NDIS Support for ADHD & Autism Wellbeing | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/achieving-holistic-wellbeing-ndis-support-services-for-individuals-with-adhd/

Details:

An ADHD diagnosis on its own does not give you access to the NDIS. Access turns on whether the impairment is permanent and whether it causes a substantially reduced functional capacity in your everyday life. Plenty of people with ADHD are NDIS participants. Plenty of others have a valid diagnosis and are found not to meet the disability requirements. The difference is the evidence about function, not the diagnosis on the letter.

This is one of the most expensive misunderstandings in the scheme, because families spend months and money assembling an application built around the diagnosis rather than around what daily life actually looks like. This page sets out what the NDIA assesses, what evidence carries weight, what is funded if you get access, and what your options are if you do not.

To talk it through, call 1300 771 465 or use the contact page .

What the NDIA is actually assessing

There are three access requirements.

Age. You must be under 65 when you apply.

Residence. You must be an Australian citizen, a permanent resident, or hold a Protected Special Category Visa.

Disability. The impairment must be permanent, meaning likely to be lifelong, and it must substantially reduce your functional capacity in one or more of six domains:

Self-care — personal hygiene, grooming, dressing, toileting

Self-management — managing health, medication, money and daily routines, planning and decision-making

Mobility — moving around and getting to places

Learning — acquiring new skills and taking part in education

Communication — understanding and being understood

Social interaction — forming relationships and taking part in community life

For ADHD, the domains most often in play are self-management, learning and social interaction. The question is not whether ADHD is real or difficult. It is whether the functional effect is substantial and enduring, and whether it needs disability support rather than clinical treatment.

For young children, the early childhood approach is a separate pathway. Since 1 July 2023, phased in progressively over the following two years, it covers children under 9 with developmental delay or disability, and referral into it does not require the same evidence as an ordinary access request.

Why an ADHD diagnosis on its own is not enough

Two people can have the same diagnosis and completely different lives. One holds down work with a set of systems that took years to build. Another cannot get out the door in the morning, misses appointments, loses jobs and cannot keep a household running. The NDIA is trying to distinguish between those two situations, and a diagnostic report usually does not.

That is why an application built only on "diagnosed with ADHD" tends to be refused. It has not answered the question that was asked.

What evidence actually helps

Strong applications share the same features.

Reports that describe function, not just diagnosis. A specialist letter confirming ADHD is necessary but not sufficient. What carries weight is a description of what the person can and cannot do in real settings.

Allied health reports across the relevant domains. Occupational therapy, psychology and, where communication is affected, speech pathology reports that document capacity in specific domains rather than in general terms.

A functional capacity assessment. An FCA evaluates everyday tasks across the NDIS domains — self-care, self-management, mobility, learning, communication and social interaction — and documents how the impairment affects daily activities. It is written to be read by the NDIA.

Recency. Evidence should reflect how the person functions now, not five years ago.

Completeness at the first submission. Sending everything at once shortens processing and reduces requests for more information.

Applications commonly fail for the mirror image of these: evidence that does not show functional impact, documentation that does not address the disability requirement, missing documents, or a functional effect the NDIA assesses as not substantial.

If you get access, what does the plan fund?

ADHD-related supports mostly sit in the Capacity Building budget under Improved Daily Living . What is typically funded:

Occupational therapy for daily living skills, routines, time management, organisation and executive function.

Psychology and counselling for emotional regulation, coping strategies, anxiety and behaviour support.

Speech pathology where communication is affected.

Skill-building in executive function, time management, organisation and study or work systems, delivered as coaching, workshops or one-to-one programs.

Assistive technology including reminder systems, time management tools and organisation apps, where these address a disability-related need.

Social and community participation , funded from Core Supports, for group programs and community activities.

What is in your plan depends on your goals and what the NDIA has accepted as reasonable and necessary. Nothing on this list is automatic.

What occupational therapy for ADHD actually involves

This is where the vague language usually sits, so here is the concrete version.

Executive function. Breaking tasks into steps that can actually be started. Visual schedules. A packing system with a fixed place for each item. Reducing the number of decisions a routine requires.

Routines and systems. Colour-coded or visual systems for homework, chores and appointments. Whiteboards, checklists and reminders that are simple enough to keep using after the novelty wears off. A morning routine or an after-school task station that holds up on a bad day, not just a good one.

Sensory regulation. ADHD often comes with sensory overwhelm and emotional intensity. For a child that might mean a sensory kit with noise-cancelling headphones, chewable jewellery or fidget items. For a teenager or adult it is more often movement, breathing, and taking a break before overwhelm escalates rather than after.

School participation. Working with teachers to adjust the classroom environment, supporting handwriting and fine motor skills where these are affected, managing materials and homework, and teaching focus strategies that the classroom can actually accommodate.

Work and community. Systems for managing employment responsibilities, coping with sensory-heavy environments, and building independence in things like public transport and community access.

Sessions are individualised, and the setting depends on where the skill needs to be used. Therapy can happen at home, at school, in the community or in a clinic. Frequency and duration depend on your goals, current skills and the funding in your plan.

The part that decides whether it works is what happens between sessions. The therapist teaches parents, carers and teachers the strategies so they are used in daily life rather than only in the appointment.

Psychology and neurodiversity-affirming practice

Neurodiversity-affirming practice treats ADHD as a natural variation in how brains work rather than a defect to be corrected. In practice that means the therapist works with the person on goals they chose, uses their strengths, and does not push conformity to neurotypical standards as the measure of success.

It does not mean pretending the difficulties are not real. Many neurodivergent people carry anxiety, depression or burnout, often from years of masking — hiding traits to fit in — and from internalised beliefs absorbed from other people's reactions. Psychological support commonly covers understanding masking and its cost, processing a late diagnosis, grounding strategies for sensory overload, and emotional regulation approaches built around how that person's brain works. Some people do well with structured approaches such as CBT, others need something more flexible.

Co-occurring conditions

ADHD often does not come alone.

Autism. The two co-occur frequently, and the combination changes what support works. Distinguishing between them, and describing how they interact, is work for a psychologist or psychiatrist.

Anxiety. Frequently sits alongside ADHD, sometimes as a response to years of missed deadlines and criticism. Addressing both together usually works better than treating either in isolation.

Learning difficulties. ADHD affects how information is processed and how tasks are organised, which shows up in education outcomes even where learning ability is unaffected.

If more than one of these applies, the access request should describe the combined functional effect. Splitting it across separate reports that each describe part of the picture tends to understate the whole.

If you are not eligible for the NDIS

Being refused NDIS access does not leave you with nothing.

Medicare Better Access. With a Mental Health Treatment Plan from a GP, psychiatrist or paediatrician, you can access up to ten individual psychology sessions and up to ten group sessions in a calendar year. Referrals are usually written in blocks of up to six sessions and reviewed before more are added. Practitioners set their own fees, so a gap usually applies. From November 2025, GPs have more flexibility in how they review these plans.

GP chronic condition management. A GP can also prepare a chronic condition management plan giving access to a limited number of rebated allied health sessions in a calendar year.

Private allied health. Occupational therapy, psychology and counselling can be accessed privately without any funding program.

Community supports. Support groups, community mental health services and peer networks are worth pursuing alongside clinical services. They address the isolation that often does as much damage as the ADHD itself.

If your access request is refused

Ask the NDIA for an internal review of the decision. This is your opportunity to submit evidence that was not in the first application and to explain the functional impact more clearly. If you are still not satisfied after the internal review, there is an external review process. There are time limits at each step, so ask the NDIA what applies to your decision as soon as you receive it.

In most refusals the gap is evidence about function. A well-constructed functional capacity assessment that addresses the domains directly is usually a better use of the review period than restating the diagnosis.

Getting started

Bloom Healthcare provides occupational therapy, psychology and counselling, and speech pathology for people with ADHD, under NDIS funding and other arrangements. Sessions are delivered in the community, including at home and at school, where that is where the skill needs to be used.

Call 1300 771 465 or use the contact page to talk about which pathway applies to your situation. Information about the scheme itself is on the NDIS website .

Common questions about ADHD and the NDIS

Is ADHD on the NDIS list of conditions that get automatic access?

No. ADHD is not treated as an automatic access condition. Access is decided on whether the impairment is permanent and substantially reduces functional capacity in one or more of the six domains.

My child has ADHD and is struggling badly at school. Is that enough?

School difficulty is relevant evidence in the learning domain, but on its own it is unlikely to settle the question. The application needs to show a permanent impairment with a substantial functional effect, described by treating professionals across the relevant domains.

What is a functional capacity assessment and do I need one?

An FCA is a structured assessment of what you can and cannot do across the NDIS domains, written as evidence for the NDIA. It is not compulsory, but for ADHD applications it is often the piece that turns a diagnosis-based application into one that answers the actual question. Ask whether one is appropriate before you commit.

Can I get NDIS funding for ADHD medication?

No. Medication and its prescribing are health system responsibilities. The NDIS funds disability-related supports that build or maintain functional capacity, not clinical treatment.

I was diagnosed with ADHD at 40. Does a late diagnosis affect eligibility?

The timing of the diagnosis is not the issue. What matters is evidence that the impairment is permanent and its functional effect is substantial now. A late diagnosis often comes with a long history that can be useful evidence, if it is documented.

What is the difference between NDIS psychology and Medicare psychology for ADHD?

Medicare funds treatment of a diagnosed condition, usually as a time-limited course aimed at symptoms. NDIS funds building functional capacity and participation where a permanent disability is affecting daily life. You can use both, but not for the same session.

Does the NDIS pay for an ADHD assessment or diagnosis?

Diagnosis is generally a health system responsibility, not an NDIS one. The NDIS may fund allied health assessment of functional capacity for someone who is already a participant, as part of planning supports.

My teenager masks all day at school and falls apart at home. How do I evidence that?

Ask the assessing clinician to document both settings, including what the effort of masking costs and what happens afterwards. Evidence drawn only from a classroom observation can miss the whole picture. Descriptions of a typical day at home carry weight.

Can therapy happen at school?

It can, where the therapy goals align with the education goals and the school agrees. The therapist can also work with teachers so the same strategies are used in class and at home.

How long does an access decision take?

Timeframes are set by the NDIA and vary. Submitting complete evidence in one go is the main thing within your control that shortens it. Ask the NDIA directly about current timeframes rather than relying on what someone else experienced.

What is the main topic of the Bloom Healthcare article 'Achieving Holistic Wellbeing with NDIS Support Services for Autism and ADHD'?

The article discusses how NDIS support services for autism and ADHD go beyond simple therapy, fostering independence in individuals with these conditions through holistic, tailored care.

What is ADHD according to the Bloom Healthcare article?

ADHD (Attention-Deficit/Hyperactivity Disorder) is described as a neurodevelopmental disorder affecting both children and adults, characterized by difficulties in sustaining attention, hyperactivity, and impulsivity. It can lead to academic underachievement, strained relationships, and difficulties maintaining employment, and is a legitimate condition requiring understanding and appropriate support, not a result of laziness or lack of discipline.

What role does the NDIS play for people with ADHD?

The National Disability Insurance Scheme (NDIS) is a government-funded initiative that provides support and services to individuals with permanent disabilities, including people living with ADHD, with the goal of helping them lead fulfilling lives, achieve their goals, and build independence.

What must an individual with ADHD demonstrate to access NDIS support?

Individuals with ADHD must demonstrate that their condition significantly impacts their daily functioning in order to access NDIS support. Once deemed eligible and accepted into the scheme, a range of services becomes available to address their specific needs.

How does Bloom Healthcare help NDIS participants with ADHD create a support plan?

Once eligible for NDIS support, participants can work with providers like Bloom Healthcare to create an individualised therapy plan that takes into account their unique goals, challenges, and preferences, outlining specific supports and services required to address ADHD-related needs, including therapeutic interventions, skill-building programs, assistive technologies, and social support.

Who is the publisher of this article and how can they be contacted?

The article is published by Bloom Healthcare Pty Ltd, a boutique disability and aged care allied health provider. They can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

How does Bloom Healthcare describe itself and its healthcare model?

Bloom Healthcare describes itself as a boutique disability and aged care allied health provider that wants to change the status quo, believing that all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

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