

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

This submission is made by a person with lived experience of complex psychosocial and physical disability, trauma, and the NDIS access process. All identifying details have been removed to protect privacy.

Executive Summary

The proposed Bill, if enacted as drafted, would have devastating effects on people with complex, chronic disabilities—particularly those with a history of trauma, domestic and family violence, and intersecting psychosocial and physical impairments. The requirement to exhaust “every available and appropriate treatment” without regard to real-world access, safety, or affordability creates insurmountable barriers for the most vulnerable. The Bill risks repeating the catastrophic mistakes of Robodebt, threatening lives and excluding precisely those the NDIS was designed to protect. This submission draws on extensive documentation of my own NDIS application and review process to illustrate the Bill’s likely effects. It addresses the Terms of Reference relating to eligibility, treatment requirements, trauma-informed practice, procedural fairness, and the cumulative impact of disability. Recommendations are provided to ensure the NDIS remains accessible, safe, and fair.

1. Introduction

I am a person living with multiple, severe and permanent disabilities—including complex post-traumatic stress disorder (CPTSD), major depressive disorder (MDD), generalised anxiety disorder (GAD), degenerative spinal disease, and chronic pain. My disabilities are the result of years of coercive controlling domestic and family violence, sexual assault, and ongoing trauma. I am reliant on the Disability Support Pension (DSP) and have spent nearly 2 decades attempting every available treatment within my means and safety constraints.

My experience is representative of many in the NDIS cohort: those whose conditions are not only complex and enduring, but who also face intersecting barriers of poverty, trauma, and service inaccessibility.

2. How the Bill Would Affect People Like Me

2.1. Unrealistic Treatment Exhaustion Requirements

Key Issue:

The Bill would require applicants to “exhaust every available and appropriate treatment” before being eligible for the NDIS. In practice, this means:

- **Financial Barriers:**
 - Many treatments (e.g., trauma-informed psychiatry, specialist therapies) are not covered by Medicare or the DSP, and are prohibitively expensive.
 - People on income support cannot afford gap fees, travel, or ongoing therapy costs.
- **Access Barriers:**
 - In regional or rural areas, there are simply no available trauma-informed female psychiatrists or specialists.
 - Even in metropolitan areas, waitlists are years long, and the pool of qualified providers is tiny.

- **Safety Barriers:**
- For survivors of domestic and family violence, being forced to see male practitioners, or those without trauma expertise, is unsafe and can retraumatise.
- For some, simply engaging with the system leads to acute distress, suicidal ideation, or hospitalisation.

Example from my experience:

Despite nearly 2 decades of seeking help, I could not find a female psychiatrist with the necessary trauma expertise. I was told by ART to “try harder” or “just see anyone,” which directly contradicted medical advice and my lived reality. The Tribunal failed to recognise these barriers, and the Bill would codify this injustice.

2.2. Disregard for Medical Contraindications and Clinical Judgment

Key Issue:

The Bill’s language does not allow for circumstances where further treatment is medically inappropriate or unsafe. In my case, medications for PTSD, depression, and sleep were trialled and found to be contraindicated—yet the system demanded more. Taking said medications could literally lead to my death because of their effects.

Problem:

- The Bill would force people to undergo treatments that could cause harm or kill them, just to “tick the box.”
 - It ignores the expertise of treating doctors and the realities of chronic, treatment-resistant conditions.
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2.3. Over-Reliance on Point-in-Time Assessments and External “Experts”

Key Issue:

The Bill appears to favour single assessments by government-appointed providers over years of evidence from treating professionals and the lived experience of applicants.

Problem:

- In my case, a one-off Occupational Therapist without mental health expertise was preferred over multiple years of specialists and General Practice Specialist GP reports.
 - This approach ignores the cumulative, longitudinal impact of disability and the applicant’s own expertise in their lived experience.
 - It increases the risk of error, injustice, and exclusion.
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2.4. Failure to Recognise Cumulative and Intersecting Impairments

Key Issue:

The Bill risks fragmenting assessment into isolated domains, ignoring the way multiple, intersecting impairments combine to create profound disability.

Problem:

- My impairments (psychosocial and physical) interact, compounding functional limitation and support needs.
 - The Bill’s approach would likely lead to the exclusion of people whose needs do not fit neatly into one diagnostic category or who have “fluctuating” presentations.
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2.5. Procedural Fairness and Trauma-Informed Practice

Key Issue:

The Bill fails to mandate trauma-informed practice or procedural fairness in assessment and decision-making.

Problem:

- Survivors of trauma require the option of practitioner gender, expertise, and a safe, supportive process.
 - The current system—and the Bill—do not require this, placing applicants at risk of retraumatisation or disengagement.
 - The Tribunal in my case did not make adverse credit findings and did not suggest I was “lying,” yet still preferred less relevant evidence, disregarding my lived experience.
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2.6. Risk of Harm: “Robodebt 2.0”

Key Issue:

The Bill’s rigid, punitive requirements will inevitably lead to the exclusion of the most vulnerable, with catastrophic consequences.

Problem:

- The Robodebt scheme cost lives due to inflexible, bureaucratic processes that ignored real-world circumstances.
 - This Bill risks repeating those mistakes. The mental health impact of being denied support—after years of trauma and failed treatment—is profound. Due to the Decision by ART I would have committed suicide if I hadn’t been hospitalised at the time after being rejected by the system, despite overwhelming evidence. It compounds the Systems Abuse I have suffered and the failure to protect me and my human rights.
 - The NDIS should not become a system that punishes, retraumatizes, or abandons those it was designed to help.
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3. Addressing the Problems: Recommendations

1. Clarifying Scope and Boundaries of the NDIS

As raised in my correspondence with the Health Minister on 7 May 2026 (copy attached but with redactions to protect sensitive information), there is a pressing need for open public discussion about the scope and sustainability of the NDIS. While Australians strongly support reasonable and necessary supports for people with disability, concerns are growing that the Scheme is expanding beyond its original intent and absorbing costs arising from personal and family-planning decisions, as well as foreseeable lifestyle choices.

Recommendations:

- Establish clearer legislative boundaries regarding taxpayer responsibility for supports arising from foreseeable personal and family-planning decisions.
- Ensure the NDIS remains focused on essential disability supports, not the ordinary consequences of voluntary decisions that predictably create substantial additional burdens.

2. Ensuring Realistic Treatment Exhaustion Requirements

The Bill's requirement to exhaust "every available and appropriate treatment" is problematic, as it disregards real-world barriers such as financial capacity, access, and safety. As demonstrated in my own case, being on the Disability Support Pension makes it impossible to privately fund expensive treatments like bariatric surgery or specialist psychiatric care. Additionally, workforce shortages and trauma-related safety needs (e.g., requiring a female psychiatrist with expertise in coercive control and domestic violence) are significant barriers.

Recommendations:

- Amend the Bill so that treatment exhaustion only applies to treatments that are realistically accessible, safe, and clinically appropriate, taking into account financial capacity, trauma history, and workforce limitations.
- Explicitly recognise that DSP recipients and others in financial hardship cannot be required to self-fund specialist treatment as a precondition for NDIS eligibility.

3. Prioritising Trauma-Informed Practice and Safety

The Bill must address the need for trauma-informed practice. For survivors of domestic and family violence, safety and practitioner suitability (such as gender and expertise) are not optional—they are essential. The current system, and the Bill as drafted, do not mandate this, placing vulnerable applicants at risk.

Recommendations:

- Require trauma-informed assessment and support planning, including the right for applicants to specify practitioner gender and expertise.
- Ensure safety and minimisation of retraumatisation are guiding principles in all NDIS processes.

4. Maintaining Sustainability and Public Confidence

As noted in my letter to Mark Butler Health Minister on 7 May 2026, the continual expansion of the NDIS into areas connected to family, parenting, and lifestyle choices risks eroding public confidence in the Scheme. Australians support strong disability funding where circumstances are genuinely unavoidable, but are concerned when the Scheme is perceived as absorbing the foreseeable financial consequences of voluntary decisions ie a disabled person with genetic issues having a child or children they know will be disabled and then expecting the taxpayer to pay for their choices.

Recommendations:

- Ensure reforms are guided by sustainability, fairness, proportionality, and transparency.
- Focus NDIS resources on unavoidable and genuinely disability-related needs, with public debate about the boundaries of taxpayer responsibility.

5. Emphasising Lived Experience and Longitudinal Evidence

The legal materials and my own documentation confirm that the NDIS must assess the real-world impact of impairments, grounded in the statutory language and lived experience. The Bill should require decision-makers to give weight to longitudinal specialist evidence and participant testimony, not just point-in-time assessments.

Recommendations:

- Mandate that treating specialist and participant evidence be prioritised in eligibility and support planning.
- Require decision-makers to provide clear reasons when departing from treating evidence.

6. Robodebt 2.0: Preventing Catastrophic Consequences

The Bill's rigid requirements risk repeating the mistakes of Robodebt, which cost lives due to inflexible, bureaucratic processes that ignored real-world circumstances. The mental health impact of being denied support—after years of trauma and failed treatment—is severe and potentially fatal.

Recommendations:

- Embed procedural fairness, right of appeal, and compassionate assessment in all NDIS processes.
 - Avoid punitive, rigid frameworks that place the lives of vulnerable people at risk.
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SUMMARY

For the NDIS to remain sustainable and true to its original purpose, reforms must:

- Clarify scope and boundaries,
- Require realistic, safe, and accessible treatment exhaustion,
- Mandate trauma-informed practice,
- Prioritise lived experience and longitudinal evidence,
- Focus resources on unavoidable disability needs,
- Prevent catastrophic consequences through procedural fairness and compassion.

These changes will help ensure the NDIS remains a robust and fair safety net for people with disability, while maintaining public confidence and long-term sustainability.

4. Conclusion

The proposed Bill, in its current form, would create insurmountable barriers for people like me—those with complex, chronic disabilities, lived experience of trauma, and intersecting disadvantage. It would repeat the mistakes of Robodebt, risking lives and excluding those most in need. The NDIS must remain accessible, trauma-informed, and fair.

The changes recommended above would ensure the Scheme is sustainable **and** just, safeguarding the dignity and safety of Australia's most vulnerable.



CONSTITUENT POLICY SUBMISSION – NDIS Reform Consultation – Submission on Legislative Boundaries, Sustainability and Taxpayer Responsibility

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To minister.butler@health.gov.au <minister.butler@health.gov.au>
Cc A.Albanese.MP@aph.gov.au <A.Albanese.MP@aph.gov.au>; Jim.Chalmers.MP@aph.gov.au <Jim.Chalmers.MP@aph.gov.au>

Dear Minister,

I am writing to express concern regarding the long-term sustainability and scope of the National Disability Insurance Scheme and the apparent lack of public discussion around personal responsibility and foreseeable support costs.

Australians overwhelmingly support providing reasonable and necessary supports to people living with disability. However, many taxpayers are increasingly concerned that the NDIS has expanded far beyond its original intention and is now being expected to fund costs that arise from deeply personal life choices rather than disability alone.

For transparency, I am a person with disability myself and have lived experience of navigating support systems. My concerns are not directed at people with disability or their right to appropriate support, but rather at the scope, sustainability, and policy boundaries of the scheme as it continues to evolve. I am raising these questions from the perspective of long-term system sustainability and fairness in the use of public funds.

One issue that appears largely avoided in public policy discussions is whether there should be clearer limits where individuals knowingly undertake decisions that will predictably create substantial additional support burdens on taxpayers for decades into the future.

For example, there are circumstances where severe hereditary conditions or significant disabilities are already known prior to conception, yet the expectation remains that taxpayers will fully fund extensive lifelong supports through the NDIS for resulting children, regardless of foreseeability or alternative choices available.

Similarly, questions are increasingly being raised about whether the NDIS should be responsible for funding increased supports associated with parenting responsibilities where a participant already requires substantial lifetime care themselves. Many Australians believe there should be a clearer distinction between disability-related supports and the ordinary consequences and responsibilities associated with personal family and lifestyle decisions.

There is also growing concern that the continual expansion of the NDIS into areas connected to parenting, family choices, and broader lifestyle consequences risks eroding public confidence in the scheme itself. Many Australians support strong disability funding where circumstances are unavoidable and genuinely beyond a person's control, but become concerned when the scheme is perceived as absorbing the foreseeable financial consequences of voluntary decisions. Given that NDIS resources are

finite, many taxpayers believe priority should remain focused on essential disability supports rather than continually expanding obligations arising from personal family-planning choices.

At present, taxpayers are effectively expected to absorb all resulting costs without any meaningful public debate about sustainability, fairness, proportionality, or limits. This is occurring at a time when the Commonwealth itself acknowledges the rapidly escalating financial pressures facing the NDIS.

I note that the Government is currently progressing substantial NDIS reforms, including proposed legislative amendments, new framework planning rules, revised eligibility assessments based on functional capacity, and broader consultation processes regarding the future scope and sustainability of the scheme. Public materials released by the Department of Health, Disability and Ageing repeatedly refer to restoring the NDIS to its “original intent” and ensuring it remains sustainable for future generations.

In that context, I believe it is entirely appropriate that the Government also consider whether clearer legislative boundaries are required around taxpayer responsibility for support costs arising from foreseeable personal and family-planning decisions. These issues should form part of the current reform consultation and parliamentary consideration process rather than remaining largely excluded from public policy debate.

I also request that these concerns be formally considered as part of the ongoing consultation regarding the new NDIS framework planning rules and future eligibility reforms currently being developed in consultation with states, territories, and the disability sector.

I urge the Government to specifically consider these issues as part of the current and proposed legislative reforms to the NDIS. In particular, consideration should be given to whether clearer statutory boundaries are required regarding taxpayer responsibility for support needs arising from foreseeable personal and family-planning decisions, including situations involving known serious hereditary conditions or circumstances where additional parenting-related supports are predictably required.

While Australians strongly support a sustainable safety net for people living with disability, there must also be open discussion during these reforms about fairness, personal responsibility, and the long-term financial sustainability of the scheme. Without clearer limits and guidance in legislation, there is a risk that the NDIS will continue expanding beyond its original purpose in ways that are financially unsustainable and increasingly disconnected from broader community expectations.

I believe Australians deserve an honest national discussion about:

- the boundaries of taxpayer responsibility;
- the role of personal responsibility in decisions with foreseeable support consequences; and
- whether reforms are needed to ensure the NDIS remains sustainable for future generations and for those with the greatest unavoidable needs.

I would appreciate your views on whether the Government intends to examine these issues as part of ongoing NDIS reform discussions.

Given the significance of these issues and the major reforms currently being undertaken to the NDIS, I respectfully request a genuine and considered response addressing the substance of the concerns raised in this letter, rather than a standardised or generic departmental reply. These are serious public policy questions affecting taxpayers, participants, and the long-term sustainability of the scheme, and I believe they warrant direct engagement from Government.

I am seeking clarification of the Government's actual position on these matters and whether they are being actively considered as part of current NDIS legislative reform discussions.

Yours sincerely,

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