NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026

Mind Australia
Supplementary submission
Senate Community Affairs Legislation Committee
July 2026

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Mind Australia supports

THE HAVEN FOUNDATION
Providing Housing & Assistance

One DOOR Mental Health

About Mind Australia

Mind Australia is one of Australia's largest specialist providers of community mental health and psychosocial disability services. We have been supporting people dealing with mental health challenges—as well as their families, friends, and carers—for almost 50 years. Each year we provide services to around 25,000 people.

Over the history of our organisation, Mind has:

- Delivered specialist psychosocial and community-based mental health support, with lived experience at the heart of everything we do.
- Advocated for and with the people who use our services.
- Provided supported housing through the Haven Foundation.
- Provided NDIS funded supports to people with psychosocial disability through support coordination, allied health and the Haven.
- Provided a broad suite of youth mental health services.
- Supported people and families across NSW through One Door Mental Health.
- Been defined by the diversity of our experience and our commitment to showing up for people where they are, in their community.

Mind makes this submission from our perspective as a service provider (and advocate) to people with psychosocial disability and their families, carers and kin.

Mind Australia is also a member of the Australian Psychosocial Alliance and Mental Health Australia, and supports their original submissions to the Inquiry.

As a service provider Mind also has concerns in terms of pricing and member registration and we support the submissions of National Disability Services in this regard.

Why a targeted, supplementary submission?

We make this supplementary submission to the Senate Community Affairs Legislation Committee to comment on the amendments to the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026 moved and agreed to in the House of Representatives on 1 July 2026. Mind agrees that these amendments make the proposed laws clearer and easier to understand, and welcomes them.

However, Mind sees potential for the wording of "public" funding in the new 25A(1)(c) Note 1 to be interpreted and applied too narrowly. This may create unintended barriers to fair assessment of permanence in some cases, particularly where publicly-funded treatments are delivered by non-government organisations (NGOs). Our concern comes from longstanding operational experience of NDIS assessment processes for people with psychosocial disability. We urge the Government to provide clarification through a further supplementary explanatory memorandum, or other government statement, before final passage of the Bill.

Our concern

1. Narrow interpretation of "public funding" in proposed 25A(1)(c) Note 1

The amended section 25A(1)(c) defines *appropriate treatment* as one that "is regularly undertaken in Australia". Note 1 then states: "For the purposes of paragraph (c), treatment is regularly undertaken or performed in Australia if public funding is available in respect of the treatment."

The Department of Health, Disability and Ageing (DoHDA) released additional guidance regarding the amendments that agreed to in the House of Representatives on 1 July (available on the Department's website[1]). This guidance has *potentially narrowed* the interpretation of this section by stating "'appropriate treatment' is treatment that is regularly undertaken in Australia if public funding is available for that treatment. This includes through *Medicare, the Pharmaceutical Benefits Scheme (PBS) or public hospitals*" (p.2; italics added).

Publicly funded, appropriate treatments should be broader than the list provided in the departmental guidance. Clarification in line with our recommendation would prevent unintended narrowing that goes against the intent of the amendment. Guidance is important here because at present the Supplementary Explanatory Memorandum does not speak to this amendment, given this particular amendment was not moved by the Government.

[1] See https://www.health.gov.au/resources/publications/changes-to-the-ndis-amendment-securing-the-ndis-for-future-generations-bill-2026-fact-sheet?language=en

Why this matters

1. *Appropriate treatments* should include the provision of psychosocial disability support services

The provision of psychosocial disability support services has been one of the major responses of the Commonwealth and state and territory Governments to psychosocial disabilities resulting from mental illness since the late 1990s. Australian governments combined spend approximately $500 million annually on the funding of non-NDIS psychosocial support services, delivered by NGOs (sometimes in partnership with public bodies). However, these psychosocial support services are understood not as treatment services, but as non-clinical, motivational and practical supports. They play a major role in helping people with psychosocial disability to manage and reduce impairments, and for some they prevent psychosocial disability. Consequently, they reduce demand pressure on the NDIS. They are recognised as a critical part of the public mental health system and NDIS service delivery.

Commonwealth, state and territory Governments use the following definition of psychosocial supports: "non-clinical and recovery-oriented services delivered in the community and tailored to individual needs, which support people experiencing mental illness to live independently and safely in the community".[2] They include services that assist people with mental illness to:

- manage daily living skills
- obtain and maintain housing
- identify client needs for other services (such as the NDIS, alcohol and other drug treatment services, clinical care), connect with and maintain engagement with these services
- socialise, build and maintain relationships
- engage, and maintain engagement, with appropriate education (including vocational skills) and employment opportunities.

It is important to the financial sustainability agenda of the Commonwealth Government that psychosocial disability supports are recognised as appropriate treatments under section 25A of the Bill. It would be an unintended consequence of the wording of the Bill and related guidance if psychosocial disability support services were not covered under appropriate treatments. This anomaly needs to be clarified.

2. The definition of "public funding" should include contracted funding to NGOs

The amended Section 25A(1)(c) clarifies that appropriate treatment is treatment that is regularly

[2] Health Policy Analysis (2024), *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme*, endorsed by Commonwealth and state and territory mental health officials Psychosocial Project Group, p.13.

undertaken in Australia if public funding is available for that treatment. The intent of this amendment is constructive and clearer than previously. It would be cost-effective if psychosocial disability support services are recognised as appropriate treatments (as explained previously).

Our concern is that the additional guidance on intent of the amendment, from the DoHDA, provides narrow examples for public funding, stating this "includes through Medicare, the Pharmaceutical Benefits Scheme (PBS) or public hospitals". Given a significant proportion of psychosocial disability support services are delivered by NGOs, contracted through public funding arrangements (whether by Commonwealth or state & territory governments), there is now a need for further clarification. Such services should be both explicitly regarded as appropriate treatments and as meeting the public funding criteria in 25A(1)(c) Note 1.

Our recommendation

This potential, unintended loophole could be avoided through issuance of a further supplementary explanatory memorandum or other government statement before final passage of the Bill.

Rec. 1	**Issue further guidance on the scope of *public funding*, and *appropriate treatments*** Psychosocial disability support services should be considered *appropriate treatments* when assessing permanence of impairment; the meaning of *public funding* should extend to treatments delivered by NGOs, where these NGOs are commissioned with public funds.

Conclusion

Mind Australia welcomes the consideration of the Government and the Committee to changes to the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026. We had previously sought additional attention to the definition of functional capacity (Section 9B) to make it workable for psychosocial disability, and sections related to permanence and appropriate treatments (Section 24 and 25). We are pleased to see clarification on permanence, treatments and potential for restraint or coercion. We now seek further clarification on public funding for treatments.

Finally, we reiterate our call for a specific approach to psychosocial disability. Absent amendments to Section 9B, we urge the Government to include people with psychosocial disability expertise in the rule making process set out by 9B(2) and 9B(3), supported by uplift in NDIA capability and processes to deal more effectively with psychosocial disability matters.

Mind Australia

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Mind Australia is one of the largest providers of community-managed psychosocial services in Australia with a range of residential, mobile outreach, centre-based and online services

We have providing mental health and wellbeing support to people, and their families, friends and carers, for more than 45 years.

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Mind Australia, with One Door and The Haven Foundation, collectively combine more than 80 years of evidence-based service delivery, research and advocacy.

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