F. Bobo (2025) Targeted foundational supports for people with psychosocial disability outside of the NDIS: model proposal. Sydney: Centre for Disability Research and Policy, The University of Sydney.

¹⁸ Bennett, S, M. Jesurun, R. Polascek (2025) Bridging the gap: Meeting the needs of Australians with psychosocial disability. Grattan Institute: Melbourne. <https://grattan.edu.au/wp-content/uploads/2025/12/Bridging-the-Gap-%E2%80%93-Meeting-the-needs-of-Australians-with-psychosocial-disability.pdf>

¹⁹ National mental Health Consumer Alliance (2025) Psychosocial Position Statement. <https://nmhca.org.au/static/dj5jdewjhzdvmxpxvkc1sreg5q3zy/psychosocial-supports-position-statement.pdf>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Methods

Study Aim and Objectives

The overall aim of the survey was to examine how recent and proposed reforms to the NDIS are being experienced, understood, and anticipated across key stakeholder groups. It sought 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 proposed 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

It should be noted that the Early Intervention pathway and Foundational Supports referred to in this study remain reform directions rather than formally scoped programs. We included them in our study to understand whether people had heard of these proposed reforms and, if so, what expectations they had of them, in order to understand public engagement with emerging reforms.

This report focuses on survey findings relevant to Aims 1, 3, 4 and 6. Findings relevant to Aims 2, 5, and 7 are presented in a separate technical report: [chang-2025-beyond-the-ndis-unmet-needs-foundational-supports-system-reform-technical-report.pdf](#)

Questionnaire Design and Testing

We developed five tailored versions of a questionnaire to capture the perspectives of different stakeholder 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 NDIS²⁰, informal carers of people with psychosocial disability or mental health challenges, providers who work with NDIS participants, and members of the general public. The latter group was included given their role as taxpayers and voters in a publicly funded scheme, whose views contribute to broader perceptions of legitimacy and

²⁰ 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?”

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

sustainability of the NDIS and associated reforms. 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 NDIS participants with psychosocial disability is attached to this report as Appendix A.

At the start of the survey, screening questions confirmed eligibility and directed respondents to the questionnaire relevant to their role. The survey first collected demographic information, followed by sections addressing different aspects of recent and proposed reforms relevant to psychosocial disability.

For example, in relation to the NDIS changes that came into effect on 3 October 2024, respondents were asked a series of questions to assess their level of awareness, perceptions of potential benefits, and concerns about how the ‘new rules’ operate in practice. Respondents were directed to an NDIA webpage: [Changes to NDIS legislation | NDIS](#) if they wanted further information on the rule changes. They were also invited to identify improvements that would make the NDIS work better for them.

In addition, people with mental health challenges – whether or not they were currently NDIS participants – were asked about their awareness of and interest in the ‘Early Intervention’ pathway proposed in the 2023 NDIS Review, as well as the types of supports they considered most important within this pathway.

The survey concluded by asking all stakeholder groups about their view on NDIS sustainability, including the level of concern they hold and their perspectives on what is needed to ensure the Scheme’s long-term viability and capacity to provide necessary supports.

To develop the response options/categories for multiple-choice questions, we drew on multiple sources to ensure relevance to current policy and practice. These included the 2023 NDIS Review report and its cited stakeholder submissions, as well as existing peer-reviewed and grey literature on the NDIS and psychosocial disability. In addition, input was obtained through consultations with the project advisory team, including people with lived experience, carers, disability advocates, peak bodies, policymakers, and disability researchers.

The use of structured response options was intended to enable consistent data collection across a large and diverse sample and to facilitate comparison between stakeholder groups. Where possible, response options were designed to reflect commonly identified themes and issues in the literature and policy discourse, rather than to direct respondents toward particular viewpoints. To mitigate the risk of constraining responses, most questions also included open-ended options (e.g., “Other, please specify”), and participants were provided with opportunities throughout the survey to elaborate on their views through free-text responses. These qualitative data were used to capture perspectives not fully reflected in the predefined options and to complement the quantitative findings.

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

The draft questionnaires were further reviewed by the project advisory team. We also tested the survey with six people with psychosocial disability using a “think-aloud” process²¹. 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, a market research company that maintains a pre-registered pool of individuals who consent to participate in surveys.

Data Analysis

Descriptive statistics were used to summarise the survey data. Percentages were calculated based on valid responses only, with missing data and “not applicable” responses excluded from the calculations. Inferential analyses were conducted using χ^2 test to examine associations between participants’ perceived impact of the NDIS on recovery and a range of predictor variables. Cramer’s V was calculated to assess the strength of these associations.

Free-text responses were analysed using a framework approach²². Three members of the research team independently 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 when the existing framework did not adequately capture key issues emerging from the data. In the Detailed Results section, qualitative findings are presented in summary tables. Counts refer to the number of respondents whose free-text responses were coded to each thematic category, and illustrative quotations are drawn from individual respondents to provide

²¹ 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

²² 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.

context and depth. These quotations do not imply uniformity of views within that category, nor do they necessarily reflect an accurate understanding of the NIDS or supports within its current scope.

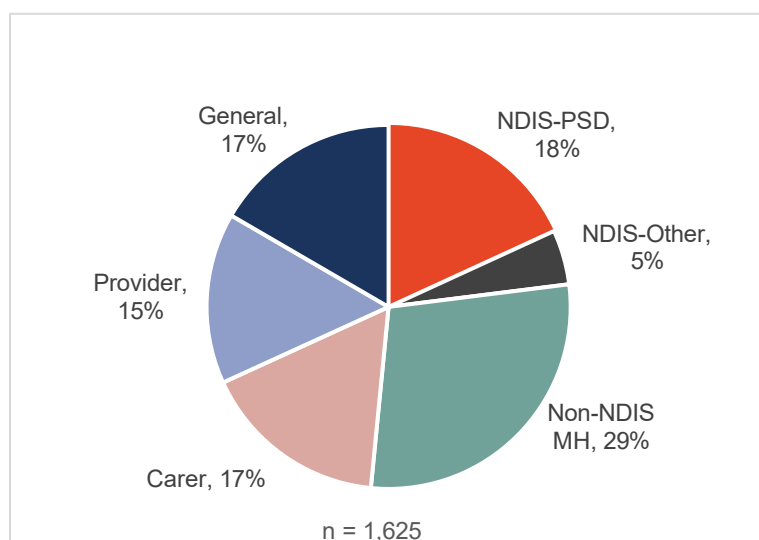
Detailed Results

Respondent Characteristics

A total of 1,625 individuals completed the survey. Most respondents (96%, $n = 1,552$) completed it independently, 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%, $n = 79$) comprised NDIS participants with a disability other than psychosocial disability.

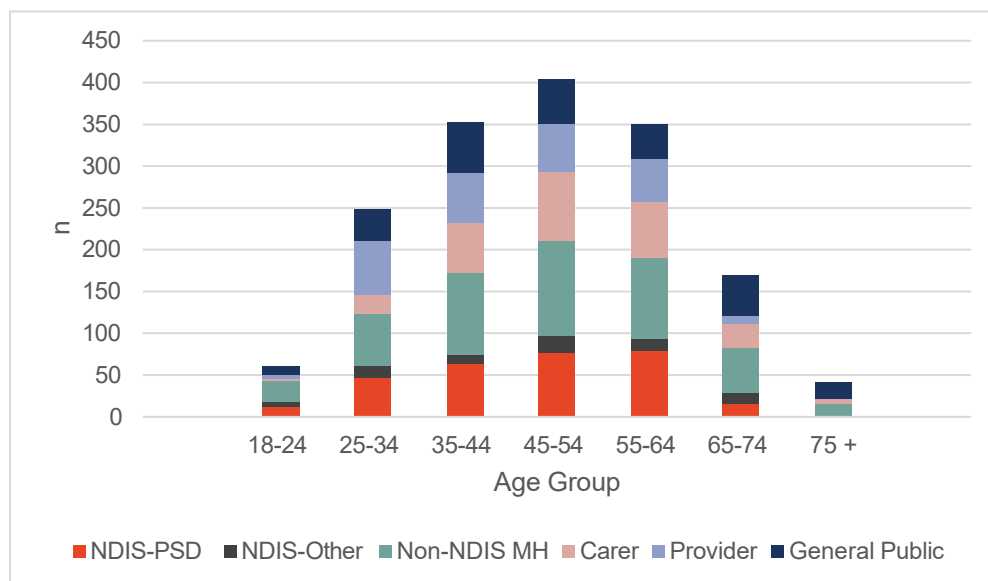
Figure 1. Survey respondent group



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

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

Figure 2. Age distribution of survey respondents

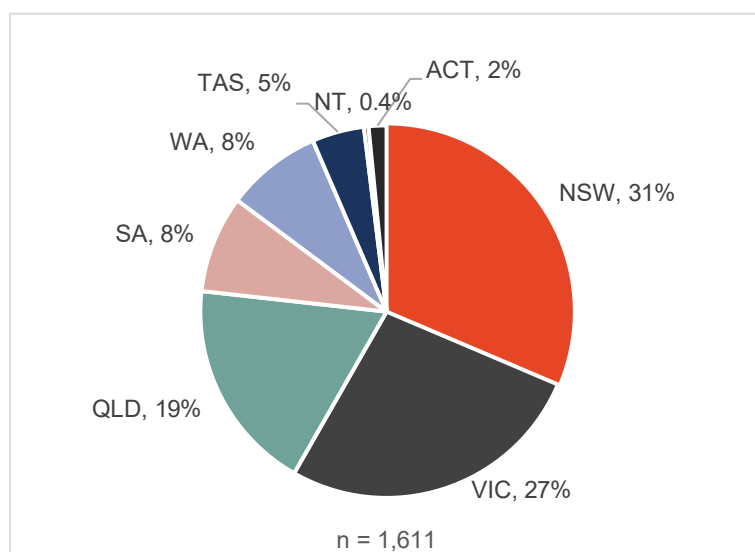


Respondents included: NDIS participants with psychosocial disability (NDIS-PSD, $n = 295$); NDIS participants with other disability (NDIS-OTHER, $n = 79$); non-NDIS participants with mental health conditions (non-NDIS MH, $n = 464$); informal carers of NDIS participants (Carer, $n = 270$); NDIS service providers (Provider, $n = 247$); and members of the 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 respondent groups. Victoria, however, recorded the highest number of NDIS participants with a psychosocial disability ($n = 96$).

Figure 3. Survey respondents by state and territory

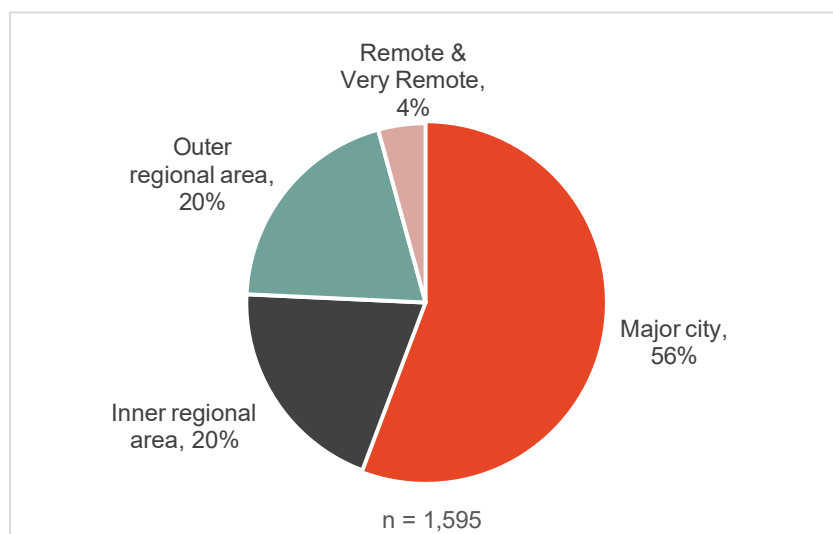


NSW = New South Wales; VIC = Victoria; QLD = Queensland; SA = South Australia; WA = Western Australia; TAS = Tasmania; ACT = Australian Capital Territory; NT = Northern Territory

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

More than half of respondents (55%, $n = 889$) lived in major cities. Inner regional and outer regional areas were equally represented, each accounting for approximately 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 proportion, where only 1.9% live in these areas

Figure 4. Survey respondents by remoteness



NDIS Experience

We asked current NDIS participants and carers about their own experiences, or the experiences of the people they care for, with the Scheme. More than half of respondents who were NDIS participants (57%, $n = 197$) had been in the Scheme for five years or longer.

Respondents were asked to rate how well their NDIS plan was working for them across eight life areas (Figure 5). Some areas may not have been relevant to participants' current life circumstances (e.g. employment or education); in which case they could select "Not applicable"; and such responses were excluded from percentage calculations.

The following areas had relatively higher proportions of "working well" responses and lower proportions of "not working well" responses, suggesting stronger performance:

- **Accessing healthcare and therapy:** 38% working well, 28% not working well
- **Support to live independently:** 36% working well, 24% not working well
- **Transportation and mobility:** 35% working well, 26% not working well
- **Getting out of the house to do activities:** 34% working well, 28% not working well

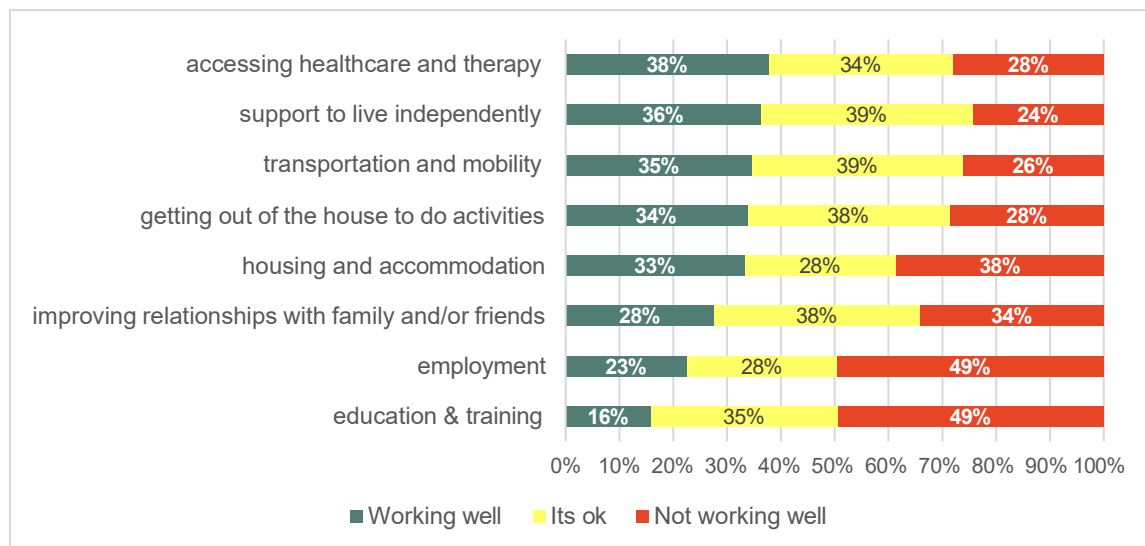
By contrast, the areas with weaker performance were:

- **Education and training:** 16% working well, 49% not working well
- **Employment:** 23% working well, 49% not working well (the worst-rated category)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Across most areas, around one-third of respondents selected “It’s ok,” suggesting moderate satisfaction.

Figure 5. Ratings of how well NDIS plans are working across different life areas



Respondents included: NDIS participants with psychosocial disability ($n = 294$); NDIS participants with other disability ($n = 78$); and informal carers of NDIS participants ($n = 196$)

We then asked NDIS participants with psychosocial disability how the Scheme had affected their **recovery**, defined as being able to do the things they want to do, with or without symptoms of mental illness. Most respondents (71%, $n = 210$) reported that the NDIS had helped their recovery to some extent, including 23% who said it helped a lot, 32% who said it helped somewhat, and 17% who said it helped a little. By contrast, 8% ($n = 23$) felt the NDIS made no difference to their recovery, and 17% ($n = 49$) reported that it had made their recovery worse.

No statistically significant differences were observed between demographic groups in perceived recovery impact. Responses were broadly similar across age groups, gender, cultural background, Aboriginal and/or Torres Strait Islander status, and residential location.

In contrast, there was a strong relationship between how well respondents felt their NDIS plan was working and how helpful they perceived the NDIS to be for their recovery (χ^2 test, $p < .001$). The strongest association was observed in the employment domain (Cramer’s $V = 0.47$), where 78% of respondents who reported that their plan was working well or adequately to support **employment** also reported a positive impact on recovery. Strong associations were also evident for **support to live independently** and for **improving relationships with family and friends** (Cramer’s $V = 0.53$ and 0.52 , respectively).

In an open-ended question, respondents were asked what changes or improvements would make the NDIS work better for them. Table 1 presents key themes identified from the 333 responses, along with example quotations.

Table 1. Key themes and example quotations describing suggested changes to improve how the NDIS supports people with psychosocial disability

Key Theme	Example Quote
Need more funding (n = 96)	Money was taken away from me with no proper explanation as to why. It was taken from a funding area that I use the most - care support workers. Now I can't use them as often which has led my mother who is my primary carer into major burn out and illness. <i>(NDIS participant with psychosocial disability, female, aged 35-44)</i>
Access to psychology and mainstream mental health services (n = 59)	My psychology has been reduced and will probably stop. This is key to helping me stay safe. <i>(NDIS participant with psychosocial disability, female, aged 45-54)</i>
Greater choice and control, flexible/individualised funding options (n = 56)	... allowing participants to choose what supports they need and releasing their own funding for those supports without arduous impossible hoops to jump through. <i>(NDIS participant with psychosocial disability, non-binary, aged 25-34)</i>
Better understanding of psychosocial disability and complex/co-occurring disability (n = 54)	NDIS made my primary disability one of the conditions that I'm not in the least bit disabled by, instead of the conditions that I am genuinely impaired with. Therefore, the supports I have access to are only marginally useful. NDIA has refused to change this situation & I don't have energy to continue begging. <i>(NDIS participant with psychosocial disability, female, aged 55-64)</i>
More qualified and better-equipped staff (e.g. NDIS planners/LACs) (n=39)	Planners need to listen to the Participant and also their care team. They know me extremely well!!!! I know myself EXTREMELY well as well!!! Planners with near no experience with Disability or any training or Qualifications are making decisions based on Opinion, not the evidence in front of them. <i>(NDIS participant with psychosocial disability, female, aged 35-44)</i>
Better education and employment support	Approved activities for education and work seem sadly lacking and inadequate. I requested that 'finding and keeping a job' funding be removed from my plan due to the anxiety the process caused. My goal is

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

(n = 39)	not achieved. <i>(NDIS participant with psychosocial disability, male, aged 55-64)</i>
Better social support (n = 36)	Would be good to find supports for improving and maintaining relationships when you have a psychosocial disability. I am not aware of any such supports. <i>(NDIS participant with psychosocial disability, female, aged 25-34)</i>
Being listened to, less red tape, and not needing to fight for support consistently (n = 35)	Stop the NDIA from making everything so damn difficult. No-one, and especially disabled people and their families should have to fight and fight and fight and fight to get human rights and help to live a life like everyone else and the NDIA to everything in their power to make things as difficult as they can. It's disgusting. <i>(Informal carer, female, aged 25-34)</i>
Consistent and correct information, clear communication and processes (n = 28)	For the NDIA to be accountable for actually explaining the specific rationale for decisions to reject funding requests, for example explaining specifically HOW something does not meet the reasonable and necessary criteria, rather than just quoting the criteria text. <i>(NDIS participant with psychosocial disability, female, aged 35-44)</i>
More assistance with accommodation, SDA, and SIL (n = 28)	I live in a small country town with no NDIS services. I am struggling to utilise my funding. We are in a housing crisis, and I can't get assistance with housing to enable me to move to a regional city in order to be closer to supports. I feel stuck and at the point of giving up. <i>(NDIS participant with psychosocial disability, male, aged 55-64)</i>
Easier access to services (n = 27)	I am proactively trying to use my budget, but I am finding it very difficult to find appropriate activities. <i>(NDIS participant with psychosocial disability, male, aged 45-54)</i>
Improved transport (n = 27)	The only help I receive with transport is yearly service of a mobility scooter, which I paid for myself. I live in a hilly area and all but one family member is not accessible on my scooter. Many live up to an hour away and I cannot drive. Access to transport that would allow me to visit them would be great. <i>(NDIS participant, female, aged 65-74)</i>
Access to alternative therapies (e.g. equine therapy, group programs, meditation, etc.)	Having treatment resistant depression means that I have to look for ways other (than biological treatments) to get through each day. Two things that I found useful was trauma informed yoga and art therapy. I had to stop both of these due to NDIS ceasing or investigating the funding. This means I now don't leave the house as often, which has decreased th

(n = 24)	amount I socialise with others. <i>(NDIS participant with psychosocial disability, female, aged 35-44)</i>
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Better equipped service providers (e.g., support workers) (n = 17)	Some of my regular service providers have not been able to provide staff, often cancelling shifts at short notice. Other regular providers have been on leave, and I have had to terminate a service agreement with one provider who has been unable to provide staff since October 2024. <i>(NDIS participant with psychosocial disability, female, aged 55-64)</i>
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Other, less frequent themes included faster processing ($n = 15$), better access to services in rural areas ($n = 12$), simpler processes for providing reports and assessments ($n = 11$), more trauma-informed and strengths-based approaches ($n = 9$), stronger action on fraud and unscrupulous providers ($n = 8$), and improved collaboration between the NDIS and other systems ($n = 7$).

New 2024 NDIS Rules

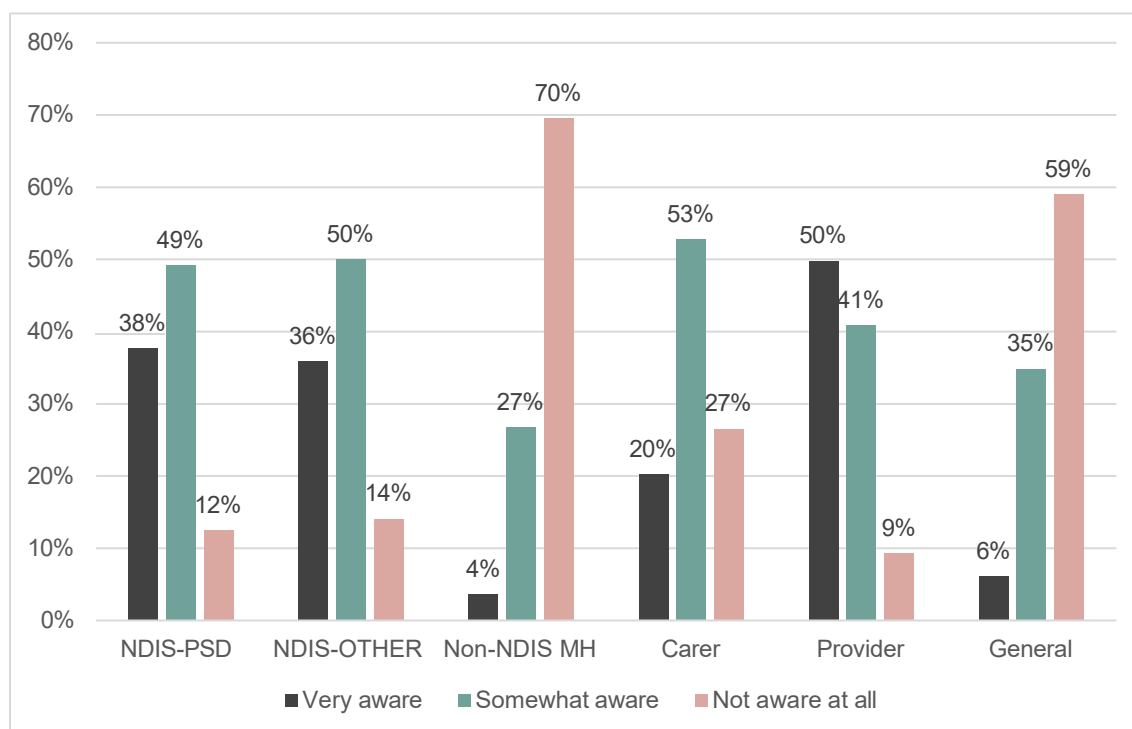
Awareness of the new rules

After being provided with a brief explanation and directed to the NDIS webpage (www.ndis.gov.au/changes-ndis-legislation) outlining the 2024 legislative changes (described as the 'new rules' by the NDIA), all respondents were asked about their awareness of these changes. Awareness of the NDIS amendment was highest among service providers, with half (50%, $n = 123$) reporting they were very aware and a further 41% ($n = 101$) somewhat aware.

NDIS participants also showed high level of awareness: 38% ($n = 112$) of those with psychosocial disability and 36% ($n = 28$) of those with other disabilities were very aware, while about half in each group were somewhat aware. Carers were less likely to report being very aware (20%, $n = 55$), although most were somewhat aware (53%, $n = 143$).

In contrast, awareness was low among non-NDIS participants with mental health conditions, with only 4% ($n = 17$) reporting they were very aware and 70% ($n = 322$) not aware at all. The general population showed a similar pattern, with just 6% ($n = 16$) very aware and 59% ($n = 261$) not aware at all (Figure 6).

Figure 6. Awareness of 2024 NDIS Rule changes



Respondents included: NDIS participants with psychosocial disability (NDIS-PSD, $n = 297$); NDIS participants with other disability (NDIS-OTHER, $n = 78$); non-NDIS participants with mental health conditions (Non-NDIS MH, $n = 463$); informal carers of NDIS participants (Carer, $n = 271$); NDIS service providers (Provider, $n = 247$); and members of the general population (General, $n = 261$)

When asked what would help them keep up with NDIS changes, the most common response across all groups was **simplified, easy-to-understand explanations** (50%, $n = 805$) (Figure 7).

Among **NDIS participants with psychosocial disability**, the most helpful approaches identified were:

- More detailed information about changes (63%, $n = 186$)
- More advance notice of upcoming changes (60%, $n = 178$)
- Access to a dedicated contact person to explain changes (60%, $n = 177$)

Free-text responses further elaborated on how to help people keep up with NDIS changes. Respondents emphasised the need for information that is transparent, meaningful, accessible, and consistent across formats (e.g. online and phone-based).

“Post ALL information to me because of my visual sensory issues. Online is NOT suitable” (NDIS participant with psychosocial disability, female, aged 45-54)

“An easy way to clarify whether changes are only to new plans going forward or to old plans. I often hear things and then are told to ignore it since it doesn't apply to my plan, and I've noticed I tend to just tune out NDIS news.” (NDIS participant with psychosocial disability, female, aged 25-34)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Respondents also highlighted the value of having access to a dedicated contact person who is knowledgeable about the NDIS and related service systems and able to provide person-centred guidance. Some participants were able to identify such a person, while others reported having no consistent point of contact.

“I use my support coordinator and My Plan Manager for information about what I can and can't do.” *(NDIS participant with psychosocial disability, female, aged 45-54)*

“Being allowed to get ask technical questions to a team member from NDIS who can answer. Online resources and updates are always very basic level when once we have a general understanding of the changes there are always more technical questions. We just seem to be left in the "grey zone".” *(Person has worked with NDIS participants, female, aged 35-44)*

“Being able to get advice from someone who knows the NDIS system very well, understands my persons disability, understands the interaction between NDIS and other government systems, and is able to guide, advise and support me for my persons specific situation for as long as is needed, AND they are a decision maker.” *(Informal carer, female, aged 45-54)*

In addition, respondents noted that greater attention to transitional arrangements was needed when changes were introduced, given their real-world impacts on participants.

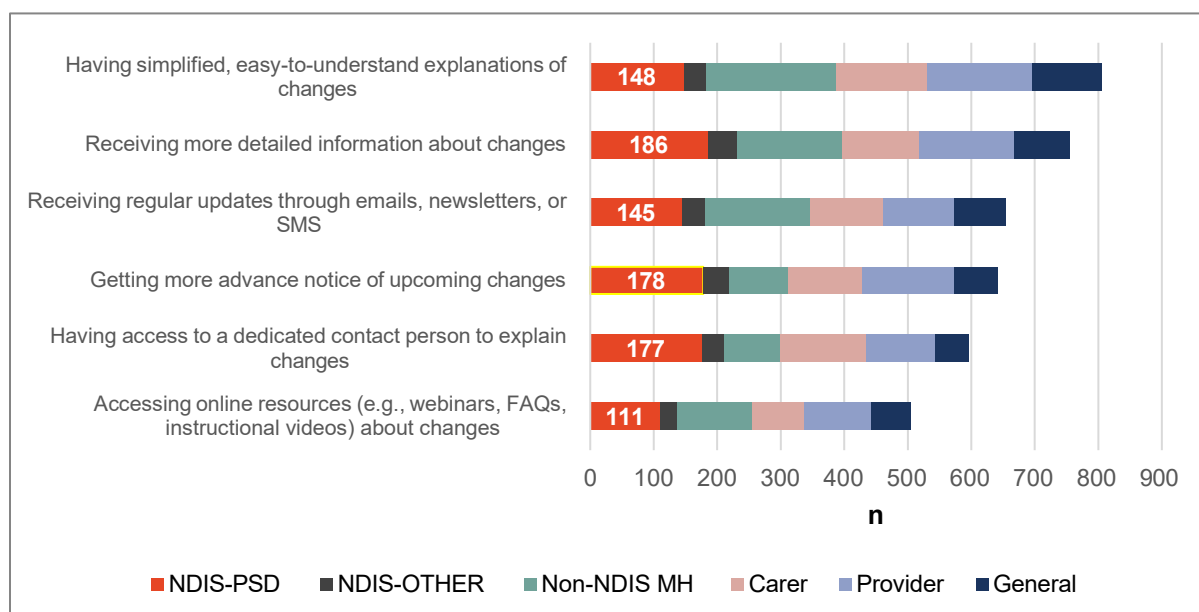
“Notice is very short on the changes of the NDIS amendments. Short notice changes to therapies like Equine Therapy, Music Therapy and Yoga really didn't help my partner in accessing these. It created a lot of uncertainty for us.” *(Informal carer, male, aged 45-54)*

Targeted communication for the workforce - particularly for sectors that interact closely with the NDIS - and clearer information about eligibility were also identified as important.

“Having the information that published by NDIA, NDIS Q&SC, the government & any other adjacent organisations reflect the facts rather than just what they want the public to think is happening. also, by establishing a comprehensive knowledge & process information base between the healthcare sector & NDIS, because there are still far too many healthcare providers that are shockingly ignorant about how NDIS works & what healthcare's role in it all is. The disconnect results in harm, exhaustion, frustration & disadvantage for me & probably others. more than a decade on this can only be deemed deliberate” *(NDIS participant with psychosocial disability, female, aged 55-64)*

Participants emphasised the importance of including people with disability in the co-production of rules and regulations.

Figure 7. Approaches to keep people up to date with the NDIS changes



Respondents included: NDIS participants with psychosocial disability (NDIS-PSD, $n = 295$); NDIS participants with other disability (NDIS-OTHER, $n = 79$); non-NDIS participants 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 the general population (General, $n = 270$)

Impact of the new rules

Among those currently receiving NDIS support (including carers responding on behalf of participants), nearly half (48%, $n = 272$) had attended, or were preparing to attend, a planning meeting since the changes came into effect on 3 October 2024. Of these respondents, almost half (45%, $n = 124$) reported that the new rules had a major impact on the assessment of their support needs.

We then asked all respondents, regardless of their prior awareness of the new NDIS rules, whether they thought the changes would make participants' experiences with the NDIS better or worse. The question was presented in a multi-select, multiple-choice format with an option for free-text input if the provided response options did not adequately capture their views. Perceptions of the new rules varied across groups. Overall, 40% ($n = 642$) expected a worse experience under the new rules, while 15% ($n = 250$) expected an improvement.

Within groups:

- NDIS participants were generally pessimistic about the changes: 67% ($n = 198$) of those with psychosocial disability, and 58% ($n = 46$) of those with other disability, expected their NDIS experience to worsen.
- Negative expectations were also common among service providers (62%, $n = 153$) and carers (43%, $n = 116$).
- Optimistic expectations were most common in the general public (30%, $n = 79$).

For those who felt optimistic about the new NDIS rules, the most commonly expected benefit was that the changes would provide a clearer definition of NDIS supports, making it easier

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

for participants to understand what services they can access (64% overall, $n = 160$). Half of respondents ($n = 125$) also anticipated that administrative processes would be simplified, helping participants to access and manage supports more easily.

Other perceived benefits, along with their prevalence across survey groups, are summarised in Table 2.

Table 2. Perceived benefits of the new NDIS rules among respondents who expect a better experience

	NDIS-PSD (n=31)	NDIS-OTHER (n = 7)	Non-NDIS MH (n = 69)	Carer (n = 41)	Provider (n = 23)	General (n = 79)	Total (n = 250)
They will provide a clearer definition of NDIS supports, making it easier for participants to understand what services they can access.	61%	86%	71%	61%	65%	58%	64%
They will simplify administrative processes, making it easier to access and manage support.	58%	71%	48%	49%	43%	48%	50%
They will introduce Early Intervention pathways, helping people with disability to get support sooner.	42%	43%	36%	44%	43%	47%	42%
They will improve fraud detection and prevention, encouraging more ethical and sustainable practices	39%	29%	42%	39%	61%	41%	42%
They will promote more qualified providers, leading to better services.	26%	29%	42%	34%	61%	48%	42%
They will increase co-design and consultation, ensuring the needs of people with disability are considered.	10%	14%	20%	20%	22%	25%	20%

Percentages represent the proportion of respondents within each stakeholder group who selected each benefit.

Among respondents who felt negative about the new NDIS rules, the most common concern (33%, $n = 534$) was that they would **reduce participants' flexibility in choosing supports**. This concern was particularly prevalent among:

- Participants with psychosocial disability (59%, $n = 174$)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

- Providers (53%, $n = 132$)
- Carers (37%, $n = 101$)

Additional concerns, along with their prevalence across survey groups, are summarised in Table 3.

Table 3. Concerns among respondents who expect a worse experience under the new NDIS rules

	NDIS-PSD ($n=198$)	NDIS-OTHER ($n = 46$)	Non-NDIS MH ($n = 80$)	Carer ($n = 116$)	Provider ($n = 153$)	General ($n = 49$)	Total ($n = 642$)
They will reduce participants' flexibility in choosing supports that meet their needs.	87%	85%	69%	86%	86%	67%	83%
Stricter compliance and enforcement rules for service providers may increase paperwork and reduce quality and availability of direct support.	68%	52%	70%	69%	65%	57%	66%
The transition to new assessment and funding models may cause temporary services disruptions.	57%	48%	60%	59%	67%	55%	59%
None of the above -it's just my gut feeling or an educated guess.	46%	35%	13%	36%	31%	10%	33%

Percentages represent the proportion of respondents within each stakeholder group who selected each concern.

In addition, 242 respondents expressed other concerns in free-text responses, with key themes outlined below:

- Loss of NDIS supports or reduced access to supports under the new framework ($n = 68$)
- Reductions to overall or individual budgets, or anticipated impacts on budgets ($n = 30$)
- Information that is inaccessible, confusing, or poorly communicated (particularly regarding changes) ($n = 20$)
- Negative impacts on functioning, health, or disability ($n = 20$)
- Increased red tape, administrative burden, costs, or evidence requirements ($n = 18$)
- Poor service quality or limited knowledge and competency among agencies and planners ($n = 15$)
- Available supports not meeting needs, particularly for people with complex or multiple disabilities ($n = 13$)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

- Lack of alternative support options ($n = 13$)
- Negative impacts on providers ($n = 12$)
- Mental health stigma or limited understanding of the impact of mental health on functioning ($n = 10$)
- Market issues, such as thin markets ($n = 10$)
- Out-of-pocket expenses ($n = 10$)

The Proposed Early Intervention Approach

This section focused on two groups: current NDIS participants with psychosocial disability ($n = 295$) and people with mental health challenges who were not NDIS participants ($n = 464$). The latter group is heterogeneous and may include individuals who do not meet NDIS eligibility criteria for severe and permanent disability, as well as those who may meet these criteria but are currently supported through other means, prefer not to engage with the Scheme, or face barriers to access. Further information of this group - including their support needs, service use, unmet needs, and reasons for not applying for the NDIS - is presented in a separate technical report²³.

Description of the idea

Respondents were first given a brief description of the “Early Intervention” proposal. It is important to note that this proposal is not an official proposal from the National Disability Insurance Agency (NDIA) or government but was based on our fleshing out of the ideas

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.

²³ KYJ. Chang, J. Hollier, J. Smith-Merry, I. Yen, H. Kim (2025) Beyond the NDIS: Unmet needs, Foundational Supports and system reform for psychosocial disability. Sydney: Centre for Disability Research and Policy, The University of Sydney. Available at: [chang-2025-beyond-the-ndis-unmet-needs-foundational-supports-system-reform-technical-report.pdf](https://www.cdrp.org.au/wp-content/uploads/2025/02/2025-beyond-the-ndis-unmet-needs-foundational-supports-system-reform-technical-report.pdf)

proposed in the NDIS Review (2023). The box below shows the description that we provided to respondents:

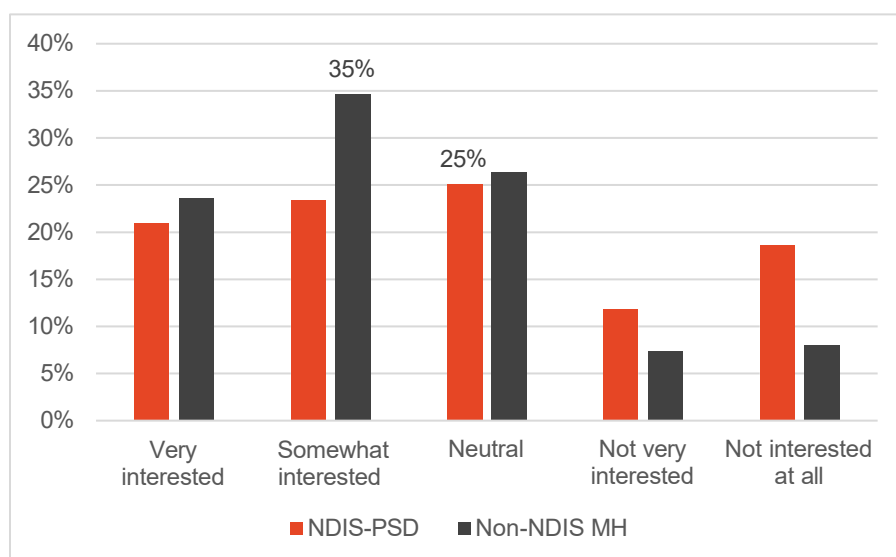
Interest in participating

Respondents were asked how interested they would be in participating in the Early Intervention pathway if it were implemented. Overall, interest was evident across both groups, however, those outside the NDIS appeared more open to the program, with almost 60% expressing interest compared to 44% of current NDIS participants.

Among NDIS participants with psychosocial disability, levels of interest were mixed. Around one in five (21%, $n = 62$) reported being very interested, with a further 23% ($n = 69$) somewhat interested. A quarter (25%, $n = 74$) were neutral, while the remainder expressed low levels of interest (12%, $n = 35$ not very interested; 19%, $n = 56$ not interested at all).

By contrast, people with mental health challenges outside the NDIS showed higher overall interest. Nearly one in four (24%, $n = 109$) were very interested, over a third (35%, $n = 160$) were somewhat interested. Few respondents in this group expressed low levels of interest, with only 7% ($n = 32$) not very interested and 8% ($n = 37$) not interested at all (Figure 8).

Figure 8. Interest in participating in the Early Intervention pathway



Respondents included: NDIS participants with psychosocial disability (NDIS-PSD, $n = 295$); non-NDIS participants with mental health conditions (non-NDIS MH, $n = 462$)

Importance of different types of support

Respondents were asked to select up to five types of early support they considered most important and then to rank them. Scores were averaged so that supports chosen more frequently and ranked more highly received stronger overall ratings. The resulting scores ranged from 0.21 to 1.97, with higher scores indicating greater perceived importance.

The top priorities were:

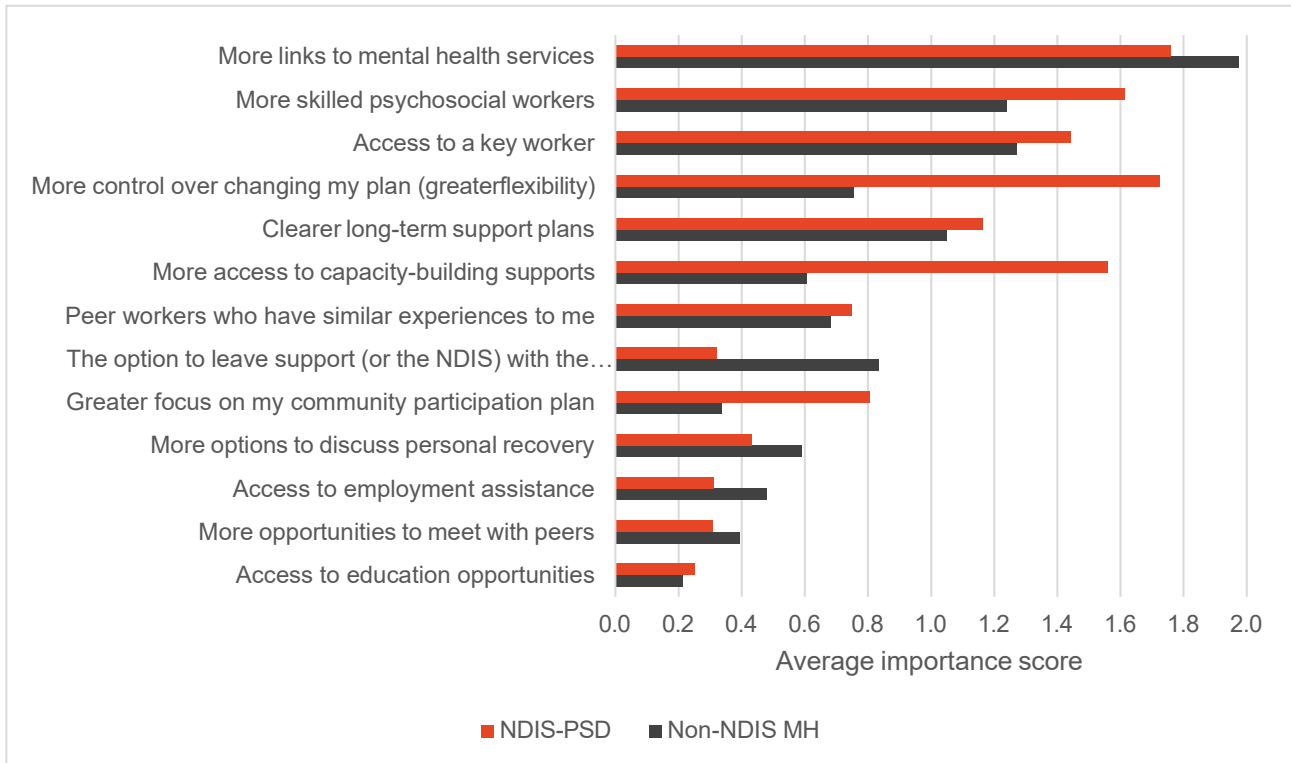
- More links to mental health services (NDIS-PSD: 1.76; Non-NDIS MH: 1.97)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

- Access to more skilled psychosocial worker (NDIS-PSD: 1.61, Non-NDIS MH: 1.24)
- Having a key worker (NDIS-PSD: 1.44, Non-NDIS MH: 1.27).

Several other services were valued more highly by NDIS participants with psychosocial disability than by people with mental health challenges outside the NDIS. These included greater flexibility in changing plans (1.72 vs. 0.75), more capacity-building supports (1.56 vs. 0.61), and greater focus on community participation (0.81 vs. 0.34). By contrast, respondents outside the NDIS placed stronger importance on the option to leave support and return if needed (0.83 vs. 0.32).

Figure 9. Average importance scores for different types of early support



Respondents included: NDIS participants with psychosocial disability (NDIS-PSD, $n = 295$); non-NDIS participants with mental health conditions (Non-NDIS MH, $n = 462$)

Concerns about the proposed Early Intervention approach

At the end of this section, respondents were asked what they would not want to see in the Early Intervention approach. Table 4 summarises the key themes identified from 512 free-text responses, along with illustrative quotations. While the question focused on the proposed Early Intervention approach, some responses reflected broader concerns about the NDIS. This may indicate both varying levels of understanding of a conceptual and evolving policy proposal and a perception that existing system challenges may be replicated within a new pathway. Given that the Early Intervention approach was presented as a high-level, not yet fully specified proposal, these responses should be interpreted in this context, while also recognising that perceptions of new pathways are shaped by prior experiences with the Scheme.

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Table 4. Key themes and example quotations on what respondents would not want to see in the proposed 'Early Intervention approach.

Key Theme	Example Quote
<p>Instability and increased bureaucratic control through mandated, time-limited processes</p> <p>(n = 69)</p>	<p>Re-assessment or having to 'prove' you can continue receiving support at the end of the [six-month] early story period. It would just maintain instability and create anxiety in participants... (. (NDIS participant with psychosocial disability, non-binary, aged 25-34)</p> <p>Short term plans make it difficult to engage providers, there's no stability and you're in a constant loop of providing evidence for the NDIS to maintain supports (NDIS participant with psychosocial disability, female, aged 18-24)</p>
<p>Lack of individualisation and poor understanding of mental health needs</p> <p>(n = 55)</p>	<p>The things that need to be avoided are the things we currently see which are non-collaborative approaches, practitioners making decisions without participants deciding. (NDIS participant with psychosocial disability, non-binary, aged 35-44)</p> <p>Inflexible rigid plans - everyone's needs and experience is different. We should be treated as individuals. (Person with mental health challenges outside the NDIS, female, aged 45-54)</p>
<p>Inexperienced or under-resourced workforce (inside and outside the NDIA)</p> <p>(n = 52)</p>	<p>I'd like to see a professionally operating system where everyone knows their role and there is no way for personal incompetence to survive at all. (Person with mental health challenges outside the NDIS, male, aged 75 or older)</p> <p>Disorganisation. It's important all support workers are informed of each person's needs/history, so support runs smoothly. Support workers need adequate time to take complete notes after each interaction and also time before an interaction to prepare & refresh their memory with recorded data on each person. (Person with mental health challenges outside the NDIS, female, aged 35-44)</p>
<p>Non-trauma-informed practices and experiences of stigma or discrimination</p>	<p>As a grown adult who has finished years of treatment and who knows what works for me, I do not want the NDIA telling me I need to try again. I have been traumatised enough by mental health services and need to be respected as an adult who doesn't need advice. (NDIS</p>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

(n = 49)	<p><i>participant with psychosocial disability, female, aged 55-64)</i></p> <p>Authoritarian/punishment vs reward approach where compliant patients are put above those who struggle to engage in the expected way. Comparisons to physical and visible disabilities. The pressure of a short time frame to recover before being given up on. <i>(NDIS participant with psychosocial disability, female, aged 25-34)</i></p> <p>Being viewed as a number and not a person who has real struggles with mental health, being judged. Forced into doing things I don't want to do or agree with. <i>(Person with mental health challenges outside the NDIS, male, aged 25-34)</i></p>
<p>Supports not aligned with recovery goals or outcomes</p> <p>(n = 39)</p>	<p>Mental health is an individualised experience and the support needed cannot be standardised. An overemphasis on 'community participation' and reliance on support workers assumes all people with psychosocial disability are incapable of independence. This results in supports that are unwanted, inappropriate, and more expensive than directly funding the activity or service actually needed. <i>(NDIS Participant with psychosocial disability, female, aged 25-34)</i></p>
<p>Loss or reduction of existing funded supports</p> <p>(n = 39)</p>	<p>I would not like to see an approach of trying to prove that support is not needed. E.g. If provision of early supports reduces impact of disability, this should not be used to prevent further access to the Scheme. It is the same as not stopping medication even if symptoms reduce. They've reduced because the support is working and removing it will return the symptoms. I would hope that the initial support period would include comprehensive induction to the NDIS to assist with navigation moving forward. People receiving immediate support to identify needs, capacity and what funding is required will allow people to engage with processes while having immediate support needs met. It is important that supports are not withdrawn suddenly. People on the NDIS for psychosocial disability probably already have traumatic experiences, the NDIS should not contribute more trauma as this directly opposes the idea of helping someone's recovery journey. <i>(NDIS Participant with psychosocial disability, female, aged 23-34)</i></p>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Market constraints, including thin markets and long wait times

(n = 29)

Given the varied nature of psychosocial disability and the decreased availability of mental health care professionals, there is a risk that even with access to funding someone may not be able to access services for long periods due to waitlists or may have needs that change and vary. *(NDIS participant with psychosocial disability, female, aged 25-34)*

Limited options on services (e.g. only offered one or two particular business/service providers rather than broader choices that suit me). *(Person with mental health challenges outside the NDIS, male, aged 25-34)*

Inaccessible information and non-inclusive communication strategies

(n = 25)

Better information for the client about the program, better support and the ability for outreach to people that may not be aware of the programs. *(Person with mental health challenges outside the NDIS, female, aged 25-34)*

Access to supports that don't meet my needs but are all that available. which was a significant problem when the NDIS rolled in as many of the niche programs that service particular issues dried up with no replacement. *(Person with mental health challenges outside the NDIS, male, aged 45-54)*

Transition out of the NDIS to limited or inadequate mainstream services

(n = 20)

Restrictive time limits on the program, Entry requirements that ask me to present as having permanent disability. Needing to access through clinical referral pathways. No choice or control over the programs offered and the way the service functions. *(Person with mental health challenges outside the NDIS, male, aged 35-44)*

Because I'm case managed and not on the NDIS, I'm not able to use any outside resources or help. *(Person with mental health challenges outside the NDIS, female, aged 35-44)*

Lack of a consistent point of contact or reliable support person

(n = 19)

Practitioners chopping and changing and not being available after first seeing them. *(Person with mental health challenges outside the NDIS, female, aged 55-64)*

Confusing mounds of paperwork with no guidance from someone. *(Person with mental health challenges outside the NDIS, male, aged 55-64)*

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

I don't need Early Intervention / Early support seen as inappropriate for complex or enduring needs

(n = 18)

Unsure, I don't think I need a NDIS Plan to manage my condition, and I wouldn't want to take funds/support from people that need it more than I do. *(Person with mental health challenges outside the NDIS, female, aged 35-44)*

I don't really understand what an early support approach is. Is it to replace long term NDIS support? I have a lifelong permanent condition, and recovery is not much of an option. Every day is an extreme challenge, so I don't understand why it's being handled differently to a physical condition. This just adds to the stigma of mental health. The mainstream services are incredibly inadequate, and it shouldn't be such a struggle to get on NDIS. *(NDIS Participant with psychosocial disability, female, aged 45-54)*

Non-collaborative approaches that disregard lived experience and existing supports

(n = 16)

Any assessment that ignored the 7 plus years I have under the care of professionals for my mental health *(Person with mental health challenges outside the NDIS, male, aged 65-74)*

Duplication of existing supports or a return to previous service arrangements

(n = 8)

I don't see the point - if someone has met access criteria, their impairments should have been determined as permanent, in which case an early support approach isn't necessarily helpful. If their impairment isn't necessarily permanent, then they should either be managed under the health sector or early intervention pathway. This just sounds like the old system with a new name - common within the NDIS. *(NDIS Participant with psychosocial disability, female, aged 35-44)*

Increased out-of-pocket costs

(n = 8)

Without NDIS funding I have NO capacity to pay for psychology. *(NDIS Participant with psychosocial disability, female, aged 55-64)*

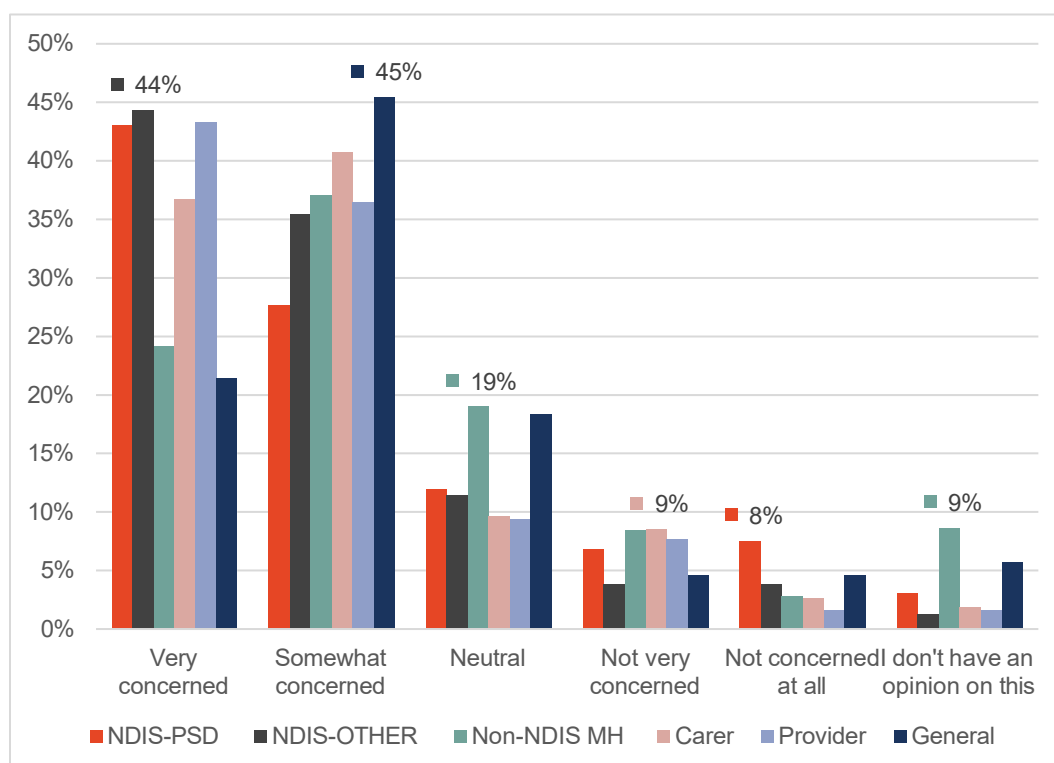
Large out of pocket fees similar to the current MH care plans *(NDIS Participant with psychosocial disability, male, aged 35-44)*

NDIS Sustainability

Level of concern

All respondent groups ($n = 1,625$) were asked how concerned they were about whether the NDIS can continue operating and providing adequate support in the long term. Overall, concern was widespread: one in the three respondents (33%) reported being *very concerned*, and a further 37% were *somewhat concerned*. The distribution of concern levels by stakeholder group is presented in Figure 10.

Figure 10. Concern about NDIS sustainability across stakeholder groups



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

Strategies to sustain the NDIS

Respondents were asked to choose up to five strategies that would help sustain the NDIS and then rank them by importance. These strategies were presented as hypothetical options for consideration and do not necessarily reflect current government policy proposals. Scores were averaged so that the strategies chosen most frequently and ranked most highly received the strongest overall ratings.

The top three priorities were:

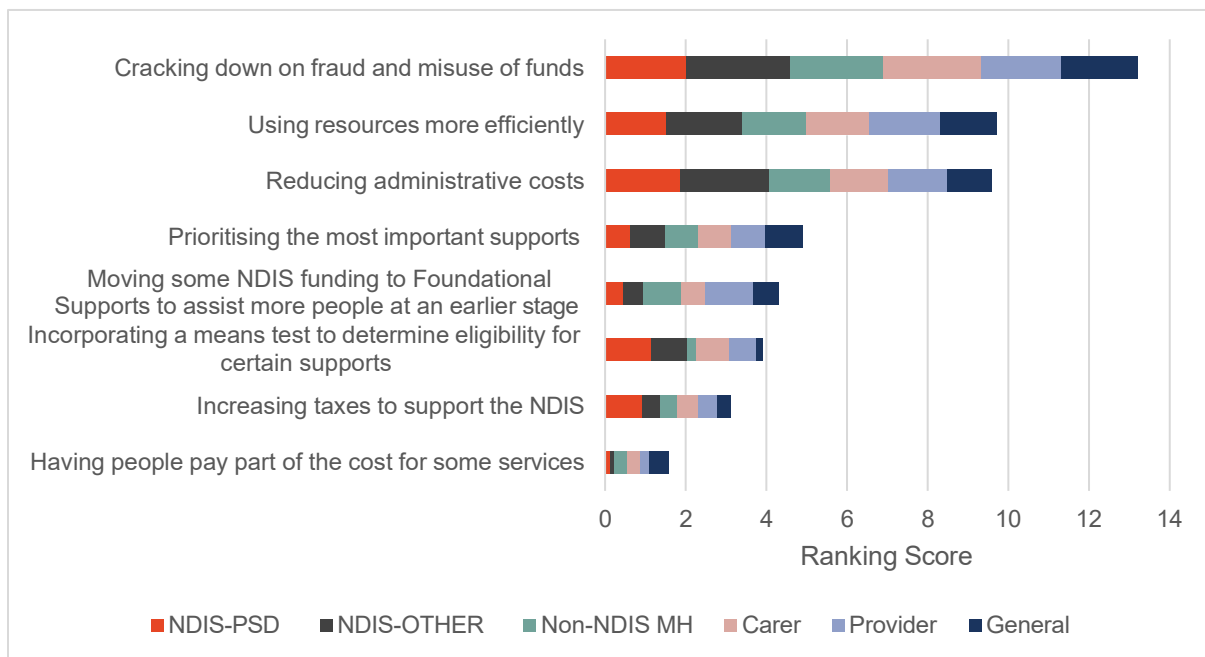
- Cracking down on fraud and misuse of funds (score = 13.23, $n = 1,056$)
- Using resources more efficiently (score = 9.74, $n = 887$)

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

- Reducing administrative costs (score = 9.61, $n = 888$)

Other strategies were given more moderate importance. These included **prioritising the most important supports** (score = 4.91, $n = 494$) and **moving some NDIS funding to Foundational Supports to assist more people earlier** (score = 4.30, $n = 479$), although the latter was not widely supported by NDIS participants with psychosocial disability. Smaller numbers of respondents favoured **incorporating a means test for certain supports** (score = 3.94, $n = 457$) or **increasing taxes to support the NDIS** (score = 3.13, $n = 300$). The least supported strategy overall was **having people pay part of the cost for some services** (score = 1.58, $n = 197$). It should be noted that not all of these strategies are currently being considered by the government, rather, they are drawn from examples that have been utilized in other jurisdictions and deemed by the researchers important to consider.

Figure 11. Strategies to help sustain the NDIS



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

In addition, 298 respondents provided free-text suggestions on how to sustain the NDIS. Table 5 summarises the key themes identified, along with illustrative quotations.

Table 5. Key themes and example quotations describing suggestions on how to sustain the NDIS.

Key Theme	Example Quotation
Reduce bureaucracy costs, assessments/ reports, and internal wastage	The costs are not the participants but the process, NDIA and their lawyers and the planners refusing to take any

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

(n = 68)

notice of the reports. The red tape - NDIS ignoring reports, NDIS looking for a single word to deny supports, the manipulation of words to stop people getting the required disability needs. NDIA not caring less about people and cutting NDIA funds while spending millions of dollars in legal fees, 'independent' assessors to lie about participants disability needs, and expensive court cases. NDIA processes causing harm and increasing disability. Providing the right supports at the right time, instead of people declining and increasing disability and dying waiting for supports they need. *(NDIS participant with psychosocial disability, female, aged 45-54)*

Reduce the ridiculous amounts spent "proving" disability and needs over and over, then ignoring reports anyhow. Reduce top level management packages and bureaucratic waste. Stop adversarial attitude to participants leading to costly ART cases. Improve ability of participants to actually talk to decision makers in NDIA; improve communication overall. *(NDIS participant with psychosocial disability, female, aged 55-64)*

The sustainability of the NDIS could be enhanced by reducing the amount of unnecessary plan reassessments. When a person has a permanent disability that is stable, it is not reasonable to have plan reassessment every 12 months. This is nothing short of a waste of money *(NDIS participant with psychosocial disability, female, aged 35-44)*.

Targeting the higher cost supports and making the rules around these clearer, and continuing flexibility for lower cost supports *(informal carer, female, aged 45-54)*.

Regulate providers/cut down on fraud

(n = 53)

There should be better checks and balances to assess provider success/effectiveness so that dodgy/illegal providers are removed. If registration is essential then this needs to be accessible, low cost and a clear process for the providers that are doing great work *(NDIS participant with psychosocial disability, female, aged 25-34)*.

Accreditation system for services and individuals to ensure quality care and accountability *(NDIS participant with psychosocial disability, female, aged 45-54)*.

Strengthen workforce capability/ professionalism/ governance within the NDIA and provider market

(n = 36)

There are continual errors made by Agency staff which delays approval of plans even further. This is a waste of time and cost and adds delay to an already inflated Scheme. The Agency need to increase quality staff (Service provider, female, aged 45-54).

Having trained professionals with undergrad or similar qualifications being employed as [NDIS] planners or support coordinators. Having specialist plan review team for psychosocial disabilities. No grey areas (Service provider, female, aged 25-34).

More effective governance of new and existing providers; reducing internal duplication within the NDIA; employing more people with clinical expertise related to different disability types; better governance and career development for support coordinators and/or changing support coordination so it isn't a purchased support, requiring qualifications for support coordinators (Service provider, female, aged 35-44).

Charge providers less / provider costs

(n = 35)

Better pricing scheduling - providers are being able to claim a premium price above what is charged to non-NDIS participants for basically the same service (NDIS participant with psychosocial disability, male, aged 65-74).

The NDIS have been their own worst enemy with pricing. While neighbours pay \$50 for a cleaner, NDIS participants pay a minimum 2-hour fee at \$100+ for the same service. Most AHPs outside the NDIS charge under \$175 for most services, while NDIS providers pay 200+. The NDIS is driving prices up and quality down, as the price is linked to the type of service rather than the skill and expertise of the provider allowing new graduates earn more and provide less (NDIS participant with psychosocial disability, male, aged 35-44).

Unregistered providers should have a reduced-price limit, as they have far less oversight, legislative responsibilities, training or support (informal carer, female, aged 45-54)

Utilise evidence-based interventions/ listen to the health professionals

(n = 26)

My experience has been that my support needs have NOT been funded, my psychologist and OTs' recommendations have been ignored, and as a result of this my functional capacity has severely decreased and my support needs are now much higher. It will take me much longer to recover from this level of dysfunction to a point where I can return to active social and economic participation. If my support needs had been properly understood and met

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

in the first place, it would be more cost-effective in the long run. *(NDIS participant with psychosocial disability, female, aged 35-44).*

Having planners with clinical knowledge to understand what is cost effective long term or reasonable in light of different diagnoses. Moneys being wasted fighting at AAT, fighting to say no to recommendations/decisions that are usually overturned. The report writing required by OT to jump through and justify common sense interventions, instead of trusting OT judgement that it's necessary. The NDIS incompetency in understanding diagnoses and requiring providers to chase up the NDIS, go back and forth and advocate, gather evidence, the NDIS is paying for providers to fight the NDIS (rightly so, on behalf of their clients) *(Service provider, female, aged 25-34).*

Following the recommendations of health professionals, rather than untrained LACs and delegates denying supports only to lead to ART cases at extremely high costs where the majority of cases are overturned and uphold the health professional's recommendations *(NDIS participant with psychosocial disability, female, aged 35-44).*

Enhancing choice and control, flexibility in funding

(n = 24)

If you also allowed for more specialised treatment like kinesiology and other things that may seem a little out of the traditional medical field however have incredible results, you will find that people need less treatment as it is more effective and therefore money will be saved in the long run as people will be able to heal and or cope more with their illnesses. These practitioners often charge less than typical medical ones so there is also money saving there. I understand that certain practitioners will need to be vetted however, I have seen firsthand the experience of seeing a kinesiologist for mental health illnesses can provide and the future looks bright if we're able to incorporate these methods *(Member of general public, female, aged 55-65)*

Providing timely, appropriate supports

(n = 21)

Actually looking at what supports people need instead of just putting all the funding towards support workers, it's not cost effective in the long term e.g. if NDIS funded supports for me to learn to drive this would reduce the cost of transport funding and support workers, if NDIS recognised hEDS [Hypermobile Ehlers-Danlos syndrome], I could get physio and exercise physio covered and access a mental health care plan instead, if more of my treatments/medications were covered under the pbs I would have

	<p>more disposable income to personally fund other supports (<i>NDIS participant with psychosocial disability, female, aged 25-34</i>).</p>
<p>Cutting gov spending elsewhere / increase taxes</p> <p>(n = 19)</p>	<p>Taxing billionaires and large corporations who are sending money offshore so that Australia actually has an equity-based tax system that can provide for social programs like the NDIS (<i>NDIS participant with psychosocial disability, non-binary, aged 45-54</i>).</p> <p>Reduce the defence Budget. The defence budget is set to increase substantially, with an additional \$50.3 billion over the next decade. The defence budget is the largest source of fiscal waste (i.e. AUSUK submarines). Introduce a natural resources tax for multinationals that are profiteering off generous tax arrangements (i.e. Exxon. Woodside, QGC, etc). Remove capital gains and negative gearing tax deductions for property investors (<i>NDIS participant with psychosocial disability, female, aged 35-44</i>).</p>
<p>Ensure equitable services</p> <p>(n = 13)</p>	<p>The NDIS need to engage with providers as we know that there are plans not being used & excessively funded where others do not have what they need. So very frustrated at the moment & really scared for vulnerable people who will be the collateral damage (<i>Service provider, female, aged 45-54</i>).</p>
<p>Improve public perception</p> <p>(n = 12)</p>	<p>STOP implying NDIS is unaffordable!!! it's not!! if we have \$billion for submarines and property investors we have PLENTY FOR NDIS (<i>NDIS participant with psychosocial disability, female, aged 35-44</i>).</p> <p>Actually, remember the little known fact that the NDIS actually generates a lot of money as well - in employment, jobs etc, which funnels into the economy (<i>Service provider, female, aged 45-54</i>)</p> <p>Re-frame NDIS as primarily economic National Disability Investment Scheme, with ROI justifying Scheme in most cases. Insurance aspect exists where ROI unlikely (<i>Informal carer, male, aged 65-74</i>)</p> <p>The NDIS through funding creates so many jobs for thousands of Australians. the therapy means some disabled people will get jobs and pay taxes. they don't need more funding they need better PR (<i>Informal carer, female, aged 55-64</i>)</p>

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Less red tape

(n = 11)

Less money spent on making short plans which cost money to review, make longer plans and let people spend them slowly over time (*NDIS participant with psychosocial disability, non-binary, aged 25-34*).

Stop making changes that increase the administrative workload and cause stress such as new funding periods (*NDIS participant with psychosocial disability, non-binary, aged 55-64*).

Cutting the number of unnecessary reports we have to get time and time again when our disability doesn't change. Also stopping the constant changes that cost a fortune and no one understands because no one can keep up with all the changes (*NDIS participant with psychosocial disability, female, aged 55-64*).

Other less frequently reported themes included community services / improve access to health services (n=10), minimise gaps between NDIS and mainstream (n = 9), equip participants to use money well (n = 8), invest in family/carers (n = 5), invest in capacity building (n = 3), and don't outsource services (n = 3).

Limitations

This study provides important early insights into stakeholder perspectives on recent and proposed NDIS reforms; however, several limitations should be considered when interpreting the findings.

First, although the sample size is substantial (n = 1,625), it is not intended to be nationally representative. Recruitment methods – including online panels, advocacy networks, and professional networks – may introduce selection bias, with potential over-representation of individuals who are more engaged, hold stronger views, or have greater access to digital platforms.

Second, the survey was conducted at an early stage of reform implementation. As the 2024 NDIS changes continue to be operationalised, stakeholder experiences and expectations are likely to evolve over time. The findings therefore reflect perceptions at a specific point in time rather than stable or long-term views.

Third, several survey components – particularly those relating to the “Early Intervention” pathway – are based on reform directions or conceptual proposals rather than fully specified or implemented programs. As such, responses reflect perceptions of hypothetical or partially defined policy constructs, which may differ from views formed in response to concrete program design and real-world implementation. This may also influence the nature and specificity of responses captured in the data, including the extent to which participants draw on broader system experiences when forming their views.

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

Finally, the study focuses on perceived experiences, expectations, and priorities rather than objective measures of outcomes. While these perspectives are critical for understanding legitimacy, acceptability, and lived experience, they should be interpreted alongside other form of evidence, including administrative data and outcome evaluations.

Policy Implications

In this section we bring together the participants' perceptions of the Scheme, gathered from the multiple-choice responses and the analysis of a large number of free-text responses, together with existing literature on the NDIS to understand possible implications of the results in relation to existing policy and practice. These policy implications should not be read as a 'to do' list, but rather as areas for consideration as the Scheme progresses through the next stages of policy and practice reform.

1. Recovery-oriented frameworks require holistic, whole-of-the-system supports.

The strong associations between plan performance in employment ($V=0.47$), independent living ($V=0.53$), and relationships ($V=0.52$) with recovery outcomes - defined as being able to do the things one wants to do, with or without the symptoms of mental illness – are noteworthy. These domains align directly with the intent of the NDIS: to support economic participation, social participation, and functional capacity. These findings suggest that when plans are working effectively across these core domains, the Scheme is moving in the right direction in relation to its recover objectives.

At the same time, these domains sit at the interface between disability supports and mainstream systems. Employment outcomes depend on labour market programs and employer practices; relationship and social participation are shaped by community inclusive initiatives and psychosocial programs; and independent living is influenced by the availability of stable housing, tenancy support, accessible community mental health care, primary health services, and local social and transport infrastructure. Strengthening seamless coordination between the NDIS and mainstream systems is therefore critical. Without this alignment, even well-designed NDIS plans may struggle to translate into sustained recovery outcomes. Understanding these concerns will be important for informing current government and sector-wide discussions about the necessity for 'Foundational Supports' for psychosocial disability, as recommended by the 2023 NDIS Review^{24,25}. Reforms within the NDIS, such as changes to Early Intervention, will also rely on good connection between scheme-funded

²⁴ Smith-Merry, J, B. Mullin, J. Hollier and F. Bobo (2025) Targeted foundational supports for people with psychosocial disability outside of the NDIS: model proposal. Sydney: Centre for Disability Research and Policy, The University of Sydney.

²⁵ Mind Australia (2025) Media Release, Mind Australia.
<https://www.mindaustralia.org.au/sites/default/files/2025-08/Foundational%20supports%20in%20the%20NDIS.pdf>

and mainstream supports so that people can effectively transition back into mainstream supports if they do not need full Scheme access at the end of the Early Intervention period²⁶.

Further survey findings on how systems beyond the NDIS impact mental health support needs, focusing on Foundational Supports, are available at:

<https://hdl.handle.net/2123/34389>.

2. Implementation quality matters as much as policy design.

Respondents described experiencing funding cuts without adequate explanation, poorly communicated changes creating confusion and stress, and increased administrative burdens that diverted attention from participant support. These experiences illustrate how implementation gaps – characterised by limited transparency, weak communication, and insufficient recognition of participants’ capacity to manage change – can undermine even well-intentioned reforms. Administrative burden associated with use of the NDIS has been covered in the academic literature elsewhere as a barrier to the operation of the Scheme for participants and providers²⁷. Better communication between the NDIA and participants, and between the government and the public about proposed changes would also help to address the ‘trust deficit’ surrounding the operation of the Scheme which leads to mistrust of proposed reforms^{28,29}.

3. The Early Intervention pathway faces legitimacy challenges.

Respondents were asked to respond to a short descriptor of the Early Intervention pathway proposed in the NDIS Review. They expressed concerns that rigid process, time-limited support for enduring conditions, and the lack of effective mainstream alternatives undermine the pathway’s intended purpose of early intervention. Free-text responses showed how these factors risk the Early Intervention approach being perceived not as an enabling mechanism but as a gatekeeping tool that delays or denies access to ongoing supports. The lack of public and participant trust in government and the NDIA, discussed above, is also clearly an issue in how any reforms to participant pathways into the Scheme are presented. Key to building trust is 1) co-design with people who will be subject to possible changes (NDIS participants, people with psychosocial disability who are not currently receiving NDIS supports, and their families)³⁰ and 2) clear communication about future reforms which

²⁶ NDIS Review (2023) Factsheet 7: New NDIS Early Intervention Pathway to Support Personal Recovery. https://www.ndisreview.gov.au/sites/default/files/resource/download/psychosocial-disability_0.pdf

²⁷ Devine, A., Dickinson, H., Rangi, M., et al. (2022). ‘Nearly gave up on it to be honest’: Utilisation of individualised budgets by people with psychosocial disability within Australia’s NDIS. *Social Policy & Administration*, 56(7), 1056–1073.

²⁸ Smith-Merry, J. Gilroy, J. & Watharow, A. (2023). The NDIS at ten years: designing an equitable Scheme for the next decade. *Med J Aust*, 218(7), 291-4.

²⁹ Yates, S. & Dickinson, H. (2024). NDIS review changes require trust between governments and people with disability CEDA Available at: <https://www.ceda.com.au/news-and-resources/opinion/critical-services/ndis-review-changes-require-trust-between-governments-and-people-with-disability>

³⁰ National Mental Health Consumer Alliance (2025) Submission. Impact of the National Disability Insurance Scheme (NDIS) Support Rules, 25 July 2025.

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

carefully responds to concerns (whether unfounded or not) in the community. This is key to the NDIA retaining its social license to operate as an administrator of public funds.

4. Sustainability solutions must address systemic inefficiencies rather than restrict participant access.

Respondents prioritised fraud prevention, resource efficiency, and administrative cost reduction over participant cost-sharing or service restrictions. Significant attention focused on perceptions of provider pricing disparities (NDIS rates substantially exceeding comparable non-NDIS services), NDIA decision-making quality (with frequent tribunal reversals)³¹, and staff psychosocial competency concerns. These perceptions, mirrored in previous research and sector concerns, suggests that substantial efficiency gains may be achievable through improved governance and market regulation without restricting participant choice^{32,33,34}.

Recommendations

Bringing together the participant perspectives and policy implications described above we have developed a set of recommendations which can be enacted by government in the immediate, medium and long term.

For immediate action:

- **Continue to deepen codesign processes to build trust and effectiveness.**
Community codesign prioritising those with lived experience of psychosocial disability

https://nmhca.org.au/static/jdj5jdewjfeva3f1zfrgnk9zyy5vmuxm/01-final-submission_ndis-support-rules.pdf

³¹ Venning, A., Hummell, E., Foster, M., Burns, K., & Harris Rimmer, S. (2021). Adjudicating reasonable and necessary funded supports in the National Disability Insurance Scheme: A critical review of the values and priorities indicated in the decisions of the Administrative Appeals Tribunal. *Australian Journal of Public Administration*, 80(1), 97-113.

³² Carey, G., Malbon, E. R., Weier, M., Dickinson, H., & Duff, G. (2019). Making markets work for disability services: The question of price setting. *Health & Social Care in the Community*, 27(5), e716-e723.

³³ National Disability Services (2024) Government's NDIS Annual Pricing Review 'Ripping Off' Australians with disability and disability services. <https://nds.org.au/news/governments-ndis-annual-pricing-review-ripping-off-australians-with-disability-and-disability-service>

³⁴ Mellifont, D., Hancock, N., Scanlan, J. N., & Hamilton, D. (2023). Barriers to applying to the NDIS for Australians with psychosocial disability: A scoping review. *Australian Journal of Social Issues*, 58(2), 262-278.

Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?

is the first step in building NDIS reforms which better meet the needs of the people who it seeks to benefit. There must be urgent development of effective codesign processes. Prioritising knowledge from lived experience also builds a more effective scheme that is targeted to need. This will also enhance trust because the community will be reassured that the government and the NDIA will listen to the reality of where reforms work or fail rather than ignoring their concerns.

- **Support reform implementation by improving communication and transparency.** As respondents repeatedly identified, clear explanations of how new rules affect participants, accessible and tailored guidance materials, access to knowledgeable contact persons, and ensuring adequate notice periods before implementing changes would help minimise confusion, stress, and mistrust.
- **Address provider market dysfunction and workforce capacity.** Survey respondents supported a comprehensive review of pricing schedules to reduce disparities between NDIS and non-NDIS rates for comparable services; strengthening quality assurance frameworks to access actual service outcomes rather than registration status alone; and investing in workforce development initiatives that build specialist expertise in psychosocial disability.

For medium-term reform:

- **Co-design the Early Intervention pathway to ensure legitimacy.** Survey respondents expressed concerns about mandated service packages and rigid timeframes, and highlighted the need for meaningful co-design, clear pathways to ongoing support where recovery requires longer-term assistance, and operational integration with mainstream mental health services – based on actual service availability, not assumed availability.
- **Strengthen decision-making quality regarding access and planning.** This includes increasing psychosocial disability expertise among planners and delegates within the NDIA, implementing quality assurance processes that examine patterns of tribunal reversals and internal reviews, and improving the weighting given to health professional recommendations while maintaining appropriate safeguards.
- **Put in place strategies to develop and adequately resource mainstream alternatives before fully implementing Early Intervention pathways.** The most likely strategy for this to happen is the implementation of Targeted Foundational Supports. This would help ensure that people with psychosocial disability who do not meet, or no longer meet, NDIS thresholds have reliable access to supports through mental health, employment, housing, and community services.

For long term sustainability:

- **Align eligibility and planning with a recovery-orientated framework.** This has been an ongoing concern for the NDIA, as evidenced in previous work on the

Psychosocial Disability Recovery-Oriented Framework³⁵; but our results show that concerns remain within the community. Survey respondents proposed developing eligibility and planning approaches which recognise that fluctuating conditions may result in enduring functional impairment requiring ongoing support. This includes acknowledging that recovery does not equate to cure or the absence of support needs, and enabling flexible support intensity that responds to variable functioning without requiring repeated demonstrations of permanence.

- **Invest in prevention and early intervention outside the NDIS.** This would reduce reliance on high-intensity supports by recognising that well-resourced mental health care, stable housing, employment assistance, and social connection initiatives are often more cost-effective and humane than crisis-driven NDIS entry.
- **Establish independent monitoring of equity outcomes.** Survey findings suggest that reforms are perceived to disproportionately affect people with psychosocial disability. Independent monitoring of access rates, funding adequacy, plan quality, and recovery-related outcomes across disability types and demographic groups would provide transparency and accountability, consistent with respondents' emphasis on fairness and equity.

Conclusion

This study provides early evidence of how the 2024 NDIS reforms are experienced and interpreted in relation to psychosocial support needs across a diverse range of stakeholder groups. Inferential findings from the survey indicate that plan performance is strongly associated with perceived recovery outcomes. At the same time, respondents expressed widespread concern that rigid rules and narrow cost-containment measures may reduce flexibility to meet diverse and evolving support needs. These findings suggest a perception that the reforms may restrict the individualised, recovery-oriented supports that enable people with psychosocial disability to build capacity and pursue their goals. In this context, maintaining trust in the Scheme will depend on aligning reform implementation with its foundational commitment to reasonable and necessary supports.

Respondents identified tangible opportunities to improve the Scheme's sustainability. Fraud prevention, administrative streamlining, clearer communication, improved workforce capability across both the NDIA and service providers, and more effective market regulation were repeatedly prioritised. These findings suggest that efficiency gains are more likely to be perceived as legitimate when directed toward institutional quality and governance, rather than tighter participant-level restrictions.

However, the findings also point to a degree of misunderstanding about the scope of NDIS funding, as well as tensions between participant preferences, perceptions of effectiveness,

³⁵ National Disability Insurance Agency (2024) *Psychosocial Disability Recovery-Oriented Framework*. Canberra: NDIA. Available at: <https://www.ndis.gov.au/understanding/how-ndis-works/psychosocial-disability/psychosocial-disability-recovery-oriented-framework>

and the Scheme's evidence-based funding framework. Some responses suggest expectations that the NDIS should also provide access to clinical mental health treatment, which falls primarily within the health system, or non-traditional and complementary therapies, which may have limited evidence regarding their effectiveness, cost-effectiveness, or safety. Awareness of recent and proposed reforms was also particularly low among members of the general public. Together, these findings highlight the importance of effective communication - not only to NDIS participants and carers to clarify the boundaries and intent of funded supports, but also to the broader community. As a publicly funded scheme, awareness of NDIS reforms is critical for legitimacy and democratic accountability. The inclusion of members of the general public in this study reflects their role as taxpayers and voters, whose views shape perceptions of the Scheme's sustainability and fairness. In the absence of clear and accessible official information, public understanding may instead be shaped by media narratives, with potential implications for trust, legitimacy, and sustained public support.

Finally, the survey findings indicate that the future effectiveness and legitimacy of the NDIS will depend not only on internal reforms but also on how the Scheme is positioned within the broader health and social care systems. As respondents emphasised, meaningful co-design is central to rebuilding trust and ensuring reforms are grounded in practical realities, alongside stronger coordination between the NDIS and mainstream mental health, housing, employment, and community services. With the Department of Health, Disability and Ageing now overseeing health and long-term care portfolios, there is an opportunity to pursue a more coherent, whole-of-system approach. Realising this opportunity will require sustained collaboration with State and Territory governments to strengthen mainstream systems and better align responsibilities across the care economy in order to deliver recovery-oriented, sustainable supports for people with psychosocial disability and Australians with disability more broadly.

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 00026



Recent and proposed changes for the NDIS: What does it mean for people with mental health support needs?



Appendix A - NDIS Participants with Psychosocial Disability

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
-

Q6. In what year did you first join the NDIS? _____

Q7. What supports have you accessed for your mental health in the past, BEFORE being accepted into the NDIS? (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): _____

How well is your NDIS plan working for you in the following areas?

	Not applicable	Working well	It's okay	Not working well *
Support to live independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education & training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving relationships with family and/or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing healthcare and therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting out of the house to do activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation and mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing and accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Additional question if you ticked "Not working well" in any box.

Q9. You mentioned that your NDIS plan isn't working well in certain areas. What changes or improvements would make it work better for you?

Q10. How much has the NDIS helped 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.

- Helped my recovery a lot
- Helped my recovery somewhat
- Helped my recovery a little
- No difference made to my recovery
- Made my recovery worse
- I am not sure

The 2024 Changes to NDIS Rules

For more information visit NDIS website:

www.ndis.gov.au/changes-ndis-legislation

Q11. How aware are you of the changes to NDIS rules that began in 2024?

- Very aware
- Somewhat aware
- Not aware at all

Q12. 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

Q13. Have you had a planning meeting or are you preparing for one since 3 October 2024, when the changes to NDIS rules came into effect?

- Yes → Q14 & Q15
- No → Q16 & Q17

Q14. Have the new rules affected how the National Disability Insurance Agency (NDIA) assesses your eligibility?

- Yes, a lot
- Yes, but not much
- No
- Not sure

Q15. Have the new rules affected how the NDIA assesses your support needs?

- Yes, a lot
- Yes, but not much
- No
- Not sure

Go to Q18

Q16. Do you feel these changes could affect how the National Disability Insurance Agency (NDIA) assesses your eligibility?

- Yes, a lot
- Yes, but not much
- No
- Not sure

Q17. Do you feel these changes could affect how the NDIA assesses your support needs?

- Yes, a lot
- Yes, but not much
- No
- Not sure

Q18. Do you feel the new NDIS rules will make your experience with the NDIS better or worse?

- A lot better → Q 1 9
- A little better → Q19
- No change → Q21
- A little worse → Q20
- A lot worse → Q20
- Not sure → Q21

Q19. 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 Q21

Q20. 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.

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**.

Q21. 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

Q22. Please choose up to 5 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) _____

Q23. 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:

- General supports: 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.
- Targeted supports: 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.

Q24. How aware are you of the proposed Foundational Supports outside of the NDIS?

- Very aware
 Somewhat aware
 Not aware at all

Q25. 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

Q26. 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

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

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

Q30. 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

Optional Question

Q31. 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 question to wrap up.

Q32. 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.

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

1300 735 030

<http://lifesupportscounselling.com.au/>

Beyond Blue

1300 22 4636

<https://www.beyondblue.org.au/>

Lifeline

13 11 14

<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.