STEP 2

ALLIED HEALTH

Practice Guidance

Understanding Therapeutic Supports for Psychosocial Disability under the NDIS

Scope, Distinctions and Intersections with Specialist Behaviour Support

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Introduction

Purpose

This resource is designed to be a clear and practical guide for understanding Therapeutic Supports for psychosocial disability under the NDIS.

It brings together key information from legislation, policy, and practice to help clarify what these supports are, how they differ from other types of services (like clinical mental health treatment or Specialist Behaviour Support), and how they should be considered in planning, reporting, and advocacy.

Under the NDIS, Therapeutic Supports for psychosocial disability are designed to build functional capacity and support meaningful participation in everyday life.
These are non-clinical supports and fall within the NDIS scope, not the health system. Despite this, there is often confusion around roles, responsibilities, and where these supports fit.

This guide supports consistent, evidence-aligned practice by:

- Explaining what Therapeutic Supports are, and what they are not;
- Outlining common therapeutic disciplines and modalities used;
- Distinguishing these supports from Specialist Behaviour Support;
- Summarising how the NDIS determines what is ‘reasonable and necessary’;
- Providing examples, language, and templates to strengthen reporting and advocacy.

Whether you're an NDIS participant yourself, or otherwise a practitioner, support coordinator, planner, or someone navigating supports for a participant, this document aims to give you the language, clarity, and confidence to support better outcomes and navigate this complex domain.

This guidance has been developed by Step 2 Allied Health with contributions from multiple internal and external parties as can be found in our contributors section. It reflects current practice knowledge and aims to support understanding of legislation, policy, and practice standards. This is not formal regulatory advice. NDIA rules, pricing arrangements, and Commission guidance take precedence, and practitioners should always refer to the most current official information. We aim to ensure this guide remains current and thus it will be subject to regular reviews and updated periodically to reflect changes as far as practicable.

This guidance acknowledges the United Nations Convention on the Rights of Persons with Disabilities (CRPD) as a foundational framework for practice. Therapeutic supports are fundamentally about enabling people with disability to live with dignity, choice, and participation. This aligns with the CRPD's emphasis on equality, autonomy, and integrity, and with the NDIA's original purpose of supporting people to achieve their goals, build capacity, and increase social and economic participation.

A note on language used in this document

We acknowledge that terms like "mental illness," "impairment," and formal diagnoses come from a medical model of disability and psychiatric frameworks, including tools like the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)[1].

These systems and the language they use have been questioned and critiqued by many individuals and movements, who challenge the authority of psychiatry and the tendency to pathologise human variation.

At the same time, this report has been written within the context of the National Disability Insurance Scheme (NDIS). The NDIS uses particular language and definitions to guide funding decisions, policy, and service delivery.

As such, some of the terms used in this document align with the terminology used in legislation, The Applied Principles and Tables of support to determine the responsibilities of the NDIS and other Service systems (APTOS), or NDIA guidance. This helps ensure clarity and consistency when interpreting or applying information across different parts of the system.

Where possible, we have chosen language that reflects a person-led, strengths-focused approach aligned with a social model of disability, and we've tried to strike a balance between technical accuracy and respect for lived and living experience. In places, we also use NDIA terms such as "recovery-oriented" to reflect current policy documents (e.g. the NDIS Psychosocial Disability Recovery-Oriented Framework). We acknowledge that this terminology is not universally preferred. In this document, "recovery-oriented" is used in the NDIA context to mean supporting people to live a meaningful life with or without ongoing mental health challenges, rather than suggesting a medical cure.[2].

We also recognise that language is always evolving, and that no single choice of words will suit every person's perspective or preferences.

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[1] The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in research on mental disorders. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions (https://www.psychiatry.org/psychiatrists/practice/dsm/frequently-asked-questions)

[2] Consistent with the National Disability Insurance Scheme Psychosocial Disability Recovery-Oriented Framework (2021), personal recovery is defined as "being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues" (NDIS, 2021, pp. 5–6).

If you're reading this as a participant, family member, support person, professional, or someone with lived or living expertise, and you have feedback on how we could make this document more inclusive or useful, we'd love to hear from you. Feedback helps us do better, and we're committed to learning and improving as we go.

Document Summary

This document is a practice guidance for understanding Therapeutic Supports for psychosocial disability under the NDIS, outlining their scope, distinctions, and intersections with Specialist Behavior Support. It aims to clarify what Therapeutic Supports are, how they differ from other services (like clinical mental health treatment), and how they should be considered in planning, reporting, and advocacy.

Key points include:

- **Psychosocial Disability**: Refers to disability arising from the functional impacts of a mental health condition, focusing on enduring functional impacts rather than clinical treatment of mental illness.

- **Therapeutic Supports (NDIS)**: Funded to build skills, participation, coping, relationships, and emotional/cognitive functioning. These are non-clinical and capacity-building.

- **Distinction from Clinical Supports**: Clinical treatment of mental illness is the responsibility of the health system (Medicare, state health services), while the NDIS funds non-clinical supports focused on functional skill-building and participation.

- **Disciplines**: Commonly include Psychologists, OTs, Speech Pathologists, Social Workers, Counsellors, Developmental Educators, Rehabilitation Counsellors, and various Creative and Expressive Therapists (e.g., Art, Music, Drama, Play, Equine-Assisted Therapists). Within the NDIS, these disciplines emphasise functional outcomes, while also addressing broader areas such as wellbeing, participation, inclusion, and quality of life.

- **Difference from Specialist Behaviour Support**: Therapeutic Supports (Improved Daily Living) focus on building functional capacity, while Specialist Behaviour Support (Improved Relationships) is focused on improving quality of life, identifying and addressing the underlying reasons for behaviours of concern, and reducing/mitigating associated risk of harm. Behaviour support also has a specific function in reducing or eliminating regulated restrictive practices (RRPs).

- **Reporting and Funding**: Supports must meet NDIS "reasonable and necessary" criteria, demonstrating links to functional impairment, NDIS goals, social/economic participation, value for money, effectiveness, and support for informal supports, and must be NDIS supports.

- **Common Reasons for Decline**: Rejections often stem from misunderstandings that Therapeutic Supports duplicate behavior support, constitute treatment of mental illness, or can be fully accessed through Medicare. The document clarifies these points.

Making Sense of Therapeutic Supports

What is Psychosocial Disability?

Defining Psychosocial Disability

Psychosocial disability refers to disability that arises from the functional impacts of a mental health condition.

According to NSW Health:

> **"Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery."**
>
> - NSW Health, *What is Psychosocial Disability?* (health.nsw.gov.au)

Characteristics of psychosocial disability may include:

- Experiencing barriers to forming and maintaining relationships, or to accessing and sustaining employment
- Experiencing barriers to participation in daily living activities or independent decision-making
- Experiencing barriers to community connection or social participation
- Experiences of emotional dysregulation

The NDIS uses the term to refer to participants who meet access criteria due to the long-term and substantial impact of these difficulties on daily functioning.

The Applied Principles and Tables of support to determine the responsibilities of the NDIS and other Service systems (APTOS, Australian Government Department of Health, Disability and Ageing) reinforce that:

> **"The NDIS will be responsible for ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life."**
>
> - *APTOS - Mental Health, p.7*

A person may have a mental health condition but not meet the criteria for NDIS access. Psychosocial disability is about the enduring functional impacts that require support to overcome barriers to participation, independence, and quality of life.

What are "Therapeutic Supports for Psychosocial Disability"?

Under the NDIS, Therapy Supports (also known as Therapeutic Supports, which is the chosen language for this guidance) are "evidence-based supports to help build or maintain your skills and independence"[3].

Broadly, they are classified as either capacity-building therapy supports or maintenance therapy supports.

- **Capacity building** therapy supports: *"aim to build your skills and independence. They can help you do everyday activities in your home, community, at school or work. They have specific goals and outcomes, with a timeframe to achieve them. You may need them for a short time or a longer time, depending on your individual situation"*[4].

- **Maintenance** therapy supports: *"help you maintain your current functional capacity. When we say functional capacity, we mean the things you can and can't do because of your disability. Maintenance therapy supports can also help prevent or delay your functional capacity from getting worse"*[5].

Therapeutic Supports for psychosocial disability are funded to help participants with psychosocial disability (or psychiatric conditions impacting functional capacity) build:

- skills
- participation
- coping
- relationships
- emotional and cognitive functioning

These supports are not considered clinical "treatment" of mental illness, which is the responsibility of the health system.

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[3] https://www.ndis.gov.au/understanding/supports-funded-ndis/therapy-supports
[4] National Disability Insurance Agency (NDIA) 2025, *Our Guideline – Therapy supports*, p. 3, National Disability Insurance Scheme, Canberra, https://www.ndis.gov.au/our-guidelines/therapy-supports,
[5] As above, page 4

Instead, they are functional and capacity-building supports provided under the NDIS where a person's psychosocial disability impacts their day-to-day life.

> **"The NDIS will be responsible for ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life."**
>
> - *APTOS - Mental Health, p.7*

> **"Allied health and other therapy directly related to managing and/or reducing the impact on a person's functional capacity of impairment/s attributable to a psychiatric condition, including social and communication skills development, routine symptom and medication management, and behavioural and cognitive interventions."**
>
> *- APTOS - Mental Health, p.7*

> **"The NDIS funds psychology support for eligible participants if it meets reasonable and necessary criteria. NDIS funded psychosocial disability supports are non-clinical supports... focused on improving the functional ability for a participant to achieve their goals."**
>
> *- Psychosocial Disability Access Factsheet 5, NDIS*

What is the difference between "Clinical" vs "Non-Clinical" Supports?

A key distinction within NDIA terminology is between *clinical* and *non-clinical* supports[6].

- **Clinical supports** are the responsibility of the health system
    - These include:
        - treatment and care provided by medical and mental health services, such as psychiatric care,

[6] It is worth acknowledging that in professional practice, the boundary between "clinical" and "non-clinical" supports, and what these terms actually mean, can overlap and feel less distinct. For example, in Occupational Therapy, occupation-based interventions may address functional impacts in ways that resemble treatment. For NDIS purposes, however, the distinction rests on funding responsibility and intent: the health system provides diagnosis and clinical treatment, while the NDIS funds supports that build functional capacity and participation. (P. Weymouth, Endorsed Mental Health Occupational Therapist, personal communication, September 12, 2025)

        - prescribing medication[7],
        - managing symptoms of mental illness, and
        - hospital-based interventions
    - Clinical services are usually delivered under Medicare, state health systems, or specialist mental health services

- **Non-clinical Therapeutic Supports** are within the scope of the NDIS
    - These supports focus on building functional skills and improving participation in everyday life
    - They are not designed to diagnose or treat mental illness, but instead aim to help people with psychosocial disability develop skills like emotional regulation, self-attunement, social connection, independent living, or coping strategies

According to the *APTOS*:

> *"The NDIS will be responsible for ongoing psychosocial recovery supports that focus on a person's functional ability... including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life." – APTOS – Mental Health, p.7*

In practice, this means that while the health system might "treat" a person's 'mental illness', the NDIS may fund supports that help the person manage and understand the impact of that condition on their day-to-day functioning, as well building the capacity of those around the person to support them.

[7] Certain medication regimens used for behavioural purposes may meet the NDIS definition of chemical restraint under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. NDIS therapeutic supports do not prescribe or determine medical treatment; however, all parties share a responsibility to reduce reliance on chemical restraint and to prioritise positive, rights-based supports. This is consistent with the Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People (ACSQHC, Aged Care Quality and Safety Commission, and NDIS Commission) and with the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard (ACSQHC, 2024), which emphasise non-medication interventions first, informed consent, review, and minimising inappropriate prescribing.

Mental health and psychosocial disability

Important: *The following is taken directly from the NDIA's 'Our Guidelines' site on Mental health and psychosocial disability*[8] [9].

What mental health supports are not NDIS supports?

- Medicines and pharmaceuticals
- Mental health treatment, including for drug and alcohol dependency, gambling, and other addictions or disorders
- Clinical acute, subacute and emergency mental health supports – care in a hospital or similar setting
- Clinical outpatient and continuing care – mental health care where you don't stay in hospital
- Clinical rehabilitation and recovery for your mental health
- Clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop
- Mental health residential care, where the main reason is treatment or rehabilitation, or where the staff are mainly clinical or medical
- Help with other issues or conditions you may have alongside a psychosocial disability, where the issue or condition is clearly the responsibility of another service system.This may include services funded by Medicare
- Diagnosing and treating mental health conditions and neurodevelopmental disorders

Examples of mental health supports that are not NDIS supports

- General practitioner and psychiatry services
- Inpatient mental health treatment and care
- Rehabilitation
- Engagement with allied health professionals such as psychologists, counsellors and social work services for mental health treatment

[8] NDIS (n.d.) Mental health and psychosocial disability. In Mainstream and community supports — Who is responsible for the supports you need? Available at: https://ourguidelines.ndis.gov.au/...mental-health-and-psychosocial-disability

[9] Note that this section is worded in such a way that it addresses participants exclusively as the target audience which is contrasted with the document as a whole

- Prescribing medication for mental health conditions, including medication on the Pharmaceutical Benefits Scheme

- Step up services – services to prevent you from going to hospital or a mental health facility

- Step down services – follow up services after you stay in hospital or a mental health facility. This may include secure and custodial mental health facilities. Learn more in our guideline - Justice system

- Psychogeriatric care – care of older or elderly people with a mental health condition

- Clinical mental health supports to help you transition to a new life stage

- Help to plan and coordinate your mental health supports with your NDIS supports – this includes help during your discharge, and working with your psychosocial recovery coach or support coordinator to help you transition back into the community

- Hospital in the home services – admitted acute care services provided in your home, similar to what you get in a hospital

What are we responsible for?

We're responsible for NDIS supports that focus on your functional ability and long-term recovery that are not clinical. That is, we may fund NDIS supports to help with the things you can and can't do due to your disability.

If you have a mental illness or psychosocial disability, we're responsible for NDIS supports that help you:

- do activities of daily living – that is, go about your daily life
- take part in your community, your social life, study and work
- regain and rebuild skills and confidence in your usual activities of daily living.

Remember, NDIS supports must meet all the NDIS funding criteria before we can include them in your plan.

Examples of supports that may be NDIS supports for you

- Skill development, such as capacity building supports to learn everyday life skills, manage your money, plan your day and make decisions, where you need this support because of your disability

- Social skills development, such as capacity building supports that help you manage social relationships, take part in social skills day programs, or connect to people and places in your community

- Social and recreation support, if you need help to join social activities, sporting clubs or community groups

- Help to find somewhere to live and to manage your rental or home ownership responsibilities, where you need this support because of your disability

- Support from allied health professionals, like psychologists or mental health OTs[10], who are directly related to helping you manage or reduce the functional impact of your psychosocial disability. This could include social and communication skills development, regular help with medication and symptoms, and behaviour intervention and support

- Help to plan and coordinate your NDIS supports with your mental health supports, such as a psychosocial recovery coach or support coordinator

- Help to transition to a new life stage, including hospital discharge, where you need this support because of your disability

[10] Note that there are many more allied health and other professional disciplines who can provide such support (see 'Disciplines' section below).

Typical Therapeutic Domains for Psychosocial Disability - Summary

Domains	Examples
Skill-building	Developing social skills, self-care routines, daily living skills, communication skills
Emotional regulation & sensory	Supporting participants to recognise and respond to emotional states; fostering self-regulation (where appropriate); and equipping supporters with strategies for co-regulation. This may include approaches such as self-attunement and the use of sensory tools or strategies.
Building participation	Supporting community engagement, social connections, employment/education access, participation in meaning occupation/activity, reducing isolation. Capacity-building of supporters.
Recovery-oriented work	Supporting personal recovery goals, hope, identity, agency, connection (aligned with NDIA Recovery-Oriented Framework)
Psychological strategies	Psychoeducation, CBT-informed work, mindfulness, acceptance-based approaches (where appropriate for discipline)
Creative or somatic approaches	Art therapy, music therapy, drama therapy, play therapy somatic therapies linked to psychosocial recovery[11], particularly where talk-based externalisation is limited.
Trauma-informed approaches	Addressing the impacts of trauma or adverse life experiences, related to functioning and participation

What The NDIS Does Not Cover - Summary

- Clinical treatment of mental illness under the Better Access scheme
- Psychiatric prescribing or medication management
- Supports unrelated to disability impact or NDIS goals
- Pure recreation (unless therapeutically linked)

[11] Not an exhaustive list of disciplines

"The NDIS does not fund clinical treatment services or therapy to address mental health symptoms. It funds ongoing functional capacity building supports and supports for daily living when needed."

- *Psychosocial Disability Access Factsheet 5, NDIS*

Disciplines Commonly Delivering These Supports

Under the NDIS, Therapy Supports are therapeutic services designed to support individuals with disability, specifically to build functional skills, capacity, and community participation. These supports are delivered when maximum medical improvement has been reached, and the focus shifts to adjustment, adaptation, and maintenance of function and participation in daily life[12] [13].

In the context of psychosocial disability, these supports help people to develop new skills, build and maintain relationships, and participate meaningfully in their community. Therapeutic Supports are not clinical treatments of mental health conditions but are instead aimed at functional outcomes and social-emotional wellbeing.

All therapy supports must be delivered by appropriately qualified professionals, as listed in the NDIS Pricing Arrangements and Price Limits and the NDIA's Operational Guidelines (OG) for Therapy Supports[14].

The NDIA acknowledges that the OG do not list every therapist type the NDIA may fund[15]:

> *"The OG do not list every therapist type the NDIA may fund. Participants may be able to claim some therapies using the 'other professional' line item in the NDIS Pricing Arrangements and Price Limits (PAPL), if that therapy meets the legislative, funding, and claiming criteria for a participant.*
>
> *These include that the therapy must:*
>
> - *be evidence based and help participants improve or maintain their functional capacity, and*
> - *meet the reasonable and necessary funding criteria, including that the support relates to the participant's disability support needs, is value for*

[12] NDIA (2025) NDIS Pricing Arrangements and Price Limits 2025–26, Version 1.0, p. 92, released 16 June 2025, effective 1 July 2025. Available at: https://www.ndis.gov.au/providers/pricing-arrangements
[13] We, along with multiple contributors, acknowledge that this phrasing reflects a reactive, medically oriented framing that can feel at odds with the social model of disability. In particular, psychosocial disability is often poorly understood, and language such as "maximum medical improvement" risks minimising the ongoing value of therapeutic supports. Within this guidance, we interpret such supports as part of a rights-based, capacity-building approach that aligns with the CRPD and with contemporary expectations of inclusion and participation, rather than as a secondary or residual response once medical treatment has concluded.
[14] National Disability Insurance Agency (NDIA) 2025, *Our Guideline – Therapy supports*, National Disability Insurance Scheme, Canberra, https://www.ndis.gov.au/our-guidelines
[15] National Disability Insurance Agency (NDIA) 2025, *Therapy supports*, https://www.ndis.gov.au/understanding/supports-funded-ndis/therapy-supports

money, is effective and beneficial and helps the participant pursue their goals.

If a participant claims therapy under the 'other professional' line item, the provider must also meet specific requirements in the PAPL. These include having appropriate qualifications, registrations, and working within their professional scope of practice.

Not all therapy types meet these criteria. Any therapy on the list of supports that are not NDIS Supports cannot be funded by the NDIA".

As of 19/10/2025, the following alternative and complementary therapies, wellness and coaching related practices, and energy and healing practice related approaches are explicitly listed as supports that are **not** NDIS supports under their "Not evidence-based" section and therefore would not be funded by the NDIA[16] [17]:

- Alternative and complementary therapies
    - Crystal therapy.
    - Tarot card reading, psychics, mediums and clairvoyants.
    - Cuddle therapy.
    - Reflexology.
    - Aromatherapy.
    - Sound therapy.
    - Yoga therapy.
    - Wilderness therapy.
    - Animal therapy. For example, puppy therapy, goat therapy.
    - Hair therapy.
    - Alternative or complementary medicine.

- Wellness and coaching related
    - Massage that is not provided by an allied health professional for disability
    - related purposes.
    - Sports or athletic supplements.
    - Life coaches, wellness coaches, career coaches, cultural coaches.
    - Hypnotherapy.
    - Neurofeedback.
    - Gaming therapy.
    - Mastermind coaching including Apps and software.
    - Somatic therapy.
    - Kinesiology.

- Energy and healing practices related

[16] National Disability Insurance Agency (NDIA) 2025, *Supports that are not NDIS supports*, National Disability Insurance Scheme, Canberra, viewed 19 October 2025, https://www.ndis.gov.au/understanding/supports-funded-ndis

[17] Step 2 Allied Health acknowledges that some individuals report personal or wellbeing benefits from these and similar practices. However, the NDIA classifies these approaches as "not evidence-based" for the purposes of NDIS funding. Their exclusion reflects current NDIA policy rather than any assessment or endorsement by Step 2 Allied Health, and does not preclude individuals from pursuing these therapies privately if they find them beneficial.

- Reiki (including intuitive reiki).
- Scalar lounge.
- Frequency healing and energy balanced massage.
- Deep energy clearing.
- Spinal flow technique.
- Shamanic healing.

The following professions are recognised for their role in psychosocial therapeutic work and must meet specific professional registration or membership criteria[18].

Each discipline is introduced by their professional title, followed by their definition per the NDIS Pricing Arrangements and Price Limits (PAPL) 2025-2026[19] in *italics* and subsequently a detailed definition. Definitions are each informed by a range of reputable sources but generally relevant peak bodies (where appropriate), qualified professionals from the associated discipline and other sources.

Developmental Educator

As defined in the NDIS PAPL, 2025-2026: A person who is a Full Member of Developmental Educators Australia Inc (DEAI)[20].

"Developmental Educators (DEs) are degree-qualified disability and allied health [21]professionals. They specialise in working with people with disability across the lifespan. using a human rights framework to promote full and effective inclusion and participation in society.

DEs consider the whole person and their sociocultural context with a specific focus on facilitating the rights of people with disability and eliminating barriers that restrict those rights. Practice centres on the lived experience, needs, goals and aspirations of people with disability.

DEs collaborate with people with disability to promote inclusion and address attitudinal and environmental barriers"[22].

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[18] There are numerous therapies and disciplines that are not listed here but which we recognise do also contribute meaningfully to psychosocial wellbeing - for example, funding a dietitian alongside an occupational therapist to address sensory difficulties with good and support diet and nutrition directly improves mental health and wellbeing. If you are a therapist reading this and you believe your discipline should be listed here, please contact us (contact details on the website).

[19] NDIA (2025) NDIS Pricing Arrangements and Price Limits 2025–26, Version 1.0, p. 93, released 16 June 2025, effective 1 July 2025. Available at: https://www.ndis.gov.au/providers/pricing-arrangements

[20] This has recently (Sept 2025) been changed to Developmental Educators Australia Ltd. (DEA)

[21] While not universally recognised as an allied health profession in all jurisdictions or by all peak bodies in Australia (for example, Developmental Education is not listed on the AHPA website), many authorities acknowledge Developmental Educators as an established or emerging allied health profession. This includes their listing in the A–Z of Allied Health workforce site (https://ahpworkforce.com/a-z-of-allied-health/developmental-education/), formal recognition in South Australia through Commissioner's Determination 5 (2011) (https://www.publicsector.sa.gov.au/hr-and-policy/Determinations,-Premiers-Directions-and-Guidelines/Determinations), and other sources.

[22] Developmental Educators Australia Inc. (2025) Scope of practice in developmental education. Adelaide: Developmental Educators Australia Inc. Available at: https://deai.memberjungle.club/client_images/2827960.pdf

Their scope of practice is broad, encompassing:

- skill development and capacity building across life domains
- assessment, collaborative planning and goal setting
- supporting life transitions and participation in community, education, and employment
- advocacy and systemic change, including addressing structural ableism
- disability education and community awareness
- Positive Behaviour Support (PBS) practices

Practice is informed by the social model of disability, human rights model, and biopsychosocial model, and is guided by principles including being person-centred, strength-based, holistic, neuroaffirming, culturally responsive, and co-designed. DEs work autonomously, while often collaborating in multi-, inter-, and transdisciplinary teams.

Occupational Therapist

As defined in the NDIS PAPL, 2025-2026: A person who has a current Australian Health Practitioner Regulation Agency (AHPRA) Registration as an Occupational Therapist.

"Occupational Therapists (OTs) are qualified health professionals who are trained to assist people to overcome limitations caused by: Injury or illness; Psychological or emotional difficulties; Developmental delay; The effects of aging. OTs discuss a person's limitations, goals and motivations with them and identify steps to help them work towards those goals. OT's work across a range of practice areas such as physical rehabilitation, environmental modifications, mental health, paediatrics (children and young people) and aged care."[23].

OTs are allied health professionals who support people to engage in the everyday activities (occupations) they need, want, or are expected to do, and to participate in their communities. Using a strength-based and recovery-oriented approach, they work to enable people's capabilities by drawing on a wide range of evidence-based and outcomes-focused strategies that help individuals living with disability, injury, illness, or psychological and emotional differences to participate in meaningful and valued occupations across the lifespan.

OTs support people to participate in everyday activities, enabling opportunities for full participation in the communities where they live by building skills, adapting environments, developing personal resources, and enhancing possibilities for greater autonomy, independence and connection.

[23] OTA (n.d.-a) Find an OT. Occupational Therapy Australia. Available at: https://otaus.com.au/find-an-ot

In the context of psychosocial disability, they may support participants with emotional regulation and sensory modulation strategies, co-designing social participation opportunities, and daily functioning interventions[24].

Regarding Mental Health Endorsement:

In 2006, the Government introduced the 'Better Access to Mental Health Care' (BAMH) initiative, under which General Practitioners, Paediatricians and Private Psychiatrists could refer to suitably qualified and experienced allied health professionals namely: social workers; psychologists and OTs for the provision of 'Focussed Psychological Strategies'.

In order to achieve and maintain mental health endorsement as an Endorsed Mental Health Occupational Therapist, endorsed OTs must meet strict criteria, outlined here: https://www.otaus.com.au/resources/mental-health-endorsement-criteria

While OTs can pursue mental health endorsement through Occupational Therapy Australia, this is not required to deliver Therapeutic Supports for psychosocial disability under the NDIS.

Psychologist

As defined in the NDIS PAPL, 2025-2026: A person who has a current AHPRA Registration as a Psychologist. This includes paid provisionally registered Psychologists operating under supervision.

A psychologist is mental health professional who has undertaken a minimum of 6 years of combined university study and applied workplace supervision[25].

Psychologists study individuals and groups to better understand how people, communities and societies function, and devise ways to empower them and help them thrive. We do this through our understanding of mental and biological functions that drive behaviour. In Australia, psychologists must be registered with the Psychology Board of Australia (PsyBA) and listed with the Australian Health Practitioner Regulation Agency (AHPRA). They must have a minimum of six years of university training, engage in ongoing education, and adhere to strict ethical standards.[26]

The NDIA's Guidelines on Therapy Supports[27] describe Psychology as a therapy support that can "help you build your capacity to do things in your everyday life and join in with

[24] Definition co-developed with Dr Rob Pereira, Endorsed Mental Health Occupational Therapist, Adjunct Associate Professor, Discipline of Occupational Therapy, Faculty of Health, University of Canberra, Bruce, ACT & Director, Pear Tree Occupational Therapy, Geelong, Victoria.
[25] Australian Association of Psychologists Inc (AAPi) (n.d.-a) About psychologists for clients – What is a psychologist? Available at: https://www.aapi.org.au/Web/Web/Find-a-Psychologist/About-Psychologists-for-Clients.aspx
[26] Australian Psychological Society (APS) (n.d.) *What is psychology?*, Australian Psychological Society website. Available at: https://psychology.org.au/psychology/about-psychology/what-is-psychology
[27] National Disability Insurance Agency (NDIA) 2025, Our Guideline – Therapy supports, p.14, National Disability Insurance Scheme, Canberra https://www.ndis.gov.au/our-guidelines

your community. We can only fund sessions with psychologists whose focus is to build or maintain your capacity to engage in everyday activities or increase your independence. Psychologists can assess and deliver tailored supports to help you pursue your individual goals. This could be in your personal or social life, at work or school. For example, they might work with you, and your family, to improve your quality of life, develop new skills and adjust to changes in your life, that relate to your disability. They can also help you manage behaviours and emotions in different settings, like the way you engage in relationships"[28].

Social Worker

As defined in the NDIS PAPL, 2025-2026: A person who is a member of the Australian Association of Social Workers (AASW).

"Social Workers are university-qualified allied health professionals who play an important role in maintaining or maximising quality of life for individuals living with a disability, across the lifespan. Social Workers are skilled at navigating the most complex and challenging presentations. This includes empowering participants to enhance their social functioning, building meaningful connections and improving the quality of their lives"[29].

Social Workers support individuals to navigate complex social environments and improve their emotional wellbeing and resilience. The "main focus of social work as a therapy support is to maintain and maximise your social functioning and overall quality of life"[30].

"The National Disability Insurance Agency (NDIA) recognises that social workers play an important role in maintaining and maximising quality of life for people living with disability. The NDIA also recognises social workers as allied health professionals who can provide a range of reasonable and necessary supports to participants. Social workers who are members of AASW are qualified to design and implement NDIS therapy supports. They may also assess and evaluate an individual's functional capacity.

Social workers play an integral role in supporting NDIS participants through a variety of evidence-based therapies aimed at improving or maintaining social functioning. They employ disability-specific interventions to build essential skills in areas such as emotional resilience, relationships, and social and economic participation.

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[28] We acknowledge that the NDIA's Our Guideline - Therapy Supports states that "If you have behaviours of concern, you may require behaviour support instead of, or as well as, therapy supports" (NDIA 2025, OG - Therapy Supports, p. 14). It is our position that it is very rarely the case, if ever, that a person would require behaviour support instead of therapy supports, or vice versa. Some people may not need therapy, and some may not need behaviour support.

[29] Australian Association of Social Workers. (2025, 20 August). Social Workers and the NDIS: Information for planners, plan reviewers and LACs (Version 2.0) [Flyer]. AASW. Available at: https://aasw-prod.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2025/08/Social-Workers-and-the-NDIS-flyer-Info-for-planners-plan-reviewers-and-LACs-Ver-2.0-20250820.pdf

[30] National Disability Insurance Agency (NDIA) 2025, *Our Guideline – Therapy supports*, p.14, National Disability Insurance Scheme, Canberra https://www.ndis.gov.au/our-guidelines

Social workers also assist participants in navigating services and systems, building individual capacity, and addressing practical barriers through problem-solving and goal-setting[31]".

Regarding Mental Health Accreditation:

In 2006, the Government introduced the 'Better Access to Mental Health Care' (BAMH) initiative, under which General Practitioners, Paediatricians and Private Psychiatrists could refer to suitably qualified and experienced allied health professionals namely: social workers; psychologists and OTs for the provision of 'Focussed Psychological Strategies'.

In order to achieve and maintain mental health accreditation as an Accredited Mental Health Social Worker, Social Workers must meet strict criteria, outlined here: https://www.aasw.asn.au/credentials/aasw-accredited-mental-health-social-worker-application-criteria/

While Social Workers can become Accredited Mental Health Social Workers through the AASW, this is not required to deliver Therapeutic Supports for psychosocial disability under the NDIS.

Speech Pathologist

As defined in the NDIS PAPL, 2025-2026: A person who is a Certified Practising Speech Pathologist (CPSP) as approved by Speech Pathology Australia.

Speech Pathologists support people to communicate effectively using their preferred form of communication, and to safely consume food and drink. This supports people to participate in everyday activities, adapting environments, and participate effectively within the community.

Per The Communication Hub, "People with mental health needs often have communication and swallowing support needs. In fact, people with communication and swallowing support needs are more likely to experience mental ill-health and distress. Speech pathologists help with communication and swallowing. They are an essential part of the mental health care team.

In the context of psychosocial disability, they may support participants to communicate across settings and contexts, clearly communicate their needs and wants to reduce communication breakdowns, communicate effectively when they are unable to use their main form of communication, understand other's communication, educate others around effective communication, and support communication for social participation. A Speech Pathologist may also support a person to establish safe eating, drinking, and swallowing practices as there is a significant relationship between swallowing difficulties and mental health[32].

[31] AASW (n.d.-a) The National Disability Insurance Scheme and Social Work. Australian Association of Social Workers. Available at: https://www.aasw.asn.au/social-work/about-social-work/where-social-workers-work/ndis/
[32] Definition co-developed by Emma Portelli, Speech Pathologist and Team Leader, Step 2 Allied Health

Registered Counsellor

As defined in the NDIS PAPL, 2025-2026: A person who is either a member of the Australian Counselling Association or an accredited Registrant with the Psychotherapy and Counselling Federation of Australia, or a person who is an AHPRA provisionally registered psychologist operating as a paid unsupervised practitioner can claim using this line item.

"Registered Counsellors and Psychotherapists are trained professionals working in a variety of settings, from early intervention services, through to moderate and high needs in primary, secondary and tertiary care. The Registered Counsellor or Psychotherapist supports individuals with behavioural change through psychological interventions.

Registered Counsellors and Psychotherapists currently work with other allied health professions to deliver psychological interventions in clinical settings, and within broader service stepped care environments, to provide individuals with a choice of high-quality, evidence-based person-centred psychological interventions that are responsive to the needs of the individual and the broader health system.

Like other allied health professionals, registered counsellors are required to maintain their registration obligations and further develop their practice by participating in clinical/professional supervision and professional development"[33].

Rehabilitation Counsellor

As defined in the NDIS PAPL, 2025-2026: A person who is member of the Australian Society of Rehabilitation Counsellors Inc. (ASORC) or equivalent.

"The profession of Rehabilitation Counselling is grounded in human rights, the value of work, and the importance of community integration for people living with disability and social disadvantage.

Rehabilitation Counsellors are tertiary qualified allied health professionals who combine therapeutic approaches of counselling and use work as rehabilitation. We are specialised counsellors who have a deep understanding of the impact of disability, health conditions and disadvantage on people's lives, and the importance that work and education play in achieving a sense of inclusion, independence, optimism and self-esteem.

In order to practice as a Rehabilitation Counsellor in Australia, tertiary qualification is a mandatory requirement. Several Australian Universities offer degrees, postgraduate and masters courses in Rehabilitation Counselling. Course subjects include counselling skills, motivational interviewing, rehabilitation services e.g., mental health, psychological and social dimensions of disability and chronic illness, human services, law and social policy, injury prevention and management and working with diverse populations and first

[33]ACA, n.d.-a, What is Counselling?, Australian Counselling Association, viewed 28 August 2025, https://theaca.net.au/about-us/what-is-counselling

peoples' communities"[34].

Creative and Expressive Therapies

Note on therapeutic modalities:

While the following disciplines are listed individually, creative and expressive therapies (such as art, music, play, drama, or equine-based approaches) can also be used as modalities within the therapeutic practice of other registered professionals, such as OTs, Social Workers, Psychologists, and Counsellors, provided they have appropriate training and supervision.

For example, additional certifications are available for:

- *Art therapy through postgraduate programs recognised by ANZACATA (e.g. Master of Art Therapy)*
- *Music therapy through AMTA-accredited postgraduate training (e.g. Master of Music Therapy)*
- *Play therapy through postgraduate training recognised by the Australian Qualifications Framework (e.g., Master of Play Therapy) or through training recognised by professional bodies such as APPTA, APTA or PTPA, ranging from AQF qualifications to non-AQF short courses.*
- *Drama therapy through specialist training recognised by international bodies (e.g. NADTA), or within Australia under the "Other Professionals" category with appropriate governance*
- *Equine-assisted therapy through recognised training bodies such as the Equine Psychotherapy Institute (EPI) or EAGALA, typically layered on top of a base qualification in therapy or allied health*

These qualifications ensure the practitioner is delivering the modality in a way that is safe, evidence-informed, and aligned with NDIS expectations. Note that evidence strength varies across modalities. Some therapies (e.g. music, art, play) are supported by a more established research base, while others (e.g. drama, equine) are emerging and require further study to further consolidate current findings which are promising to be effective and beneficial.

Art Therapist

As defined in the NDIS PAPL, 2025-2026: A person who is a Professional Member with the Australian, New Zealand and Asian Creative Arts Therapy Association (ANZACATA).

[34] ASORC (n.d.-a) *The Role of Rehabilitation Counsellors*. Australian Society of Rehabilitation Counsellors. Available at: https://www.asorc.org.au/about/role-rehabilitation-counsellors

"In Australia, New Zealand and Asia, Certified and Registered Creative Arts Therapists have a specific Master's degree in Arts Therapy and over 750 hours of supervised clinical placement. They must undergo regular supervision and update their practice every year with professional development training[35]".

"Arts therapists use visual art-making, drama, dance and movement to improve physical, mental and emotional well-being. They work with individuals or groups using arts processes such as painting to create meaning, rather than focussing on the end product.

Arts therapy can be helpful for people who cannot verbalise their feelings due to developmental, cognitive or other conditions.

Arts therapists provide therapeutic interventions using the visual arts, including drawing, painting, sculpture, sand and play for mental health diagnoses, wellbeing, early intervention and developmental disorders. Arts therapies can help people to resolve conflicts, develop interpersonal skills, manage behaviour, reduce stress, increase self-esteem and achieve insight"[36].

Drama Therapist

Not individually listed in the NDIS PAPL 2025-2026 but may fall under the "Other Professionals" category; that is, a person who the provider considers to be an appropriate professional to deliver Therapeutic Supports in line with the NDIS Quality and Safeguarding Commission's requirements for the Therapeutic Supports Registration Group, including assurance that appropriate qualifications, training, and safeguards are in place.

Drama Therapists use use experiential action and enactment methods including performance techniques, storytelling, and role-play to help individuals process complex experiences and build social-emotional skills. Often effective for those with trauma or psychosocial disability.

In the context of psychosocial disability, a Drama therapist may support participants to build social confidence, resilience, self-expression and perspective taking. Drama therapists can work at an individual, family or group level with all ages of participants across the lifespan.

There are a number of qualifications and training certificates available for Drama Therapy, including Psychodrama. Usually Drama Therapy is a post graduate certificate and may be incorporated within a Creative Arts Masters and or a stand alone qualification such as Psychodrama.

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[35] ANZACATA (n.d.-a) *ANZACATA Frequently Asked Questions*. Australian, New Zealand and Asian Creative Arts Therapies Association. Available at: https://www.anzacata.org/faqs

[36] Allied Health Professions Australia. (n.d.-a). Arts Therapy. Available at: https://www.ahpa.com.au/arts-therapy

For those who study Psychodrama, over 800 hours of training and supervision is required for accreditation within Australia along with ongoing CPD to maintain ongoing certification each year. The Australia and Aotearoa New Zealand Psychodrama Association[37] is an Organisational member of the International Association of Group Psychotherapy[38] and a founding constituent member of the Psychotherapy and Counselling Federation of Aust[39]ralia[40].

Drama therapies are increasingly used and recent studies suggest promising outcomes for some people, particularly in relation to social confidence, coping, and resilience. At the same time, the overall evidence base is still developing, and further high-quality research is needed to consolidate findings[41] [42] [43]. For this reason, recommendations should be framed thoughtfully and linked to functional outcomes rather than assumed therapeutic effects.

Equine-Assisted Therapist

Not individually listed in the NDIS PAPL 2025-2026 but may fall under the "Other Professionals" category; that is, a person who the provider considers to be an appropriate professional to deliver Therapeutic Supports in line with the NDIS Quality and Safeguarding Commission's requirements for the Therapeutic Supports Registration Group, including assurance that appropriate qualifications, training, and safeguards are in place.

"Equine Assisted Psychotherapy, a powerful form of treatment, integrates horses into the therapeutic process to help individuals tackle a variety of mental health challenges, including addiction, PTSD, depression, behavioral disorders, domestic abuse, and trauma.

Equine-assisted therapists use structured activities with horses, such as one-on-one interactions, grooming, feeding, and ground exercises, to foster personal growth and emotional healing. The equine-assisted psychotherapy definition emphasises the unique bond formed between humans and horses, which aids in developing trust, communication, and self-awareness"[44].

Equine therapy in Australia is not yet governed by a single regulatory body, but

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[37] https://aanzpa.org/about
[38] https://www.iagp.com/
[39] D. Forer, Reflection Space, Accredited Mental Health Social Worker, Psychodramatist (Associate Member AANZPA), Intermediate Theraplay Practitioner – Member – The Theraplay Institute USA and Theraplay Australia, personal communication, September 23, 2025
[40] https://www.pacfa.org.au/
[41] Samer, H., Sharkiya, M.Z., Malak, M. and Shehadeh, A., 2024. The effect of drama therapy on depressive symptoms and quality of life among older adults in residential care facilities: A systematic review. *The Arts in Psychotherapy*, 91, p.102222. https://doi.org/10.1016/j.aip.2024.102222
[42] Orkibi, H., Keisari, S., Sajnani, N. L., & de Witte, M. (2025). Effectiveness of drama-based therapies on mental health outcomes: A systematic review and meta-analysis of controlled studies.*Psychology of Aesthetics, Creativity, and the Arts, 19*(4), 878–895. https://doi.org/10.1037/aca0000582
[43] Maya, J., Pérez-Berbel, M., Giraldo-Arroyave, L. *et al.* Psychodrama: implementation, study design and effectiveness: a systematic review. *BMC Complement Med Ther* 25, 232 (2025). https://doi.org/10.1186/s12906-025-04959-y
[44] EAGALA (2024) *What is Equine-Assisted Psychotherapy?* Equine Assisted Growth and Learning Association. Available at: https://www.eagala.org/blog/what-is-equine-assisted-psychotherapy/

practitioners often have qualifications in counselling, psychology, or occupational therapy and have completed additional training in equine-assisted interventions through recognised programs (e.g. EAGALA, Equine & Animal Assisted Psychotherapy Institute). Providers must ensure that practitioners are appropriately trained and supervised to deliver this support within NDIS requirements.

Equine-assisted therapies are increasingly used and recent studies suggest promising outcomes for some populations[45] [46]. The overall evidence base is still developing, and further high-quality research is needed to further consolidate findings[47].

Play Therapist

Not individually listed in the NDIS PAPL 2025-2026 but may fall under the "Other Professionals" category; that is, a person who the provider considers to be an appropriate professional to deliver Therapeutic Supports in line with the NDIS Quality and Safeguarding Commission's requirements for the Therapeutic Supports Registration Group, including assurance that appropriate qualifications, training, and safeguards are in place.

"Play Therapy is founded on a number of theoretical models whereby the trained play therapist utilises the power of play, within a therapeutic relationship, to relieve suffering, prevent or resolve emotional and behavioural difficulties and to achieve optimal growth and development of children (or older individuals) (2014)"[48].

"Play therapy is an effective technique used in child counselling or psychotherapy to assist children with their emotional development. It is a globally recognised and established method of working with children, formed from the psychodynamic and humanist traditions...

Play Therapists use child-led, evidence-informed play-based approaches to support children experiencing emotional, developmental, or relational challenges. This is particularly valuable for young people with trauma, attachment concerns, or psychosocial disability"[49].

In the context of psychosocial disability, they may support children to process experiences and express themselves through play, develop emotional regulation, build secure relationships, and strengthen communication and problem-solving skills.

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[45] Fuller-Lovins, S., Kanamori, Y., Myers, C.E. et al. The Effectiveness of Equine-Assisted Mental Health Interventions for Youth: A Meta-Analysis of Controlled Studies. *Adolescent Res Rev* 8, 495–506 (2023). https://doi.org/10.1007/s40894-023-00209-9

[46] Hartwig, E., Choi, J., Wolf, J., Thomas, M. and VanLith, T., 2024. A scoping review of equine-assisted services research on mental health and wellbeing: Identifying gaps for future research. *Issues in Mental Health Nursing*, 45(11), pp.881–893. https://doi.org/10.1080/01612840.2024.2364236

[47] Kendall, E., Maujean, A., Pepping, C.A., Downes, M., Lakhani, A., Byrne, J. and Macfarlane, K., 2019. A systematic review of equine-assisted interventions in mental health: An umbrella review. *Australian Journal of Psychology*, 71(4), pp.375–389. https://doi.org/10.1111/ajpy.12246

[48] APPTA (n.d.-a) About APPTA. Australasia Pacific Play Therapy Association. Available at: https://appta.org.au/who-is-appta/

[49] APTA (n.d.-a) *Australian Play Therapists Association*. Australian Play Therapists Association. Available at: https://apta.asn.au/

Play therapists are also able to work dyadically with parents and carers to increase the understanding of a child's needs and support caregivers to be more attuned and develop the skills to provide co-regulation support for their child. Play Therapists are also able to provide advocacy and consultation in health and education settings to help children be successful and thrive in their day to day programs and activities.

In Australia, there are two approaches to play therapy provision[50]:

1. Play Therapy as a Professional Qualification.

   Provided by master-qualified therapists (AQF Level 9, e.g. Master of Play Therapy) trained in play therapy as a standalone discipline. These therapists operate under professional oversight through membership with a recognised body (e.g. PACFA, APPTA, APTA, PTPA, or equivalent organisation) and adhere to ethical standards, clinical supervision, and ongoing professional development as outlined by the professional body.

2. Play Therapy as a Modality.

   Provided by allied or mental health professionals who have completed additional play therapy training, recognised by a play therapy body (e.g. APPTA, APTA, PTPA) ranging from AQF postgraduate qualifications to non-AQF short courses. These practitioners are subject to professional oversight though membership with these bodies, adhering to ethical standards, clinical supervision and ongoing professional development as outlined by the professional body.

Deputy CEO Corri McKenzie, Service Design and Improvement, representing the NDIA, also wrote to the AAPI as follows:

"The Agency recognises that play is an important part of a child's development and integral to the method of early childhood support that is delivered to any child. Play therapy can often be part of a multi-disciplinary approach provided as part of an early childhood early intervention support. However, when play therapy is being delivered as a therapeutic intervention, it must be delivered by a suitably qualified professional so that the benefit of the early intervention supports have the desired effect and are provided in a safe and competent manner".[51]

Registered Music Therapist

[50] N.Hadiprodjo, J. Parson, & B. Dean, School of Health and Social Development Deakin University, personal communication, September 4, 2025

[51] NDIA (2025) Letter to the Australian Association of Psychologists Inc. 28 February. Deputy CEO Corri McKenzie, Service Design and Improvement. Canberra: National Disability Insurance Agency, accessible here: https://www.aapi.org.au/common/Uploaded%20files/AAPi/Letter%20from%20NDIA%20dated%2028%20February%202025_Redacted.pdf

As defined in the NDIS PAPL, 2025-2026: A person who is an Active “Registered Music Therapist” with the Australian Music Therapy Association (AMTA).

“Registered music therapists are qualified and accredited professionals who meet the requirements of registration with the Australian Music Therapy Association (AMTA).

To register with AMTA, a music therapist must complete an accredited university course in music therapy that has been approved by AMTA. They must also meet professional standards set by AMTA and maintain their skills through ongoing professional development that is approved by AMTA”[52].

“Music therapy is an evidence-based allied health profession and an approved support under the National Disability Insurance Scheme (NDIS).

Music therapy is the intentional and therapeutic use of music by registered music therapists (RMTs) to support people to improve their health, functioning and wellbeing.

Music therapy provided by a registered music therapist improves health outcomes, experiences and quality of life for people and their carers. Evidence shows music therapy improves:

- mental health and wellbeing
- speech, communication and social skills
- body movement, coordination and physical function
- memory, attention and cognitive function
- pain management

Music therapists support people of all ages, abilities and backgrounds”[53].

[52] AMTA (n.d.-a) *What is a registered music therapist?* Australian Music Therapy Association. Available at: https://www.austmta.org.au/about/about-rmts/
[53]AMTA (n.d.-a) About Music Therapy. Australian Music Therapy Association. Available at: https://www.austmta.org.au/about/about-music-therapy/

How do Therapeutic Supports for Psychosocial Disability Differ from Specialist Behaviour Support?

Behaviour Support and Therapeutic Supports for Psychosocial Disability are distinct NDIS supports, not duplicative.

It is a common, but incorrect, assertion that Behaviour Support and Therapeutic Supports for psychosocial disability are duplicative in nature; that is, that they each serve the same function, goals and objectives.

We acknowledge that the NDIA's Our Guideline - Therapy Supports states that *"If you have behaviours of concern, you may require behaviour support instead of, or as well as, therapy supports"* (NDIA 2025, OG - Therapy Supports, p. 14).

It is our position that it is very rarely the case, if ever, that a person would require behaviour support instead of therapy supports, or vice versa. Some people may not need therapy, and some may not need behaviour support.

However, when either is required, it is almost never appropriate for one to replace the other. This is because behaviour support and therapy supports are distinct yet complementary, each with different practical and legislative functions, approaches, and goals under the NDIS.

Summary

- It is incorrect to suggest that Behaviour Support is the same as Therapeutic support, and therefore that funding both of these for someone amounts to a duplication of services in someone's NDIS Plan

- **Specialist Behaviour Support** under the NDIS provides assessment and intervention specifically relating to behaviours of concern and restrictive practices. The role focuses on improving quality of life, identifying and addressing the underlying reasons for behaviours of concern, and reducing/mitigating associated risk of harm. Behaviour support also has a specific function in reducing or eliminating regulated restrictive practices (RRPs).[54]

- **Therapeutic supports** aim to address the functional impacts of disability on emotional, cognitive, and behavioural functioning. The focus is on supporting participants to achieve their NDIS goals and improve wellbeing across life domains

- When either is required, it is almost never appropriate for one to replace the other. This is because behaviour support and therapy supports are distinct yet complementary, each with different practical and legislative functions, approaches, and goals under the NDIS.

[54] https://www.ndiscommission.gov.au/rules-and-standards/behaviour-support-and-restrictive-practices

Registration and qualification requirements

The registration and qualification requirements for Behaviour Support Practitioners are distinct from those for Therapeutic professionals:

- Behaviour Support Practitioners must be individually assessed and deemed suitable by the NDIS Quality and Safeguards Commission, and must have an individual practitioner number

- They must be employed by a registered provider of Specialist Behavioural Intervention Support

These requirements do not apply to Therapeutic Supports. Instead:

- Certain allied health professionals are regulated by AHPRA and operate under their own rigorous national registration requirements, independent of NDIS Commission endorsement

- Other professionals delivering Therapeutic Supports must also meet the registration or membership standards set out in the NDIS Pricing Arrangements and Price Limits (e.g. AASW, ACA, OTA, SPAA, AHPA member bodies)

The role of Specialist Behaviour Support

Behaviour Support is focused on improving quality of life, identifying and addressing the underlying reasons for behaviours of concern, and reducing/mitigating associated risk of harm. Behaviour support also has a specific function in reducing or eliminating regulated restrictive practices (RRPs).

This primarily happens through comprehensive behaviour assessment, the development of behaviour support plans, and ensuring that the behaviour support plan is put into action and regularly evaluated, reviewed and adjusted.

Behaviour Support assessments identify multiple contributing factors to behaviours of concern, and these may include skill “gaps” amongst other factors (such as systems or environmental factors).

However, this does not mean the Behaviour Support Practitioner takes over from other Therapeutic disciplines in addressing those needs.

Behaviour Support Practitioners typically[55]:

[55] National Disability Insurance Agency (NDIA) 2025, *Our Guideline – Behaviour Support*, 26 March, NDIA, p.3 Canberra, https://ourguidelines.ndis.gov.au/

- Identify and address environmental contributors to behaviour via comprehensive behaviour assessments

- Develop Behaviour Support Plans - which ensure safety and address the underlying factors/reasons for behaviours of concern - that are tailored to the person's support needs and reflect their values and preferences

- Provide specific training and capacity-building for family members and support staff in relation to behaviour support and incident management

- Monitor and manage the use of restrictive practices, including facilitation of authorisation and lawful implementation, and the collaborative development of fade out plans

- Develop Behaviour Support Plans in compliance with NDIS Commission requirements

- Report and update plans via the NDIS Commission Portal

These are not responsibilities typically undertaken by Therapeutic professionals.

Scope of practice

While Behaviour Support Practitioners and Therapeutic professionals may at times work alongside one another (and indeed can foster effective outcomes resulting from multidisciplinary collaboration), their functions are not interchangeable.

Mental health or psychological concerns, or functional difficulties arising from disabilities, may contribute to behaviours of concern.

However, a Behaviour Support Practitioner cannot provide mental health interventions unless they are also qualified in that discipline, and even then only operate within the scope of their approved NDIS role and do not aim to replace other existing or potential Therapeutic support providers.

For example:

- If a behaviour of concern is influenced by communication difficulties, and there are identified skill development needs in language or communication, it would be unethical to suggest a Behaviour Support Practitioner could replace a Speech Pathologist, unless they hold that qualification (even then, they need to operate in the scope of their NDIS-funded role).

- Likewise, if behaviours are influenced by underlying psychological issues, Behaviour Support Practitioners cannot replace Mental Health Professionals unless they are dually qualified (even then, need to operate in the scope of their NDIS-funded role, which does not replace the role of a mental health professional).

Therapeutic Supports under the NDIS (Improved Daily Living) focus on skill-building and functional capacity, including emotional regulation, social engagement, daily living, and participation in work or education[56],[57].

Specialist Behaviour Support (Improved Relationships) is focused on reducing behaviours of concern and any associated use of restrictive practices. Importantly, Behaviour Support Practitioners are expected to understand, promote and embed human rights in their practice. They require a working knowledge of the rights of people with disabilities, the skills and knowledge to recognise the systemic and rights-based factors that contribute to behaviours of concern, and to respond to these factors alongside, not just within, the participant's individual 'functioning'.

These two supports - Therapeutic Supports and Specialist Behaviour Support - are complementary, not duplicative.

The importance of recognising the complementary nature of psychosocial Therapeutic Supports and Behaviour Support is also emphasised in *Evidence Matters: Developing Quality Behaviour Support Plans*, a resource commissioned by the NDIS Quality and Safeguards Commission. On page 11, the authors state:

> *"Psychosocial rehabilitation aims to support people with psychosocial disability to develop their cognitive, emotional and social skills to achieve goals such as employment, independent living, and interpersonal relationships. PBS is not intended to replace the best evidence-based therapeutic interventions for mental health conditions such as schizophrenia and psychosis, substance abuse/misuse, suicidal ideation, and bipolar disorder. However, PBS can be an important adjunct to these other therapeutic treatments and supports."*[58]

Justification for Therapeutic Supports

Therapeutic Supports are not recommended arbitrarily.

Where they are included in our recommendations, they are based on reasonable and necessary criteria[59]:

- The therapy is for impairments that meet the disability or early intervention requirements, or both
- It will help with the person's individual goals and aspirations

[56] https://www.health.gov.au/resources/publications/the-applied-principles-and-tables-of-support-to-determine-the-responsibilities-of-the-ndis-and-other-service-systems

[57] https://ourguidelines.ndis.gov.au/would-we-fund-it/improved-health-and-wellbeing/mental-health-supports

[58] Nankervis, K. & Vassos, M., 2023. *Evidence matters: Developing quality behaviour support plans*. Penrith, NSW: NDIS Quality and Safeguards Commission.

[59] https://ourguidelines.ndis.gov.au/would-we-fund-it/what-does-ndis-fund

- It will help the person's social and/or economic participation
- It is value for money, because:
    - the cost of the support is similar to or cheaper than alternative options that can provide the person with the same outcome (NDIS Supports for Participants Rule 3.1(a)); and/or
    - purchasing the support is likely to reduce the costs of funding for other supports in the long term for the person (NDIS Supports for Participants Rule 3.1(c))
- It is effective and beneficial for the person, as these professionals are trained to deliver only evidence based or evidence-informed supports
- It helps to maintain the person's informal supports, as it reduces the impact of the person's difficulties and relieves supporters of the complexity of their support role, and
- It is an NDIS support

Therapeutic Supports must focus on functional outcomes. The NDIS does not fund clinical treatment for mental illness (e.g. diagnosis, medication prescribing), but does fund allied health support aimed at improving functioning impacted by psychiatric conditions[60].

Conclusion

- Behaviour Support and Therapeutic Supports are distinct and complementary services under the NDIS
- They are regulated differently, operate within different scopes, and serve different purposes
- To deliver ethical, effective, and participant-centred support, it is essential that both remain funded where clinically recommended and indicated

Summary Table

Therapeutic Supports for Psychosocial Disability	Specialist Behaviour Support
Funded under **Improved Daily Living**	Funded under **Improved Relationships**

[60] https://www.ndis.gov.au/understanding/how-ndis-works/psychosocial-disability

Allied health or other therapy focused on building functional capacity, coping, participation	Focused on the development of behaviour support plans, reducing behaviours of concern and restrictive practices, and stakeholder training and support
May address trauma, emotional regulation, recovery, coping	Comprehensive Behaviour Assessments, Behaviour Support Plans, and RP monitoring; skill-building where within the scope of the practitioner as well as being specifically linked to presenting behaviours of concern
Can work with any mental health-related functional impact, not limited to presence/use of behaviours of concern	Specifically targets behaviours of concern and risk reduction
No regulatory link to restrictive practices	Must comply with NDIS (Restrictive Practices and Behaviour Support) Rules 2018

These supports are **complementary, not duplicative**. Participants with complex needs may require both; e.g., therapeutic support to build specific coping strategies, self-attunement or understand / process their disability and the impact of this on their lives, and Behaviour Support to conduct thorough assessments into other underlying factors, manage environmental triggers and setting events, work with supporting teams in behaviour support strategies and monitor and reduce restrictive practices.

Relevance for Planners & Funding

Planners may not include reasonable and necessary Therapeutic Supports if they:

- Misunderstand them as “treatment of mental illness” (thus a health responsibility)
- Incorrectly view them as duplicating Behaviour Support

Correct Position (with references):

- The APTOS clearly state that NDIS can fund allied health therapy for functional capacity where impairment is attributable to a psychiatric condition
- The NDIA guidelines reinforce that psychosocial supports can be funded if they meet the reasonable and necessary criteria, even alongside Medicare services.
- Therapeutic Supports and Behaviour Support fall under different funding categories, are delivered by different providers, and serve distinct purposes

Closing Summary

Therapeutic Supports for psychosocial disability:

- Are functional, not clinical
- Are within NDIS funding scope
- Complement, but do not duplicate, Specialist Behaviour Support
- Are necessary for many participants with psychosocial disability, dual diagnosis or complex needs

Case Examples - Mental Health Supports

These case examples have been sourced from NDIS Guidelines here: https://ourguidelines.ndis.gov.au/would-we-fund-it/improved-health-and-wellbeing/mental-health-supports
As at 14/07/2025

Introduction

As these case studies will show, NDIS funding decisions for Therapeutic Supports related to psychosocial disability must meet clear criteria.

The case examples below from the NDIS Guidelines highlight a critical distinction between:

- clinical mental health treatment (funded by the health system) and
- functional capacity-building supports (funded by the NDIS)

Across all examples, the NDIS funds therapy or support when it:

- Targets functional impairments linked to psychosocial disability
- Is focused on capacity-building and participation, not treatment of mental illness
- Is non-clinical in nature (i.e. not therapy aimed at symptom management or diagnosis)
- Is consistent with NDIS pricing definitions for Therapeutic Supports
- Is supported by clear documentation aligning with the NDIS funding criteria

Supports are not funded when their primary purpose is clinical treatment, even if they support recovery.

Supports are funded when they assist a person to build skills for independence, daily living, or participation in social and economic life.

Case example - Emilia's Clinical Treatment is Not Funded

Emilia has a mental health condition that has led to a psychosocial disability. She feels her condition is getting worse.

She asks us to fund clinical treatment from a mental health professional.

This funding would supplement the supports she already gets from mainstream health services where she lives, through her mental health plan.

Would we fund this?

No, we don't fund clinical treatment from a mental health professional as it's not an NDIS support.

The health system is a mainstream system and is responsible for clinical mental health supports.

Why wouldn't we fund this?

NDIS laws determine what we can and can't fund. Things we can fund are called NDIS supports. You can use the funding in your plan to buy NDIS supports if they're related to your disability and are in-line with your plan.

If your treatment is to stabilise or manage your mental health condition, or to set up longer-term recovery pathways, the health or mental health system is responsible.

The NDIS is not responsible for funding mental health supports that are a form of clinical treatment. This includes acute, ambulatory and continuing care in the community, and rehabilitation or recovery.

This means that if you need clinical treatment from a mental health professional, we are not the most appropriate funding agency. This is the case even if your need for extra clinical supports is due to your disability support needs.

We also don't fund psychology as therapy or clinical treatment to address symptoms of your mental health condition.

What else do we think about?

We think about whether the health system or other providers are responsible for delivering these types of support. This includes:

- early intervention supports related to mental health that are clinical in nature. This includes clinical supports for child and adolescent developmental needs

- residential care where the main purpose is for inpatient treatment or clinical rehabilitation. This includes places which mainly have clinical staff to give primary mental health care supports

- supports relating to co-morbidity. This relates to other conditions you may have alongside your mental health condition. For example, treatment for drug or alcohol dependency is the responsibility of the health system

We may fund non-clinical supports that relate to your psychosocial disability and address specific needs relating to your functional ability.

This includes NDIS supports that help you to do day-to-day tasks and take part in community and social and economic life. To decide this, we look at the information you give us against the NDIS funding criteria.

Case example - Jim's Psychology is Funded

Jim is 48 and lives with schizophrenia. He works part time as a groundskeeper and does landscaping.

Jim has psychologist and psychiatrist support, which he gets from the health system. They help him manage his schizophrenia with psychological treatment and medication.

Jim's disability makes it more difficult for him to get motivated and organised in the mornings. This means he's sometimes late for work, so he wants some help to improve this.

Jim asks for funding for psychology sessions to help him with strategies to improve his motivation and organisation, so he can maintain his work and independence.

Would we fund this?

Yes, we'd fund psychology sessions for Jim if:

- they are not for clinical treatment
- they aim to improve his functional abilities, resulting from his psychosocial disability support needs
- they will be likely to help him improve his motivation and organisation skills, so he can become more independent with his daily activities and work responsibilities

What else do we think about?

When working out whether the funding for psychological support is an NDIS support for Jim, the planner looks at the information Jim gave us against the NDIS funding criteria. The planner also thinks about whether the support:

- relates to Jim's psychosocial disability support needs
- will be, or is likely to be, effective and beneficial for Jim, to improve his motivation and organisational skills
- is an NDIS support
- represents value for money. This means the costs of the support are reasonable, compared with alternative supports which may achieve the same benefit

In Jim's case the planner decides this support:

- is an NDIS support because it's not for clinical treatment. Jim already gets clinical support from the health system

- is related to Jim's psychosocial disability for which he meets access for

- will help Jim to improve his self-management skills by giving him strategies to increase his motivation and organisation. As Jim experiences these impairments because of his disability, supports that he needs to address them can be funded

- is good value for money. It's likely to increase Jim's independence and reduce his need for support over time

This means that Jim's funding request meets all NDIS funding criteria and funding for his psychological support is approved.

For more information, go to:
Our Guideline – Reasonable and necessary supports
Our Guideline – Disability-related health supports

Case example - Roxanne's Therapy is Funded

Roxanne has lived with a psychiatric condition for several years. Her mental health has a big impact on her life, functional ability and independence. She has an NDIS plan to help her with her psychosocial disability supports.

Roxanne wants to improve her independence and asks the NDIS for funding for Therapeutic Supports to build her capacity.

The supports will help her learn how to do day-to-day activities such as paying her bills and cooking her meals. By providing capacity building supports it is expected Roxanne's need for support will reduce over time as she builds her independence.

Would we fund this?

Yes, we'd fund capacity building and social and community participation supports if they:

- are NDIS funded supports related to Roxanne's disability support needs
- help Roxanne improve her independence and achieve her goals
- enable her to undertake day-to-day tasks

Why would we fund this?

When working out whether a support is an NDIS support for Roxanne, we look at the information she gives us against the NDIS funding criteria. We typically fund non-clinical mental health supports that:

- relate to your disability support needs
- focus on increasing your functional capacity and independence.

Examples of the types of non-clinical mental health supports we might fund include:

- coaching so you can be more independent with day-to-day activities and take part in community, social and economic life, in line with your goals
- assistance to help you work with broader mental health, health system and other services. This is by making sure the supports you receive outside of the NDIS are responsive to your needs and help you achieve your recovery goals
- support you to connect positively with family, friends and others

It's expected by funding these NDIS supports to build capacity, the need for support will reduce over time as functional ability and independence increases.

Case example - Yindi's Therapy is Funded

Yindi is 27 and has a psychosocial disability. She lives in temporary accommodation and does not work. Yindi wants to move out to live in her own home and reconnect with her friends and hobbies.

Her psychosocial recovery coach has recommended training and therapy to help improve her:

- day-to-day skills to live independently, focusing on cooking, cleaning and paying bills
- social skills to connect with people in a positive way and connect with the community

Yindi asks us to fund the recommended training and therapy. She supports her request with a copy of the report from her psychosocial recovery coach.

Would we fund this?

Yes, we'd fund Yindi's request for training and therapy as they:

- are NDIS funded supports relating to her disability support needs
- will help improve Yindi's day-to-day independent living skills, social skills and independence

Why would we fund this?

When working out whether a support is an NDIS support for Yindi, we look at the information she gives us against the NDIS funding criteria. This is to work out whether the funding for capacity building and social, community and civic participation supports are NDIS supports for Yindi.

The planner also thinks about whether the support:

- will help Yindi do day-to-day activities, and take part in social and economic life
- is value for money. This means the costs are reasonable compared to both the benefits achieved and the cost of other support options
- will be, or is likely to be, effective and beneficial for Yindi, in line with current good practice

Based on the report from Yindi's psychosocial recovery coach, the planner decides the supports will help her to do day-to-day tasks and take part in social and economic life.

The planner also decides the supports are:

- good value for money and likely to build Yindi's independence, reducing her long-term reliance on other supports
- effective and beneficial for Yindi's mental wellbeing. This is because recovery coaches follow a recovery-orientated approach, in line with current good practice
- not clinical in nature. As they focus on improving Yindi's functional abilities and independence, this will mean she can do day-to-day activities and take part in her community
- NDIS supports

This means Yindi's training and capacity building is an NDIS support for her.

Funding is included in Yindi's plan to help improve her:

- day-to-day skills to live independently, focusing on cooking, cleaning and paying bills
- social skills and build her capacity to connect with people in a positive way and connect with the community

For more information, go to:
Our Guideline – Reasonable and necessary supports
Our Guideline – Disability-related health supports

Reporting and Recommending Therapeutic Supports for Psychosocial Disability

Overview

When recommending Therapeutic Supports for individuals with psychosocial disability under the NDIS, it's important to ensure recommendations clearly meet all required criteria and clearly link to the participant's unique functional needs, goals, and circumstances.

NDIS Reasonable and Necessary Criteria

The NDIS would typically fund a requested support if it meets **all** of the following criteria:

1. **It is for your impairments that meet the disability or early intervention requirements, or both**
2. **It will help with your individual goals and aspirations**
3. **It will help your social and/or economic participation**
4. **It is value for money**, which means that:
    - the cost of the support is similar to or cheaper than alternative options that can provide you with the same outcome (NDIS Supports for Participants Rule 3.1(a)); and/or
    - purchasing the support is likely to reduce the costs of funding for other supports in the long term (NDIS Supports for Participants Rule 3.1(c))
5. **It is effective and beneficial for you**
6. **It helps to maintain your informal supports**
7. **It is an NDIS support**

Reference: What does the NDIS fund? | NDIS

Framing Therapeutic Supports in Reports

Therapeutic Supports for psychosocial disability may include a range of disciplines working across different modalities, such as psychology, social work, occupational therapy, counselling, and creative arts therapies, each bringing unique perspectives but often overlapping in their therapeutic objectives.

These may involve:

- Skill-building (e.g. social, coping, or communication skills/strategies)
- Participation support (e.g. engaging in community life, maintaining relationships)
- Emotional regulation, self-attunement and sensory strategies
- Recovery-oriented or trauma-informed work
- Psychoeducation, creative expression, or self-regulation strategies

These supports are delivered in line with the goals of functional improvement and participation in daily life, not clinical *treatment* of mental illness[61].

While each discipline has a distinct scope of practice and governing body, their work with participants with psychosocial disability is best understood as complementary and often collaborative.

[61] Language note: The term "treatment" is used here in a functional support context. We recognise that this language is evolving and may not reflect all lived experience perspectives, particularly those from the mental health consumer movement. Where possible, we prefer to speak of 'supports' or 'interventions' that affirm identity, agency, and participation.

Template for Report Recommendations

Use the following template to recommend and justify Therapeutic Supports in line with NDIS expectations:

Recommendation

I recommend that [participant] receives Therapeutic Supports under **Improved Daily Living**, such as [insert discipline, e.g. psychology, occupational therapy, social work], to assist with [e.g. emotional regulation, daily living skills, community participation].

Rationale:

- **Related to impairment and/or disability**
    - This support addresses impairments[62] related to [participant's] psychosocial disability, such as [insert relevant functional challenges]
- **Related to NDIS goals**
    - It supports the participant's stated goals, including [insert goal/s from plan]
- **Supports social and economic participation**
    - The support is expected to enable [participant] to increase participation in [e.g. education, work, community activities, relationships] by [explain how]
- **Value for money[63]**
    - The proposed support is a cost-effective approach to address these impairments and build capacity, which is anticipated to reduce reliance on more intensive supports over time
    - [Include more details here]
- **Likely to be effective and beneficial**
    - [Participant] has previously responded to similar approaches (e.g. [insert strategies]) and this aligns with evidence-informed practices such as [e.g.

---

[62] The term "impairments" is used in this report to align with NDIA terminology. Step 2 Allied Health's use of this language does not necessarily reflect our broader philosophy; it is included to ensure clarity and facilitate access to supports under the NDIS.

[63] For guidance on how the NDIA defines "value for money", see: NDIA Operational Guideline – Support Value for Money: https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/how-do-we-make-decisions-about-what-reasonable-and-necessary/does-support-meet-reasonable-and-necessary-criteria/support-value-money

recovery-oriented practice, sensory modulation, trauma-informed approaches]

    - The support builds on existing strengths and addresses current barriers to daily functioning

    - The support is likely to prevent regression of skills or consolidation of harmful / unhelpful / maladaptive coping strategies

    - (if you know the professional and can vouch for this - e.g., ongoing sessions with same person) The professional delivering the support has relevant qualifications, experience, and skills to meet [participant]'s needs

    - The approach is consistent with [participant]'s preferences, increasing the likelihood of engagement and meaningful outcomes

- **Supports informal supports**

    - This support complements, rather than replaces, informal supports from family and carers

    - Providing the person with [insert skills; e.g., strategies for emotional regulation and positive coping skills] also reduces carer burden for [participant name] as it reduces the degree of support that [participant name] will require over time

    - Additionally, supporting the team around the person to know how to effectively support the person and understand their needs improves support quality and reduces risk.

- **NDIS Support**

    - This support falls within the scope of Therapeutic Supports as defined in the NDIS Pricing Arrangements and Price Limits, and aligns with the NDIS Support for Participants Rules

- **Note - does not duplicate Behaviour Support**:

    - This recommendation is distinct from Specialist Behaviour Support. While both may support individuals with psychosocial disability, Therapeutic Supports under Improved Daily Living focus on functional and participatory outcomes. SBS, funded under Improved Relationships, specifically targets the reduction of behaviours of concern and the oversight of any restrictive practices

    - [If applicable] See below for recommendations for inclusion of funding for Specialist Behaviour Support in [Name's] NDIS Plan

- **Summary:**
    - The listed therapeutic support/s ([insert disciplines]) are recommended to address functional impairments in [insert targeted support areas: e.g., coping, emotional regulation, participation], consistent with their goals and needs
    - These supports are distinct from Specialist Behaviour Support and are not duplicative

Common reasons that Therapeutic Supports for psychosocial disability are declined

NDIS Therapeutic Supports for psychosocial disability must meet the reasonable and necessary criteria outlined in section 34 of the NDIS Act (2013), and must be clearly distinguished from services that fall under the responsibility of the mainstream health system (as defined by the *Applied Principles and Tables of Support – APTOS*). However, rejections may sometimes rely on incorrect assumptions or misinterpretations of these frameworks.

Below is a real example of a planner's reasoning for declining Therapeutic Supports (specifically psychology), followed by analysis clarifying each point.

Example Planner Rejection: Psychology Support Declined

Planner's Determination (excerpt)

> *Delegate has reviewed the report and recommendations and declines requested support as not meeting reasonable and necessary criteria under the NDIS Act (2013) s34 and s.10 for the following reasons:*
>
> 1. *[Participant] has been allocated a total of 120 hours of behavioural support funding to support them with strategies associated with building their capacity to manage their behaviours of concern including their emotional regulation difficulties. Therefore, additional therapeutic support via psychology would constitute a duplication of an existing support.*
>
> 2. *The NDIS does not fund services for treatment and management of mental health conditions as per APPLIED PRINCIPLES TO DETERMINE THE RESPONSIBILITIES OF THE NDIS AND OTHER SERVICE SYSTEMS (APTOS), and s.10 of the NDIS Act.*
>
> 3. *[Participant] can access this support via mainstream health services such as a mental health care plan funded under Medicare or an alternative community mental health publicly funded program.*

1. "Psychology duplicates Behaviour Support"

Clarification: This is a common misunderstanding, albeit erroneous.

The functions of Behaviour Support and Therapeutic Supports under the NDIS are distinct:

- Specialist Behaviour Support (funded under *Improved Relationships*) focuses on risk, behaviours of concern and restrictive practices, using Positive Behaviour Support and complementary frameworks

- Psychology (funded under *Improved Daily Living*) provides Therapeutic Supports to build functional capacity in areas such as emotional regulation, coping skills, self-management, interpersonal functioning, and executive functioning

These supports are complementary, not duplicative. One cannot replace the other.

2. "NDIS does not fund treatment of mental illness"

Clarification: This is technically accurate, but often misapplied.

Whilst the NDIS "does not fund clinical treatment services or therapy to address mental health symptoms", it does fund "ongoing functional capacity building supports and supports for daily living when needed." - *Psychosocial Disability Access Factsheet 5, NDIS*

Under APTOS (p.7), the NDIS does fund:

> *"Allied health and other therapy directly related to managing and/or reducing the impact on a person's functional capacity of impairment/s attributable to a psychiatric condition, including social and communication skills development, routine symptom and medication management, and behavioural and cognitive intervention."*

In other words, the NDIS can fund Therapeutic Supports for psychosocial disability when the purpose is capacity-building, not clinical symptom management.

3. "Participant can access this support under Medicare"

Clarification: This comparison does not acknowledge the limitations of Medicare-based supports.

While access to mainstream services is considered under NDIS Reasonable and Necessary criteria, it must be assessed in context:

- Medicare mental health care plans offer limited sessions (usually 10 per year) and are not designed for the ongoing, functional capacity-building therapy required by many NDIS participants

- The APTOS specifies that if therapy is required to address ongoing functional impairments related to disability, the NDIS remains responsible for that support

Suggesting Medicare access as a reason to decline NDIS-funded Therapeutic Supports may be inconsistent with both the Support for Participants Rules[64] and case precedent.

Conclusion

When requesting or recommending Therapeutic Supports for psychosocial disability, it's important to:

- Clearly define the functional impairments related to the disability (not 'mental illness', per se)
- Emphasise that therapy aims to build capacity and participation, not provide clinical treatment
- Identify that supports are NDIS-funded Therapeutic Supports as defined in the NDIS Pricing Arrangements and NDIS Supports List
- Acknowledge the limitations of mainstream services in meeting these needs

This approach strengthens the alignment with the NDIS's funding criteria and supports a more accurate interpretation of what is, and is not, an NDIS responsibility.

[64] *National Disability Insurance Scheme (Supports for Participants) Rules 2013*, Federal Register of Legislation, https://www.legislation.gov.au/F2013L01063/latest/text

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Table of Amendments

Date	Amendments made
28/06/2025	Guidance initial draft commenced
08/08/2025	Initial draft complete
18/08/2025	Adaptations made in response to feedback from multiple internal and external contributors
02/09/2025	Adaptations made in response to feedback from external contributors
09/09/2025	Adaptations made in response to feedback from multiple external contributors
24/09/2025	Adaptations made in response to feedback from multiple external contributors
02/10/2025	Version 1.1 ratified
19/10/2025	Minor definitional amendments and notes throughout made in reference to the NDIA's Operational Guidelines for Therapy supports, 13/10/2025

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