SUBMISSION

Submission to Australian Government – Disability Discrimination Act 1992 Review

13 November 2025

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the traditional custodians of the land on which we work and pay our respects to Elders past and present. Sovereignty was never ceded.

The National Mental Health Consumer Alliance (the Alliance) has prepared this submission in response to the invitation to provide input into the review and modernisation of the *Disability Discrimination Act 1992* (Cth). This submission is based on consultations with each State and Territory mental health consumer peak body.

All references to 'Consumer' and 'lived experience' in this submission refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term "mental health consumers" as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this report.

About us

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues. We are the people experiencing mental health issues/distress, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website: nmhca.org.au.

Executive Summary

Background and Imperative for Reform

After three decades of operation, Australia's *Disability Discrimination Act 1992* (Cth) (DDA) requires comprehensive reform to address systemic failures documented by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Despite existing protections, people with disability continue experiencing widespread discrimination, exclusion, and barriers to full societal participation across education, employment, housing, and healthcare. This submission presents evidence-based recommendations for transforming the DDA into a proactive, rights-affirming framework aligned with the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) and contemporary human rights standards.

Core Reform Areas

The submission addresses seven key reform areas identified by the Attorney General's review. First, updating disability definitions involves replacing the current medical model with a human rights-based definition that recognises disability as resulting from interactions between individuals with impairments and societal barriers. This includes explicitly recognising psychosocial disability and incorporating intersectionality principles for people with multiple marginalised identities. The reform proposes introducing protections equivalent to Section 18C of the *Racial Discrimination Act 1975* (Cth) to address everyday stigma and harassment.

Second, implementing positive duties represents a fundamental shift from the current reactive, complaint-based system to proactive prevention. The proposal establishes statutory obligations requiring organisations to actively identify, prevent, and eliminate discrimination through regular assessments, action plans, and public reporting. This mirrors successful models in the *Sex Discrimination Act 1984* (Cth) and empowers the Australian Human Rights Commission with enhanced monitoring and enforcement capabilities.

Third, promoting inclusion across society addresses persistent exclusion in employment, education, and public life. Recommendations include mandatory employment targets for Commonwealth agencies requiring 9% disability representation by 2030, phasing out segregated employment and education systems by 2034, and requiring Universal Design for Learning in all publicly funded institutions. The positive duty would extend to healthcare, transport, and digital platforms to ensure comprehensive accessibility.

Fourth, improving access to justice tackles the current system's inaccessibility and re-traumatising effects. Proposed reforms include implementing trauma-informed court procedures, providing dedicated psychosocial disability legal support, requiring human rights framework interpretation of the DDA, and replacing police-led mental health crisis response with trained mental health teams.

Structural Transformation

The fifth area restricts exemptions by narrowing current broad provisions that undermine rights protection. Exemptions would become time-bound, strictly proportionate, and subject to independent review, with prohibitions on exemptions in core areas without demonstrated consultation efforts. The sixth area modernises the DDA for 21st-century challenges, including explicit recognition of psychiatric service animals, protections against algorithmic bias and digital discrimination, and ensuring legislative coherence across disability-related laws.

The seventh area proposes fundamental structural changes, including the introduction of a Human Rights Act to exist in complement to the DDA to uphold its rights-based approach, conducting comprehensive linguistic audits to remove deficit-focused language, establishing a National Disability Rights Commissioner, creating a dedicated Federal Disability Portfolio, and implementing five-yearly parliamentary reviews.

Implementation and Impact

These reforms would transform the DDA from a reactive framework into a proactive system placing positive obligations on duty-bearers rather than burdens on rights-holders. By centring the social model of disability, explicitly recognising psychosocial disability, and implementing positive duties, the reformed legislation would better protect and promote rights for all people with disability in Australia. The recommendations provide a clear roadmap for aligning Australia with international human rights standards while responding to the Royal Commission's urgent findings.

Implementation must occur through genuine co-design with people with disability and their representative organisations, honouring the principle of "nothing about us without us" throughout the reform process.

Introduction

The *Disability Discrimination Act 1992* (Cth)[1] (DDA) has served as Australia's primary legislative framework for protecting the rights of people with disability for over three decades. However, significant developments in disability rights, human rights frameworks, and societal understanding of disability necessitate a comprehensive review and reform of this legislation. This report presents an evidence-based analysis of the current limitations of the DDA and provides detailed recommendations for reform, drawing on findings from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability[2] (Royal Commission), the Australian Human Rights Commission (AHRC)[3], existing literature, and Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD)[4].

Despite the existence of the DDA, people with disability in Australia continue to experience significant discrimination, exclusion, and barriers to full participation in society. The Royal Commission's Final Report documented widespread violence, abuse, neglect, and exploitation of people with disability across multiple domains of life, including education, employment, housing, and healthcare[2]. These findings highlight the inadequacy of current legal protections and the need for a more robust, proactive, and rights-based legislative framework.

The recommendations in this submission are structured under the seven key topics as posed by the Attorney General's *Disability Discrimination Act 1992* Review[5]. The submission will address systemic gaps, promote human rights, and ensure full inclusion for people with disability, including those with psychosocial disabilities, and provide specific recommendations for reform.

Part 1 – Updating understandings of disability and disability discrimination

Redefining Disability

The DDA currently defines "disability" in Section 4(1), encompassing a broad range of impairments; this includes physical, intellectual, psychiatric, sensory, neurological, and learning disabilities. This also covers the presence of organisms causing disease, past, present, or future disabilities, and imputed disabilities[6]. Despite its breadth, the definition risks perpetuating a medical model of disability, focusing on individual impairment rather than the social and environmental barriers that create disability[7].

The social model of disability is recognised by the UN-CRPD and is central to human rights frameworks. It understands disability as resulting from the interaction between individuals with impairments and the attitudinal, social, and environmental barriers that prevent full and equal participation in society[8]. This model is essential for accurate legal interpretation and policy development that addresses structural barriers rather than viewing disability as an individual deficit requiring "fixing"[4].

Furthermore, mental health consumers are often inadequately protected or misunderstood under current definitions. While psychiatric disability is included, the term "psychosocial disability" is not explicitly recognised. Psychosocial disability, defined as the experience of long-term distress, altered cognition, or behavioural differences resulting from mental health conditions in the context of social exclusion, is a disability that requires recognition to ensure equitable access to rights and supports. The World Health Organization recognises psychosocial disability as a distinct category that requires specific consideration in policy and legal frameworks[9].

Additionally, people with disabilities from intersecting marginalised identities - such as Indigenous Australians, LGBTQIA+ individuals, culturally and linguistically diverse communities, or those living in poverty - face compounded and unique forms of discrimination that are not adequately addressed by the current legislative framework[10].

Recommendation 1.1: Amend Section 4(1) of the DDA to provide a human rights-based definition of disability consistent with Article 1 of the UN-CRPD, stating: "'Disability' means the result of the interaction between persons with long-term impairments - physical, sensory, cognitive, intellectual, psychosocial, or otherwise - and attitudinal and environmental barriers that hinder their full and equal participation in society." This definition would explicitly recognise the social construction of disability and shift focus to removing barriers rather than "fixing" individuals.

Recommendation 1.2: Explicitly include "psychosocial disability" in the list of covered impairments and define it in guidance materials or regulations to ensure clarity for courts, service providers, and individuals. This inclusion should be accompanied by explanatory materials developed in consultation with people with lived experience of psychosocial disability to ensure accurate understanding and application.

Recommendation 1.3: Ensure the definition affirms the principle of intersectionality, mandating that entities considering discrimination claims must consider and recognise the cumulative impact of multiple protected attributes and/or overlapping identities such as race, gender, sexuality, and socioeconomic status.

Protections for Discrimination

The DDA prohibits discrimination against people with disability in key areas of public life[1]. Direct discrimination is prohibited under s5, where a person is treated less favourably due to their disability. Indirect discrimination is covered by s6, which addresses requirements or conditions that disproportionately disadvantage people with disability.

The DDA operates as a reactive enforcement mechanism, relying on individuals to file complaints with the AHRC after discrimination has occurred[11]. This complaint-driven model places the responsibility on victims rather than fostering systemic prevention.

Recommendation 1.4: Implement a positive duty on organisations to prevent discrimination, shifting from reactive redress to preventative compliance (see Part 2 of this submission).

Recommendation 1.5: Modernise and harmonise laws through updating the DDA and aligning it with other federal anti-discrimination laws to create a coherent, accessible, and proactive human rights framework[12].

Protections for vilification

Australia's vilification laws are inconsistent across jurisdictions. The federal *Disability Discrimination Act 1992* (Cth) prohibits discrimination but does not address public acts of vilification, leaving a critical gap in protection particularly for people with psychosocial disabilities and mental health conditions[10]. This omission fails to safeguard against dehumanising discourse that can fuel stigma, harassment, and violence.

Only Tasmania and the Australian Capital Territory (ACT) currently provide specific legal protections against disability-based vilification. ACT's *Discrimination Act 1991* prohibits public acts that incite hatred, serious contempt, or severe ridicule based on disability.

Tasmania's *Anti-Discrimination Act 1998* uniquely employs a harm-based model that explicitly includes mental illness[10].

The Royal Commission highlights that people with psychosocial disabilities are disproportionately affected by vilification. Public commentary and media representations often perpetuate harmful stereotypes, falsely portraying them as dangerous.

Section 18C of the *Racial Discrimination Act 1975* (Cth)[13] provides a stronger, more accessible protection by making it unlawful to engage in conduct that is "reasonably likely to offend, insult, humiliate or intimidate" a person on the grounds of race, unless an exemption applies under Section 18D (e.g., for fair comment, artistic expression, or public interest).

By contrast, the DDA does not explicitly prohibit such conduct unless it results in less favourable treatment in a discrete area of public life (e.g., employment or education), limiting its scope and effectiveness.

Recommendation 1.6: Amend the DDA to include a vilification clause, to ensure nationwide consistency and legal recourse.

Recommendation 1.7: Introduce a provision equivalent to Section 18C into the DDA, making it unlawful to engage in public conduct reasonably likely to offend, insult, humiliate, or intimidate a person with disability. This would strengthen protections against everyday stigma, harassment, and microaggressions.

Recommendation 1.8: Include a Section 18D-style exemption clause to balance free expression rights, ensuring protection only applies where the conduct is gratuitous, lacks public benefit, or fails to comply with standards of reasonableness. Amending the DDA to include a vilification clause aligns with human rights obligations and fostering a more inclusive society. This approach is supported by stakeholders during public consultations and aligns with human rights principles of dignity and inclusion[14].

Alignment with UN-CPRD

Australia ratified the Convention on the Rights of Persons with Disabilities (UN-CRPD) in 2008, committing to uphold the rights to autonomy, independence, non-discrimination, and full participation in society[4]. Yet, the DDA remains inadequately aligned with UN-CRPD standards, particularly in failing to adopt proactive measures, enforce participation in decision-making, or ensure accessibility as a right.

Volume 4 of the Royal Commission's Final Report, titled "Realising the Human Rights of People with Disability," explicitly calls for legislative reform to ensure the DDA "fulfills the human rights of people with disability more effectively" and reflects the UN-CRPD's transformative vision[10].

The UN-CRPD emphasises that anti-discrimination laws must go beyond reactive remedies and include proactive, structural obligations to remove barriers[4], supported by consistent review to ensure ongoing compliance and effectiveness.

Recommendation 1.9: Amend Section 3 (Objects) of the DDA to explicitly reference Australia's obligations under the UN-CRPD and state that the DDA’s fundamental purpose is to give effect to these rights in domestic law.

Recommendation 1.10: Require Section 4(1) and any interpretation of the DDA to be consistent with UN-CRPD principles, including dignity, autonomy, inclusion, accessibility, and participation.

Recommendation 1.11: Mandate a UN-CRPD compliance audit of the DDA within 12 months of these reforms, reported to Parliament, with recommendations for further alignment.

Part 2 – Positive duty to eliminate discrimination

Understanding Discrimination

Under Section 5 of the DDA, direct discrimination occurs when "a person... treats, or proposes to treat, a person with a disability less favourably than a person without the disability in circumstances that are the same as, or are not materially different from, the circumstances"[1]. However, this definition is narrow, focusing solely on comparative treatment and failing to protect against assumptions or stereotypes that may not involve an explicit comparison but nevertheless result in discriminatory outcomes.

For instance, discrimination based on the perception that someone has a disability (e.g., stigma around mental health) or assumptions about capability (e.g., refusing to hire someone based on past psychiatric treatment) are not always captured by the current definition. Research indicates that these forms of discrimination are common and harmful, particularly for people with psychosocial disability who may face significant stigma and stereotyping[15].

The current definition also creates evidentiary challenges, as complainants must identify a suitable comparator and demonstrate less favourable treatment in comparable circumstances[16]. This places an undue burden on individuals and fails to recognise that discrimination often operates through institutional practices rather than overt individual acts.

Positive Duty

The current DDA is reactive, requiring individuals to file complaints after discrimination occurs. This places a heavy burden on already vulnerable people and fails to prevent systemic exclusion. The complaint-based model has been criticised for placing responsibility on those who have experienced discrimination to seek redress, rather than requiring organisations to prevent discrimination from occurring[17].

A positive duty is a statutory obligation on organisations to actively identify, prevent, and eliminate discrimination, and shifts responsibility from individuals to institutions. This model has been successfully implemented in the United Kingdom via the Equality Act 2010 and in Australia through recent reforms to the *Sex Discrimination Act 1984* (Cth)[18]. Evidence from these jurisdictions indicates that positive duties drive organisational change and reduce discrimination more effectively than complaint-based systems alone[19].

The AHRC has long advocated for such a duty, noting that "a positive duty that requires duty holders to take active steps to eliminate discrimination should be included" in the DDA[3]. The Royal Commission also recommends stronger legal frameworks to proactively prevent harm[10]. A positive duty would complement rather than replace the complaints system, creating a dual approach that both prevents discrimination and provides remedies when it occurs.

Alignment with contemporary legislation

The *Sex Discrimination Act 1984* (Cth)[18] was amended in 2022 to include a positive duty under Section 5F, requiring relevant entities to eliminate sex discrimination, sexual harassment, and predatory behaviour. The model requires transparency, consultation, and demonstrable action.

Given that both gender and disability are protected attributes under Australian law, it is illogical and inequitable that disability protections remain weaker.

Recommendation 2.1: Broaden the definition of direct discrimination in Section 5 to include unfavourable treatment based on:

- Perceived disability
- Imputed or assumed disability
- Past disability
- Association with a person with disability (e.g., carers)
- Treatment under a "disability-neutral" policy that effectively targets or disadvantages people with disability

This expanded definition would close significant gaps in protection and align with international best practice in anti-discrimination law[20].

Recommendation 2.2: Introduce a new Section 5A into the DDA establishing a statutory positive duty requiring public sector bodies, large private employers, and service providers to:

- Identify risks of discrimination through regular assessments and data collection
- Develop and implement action plans with measurable targets and timelines
- Provide inclusive policies, training, and reasonable adjustments
- Consult with people with disability in developing and implementing measures
- Report publicly on progress and outcomes

The duty should apply to both direct and indirect discrimination, harassment, and systemic practices. It should include specific requirements for organisations to demonstrate how they have assessed and addressed risks of discrimination against people with psychosocial disability.

Recommendation 2.3: Empower the AHRC to monitor compliance, provide guidance, and initiate compliance inquiries, similar to its role under the *Sex Discrimination Act 1984* (Cth)[18]. This should include powers to:

- Issue compliance notices
- Enter into enforceable undertakings
- Apply to courts for orders requiring compliance
- Conduct own-motion inquiries into systemic discrimination
- Publish reports on compliance trends and best practices

These enforcement mechanisms would ensure the positive duty has practical impact rather than remaining a symbolic obligation. The AHRC should be provided with additional resources to effectively fulfill this expanded role, including specialist disability rights expertise.

Recommendation 2.4: Align the form, scope, and enforcement mechanisms of the proposed positive duty in the DDA with Section 5F of the *Sex Discrimination Act 1984* (Cth).

Recommendation 2.5: Ensure entities subject to the duty include all Commonwealth entities, tertiary education providers, schools receiving federal funding, and employers with over 100 staff.

Recommendation 2.6: Establish compliance and accountability mechanisms, including reporting requirements, enforceable undertakings, and the potential for civil penalties for non-compliance. This alignment would promote consistency, clarity, and enhanced protection across federal anti-discrimination law.

Part 3 – Encouraging inclusion of people with psychosocial disability in employment, education, and other areas of public life

The Royal Commission found that nearly all mental health consumers, particularly those from marginalised backgrounds, experienced discrimination in employment, education, healthcare, and housing[2]. This discrimination, often based on stigma, assumptions of incapacity, or lack of reasonable adjustments, entrenches social exclusion and denies participation in public life. The Royal Commission documented how discrimination creates a cycle of disadvantage, with exclusion in one area (such as education) leading to further exclusion in others (such as employment)[21].

The Royal Commission's findings underscore the need for a rights-based, preventative approach to inclusion, particularly for those with psychosocial disabilities who may not seek protection under existing complaint-driven systems. Research indicates that people with psychosocial disability are less likely to make formal complaints due to fear of reprisal, lack of awareness of rights, and the stress of navigating complex legal processes while managing their mental health[22].

Recommendation 3.1: Leverage the revised definition of disability (as per Part 1 of this submission) and the positive duty (as per Part 2) to mandate inclusion across sectors. All Commonwealth-funded or regulated institutions must demonstrate active measures to include people with psychosocial disability. These measures should include:

- Disability inclusion action plans with specific targets for psychosocial disability inclusion
- Regular consultation with people with lived experience of psychosocial disability
- Training for staff on psychosocial disability awareness and inclusion
- Accessible complaint mechanisms designed with mental health considerations
- Regular reporting on outcomes and progress against inclusion targets

This comprehensive approach would ensure that the definitional changes and positive duty translate into practical inclusion measures across all areas of public life.

Employment

Despite policies promoting workforce participation people with psychosocial disability face high unemployment rates and workplace stigma. The employment rate for people with psychosocial disability (29%) in Australia remains significantly lower than for those with other disability, 53.4% and without disability 84.1%[23]. The Royal Commission's Volume 7 outlines 44 recommendations for inclusive employment that urge the elimination of segregated systems[19], a position strongly supported by lived experience organisations across Australia.

The 'inherent requirements' exception under Section 21A of the DDA[1] permits employment discrimination, including denial of promotion or transfer, when a person with disability cannot perform essential job functions even with reasonable adjustments. Without statutory definition, the exception is applied subjectively and inconsistently, creating a deficit-based model focused on limitations rather than capabilities, conflicting with the UN-CRPD requirement of equality and reasonable accommodation in employment[4]. This allows employers to rely on speculation rather than evidence, while individuals bear the burden of challenging discrimination after exclusion rather than employers proving justification.

Recommendation 3.2: Introduce mandatory employment targets for Commonwealth agencies and corporatised entities, requiring that at least 9% of the workforce identify as having a disability, including psychosocial disability, by 2030. This target should:

- Be incorporated into agency performance frameworks and executive KPIs
- Be publicly reported on annually with transparent methodology
- Be supported by tailored recruitment and retention strategies
- Be accompanied by workplace adjustments and flexible work policies
- Be monitored through disaggregated data collection on disability type

Recommendation 3.3: Provide tax incentives and grants for private employers who hire and retain people with psychosocial disabilities, with priority for trauma-informed workplaces. These incentives should include:

- Wage subsidies for the first 12 months of employment
- Tax deductions for workplace adjustments and mental health supports
- Innovation grants for developing inclusive workplace practices
- Recognition programs for exemplary employers
- Support for peer workforce development and mental health first aid training

Recommendation 3.4: Require employers subject to the positive duty to conduct disability inclusion audits and publish plans. Audits should:

- Assess physical, digital, and attitudinal barriers
- Identify gaps in policies, practices, and workplace culture
- Include consultation with employees with disability
- Result in time-bound action plans with measurable outcomes
- Be updated every three years with progress reports

Recommendation 3.5: Phase out supported employment services, including sheltered workshops that have historically underpaid and segregated workers, by 2034 in alignment with Royal Commission recommendations[2]. This transition should include:

- Individual career planning for current supported employees
- Skills development and training opportunities
- Partnerships with mainstream employers
- Ongoing support for successful open employment
- Fair compensation for work during the transition period

Recommendation 3.6: Expand Section 21A of the DDA for inherent requirements criteria to include the nature and extent of adjustments provided, and the level of consultation with the person with disability[21].

Education

Segregated schooling and inadequate provision of reasonable adjustments continue to pose significant barriers to achieving successful educational outcomes for students with disability. The education system has failed to deliver truly inclusive education, with students with psychosocial disability particularly disadvantaged by the lack of

appropriate support and accommodations necessary for their participation and success[19].

Schools regularly exclude or suspend students with disability from broader school activities and use restrictive practices, often to manage challenges or behaviour associated with disability[24]. These disciplinary and exclusionary practices breach national and international human rights obligations, reflect low expectations, cause harm, and are enabled by limited accountability mechanisms[25].

Recommendation 3.7: Amend the DDA to require all publicly funded schools and tertiary institutions to adopt Universal Design for Learning[26] principles.

Recommendation 3.8: Fund individualised support plans (in consultation with students and parents) and ensure all teachers receive mandatory training in psychosocial disability and trauma-informed practice.

Recommendation 3.9: Prohibit forced enrolment in segregated schools or special education units unless requested by the student or family and supported by informed consent.

Recommendation 3.10: Revise the *Disability Standards for Education 2005* (Cth)[27] to ensure enforceable accountability and closure of segregated special schools by 2051[19].

Recommendation 3.11: The Australian Government expand the *Nationally Consistent Collection of Data on School Students with Disability* to collect data on the use of restrictive practices and the rates of suspension and expulsion[28].

Recommendation 3.12: The DDA should be amended to cover all discipline that relates to exclusion, suspension, and expulsion[21].

Other areas of public life

Persons with a disability continue to face barriers that persist in healthcare, housing, sport, and digital access. Barriers persist in healthcare, housing, sport, and digital access. People with disability, particularly psychosocial disability, report poorer health outcomes, difficulty accessing appropriate housing, exclusion from recreational activities, and digital exclusion[21]. These outcomes can be attributed to failure to embed and comply with accessibility standards. These barriers compound disadvantage and

prevent full participation in community life.

Recommendation 3.13: Require the positive duty to extend to health service providers, transport operators, and digital platforms receiving public funding.

Recommendation 3.14: Mandate accessibility standards, including mental health safety plans for emergency services and crisis support.

Recommendation 3.15: Require all public infrastructure, transport, digital platforms, and government services to meet national accessibility standards with mandatory compliance and regular audits.

These recommendations align with the Royal Commission's call to "create truly inclusive communities where people with disability can live independently and participate fully"[2].

Part 4 – Improving access to justice

Justice and mental health

The Royal Commission documented numerous instances where people with disability were denied fair hearings due to inaccessible processes, underscoring the urgency of reform[2]. Additionally, the Royal Commission found that 94% of people with disability experiencing violence are not involved in the formal complaints system, often due to fear, lack of access, or lack of trust.

People with psychosocial disability often face re-traumatisation in legal proceedings, miscommunication, or lack of appropriate supports when filing discrimination complaints. The current complaint mechanisms under the DDA are not tailored to mental health consumer needs, creating significant barriers to justice for this group[29]. Traditional legal processes can be particularly challenging for people experiencing psychological distress[30].

Recommendation 4.1: Amend the DDA to require the AHRC and the Federal Court of Australia to adopt trauma-informed procedures, including:

- Independent advocacy support
- Flexible timelines
- Remote participation options
- Mental health liaison officers
- Plain language materials
- Options for supported decision-making
- Quiet spaces and sensory accommodations

Recommendation 4.2: Provide dedicated psychosocial disability legal support schemes, funded by the Commonwealth, to assist complainants.

Recommendation 4.3: Enhance funding for the National Disability Advocacy Program (NDAP) to provide free, independent legal representation and advocacy support tailored to diverse needs, including psychosocial disabilities[31].

Human rights

The DDA lacks a clear human rights framework. Courts and tribunals may interpret the law without reference to international obligations, weakening its impact and creating inconsistency with Australia's commitments[32]. This gap means that interpretations may focus narrowly on technical legal questions rather than broader human rights principles such as dignity, autonomy, and inclusion.

Recommendation 4.4: Amend Section 3 (Objects) of the DDA to state clearly: "This Act is to be interpreted and applied in accordance with Australia's obligations under the UN-CRPD, other applicable human rights instruments, and our commitment to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)"[33].

Recommendation 4.5: Require judges and tribunal members to consider UN-CRPD General Comments and decisions of the UN Committee on the Rights of Persons with Disabilities when interpreting the DDA.

Recommendation 4.6: Establish a standing Human Rights Advisory Panel within the AHRC to provide guidance on human rights interpretations of the DDA.

Recommendation 4.7: Grant statutory powers to the AHRC to initiate investigations into systemic discrimination without requiring an individual complaint[10].

Mental health and emergency responses

The Royal Commission highlighted that police are frequently first responders to mental health crises, often lacking training and using force, which risks violence and criminalisation[2]. People with psychosocial disability are over-represented in the justice system due to inappropriate interventions, highlighting the need for standardised approaches to crisis care.

Recommendation 4.8: Legislate for the replacement of police-led crisis response with trained, non-armed, mental health outreach teams, available 24/7 and funded nationally.

Recommendation 4.9: Amend the DDA to prohibit use of police for mental health transport unless there is an immediate risk of harm, and only then under strict safeguards.

Recommendation 4.10: Require states and territories to develop crisis care standards that prioritise consent, dignity, and therapeutic support, aligned with Part 9 of the National Mental Health and Suicide Prevention Agreement[34].

Recommendation 4.11: Mandate independent oversight of all police interactions with people in mental health crisis, with publishable data and annual reporting.

Part 5 – Exemptions

Exemptions and discrimination

The DDA currently allows exemptions under Section 12 (unjustifiable hardship) and other provisions, but these are broad and inconsistently applied[35]. Exemptions risk being used to deny reasonable adjustments or exclude people under convenience or cost-based justifications. This undermines the human rights principle of non-discrimination. The UN-CRPD allows only for temporary and proportionate limitations in exceptional circumstances[8].

The terminology of "reasonable adjustments" reinforces a reactive, individualised accommodation framework. Under the DDA, the evidentiary burden rests with individuals to establish discrimination following the denial of requested adjustments, thereby shifting responsibility to the affected party rather than mandating proactive institutional compliance[1]. This approach is inconsistent with the UN-CRPD, which establishes "reasonable accommodation" as an affirmative legal obligation, defining it as necessary and appropriate modifications that do not impose "a disproportionate or undue burden"[4]. The DDA's "unjustifiable hardship" standard is comparatively broader and more permissive, thereby undermining the human rights-based framework articulated in the UN-CRPD.

The current use of exemptions under the DDA poses a serious risk to rights protection. Exemptions have historically enabled practices such as segregated education, supported employment with sub-minimum wages, and restrictive housing models, many of which the Royal Commission found to violate human rights[10].

Recommendation 5.1: Replacing the term "reasonable adjustment" with one that promotes the standalone legal obligation to provide accommodations, where failure constitutes discrimination.

Recommendation 5.2: Narrow exemptions to ensure they are time-bound, strictly proportionate, and granted only when:

- There is a genuine and unavoidable necessity
- No less restrictive alternative exists
- The measure is subject to independent review
- Compliance would pose a real, significant threat to safety or function (beyond mere inconvenience or cost)

Recommendation 5.3: Require all exemption applications to be reviewed by the AHRC or a designated tribunal, with public reporting and opportunity for submissions[10].

Recommendation 5.4: Prohibit organisations from relying on unjustifiable hardship exemptions in core areas of public life (e.g., employment, education, healthcare) without demonstrating active efforts to consult and mitigate.

Recommendation 5.5: Abolish existing exemptions that permit discriminatory pay or working conditions, such as in supported employment settings, in compliance with Article 27 of the UN-CRPD[4].

Insurance and Superannuation

Section 46 of the *Disability Discrimination Act 1992* (Cth)[1] permits insurers and superannuation providers to deny or alter services, such as life or accident insurance, annuities, and superannuation membership. This can be based solely on a person's disability, provided decisions are grounded in actuarial or statistical data, or deemed 'reasonable' in the absence of such data. This exacerbates the systemic disadvantages already faced by people with disabilities, when they are denied coverage, face higher premiums, or reduced benefits which are not attributed to personal risk, but rather due to broad assumptions linking disability with increased claims. This creates significant financial insecurity, limiting independence and access to protections others take for granted.

The reliance on "actuarial fairness" often disregards individual circumstances, using outdated or generalised data that people with disability have no means to challenge. As a result, lawful discrimination is embedded in financial systems, reinforcing stigma and undermining dignity[36]. Section 46 of the DDA is a mechanism of devaluation and exclusion, contradicting the Act's overarching goal of equal rights and respect[1].

While framed as a balance with industry needs, the provision often functions as a barrier to inclusion, entrenching inequality under a veneer of statistical objectivity. The framing of persons with disability as actuarial liabilities rather than a person, contributes to a broader experience of second-class citizenship. Advocacy groups and bodies such as the Australian Human Rights Commission have highlighted concerns about the fairness and transparency of these practices[37]. For many with lived experience, reform of Section 46 is essential to ensure disability is not used as a justification for financial and social exclusion, aligning the law with the principle of genuine equality.

Recommendation 5.6: Mandate use of peer-reviewed actuarial data. Insurers must use only current, peer-reviewed actuarial data to ensure pricing and coverage decisions are evidence-based and fair.

Recommendation 5.7: Remove the exemption allowing reliance on undefined 'other relevant factors' to prevent arbitrary or discriminatory decision-making in insurance.

Recommendation 5.8: Require insurers to provide written, evidence-based reasons for denials, citing specific data used, to increase transparency and accountability.

Recommendation 5.9: Establish an independent panel to review insurance disputes, ensuring fair, rights-based appeal processes aligned with the UN-CRPD.

Part 6 – Modernising the Disability Discrimination Act

Assistance animals

Section 9 of the DDA[1] currently recognises assistance animals but does not clarify whether animals supporting psychosocial disability (e.g., psychiatric service dogs) are included. This leads to inconsistent recognition and denial of access in transport, accommodation, and public spaces.

While physical or sensory assistance animals are widely accepted, those aiding with anxiety, PTSD, or emotional regulation are often questioned or excluded.

Recommendation 6.1: Amend Section 9 of the DDA to explicitly include "animals trained to assist a person with psychosocial disability", including psychiatric service animals and emotional support animals under defined conditions.

Recommendation 6.2: Establish national standards for training, certification, and identification of service animals, to be developed in consultation with mental health and disability organisations.

Recommendation 6.3: Prohibit denial of access to accredited assistance animals in all public life domains, with penalties for unlawful refusal.

Recommendation 6.4: Launch a public education campaign to increase awareness and reduce stigma around psychosocial disability assistance animals.

Additional modernisation measures

The DDA must be comprehensively modernised to reflect 21st-century challenges and commitments. The Australian Government has recognised the need for this through its ongoing review of federal anti-discrimination laws[38].

Recommendation 6.5: Align the DDA with Australia's obligations under the UN-CRPD, especially Article 16 (freedom from exploitation and abuse) and Article 7 (rights of children with disability)[4], including protections for Aboriginal and Torres Strait Islander people with disability.

Recommendation 6.6: Incorporate protections against emerging forms of discrimination, including algorithmic bias, digital inaccessibility, and data privacy violations in AI systems.

Recommendation 6.7: Ensure legislative coherence between the DDA, the NDIS Act, and state and territory disability laws to eliminate jurisdictional gaps and inconsistencies.

Part 7 – Further options for reform

Human Rights Act

The name "Disability Discrimination Act" frames the legislation reactively - focused on what must not be done, rather than on affirming rights, dignity, and inclusion. A rights-based name would reflect a shift toward empowerment, alignment with the UN-CRPD, and proactive obligations.

Essential reforms to the DDA can be improved in their operation and effectiveness with the introduction of a Human Rights Act. As shown in Australian States that have both discrimination laws and a Human Rights Act (Victoria, Queensland, and the Australian Capital Territory), the positive rights in a Human Rights Act improve the interpretation and operation of discrimination acts. This is through including the rights, such as the right to equality before the law, the right to privacy, and the right to dignified treatment, that can be included in determining whether a person has been discriminated against.

An Act's 'dialogue model' can be used to challenge laws and regulations that are in themselves discriminatory. Conversely, reformed and modernised discrimination laws help with the operation of a Human Rights Act by complementing the rights outlined in an Act must be enjoyed by all without discrimination.

The Royal Commission's recommendation of both positive rights and reforms to discrimination law are reflected in their recommendations; the Royal Commission was unable to consider a Human Rights Act due to their terms of reference and instead recommended a Disability Rights Act[10]. In July 2024, 12 disability representative organisations made a joint statement advocating for a Human Rights Act[39], demonstrating the support for the benefits of a Human Rights Act alongside reforms and modernisation of the DDA. The Parliamentary Joint Committee on Human Rights inquiry into Australia's human rights framework, reported on 30 May 2024 their recommendation for a Human Rights Act, and that recommendation should be supported as part of the implementation of the Royal Commission alongside reforming the DDA.

The introduction of a comprehensive “Human Rights Act”, acting in complement to existing legislation, would be more efficacious at protecting fundamental human rights for all Australian people.

Recommendation 7.1: Legislate a Human Rights Act, containing elements of the proposed Disability Rights Act to embed UNCRPD obligations in Australian law and strengthen enforcement mechanisms, consistent with the intent of DRC Recommendations 4.1-4.21[40] and advocacy from national DRCOs[41].

Language modernisation

The current DDA contains outdated, deficit-focused language (e.g., "the presence in the body of organisms causing disease") that risks dehumanising people with disability. Such language perpetuates stigma and positions disability as a negative condition rather than a part of human diversity.

Recommendation 7.2: Conduct a full linguistic audit of the DDA, co-designed with people with disability, to:

- Replace paternalistic or medical terms with person-first or identity-first language as preferred
- Use empowering terms such as "support," "access," and "participation"
- Ensure all terms are defined in a manner respectful of dignity and autonomy

Recommendation 7.3: Require all future legislation and policy affecting people with disability to undergo a disability language review, informed by lived experience.

Additional structural reforms

Beyond statutory amendments, further structural reforms are necessary to ensure enduring change:

Recommendation 7.4: Establish a National Disability Rights Commissioner as an independent statutory office empowered to monitor compliance, investigate systemic issues, and advocate for policy reform. The AHRC and Royal Commission have both recognised the need for such a role to elevate disability rights within the human rights architecture[26].

Recommendation 7.5: Create a dedicated Federal Disability Portfolio as recommended by the Royal Commission (Recommendation 5.6) to ensure policy coherence, accountability, and sustained focus across government[42].

Recommendation 7.6: Develop a National Disability Rights Action Plan with measurable targets for inclusion in education, employment, housing, and justice, created in partnership with disability organisations and persons with a disability[43].

Recommendation 7.7: Increase long-term, flexible funding for organisations led by people with disability to ensure leadership in co-design, advocacy, and monitoring of reforms. The success of any legislative reform depends on meaningful involvement of the disability community in implementation[2].

Recommendation 7.8: Include a requirement for periodic parliamentary review every five years to ensure the DDA continues to meet evolving social, technological, and human rights standards.

Conclusion

The *Disability Discrimination Act 1992* (Cth) requires comprehensive reform to align Australia with the human rights standards set by the UN-CRPD, respond to the urgent findings of the Royal Commission, and ensure the full inclusion and dignity of all people with disability. The recommendations presented above provide a clear, evidence-based roadmap for modernising the DDA into a proactive, inclusive, and rights-affirming framework that places positive obligations on duty-bearers rather than burdens on rights-holders.

These reforms would transform the DDA from a reactive, complaint-based system to a proactive, rights-affirming framework that places positive obligations on duty-bearers rather than burdens on rights-holders. By centring the social model of disability, explicitly recognising psychosocial disability, addressing intersectionality, and aligning with international human rights standards, a reformed DDA would better protect and promote the rights of all people with disability in Australia.

The time for reform is now. With the Australian Government's formal commitment to addressing the Royal Commission's recommendations and reviewing the DDA, there is a historic opportunity to create a legislative framework that truly advances equality, dignity, and inclusion for people with disability. These reforms must be developed through genuine co-design with people with disability and their representative organisations, ensuring that the principle of "nothing about us without us" is honoured throughout the reform process.

Recommendations

Recommendation 1.1: Amend Section 4(1) of the DDA to provide a human rights-based definition of disability consistent with Article 1 of the UN-CRPD, stating: "'Disability' means the result of the interaction between persons with long-term impairments - physical, sensory, cognitive, intellectual, psychosocial, or otherwise - and attitudinal and environmental barriers that hinder their full and equal participation in society." This definition would explicitly recognise the social construction of disability and shift focus to removing barriers rather than "fixing" individuals.

Recommendation 1.2: Explicitly include "psychosocial disability" in the list of covered impairments and define it in guidance materials or regulations to ensure clarity for courts, service providers, and individuals. This inclusion should be accompanied by explanatory materials developed in consultation with people with lived experience of psychosocial disability to ensure accurate understanding and application.

Recommendation 1.3: Ensure the definition affirms the principle of intersectionality, mandating that entities considering discrimination claims must consider and recognise the cumulative impact of multiple protected attributes and/or overlapping identities such as race, gender, sexuality, and socioeconomic status.

Recommendation 1.4: Implement a positive duty on organisations to prevent discrimination, shifting from reactive redress to preventative compliance (see Part 2 of this submission).

Recommendation 1.5: Modernise and harmonise laws through updating the DDA and aligning it with other federal anti-discrimination laws to create a coherent, accessible, and proactive human rights framework.

Recommendation 1.6: Amend the DDA to include a vilification clause, to ensure nationwide consistency and legal recourse.

Recommendation 1.7: Introduce a provision equivalent to Section 18C into the DDA, making it unlawful to engage in public conduct reasonably likely to offend, insult, humiliate, or intimidate a person with disability. This would strengthen protections against everyday stigma, harassment, and microaggressions.

Recommendation 1.8: Include a Section 18D-style exemption clause to balance free expression rights, ensuring protection only applies where the conduct is gratuitous, lacks public benefit, or fails to comply with standards of reasonableness.

Recommendation 1.9: Amend Section 3 (Objects) of the DDA to explicitly reference Australia's obligations under the UN-CRPD and state that the DDA's fundamental purpose is to give effect to these rights in domestic law.

Recommendation 1.10: Require Section 4(1) and any interpretation of the DDA to be consistent with UN-CRPD principles, including dignity, autonomy, inclusion, accessibility, and participation.

Recommendation 1.11: Mandate a UN-CRPD compliance audit of the DDA within 12 months of these reforms, reported to Parliament, with recommendations for further alignment.

Recommendation 2.1: Broaden the definition of direct discrimination in Section 5 to include unfavourable treatment based on:

- Perceived disability
- Imputed or assumed disability
- Past disability
- Association with a person with disability (e.g., carers)
- Treatment under a "disability-neutral" policy that effectively targets or disadvantages people with disability

This expanded definition would close significant gaps in protection and align with international best practice in anti-discrimination law.

Recommendation 2.2: Introduce a new Section 5A into the DDA establishing a statutory positive duty requiring public sector bodies, large private employers, and service providers to:

- Identify risks of discrimination through regular assessments and data collection
- Develop and implement action plans with measurable targets and timelines
- Provide inclusive policies, training, and reasonable adjustments
- Consult with people with disability in developing and implementing measures
- Report publicly on progress and outcomes

The duty should apply to both direct and indirect discrimination, harassment, and systemic practices. It should include specific requirements for organisations to demonstrate how they have assessed and addressed risks of discrimination against people with psychosocial disability.

Recommendation 2.3: Empower the AHRC to monitor compliance, provide guidance, and initiate compliance inquiries, similar to its role under the *Sex Discrimination Act 1984* (Cth). This should include powers to:

- Issue compliance notices
- Enter into enforceable undertakings
- Apply to courts for orders requiring compliance
- Conduct own-motion inquiries into systemic discrimination
- Publish reports on compliance trends and best practices

These enforcement mechanisms would ensure the positive duty has practical impact rather than remaining a symbolic obligation. The AHRC should be provided with additional resources to effectively fulfill this expanded role, including specialist disability rights expertise.

Recommendation 2.4: Align the form, scope, and enforcement mechanisms of the proposed positive duty in the DDA with Section 5F of the Sex Discrimination Act.

Recommendation 2.5: Ensure entities subject to the duty include all Commonwealth entities, tertiary education providers, schools receiving federal funding, and employers with over 100 staff.

Recommendation 2.6: Establish compliance and accountability mechanisms, including reporting requirements, enforceable undertakings, and the potential for civil penalties for non-compliance. This alignment would promote consistency, clarity, and enhanced protection across federal anti-discrimination law.

Recommendation 3.1: Leverage the revised definition of disability (as per Part 1 of this submission) and the positive duty (as per Part 2) to mandate inclusion across sectors. All Commonwealth-funded or regulated institutions must demonstrate active measures to include people with psychosocial disability. These measures should include:

- Disability inclusion action plans with specific targets for psychosocial disability inclusion
- Regular consultation with people with lived experience of psychosocial disability
- Training for staff on psychosocial disability awareness and inclusion
- Accessible complaint mechanisms designed with mental health considerations
- Regular reporting on outcomes and progress against inclusion targets

This comprehensive approach would ensure that the definitional changes and positive duty translate into practical inclusion measures across all areas of public life.

Recommendation 3.2: Introduce mandatory employment targets for Commonwealth agencies and corporatised entities, requiring that at least 9% of the workforce identify as having a disability by 2030. This is to include psychosocial disabilities, following their inclusion in the DDA as per Part 1 of this submission. This target should:

- Be incorporated into agency performance frameworks and executive KPIs
- Be publicly reported on annually with transparent methodology
- Be supported by tailored recruitment and retention strategies
- Be accompanied by workplace adjustments and flexible work policies
- Be monitored through disaggregated data collection on disability type

Recommendation 3.3: Provide tax incentives and grants for private employers who hire and retain people with psychosocial disabilities, with priority for trauma-informed workplaces. These incentives should include:

- Wage subsidies for the first 12 months of employment
- Tax deductions for workplace adjustments and mental health supports
- Innovation grants for developing inclusive workplace practices
- Recognition programs for exemplary employers
- Support for peer workforce development and mental health first aid training

Recommendation 3.4: Require employers subject to the positive duty to conduct disability inclusion audits and publish plans. Audits should:

- Assess physical, digital, and attitudinal barriers
- Identify gaps in policies, practices, and workplace culture
- Include consultation with employees with disability
- Result in time-bound action plans with measurable outcomes
- Be updated every three years with progress reports

Recommendation 3.5: Phase out supported employment services, including sheltered workshops that have historically underpaid and segregated workers, by 2034 in alignment with Royal Commission recommendations. This transition should include:

- Individual career planning for current supported employees
- Skills development and training opportunities
- Partnerships with mainstream employers
- Ongoing support for successful open employment
- Fair compensation for work during the transition period

Recommendation 3.6: Expand Section 21A of the DDA for inherent requirements criteria to include the nature and extent of adjustments provided, and the level of consultation with the person with disability.

Recommendation 3.7: Amend the DDA to require all publicly funded schools and tertiary institutions to adopt Universal Design for Learning principles.

Recommendation 3.8: Fund individualised support plans (in consultation with students and parents) and ensure all teachers receive mandatory training in psychosocial disability and trauma-informed practice.

Recommendation 3.9: Prohibit forced enrolment in segregated schools or special education units unless requested by the student or family and supported by informed consent.

Recommendation 3.10: Revise the *Disability Standards for Education 2005* (Cth) to ensure enforceable accountability and closure of segregated special schools by 2051.

Recommendation 3.11: The Australian Government expand the *Nationally Consistent Collection of Data on School Students with Disability* to collect data on the use of restrictive practices and the rates of suspension and expulsion.

Recommendation 3.12: The DDA should be amended to cover all discipline that relates to exclusion, suspension and expulsion.

Recommendation 3.13: Require the positive duty to extend to health service providers, transport operators, and digital platforms receiving public funding.

Recommendation 3.14: Mandate accessibility standards, including mental health safety plans for emergency services and crisis support.

Recommendation 3.15: Require all public infrastructure, transport, digital platforms, and government services to meet national accessibility standards with mandatory compliance and regular audits.

Recommendation 4.1: Amend the DDA to require the AHRC and the Federal Court of Australia to adopt trauma-informed procedures, including:

- Independent advocacy support
- Flexible timelines
- Remote participation options
- Mental health liaison officers
- Plain language materials
- Options for supported decision-making
- Quiet spaces and sensory accommodations

Recommendation 4.2: Provide dedicated psychosocial disability legal support schemes, funded by the Commonwealth, to assist complainants.

Recommendation 4.3: Enhance funding for the National Disability Advocacy Program (NDAP) to provide free, independent legal representation and advocacy support tailored to diverse needs, including psychosocial disabilities.

Recommendation 4.4: Amend Section 3 (Objects) of the DDA to state clearly:
"This Act is to be interpreted and applied in accordance with Australia's obligations under the UN-CRPD, other applicable human rights instruments, and our commitment to UNDRIP".

Recommendation 4.5: Require judges and tribunal members to consider UN-CRPD General Comments and decisions of the UN Committee on the Rights of Persons with Disabilities when interpreting the DDA.

Recommendation 4.6: Establish a standing Human Rights Advisory Panel within the AHRC to provide guidance on human rights interpretations of the DDA.

Recommendation 4.7: Grant statutory powers to the AHRC to initiate investigations into systemic discrimination without requiring an individual complaint.

Recommendation 4.8: Legislate for the replacement of police-led crisis response with trained, non-armed, mental health outreach teams, available 24/7 and funded nationally.

Recommendation 4.9: Amend the DDA to prohibit use of police for mental health transport unless there is an immediate risk of harm, and only then under strict safeguards.

Recommendation 4.10: Require states and territories to develop crisis care standards that prioritise consent, dignity, and therapeutic support, aligned with Part 9 of the National Mental Health and Suicide Prevention Agreement.

Recommendation 4.11: Mandate independent oversight of all police interactions with people in mental health crisis, with publishable data and annual reporting.

Recommendation 5.1: Replacing the term "reasonable adjustment" with one that promotes the standalone legal obligation to provide accommodations, where failure constitutes discrimination.

Recommendation 5.2: Narrow exemptions to ensure they are time-bound, strictly proportionate, and granted only when:

- There is a genuine and unavoidable necessity
- No less restrictive alternative exists
- The measure is subject to independent review
- Compliance would pose a real, significant threat to safety or function (beyond mere inconvenience or cost)

Recommendation 5.3: Require all exemption applications to be reviewed by the AHRC or a designated tribunal, with public reporting and opportunity for submissions.

Recommendation 5.4: Prohibit organisations from relying on unjustifiable hardship exemptions in core areas of public life (e.g., employment, education, healthcare) without demonstrating active efforts to consult and mitigate.

Recommendation 5.5: Abolish existing exemptions that permit discriminatory pay or working conditions, such as in supported employment settings, in compliance with Article 27 of the UN-CRPD.

Recommendation 5.6: Mandate use of peer-reviewed actuarial data. Insurers must use only current, peer-reviewed actuarial data to ensure pricing and coverage decisions are evidence-based and fair.

Recommendation 5.7: Remove the exemption allowing reliance on undefined 'other relevant factors' to prevent arbitrary or discriminatory decision-making in insurance.

Recommendation 5.8: Require insurers to provide written, evidence-based reasons for denials, citing specific data used, to increase transparency and accountability.

Recommendation 5.9: Establish an independent panel to review insurance disputes, ensuring fair, rights-based appeal processes aligned with the UN-CRPD.

Recommendation 6.1: Amend Section 9 of the DDA to explicitly include "animals trained to assist a person with psychosocial disability", including psychiatric service animals and emotional support animals under defined conditions.

Recommendation 6.2: Establish national standards for training, certification, and identification of service animals, to be developed in consultation with mental health and disability organisations.

Recommendation 6.3: Prohibit denial of access to accredited assistance animals in all public life domains, with penalties for unlawful refusal.

Recommendation 6.4: Launch a public education campaign to increase awareness and reduce stigma around psychosocial disability assistance animals.

Recommendation 6.5: Align the DDA with Australia's obligations under the UN-CRPD, especially Article 16 (freedom from exploitation and abuse) and Article 7 (rights of children with disability), including protections for Aboriginal and Torres Strait Islander people with disability.

Recommendation 6.6: Incorporate protections against emerging forms of discrimination, including algorithmic bias, digital inaccessibility, and data privacy violations in AI systems.

Recommendation 6.7: Ensure legislative coherence between the DDA, the NDIS Act, and state and territory disability laws to eliminate jurisdictional gaps and inconsistencies.

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Recommendation 7.8: Include a requirement for periodic parliamentary review every five years to ensure the DDA continues to meet evolving social, technological, and human rights standards.

Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience. We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

Nothing about us without us.

Submission prepared November 2025. National Mental Health Consumer Alliance.

See nmhca.org.au for more information about the Alliance.

For questions about this submission, please contact us at policy@nmhca.org.au.