



Australian Psychosocial Alliance

NDIS Practice Standards Review

November 2025

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) is Flourish Australia, Mind Australia (incorporating One Door Mental Health), Neami National, Ruah Community Support, Stride Mental Health, Open Minds and Wellways Australia. We are seven of the largest and longest service specialist providers of community managed mental health and wellbeing services in Australia. We provide support to over 110,000 people with mental health challenges and psychosocial disability every year. This includes expert support to around 5,800 NDIS participants with a psychosocial disability.

Our members deliver Medicare Mental Health Centres, headspace programs, carer connect centres, step-up step-down services (sub-acute, short-term residential care), residential rehabilitation, supported housing, employment, suicide prevention and postvention programs, individual mental health recovery support and NDIS supports. We respond across the spectrum of need and to people in priority populations, such as LGBTIQ+ individuals, culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander people, young people and people experiencing or at risk of homelessness.

We combine evidence-based practice with service delivery wisdom to provide recovery-oriented services that support people to build their capacity to participate in society and manage their lives. We focus on personal goals, participation and living a meaningful life. This can include support to sustain a tenancy, build the skills to live independently, find fulfilling work and build social connections.

Our organisations embed lived experience across our governance and service delivery. We employ a specialist cross disciplinary workforce with expertise in mental health and psychosocial disability, and with the technical skills to deliver recovery-focused, trauma-informed and person-centred support.



1. Introduction

This submission addresses issues specifically relevant for the delivery of psychosocial support under the NDIS.

The APA has consistently advocated for the registration of organisations providing psychosocial support, recognising that this is important for both ensuring the quality and the safeguarding of people with psychosocial disability¹. People with a psychosocial disability often experience high levels of social disadvantage and social isolation. They have poorer physical health and lower life expectancy. They struggle to main stable housing and are more likely to be overrepresented in homelessness statistics. Support to address these issues requires particular and specialist skills and experience.

Psychosocial disability is also distinct from physical disability and requires supports that are relational, recovery-oriented, trauma-informed and responsive to fluctuating capacity. The current NDIS Practice Standards do not adequately reflect these needs. Providers are frequently audited against indicators designed for physical or mixed disability or task-based supports, and inconsistencies in auditor capability undermine both confidence and fairness.

The APA draws attention to the Review of the National Disability Insurance Scheme and recommendation 7 (Action 7.4) which identified the need for a specific practice standard for the delivery of psychosocial supports.

APA members are committed to the provision of safe and quality supports, and as such collectively maintain certification against multiple accreditation standards. This leads to significant financial and administrative burden for our organisations, and service users (see [Appendix A](#) for more information). New standards alone will not impact quality and safeguards without NDIS pricing also recognising that the cost of registration is important for promoting and developing a quality provider market. The APA also advocates that this Review must consider the alignment of the NDIS Practice Standards to existing frameworks, including the National Safety and Quality Standards for Mental Health Community Managed Organisation (NSQMHCMO).

The current review of the NDIS Practice Standards represents an opportunity to ensure the NDIS Practice Standards become genuinely responsive to the needs of people with psychosocial disability, and to resolve structural issues that currently undermine quality, safety, and market viability. It presents a critical opportunity to ensure the NDIS Practice Standards are proportionate, contemporary and fit-for-purpose.

2. Recommendations

- A new psychosocial-specific Practice Standard, aligned with Recommendation 7.4 of the NDIS Review and the NSQMHCMO Standards.
- A formal mapping and mutual recognition pathway between the NDIS Practice Standards and NSQMHCMO to minimise audit duplication.
- Strengthening of risk classification, recognising the heightened risks of in-home psychosocial supports and the need for minimum expectations for unregistered providers.
- Improved auditor capability, including psychosocial-specific training and guidance materials.
- Alignment with the Productivity Commission's reforms to streamline reporting and reduce duplication.
- Comprehensive guidance materials reflecting recovery-oriented practice, crisis response, fluctuating capacity, and the central role of lived experience.

¹ [APA submission to the NDIS Quality and Safeguards Commission on NDIS Self Directed Supports](#); [APA Submission to the NDIS Quality and Safeguards Commission on NDIS SIL and Support Coordination Mandatory Registration](#)

- Proportionate implementation timelines and pricing reform to ensure sustainable, high-quality service delivery.

3. Response to Discussion Paper

3.1 Focus Area1: Reviewing and Revising the Practice Standards

Q1: What are your views on the four proposed Practice Domains and whether they will sufficiently guide high quality and safe practice?

Alignment With National Productivity Commission Reforms

The APA recommends that consideration be given to ensuring that the review of the NDIS Practice Standards does not undermine the work being undertaken by the Productivity Commission on Delivering Care More Efficiently, and the directions outlined in its interim report which supports the development of a single set of practice and quality standards, and a standardised quality and safety reporting framework and data repository to assist with streamlining and minimising reporting requirements.

The APA supports the development of a foundational set of practice and quality standards with specialist modules which recognise service provider or population specific differences, such as for psychosocial disability.

Implications for Psychosocial Supports and Market Viability

The costs of registration and accreditation audits are already impacting significantly on the size of the registered provider market, which undermines consumer choice and access to services providing quality and safe supports. It is important that any changes to the NDIS standards do not make it more difficult or expensive for providers who are already heavily invested in registration and quality improvement.

Distinction between psychosocial and physical disability

The revised NDIS Practice Standards must recognise that psychosocial disability is distinct from physical disability. Participants with psychosocial disability often experience:

- fluctuating capacity;
- periods of acute distress;
- co-occurring trauma;
- housing instability;
- and complex social determinants of health.

Support to address these issues requires particular and specialist skills and experience. Psychosocial support is predominantly relational, recovery-oriented, and capacity-building, rather than task-based or clinical. Psychosocial supports are therefore compromised when audited against frameworks that prioritise task-based, procedural, or physical-support indicators.

Q2: What are your views on the inclusion of supplementary quality standards (which need additional guidance and information) to replace the current Supplementary Modules.

Need for Psychosocial-Specific Standards Under the NDIS

The APA recommends that in line with the NDIS review recommendation 7 and Action 7.4 that a new quality standard be developed, and be made mandatory, for the delivery of psychosocial supports. The review identifies that registration would be required for Psychosocial Recovery Navigator, Psychosocial Early Intervention, Capacity Building and 24/7 Living Supports and that anyone delivering these roles should meet this new support standard.

As not all these roles have eventuated, the APA recommend that this new quality (or supplementary) standard be developed for, and apply to, organisations providing any support where psychosocial expertise is integral to quality and safety. This includes support coordination, capacity building, psychosocial recovery coaches, Supported Independent Living (SIL) and high intensity home and living supports for people with a primary psychosocial disability (see Q3 for more information).

This standard should either partially adopt and/or be fully consistent with the 2022 [National Safety and Quality Standards for Mental Health Community Managed Organisations](#) (NSQMHCMO) from the Australian Commission on Safety and Quality in Health Care. The standards were developed in consultation with consumers, their families and carers, community managed organisation, peak bodies and a range of funders, partners and other representatives.

The NSQMHCMO Standards are the only national framework explicitly designed for community-managed mental health settings and are therefore uniquely aligned with psychosocial support delivery. Importantly, these standards reflect a specialist understanding of mental health and psychosocial disability, and the expectations that consumers, their families, carers and supporters and partner organisations have of the sector. For example, this includes embedding co-design and lived experience across organisations. Adopting elements of NSQMHCMO would reduce duplication, support sector capability, and ensure consistency in expectations for psychosocial quality and safety across Commonwealth-funded programs.

Q3: What are your views on introducing specific conditions of registration for lower risk support providers replacing the current verification module?

Psychosocial Providers' Existing Commitment to Quality

Half of the APA service providers are fully registered with the NDIS (the remaining providers do not deliver NDIS supports). We all invest significantly in quality improvement practices to ensure that not only do we not cause harm but to support our service users to live their best lives. We apply these standards across our low to high-risk support scenarios.

Participants with psychosocial disability, in particular, are vulnerable to exploitation, service disruption, and poor-quality support when engaging unregistered providers, often due to:

- workforce shortages
- lower cost options
- lack of informed choice
- market gaps in registered psychosocial support supply.

The APA welcomes stronger registration standards for lower risk support providers to ensure that they provide quality and safe supports. The current verification for low risk supports focus on basic safety (e.g. infection control) rather than delivering quality support. At a minimum, these need expansion to include foundational training in trauma informed practice, monitoring of outcomes and consumer satisfaction (proactively and not just in response to complaints) and documentation of support interactions.

Inadequacy of Current Risk Classifications for Psychosocial Supports

We also remain concerned that the current classification of low-risk supports is inadequate to safeguard quality and safety for people with a primary psychosocial disability². The definition of high risk supports needs to include, in addition to those under Registration Category 0115, an additional classification of high risk supports in the home. This includes:

² [APA Submission to the NDIS Quality and Safeguards Commission on NDIS SIL and Support Coordination Mandatory Registration](#)

- Individualised Living Option providers: While it may not be possible to regulate Individualised Living Option arrangements (and the chosen “host”), mandatory registration of those involved in the development/exploration of an ILO proposal will provide some safeguarding to ensure that the arrangements are not exploitative (this is consistent with the recommendation for support coordinators to be subject to mandatory registration). An alternative would be to ensure that a (registered) support coordinator is involved in all ILO proposals.
- All high risk supports delivered in a home, given the heightened risk of harm arising from social isolation, fluctuating capacity, complex mental health presentations, and lack of visibility in private settings. Preferably, the NDIA should consider a new classification of supported housing/housing and living support (to ensure, at a minimum, that all group housing and support arrangements are captured under mandatory registration).
- All medium and short-term accommodation providers.

The invisibility of in-home psychosocial supports, combined with limited third-party oversight, creates a risk environment unlike any other NDIS support category.

Q4 What are your views on the proposed Practice Standards structure? Do you think it will provide greater clarity and support higher quality services?

Importance of Pricing and Consistency Across Frameworks

We have no specific feedback on the proposed structure of the standard and how this will provide greater clarity and support higher quality services. However, we note that:

- Pricing needs to be considered if the NDIS Quality and Safeguarding Commission want to promote and support a registered market. This is regardless of the structure of the NDIS Practice Standards. Appropriate pricing is itself a safeguarding mechanism: without it, providers cannot maintain the governance, supervision, or quality systems required to deliver safe supports.
- The revised NDIS Practice Standards should complement and/or be consistent with other existing Standards and/or as recommended by the Productivity Commission in its inquiry into delivering care more efficiently, and to maximise consistency with other frameworks.

Ensuring Lived Experience Perspectives Are Embedded

Additionally, we believe it is important that the revised NDIS Practice Standards need to highlight and promote lived experience perspectives but that attention must be paid to these being from a broad range of experiences, including where relevant, those with a primary psychosocial disability and their family, carers or other supporters. This includes in design, oversight, workforce training, and quality monitoring.

Auditor capability and consistency problems

A persistent challenge across the sector is the variability in auditor capability and the lack of consistent specialised knowledge relating to psychosocial disability. Providers frequently report:

- inconsistent interpretations of standards
- requests for irrelevant evidence (e.g., manual handling or mealtime practices not provided in psychosocial services)
- limited understanding of recovery-oriented practice
- contradictory findings across audit cycles

To support the intent of the revised Standards, the Commission should introduce psychosocial-specific accreditation or training for auditors, ensuring they are equipped to assess practice in a way that aligns with the nature of psychosocial support. The Commission should also publish psychosocial-specific audit guidance to reduce interpretation variability and enhance audit reliability across Approved Quality Auditors.

Q5: Are there quality standards or practice areas that are missing that need to be added or given more emphasis?

Mapping between NDIS Standards and NSQMHCMO and mutual recognition pathway

Given our dominant focus on mental health and psychosocial supports, APA members strongly recommend that the NDIS Commission undertake a formal mapping exercise between the revised NDIS Practice Standards and the 2022 NSQMHCMO Standards.

Many psychosocial providers are already seeking to obtain certification under NSQMHCMO, which provides a comprehensive mental-health-specific framework that reflects contemporary evidence, trauma-informed practice, recovery principles, and lived experience leadership.

A published crosswalk between the two frameworks, coupled with a mutual recognition mechanism, would significantly reduce audit duplication and burden. Where a provider can demonstrate conformance with NSQMHCMO, this should partially or fully satisfy equivalent NDIS Practice Standard requirements.

Such a mechanism would meaningfully reduce administrative burden, improve sector efficiency, and ensure that new standards do not impose unnecessary cost duplication on psychosocial providers and the participants that they support.

A mutual recognition pathway would also streamline regulatory workload for the NDIS Quality and Safeguards Commission by reducing duplicative audits and improving the consistency of audit reports received from approved quality auditors.

3.2 Focus Area 2: A new quality framework

Alignment With Existing Accreditation Frameworks

As noted above, consistency with other frameworks that providers are already using will have maximum benefit in terms of efficiency and effectiveness, including because it will support expertise in, for example, providing psychosocial supports.

The Quality Framework should integrate alignment and mutual recognition principles to ensure providers are not repeatedly audited against similar requirements under different schemes. The Quality Framework should also embed the principle of proportionate regulation to ensure psychosocial providers are assessed in line with the nature, complexity and risk profile of the supports they deliver.

The Quality Framework should also address the current duplication of reporting requirements across systems (e.g. incident management and NDIS Reportable Incidents), which often request similar data in slightly different formats.

Q4: Is there any other feedback you would like to share that could support the development of a new Quality Framework.

Reference to the work of the Australian Commission for Quality and Safety in Health Care and Aged Care Quality and Safety Commission in this area may assist in providing more consistency and coherence across service sectors, including in terms of format and coverage. It may also allow for easier cross recognition of elements that are developed into standards and indicators.

Evidence categories within any new Quality Framework must reflect psychosocial practice. This includes:

- recovery-oriented support plans
- demonstration of trauma-informed relational practices
- lived experience governance and co-design processes

- multi-agency collaboration
- system navigation and advocacy practices
- outcomes associated with social inclusion, empowerment, and self-determination.

Qualitative evidence such as participant narratives and recovery journeys should be valued alongside quantitative indicators. These evidence types differ substantially from those relevant to physical or clinical supports and should be explicitly acknowledged.

3.3 Focus Area 3: Guidance material.

Q3: What specific practice areas require more guidance (e.g. implementing privacy considerations into support practices and improving participant outcomes in practice)?

Clarifying Application of Standards to Psychosocial-Only Providers

In line with recommendation 7 in the NDIS review, there is a need to build psychosocial expertise across and within the NDIS service offerings. A new psychosocial specific standard will go some way to addressing this. As with the standards, it will be important to build in psychosocial disability lived experience and their family, carers or other supporters explicitly into all the guidance areas.

Psychosocial-Specific Guidance Requirements

Further guidance and evidence-informed resources are needed to support psychosocial providers, including practical tools and examples relating to:

- recovery-oriented practice and measurement;
- responding to fluctuating capacity and deteriorating mental and physical state;
- supporting dignity of risk in psychosocial contexts;
- crisis response and safety planning;
- trauma-informed engagement;
- culturally safe practice in mental health;
- supervision and workforce development specific to psychosocial support;
- and incorporating lived experience roles into governance and service delivery.

Guidance should also clarify which Practice Standards and indicators apply to psychosocial-only providers to avoid irrelevant audit expectations. Moreover, guidance should support assessors to appropriately interpret the Standards in psychosocial contexts.

Guidance should also incorporate expectations for recognising and responding to suicide risk, self-harm, and mental health crises, along with clear escalation pathways.

4. Concluding Remarks

The APA welcomes the opportunity to contribute to the review of the NDIS Practice Standards. We encourage the NDIS Quality and Safeguards Commission to continue engaging closely with psychosocial support providers, people with lived experience, and peak bodies as the reforms progress. Ensuring the Standards are appropriate, proportional and fit-for-purpose is critical to achieving high-quality, safe, and sustainable psychosocial supports within the Scheme.

The APA is committed to collaborating with the NDIS Quality and Safeguards Commission to ensure the revised NDIS Practice Standards uplift quality, strengthen safeguards, and build a sustainable, evidence-informed psychosocial support market.

Contact: Kate Paterson, Policy and Engagement Advisor, [Australian Psychosocial Alliance](https://www.australianpsychosocialalliance.org.au);
e:kate.paterson@mindaustralia.org.au

Appendix A: Accreditation Burden Across Multiple Standards

APA member organisations currently maintain certification against three to nine different accreditation standards per organisation. These include (but are not limited to) the NDIS Practice Standards, the National Safety and Quality Mental Health Community Managed Organisations (NSQMHCMO) Standards, ISO certification, state-based mental health and community services standards, and other specialist frameworks such as Rainbow Tick.

Audit costs can vary, but typically cost between \$10,000 and \$30,000 per scheme per provider per audit, and many schemes require a mid-cycle audit, additional site visits, or supplementary verification activities. Taken together, for some APA members, total accreditation expenditure can exceed several hundred thousand dollars over a three-year cycle.

Beyond the financial audit cost, this also results in a significant recurring investment of organisational resources, including staff time spent preparing documentation, managing logistics, and participating in audits. These costs and investment are not recognised in NDIS pricing, which limits the ability of providers to sustainably implement high-quality, safe, and person-centred psychosocial supports.

Importantly, these audits place a repeated burden on participants, families, carers, and partner stakeholders, who are frequently asked (through opt-out or opt-in mechanisms) to provide feedback to auditors across multiple schemes throughout the year.

Without meaningful reform, escalating accreditation requirements (in addition to other pressures on providers) will ultimately reduce participant choice by shrinking the registered market, particularly in psychosocial supports where margins are already thin.

Any changes to the NDIS Practice Standards, and particularly the addition of new psychosocial-specific aspects, must acknowledge this broader regulatory landscape. Without reform to streamline or rationalise requirements across frameworks, additional or reformed NDIS standards will further increase the burden on providers and exacerbate administrative duplication and inefficiencies. These systemic inefficiencies reinforce the importance of designing a Quality Framework and revised Practice Standards that reduce duplication rather than increase it.