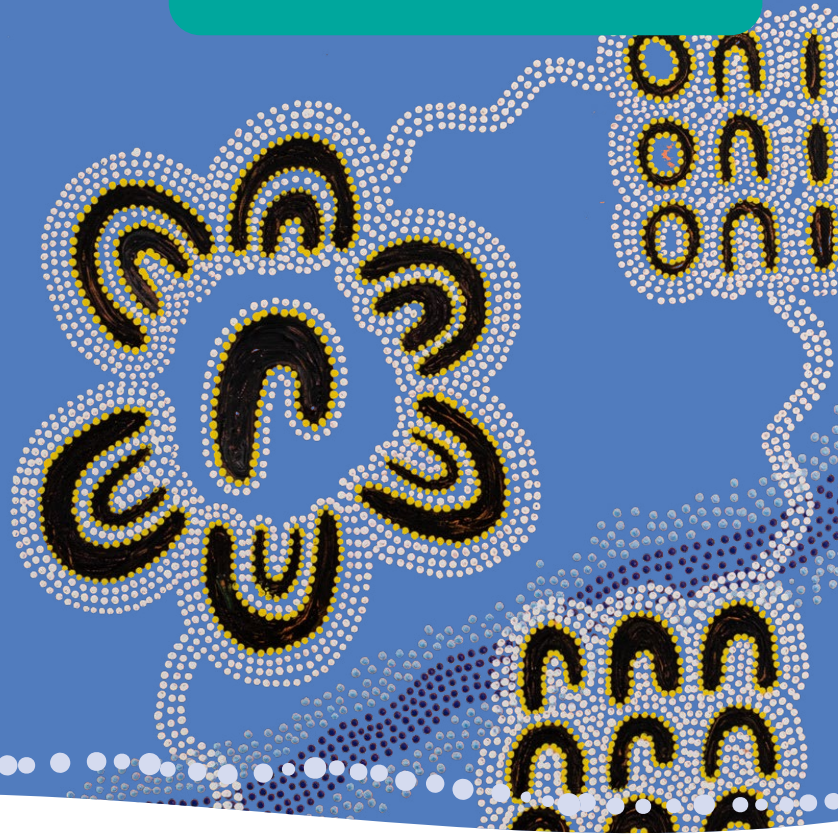


Policy Position Statement - Psychosocial Disability



Cultural and Content Advisory: A Note Before You Read

This position statement discusses the experiences, rights, and systemic exclusion of First Nations people with psychosocial disability. In doing so, it contains material that some readers may find distressing, including references to:

- suicide, self-harm, and mental distress
- deaths in custody, incarceration, and restrictive practices
- the Stolen Generations, intergenerational trauma, and systemic racism and discrimination
- experiences of exclusion, institutional harm, and barriers to culturally safe support

This document is shared in the spirit of truth-telling, accountability, and justice, to strengthen the call for change so that First Nations people with psychosocial disability can access support grounded in Social and Emotional Wellbeing, self-determination, and culture.

We acknowledge the ongoing grief of families and communities, and the strength of First Nations people who continue to advocate in the face of profound harm and loss.

If this content raises difficult feelings, support is available through 13YARN on 13 92 76, a free, confidential crisis support line for Aboriginal and Torres Strait Islander peoples available 24 hours a day, 7 days a week.

The evidence base for this paper draws on the work of the National Disability Footprint, including the Data and Research Footprint (Element 2) delivered in partnership with Dr Scott Avery and Girra Maa Indigenous Health, University of Technology Sydney.



First Peoples
Disability Network

Executive summary and introduction

Psychosocial disability among First Nations people has increased substantially, rising from 6.6% to 10.3% of the Aboriginal and Torres Strait Islander population between 2015 and 2022. This increase reflects the ongoing structural effects of colonisation, intergenerational trauma, systemic racism, and dispossession. While prevalence is increasing, support is falling. Since 2020-21, access to support through the NDIS for psychosocial disability has narrowed significantly, with the access rate falling from 69% to 25%. First Nations people with psychosocial disability experience what Dr Scott Avery describes as "intersectional

inequality," a double invisibility compounding race and disability, compressed within shorter life expectancy and deepened by fear of government systems rooted in the Stolen Generations. First Peoples Disability Network Australia (FPDN) calls on all Australian governments to dismantle the structural barriers that trap First Nations people with psychosocial disability in cycles of exclusion, criminalisation, and preventable death, and to invest in community-controlled, culturally grounded alternatives that centre Social and Emotional Wellbeing (SEWB), self-determination, and the understanding that culture is both medicine and inclusion.

Key messages

Psychosocial disability is increasing, and current systems are not meeting need. Invisible at the intersection.

The prevalence of psychosocial disability among First Nations people has increased 56% since 2015 (ABS 2023), with the sharpest rises among young women and people aged 15-34. Yet, the NDIS access rate for psychosocial disability has fallen from 69% to 25% since 2020-21 (Mind Australia; AIHW 2025). Need is increasing while access to support is becoming more restrictive.

Current policy and service models do not adequately reflect First Nations realities.

Psychosocial disability, as defined under the NDIS Act, captures only a narrow part of the distress experienced by First Nations people. The SEWB framework, encompassing connection to body, mind, family, community, culture, Country, and ancestors, must be embedded in policy and service design (Gee et al. 2014). The Gayaa Dhuwi Declaration calls for a "best of both worlds" approach combining holistic SEWB with clinical practice under First Nations leadership.

Intergenerational trauma is a structural driver.

Approximately one-third of Aboriginal adults today are descendants of the Stolen Generations. Those affected report significantly higher psychological distress (38%) than those not affected (26%) (AIHW 2019). Research demonstrates intergenerational transmission through behavioural and epigenetic pathways. Effective policy responses must account for this historical and collective context.

Unmet disability support needs contribute to criminalisation.

An estimated 95% of First Nations people appearing in court have an intellectual, cognitive, or mental health condition (DRC 2023). As FPDN has stated, the path from undiagnosed disability to incarceration is "predictable and preventable" (FPDN 2016). Deaths in custody reached their highest level since 1979-80 in 2024-25, with 10 self-inflicted Indigenous deaths in prison (AIC 2025)..

Restrictive practices are causing death and serious harm to First Nations people with disability.

In 2023-24, the NDIS Commission received 1,732,298 notifications of unauthorised use of restrictive practices. FPDN has documented a pattern of fatal restraints, including the death of a young Aboriginal man in Alice Springs in April 2022 after being held by an NDIS provider in a 'bear hug' with a knee to his back that restricted his breathing, resulting in acute respiratory failure. There is no disaggregated data on restrictive practices by Indigenous status.

Community-controlled organisations are critical to an effective policy response.

Only 144 First Nations disability providers are known to the NDIA out of nearly 55,000 providers supporting First Nations participants (NDIA 2024). Current market settings have not delivered sufficient culturally safe psychosocial support. Block funding to Aboriginal Community Controlled Organisations (ACCOs) is required to build culturally grounded psychosocial support capacity.

Key national policy frameworks have expired, been delayed, or remain unimplemented.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and SEWB 2017-2023 expired without replacement. The NDIS Review's foundational supports for adults have been delayed by at least one year. Of 57 Disability Royal Commission recommendations most relevant to First Nations communities, only one was accepted outright by government; the remainder were accepted in principle or noted (Law Society Journal 2024).

Key evidence and statistics

- **Psychosocial disability prevalence among Aboriginal and Torres Strait Islander people reached 10.3% in 2022 (183,700 people with disability overall; 25.3%), a 56% increase from 6.6% in 2015.** The increase is particularly acute among First Nations women, where profound or severe limitation combined with psychosocial disability rose 73% from 4.1% in 2018 to 7.1% in 2022 (ABS 2023).
- **Approximately 5,900 First Nations people have psychosocial disability as their primary NDIS disability.** The population rate of NDIS participation with psychosocial disability is almost three times higher for Aboriginal and Torres Strait Islander people than non-Indigenous people (468.1 vs 164.0 per 100,000), yet First Nations participants are 28% less likely to receive care via the NDIS (Deloitte 2023; AIHW 2025).
- **Only 69.6% of Indigenous NDIS participants with psychosocial disability were correctly identified as Indigenous in NDIS data.** Plan utilisation drops to as low as 35% in very remote areas compared with 62% in metropolitan zones, driven by the near-total absence of culturally appropriate providers (Zhou et al. 2025; NDIA 2024).
- **The population rate of involuntary community mental health treatment for First Nations people is over five times the non-Indigenous rate.** Mental health-related hospitalisation rates for Indigenous Australians increased by 52% between 2009-10 and 2018-19. Indigenous patients are secluded and restrained at higher rates and report less positive experiences of care (AIHW 2025; Indigenous HPF).
- **In 2024-25, 33 Aboriginal and Torres Strait Islander people died in custody (29% of all deaths), the highest number since national monitoring began, including 10 self-inflicted deaths in prison, also the highest on record.** Since the 1991 Royal Commission into Aboriginal Deaths in Custody, 617 First Nations people have died in custody (AIC 2025; NATSILS).
- **In 2023-24, the NDIS Quality and Safeguards Commission received 1,732,298 notifications of unauthorised use of restrictive practices.** No data is disaggregated by Indigenous status. FPDN has documented fatal restraints of First Nations people with disability in NDIS-funded settings (NDIS Commission 2024; FPDN 2025).

10%

Psychosocial disability prevalence among Aboriginal and Torres Strait Islander people reached 10.3% in 2022... a 56% increase from 6.6% in 2015.

5,900

Approximately 5,900 First Nations people have psychosocial disability as their primary NDIS disability

70%

Only 69.6% of Indigenous NDIS participants with psychosocial disability were correctly identified as Indigenous in NDIS data.

5X

The population rate of involuntary community mental health treatment for First Nations people is over five times the non-Indigenous rate.

Sources: ABS 2023, Deloitte 2023; AIHW 2025, Zhou et al. 2025; NDIA 2024, AIHW 2025; Indigenous HPF

- **Approximately 500,000 Australians with moderate-to-severe mental illness lack adequate psychosocial support, with around 130,000 receiving no support at all.** Access to the Commonwealth Psychosocial Support Program varies seven-fold between the best- and worst-served regions. The Productivity Commission's 2025 interim review found the National Mental Health and Suicide Prevention Agreement is "not fit for purpose" and that commitments to Aboriginal and Torres Strait Islander people "are not funded at all" (Grattan Institute 2025; Productivity Commission 2025).

"You need people with lived experience to help build the system and help gain trust in it, otherwise we're just going backwards. The royal commission is in place to expose these wounds, rip the scabs off them, let these stories be vocal so the greater community throughout Australia can hear what's going on through all these different systems, through the jails, through the workplaces, through education, what's happening to our mob with disability" (Jake Briggs, Aboriginal disability advocate, The Young Witness/AAP 2021).

- **The age-standardised suicide rate for First Nations people reached 33.9 per 100,000 in 2024, more than 3.08 times the non-Indigenous rate and 44% above the 2018 Closing the Gap baseline** (PC 2026). The median age of death by suicide for Aboriginal and Torres Strait Islander people is 32.8 years, compared with 47.7 for non-Indigenous people. For children aged 5-17, suicide is the leading cause of death (ABS 2024; AIHW 2025).

"Despite being physically and psychosocially disabled, I was told I had to be on treatment for 3 years before I could receive NDIS" (First Nations NDIS participant, FPDN 2024b, p. 7).

- **Evidence from the Haven Foundation model demonstrates that stable housing with integrated psychosocial support reduces hospitalisations from an average of 53.1 days to 7.4 days per client.** Research consistently finds that caring-for-Country activities are associated with significantly lower psychological distress, greater physical activity, and strengthened SEWB (CHP; PubMed Central).
- **Of 2,150 Aboriginal health research articles published between 2008 and 2020, only 2.6% were randomised controlled trials and only 5% used Indigenous methodologies.** There are virtually no published cost-effectiveness studies for culturally adapted psychosocial interventions for First Nations people (Kennedy et al. 2022).

500,000

Approximately 500,000 Australians with moderate-to-severe mental illness lack adequate psychosocial support, with around 130,000 receiving no support at all.

>3X higher

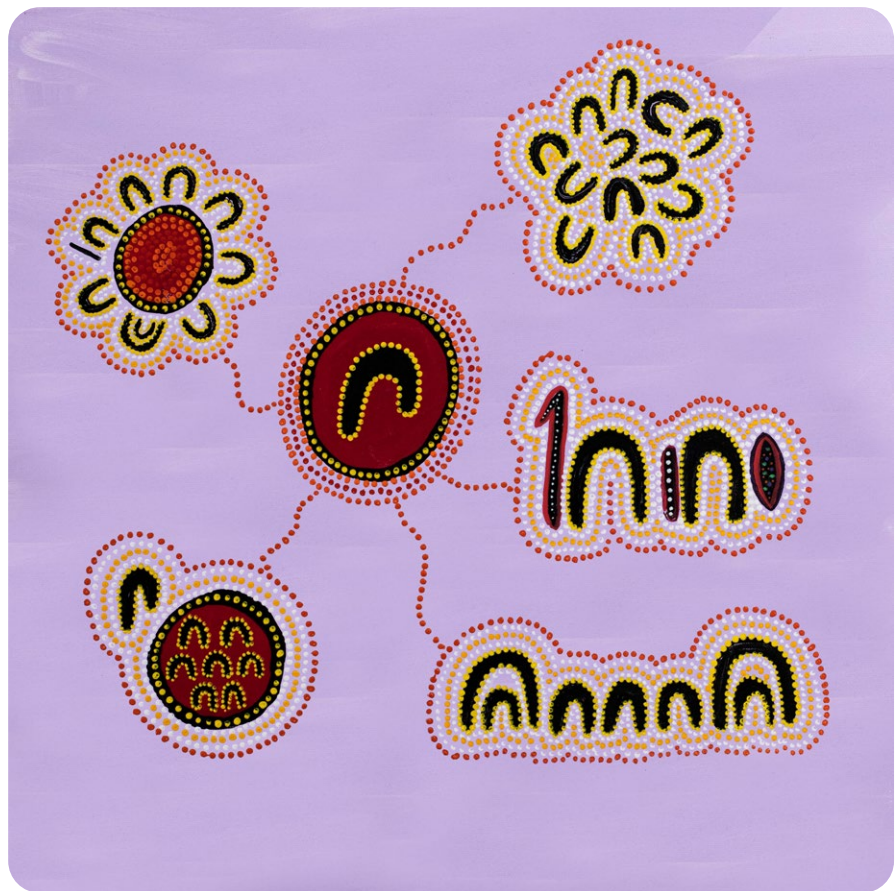
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Sources: Grattan Institute 2025; Productivity Commission 2025, PC 2026.

Key recommendations

- **Establish the First Nations Disability Forum with dedicated investment.** Implement DRC Recommendation 9.10 and FPDN's 10-Point Plan by creating a permanent forum with governance representation from First Nations people with psychosocial disability, supported by a dedicated investment fund.
- **Introduce a functional-needs NDIS access pathway.** Remove the requirement for formal psychiatric diagnosis as the sole gateway to NDIS access for psychosocial disability, replacing it with a culturally responsive functional-needs assessment that centres SEWB.
- **Publish disaggregated NDIS data by Indigenous status, disability type, and remoteness.** The current structural opacity of NDIS data prevents accountability. Require the NDIA to publish quarterly cross-tabulations enabling analysis of First Nations psychosocial disability access, plan size, utilisation, and restrictive practices.
- **Block-fund ACCOs for culturally grounded psychosocial support.** Shift from market-based individualised funding to block funding for ACCOs and ACCHOs delivering psychosocial supports, as called for in DRC Recommendation 9.5. Fund growth of the First Nations disability workforce through micro-credentialing Aboriginal Health Workers and expanding SEWB teams.
- **Develop a successor to the expired SEWB Framework.** Commission a new National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and SEWB that reinstates and strengthens the explicit link between psychosocial disability and SEWB. Co-design with FPDN, NACCHO, Gayaa Dhuwi, and First Nations people with lived experience, aligned with the Gayaa Dhuwi Framework and Implementation Plan 2025-2035.
- **End indefinite detention of First Nations people with psychosocial disability.** Enact nationally consistent limiting-term legislation for people found unfit to plead, closing the dangerous gaps in NT and WA jurisdictions. Fund on-Country therapeutic alternatives to incarceration and implement mandatory disability screening at all justice entry points.
- **Prohibit prone restraints and any restraint restricting breathing, with criminal penalties.** Introduce a national, enforceable prohibition on prone restraints, "bear hugs," "basket holds," and any restraint restricting breathing in NDIS-funded settings, disability services, mental health facilities, and custodial environments. Require disaggregated reporting of all restrictive practices by Indigenous status.
- **Implement alternative commissioning for First Nations communities.** Give effect to NDIS Review Recommendation 14 by establishing community-controlled commissioning models that replace the failed market approach in remote and First Nations communities.
- **Fund dedicated First Nations psychosocial support streams outside the NDIS.** Expand the Commonwealth Psychosocial Support Program with ring-fenced funding for culturally safe, ACCO-delivered services, addressing the current seven-fold regional variation in access.

- **Mandate disability-inclusive cultural safety standards across mainstream services.** Require hospitals, courts, police, prisons, NDIS planners, and mental health services to meet enforceable cultural safety standards for First Nations people with disability, as called for in DRC Recommendation 9.12.
- **Fund community-controlled research and integrate traditional healing.** Invest in First Nations-led research, governed by Indigenous data sovereignty principles under *Maiam nayri Wingara*, to develop and evaluate culturally grounded psychosocial support models. Establish Medicare item numbers for Ngangkari and other traditional healing services delivered alongside clinical care.



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