Personalised ADHD Occupational Therapy | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/occupational-therapy-for-adhd-practical-personalised-support-for-daily-life/

Details:

ADHD on its own does not automatically make someone eligible for the NDIS. What matters is functional impact: whether the effect on everyday life is permanent and significant, evidenced across the six NDIS domains. Where a plan exists, occupational therapy is funded from Capacity Building, Improved Daily Living . If the NDIS is not the right pathway, there are others, and your GP is the person to ask about them. To talk it through, phone Bloom Healthcare on 1300 771 465 , email hello@bloom-healthcare.com.au, or use the referral form .

The article above describes what OT for ADHD looks like. This section covers what people actually get stuck on: evidencing functional impact to the NDIA, which funding applies when the NDIS does not, and what the supports look like in a workplace or classroom rather than in a therapy room.

Funding: the NDIS looks at function, not the diagnosis

An ADHD diagnosis by itself is not an access ticket. The NDIS asks whether a person has a permanent and significant disability , meaning the impairment is lifelong in nature and substantially affects the ability to take part in everyday activities.

Two people with the same diagnosis can have very different support needs. The NDIA is looking at the second thing, not the first.

The six domains

Evidence for access is built around functional capacity in six areas:

Self-care , including personal hygiene and grooming

Self-management , including routines, organisation and executive functioning

Mobility , meaning physical movement and getting around

Learning , meaning acquiring new information and skills

Communication , meaning understanding and expressing information

Social functioning , meaning interacting and maintaining relationships

Self-management is where ADHD-related impact most often shows up, though learning and social functioning frequently feature too.

What evidence is needed

A medical report from a doctor , documenting the diagnosis, what treatments have been tried and their outcomes, and evidence supporting permanency.

Allied health reports showing functional capacity across the six domains. This is where an occupational therapy functional assessment does its work.

An Access Request Form submitted to the NDIA, with a thorough description of the challenges faced and the specific supports required.

The NDIA may ask for more information or arrange further assessment. Whether access is granted, and what is funded, is entirely the NDIA's decision. Bloom cannot predict it. For plan and access questions, the NDIA line is 1800 800 110 .

The practical lesson: vague reports do not work. A report that says a person is "disorganised" tells the NDIA nothing. A report that says what specifically breaks down, how often, in which settings, and what has already been tried, is the one that gets read properly.

If the NDIS is not the pathway

Plenty of people with ADHD are not NDIS participants and still want support. There are other routes, including Medicare mental health pathways for people with a clinically diagnosed mental disorder, which require a Mental Health Treatment Plan written by a GP, psychiatrist or paediatrician, and which cover up to 10 individual and 10 group sessions per calendar year , usually referred in blocks of up to six sessions at a time. These sessions can be delivered by psychologists and by eligible occupational therapists. Rebates are partial, so gap fees apply and vary by provider.

Two cautions. First, whether you are eligible for that pathway is a clinical decision your GP makes, not something to assume from an article. Second, the NDIS and Medicare are separate systems with separate rules, and a single session should be claimed under one pathway only, never both. The NDIS does not replace clinical mental health treatment through the health system.

For fees and current terms, call 1300 771 465 . Payment terms are set out in your service agreement before services start.

What an OT assessment for ADHD involves

The assessment is about how ADHD affects daily functioning across environments, not about confirming a diagnosis.

Information gathering. Interviews with the person, and often with parents, teachers, partners or carers who see how things play out in different settings.

Observation. How the person engages in activities, manages transitions, and responds to their environment.

Standardised testing where useful, covering areas such as fine motor skills, coordination and sensory processing, which also gives objective measures to track over time.

Functional evaluation. How symptoms affect meaningful daily activities at home, school, work and in the community, including executive functioning, sensory sensitivities, emotional regulation and task completion.

The results are then discussed with you, and goals are set together, focused on what would make a real difference rather than what is easiest to measure.

Goals worth setting

Good goals describe what a person wants to be able to do, not how they should feel. For example:

managing daily routines well enough to get to appointments and community activities

participating in work or study consistently rather than in bursts followed by collapse

handling everyday challenges with more independence and more self-advocacy

taking part in class and finishing tasks

managing sensory needs and regulation during transitions

Session frequency and length are adapted to the person. Shorter and more frequent sessions suit people who fatigue easily. Sessions can be in the home, in community settings, or by telehealth. What is realistic also depends on your funding.

Executive function support in practice

Executive function covers planning, organising, time management, working memory, inhibitory control and flexible thinking. For ADHD, the usual pressure points are starting a task, prioritising, and sustaining attention long enough to finish.

What an OT actually does with that:

Breaks tasks down. Large, vague demands become sequenced steps that can be started without a run-up.

Builds time management systems matched to the person's learning style, rather than the system that worked for someone else.

Makes the invisible visible. Checklists, diagrams, visual schedules and reminder systems turn abstract demands into something you can see.

Sets up tools that get used. A system that requires perfect discipline to maintain is not a system. The test is whether it survives a bad week.

This matters most in early adulthood, when demands for self-management rise sharply and the external scaffolding of school disappears overnight.

Sensory regulation

Sensory processing differences affect focus, regulation and task completion, and they are frequently the hidden reason a workplace or classroom is not working.

An OT assesses the person's sensory profile, identifies the specific triggers that interfere, and then works on two fronts.

Strategies the person can use. Understanding their own sensory needs, and tools such as noise-cancelling headphones or fidget tools that help regulate input. Movement breaks, deep breathing, and access to a calm-down option before overwhelm escalates rather than after.

Changes to the environment. Reducing distractions, managing noise, adjusting harsh lighting, cutting visual clutter from a workspace, and creating access to a sensory-friendly break area. Modifying the sensory load in a key environment often does more than any amount of individual effort, because it removes the demand instead of asking the person to absorb it.

Daily routines and self-care

Daily living skills cover personal care, meals and nutrition, sleep routines, household management, and the habits and transitions that hold a day together. These are exactly the things that quietly fall over first, and the things people are most likely to be judged for.

OT work here is about building routines that are realistic and sustainable, integrating work preparation, self-care, household tasks and rest into something that actually fits the person's life. Transitions between tasks and environments get specific attention, because they are a common failure point, and visual schedules, timers and movement breaks reduce the cognitive load of switching.

School adjustments

OTs work directly with teachers and school staff so that what happens in therapy also happens in the classroom.

Adapting the classroom environment for the student's learning and sensory needs, and reducing distractions.

Systems for managing materials, homework and getting assignments submitted.

Visual schedules, checklists and reminders.

Support for handwriting and fine motor tasks.

Focus strategies and classroom coping tools.

Support through transitions between activities.

The collaboration is the point. Strategies that live only in a therapy folder do not change a school day.

Work and study participation for adults

For teenagers and adults, the same principles move into work and study.

Workplace accommodations. Adjustments such as flexible arrangements, modified task structures, realistic deadlines on complex projects, and access to quiet workspace. An OT can help you understand what to ask for and how to describe why it helps.

Work systems. Personalised structures for prioritising tasks, managing deadlines, communicating with colleagues, and keeping work demands from consuming everything else.

Study skills. Time management for coursework, organising study materials, sustaining focus during lectures and reading, and managing exam pressure.

Community and vocational participation. Planning and organising community activities, public transport, and preparation for employment or a change in work.

Masking, burnout, and why the goal is not to look neurotypical

ADHD is a difference in how a person's attention, motivation and regulation work. It is not a character defect and not a failure of effort.

Masking, meaning suppressing natural behaviours and traits to meet other people's expectations, is common and expensive. It is strongly associated with psychological distress and burnout, particularly for people diagnosed later in life who have spent years absorbing the message that their natural way of operating is wrong. Anxiety, low mood and burnout often follow from long-term masking, sensory overwhelm and being misunderstood, rather than from the ADHD itself.

Neurodiversity-affirming practice does not treat neurodivergence as something to fix. It supports the person to function well as themselves. In practice that means:

The person shapes their own goals. Therapy is built with them, not done to them.

Sensory responses are understood and managed, not suppressed.

Social strategies are ones that feel authentic and sustainable, not performances of conventional norms.

Where relevant, therapy makes room to process internalised ableism and rebuild self-esteem, especially for adults diagnosed late.

Families and carers are supported to understand and adapt, which lowers stress at home.

A plan that produces a person who looks fine and is quietly running on empty has not worked.

How OT differs from psychology for ADHD

Occupational therapy works on doing. Routines, executive function systems, sensory regulation, daily living skills, and the environments where those things happen. It changes tasks and settings as much as it teaches skills.

Psychology works on the inner world. Emotional regulation, anxiety and low mood, identity and self-esteem, processing a late diagnosis, and the effects of years of masking.

Many people use both, and they complement each other. Under the NDIS, psychology is usually funded from Improved Daily Living, or from Improved Relationships where behaviour and relationships are the main focus. Behaviour support may also be involved where behaviour is affecting safety or participation. Bloom's occupational therapists , psychologists and speech pathologists work as one team, which matters when the plan has to hold together across home, school and work.

Access

Who can refer. Individuals, parents and carers, GPs, paediatricians, child and family health nurses, educators, schools, plan managers and support coordinators. No formal referral is required to make contact.

How. Phone 1300 771 465 , email hello@bloom-healthcare.com.au, or use the online referral form . Bloom aims to respond within 24 hours.

What to send. Age, the main concerns with a few concrete examples, any relevant reports, medical history, your priorities and goals, and the best way to reach you.

Where. Mainly community based: home, school, workplace and community settings. Clinic sessions can be arranged case by case on request.

Telehealth. Virtual sessions, remote progress monitoring and written home programs, useful for regional and remote clients and for anyone for whom travel is a barrier.

Coverage. New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, with telehealth beyond the hubs.

Hours. Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

NDIS registration. Registration 4-JR6F5KX, provider number 4050148863.

Common questions about occupational therapy for ADHD

Does an ADHD diagnosis get me an NDIS plan?

Not by itself. The NDIS requires evidence of permanent and significant disability, meaning the impact on everyday function is lifelong and substantial. Two people with the same diagnosis can get different answers because their functional impact differs.

What evidence does the NDIA want?

A medical report from a doctor covering the diagnosis, treatments tried and their outcomes, and the permanency of the condition, plus allied health reports demonstrating functional capacity across the six domains: self-care, self-management, mobility, learning, communication and social functioning. All of this goes in with an Access Request Form.

Which NDIS category funds OT?

Capacity Building, Improved Daily Living. Assistive technology and home or workplace modifications, where relevant, come from separate parts of a plan.

What if I am not eligible for the NDIS?

Talk to your GP about which pathways apply to your situation, including Medicare mental health pathways for people with a clinically diagnosed mental disorder, which need a Mental Health Treatment Plan and cover up to 10 individual and 10 group sessions per calendar year with gap fees. Eligibility is your GP's call. Call 1300 771 465 to discuss options and current fees.

Can I use Medicare and the NDIS together?

People do use both for different purposes, clinical treatment through the health system and disability-related functional supports through the NDIS. The rule is that a single session is claimed under one pathway only, never both.

Is OT for ADHD only for children?

No. Adults are a large part of the work, particularly around executive function systems, work and study participation, sensory needs in the workplace, and daily routines. Many adults come to it after a late diagnosis.

What happens in the first appointment?

Information gathering about strengths and challenges, observation of how you manage activities and transitions, standardised testing where it adds something, and a functional evaluation across the settings that matter. Then goals are set with you.

How often are sessions?

It depends on your goals and your funding. Sessions are adapted to the person, including shorter and more frequent sessions for people who fatigue easily, and can be delivered at home, in the community, or by telehealth.

Can an OT help me ask my employer for adjustments?

Yes. OTs help identify which accommodations would genuinely help, such as flexible arrangements, modified task structures, deadline adjustments or quiet workspace, and help you explain the functional reason behind each request.

Will therapy try to make me act neurotypical?

No. Practice is neurodiversity-affirming. The work is on making tasks and environments fit you, building systems you will actually use, and reducing the cost of masking, not on producing a person who performs normality at their own expense.

Can an OT work with my child's school?

Yes. Classroom environment adjustments, organisational and reminder systems, homework and assignment systems, handwriting and fine motor support, focus strategies and transition support,

developed with teachers so they are used consistently.

What will it cost?

Fees and payment terms are set out in your service agreement before services start. Ask for the current terms on 1300 771 465 rather than relying on a figure found online.

I have been managing for years. Is it worth starting now?

Many adults come to OT after a late diagnosis, or after years of systems that never quite held. The point is not to catch up on lost time, it is to stop spending so much energy on the parts of daily life that could be made easier. Call 1300 771 465 or contact the team .

What is this Bloom Healthcare page about?

The page, titled 'Occupational Therapy for ADHD and Practical Support for Daily Life,' explains how occupational therapy can support all ages with ADHD, covering focus, routines, sensory needs, and NDIS-funded support.

What is ADHD according to Bloom Healthcare's content?

ADHD (Attention-Deficit/Hyperactivity Disorder) is described as a neurodevelopmental condition that affects attention, organization, impulse control, and emotional regulation, with impacts that can significantly affect productivity, self-esteem, mental health, and family life.

What common daily difficulties do people with ADHD experience?

Common difficulties include time blindness (trouble perceiving and managing time), task initiation and completion issues, organization challenges, emotional regulation problems, sensory sensitivity to noise or clutter, and complexity in managing self-care routines like diet, exercise, and sleep.

Can ADHD challenges lead to other mental health issues?

Yes, according to the content, these challenges often lead to increased stress and a sense of failure, and can increase the risk of developing co-occurring mental health conditions such as anxiety disorders and mood disorders.

How does occupational therapy help people manage ADHD?

Occupational Therapists focus on improving a person's ability to engage in meaningful daily tasks at home, school, work, and in the community, developing personalized plans that transform chaos into clarity through structure, routine, and strengths-based support.

What role do Occupational Therapists play in ADHD support at Bloom Healthcare?

At Bloom Healthcare, Occupational Therapists work closely with individuals to identify strengths and challenges, and play a role that includes creating visual supports/aids as part of personalized plans for managing ADHD-related difficulties.

Does the page mention NDIS funding for ADHD occupational therapy?

Yes, Bloom Healthcare helps with focus, routines, sensory needs, and NDIS-funded support for occupational therapy related to ADHD.

What is Bloom Healthcare's business focus?

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

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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