Aged Care Counselling & Psychology | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-psychology-counselling/

Details:

Late-life mental health support is real clinical work, not a chat. Psychologists and counsellors help older Australians with depression, anxiety, grief and loss, adjustment to illness, reduced confidence, loneliness, and the emotional side of cognitive change. There are two main funding routes: aged care funding through Support at Home, and a Medicare Mental Health Treatment Plan written by your GP under the Better Access initiative. They work differently and you should know which one you are on before you book. To talk to Bloom Healthcare, call 1300 771 465 or email hello@bloom-healthcare.com.au .

This is not a crisis service. If someone is in immediate danger, call 000 . Lifeline is available 24 hours a day on 13 11 14 . Bloom's phone lines are open Monday to Thursday 7:30am to 6pm, Friday 7:30am to 5pm, and Saturday by appointment.

Who this service is for

Psychology and counselling in aged care is for older people dealing with:

Depression , including depression that develops after losing mobility, after communication becomes hard, during social isolation, or alongside a chronic health condition

Anxiety that is disrupting daily routines and normal activities

Grief and loss , including bereavement and the grief that follows a diagnosis: loss of independence, loss of identity, loss of a future that was expected

Adjustment to illness and to major life change

Loneliness and social isolation , which often start when shopping and socialising become physically difficult

Reduced confidence after a fall, a hospital admission or a decline in function

Cognitive change , both the emotional impact on the person and the strategies that help

It is also for families and carers . Family counselling is a service in its own right, aimed at improving communication, working through concerns, and supporting the wellbeing of the whole household rather than one person in it.

Eligibility and funding

Route 1: aged care funding

Government-funded aged care is based on age plus assessed need:

65 and over for the general population

50 and over for Aboriginal and Torres Strait Islander people

50 and over for people experiencing homelessness or at risk of it

You also need assessed need for help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition. Register with My Aged Care on 1800 200 422 and you will be referred to an assessment: an Aged Care Assessment Team (ACAT), an Aged Care Assessment Service (ACAS) in Victoria, or a Regional Assessment Service (RAS). Under the Single Assessment Process it is one assessment covering physical health, emotional wellbeing and social needs.

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. Services are sorted into three categories: Clinical Supports (fully funded by the Australian Government), Independence Services and Everyday Living Services (a participant contribution may apply depending on your financial circumstances). Which category a particular piece of psychology or counselling work falls under is decided through your assessment and support plan, not by the provider. Check your plan, or call Bloom on 1300 771 465 to talk it through before you commit.

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the Government's "no worse off" principle means you pay the same or less in contributions than you would have under the old arrangements.

Route 2: Medicare and a Mental Health Treatment Plan

This route does not depend on aged care at all. Under the Better Access to Mental Health Care initiative:

Your GP writes a Mental Health Treatment Plan (MHTP) and gives you a referral.

Eligible people can access up to 10 individual sessions and up to 10 group sessions per calendar year (1 January to 31 December).

Referrals are usually written in blocks. An initial course of treatment is commonly up to 6 rebated sessions , after which you can access a further course up to the yearly maximum with a new or continued referral.

Psychiatrists and paediatricians can refer directly without an MHTP, because they are deemed specialists.

Telehealth attracts the same Medicare rebates as in-person care. It is permanent under Better Access and available nationally, not only in rural areas, where the clinical and enrolment requirements with your GP are met.

To be eligible you need a valid referral, an assessed and clinically diagnosed mental disorder, and a current Medicare card as an Australian resident. Every service claimed has to be clinically relevant , meaning it addresses your diagnosed condition and treatment goals.

What makes a referral valid. It must describe your symptoms or give a provisional diagnosis, state the type of therapy required (for example "psychological therapy" or "opinion and management"), identify you and your details, and be signed and dated by the GP. It should say how many sessions you are referred for, but it is still valid if it does not, in which case the clinician uses clinical judgement up to the maximum for that course of treatment. Your provider does not need a copy of the Mental Health Treatment Plan document itself, only the valid referral letter.

Medicare rebates do not cover the full fee. There is a gap. Bloom's fees, rebate amounts and any out-of-pocket cost are explained to you in writing before therapy starts, as part of informed consent at your first session, and are set out in your service agreement. Ask for the current figures on 1300 771 465 rather than relying on a number found online.

Which route is right for you

They answer different problems. Aged care funding is tied to your assessed aged care needs and sits inside your Support at Home budget alongside your other services. Better Access is tied to a diagnosed

mental health condition and is capped at 10 individual sessions a calendar year. Some people are eligible for both. If you are not sure, talk to your GP and call Bloom on 1300 771 465 before booking.

What the service includes

Bloom's aged care psychology and counselling service covers:

Individual therapy — a private space to explore feelings, manage a mental health condition, and work through life changes

Counselling

Cognitive Behavioural Therapy (CBT) — an evidence-based approach that works on unhelpful thought and behaviour patterns feeding depression and anxiety

Cognitive assessments — assessing cognitive function and providing strategies for managing memory loss, dementia and other cognitive change

Family support services and family counselling

Functional capacity evaluations

Daily living skills support

Trauma-informed practice

Coping strategies

Cognitive change and dementia

Two different pieces of work sit here and they are worth separating.

Assessment. A psychologist can assess cognitive function and describe what is happening with memory, attention and thinking. That information is useful to your GP and to any specialist involved. A psychologist's cognitive assessment is not a medical diagnosis of dementia; diagnosis is a medical process.

Support. Individual counselling gives emotional support and coping strategies to the person living with dementia, and psychological support addresses the emotional and behavioural symptoms dementia can bring. This runs alongside other disciplines: speech pathology for communication and swallowing, occupational therapy for everyday tasks and cognitive stimulation, physiotherapy for mobility and falls.

Support for carers and families

Carer burnout is a real risk when someone is managing complex care without enough support. Bloom's psychologists and counsellors work with families to improve communication, work through concerns and support the household as a whole.

Education and training for family members and carers is part of this: understanding the emotional dimensions of caregiving, and knowing how to support someone with a mental health condition. Occupational therapy contributes by reducing manual handling strain so carers do not injure themselves. Respite services provide the breaks that prevent burnout. Carer support groups reduce isolation; ask your home care provider what is running in your area.

One specific example worth naming, because it comes up constantly and few people plan for it: giving up driving . Psychologists work alongside occupational therapists to support the emotional side of that transition, which is often experienced as a genuine loss rather than an inconvenience.

What this service does not do

It is not a crisis or emergency service . In an emergency call 000 , or Lifeline on 13 11 14 .

It does not prescribe medication . That is your GP or psychiatrist.

It does not diagnose dementia . A cognitive assessment describes function; diagnosis is medical.

It does not guarantee an outcome . Therapy is work, and how it goes depends on many things.

Confidentiality is not absolute. The limits are explained to you before therapy starts.

How it works, step by step

Step 1 — Choose your route. For aged care funding, register with My Aged Care on 1800 200 422 and get assessed. For Medicare, book a longer appointment with your GP and ask about a Mental Health Treatment Plan.

Step 2 — Refer. Email hello@bloom-healthcare.com.au , call 1300 771 465 , or use the referral form . Referrals come from GPs, medical and allied health networks, home care providers, families and carers, and people contacting Bloom directly. Include the person's age, the main concerns, any existing reports, relevant medical history, priorities and goals, and the best contact details.

Step 3 — Bloom responds within 24 hours. For Medicare referrals the administration team obtains the referral and plan documentation from the GP, checks it contains a mental state examination, a summary of the presenting concerns, a diagnosis or symptom-based justification and a recommendation for psychological treatment, then sends you a Medicare intake form in the welcome email. If no intake form comes back within 24 hours, the operations manager follows up.

Step 4 — Triage and allocation. The operations manager reviews your intake form, creates a risk management plan case note if one is needed, and allocates you to a clinician based on capacity, area of interest, location and any identified risk.

Step 5 — The clinician contacts you within 24 hours to confirm the delivery mode (in-home or community, in-clinic where available, or telehealth by secure video), whether interpreting services are needed, the billing arrangements, and to book the first session. You are sent a confirmation and a link to the consent form.

Step 6 — Where aged care funding is involved, the clinician also establishes how your care is coordinated. If you have a care coordinator through your home care provider, the clinician works with them on the purpose of the referral, an estimate of hours, a quote and the invoicing arrangements. If you are self-managed, that conversation happens with you or your nominee directly. The Aged Care Service Agreement and Aged Care Consent Form are discussed, reviewed and signed at the initial appointment, and no billing for aged care services begins until the agreement is signed. Where someone does not have capacity to sign, appropriate guardian or nominee consent has to be documented first.

Step 7 — The first session. This runs for one hour . You sign an informed consent form which explains your treatment plan, the limits of confidentiality, the number of sessions approved, the session review process, and the fees, rebates and any out-of-pocket cost.

The clinician then completes a biopsychosocial assessment , covering the presenting issues, your personal history, your social, emotional and occupational functioning, your cultural and family background, risk factors, and your protective factors and strengths. Relevant psychometric screening tools are administered to set a baseline that progress is tracked against. You and the clinician agree initial therapy goals.

Step 8 — Ongoing sessions run for 50 minutes. Under a Medicare referral there is a defined number of sessions and a review point built in.

Risk and confidentiality

Risk assessment is a standing requirement, not a one-off. Your clinician assesses and documents suicide and self-harm risk, risk of harm to others, past trauma, substance use and other safety concerns at the first session and throughout treatment, with management strategies recorded in your case notes.

Confidentiality has limits, and those limits are explained to you at the start. Information may need to be shared where there is imminent risk of serious harm to you or to someone else, where there is a legal obligation or court order, where child protection or vulnerable adult concerns arise, or where abuse or neglect is suspected.

Evidence and documentation

Referral acceptance letter to your GP. After the first session under a Medicare referral, the psychologist writes to your GP confirming the referral has been accepted, summarising the initial findings, and outlining a brief therapy plan, so your GP can coordinate the rest of your care.

Therapy plans setting out goals, strategies and how sessions will be delivered.

Psychometric baselines and progress tracking , so change is measured rather than guessed at.

Reports where they are needed. Before writing one, the clinician discusses with you (or your nominee or carer) and with your home care provider whether a report is required, what it is for and what type it should be, so it is fit for purpose and supports your funding. Reports are emailed as PDFs.

Case notes documenting every contact, all documents sent and received, travel, billing and internal file reviews. Case notes are completed within 24 hours of the service, and they are records that can be called on in court proceedings, so they are written accordingly.

Quality checks. Bloom's leaders audit a minimum of 10% of each clinician's total portfolio every month, reviewing compliance, the quality of case noting, the professionalism of communication, stakeholder satisfaction and reporting timeframes.

How this differs from related services

Psychologist vs counsellor. Psychologists hold general registration with AHPRA and have a broader scope: they conduct psychological assessments and cognitive evaluations as well as therapy. Counsellors are a recognised allied health discipline with formal qualifications who work within a counselling framework focused on therapeutic conversation and emotional support. Both deliver evidence-based therapeutic support. Which one suits you depends on what you need, and Bloom can advise on 1300 771 465.

Psychology vs a cognitive assessment for a diagnosis. A psychologist assesses cognitive function and describes it. Diagnosing dementia is a medical process through your GP and usually a specialist.

Aged care psychology vs NDIS psychology. The therapy is similar; the funding is not. NDIS psychology is claimed through capacity building categories in an NDIS plan. Aged care psychology is funded through Support at Home, and Better Access is a separate Medicare pathway with its own referral rules and yearly session caps. Advice written for NDIS participants does not transfer.

Psychology vs occupational therapy for cognitive change. They pair rather than compete. The psychologist works on mood, grief, anxiety and coping; the occupational therapist works on the daily task and the environment around it.

Where you can get this service

Bloom's primary delivery method is in the community, and for psychology that mostly means in your own home . In-home delivery removes the transport barrier, which is one of the main reasons older

people drop out of therapy, and it keeps sessions consistent. Telehealth by secure video is available, and under Better Access it carries the same Medicare rebate as in-person care. Clinic appointments are offered on a case-by-case basis.

Bloom works across New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and the Australian Capital Territory. See all locations for the suburbs and regions covered.

A plain-English easy read guide to psychology is available to download.

To start: call 1300 771 465 , email hello@bloom-healthcare.com.au , use the referral form , or contact us .

Common questions about aged care psychology and counselling

How many sessions can I get?

It depends on the funding route. Under a Medicare Mental Health Treatment Plan you can access up to 10 individual sessions and up to 10 group sessions per calendar year, usually referred in blocks with an initial course of up to 6 sessions. Under aged care funding the number comes out of your support plan and budget rather than a fixed cap.

Do I need to see my GP first?

For the Medicare route, yes. Your GP writes the Mental Health Treatment Plan and the referral. Psychiatrists and paediatricians can refer directly without one. For aged care funding you need an aged care assessment through My Aged Care on 1800 200 422 instead, and you can contact Bloom without a GP referral.

How much will it cost me?

Medicare rebates do not cover the full fee, so there is a gap. The exact fee, the rebate and your out-of-pocket cost are explained to you in writing at your first session as part of informed consent, and set out in your service agreement. Under aged care funding, contributions depend on your financial circumstances and the service category. Call 1300 771 465 for the current figures.

Can the psychologist come to my house?

Yes. In-home delivery is Bloom's primary method for aged care psychology. Telehealth by secure video is also available with the same Medicare rebate as an in-person session.

What happens in the first appointment?

It runs for one hour. You sign an informed consent form covering your treatment, the limits of confidentiality, the number of sessions approved and the costs. The psychologist then does a biopsychosocial assessment covering your presenting issues, history, functioning, background, risks and strengths, administers screening tools to set a baseline, and agrees your initial goals with you. Later sessions run for 50 minutes.

Is what I say confidential?

Mostly, but not absolutely. Information may be shared where there is imminent risk of serious harm to you or someone else, where there is a legal obligation or court order, where child protection or

vulnerable adult concerns arise, or where abuse or neglect is suspected. Your psychologist explains exactly where the line sits before therapy starts.

Will my GP be told what I say?

Your GP receives a referral acceptance letter after the first session confirming the referral was accepted, summarising the initial findings and outlining a brief therapy plan. That is coordination of your care, not a transcript of your sessions. If you have concerns about what is shared, raise them at the consent stage.

My husband was just diagnosed with dementia and I am not coping. Can I get help too?

Yes. Family counselling and carer support are part of this service, aimed at improving communication, working through concerns and supporting the household. Grief after a diagnosis is a legitimate reason to seek support, and it affects the person diagnosed and the people around them. Talk to your GP about a Mental Health Treatment Plan for yourself, and call Bloom on 1300 771 465.

Is it too late to start therapy at my age?

No. Psychology and counselling for older adults specifically addresses depression, anxiety, grief and adjustment in later life, and it uses the same evidence-based approaches such as CBT that are used at any age.

Can therapy help with loneliness?

Counselling and psychological support address loneliness and social isolation, which often begin when reduced mobility makes shopping and socialising hard. Therapy works on the coping and confidence side. The practical side, getting out of the house safely again, usually needs occupational therapy or physiotherapy alongside it.

What is trauma-informed practice?

It means the service is delivered with an awareness of past trauma and its effects, including how it shapes what feels safe in a session. Past trauma is one of the risk factors assessed at your first appointment.

What if I need help between sessions?

Bloom is not a crisis service. If there is immediate danger, call 000 . Lifeline is available 24 hours a day on 13 11 14 . Ask your clinician at your first appointment what the arrangements are outside session times, and ask for it in writing during your service agreement discussion. Bloom's phone lines are open Monday to Thursday 7:30am to 6pm, Friday 7:30am to 5pm, and Saturday by appointment.

What if I want to change psychologist?

Files can be handed over internally, and a request for a change of clinician is one of the recognised reasons. Where possible you get at least four weeks' notice of a planned handover, and a handover checklist has to be completed so your documentation is current before the change.

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