



Department of Health, Disability and Ageing
NDIS Legislation, Policy and Engagement Branch
By email: NDISConsultations@health.gov.au

29th September 2026

Re: Submission on the New Framework Planning Rules and the NDIS Supports Rules

IN SHORT

We support the aims of new framework planning: budgets linked to assessed need, more flexible funding and longer plans. Our comments are about how the four new rules will work for people with psychosocial disability, meaning disability that comes from a mental health condition, and for autistic people with co-occurring mental health conditions. These are the people we see every day. This submission follows our submission of 28 September 2026 on the NDIS access changes, and the two should be read together.

- The support needs assessment is one guided conversation with an NDIA assessor. None of the 23 targeted assessments covers psychosocial disability or psychological therapy, so the need for therapy rests on that one conversation, and treating clinicians' evidence has no set place in it.
- The draft report template doesn't show what evidence the assessor relied on, and records episodic conditions as a single frequency and level. It should do both.
- Replacement assessments should be available when the assessment couldn't see the disability: an assessor without mental health training, a well week in an episodic condition, or a report that conflicts with the treating clinician's evidence.
- Therapy funding is set by "assessed need for one or more of functional, DRHS, AT or assessment therapy". The rules should say psychological therapy for psychosocial disability counts, and fund a dose that works.
- A relapse or hospital admission needs a fast plan variation, not a full reassessment months later.
- We support the new therapy definition, which now includes psychosocial functioning and "reduce the decline". We ask that electronic noise-cancelling headphones not be excluded where a therapist has assessed them as a sensory regulation support.

WHO WE ARE

Unbound Minds Psychology is a psychology practice in Sydney, with clinics in Gledswood Hills and Kingswood and telehealth across NSW. We see children, teenagers and adults, funded through the NDIS, Medicare, workers compensation and privately. We are a registered NDIS provider, and we write therapy reports and progress reports that feed into

participants' plans. We comment only on psychosocial and neurodevelopmental disability, because that is what we know.

ON THE SUPPORT NEEDS ASSESSMENT (QUESTIONS ON THE ASSESSMENT PROCESS)

The paper describes the support needs assessment as "a guided conversation between a NDIS participant and a trained, accredited NDIA assessor", built on a modified version of the I-CAN version 6. The core needs assessment rates frequency and level of support across 12 domains, including domain 11, mental and emotional health (mood, anxiety, addictions and other mental and emotional health).

For most participants that will work. For psychosocial disability there are two gaps.

- **There is no targeted assessment for psychosocial disability or therapy.** Attachment 2 lists 23 targeted assessments in four groups: disability related health supports, assistive technology, home environment supports and behaviour supports. None covers psychosocial disability, mental health or psychological therapy. Targeted assessments are also where treating clinicians' reports have a defined role, because "the NDIA assessor will need to check if the participant has relevant reports from a medical or allied health professional". So for the group whose needs are hardest to see in one conversation, the clinician who has seen the person over months has no set place in the process.
- **One conversation is one point on an episodic curve.** As we set out in our access submission, many mental health conditions come and go. A person assessed in a good month will be rated at a lower frequency and level than their year supports. Function should be rated across a set window, twelve months by default, using the person's account, the people around them and records of the worst periods.

The rules should add a psychosocial and therapy targeted assessment, or an equivalent evidence pathway, with a minimum requirements table that includes a report from the treating psychologist or other treating clinician where one exists. The rules should also require the assessor to consider treating clinicians' evidence already on file before rating domains 9 and 11, and state that frequency and level are rated across the assessment window, not on the day.

ON THE DRAFT SUPPORT NEEDS ASSESSMENT REPORT TEMPLATE

The draft template is clear and written for the participant, which we welcome. For psychosocial disability we'd make four changes.

- **Show the evidence.** The report doesn't say what documents or clinicians the assessor relied on. Add an "Evidence considered" section listing each report, its author and date, and any evidence offered but not used, with the reason.
- **Record variability.** Each domain has one frequency and one level. Add, where relevant, how support needs change in the worst periods of the last twelve months, so episodic needs aren't averaged away.

- **Be careful with informal supports.** The example records, under mood, that "your supporters reassure you and direct you to a preferred activity". In-home and community supports carry an informal supports offset "based on frequency and durability of informal support". For psychosocial disability, the informal support is often the part that is least durable: a parent or partner who is exhausted. The report should record whether informal support is sustainable, and the offset should only apply where it is.
- **Let the participant and their clinician respond.** Before the budget is set, the participant should be able to add a written response to the report, including comments from their treating clinician, and have it kept with the report.

ON REPLACEMENT ASSESSMENTS

The paper asks in what circumstances a replacement assessment should be arranged. For the people we see, the rules should include at least these:

- the assessor did not have training or experience in the participant's primary disability type, for psychosocial disability meaning mental health training;
- the participant was unwell, dysregulated or unable to give an accurate account on the day, or the assessment fell in a well period of an episodic condition;
- the participant needed a support person, advocate or interpreter and one was not present;
- the report conflicts materially with evidence from a treating clinician and the report doesn't explain why;
- there has been a hospital admission or a significant change in the participant's circumstances between the assessment and the plan; or
- the report contains a material error the participant has identified.

A replacement should be arranged within a set time, and the participant told in writing if a request is refused, with the reason and how to seek review.

ON THE BUDGET METHOD AND THE DRAFT PARTICIPANT PLAN

Attachment 4 says therapy funding levels will be "determined by assessed need for one or more of functional, DRHS, AT or assessment therapy". We ask for three things.

- **Name psychological therapy.** The rules should state that evidence-based psychological therapy for psychosocial disability, and for the mental health needs of autistic participants, is functional therapy for the purposes of the budget method.
- **Fund a dose that works.** Therapy funding levels should be set from the evidence for the intervention, not a flat level. In our access submission we noted that Better Access funds up to ten individual sessions a calendar year, while NICE recommends at least 16 planned sessions of CBT for psychosis. An NDIS therapy level that repeats the Medicare cap would repeat the gap that brought many of these participants to the Scheme.

- **Keep therapy continuous across funding periods.** Plans of up to five years with funding periods are welcome. Therapy funding should be usable at the pace treatment needs, including more sessions early in a plan or after a relapse, without the participant running out partway through a funding period.

We support Attachment 4 showing no informal supports offset for therapy, and ask that it stay that way. To help participants understand their budget, the plan should show which assessed needs produced the therapy funding, at what level, and how to seek a change.

ON PLAN VARIATIONS AND REASSESSMENTS

We support using plan variations for most changes, including "urgent funding for crisis or participant safety reasons". For psychosocial disability, a relapse or a mental health admission is exactly that. The rules should say:

- a hospital admission, a relapse documented by a treating clinician, or a crisis is grounds for a crisis variation, decided within a set number of days, covering increased therapy and in-home and community supports, and the existing support to "transition in and out of a mental health setting";
- a temporary increase after a relapse is a variation, not a reason to trigger a full reassessment; and
- a reassessment should start from the participant's file and only require a new assessment where the file isn't enough, as we asked for the access reassessments from 2028.

ON THE NDIS SUPPORTS RULES

- **We support the new therapy definition.** The new category covers therapy to "improve, maintain or reduce the decline" in functional capacity, and names "functioning (including psychosocial functioning)". Both matter for permanent psychosocial disability, where maintaining function is the goal. We ask that the guidance give psychology examples alongside the speech pathology and occupational therapy examples used elsewhere in the rules.
- **Keep psychosocial recovery coaching visible.** The draft report template records whether a participant needs psychosocial recovery coaching. The mapping should show clearly which new category it sits in, so participants and providers aren't left to find it.
- **Noise-cancelling headphones.** The paper proposes adding electronic noise-cancelling headphones to the list of items the NDIS won't fund. For many autistic participants, and some with anxiety disorders, noise-cancelling headphones are how they tolerate a classroom, a workplace, public transport or a shopping centre at all. They are a sensory regulation support, not a lifestyle item. We ask that the exclusion not apply where a therapist has assessed them as a support for the participant's sensory needs, or that they be added as an assistive technology item with that condition.

- **Replacement supports.** We support moving tablets, smart phones and communication apps into stated supports. Where a participant uses an app as part of a therapy program, for example for emotional regulation, the therapist's recommendation should be enough to show an assessed need.

ON TRANSITION

Adults will move to new framework planning from April 2027, and at the same time the access tests will change from 2028. The same participants will meet both. We ask that the safeguards in our access submission apply here too: no cuts to funded supports until review rights on the new plan are used up, and new framework planning tested with people with psychosocial disability before rollout, with outcomes published by disability type.

WHAT WE'RE ASKING FOR

1. A psychosocial and therapy targeted assessment, or equivalent evidence pathway, with the treating clinician's report in its minimum requirements.
2. Rules requiring assessors to consider treating clinicians' evidence on file, and to rate frequency and level across a set window, twelve months by default.
3. Assessors with mental health training for participants whose primary disability is psychosocial.
4. An "Evidence considered" section and a variability field in the support needs assessment report, and a right for the participant and their clinician to respond before the budget is set.
5. The informal supports offset applied only where informal support is sustainable, and recorded as such.
6. Replacement assessments in the circumstances listed above, decided within a set time, with written reasons if refused.
7. The budget method to state that psychological therapy for psychosocial disability is functional therapy, with funding levels set from the evidence for an effective dose.
8. Therapy funding usable at the pace treatment needs across funding periods, and no informal supports offset on therapy.
9. Crisis variations for relapse or hospital admission, decided within a set time, without triggering a full reassessment.
10. No exclusion of noise-cancelling headphones where a therapist has assessed them as a sensory regulation support.
11. Psychosocial recovery coaching shown clearly in the new categories, and psychology examples in the therapy guidance.
12. Transition safeguards settled now, and testing with people with psychosocial disability before rollout.

CLOSING

We'd welcome the chance to take part in the NDIA's testing of new framework planning, including mock support needs assessments with participants with psychosocial disability, and to help design a treating-clinician evidence template. We consent to this submission being published.

Yours sincerely,



Justin Khoury
Chief Executive Officer
Unbound Minds

REFERENCES

Department of Health, Disability and Ageing, New Framework Planning Rules: Consultation paper (August 2026), including Attachments 1 to 4.

Department of Health, Disability and Ageing, NDIS Supports Rules: Consultation paper (August 2026), including Attachment 1.

NDIA, Draft support needs assessment report template and draft participant plan for new framework planning (August 2026).

Unbound Minds Psychology, Submission on the NDIS access changes (28 September 2026).

NICE guideline CG178, Psychosis and schizophrenia in adults.