What You Said

Psychosocial lived experience views on proposed NDIS changes and foundational supports

ABOUT THIS BRIEFING	
Briefing topic	Psychosocial lived experience views on proposed NDIS changes
Series	What You Said — a regular MHLEPQ lived experience survey series
Survey period	May 2026
Published	August 2026
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MHLEPQ respectfully acknowledges and honours the Traditional Custodians of the Lands and Waters throughout Queensland. We thank the Elders — past, present, and emerging — for their wisdom and survivorship.

The Mental Health Lived Experience Peak Queensland is an initiative funded by the Mental Health, Alcohol and Other Drugs Branch, Queensland Health. The Psychosocial Peak Body program is funded by the Queensland Department of Families, Seniors, Disability Services and Child Safety under the Disability Peak and Representative Body Program.

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About MHLEPQ and this series

The Mental Health Lived Experience Peak Queensland (MHLEPQ) is the peak body in Queensland for people with lived experience of mental ill-health, distress, and suicidality. We provide policy advice and systems advocacy for consumers of mental health services of all ages in Queensland, and we represent and amplify the voices of people with lived experience to drive systemic mental health reform.

This briefing was prepared through MHLEPQ's Psychosocial Peak Body program. The Psychosocial Peak Body supports Queenslanders experiencing psychosocial challenges by connecting people with local services, delivering inclusion-focused training, and advocating directly to government on issues affecting people with psychosocial disability, their carers, and families.[1] The program is funded by the Queensland Department of Families, Seniors, Disability Services and Child Safety under the Disability Peak and Representative Body Program.

What You Said is a regular MHLEPQ survey series. Each edition asks our members and the broader lived experience community about a different topic, and reports back what we heard — in people's own words — to government, services, and the community. This edition focuses on proposed changes to the National Disability Insurance Scheme (NDIS) and the rollout of foundational supports. To take part in future surveys, or to suggest a topic, contact info@mhlepq.org.au.

Executive Summary

People told us they feel less confident about accessing psychosocial supports into the future. Key concerns include funding changes, loss of existing supports, and unclear transition arrangements. Many described current supports as essential.

These concerns sit alongside broader system changes. Recent federal budget measures are projected to significantly reduce the rate of growth in NDIS funding over the coming years, alongside proposed changes to eligibility and core supports.[2,3]

At the same time, access to the Scheme for people with psychosocial disability has already declined. The approval rate for NDIS access requests by people with psychosocial disability has fallen by around 62 per cent over the past five years — from 66 per cent of access requests in 2020–21 to 25 per cent — indicating a substantial tightening in access for this group.[4]

There is also existing unmet need. In Queensland alone, around 92,000 people with moderate to severe mental illness are not receiving the psychosocial supports they need.[5,6]

Taken together, what people told us and what the broader data shows point to a consistent risk: changes to funding and access arrangements are likely to have a direct and disproportionate impact on people with psychosocial disability, including reduced access to the supports they rely on to stay well and connected.

Context: a scheme in transition

The NDIS is part-way through the most significant reform since it was established. In December 2023, the Independent NDIS Review recommended rebalancing the Scheme within a broader ecosystem of support, including foundational supports — supports delivered outside individual NDIS plans in mainstream and community settings — and an early intervention pathway for psychosocial disability.[7] That same month, National Cabinet agreed to jointly design and fund foundational supports with the states on a 50:50 basis, and to slow the Scheme's annual growth to 8 per cent by mid-2026.[8]

The NDIS Amendment (Getting the NDIS Back on Track No. 1) Act 2024 took effect on 3 October 2024, introducing a new definition of "NDIS supports", lists of what can and cannot be funded, impairment notices, and the framework for future needs assessments and whole-of-plan budgets.[9]

Foundational supports have moved more slowly than promised. The intended July 2025 start was missed, and the National Agreement on Foundational Supports 2026–2031 commenced only in February 2026.[10] Its first phase, the Thriving Kids program for children with developmental delay, begins in October 2026.[11] Targeted psychosocial foundational supports for adults — a priority cohort identified by the Review — remain unfunded, with the Government indicating they will be progressed through the next National Mental Health and Suicide Prevention Agreement.[12]

In April 2026, the Government announced a further round of reform: functional capacity assessments for new applicants from January 2028, needs-assessed budgets from April 2027, and reduced social and community participation funding.[12] These measures sit within the NDIS Amendment (Securing the NDIS for Future Generations) Bill 2026, which passed the House of Representatives in July 2026.[13] The Bill is now before the Senate: on 14 August 2026 the Senate inquiry recommended it be passed, despite most of the 4,500-plus submissions opposing it.[14] The Government has given assurances that people with psychosocial disability will not lose access on the basis of a mental health diagnosis alone.[12]

What We Know and Why This Matters

People consistently described psychosocial supports as critical to how they live day to day. These supports enable stability, connection, and the ability to manage health and wellbeing. Psychosocial disability is a significant part of the Scheme: around 66,000 people — about 9 per cent of all NDIS participants — have a psychosocial disability as their primary disability.[15]

Several people were clear about what is at stake, speaking about the role supports play in maintaining independence and preventing decline. One member described their situation simply:

> **"Without the NDIS I have nothing."**
>
> Survey respondent
> Person with psychosocial disability

People also described uncertainty about what the proposed changes mean in practice. Information was seen as difficult to access or unclear, contributing to anxiety and confusion for both participants and carers.

A key concern was the risk of losing supports without clear alternatives in place. Some participants linked this to previous system changes. One person described losing support as "a disaster for me to lose support," reflecting the real impact of gaps during transitions.

People also pointed to wider impacts, including increased distress, pressure on carers, and risks to housing stability. As one worker noted, "there's no supports for people with psychosocial disability and they often experience chronic homelessness."

Overall, people are calling for stability, clarity, and care in how changes are implemented.

Who We Heard From

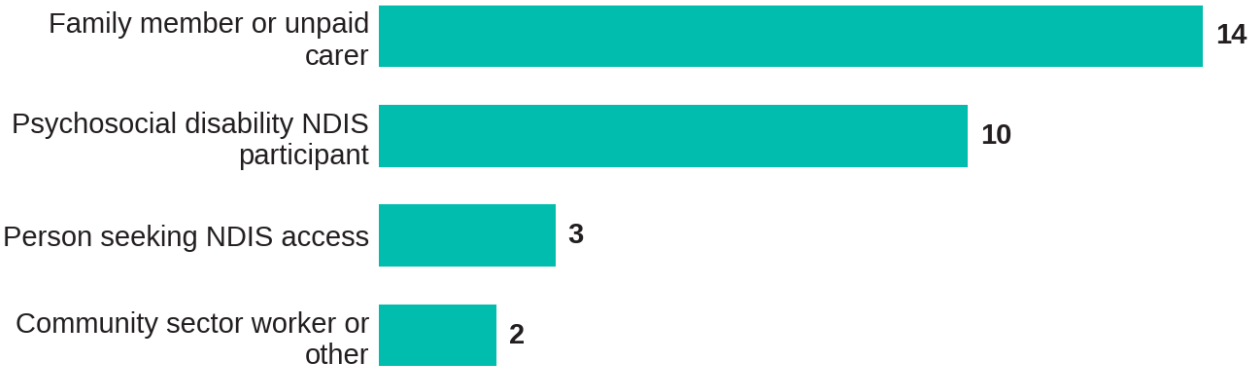
26 responses were included in this survey. We heard from:

- People with psychosocial disability, including NDIS participants and people seeking access
- Family members and unpaid carers
- Community sector workers, including homelessness services

Responses reflect a range of experiences, including people with long-term and complex needs, people currently receiving supports, and people unable to access the NDIS.

Who we heard from

Number of respondents; people could select more than one role (n = 26)



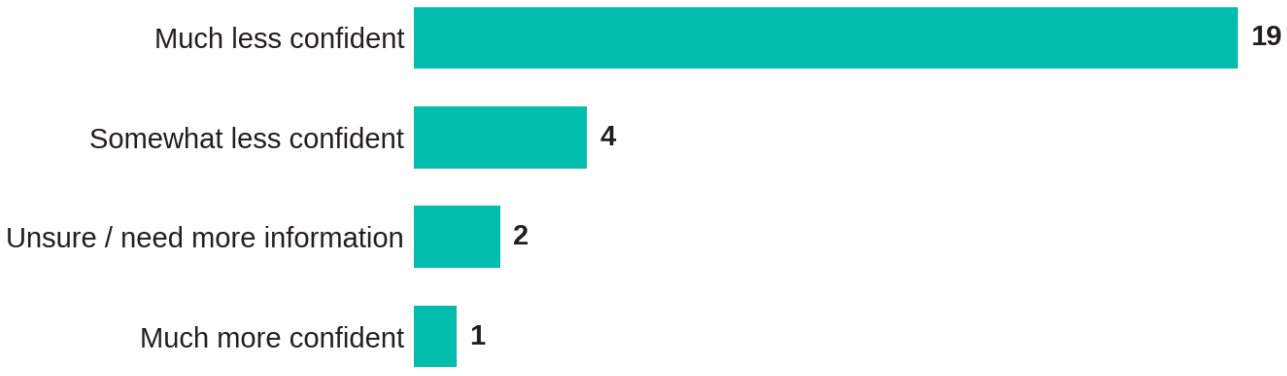
What You Said: Key Insights

1. Lower confidence and uncertainty about future access

People commonly reported feeling less confident about accessing supports in the future: 23 of the 26 people who responded said they felt less confident following the recent announcements, including 19 who felt much less confident. This was linked to concerns about funding changes, reassessment processes, and uncertainty about how reforms will be applied in practice.

Confidence about future access to supports

Number of respondents, following the recent NDIS announcements (n = 26)



A number of people described living with ongoing uncertainty. As one member put it, “I am taking every day as it comes and hope I do not get removed from NDIS.”

2. Concern about funding changes and loss of supports

Concerns about funding changes and the potential loss of supports were consistent across responses. People spoke directly about perceived reductions and the impact these may have.

One participant noted that “they seem to be making cuts to participant funding,” while another reflected that there is “so much talk about cutbacks to funding.” For some, this extended to concerns about exclusion from the Scheme altogether, with one person stating that “the government is wanting to kick people off NDIS.”

There were also concerns about the scale of potential changes. A carer shared that they were worried supports could “be cut by 80%,” while another described having “grave concerns” about whether existing plans would continue.

People also described what losing supports would mean in practical terms. One member stated plainly, “Without the NDIS I have nothing,” while another said that losing supports “would be horrible.”

Across responses, loss of supports was linked to isolation, reduced independence, and worsening mental health.

3. Concerns about transition and how changes will be implemented

People raised clear concerns about how reforms will be introduced and managed. There was a strong message that existing supports should not be removed before alternative systems are in place.

One participant emphasised the need for sequencing, stating that systems “won’t pull one set of supports before they properly test and establish another.” Others highlighted the emotional impact of change, with one person describing reforms as “re-traumatising” and saying they are forced to “scramble and feel like a burden.”

Previous experiences were also raised. For some, transitions had already resulted in loss of support, reinforcing the importance of careful implementation.

4. Community and psychosocial supports are a priority

People consistently identified community-based and psychosocial supports as essential. These supports were described as central to maintaining stability, connection, and quality of life.

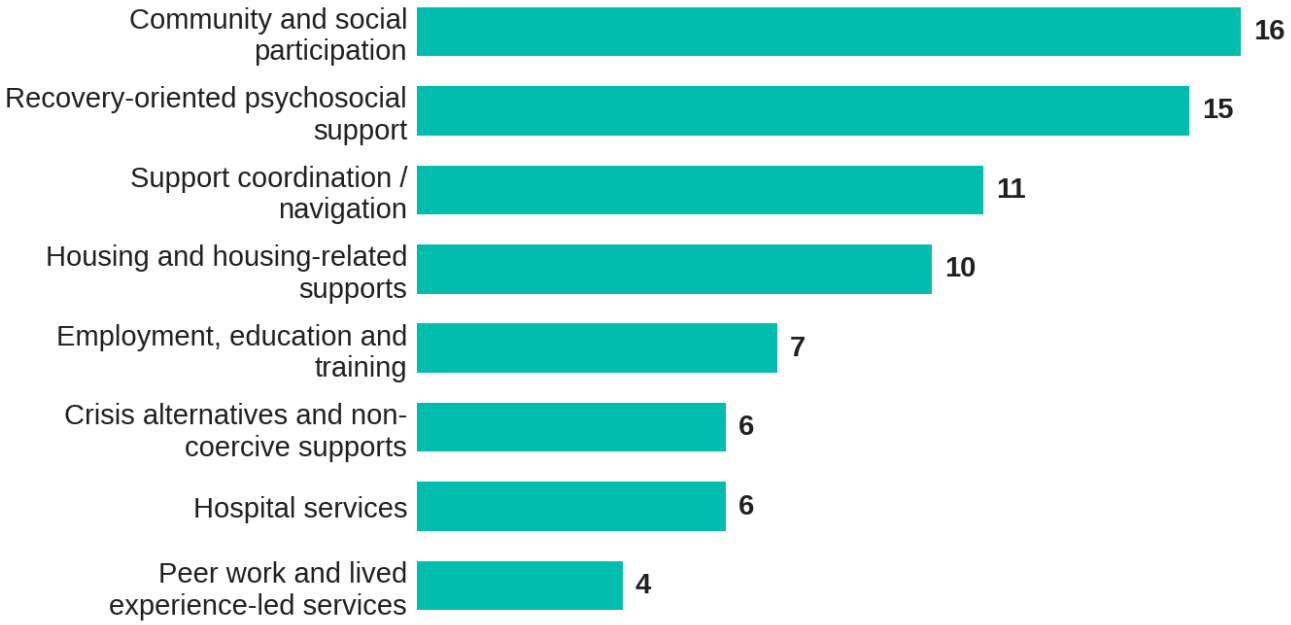
One person stated that “community and psychosocial mental health disability support is crucial to living a supported life,” while another emphasised that “more nonclinical support is just as beneficial.”

There was also concern that current systems do not always meet people’s needs. As one participant noted, “people who really need NDIS aren’t getting what they actually need to survive.”

This priority also came through clearly when people were asked to rank eight types of support in order of importance. Community and social participation and recovery-oriented psychosocial support were most often placed in respondents’ top three, ahead of clinical and hospital-based services.

Supports ranked in respondents' top three priorities

Number of respondents ranking each support in their top three of eight (n = 25)



5. Lived experience needs to be part of decision-making

People want to be meaningfully involved in decisions that affect their lives. There was consistent support for lived experience involvement across design, implementation, and monitoring of reforms.

This was described not just as consultation, but as active participation. One participant stated that people with lived experience "should be involved in every aspect of planning and implementing." Another emphasised that lived experience should be recognised as expertise.

> **"We have the lived experience, not the textbook guided experience."**
>
> Survey respondent

Some also spoke about who systems engage with. One person reflected the importance of direct engagement, stating that systems should "talk to us and not our advocates."

What Queenslanders Are Calling For

Participants described a consistent set of priorities:

PRIORITY	WHAT PEOPLE TOLD US
Clear information	Provide clear, accessible information and timelines about what is changing and when.
Continuity of support	Ensure continuity of existing supports, with safeguards in place during transition.
Protected funding	Protect funding for essential psychosocial supports.
Community-based supports	Maintain and invest in community-based and non-clinical supports.
Navigation	Strengthen support coordination and help people navigate change.
Lived experience leadership	Include lived experience in all stages of reform and decision-making.

In Closing

Overall, the feedback points to a clear and consistent message. Psychosocial supports are essential to people's ability to stay well and connected, and any changes to funding or access need to be carefully managed. Without this, there is a real risk of increased distress, loss of stability, and greater pressure on already stretched systems.

There is also a clear expectation that lived experience must be central to how reforms are designed and implemented. This includes not just consultation, but meaningful involvement in decision-making.

There is an opportunity to get this right. By prioritising continuity of support, strengthening lived experience leadership, and investing in community-based approaches, governments can deliver reform that people can trust. This work needs to be done in genuine partnership with lived experience.

MHLEPQ and the Psychosocial Peak Body will continue to bring what Queenslanders tell us directly to government as these reforms progress — including through future editions of What You Said.

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