

# Submission to the 2025-26 National Disability Insurance Scheme Annual Pricing Review

Consumers of Mental Health WA

February 2026

# Table of Contents

<b>1.</b>	<b>Acknowledgement of Country</b> .....	<b>1</b>
<b>2.</b>	<b>Preamble</b> .....	<b>2</b>
2.1	About the Respondents.....	2
2.2	Request for Feedback.....	2
2.3	Language.....	2
2.4	About the consultation.....	3
<b>3.</b>	<b>Introduction</b> .....	<b>4</b>
<b>4.</b>	<b>Discussion</b> .....	<b>5</b>
4.1	Overall concerns about differentiated pricing.....	5
4.2	What matters for participants with psychosocial disability in choosing a provider .....	5
4.3	Registered and unregistered providers.....	5
4.4	Specialised and complex supports .....	6
4.5	Supports with strong quality support systems .....	6
4.6	What matters when choosing a therapist .....	7
4.6.1	Impacts of changes to travel claiming (introduced on 1 July 2025) on therapist access 8	
4.7	What is needed if pricing changes are made.....	8
<b>5.</b>	<b>Conclusion</b> .....	<b>8</b>

# 1. Acknowledgement of Country

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

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

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

## 2. Preamble

### 2.1 About the Respondents

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

### 2.2 Request for Feedback

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

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

### 2.3 Language

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

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

CoMHWA endorses the Indigenous Australian Lived Experience Centre's (IALEC) [universal definition](#) of lived experience for First Nation communities:

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

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

one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples' ways of understanding social and emotional wellbeing. This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

## 2.4 About the consultation

*Reproduced from the National Disability Insurance Scheme (NDIS)'s [engage website](#).*

“The 2025-26 Annual Pricing Review will examine pricing arrangements across five key support categories:

1. Disability Support Worker Supports
2. Therapy Supports
3. Support Coordination
4. Plan Management
5. Social, Community and Civic Participation

[...]

We want to hear from participants, their families and carers, providers and the broader disability community about your views and experiences in these support categories.

Through this consultation process, you can also submit additional feedback about our pricing arrangements that matter to you. We are committed to meaningful consultation which influences decision-making about whether pricing adjustments are warranted and, if so, how that happens.

Let us know what you think by:

- completing a survey as either a participant or provider  
or
- respond to our consultation questions in a video or uploaded file.

We'll close the consultation on 8 February 2026.”

### 3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the National Disability Insurance Agency (NDIA) on the Annual Pricing Review 2025-26. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of NDIS participants with psychosocial disability. CoMHWA has heard that recently set pricing caps for some NDIS supports have had negative impacts on some participants whose preferred providers could not financially sustain remaining in the NDIS market. We understand that the exploration of differentiated pricing in this review attempts to address that issue by enabling some providers to cover the higher costs associated with registration, implementing quality systems, and delivery of certain types of supports. That said, CoMHWA has concerns that differentiated pricing will place participants in a difficult position where they must choose between supports that are high-quality, relevant and safe, and supports that they can access with the frequency or in the amount they need.

NDIS participants told CoMHWA that they would pay more for providers proven to offer high-quality supports, with relevant training and experience, and who work with them to meet their specific needs, but that they are not sure that the features they feel make supports high quality are guaranteed by adherence to the NDIS's quality, safeguarding and registration systems alone. CoMHWA believes that participants should play a central role in defining quality support, and determining which providers can claim they deliver high-quality support.

We base our submission on:

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

As a consumer-representative peak body, CoMHWA has provided responses that address the key areas of feedback covered by questions posed to participants in the consultation paper. These are organised under subheadings in the discussion section.

## 4. Discussion

### 4.1 Overall concerns about differentiated pricing

CoMHWA believes that all NDIS participants should have the right to access support that is high-quality, safe, and appropriate for them, and so has reservations about the implications of differences in pricing reflecting differences in quality, safety, and complexity of supports. Participants are asked to make trade-offs where they are either accessing fewer hours than they need of more costly support, or accessing more hours of lower-priced support without quality and safety assurances. Furthermore, responsibility for avoiding harmful or poor supports is placed on participants, rather than emphasising the duty of providers and NDIS quality and safety assurance processes to ensure supports are truly supportive and not harmful.

### 4.2 What matters for participants with psychosocial disability in choosing a provider

Many participants spoke to CoMHWA about the need for providers to have proven skills and experience that is relevant to their work. What mattered most is that providers should work with them, and take the time to understand them, their lives, needs and preferences for support. This implies an approach that is participant-led. Some participants said that this approach can be more common among providers with more experience, and that senior workers who are skilled and experienced can play a role in ensuring the right training for more of their organisation's staff to work to particular standards. Yet, some participants cautioned that approaches and ways of working can vary significantly regardless of the amount of training and professional experience providers possess, and so it is not always the case that providers with more experience and training will be able to offer the kind of support participants value. Providers' values, personalities and motivations also play a role. One participant stated that kindness, life experience, and the right mindset was more important in a provider than qualifications.

### 4.3 Registered and unregistered providers

In CoMHWA's previous engagements with NDIS participants with psychosocial disability informing our 2025 submission to NDIS mandatory registrations consultation,<sup>1</sup> we heard that availability is a key factor in participants' choice to engage with unregistered providers; there were more options for the type of support they needed in their local area across unregistered, as opposed to registered, providers. For participants in small towns, there were sometimes few or no options for registered providers for certain

<sup>1</sup> Consumers of Mental Health WA. (2025). *Submission to consultation on Mandatory Registration of Platform Providers*. <https://comhwa.org.au/wp-content/uploads/2025/03/SA-2025-3-NDIS-Mandatory-Registrations-for-Platform-Providers.pdf>

supports. Some participants had particularly positive engagements with specific unregistered providers and wished to keep accessing support from them. Some participants had negative experiences with registered providers and, consequently, did not see registration as a trustworthy guarantor of provider quality.

Unregistered providers were chosen by some who felt that these providers offered greater flexibility in support, as restrictive policies can be a hindrance to participants having the support that works for them.

Participants who are agency managed cannot access unregistered providers, and so their supports would become more costly if registered providers are able to charge more. It is imperative that their funding be increased accordingly to enable them to access the amount of support they need.

Participants expressed concerns that registered providers charging more than unregistered providers might affect their choices if accessing these supports chews through their funding more quickly, leaving them without the amount of support they need. Inadequate funding in participants' plans will be a serious barrier to accessing registered providers.

#### **4.4 Specialised and complex supports**

CoMHWA has heard from some participants seeking behaviour support practitioners that it is hard to find the right provider. It is also challenging for participants who need providers that can meet complex support needs to find the right provider, and they do not, as it currently stands, have so many options available to them that they have choice in the matter.

Providers being able to charge more for delivery of such supports would reflect the increased level of training, expertise and experience that is necessary to provide such supports. It is essential that the amount of funding participants have in their plans for engaging specialised and complex support increases to accommodate these costs, enabling them to access the level and frequency of support they need.

#### **4.5 Supports with strong quality support systems**

Participants said they are willing to pay a higher price for support from providers with more relevant experience, qualifications, and training. Some participants thought that allowing providers with training and strong quality systems to charge more would incentivise a greater number of providers to pursue training and systems improvements.

However, stronger quality systems do not always equal high-quality support, and many participants shared nuanced views on whether it is worth paying more for providers that have stronger quality systems. For some participants, training, experience and qualifications on paper matter less than the particular ways of working of individual providers. One participant said that they would prefer to pay more for a provider to

meet them where they are at and be willing to learn together about how to meet their needs, as opposed to a provider working rigidly to approaches prescribed through training, systems, or processes.

CoMHWHA recommends that mechanisms ensuring that participants have an increased and integral role in not only determining the characteristics of quality support, but also assessing the quality of support given by providers. Participants themselves suggested that their feedback and rating of support quality should play a role in determining whether providers can claim that they offer, and charge more for, high-quality support. This type of involvement will protect against providers pursuing training, implementation of quality and safeguarding systems and registration as merely tick-box exercises that enable them to charge higher prices without contributing to real improvements in participant experiences and outcomes.

## 4.6 What matters when choosing a therapist

As with other supports, participants emphasised the need for therapists to work in person-led or person-centred ways that demonstrate genuine willingness to work with participants. Therapists who listen to participants, and work to understand individual needs and meet those requirements are valued.

Participants spoke about the importance of therapists prioritising participants' comfort and safety, and taking a trauma-informed approach to providing support. In the words of one participant:

*"I just want to feel safe and not judged."*

Some participants spoke of the need for therapists to practice and encourage accountability, including following up with them if they do not engage for a time, or building the participant's own capability to be accountable for their part in the process.

Many participants desire therapists with the knowledge and capabilities to work with people with psychosocial disability. Access to therapists who can work with participants with experiences such as dissociation or psychosis is important for some participants, though therapists with such capabilities are hard to find. CoMHWHA also heard of the difficulty in finding therapists who are able and willing to work with participants who had been involved in the justice system. Accessing therapists had become more of a challenge recently, as one participant highlighted the effect of NDIS pricing caps:

*"[C]urrently, most therapists are paid less by the NDIS, so there is a disincentive there."*

To access the NDIS, participants need to show they have exhausted treatment options, and for people with psychosocial disability, this often includes therapy and specific therapeutic approaches such as Cognitive Behavioural Therapy. Some participants spoke of their frustration in encountering therapists that insist on approaches that they have already tried and not found to be effective or right for them. The NDIS's conception of recovery was identified as a barrier to helpful therapeutic supports, with participants

identifying a paradoxical opposition between the sense that recovery is not possible for those in the NDIS, but at the same time, an in-principle ideal that therapeutic supports should be recovery-oriented.

Practical considerations in choosing therapists included distance from home, travel costs, and whether it was possible to meet in person. Many participants indicated a preference for in-person supports, and therapists able to travel to them, but for those in regional, rural or remote areas, access is limited to telehealth and they must visit metro areas for in-person support.

#### **4.6.1 Impacts of changes to travel claiming (introduced on 1 July 2025) on therapist access**

CoMHWA has heard from a number of participants that they have found it hard or impossible to engage a therapist who will travel to them since the changes to travel claiming were made in 2025. While the impact of changes falls hardest on those living in regional, rural and remote areas of WA, this has affected even those in the Perth metropolitan area. As one participant said:

*“The changes in charging for travel have really put barriers to access in-place.”*

One participant shared their experience of engaging an Occupational Therapist to work on goals relating to help in the home, but the OT was unwilling to travel to the participant’s home, despite it being only 15 minutes away and despite the nature of their goal specifying a need for support in the home. Several participants highlighted the importance of having an in-person connection with therapists for their first meeting at least, in order to establish a connection before moving to online meetings. Yet, they said it had become difficult to find a provider who was willing to travel to them for even one meeting.

### **4.7 What is needed if pricing changes are made**

Funding plans must accommodate the changes in pricing, because participants need adequate funding in their plans to enable them to make choices to access more costly supports, in the amount and with the frequency they require. Timely, accessible information for participants, alongside increased support to understand how to navigate choices of supports is also required.

## **5. Conclusion**

CoMHWA feels strongly that the NDIS pricing review should result in pricing arrangements that encourage the proliferation of providers delivering high-quality supports that result in more choice and control for participants over their supports. Participants are best placed, as those receiving supports, to judge their quality, and must play an ongoing, central role in determining the nature and value (including financial value) of quality support provision. It is imperative that should differentiated pricing be introduced, participants’ funding enables them to access high-quality support without sacrificing hours of support.



**Consumers of  
Mental Health WA**

12 / 275 Belmont Avenue, Cloverdale WA 6105

9258 8911 | [admin@comhwa.org.au](mailto:admin@comhwa.org.au) | ABN: 95 581 286 940