



**Mental  
Health  
Council**  
OF TASMANIA

[www.mhct.org](http://www.mhct.org)

# Response to the NDIS Review *'What we have heard'* Interim Report

Mental Health Council of Tasmania

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## About Us

The [Mental Health Council of Tasmania](http://www.mhct.org) (MHCT) is the peak body representing the mental health and wellbeing needs of all Tasmanians, and the community organisations that work with and support them. We work closely with government to amplify the voices of our members and Tasmanian communities, to provide input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

## Introduction

In June 2023 the Independent Review into the National Disability Insurance Scheme (NDIS) released their [Interim Report, 'What we have heard'](#) which collates findings of individual experiences with the scheme over the past ten years since its initiation. The Interim Report and its findings highlight five key issues and ten proposed areas for improvement for the NDIS. It is evident that the collective efforts of the review panellists and stakeholders have been instrumental in identifying the pressing challenges faced by the NDIS.

The objective of this submission is to provide feedback to the questions posed within The Interim Report and specifically to provide feedback within the context of the needs of the Tasmanian population who require psychosocial supports. While advocating for the rights and wellbeing of individuals with disabilities, we recognise the significance of this review process in shaping a more equitable and inclusive NDIS and MHCT welcomes the opportunity to provide feedback on its progress.

MHCT has provided a number of submissions to reviews and inquiries into the NDIS over the past decade which still hold relevance today given the key challenges and areas of improvement identified in the Interim Report. To support MHCT's response to the NDIS Review Panel's questions, MHCT has drawn from our previous submissions alongside data gained from our May 2023 community survey focusing on access and affordability barriers to mental health services and supports in Tasmania.

- [NDIS Thin Markets Inquiry](#)
- [Inquiry into Disability Services](#)
- [Removing Barriers to Testing for the NDIS Report](#)
- [Access and Affordability in Tasmania: Tranche 2 Report](#)

## Applying for & Getting an NDIS Plan

It is acknowledged in The Interim Report, that applying for and getting an NDIS plan is not a straightforward process and is identified as a key area for improvement. In a Tasmanian context, MHCT's Removing Barriers to Testing for the NDIS report identifies that the access and planning processes of the NDIS is described as confusing and difficult, with an excessive focus on diagnosis and a lack of clarity on required evidence. The results from MHCT's Access and Affordability survey are in line with these findings, with one individual describing the application process as frustrating – *"We had very supportive people to help us with the NDIS application but it was still very lengthy and frustrating and confusing. If we had not had the support it would not have been approved."* Additionally, it was found that the application and planning process is incongruent to principles of recovery that underpin mental health supports

and services, concentrating on limitations rather than strengths, and not fully recognising participants as experts in their own lives.

Furthermore, Tasmanians have noted the costs involved in making an application to the NDIS, with many unable to afford the out-of-pocket expenses required to gain the clinical evidence to make an application to the NDIS.<sup>1</sup> The reliance on clinical evidence also necessitates the availability of allied health professionals to provide the evidence to support an individual's application, however, as identified in MHCT's Access and Affordability Report, there is limited access to GPs and mental health professionals to support this.<sup>2</sup> In regard to planning, participants are equally vulnerable to challenges in accessing NDIS supports and services given the state's regionality and subsequent thin NDIS market.<sup>3</sup>

The Interim Report also seeks to understand how to better engage with First Nations Australians, people from culturally or linguistically diverse backgrounds, people who identify as LGBTIQ+, gender diverse people, people with complex needs and people from disadvantaged backgrounds in the planning process. MHCT's Access and Affordability Report states that these groups are less likely to receive mental health treatment than the general population. During the focus group component of this report, it was suggested that additional training and diversity across the mental health system was required along with culturally safe and trauma informed services. It is suggested that partnering with local community organisations and advocacy groups is required to bridge the gap between the NDIS and these diverse communities and enhance outreach efforts.<sup>4</sup>

Feedback submissions from other regions echo these findings, with the Queensland Alliance for Mental Health (QAMH) finding that inconsistent access and plan outcomes for people with psychosocial disabilities are evident with reliving past trauma a key barrier for applying for and successfully receiving an NDIS plan.<sup>5</sup>

### **Suggestions for Improvement**

- Principles of mental health recovery are integrated within the NDIS application and planning process.
- Application and planning processes are co-designed with people with Lived Experience who can provide insight into the well-documented challenges of the application process.
- The costs associated with preparing and lodging an application are addressed to remove the financial barrier of applying for a plan and individuals are provided 1:1 support with navigating the application process.
- Cultural awareness and diversity training is provided to all NDIS planners and partners.

## A Complete & Joined Up Ecosystem of Support

MHCT recognises The Interim Report's findings regarding the lack of a cohesive support system for people with disabilities outside of the NDIS. Services and supports available to people with disabilities outside the NDIS should form a comprehensive and integrated system that addresses various needs across different life stages. These services and supports should be designed to promote inclusion, independence, and social participation. When looking at a complete and joined up ecosystem of support, it is necessary that all relevant stakeholders involved in an individual's care understand the range of supports required for that individual and how they will benefit from them. It requires integration of and communication between a participant's clinical supports (such as GPs) and their NDIS supports, and recognition that the NDIS is one part of a broader network of supports for an individual and their family.

The Productivity Commission's Inquiry into Mental Health has recognised the importance of ensuring that individuals ineligible for the NDIS have access to psychosocial supports, and recommends that work begins to understand the connection between the mental health system and the NDIS along with the unmet demand for psychosocial supports.<sup>6</sup> A number of recommendations have been offered in regards to addressing psychosocial supports required for people ineligible for the NDIS, including Community Mental Health Australia's recommendation of a national discussion of a Tier 2 Psychosocial Support Program.<sup>7</sup> Additionally, Mental Health Australia's stakeholder consultation outlined key elements for psychosocial support outside the NDIS with the inclusion of recovery focused, multidisciplinary and needs based supports.<sup>8</sup> By providing psychosocial supports universally, both within and outside the NDIS, governments can create a strong foundation for disability inclusion, complementing the individualised support available through the NDIS.

A commitment has been made under the National Mental Health and Suicide Prevention Agreement to analyse and estimate the demand for psychosocial supports outside the NDIS, however, from a Tasmanian context, it is not yet clear to the degree that the estimation will consider the geographic dispersal of the Tasmanian population and nuanced resourcing required to ensure that individuals have the capacity to live well in their community.<sup>9</sup> MHCT's submission to the Inquiry into Disability Services in Tasmania, recommends that an essential suite of supports is identified for people with severe and persistent mental illness who are ineligible for the NDIS or choose not to apply. And that these supports are accessible for those living rurally and in smaller communities.<sup>10</sup>

### Suggestions for Improvement

- National and State mental health plans include a priority to consider ways of integrating NDIS into the mental health system in a joined up approach e.g., having an individual's

primary clinical support being directly involved/communicated with during the planning and review process to ensure information management of a person's recovery is shared and understood across all stakeholders.

- Principle 3 of the [NDIS Psychosocial Disability Recovery-Oriented Framework](#) is implemented universally to ensure a collaborative, joined up approach is achieved between NDIA service providers, public, NGOs and private mental health services.
- A broader network of supports is considered for all individuals with psychosocial disabilities and careful consideration and resourcing is given once the release of the national analysis of unmet needs for psychosocial support is released.

## Defining Reasonable & Necessary

To achieve a shared understanding and provide certainty about future funding, the concept of "reasonable and necessary" within the NDIS needs to be defined clearly with additional consideration of this definition within the context of psychosocial disabilities with episodic natures. The NDIS Recovery-Oriented Framework notes the episodic and fluctuating nature of psychosocial disability and highlights that, 'NDIS supports will respond to the episodic nature of mental illness and collaborate with relevant services to plan and maintain engagement through periods of increased and reduced support needs'.<sup>11</sup> This understanding should be reflected in the NDIS definition of 'reasonable and necessary'. By implementing measures to increase understanding of this, the NDIA can work towards a more consistent and fair approach to evaluating and approving supports based on the "reasonable and necessary" criteria. The recommendation by QAMH to improve training and information for anyone (family members, medical professionals etc.) who are supporting people with psychosocial disabilities with the NDIS process is supported by MHCT.<sup>12</sup> As well as increasing community understanding of the reasonable and necessary criteria. Based on previous MHCT community consultations, it would be imperative that the information is transparent with clear, accessible language.

### Suggestions for Improvement

- The definition of 'reasonable and necessary' is expanded to incorporate the episodic nature of psychosocial disability as identified in Principle 5 of the NDIS Psychosocial Disability Recovery-Oriented Framework.
- Establish a consultation process that includes people with a Lived Experience of psychosocial disability to articulate how supports and the scheme can respond to the episodic periods of fluctuating needs to inform the definition of 'reasonable and necessary'.

## The Support & Service Marketplace

To better design, structure, and support markets within the context of the NDIS, where the interests of people with disabilities are prioritised, the regionality of Tasmania must be considered. Tasmania experiences thin markets across a range of resources and supports. Community Mental Health Australia (CMHA) have recommended a market scan to identify what supports and services are currently available to individuals with psychosocial disabilities. A market scan of this nature would provide clarity of service availability and highlight gaps in the support and service marketplace more broadly.<sup>13</sup>

Additionally, the relevancy of the MHCT's NDIS Thin Markets Project Submission recommendations is clear in highlighting the unique population in Tasmania and what the support and service marketplace requires here. It is recommended that a workforce strategy addressing specialist workforce shortages, recruitment, retention, and upskilling is implemented. To ensure service provider viability, a combination of block funding and NDIS provision for organisations operating in thin market regions should be considered alongside structured, ongoing review of pricing structures. Despite there being separate Price Guides for remote areas, there is no additional loading applied for service providers delivering services and supports in regional areas - this must be considered to address provider viability and the potential of a market not being serviced.

Alternative delivery models such as telehealth services could be explored further for supports and services that are unavailable in particular regions of the state. Telehealth supports that meet the definition of psychosocial supports such as recovery coaches, could be utilised to increase supports in these areas. However, it is still imperative that regional and remote areas in Tasmania receive face-to-face supports and services where possible, given the limitations of telehealth services particularly for vulnerable groups including older Tasmanians according to the most recent Access and Affordability report. Comments from MHCT's Access and Affordability survey accounts the challenges currently being experienced in Tasmania with accessing NDIS service providers with one respondent stating *"They either have no staff available or don't want to work with self-managed. My son misses out on many opportunities due to lack of services"*. The wait times for services were echoed by other respondents with another expressing the following *"We have been given funding for multiple supports but everything our daughter needs has no availability e.g., books closed and years long waitlist."*



### Suggestions for Improvement

- Undertake a comprehensive analysis of access issues for participants living in rural and remote communities in Tasmania with a consideration of ways to address these access issues such as making psychosocial telehealth services available and determining which psychosocial supports can be delivered in this modality.
- Consider pricing models that strengthen service viability so that participants can continue to access supports including the exploration of telehealth options. A trial to determine the efficacy of psychosocial supports being delivered in this way should also be considered.

## Measuring Outcomes, Performance & Achieving Long Term Outcomes

A collaborative approach to measuring outcomes and performance within the NDIS is required to provide an accurate depiction of the success of the scheme, while also allowing for necessary changes and improvements based on regularly collected data. With the aim of increasing sustainability of the scheme while keeping all key stakeholders accountable, MHCT recommends an outcomes framework that looks at success at a whole system level and is co-designed by individuals and their families. CMHA identify the SCORE (Standard Client Outcome Reporting) model as a relevant measure with a large range of tools for individuals. Such an approach should consider supporting greater clarity for those with psychosocial disabilities in navigating the application/planning process with ways to measure their progress at every stage. By engaging participants, providers and governments we can ensure that the scheme's impact is accurately measured, and evidence-based improvements are continuously integrated. A key component of this process is to ensure there is a balance between measuring outcomes for the scheme and outcomes for each person individually.

The Interim Report identifies that there is a lack of focus on nurturing long-term outcomes compared with immediate needs. To create an accurate representation of long-term outcomes, a commitment to support the success of each individual is required. This requires less focus on the success of the scheme itself, and more on the individual needs of the person accessing the support. Ideally, an outcomes framework would incorporate not only immediate needs, but also long-term outcomes and rely on community consultation for input on the real-world progress of these outcomes being recognised by NDIS service providers and intermediaries.

### Suggestions for Improvement

- Establish an outcomes framework that is co-produced with NDIS participants with a key focus on long-term outcomes that relate specifically to the individual and their goals.
- Provide a sustainable way for individuals to own and share their progress, without having to tell/re-tell their story in a way that is detrimental to the person.

## Help Accessing Supports & Participant Safeguards

The Interim Report identifies that the process of working with intermediaries can be frustrating and identifies significant challenges for accessing quality support through the NDIS. The MHCT Access and Affordability Survey results echo this, with respondents highlighting common challenges with accessing supports including lengthy wait times, lack of service provider availability, lack of experience/support and training for service providers and incorrect advice being given. One respondent expressed that when attempting to receive help in accessing supports, different staff would answer the same questions differently.<sup>14</sup> Actions under Principle 4 of the NDIS Psychosocial Disability Recovery-Oriented Framework incorporate a focus on peer support as a mechanism to support participants in understanding how service offerings relate to their recovery journey which could be utilised to reduce this gap in understanding.<sup>15</sup>

Due to long wait lists and workforce shortages, unregistered service providers are utilised to avoid the lengthy wait times of registered service providers. Mental Health Coordinating Council (MHCC) highlight in their submission the need for additional safeguarding for participants, and improving regulation while also ensuring there is a balance of choice and control. Developing a balance between choice and control, and participant safeguarding should be a key component of service provider and intermediary training/skill development. When asking what would streamline this process for people navigating the NDIS, MHCT can support the increase in training for service providers and workforce issues in Tasmania – particularly regionally and remotely being addressed. Similarly, the MHCC highlight in their submission to the NDIS review that workforce capability issues must be addressed to ensure people with psychosocial disabilities are receiving quality services.<sup>16</sup>

### Suggestions for Improvement

- Principle 4 of the NDIS Psychosocial Disability Recovery-Oriented Framework is implemented to include peer support for individuals navigating services related to their recovery journey.
- Strengthen the role of the recovery coach in supporting the process of navigating services both inside and outside of the NDIS to ensure individuals are able to access required services in an effective way. Additionally, review the effectiveness and prevalence of this role in regional areas and target an increase of this support if there is a benefit to people with psychosocial disabilities in Tasmania.
- Ensure that Principle 6 of the NDIS Psychosocial Disability Recovery-Oriented Framework actions workforce training specifically for safeguarding and that the NDIS

Quality and Safeguards Commission shares relevant learnings and development resources on psychosocial disability and trauma-informed practice to all NDIS service providers whilst educating planners and providers to understand the purpose and benefits of providing psychosocial, recovery focussed supports.

## Supported Living & Housing

Service providers in Tasmania currently providing NDIS funded accommodation across the state for people with psychosocial disabilities provided insight into the current challenges around supported living and housing in the community. Based on information provided to MHCT by these organisations, there does not appear to be large waitlists for NDIS funded housing in Tasmania currently, with additional individual units being developed in the south of the state for individuals with a psychosocial disability funded through the NDIS. Despite the availability of NDIS funding supported living, it appears the challenge presents for individuals trying to access housing who are not eligible for an NDIS plan and may be accessing housing through a time-limited psychosocial program in the community. Tasmanian service providers expressed concern about the number of people that are ineligible for NDIS funded housing who do have a psychosocial disability and require housing, which is further exacerbated by the limited availability of private rentals and social housing in Tasmania. A recent report by Anglicare identified that 60% of people receiving state-based supported accommodation services through their organisation are ineligible for the NDIS and highlighted the importance of continued support for these individuals.<sup>17</sup>

Additionally, service providers have noted that they find it difficult to track the demand of supported living for those with psychosocial disabilities, as often they are contacted for housing availability by support coordinators and if there aren't any available at the time, they won't receive any follow up. Without communication between all stakeholders, including social housing organisations it is challenging to identify the level of demand. There is some pressure to fill shared supported living which is found to be a less desirable option than independent living for those with funded plans. Service providers noted that shared accommodations require additional resources from the organisations responsible, as there are often situations where individuals are funded for supported living, but not funded for day supports, and therefore require worker support during the day which puts added pressure on the service providers.

### Suggestions for Improvement

- Implement a state-wide process to capture the demand of psychosocial disability housing needs for individuals ineligible for the NDIS and transitioning out of community based psychosocial housing programs.
- Establish a mechanism for service providers, local area coordinators and social housing organisations to strengthen their relationships to ensure a clear understanding of housing needs is understood across the state.

In conclusion, The NDIS Review Interim Report highlights critical areas requiring attention and improvement within the NDIS. MHCT has identified these areas of improvement within a Tasmanian population context, and highlighted suggestions for improvement for each area. Addressing these challenges and implementing these suggestions will be crucial in ensuring the scheme better meets the needs of people with psychosocial disabilities and provides them with greater choice, control, and support to lead fulfilling lives. Additionally, a focus on psychosocial supports outside of the NDIS is required to ensure all Tasmanians can access mental health support in the community with MHCT encouraging the implementation of the NDIS Psychosocial Disability Recovery-Oriented Framework to support this process.

Previous submissions to reviews and inquiries into the NDIS over the past ten years have been referenced within this feedback submission to highlight the relevance of the challenges that individuals have experienced with the scheme over time. MHCT welcomes the release of the full review report in October and further opportunities to provide feedback.

## APPENDIX – Access & Affordability Survey Results

### May 2023

The following is a summary of responses to NDIS focused questions within the MHCT Access and Affordability survey. Further information on the survey and broader findings can be found in the [Access and Affordability Tranche 2 report](#).

- Of survey respondents who applied for the NDIS; 61.8% of NDIS applications were successful, 38.2% unsuccessful.
- Of those respondents that were successful and with psychosocial disability included in their plan; 57% experienced challenges in applying for the NDIS, 29% did not, and 14% were unsure.
- Open ended responses to NDIS application process:
  - *'We had very supportive people to help us with the NDIS application but it was still very lengthy and frustrating and confusing. If we had not had the support it would not have been approved'*
  - *'It is a long drawn out process that causes unnecessary anxiety for the applicant with a chronic Mental Health diagnosis and acute social anxiety. Not to mention the challenges parents/carers who have their own health issues. And who are trying to support their family member who lives in the family home 24/7. I see the process of assessment no longer focuses on the individual but blanket decisions are made because there are not enough suitably qualified staff employed in the Mental Health system to streamline the process'*
  - *'Extensive reports needed to be supplied from several different psychiatrists despite a clear mental health illness and treatment in the hospital for over 15 years'*
  - *'Gathering adequate evidence to support their application. General practitioners not knowing how to complete the form so they don't provide adequate information when filling their section. The people I support sometimes don't have a regular GP and the form is more designed for those who have regular health care/intervention already. Difficulty accessing a service to fill the form in with the person - virtually no consideration for participants with literacy issues, cognitive issues, intellectual disability, ABI etc and the problems they would face filling in a complex form'*
  - *'lack of understanding for 'invisible' disability with a fluctuating nature , lack of understanding of NDIA staff of mental illness and how to deal with people'*
  - *'I struggle with complexity so the process of doing anything with NDIS is almost impossible. I have had an NDIS plan for nearly 12 months and so far the only thing it's given me is a functional capacity assessment. This was needed for my plan to be reviewed so it could include supports. NDIS lost my plan and wait times for all services mean I might finally get to see a psychologist in May'*

- Open ended responses to experiences with NDIS service providers:
  - *'We have been given funding for multiple supports but everything our daughter needs has no availability eg books closed and years long waitlist.'*
  - *'Long wait lists.'*
  - *'They either have no staff available or don't want to work with self managed. My son misses out on many opportunities due to lack of services'*
  - *'The quality of support varies. We have a very good coordinator but finding good reliable support workers is a challenge. Also local services and allied health supports are either non existent or have very long wait lists'*
  - *'varies , some are very good and helpful , but they all struggle to find and keep staff with relevant experience, lots of staff changes , both Coordinators of support and support workers , they burn out very quickly because lack of support and training'*
  
- Responses related to challenges to the NDIS planning process:
  - *'My first plan was unworkable, with no support coordinator included. A plan review had to be done - about a 3-month delay. When calling, the NDIA/NDIS different staff would answer the same questions differently.'*
  - *'Most of my time has been spent waiting, little working with staff. NDIS gave me incorrect advice when initially applying. Reviewing my plan after getting an FCA was a dog's breakfast, system issues rather than people. My new support coordinator is great as is my LCA.'*

## References

<sup>1</sup> Mental Health Council of Tasmania (2020) *Removing Barriers to Testing for the NDIS*, available:

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<sup>2</sup> Mental Health Council of Tasmania (2023) *Access and Affordability: Mental Health Services in Tasmania Report 2*, available: <http://mhct.org/wp-content/uploads/2023/07/MHCT-Access-and-Affordability-Report-2.pdf>

<sup>3</sup> Mental Health Council of Tasmania (2019) *NDIS Thin Markets Project*, available: <https://mhct.org/wp-content/uploads/2019/09/2019-MHCT-NDIS-Thin-Markets-Project-Submission.pdf>

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<sup>5</sup> Queensland Alliance for Mental Health (2023) *NDIS Review – Building a Strong, Effective NDIS*, available: <https://www.qamh.org.au/wp-content/uploads/NDIS-Review-Building-a-Strong-Effective-NDIS-QAMH-Submission.pdf>

<sup>6</sup> Productivity Commission (2020) *Mental Health – Inquiry Report*, available: <https://www.pc.gov.au/inquiries/completed/mental-health/report>

<sup>7</sup> Community Mental Health Australia (2023) *Submission to the Review of the NDIS*, available: <https://cmha.org.au/wp-content/uploads/2023/08/CMHA-Submission-to-the-NDIS-Review.pdf>

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<sup>8</sup> Mental Health Australia (2023) *Submission to the National Disability Insurance Scheme Review*, available: [https://mhaustralia.org/sites/default/files/docs/final\\_-\\_mental\\_health\\_australia\\_submission\\_to\\_the\\_ndis\\_review\\_-\\_18\\_may\\_2023.pdf](https://mhaustralia.org/sites/default/files/docs/final_-_mental_health_australia_submission_to_the_ndis_review_-_18_may_2023.pdf)

<sup>9</sup> *National Mental Health and Suicide Prevention Agreement* (2022), available: <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

<sup>10</sup> Mental Health Council of Tasmania (2021) *Inquiry into Disability Services*, available: <https://mhct.org/wp-content/uploads/2021/07/MHCT-Inquiry-into-Disability-Services-July-2021.pdf>

<sup>11</sup> National Disability Insurance Scheme (2021) *Psychosocial Disability Recovery Oriented Framework*, available: <https://www.ndis.gov.au/media/3957/download?attachment>

<sup>12</sup> Queensland Alliance for Mental Health (2023) *NDIS Review – Building a Strong, Effective NDIS*, available: <https://www.qamh.org.au/wp-content/uploads/NDIS-Review-Building-a-Strong-Effective-NDIS-QAMH-Submission.pdf>

<sup>13</sup> Community Mental Health Australia (2023) *Submission to the Review of the NDIS*, available: <https://cmha.org.au/wp-content/uploads/2023/08/CMHA-Submission-to-the-NDIS-Review.pdf>

<sup>14</sup> Mental Health Council of Tasmania (2023) *Access and Affordability: Mental Health Services in Tasmania Report 2*, available: <http://mhct.org/wp-content/uploads/2023/07/MHCT-Access-and-Affordability-Report-2.pdf>

<sup>15</sup> National Disability Insurance Scheme (2021) *Psychosocial Disability Recovery Oriented Framework*, available: <https://www.ndis.gov.au/media/3957/download?attachment>

<sup>16</sup> Mental Health Coordinating Council (2023) *Submission to the National Disability Insurance Scheme Review* available: [https://mhcc.org.au/wp-content/uploads/2023/06/MHCC\\_Submission\\_NDIS-Review\\_14062023.pdf](https://mhcc.org.au/wp-content/uploads/2023/06/MHCC_Submission_NDIS-Review_14062023.pdf)

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