NDIS Psychological Assessment & Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-psychology-supports-ndis-participants-managing-mental-health-and-building-resilience/

Details:

Psychology is funded under the NDIS when it is directly related to your disability and helps you work towards the goals in your plan. In most plans it sits in the Capacity Building budget, under Improved Daily Living , and sometimes under Improved Relationships where social and behavioural skills are the main focus. The NDIS funds capacity building and participation. It does not fund clinical treatment of mental health symptoms; that stays with the health system, through Medicare and your GP.

That distinction is the thing most people get wrong, and it decides which funding pathway your sessions come out of. The sections below set out eligibility, the exact funding categories, what happens from referral to first session, what reports you get for plan review, and how psychology differs from Medicare therapy and from behaviour support.

This is not a crisis service. Read the safety note below before anything else.

If you need help right now

Bloom Healthcare psychology runs on booked appointments during business hours. There is no documented after-hours or on-call crisis line, and you should not wait for an appointment if someone is at risk.

Life-threatening emergency or immediate danger: call 000. Ask for ambulance or police.

Mental health crisis, distress, or thoughts of suicide: call Lifeline on 13 11 14 , any time of day or night.

If you are already a Bloom client and something urgent but not life-threatening has come up, call 1300 771 465 during business hours or email hello@bloom-healthcare.com.au .

Nothing on this page is clinical advice, a diagnosis, or a substitute for speaking to a health professional about your own situation.

Who can get NDIS-funded psychology

There is no separate application for psychology. If you are an NDIS participant, the question is whether psychology is a reasonable and necessary support in your plan, which means it has to be:

linked to the functional impact of your disability, not to short-term life stress on its own

tied to a goal that is actually written in your plan

an appropriate and effective use of your funding

Reasons psychology is commonly funded include:

emotional regulation and coping skills

anxiety, low mood, trauma or adjustment related to disability

social skills and relationships

behaviour that gets in the way of participation at home, at school, at work or in the community

building independence and resilience

If you are unsure whether your current plan has room for psychology, your Support Coordinator or Local Area Coordinator can tell you what is in your budget, and Bloom's intake team can help you read it. Call 1300 771 465 .

If you are over 65 and not an NDIS participant, this is not your pathway. Aged care psychology and counselling is funded separately under Support at Home, through My Aged Care on 1800 200 422 . The two schemes have different rules and nothing carries across between them.

Which NDIS budget pays for it

Capacity Building category	What it typically covers for psychology
Improved Daily Living (CB Daily Activity)	One-to-one therapy, assessment, skills training, emotional regulation, coping strategies, social skills, identity work, and reports for plan review. This is where psychology sits in most plans.
Improved Relationships	Used where behaviour support, social interaction and relationship skills are the main focus, often alongside Positive Behaviour Support or other allied health.
Core Supports	Occasionally used for ongoing support work where the plan is designed that way and capacity building funding is limited.

Two practical points:

Psychology is usually pooled with other therapies. Improved Daily Living often holds occupational therapy, speech pathology and psychology in the same budget line, so hours spent in one reduce what is left for the others. Ask your plan manager or support coordinator for a balance before you commit to a session frequency.

Reports and assessments come out of the same budget. A functional capacity assessment or a plan review report is not free extra time; it is therapy hours. Bloom's service agreement sets out how many hours are allocated to therapy, to report writing and to travel, so you can see the split before you start.

What NDIS psychology includes

The supports a psychologist can deliver under an NDIS plan include:

Assessment — understanding your strengths, challenges and history, and how your disability affects mood, thinking, relationships and day-to-day life

Individual intervention and counselling — therapeutic support matched to your needs and learning style

Capacity and skill building — evidence-based work on emotion regulation, behavioural control and relationship skills

Cognitive and diagnostic assessments — including autism spectrum, ADHD, depression and anxiety assessments, with written reports

Cognitive Behavioural Therapy (CBT) and other structured approaches such as Acceptance and Commitment Therapy

Trauma counselling using evidence-based approaches

Functional capacity assessment — covering areas such as social interaction, emotional regulation and behavioural control

Adjustment to disability — support for the person and the care team after a new diagnosis

Family and carer support — parent or carer coaching on behaviour, emotions and communication, and education about trauma, neurodivergence or psychosocial disability

Bloom's psychology service covers cognitive assessments for people from 6 to 90 years of age .

What NDIS psychology does not cover

This is where funding gets rejected or invoices bounce back.

Clinical treatment and stabilisation of mental health symptoms. The NDIS is explicit that this belongs to the health system and that medical and clinical care should not stop when you become a participant.

Anything not linked to your disability. Short-term life stress on its own is not disability-related.

A support already claimed elsewhere. One session, one funding source. A session cannot be billed to Medicare and the NDIS both.

Goals not in your plan. If the work you want does not connect to a plan goal, raise it at your next plan reassessment rather than assuming it will be covered.

How it works, from referral to review

1. Referral and intake

You can come to Bloom directly through the website, by phone on 1300 771 465 , or by referral form. A GP, paediatrician, support coordinator or another provider can also refer you.

At intake you will be asked for:

how your plan is managed — NDIA-managed, plan-managed or self-managed

which budget category you intend to use

your main goals and concerns

2. Service agreement

Before therapy starts you get a service agreement setting out hourly rates aligned to the NDIS Pricing Arrangements, how many hours go to therapy, reports and travel, the cancellation and rescheduling policy, and how invoicing works for your plan management type. Read it before you sign. If any figure or term in it is unclear, ask about it on 1300 771 465 rather than assuming a number you have seen elsewhere applies to you.

3. First appointment

Bloom's service delivery procedure aims to hold the initial meeting within five business days of the referral where possible . The first session is used to gather information about your strengths, challenges and history, work out how your disability affects your day-to-day life, identify what is getting in the way of your goals, build rapport, and set an action plan. Standardised tools or questionnaires may be used to get a clearer picture of anxiety, mood, behaviour or functional capacity.

4. Session length and frequency

Initial consultation: about 1 hour

Subsequent sessions: 50 minutes

Frequency is set during therapy planning. Common patterns are regular fortnightly sessions, blocks of therapy, or shorter and more frequent sessions for people who fatigue easily.

Travel time may be charged separately where the psychologist comes to you, within the limits set by the NDIS Pricing Arrangements. Your service agreement states how that works for you.

5. Six-session review

Bloom runs a six-session review as a checkpoint. It looks at progress and adjusts the treatment plan before further sessions continue. If the approach is not working for you, this is the natural place to say so, though you can raise it at any point.

6. Reports for plan reassessment

Psychology reports written for a plan review typically cover:

current presentation and functional impact — how the disability affects daily functioning

progress during the plan period — what changed and what was achieved

ongoing risks or unmet needs — what still needs support

clear recommendations written in terms the NDIS uses

You should also get progress summaries during the course of therapy that track movement against your goals, rather than only hearing about progress at review time. Ask for these if they are not offered.

Where sessions happen

Bloom delivers psychology:

in clinic , where a clinic is available

in your home or in the community , which can suit people with anxiety, mobility needs, or anyone who does better in a familiar environment

by telehealth , which suits people in regional areas or anyone who would rather stay home

Telehealth is also how Bloom maintains continuity when face-to-face visits are not possible, through virtual check-ins and remote consultations.

Registration and plan management: what it means for your choice of psychologist

Your plan management type decides how wide your choice is.

Plan management	Provider must be NDIS registered?	How payment works
NDIA-managed	Yes	The provider claims directly through the NDIS portal
Plan-managed	No, registered or unregistered	The provider invoices your plan manager, who pays on your behalf
Self-managed	No, any suitable provider that meets NDIS rules	You pay the invoice and claim reimbursement from the NDIS

Bloom works with participants under all three arrangements. The paperwork differs; the therapy does not.

Even where registration is not required, it is still sensible to check that the person you see is a fully qualified, appropriately registered professional. Registration with the NDIS Commission is one signal of quality and safety standards; registration with the Psychology Board of Australia through Ahpra is the one that tells you the practitioner is qualified to practise as a psychologist at all. Ask about both.

How psychology differs from Medicare mental health treatment

Many people are eligible for both. They pay for different things.

	Medicare (Better Access)	NDIS psychology
Purpose	Clinical mental health treatment	Disability-related functional capacity and participation
Requires	A diagnosed mental disorder, a GP, psychiatrist or paediatrician referral, and a Mental Health Treatment Plan	An NDIS plan with Capacity Building funding, and a disability-related goal
Session limit	Up to 10 individual sessions per calendar year, plus up to 10 group sessions, usually referred in blocks of up to 6 at a time then reviewed	Set by your plan budget, not by a session cap
Best fit when	Your goal is symptom relief and stabilisation over a time-limited course	Daily living or participation is breaking down because of disability-related impacts and you need strategies embedded in your real environment

You can use both, for different purposes. A person might use Better Access with a Mental Health Treatment Plan for clinical treatment of depression and anxiety, and NDIS psychology for building routines, independence and community participation. The rule that matters is that a single session is never claimed twice . One session, one funding source.

How psychology differs from Positive Behaviour Support

These get confused constantly, and participants sometimes get referred to the wrong one.

	Psychology	Positive Behaviour Support
Focus	Emotional wellbeing, cognition, mental health	Reducing behaviours of concern and building functional alternatives
Works on	Internal experience: anxiety, trauma, self-esteem, emotional regulation	External behaviour and the environment around it
How it is delivered	Often one-to-one therapeutic sessions	Practical planning, observation and coaching across settings

Typical outcome	Insight, coping skills, emotional regulation	A behaviour support plan, functional skills, changed routines and environments
Practitioner	Registered psychologist	NDIS-registered behaviour support practitioner

Signs that behaviour support is the service you need:

behaviour poses a risk to the person or to others

frequent distress, escalation or emotional overwhelm

difficulty communicating needs safely or clearly

behaviour affecting participation at home, school or in the community

difficulty with transitions, routines or change

the support team is unsure how to respond consistently

restrictive practices are in place or need to be reduced

families, carers or providers need practical strategies and training

Plenty of people need both. A child with autism who has intense outbursts might work with a psychologist on recognising and managing emotions, while a behaviour practitioner works with the family and school on a consistent plan of routines, sensory tools and positive reinforcement. An adult with an intellectual disability and a history of restrictive practices might have a PBS plan identifying triggers and teaching safer communication, alongside psychology work on processing trauma.

Bloom offers Positive Behaviour Support as well as Psychology and Counselling , so both can be coordinated under one team where that is what your plan supports.

Working with the rest of your team

Psychology tends to work better when it is not isolated. Bloom's psychologists coordinate with:

Occupational Therapists on daily living skills and sensory regulation

Speech Pathologists on communication, social skills and emotional expression

Behaviour Support Practitioners to align mental health strategies with behaviour plans

Exercise Physiologists and Physiotherapists on physical wellbeing, and the effect of chronic pain or inactivity on mood

Information is only shared with your consent, and family or support workers are involved in sessions only where that is helpful and agreed.

Common questions about NDIS psychology

Which support category funds psychology?

Capacity Building, most commonly Improved Daily Living . Sometimes Improved Relationships where relationship and behavioural skills are the primary focus, and occasionally Core Supports depending on how the plan is designed. Check your plan document or ask your plan manager which line the funding sits in before booking.

Do I need a diagnosis to get NDIS psychology?

You need an NDIS plan and a disability-related goal that psychology supports. A separate mental health diagnosis is what Medicare's Better Access pathway requires, not the NDIS. The NDIS test is whether the support is reasonable and necessary and connected to the functional impact of your disability.

Can I claim the same session from Medicare and the NDIS?

No. A single session or support must be funded by one pathway only. Using both schemes is fine; double-claiming one session is not.

How long is a session and how often will I be seen?

The initial consultation runs about an hour and later sessions are 50 minutes. Frequency is agreed in therapy planning, and fortnightly is a common pattern. Shorter and more frequent sessions are used where someone fatigues easily.

How quickly can I get an appointment?

Bloom's procedure is to hold the initial meeting within five business days of a referral where possible. Actual availability depends on your location and the discipline, so confirm on 1300 771 465 .

Does the psychologist come to me?

They can. Bloom delivers in-clinic where a clinic is available, in-home, in the community, and by telehealth. Travel time may be charged within NDIS Pricing Arrangements limits when the psychologist travels to you, and your service agreement sets out how.

What will it cost me?

Rates are aligned with the NDIS Pricing Arrangements and set out in your service agreement, along with travel and cancellation terms. Do not rely on a figure quoted anywhere else. Ask for the service agreement, and call 1300 771 465 if anything in it is not clear.

Can I use Bloom if my plan is NDIA-managed?

Yes. Bloom works with NDIA-managed, plan-managed and self-managed participants. NDIA-managed plans require a registered provider; plan-managed and self-managed participants can use registered or unregistered providers, though checking qualifications and registration is still worth doing.

What report will I get for my plan reassessment?

A report covering your current presentation and functional impact, progress across the plan period, ongoing risks or unmet needs, and recommendations written the way the NDIS reads them. Ask when it will be drafted, since report writing draws on the same budget as therapy and needs to be scheduled before the review date, not after.

My child is under 8. Is this the right pathway?

Supports for young children have been changing, and the Thriving Kids program is a separate arrangement with its own eligibility rules. Do not assume NDIS psychology rules apply to it. Check your

child's current eligibility with the NDIA on 1800 800 110 and ask Bloom's intake team on 1300 771 465 what is available for your child's age and situation.

What if therapy is not working?

Raise it. The six-session review is a built-in checkpoint for exactly this, and the plan can be adjusted or a different approach tried. You can also change providers. Under a plan-managed or self-managed plan you can move to a new provider once notice under your service agreement is given; under an NDIA-managed plan the new provider needs to be NDIS registered.

Is psychology available for aged care clients too?

Yes, but under a different scheme. Psychology and counselling for older Australians is a clinical support under Support at Home, which the government funds at 100 per cent. That is reached through My Aged Care on 1800 200 422 , not through the NDIS, and the eligibility and funding rules are different.

What do I do outside business hours?

Call 000 in an emergency, or Lifeline on 13 11 14 for crisis support at any hour. Bloom's psychology service operates by appointment and is not an emergency or crisis service.

What is the main topic of this Bloom Healthcare blog post?

The post, titled 'How Psychology Helps NDIS Participants Manage Anxiety and Build Resilience,' explains how NDIS-funded psychology services support participants in managing mental health conditions and building resilience.

Why does the NDIS provide funding for psychology and therapeutic supports?

The NDIS provides this funding because mental health and resilience are fundamental to overall wellbeing, especially for individuals navigating life with a disability, and these supports empower participants to manage mental health conditions, build emotional strength, and achieve their personal goals with confidence.

What mental health challenges do people with disabilities commonly face, according to the article?

According to the article, people with disabilities experience anxiety, depression, stress, and social isolation at significantly higher rates than the general population, due to unique challenges beyond typical life stressors.

What factors contribute to mental health challenges among people with disabilities?

Contributing factors include ongoing health conditions or chronic pain, social exclusion or bullying, difficulties accessing education, employment, or relationships due to accessibility barriers, misunderstanding or stigma from society, traumatic experiences (including medical trauma or exposure to restrictive practices), and societal factors such as poverty, discrimination, and inequality.

What can happen if these mental health challenges go unaddressed?

Without proper support, these challenges can erode self-confidence, limit community participation, and make everyday tasks feel overwhelming.

How does the article describe the approach of NDIS-funded psychology services?

The article describes NDIS-funded psychology services as offering a comprehensive, strengths-based approach designed to help individuals feel safe, empowered, and supported on their unique journey, going beyond traditional talk therapy.

Who is Bloom Healthcare and what services do they provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Their healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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