Supporting choice, recovery, and participation: Clear and easy to understand information is the key to NDIS access for those with psychosocial disability

Victoria Stewart
Griffith University

Kristin Visser
Griffith University

Maddy Slattery
Griffith University

Abstract

Currently there is limited understanding of how people living with severe and persistent mental health issues use and experience the internet when searching for information regarding the National Disability Insurance Scheme (NDIS). This study aimed to investigate what information mental health consumers want about the NDIS and how they would find this online. A small exploratory qualitative cross-sectional study was conducted using a naturalistic inquiry approach. Brief semi-structured interviews were conducted to collect data from nine mental health consumers living in Hobart, Australia. Three emergent themes were identified, (1) knowledge about the NDIS; (2) internet usage; and (3) the importance of language. The findings highlighted that individuals accessed NDIS information from a variety of sources with a preference for obtaining information from people rather than the internet. Of those who had searched online for NDIS related information, their level of understanding of the scheme was quite limited suggesting that information provided online was not adequately meeting their needs. More generally, participants reported difficulty navigating NDIS literature due to language complexity. Participants also reported confusion regarding specific aspects of the NDIS scheme and a misunderstanding of the roles and functions of the NDIS and Centrelink. These findings suggest that the information provided to potential NDIS psychosocial participants does not meet their needs, and individuals want simple guidance as to what the NDIS is, how it works, and what funding opportunities it offers people. Access to clear and easy to understand information for mental health consumers may support recovery via improved uptake of the NDIS.

Key words: NDIS, mental health, recovery, internet, access, information.

Corresponding author: Victoria Stewart (v.stewart@griffith.edu.au)

Introduction

A socially inclusive society is one in which all people feel valued and have the opportunity to learn, work, and connect with others and their local community (Australian Government, 2011). People experiencing severe and persistent mental illness are at greater risk of being excluded from full participation in community life and experience a greater level of exclusion in areas such as education, employment, social and intimate relationships, and participation in civil associations (Boardman, 2010; Parr, 2008).

The United Nations Convention on the Rights of Persons with Disabilities establishes the rights of all people who have a disability to accessible, appropriate, evidence-based services that enable them to achieve personal goals and to enjoy a quality of life equal to that of people who do not have a disability (UN General Assembly, 2007). The Australian government has undertaken significant disability policy reform over the past decade, aiming to promote the rights of people living with a disability (Townsend et al., 2017). Central to this reform agenda is the National Disability Insurance Scheme (NDIS), which is a clear demonstration of Australia's commitment to move toward a social model of disability (Butteriss, 2012).

Background

The development of the NDIS was influenced by a number of reports (*2009 Shut Out Report, 2011 Productivity Commission Report: Disability Care and Support*) that highlighted a range of areas of exclusion for people with disability. The NDIS aimed to provide a framework to address structural barriers preventing people with disability from exercising their rights, including accessing community participation, buildings, justice, economic security, personal supports, education, and health (Australian Government, 2009). Through person-centred planning and individualised funding, the NDIS uses a ‘personalised’ model to provide funding packages to individuals experiencing disability including mental illness (Carey et al., 2017).

Although the NDIS supposes a social model of disability, the scheme still assumes there is something called disability, and eligibility is determined through a standardised, medicalised, and deficit understanding of disability (Horsell, 2020). The focus on NDIS of increasing capacity to participate meaningfully in society is consistent with neoliberal ideals of self-actualisation and self-development by harnessing market mechanisms (Cortese, 2020). This individualised approach has been criticised for not recognising the rights of people with disability to recognition, presence, participation, and voice in the public sphere (Edwards, 2019). Whilst the NDIS purports to increase choice and control through personalisation approaches, criticisms regarding the inflexibility and bureaucracy of the scheme to meet individual circumstances and needs have been raised (Malbon et al., 2019). Furthermore, research has identified that not all individuals benefit equally from a personalised approach as people with physical and sensory impairments are more likely to engage in this process and people with mental health problems and neurological impairments the least likely to opt in (Carey et al., 2017).

In theory, the key goals and tenets of the NDIS, including recognition of capability and promotion of agency, align with the main principles of the mental health recovery framework (Arblaster et al., 2018; National Disability Insurance Agency, 2018a). Recovery is embedded in mental health policy both in Australia and internationally and has been variously identified as an idea, movement, philosophy, set of values, paradigm, policy, and doctrine for change (Roberts & Wolfson, 2004; Wyder et al., 2015). Whilst there is no universally accepted definition of recovery, it generally refers to an individual having meaning and purpose in their life, an understanding of their abilities and challenges, being able to define their goals and hopes for the future, having choices in how they want to lead their life, as well as personal autonomy for their well-being (Department of Health and Ageing, 2013). The concept of recovery is conceptually distinct from a medical definition of symptom remission, suggesting the final goal is not symptom-free normality but an ongoing journey to living a best life (Duff, 2016). Whilst the recovery approach has been heralded as an alternative to coercive, deficit-based mental health practices, some have criticised its conceptual fuzziness, focus on individualist worldviews, and potential for subversion and appropriation by professionals through alignment with biomedical discourse (Price-Robertson, 2017).

Since the commencement of the NDIS in 2013, there have been concerns raised regarding various facets of the scheme's support of those living with severe and persistent mental health conditions (Smith-Merry et al., 2018). Feedback from NDIS participants suggest that rather than feeling empowered and encouraged, the processes involved in accessing and utilising an NDIS package have left them with a sense of confusion, increased anxiety and, in some cases, feelings of distress (Smith-Merry et al., 2018; Warr et al., 2017). Additionally, there have been numerous reports, from both within and external to the government, that identify challenges and limitations present for mental health consumers accessing and utilising the scheme. These include challenges finding information regarding eligibility (Smith, 2016), confusion regarding the complex and bureaucratic language used around the scheme, and difficulties understanding information and completing required forms (Mental Health Australia, 2018; National Disability Insurance Agency, 2018b). Mental health consumers also report feeling that they do not know where to turn to for information regarding the NDIS (Smith, 2016).

The National Disability Insurance Agency (NDIA), the body administering the NDIS, initially estimated that around 13.9% of Australians living with severe mental health conditions would meet eligibility criteria for a support package. However, since the commencement of a progressive rollout of the scheme, statistics have consistently shown that engagement amongst those living with a severe and persistent mental health condition has been lower than expected (Kaplan & McGrath, 2018; National Disability Insurance Agency, 2018a). A recent report released by the NDIA suggested that only 8.2% of this demographic have successfully applied for support funding under the scheme, representing just over half of the estimated numbers (National Disability Insurance Agency, 2018c).

The availability of appropriate information, suitable for the unique needs of mental health consumers, is a significant barrier in accessing the NDIS. Currently, scheme resources use language and terminology that appears foreign to many mental health consumers. The term *psychosocial disability* is used by NDIS to describe a disability caused by the experience of mental illness. To be eligible for NDIS, a psychosocial disability needs to be permanent; something that is difficult for many mental health consumers to demonstrate given the fluctuating nature of many illnesses (Slade & Longden, 2015), and critics have noted that mental illness does not always fit comfortably within a disability model (Smith-Merry et al., 2018). Confusion amongst mental health consumers as to the definition of psychosocial disability, and whether it encompasses their experience, has the potential to impact on engagement rates. The need for clear and concise information, explaining the term psychosocial disability and whom it applies to, and that information about it within the NDIS is available through a number of sources including the internet, is needed to limit confusion about the scheme and improve its engagement rates.

Ensuring quality online information, which is easily accessible and understandable, is imperative in a world that relies extensively on the internet. Increasing numbers of people are going online to seek information regarding health-related supports and services (Australian Bureau of Statistics, 2018a, 2018b). A recent report into household use of technology showed that nearly 50% of Australian adults reported accessing the internet for health-related services (Australian Bureau of Statistics, 2018a). This represented more than a 15% increase over the past two years. More specifically, when considering the online habits of mental health consumers one study suggested around 70% of those living with a mental health condition look to the internet for mental health related information at some point (Kalckreuth et al., 2014). Furthermore, Bauer et al. (2018) highlighted the increasing global reliance amongst governments and health service providers on the internet to convey information. In line with this research, the NDIS is highly reliant on people with severe and persistent mental health conditions to use the NDIS myplace online portal to access and manage their funding package (National Disability Insurance Agency, 2019c). This requirement impacts particularly on those who experience difficulties with digital access and digital literacy (Malbon et al., 2019).

There is currently limited research regarding the methods, online or otherwise, by which mental health consumers are currently accessing information regarding the NDIS. Ensuring equitable access to information on the internet requires the removal of barriers that may make it difficult for consumers to perceive, understand, navigate, and interact with websites (Bernard et al., 2015). Research has identified that people with mental health conditions experience difficulties when using the internet due to barriers resulting from distracting and confusing design, complicated content and website functions, an overabundance of information, and a high-demand for good fine motor skills and rapid information processing (Bernard et al., 2016). Navigating these obstacles can be challenging and can impact an individual's well-being rather than promote their recovery (Mental Health Australia, 2018). Given the limited knowledge on how mental health consumers access information about the NDIS online, as well as a limited understanding of their online needs, the aim of this study was to hear the voices of mental health consumers regarding how they are currently utilising and experiencing the online environment with a focus on information regarding the NDIS to preliminarily explore their online habits and information seeking behaviours. This was achieved by asking the question: *What information do mental health consumers want about the NDIS and how would they go about finding this online?*

Methods

This study employed a qualitative description design to gain insights from participants regarding their experiences, using thematic analysis based on a general inductive method. Qualitative description was selected as it has been found to be an important and appropriate method for discovering the who, what, and where of events, and gaining insights from participants regarding a phenomenon (Kim et al., 2017). Qualitative description does not aim to interpret data, allowing for a rich, minimally theorised, straight forward description of an experience, that stays close to the data and uses the language of participants to describe experiences (Neergaard, 2009). This approach allows data collection and analysis to remain open to participants' unique experiences which has been found to be valuable when answering questions of significance to policy-makers and practitioners (Sandelowski, 2000).

Recruitment

Adults with current or historic usage of mental health services in Hobart, Australia were invited to participate in the study. Hobart was the selected study site as it was where the researcher responsible for data collection resided. Two non-government mental health services agreed to circulate and display recruitment posters to participants within their organisation. Interested individuals were then asked to contact the research team to determine eligibility and a participant information sheet was provided on contact. This is an arms-length recruitment approach consistent with ethical practice in research to mitigate perceived coercion to take part. Participant understanding of the research process and implications of consent was confirmed prior to the interview and written consent obtained. The same researcher conducted all participant interviews. Interviews were conducted either face-to-face (n = 8) or over the telephone (n = 1), dependent on client preference, as well as geographical and time constraints. Excluding time establishing rapport with the participants and explaining consent processes, interviews ranged in length from five minutes to 38 minutes (average 11 minutes). All interviews were audio-recorded, and permission to do so was first sought. In addition to the time constraints of participants, the interviews ended up being briefer than expected for two main reasons. The first was that only a small number of questions were asked, rather than a lengthy series of questions with in-depth follow-up prompts. The second was the need to manage potential for fatigue and/or triggered trauma among mental health consumers and thereby conduct ethical research that considered the care and well-being of the participant.

Participants

Table 1 summarises participant demographics. As can be seen, participant ages ranged from 30 to 70 years (M = 53, SD = 12.10). On average, participants had been accessing mental health services for 16 years (SD = 9.26). Just over half of the participants were male (n = 5), and all but one spoke English as their first language (n = 8) however their English proficiency was high therefore an interpreter was not required. Of the nine participants, two were preparing to apply for the NDIS, two had an active application being assessed by the NDIA, one was the parent of an NDIS recipient, and one had previously applied and been declined for an NDIS package. The remaining three participants reported no active engagement with the NDIS. All participants were offered a $20 gift card in return for their time and sharing of lived experience expertise.

Table 1: Interview Participant Demographics

	P1	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**	**P8**	**P9**
Age	66	49	62	53	56	30	44	52	70
Gender	F	M	F	F	M	F	M	M	M
Accessing Mental Health Services (years)	13	7	13	24	37	8	17	15	12

Data collection

Qualitative data was collected via semi-structured interviews, with the non-leading questions being developed amongst the research team in consultation with two mental health lived experience practitioners (Table 2). In total ten questions were posed to each participant including three demographic questions (i.e. age, gender, and number of years accessing mental health services) and seven questions about the participants' knowledge and understanding of the NDIS and their experience using online interfaces, and the real or hypothetical search terms they have or would employ when searching for NDIS information online. Questions were phrased in an open-ended manner to encourage each participant to give an expanded answer (Dumay & Qu, 2011). This study received ethics approval from the Griffith University Human Research Ethics Committee (Ref No: 2018/810).

Table 2: Interview Guide

Main focus	**Interviewer questions**
Introduction and rapport development.	Introductions, thanks for participating, ask if comfortable with venue, describe purpose of interview.

Informed consent.	Review information sheet, answer questions and confirm participant understanding. Reminder that the interview will be recorded. Complete consent forms.
Find out understanding and knowledge of NDIS.	What do you know about the NDIS? What would you like to know about the NDIS?
Find out how the internet is used to find information about the NDIS.	Have you used the internet to look up information about the NDIS? If so, what did you look for and how easy was it? What did you type in to find this information? If not, how do you think you would find NDIS information on the internet if you were to look? What things would you type in to find the information?
Find out how the internet is used to find general information.	How do you usually use the internet? How often? Where? Do you do your internet searching yourself or do you have someone help you?
Demographic details.	Age, gender, length of time accessing mental health services
Completing the interview.	Summarise discussion to confirm understanding, answer any further questions, highlight support agency information on the information sheet, provide gift voucher / thanks.

Data analysis

Audio-recordings of the interviews were not transcribed verbatim as evidence suggests that audio recordings in collaboration with field notes can provide benefits above transcription, allowing a deeper understanding of context and emotion (Halcomb & Davidson, 2006; Tessier, 2012). Instead, interviews were listened to a number of times by researchers and reviewed alongside the researcher's field notes. The recorded interviews were thematically analysed using a general inductive approach whereby the key themes and words were drawn from each participant's responses (Thomas, 2006). This process involved a deductive approach (that used the research questions as a guide) and also explored emergent themes (inductive approach). Initially, all interviews were reviewed in detail to identify relevant information that would support broad themes. Phrases, emotions, beliefs, and experiences that were similar or frequently stated were organised into themes (Saldana, 2016). The first two recordings were coded by two researchers. To promote trustworthiness, the themes were discussed, reviewed, and agreed upon before the remaining interviews were analysed by both researchers. The limited disagreement between coders was reconciled through discussion to ensure the themes were consistent and the relationships were clear. This analytical approach ensured that the themes remained 'close' to the data (Sandelowski, 2000).

Results

Analysis of the interview data identified three themes related to the research questions: i) knowledge about the NDIS; ii) internet usage; and iii) importance of language. Themes are discussed in more detail below illustrated by quotations from individual participants (e.g. P1, P2 etc). The format […] indicates where quotes have been edited to maintain focus on the issue under discussion.

Knowledge about the NDIS

The majority of interview participants (*n* = 7) reported a good to thorough understanding of the broad purpose of the NDIS. Knowledge about the NDIS had been gained through undergoing the application process themselves or supporting others with the application process. One participant had gained their knowledge through media reports. The NDIS was described as providing *'resources to people with disabilities'* (P5), helping *'people with disabilities access more of a normal life through either education or social activities or lots, yeah'* (P2), and *'[the NDIS] is funds allocated for special needs – cleaning, some housework, socialising, interventions. That sort of thing'* (P7). Two participants reported a limited understanding of the broad purpose of the NDIS, however both had not engaged with the NDIS but expressed an interest in learning more.

A number of participants (*n* = 5) reported confusion regarding more specific aspects of the scheme. For example, one said, *'[in the NDIS literature] there is not really any points of how we can be helped … not just how, but what would be the limit of the help'* (P3). Additional confusion related to how much funding or financial supports would be received and how the funding was to be managed: *'can you manage your own [funding], or not?'* (P4). One participant also reported receiving conflicting information about the NDIS: *'I get one person saying this, one person saying that … so, you really don't know'* (P8).

There was also some confusion for participants between the NDIS and Centrelink, with statements suggesting they believed the two different organisations to be one and the same. When responding to a question regarding their interaction with the NDIS, one participant discussed a call to Centrelink: *'I was talking with them [Centrelink] and I was asking them a question about my [NDIS] application and they couldn't tell me'* (P5). Another referred to receiving NDIS application paperwork from Centrelink, and referred to the anxiety they experienced when dealing with Centrelink: *'I got the [NDIS] application in the mail from Centrelink and I was so worried when I saw it. I always get anxious when I get mail from Centrelink'* (P3). Concern regarding how the NDIS would meet their day-to-day living expenses was also mentioned by one participant. These comments suggested there was confusion regarding income support (e.g. Centrelink) and the NDIS funding; the calculation and purpose of funding.

Internet usage

Responses regarding general internet usage were separated into four sub themes – *source, frequency, comfort level,* and *location*. When asked where they searched for information about the NDIS, participants reported they relied on a variety of sources including mental health support staff (*n* = 5), peers (primarily other service users; *n* = 2), the media (*n* = 1), Google (*n* = 1), the NDIS website (*n* = 1), the NDIS phone line (*n* = 1), and NDIS produced literature (*n* = 1). Most participants (*n* = 7) preferred to get NDIS information from people rather than the internet or obtain written resources from service providers.

With respect to frequency, four participants used the internet on a regular basis (daily or multiple times per week), three had limited use (weekly or less than weekly), and two did not use the internet at all. Of those using the internet, the majority (*n* = 6) reported feeling comfortable and did not require any assistance. Only one participant stated they required support to use the internet and this person was a limited user of the internet. With respect to location, interview participants reported accessing the internet either at home (*n* = 2), at mental health services (*n* = 1), or a combination of both (*n* = 4). Having access to the internet at home was closely related to frequency and confidence in their use of the internet. The majority of internet using participants (*n* = 4) had not used the internet to locate information regarding the NDIS. Of the three participants that had utilised the online environment to seek NDIS-related information, two reported still having only limited knowledge of the NDIS.

When asked what search terms (actual or hypothetical) participants would use to find information about the NDIS, the most common terms proposed were '*NDIS'* (*n* = 2), '*NDIS Tasmania*' (*n* = 1), '*purpose of NDIS*' (*n* = 1), '*why do I need NDIS?*' (*n* = 1), '*NDIS Australian Government*' (*n* = 1), '*what is NDIS about?*' (*n* = 1), and '*who benefits from NDIS?*' (*n* = 1). It was also noted by participants that search terms needed to be straightforward: *'Simple! I can't understand the big bloody words. Simplify it!'* (P4).

Importance of language

Two participants spoke about their frustration at the complex language used in the NDIS literature they had encountered, and expressed a desire for information creators to have a better awareness of the readability challenges encountered by mental health consumers:

> *For many people with a mental health issue like myself, to be … written to in the simplest way and so anybody could read and understand. Like, not these 'words from heaven' I call them … I get anxiety from very long sentences. (P3)*

Discussion

The introduction of the NDIS has promised the promotion of recovery and social inclusion for those Australians experiencing severe and persistent mental illness. The NDIS is an important avenue in this goal, providing support for people with severe and persistent illness to pursue their aspirations and assist them to overcome barriers to social inclusion. This is only possible if mental health consumers know about the scheme, and have appropriate knowledge regarding how to access these supports. Of paramount importance is access to information that is of high quality and accessible to those needing it the most. This need is made more pertinent given the reported shortfalls in scheme uptake amongst those living with severe and persistent mental health issues, or psychosocial disability as it is referred to under the NDIS (Smith-Merry et al., 2018). Currently, there is limited knowledge about how people living with severe and persistent mental health issues use and experience the internet when searching for information about NDIS processes and supports.

With a greater number of people turning to the internet for information and guidance for their health and lifestyle decisions, there has been increasing concern regarding the accessibility, usability, reliability, and readability of the content presented online (Bernard et al., 2015; Finnie et al., 2010; McInnes & Haglund, 2011). This small exploratory study identified that mental health consumers were hesitant to utilise the internet for NDIS-related information, preferring more traditional forms of seeking information such as paper-based literature, service providers, and the NDIS phoneline. This finding runs contrary to other international studies that have found 68-70% of mental health consumers reporting the utilisation of the internet to search for health-related information (Gorczynski et al., 2013; Kalckreuth et al., 2014; Khazaal et al., 2008). One possible explanation for this difference may be in the higher mean age of participants in this study. Bauer et al. (2018) and Khazaal et al. (2008) suggested lower rates of internet usage for health-related information amongst older mental health consumers. Additionally, the availability of trusted support staff and peers for this group of participants may have reduced their reliance on resources such as the internet.

Whilst having knowledgeable and approachable support staff is seen as a positive resource for mental health consumers (Mental Health Australia, 2018; Vanderplasschen et al., 2013), the Department of Health and Ageing (2013) also suggests care must be taken to ensure that autonomy and self-reliance is encouraged and actively fostered by those providing such support. Recovery oriented service provision promotes concepts of self-determination and choice, but access to, and participation in, NDIS requires capacity to engage and overcome impediments to engagement (Cortese et al., 2020). For many, advocacy and support from others may be required to overcome personal, disability-related, and structural barriers. A number of participants reported gaining information from peers as well as service providers. Whilst supportive relationships amongst peers is being increasingly recognised as an important element in promoting recovery (Puschner et al., 2019), peers may not have appropriate knowledge about the NDIS, with provision of inaccurate or incorrect information of concern. Additionally, it was also noted that amongst those participants that had utilised the internet for information pertaining to the NDIS specifically, a high percentage still reported a low-level of understanding regarding the scheme. This suggests that the information being encountered was not adequately meeting their needs and alternative means of connection may be needed to better meet the needs of mental health consumers (Cortese et al., 2020). Access to clear and factual information is important, as knowledge is an essential element in empowering people to be involved in their own recovery and have their voice heard by service providers.

Amongst those utilising the internet to procure NDIS-related information, there was an expressed desire for easy-to-understand material, accessed via simple, concise search terms and processes. This is particularly important for people with severe and persistent mental illness who may experience a number of cognitive symptoms (such as difficulties with attention, memory, planning, organisation, reasoning, and problem solving) which in turn may impact on accessing and understanding information from the internet (MHCC, 2015). Confusion regarding NDIS information was identified, and participants reported a need for the information to be simplified and provided in a format that was easier to understand. Participants identified that current resources contained too much jargon or overly complex language and did not provide examples of how the scheme could meet their needs. Difficulties in understanding information was related to feelings of anxiety and low self-esteem, leaving participants feeling disempowered and lacking personal agency. The frustration experienced in finding information about the NDIS, may account for the low levels of engagement with NDIS and the reported shortfall in psychosocial disability applications (Smith-Merry et al., 2018). Interestingly, difficulties in access for participants experiencing a psychosocial disability has been identified by the NDIA (2017) who acknowledge that raising awareness and knowledge about the NDIS in the community has been challenging. It is important that this challenge is addressed to ensure those who are disadvantaged by the current provision of information have access to important supports.

For the participants that had utilised the internet for NDIS-related information, the information they most desired to find included simple guidance as to what the NDIS was, how it worked, and what funding opportunities it offered. Participants were most likely to access the official NDIS website directly or complete a Google search using simple, yet broad, search terms. However, the broad search terms suggested by participants yielded equally as broad results, often with little in the way of information specific to, or useful for, mental health consumers. This is an important shortcoming, highlighted in the results of this study, as there have been specific references to the need for targeted psychosocial disability information, resources, and support under the NDIS (Mental Health Australia, 2018).

Participants also noted confusion regarding who was responsible for administering and providing NDIS funding. Difficulties in distinguishing the roles and functions of Centrelink welfare payments and NDIS funding packages was identified. Australian welfare and disability support systems have been subject to many changes in recent times (Crozier et al., 2013; Effective Philanthropy, 2014; Hinton, 2018). This changeability has created a tendency towards confusion in which many people who are accessing welfare and disability support systems feel unsure as to where, or to whom, they should be going to for assistance (Dickinson & Carey, 2017; Hinton, 2018).

The NDIS is intended to support people with disability, and as such, needs to ensure that people have the capacity to engage with the scheme, and receive initial access and ongoing supports and services. Since this study was conducted, the NDIA has established a participant pathway model that aims to improve people's individual journeys with the NDIS. A specific psychosocial disability pathway was created in recognition of the unique needs of this group (National Disability Insurance Agency, 2018d, 2018e). The number of mental health consumers accessing NDIS assistance has increased since a range of improvements were introduced, including provision of more clear and easy to understand guides and fact sheets for navigating the NDIS, updating the NDIS website with simple and clear headings, increased personalised engagement support, training of NDIA staff to strengthen their understanding of psychosocial disability, the introduction of recovery coaches, and better linkages between mental health services, NDIA staff, and partners (National Disability Insurance Agency, 2020). Many of the suggestions raised by our participants align with the psychosocial disability pathway changes. While the changes appear to have made it easier for people living with severe and persistent mental health issues to understand and apply for NDIS support (particularly when they have external assistance), we believe that with a greater number of people likely to use the internet for seeking NDIS information more consideration is needed of how to make their online experience more user friendly.

Study limitations

Initial recruitment for this study was difficult and as a result the desired numbers of participants usual to qualitative description research methodology (11 to 20) was not achieved (Kim et al., 2017). Ideally, future research endeavours would look to recruit a greater number of mental health consumers from a broader range of geographical locations and across a broader age range to assist with strengthening the generalisability of the data captured (Gobo, 2004). Further research should aim to include the views of consumers not currently accessing support services and those from geographically isolated areas to further capture a range of diverse experiences. Qualitative interviews aim to obtain an in-depth account of the phenomena under investigation (Kirkevold & Bergland, 2007). In this study the interviews were short, and this impacted on the richness of the data collected. Speculatively, the length of interview may have also been related to the severity of participants' mental health issues or participants' anxiety about meeting the researcher for the first time To address this, future research should indicate in advance the expected length of time of interviews, which would allow for more time to build rapport with participants (West et al., 1991).

Conclusion

As governments and health service providers increasingly rely on the internet to convey information to their constituents and clients (Bauer et al., 2018; Department of Human Services, 2016), it is important that there is adequate consideration of the needs of mental health consumers. Indeed, the reported benefits of internet usage, including better health literacy and decreased loneliness (Bauer et al., 2018), mean that the advantages of increased internet usage can go far beyond access to quality information. It is clear that more needs to be done at a systems level to better assist mental health consumers to feel empowered and safe when accessing online information regarding the NDIS. In turn, this may best support an individual's personal idea of recovery, enabling people to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

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