# Disability & Mental Health Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-to-support-people-with-disabilities-who-are-experiencing-mental-health-challenges/

## Details:

## If someone is in immediate danger

Call 000 if a person's life is at risk right now, or if they are seriously injured or in immediate danger.

Lifeline is 13 11 14 , available 24 hours a day, for anyone in crisis or thinking about suicide. You can call it for advice about someone else, not only for yourself.

Bloom Healthcare is not a crisis service. There is no after-hours crisis line and no emergency mental health response team. The office can be reached on 1300 771 465 during business hours: Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment. Outside those hours, use 000 or Lifeline, or your state's mental health triage line through your local hospital.

If you are supporting someone and you are not sure whether a situation is a crisis, treat it as one and call. That is the right call to make.

The rest of this page is about the ordinary, non-emergency work of supporting someone: what your role is, what it is not, how to remove the barriers that stop people getting mental health care, which funding pathway applies, and how to look after yourself while you do it.

## Be clear about your role

If you are family, a friend, a carer or a support worker, your job is not to be the person's therapist. Trying to deliver treatment yourself, even with the best intentions, usually makes things worse and puts a relationship under strain that it may not survive.

What you can do, and what genuinely helps:

Listen without trying to fix it. Being heard without being managed is rare for many disabled people, and it is useful in itself.

Take their account seriously. Distress in a disabled person is often written off as part of the disability rather than treated as a mental health issue in its own right. Do not do that, and push back when others do.

Remove the practical barriers. Most of what stops people getting help is logistical, not motivational. See below.

Respect their decisions. They decide whether to seek help, from whom, and what to share. Your role is to make the choice real, not to make it for them.

Stay consistent. Turning up regularly over months matters more than any single conversation.

## The barriers that actually stop people getting care, and what to do about each

### *"There is no one who understands my disability"*

Many people give up after seeing a clinician who could not adapt to how they communicate. When looking for a service, ask directly: do you work with people with intellectual disability, autism, or communication support needs? Do you produce easy-read materials? Can you work with someone who uses AAC?

Bloom Healthcare produces easy-read material across a range of its services, and its psychologists adjust communication for people who use augmentative and alternative communication or non-verbal cues. Therapy can use visual schedules, visual aids, and sensory-informed or play-based methods rather than relying on conversation alone.

### *"I cannot get there"*

Transport and unfamiliar environments stop a lot of appointments happening. Ask about in-home sessions, sessions in a school or day program, or telehealth by video or phone. Clinic-based sessions can also be arranged case by case. Choosing the right setting is not a minor convenience, it usually decides whether the support continues past the second session.

### *"I cannot afford it"*

There is usually a funding pathway, and it depends on the purpose of the support.

NDIS. For a person with psychosocial disability, or a person with another disability whose mental health support is about functional capacity and participation, psychology and counselling is usually funded from Capacity Building — Improved Daily Living , and sometimes from Improved Relationships where social interaction and behaviour are the focus.

Medicare. With a Mental Health Treatment Plan from a GP, psychiatrist or paediatrician, the Better Access initiative covers up to ten individual and ten group psychology sessions in a calendar year. Practitioners set their own fees, so a gap usually applies.

Other pathways. Private health insurance, workers compensation and TAC-funded services, and aged care funding for older people.

The dividing line: the health system is responsible for clinical services such as diagnosis and treatment of symptoms. The NDIS is responsible for non-clinical supports that build functional ability, independence and participation. The NDIS explicitly does not fund treatment or stabilisation of symptoms. You can use both systems, but not for the same session.

### *"I have been dismissed before"*

This is common and it is reasonable to be wary. Practically, it helps to write down beforehand what the person wants from the appointment and what has not worked previously, and to bring that with them. If they want you in the room, you can be there. If they do not, that is their call.

## What NDIS-funded psychology and counselling covers

For someone with psychosocial disability or a disability affecting their mental health, funded work commonly includes:

assessment and skill-building to understand what is happening and develop coping strategies

emotional regulation and managing anxiety

trauma counselling using evidence-based approaches such as cognitive behavioural therapy, narrative exposure therapy and exposure therapy, adapted for the person's communication and cognitive profile

social skills and relationship development

identity and self-esteem work, which matters particularly after a late diagnosis

functional capacity assessment, documenting how the disability affects daily living

cognitive and diagnostic assessments, offered for people aged 6 to 90, with a written report and a feedback session that explains the results

Some NDIS plans include a psychosocial recovery coach. Whether that is in a particular plan is a question for the planner or the NDIA, not for a provider.

## Consent, choice and supported decision-making

A person with a disability has the right to make decisions about their own care, including decisions other people disagree with. Supported decision-making means giving someone the information they need, in a form they can use, and then supporting the decision they make. It is not deciding on their behalf and telling them afterwards.

In practice that means:

information provided in accessible formats, including easy read where that helps

clear explanations of what a therapy approach involves before it starts

the person's right to have an advocate present at any point

freedom to change providers, or to stop

If you are a carer who holds a formal decision-making role, the obligation to support rather than substitute still applies wherever the person can be supported to decide.

## Looking after yourself

Carer exhaustion is a real risk, and it is treated as one in disability services rather than as a personal failing.

Respite provides temporary relief, from a few hours to longer periods, delivered in the home or in a residential setting. It is available through the NDIS, through Support at Home, and in aged care.

Carer training and coaching. Clinicians provide education, role modelling and coaching so you know what to do in everyday situations, including education about trauma, neurodivergence and psychosocial disability, and coaching around behaviour, emotions and communication. Where positive behaviour support is in place, families and carers are trained in the plan rather than handed it.

Practical strain reduction. Occupational therapy can reduce the physical strain of manual handling. Dietitian input can take the pressure out of mealtimes. These sound minor and they are often what tips a household from coping to not coping.

Support groups for families and carers reduce isolation and are worth pursuing separately from any clinical service.

Your own mental health. If you are struggling, see your own GP about a Mental Health Treatment Plan in your own right. You are allowed to be a patient rather than only a carer.

## How to start

A referral can come from a GP, paediatrician, psychiatrist, support coordinator, educator or another health professional, or you can contact Bloom directly. There is a referral form at bloom-healthcare.com.au/referrals , or you can call 1300 771 465 or email hello@bloom-healthcare.com.au . Bloom's stated commitment is to make contact within 24 hours of

receiving a referral, with a first meeting usually within five business days where possible.

Have this ready, because it speeds everything up:

the person's age and basic details

how their NDIS plan is managed: NDIA-managed, plan-managed or self-managed

which budget category is intended to be used

their main goals and concerns

relevant diagnoses and how they affect daily function

what supports are already in place and what is not working

their preferred setting: home, school, community, clinic or telehealth

Referrals are triaged so the person is matched to a clinician with relevant expertise. Before work starts, a service agreement sets out the hourly rates in line with NDIS pricing arrangements, the expected hours for therapy and reports, how invoicing works for the plan management type, and the cancellation and rescheduling terms. Read that document before signing it and ask about anything that is unclear.

More detail on the service is on the psychology and counselling page .

## If something goes wrong

You can complain about a staff member or a service without any consequence for the person's care, and staff are not permitted to react negatively to a complaint. Bloom appoints someone to investigate, acknowledges the complaint in writing with a date for resolution, and puts a plan to you for feedback before closing it.

If you are not satisfied with the response, you can go to the NDIS Quality and Safeguards Commission on 1800 800 110 , TTY 133 677 , by email at feedback@ndis.gov.au , or through the complaint form on the Commission's website. Interpreters can be arranged. You can have an advocate involved at any stage.

## Common questions about supporting someone through mental health difficulty

### *Someone I support is talking about suicide. What do I do?*

Take it seriously and act now. Call 000 if they are in immediate danger. Otherwise call Lifeline on 13 11 14 , which is available 24 hours, and stay with the person while you do. Bloom Healthcare is not a crisis service and cannot respond to an emergency.

### *Can I call Bloom after hours if things get bad at night?*

No. The office operates Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment. Outside those hours use 000, Lifeline on 13 11 14, or your state's mental health triage line via your local hospital.

### *The person I support cannot speak. Can they still have counselling?*

Yes. Therapy can be delivered using visual supports, AAC devices, and sensory-informed or play-based methods rather than talking alone. Ask a prospective provider directly how they adapt their practice before you book.

### *Should I sit in on their appointments?*

That is the person's decision, not yours. Some people want a familiar person there, especially at first. Others need the session to be private in order to use it. Ask, and accept the answer.

### *Will the NDIS pay for their psychologist?*

If the support is about building functional capacity and participation in the context of their disability, usually yes, from Capacity Building — Improved Daily Living. If it is clinical treatment of a diagnosed mental illness, that is a health system responsibility and Medicare is the usual pathway. Many people use both, for different things.

### *I think their distress is being written off as "part of their disability". What can I do?*

Say so directly, and ask for it to be assessed on its own terms. Written notes describing what has changed, when it started, and what is different from the person's baseline give a clinician something concrete to work with and are harder to dismiss.

### *I am exhausted. Is there help for me?*

Yes. Respite is available through the NDIS, Support at Home and aged care. Carer training and coaching exist so you are not improvising. Family and carer support groups reduce isolation. And you can see your own GP about your own mental health plan.

### *They refuse to see anyone. What now?*

An adult who can make the decision has the right to refuse. What you can do is keep the door open, remove the practical obstacles so that saying yes later is easy, and make sure they know what the options are in a form they can use. If you believe there is an immediate risk to their safety, that changes things and you should call 000.

### *How do I complain if a service is not working?*

Raise it with Bloom first on 1300 771 465 or hello@bloom-healthcare.com.au . If you are not satisfied, contact the NDIS Quality and Safeguards Commission on 1800 800 110 or feedback@ndis.gov.au . An advocate can support you through it.

### *What information should I gather before the first appointment?*

The person's goals in their own words, their diagnoses and how these affect daily function, what supports are in place, what has not worked before, and their preferences for setting and communication. Bring anything already written by other clinicians. It saves repeating a difficult history from scratch.

### *What is this article about?*

The article discusses how to support and guide people with disabilities through mental health challenges, sharing tips to build resilience, confidence, and independence.

### *How much more likely are people with disabilities to experience mental health challenges compared to the general population?*

People with disabilities are two to three times more likely to experience mental health challenges than the general population.

### *Why do people with disabilities experience higher rates of mental health challenges?*

Several interconnected factors contribute to this, including discrimination and stigma, barriers to accessing mental health care, and the daily stress of living with a disability.

### *How does discrimination affect the mental health of people with disabilities?*

People with disabilities often face discrimination and stigmatization in employment and social interactions, which can severely impact their mental health, leading to feelings of isolation, low self-esteem, and depression. Those from marginalized communities may face compounded challenges due to discrimination from multiple directions.

### *What barriers do people with disabilities face in accessing mental health care?*

Individuals with disabilities may struggle to find healthcare providers familiar with their specific needs, and financial constraints can hinder their ability to seek professional help. These barriers are especially significant for those experiencing discrimination from multiple angles.

### *What daily stresses contribute to mental health challenges for people with disabilities?*

The ongoing challenges of living with a disability—including physical limitations, societal expectations, and fears about being a burden—can take a significant toll on mental health, contributing to increased anxiety and depression.

### *What is Bloom Healthcare?*

Bloom Healthcare is a boutique disability and aged care allied health provider that believes 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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