

Submission on the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

Consumers of Mental Health WA

May 2026

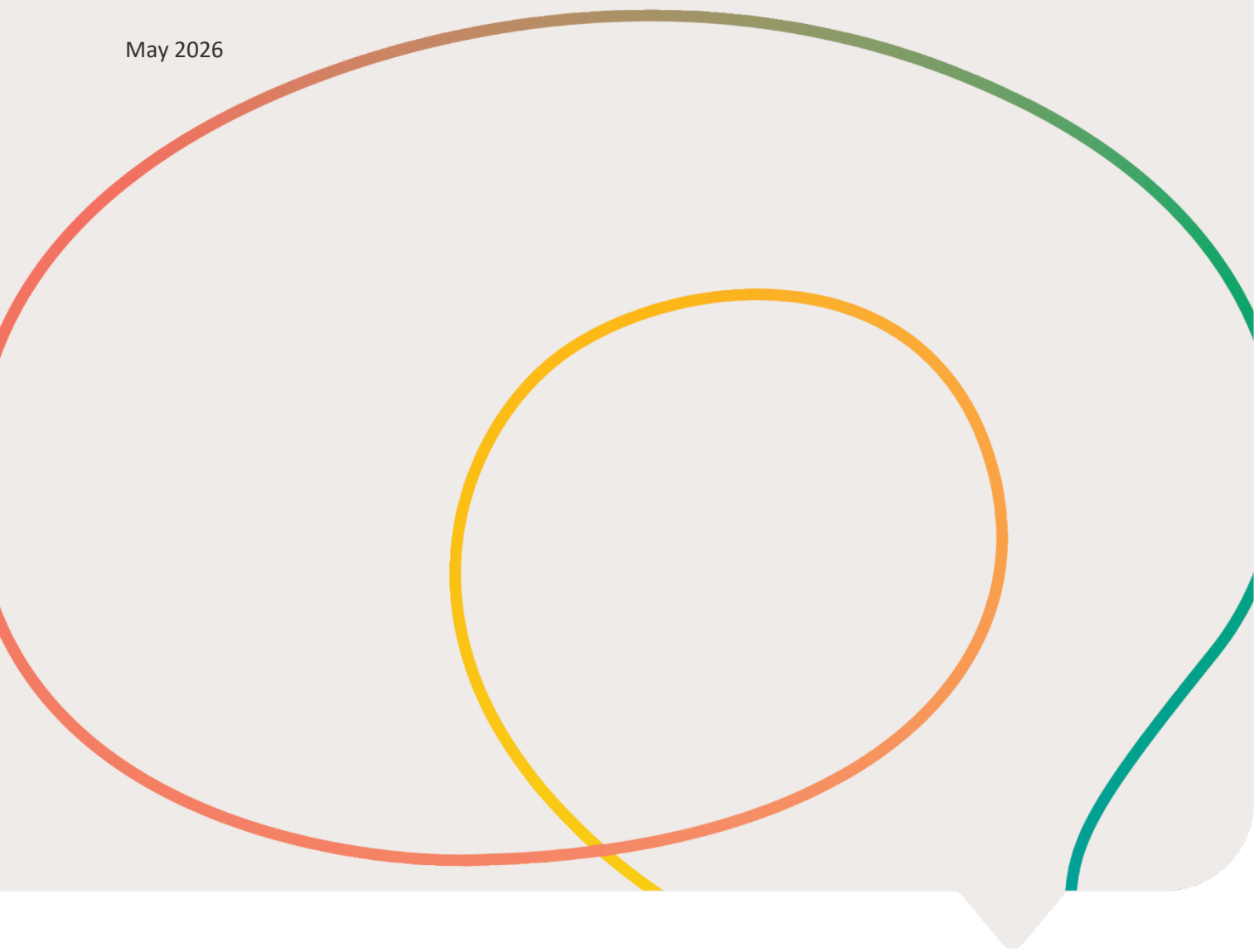


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1. Acknowledgement of Country

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

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

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

2. Preamble

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 Community Affairs Legislation Committee's [webpage](#) on their inquiry into the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026.

On 14 May 2026 the Senate referred the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 for inquiry and report.

Submissions close: 29 May 2026

Reporting date: 16 June 2026

3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the Senate Community Affairs Legislation Committee on the Australian Government on the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (the Bill). As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of consumers and of National Disability Insurance Scheme (NDIS) participants with psychosocial disability.

Due to the extremely constricted timeline given for response to the Bill, CoMHWA is neither able to provide a submission commenting in the detail and depth that we would prefer, nor are we able to undertake as robust a consultation to inform our submission as we might otherwise. Nevertheless, given the deeply negative impact we anticipate changes proposed by this Bill are likely to have on participants with psychosocial disability, we felt that it was important that we offer this short submission primarily to register our support for the longer submission provided by the National Mental Health Consumer Alliance (the Alliance), to which CoMHWA also provided input. We also offer additional comment and context informed by the feedback of WA participants with psychosocial disability who have told CoMHWA of the likely impacts of key aspects of this Bill. Where we have not commented on certain provisions or aspects of the Bill, we wish to stress that this does not imply that we do not have concerns around them. Our brevity in this submission is a consequence of the short timeframe of this consultation, and we feel the timeframe of public consultation should have been much longer to enable more of the people who will be most impacted by the Bill to provide feedback, given the scale and impact of the proposed amendments. This short consultation timeline is indicative of a lack of commitment to fulfilling promises that were made around reforms and changes to the Scheme being made through a process of co-design.¹

We base our submission on:

- One to one discussions with consumers who are accessing NDIS for psychosocial disability supports, or who are in the process of seeking NDIS access
- 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.

¹ NDIS. (2024). Co-designing reform NDIS. <https://www.ndis.gov.au/community/making-ndis-strongertogether/codesigning-reform>

- 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).

4. Discussion

Participants have shared with CoMHWA their deep distress over many of the amendments to be introduced in this Bill, as they render both participants' access to the supports on which they rely to meet their needs and their future in the Scheme in doubt. Among the most problematic of these amendments are those introduced in Schedule 1, which among other things, will:

- enable the Minister to reduce funding for certain groups of supports on old framework plans, likely to result in drastic reductions to social and community participation funding
- significantly increase Ministerial powers to make changes through NDIS Rules and ministerial instruments with little oversight and no parliamentary scrutiny
- reduce participant's ability to have decisions about their plans and funding reviewed
- constrain funding to only cover support needs arising solely from the specific impairments for which participants meet access criteria, which will prevent funding of whole of person supports and prevent recognition of support needs emerging from intersecting impacts of participants' impairment(s) and circumstances
- introduce a stricter definition of permanence including requirements for participants to exhaust all "appropriate treatment" options, defined in such a way as to exempt consideration of personal circumstances and geographic location
- enable plan suspension and cancellation after 90 days of no contact from a participant
- redefine 'reasonable and necessary' to include assessment of what is financially sustainable for the Scheme
- reduce eligibility for the NDIS where individuals are judged to have access to supports through other service systems.

We discuss the impacts of many of these, along with other aspects of the Bill, in further detail below.

4.1 Social isolation, disengagement from community and distress

Participants with psychosocial disability are the group with the second highest proportion of participants with social, civic, and community participation funding in the NDIS.² As the *Explanatory Memorandum* of the Bill acknowledges, they may experience significant barriers to accessing the community and are likely to be more affected by this change.³ The present lack of psychosocial supports outside of the NDIS contributes to these participants being disproportionately affected by this change, and will contribute to the significant unmet need for psychosocial supports.⁴ Indications given further on in the *Explanatory Memorandum* imply that there will likely be a 50% reduction of social, civic and community participation budgets and a reduction of 10% in capacity building daily activity budgets, with changes to commence for some participants on old framework plans as early as October 2026.⁵ 50% is an enormous cut to supports in any timeline, but becomes a pressing worry given how soon some participants will experience cuts to their available funding, prior to any other psychosocial supports being created and implemented that they can access as an alternative support.

SCCP funding is incredibly meaningful to participants, enabling them to engage with and be part of their communities, participate in activities that are meaningful to them, live their lives day to day, and support their recovery. Participants tell CoMHWA that these cuts will leave them isolated and have flow on effects for every other aspect of their lives. One participant pointed out that this will also impact other systems that intersect with the NDIS:

“If people’s funding is removed, the ripple effects are going to be enormous. Housing, employment stability will be impacting, informal supports will be needed for those that have them, and then feed into the health system and put more pressure on it. People are already experiencing massive amounts of strain, and the systems of society are going to be hit hard.”

Other participants commented on the effect of the cuts on their overall mental health and wellbeing. Participants anticipate that worsening mental health would likely mean more engagement with mental health services in the future, more Emergency Department visits and reliance on acute mental health

² Explanatory Memorandum, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (Cth), https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=ld%3A%22legislation%2Fems%2Fr7487_ems_35e6531f-c440-4faf-98d6-7c7ddd8bd539%22, p. 30.

³ Ibid, p. 229

⁴ Health Policy Analysis. (2024). *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme*. <https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf>

⁵ Explanatory Memorandum, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (Cth), p. 265.

supports, as they experience worsening distress and greater likelihood of crisis when those supports they rely upon as part of their recovery are taken away.

The cuts will have even more negative impacts on participants who are in certain circumstances. A participant in Supported Independent Living accommodation shared that her sense of independence and ability to live a more independent life would be affected, and she would be spending much more time at home. One participant described how funding cuts will affect participants such as himself who have few or no informal supports, describing its extreme impacts on him, and on other parts of his life, highlighting how people without informal supports are already in positions where they have fewer options. He shared that: “the last few years have been pretty miserable navigating these changes,” and he genuinely wonders about the worth of being on the Scheme given this distress, but says also that he has little choice as “the reality is there are no informal supports.”

4.2 Fears that Participants with Psychosocial Disability will be removed from the Scheme

Several items in the Bill have once again raised fears among participants with psychosocial disability that they may be removed from the Scheme with little notice, no recourse to appeal such a decision and no supports. These include:

- Introduction of the definition of functional capacity (that excludes the impact of context and personal circumstances), and the eventual introduction of a particular approach or method for function capacity assessment, especially if this is not tailored for people with psychosocial disability and administered by people with experience and knowledge around psychosocial disability, may not appropriately capture support needs. The Schedule 1, item 11 application provision opens the door to reassessments for existing participants that may result in existing participants being reassessed as no longer eligible:

“The amendments made by this Part apply in relation to a determination or decision made by the CEO in relation to whether a person meets the early intervention requirements or disability requirements, or both, made on or after the commencement of this item, whether or not the person is a participant before the commencement of this item.”

Participants have already had to prove their disability over and over again, a process which is very distressing, and must now face the prospect of their eligibility for the Scheme again being in doubt.

- Expanded powers to make changes to a range of aspects of the NDIS through the use of Ministerial instruments and NDIS Rules, with no oversight or parliamentary scrutiny and no recourse to appeal by participants affected since these are not reviewable decisions. The introduction of support

determinations (section 34a), which enables the Minister to reduce funding for any group of supports by Ministerial instrument, troublingly also means that the Minister could determine that reductions apply to specific groups of participants, as outlined in the *Explanatory Memorandum*:

“The support determination can also specify the classes of plans that it applies to, which could be based on classes of participants, identified with reference to characteristics such as a participant’s circumstances or the nature of supports that they receive.”⁶

- The power to suspend plans, with cancellation after 90 days of no contact from a participant. These changes are likely to impact participants with psychosocial disability particularly negatively as they can experience circumstances (such as involuntary treatment and institutionalisation, among others)⁷ that impact their ability to be contacted, to receive communications or to respond at certain time periods.

Political and media discourse has sometimes framed participants with psychosocial disability as precarious in the Scheme,⁸ with commentaries repeating the misconception that they were never envisioned to be part of the original scope of the NDIS.⁹ While CoMHWA was pleased to note the Minister’s comments in his speech to the Press Club on 22 April 2026 that participants with psychosocial disability will remain in the Scheme,¹⁰ participants tell CoMHWA that this Bill again raises feelings that they are being framed as a problem or as though they are taking advantage of the Scheme when, in reality, they are just trying to access needed supports. One participant noted that with how consistently challenging it is to be in the Scheme, it’s hard to understand how anyone would join unless they truly needed the supports it provides:

“The idea that people would want to be on the NDIS [if they did not need to be] is laughable with the stress that comes with being on the NDIS.”

⁶ Explanatory Memorandum, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (Cth), p. 30.

⁷ See also p. 22

⁸ Evans, J. (2023). People with psychosocial disability may be diverted from NDIS in future, as government forecasts 27,000 reduction in participant growth. *ABC News online*. <https://www.abc.net.au/news/2023-06-28/psychosocial-disability-ndis-future-inclusion/102534200>

Ison, S. (2026, April 15). Mental illness tops NDIS reviews. *The Australian*.

Smith, M., Coorey, P., & Dalzell, S. (2025, August 21). Mental health conditions could also face cuts under NDIS overhaul. *Australian Financial Review*. <https://www.afr.com/politics/mental-health-conditions-to-also-face-cuts-under-ndis-overhaul-20250821-p5mopi>

⁹ Threlfall, D., Paterson, K., Donnelly, S., Beasley, A., McKenzie, E. and Ballenden, N. (2025). *Access Denied: Psychosocial disability and the NDIS*. Australian Psychosocial Alliance (APA). <https://psychosocialalliance.org.au/campaign>

¹⁰ Australian Government Department of Health, Disability and Ageing. (2026, April 22). *Minister Butler speech at the National Press Club – 22 April 2026*. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-butler-speech-at-the-national-press-club-22-april-2026?language=en>

4.3 Increased barriers to access to the Scheme

As detailed in the Alliance’s submission,¹¹ the proposal to introduce a definition for and changes around “appropriate treatment” introduces further barriers for people with psychosocial disability seeking to access the Scheme. This will increase inequities around access for participants with psychosocial disability in regional, rural and remote WA, as the note accompanying the provision states this will not account for personal circumstances and geographical location. In WA, consumers in regional, rural and remote locations often must travel significant distances to regional hubs or, in most cases, Perth, to access certain treatments. There is very little available to help with the costs of such travel. CoMHWA has heard from consumers that the Patient Assisted Travel Scheme (PATS), which offers financial subsidies for eligible WA residents living in regional, rural and remote locations to reduce the cost of accessing medical services that are not available in their local area, offers only partial subsidies and is difficult to access, particularly at times when they are experiencing distress or require acute support. Participants have also noted that those making decisions about what treatments are appropriate are not going to know about how mental health service systems operate and barriers to access. Some participants have already encountered pressure in the past to try interventions such as electroconvulsive therapy, even when this is not right for their circumstances; one participant shared concerns around ECT exacerbating challenges she has around memory, and wondered whether these side effects, and individual choice and needs would be taken into account.

4.4 Fewer options for supports that meet needs

Participants have long raised issues around how the NDIS has been ill-equipped to recognise and respond to the ways in which their experiences of mental health challenges or psychosocial disability intersect with, impact and are impacted by other aspects of their identities, experiences and circumstances, or co-occurring disability that is not recognised by the NDIS. Amendments introduced in 2024 promised to address some of these issues, along with the recent ruling in the case of *CEO of the NDIA v Eastham* [2026] that a person may be funded for support for needs in cases where the need arises from several causes, so long as one cause is the impairment for which the participant met access criteria for the NDIS.¹² This ruling recognised what participants describe around the complexity of intersections of circumstances and

¹¹ National Mental Health Consumer Alliance. (2026). *Submission to Community Affairs Legislation Committee: NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026*. <https://nmhca.org.au/our-advocacy/>, pp. 10-11.

¹² Justice Equity Centre. (2026). *Explainer: National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026*. <https://jec.org.au/publication/explainer-national-disability-insurance-scheme-amendment-securing-the-ndis-for-future-generations-bill-2026/>, p. 7.

impairments that cannot be viewed or understood in isolation, as they are not experienced in isolation. The provision strengthening the link between an impairment and need for support aims to undo this ruling, which would effectively make a ‘whole of person’ approach impossible within the NDIS. It will limit ability to identify and meet needs arising from the intersection of different co-occurring mental health challenges, disability and/or impairments – indeed, participants have described that they feel that isolating out one impairment and needs arising from this will be virtually impossible. Their concerns for how this will impact their support plans and funding overlap with concerns around how their functional capacity will be assessed. One participant asked:

“How will they quantify the effects/impact of one aspect of a person’s disability or impairment?”

The Bill’s proposed increased use of automated decision making in the NDIS has the potential to embed bias around mental health into planning and result in inadequate funding and support plans and reduced access to supports that participants need, as CoMHWA has written in our previous submission on NDIS New Framework Planning.¹³

A further implication of determinations reducing SCCP funding is likely to be large numbers of providers leaving the market, resulting in fewer options for participants and a market unable to sustain enhanced choice and control.

5. Recommendations

To prevent the negative impacts we have highlighted for participants with psychosocial disability, CoMHWA supports the recommendations made by the National Consumer Mental Health Alliance in their submission to this Bill,¹⁴ which we quote below:

Recommendation 1: Defer the Bill for proper consultation

The Committee should recommend that consideration of the Bill be deferred until comprehensive consultation and co-design has been undertaken with people with lived experience of psychosocial disability, consistent with best-practice consumer engagement frameworks.

Recommendation 2: Maintain the rights-based framework of the NDIS

The Committee should recommend that the Bill be amended to ensure the NDIS remains a rights based scheme, with funding determined by participants’ actual support needs rather than fiscal or

¹³ Consumers of Mental Health WA. (2026). *Submission to Consultation on NDIS New Framework Planning*. <https://comhwa.org.au/wp-content/uploads/2026/03/SA-2026-4-NDIS-New-Framework-Planning.pdf>, p. 14.

¹⁴ National Mental Health Consumer Alliance. (2026). *Submission to Community Affairs Legislation Committee: NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026*. <https://nmhca.org.au/our-advocacy/>, pp. 6-9.

cost-containment objectives. The principles of person-led, strengths-based, recovery oriented, trauma-informed and culturally safe support, and the prioritisation of supported decision-making, should be retained and strengthened in primary legislation.

Recommendation 3: Establish minimum safeguards if the Bill proceeds

If the Bill proceeds, the Committee should recommend the inclusion of minimum statutory safeguards, including:

- guaranteed continuity of supports;
- limits on discretionary and automated decision-making; and
- explicit protections for people with psychosocial disability.

Recommendation 4: Remove “all appropriate treatment” requirements

The Committee should recommend that provisions requiring participants to undertake “appropriate treatment” as a condition of eligibility be removed from the Bill. If these provisions are retained, the Committee should recommend, at a minimum, that they:

- do not apply to people with psychosocial disability; and
- if applied to any group, are subject to a definition of “appropriate treatment” developed in consultation with people with lived experience of the relevant disability, with explicit safeguards against coercion, prohibitive cost, geographic inaccessibility, and treatments with serious or invasive side effects.

Recommendation 5 – Protect choice, control, and recovery-oriented supports

The Committee should recommend amendments to ensure that participants retain choice and control, including continued access to:

- non-clinical supports;
- peer-led supports; and
- community-based recovery supports.

Recommendation 6: Guarantee continuity of supports and ensure alternatives exist before access is restricted

The Committee should recommend that the Bill include a clear provision that no participant will lose access to NDIS supports, and that access to the NDIS is not restricted on the basis of alternative supports, unless and until those alternative supports are:

- properly funded, including Foundational Supports — Psychosocial Supports;

- demonstrably capable of meeting participant needs;
- accessible and appropriate; and
- available in practice, including in regional, rural and remote areas.

Recommendation 7: Protect social, civic and community participation supports

The Committee should recommend that the Bill be amended to prevent reductions to funding for social, civic and community participation supports. The Committee should further recommend that these supports be formally recognised in the legislation as essential and preventative, rather than discretionary.

Recommendation 8: Strengthen safeguards and review rights

The Committee should recommend that all decisions affecting participants remain reviewable, including access to independent merits review. The Committee should also recommend measures to strengthen:

- transparency;
- procedural fairness; and
- accountability across decision-making processes.

Recommendation 9: Amend the definition of functional capacity

The Committee should recommend that the definition of functional capacity be amended to include the impact of environmental, social and personal circumstances, recognising the contextual and fluctuating nature of psychosocial disability.

Recommendation 10: Implement relational assessment processes

The Committee should recommend that the NDIS move away from reliance on purely clinical evidence and standardised assessment tools, and instead implement a relational assessment process, particularly for people with psychosocial disability, that supports participation and considers the individual as a whole person.

Recommendation 11: Ensure transparency and full reviewability

The Committee should recommend that both the outcomes and the methodology of functional capacity assessments, including the criteria and tools used, are transparent and subject to independent merits review.

Recommendation 12: Remove or strictly limit automated decision-making

The Committee should recommend that provisions enabling automated decision-making (ADM) be removed from the Bill and considered separately. At a minimum, any use of ADM must include:

- meaningful human oversight;
- transparency of decision-making processes; and
- clear lines of accountability.

Recommendation 13: Ensure equity and prevent disproportionate impacts

The Committee should recommend that the Bill include safeguards to ensure reforms do not disproportionately impact:

- people with psychosocial disability;
- people in regional, rural, and remote areas;
- Aboriginal and Torres Strait Islander peoples;
- Culturally and Racially Marginalised people; and
- people experiencing financial disadvantage.

Recommendation 14: Embed lived experience in governance

The Committee should recommend that people with lived experience of psychosocial disability be formally represented in Technical Advisory Groups and all NDIS reform and implementation processes.

Recommendation 15: Ensure flexible and reviewable planning processes

The Committee should recommend amendments to remove automatic plan renewals without participant input, and to revise restrictive reassessment thresholds. Planning and reassessment processes must remain responsive and reviewable, must reflect the episodic and fluctuating nature of psychosocial disability, and must ensure participants can access timely adjustments to supports when their needs change.

Recommendation 16: Amend “not contactable” provisions

The Committee should recommend that the 90-day “not contactable” provisions be removed or substantially amended, with minimum safeguards for participants who are:

- experiencing homelessness;
- hospitalised or in institutional care;
- incarcerated; or
- experiencing domestic and family violence

Recommendation 17: Reduce administrative burden and prevent harm

The Committee should recommend amendments to administrative requirements that:

- remove punitive debt provisions linked to record-keeping; and
- introduce explicit exemptions for participants who are unable to comply due to circumstances such as homelessness, hospitalisation or incarceration.

Recommendation 18: Limit Ministerial and delegated powers; preserve parliamentary scrutiny

The Committee should recommend amendments to restrict the scope of Ministerial and delegated legislative powers, particularly in relation to:

- eligibility criteria;
- functional capacity;
- funding levels; and
- support categories.

The Committee should further recommend that:

- matters central to eligibility, functional capacity, support categories, funding levels and planning processes remain in primary legislation or be subject to strengthened parliamentary scrutiny; and
- key funding and pricing decisions be referred to an independent authority, consistent with Recommendation 11 of the NDIS Review.

Recommendation 19 – Limit reliance on informal and unpaid care

The Committee should recommend that the Bill be amended to ensure that reliance on informal, community and unpaid care does not substitute for the provision of formal supports. Planning decisions must be based on participants' actual support needs and must not assume that families, carers or communities can absorb additional responsibilities. The disproportionate burden placed on carers, particularly women, should be explicitly recognised in the legislation.

6. Conclusion

The past couple of years of NDIS changes have been characterised by top-down decision-making, unfulfilled promises around co-designing NDIS reforms, and changes that have been broadly to the detriment of NDIS participants with psychosocial disability. This Bill, should it be passed in its present form, not only promises a continuation of these trends, but, troublingly, enshrines them in the legislation of the NDIS itself.

Participants frequently voice their dissatisfaction with the ways in which they are progressively further

disempowered by changes to the NDIS that have constrained choice and control around supports, that have framed them in terms of a language of deficit, that have created paternalistic dynamics around safeguarding and quality systems that further impact choice and control and that has reduced certainty around their access to what was meant to be lifelong supports. Discussions around the financial sustainability of the Scheme have not considered the costs of slashing investment in the NDIS. NDIS supports enable people with disability to participate in society, the economy, workforces and to live more independent lives, and increased participation of people with disability represents a significant return on investment. Cuts to these supports are also likely to result in costs being moved to other service and support systems. Most importantly, however, supports for people with disability are not a nice-to-have – they are essential to ensuring a society in which the dignity, rights, and inclusion of people with disability are protected. In the words of one participant:

“Our rights are being ignored in this process [...] The thought of this causes so much distress, there are no words.”



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