ADHD, Autism & Neurodivergent Psychologists | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/the-role-of-psychologists-in-autism-adhd-neurodivergence/

Details:

There are two main funding systems for psychology in Australia and they do different jobs. Medicare Better Access funds treatment of a diagnosed mental health condition, up to 10 individual and 10 group sessions per calendar year, with a GP referral. The NDIS funds disability-related supports that build functional capacity and participation, and does not fund the treatment or stabilisation of symptoms. Many neurodivergent people use both. To arrange psychology with Bloom, call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form .

Assessment and diagnosis

Who can diagnose

In Australia, autism and ADHD are diagnosed by psychologists (particularly clinical and developmental psychologists), paediatricians, psychiatrists, and multidisciplinary teams. Diagnosis uses standardised criteria and looks at history, behaviour, and how things play out across more than one setting — not a single questionnaire and not a self-test.

What an assessment involves

A diagnostic assessment usually includes detailed interviews, information from people who see the person in different environments (parents, teachers, a partner), standardised rating scales and tools, observation, and consideration of other explanations for what is happening. For autism, Bloom's assessments use the Autism Diagnostic Interview-Revised, behavioural observation and supplementary tools.

What comes out of it is a written report with recommendations, plus a feedback session to talk through the results and what they mean. Bloom presents findings in a neuro-affirming way — the report is meant to be usable by the person it is about, not just filed.

Bloom's cognitive and diagnostic assessment service covers ages 6 to 90 , and includes autism, ADHD, depression and anxiety assessments.

Diagnostic assessment is not the same as a functional capacity assessment

These get confused constantly and they answer different questions.

A diagnostic assessment answers "what condition does this person have?" It tests presentation against clinical criteria and rules other explanations in or out.

A functional capacity assessment answers "what can this person do, where does it break down, and what support do they need?" It covers self-care, self-management, mobility, learning, communication and social functioning, along with emotional and behavioural regulation and managing money and routines.

For the NDIS you generally need both, doing different work: the diagnosis helps establish that there is a disability, and the functional assessment provides the evidence about what support is reasonable and necessary.

Which funding system applies

Medicare Better Access

To use Better Access you need a clinically diagnosed mental disorder with at least moderate care needs, and a referral — from a GP with a Mental Health Treatment Plan , or directly from a psychiatrist or paediatrician without a plan. GP referrals require you to be enrolled at your MyMedicare practice or to have a usual medical practitioner.

You can claim up to 10 individual sessions and 10 group sessions per calendar year (1 January to 31 December). Referrals are usually written in blocks of up to 6 sessions, and after the first course you need a re-referral letter from the GP to use the rest of the annual entitlement.

Mental Health Treatment Plans do not expire once processed. A new one is not needed after 12 months unless the clinical picture has changed significantly.

From 1 November 2025 , plan preparation, referrals and reviews were linked to your MyMedicare practice or usual medical practitioner, with some exceptions for psychiatrist pathways.

Better Access covers approaches including cognitive behaviour therapy, acceptance and commitment therapy, mindfulness-based stress reduction, trauma-informed therapy, and counselling. Sessions can be in clinic, at home or in the community, or by telehealth — telehealth is permanent and, for Medicare clients, attracts the same rebate as an in-person session.

A gap fee usually applies. Ask the provider what it is before you book.

NDIS

NDIS psychology is capacity building, not clinical treatment. It funds functional and goal-based assessment, practical strategies tied to participation and daily living, skill building and coaching that often involves carers and support networks, coordination with the rest of the support team, and behaviour support planning where relevant.

The categories that typically pay for it are:

Capacity Building – Improved Daily Living , for emotional regulation, decision-making, communication and daily living skills

Capacity Building – Improved Relationships , for social connection and interpersonal skills

The NDIS is usually the better fit when daily tasks regularly break down, when participation in work, study or community life is limited, or when strategies need to be applied consistently in real environments rather than only in a session.

Using both

It is common and appropriate to use Medicare for clinical treatment and the NDIS for functional capacity support at the same time. The rule is that one session is claimed once, under one pathway, and the NDIS does not substitute for clinical mental health treatment that the health system should be providing.

NDIS access with autism or ADHD

A diagnosis on its own does not get you an NDIS plan. Access turns on permanent and significant functional impact — how the condition affects everyday tasks, social interaction, learning and community participation. For ADHD in particular, demonstrating that impact is essential.

Children

The early childhood approach covers children aged 0 to 9 . The upper age was extended from 7 to 9 from 1 July 2023 , phased in progressively over the following two years.

Within that band, children under 6 with developmental delay can access support without a formal diagnosis . For children aged 6 to 9, the framework focuses on identified permanent disability, so diagnosis becomes more relevant.

Thriving Kids

Thriving Kids has not started yet. Rollout of state-based services begins 1 October 2026 , and the program is expected to be operating at national scale by 1 January 2028 .

It is aimed at children aged 8 and under with developmental delay and autism who have low to moderate support needs, and access is designed not to depend on a formal diagnosis. Children with high support needs, or permanent and significant disability, continue under existing NDIS arrangements. From 1 January 2028, NDIS access is expected to change for children aged 8 and under with low to moderate support needs.

If you have a young child now, nothing about Thriving Kids changes what you can apply for today.

What a psychologist does not do

Psychologists do not prescribe medication. Where medication is part of the picture, that is a matter for a GP, paediatrician or psychiatrist. A psychologist can work alongside them, but the prescribing decision is not theirs.

Psychologists also do not decide NDIS funding. They produce evidence; the NDIA makes the decision.

What neurodiversity-affirming practice actually means

The phrase gets used loosely, so it is worth being concrete. In practice it means treating neurodivergence as natural variation in human neurology rather than something to be corrected, and building strategies that fit the person rather than training them to pass as neurotypical.

That shows up in specific ways. Assessment findings are framed as an explanation, not a verdict. Therapy goals come from the person rather than from what would make them easier for other people to manage. Masking is treated as a cost to be understood rather than a skill to be improved. Social work focuses on communication that is authentic and sustainable rather than on conformity.

It also means being honest that a diagnosis often arrives with mixed feelings — relief, grief, validation, anger at the years before it — and that processing that is legitimate therapeutic work in its own right.

Which professional for which problem

Psychology covers mental health, emotional wellbeing, cognition and behaviour: anxiety, depression, trauma, emotional regulation, self-esteem and identity, relationships and life transitions, plus cognitive and diagnostic assessment. Psychologists hold general registration with AHPRA and work across NDIS, Medicare and other funding schemes.

Positive behaviour support applies where behaviours of concern create risk. A behaviour support practitioner works out what triggers a behaviour and what the person is communicating through it, writes a behaviour support plan, coaches families and support workers to respond consistently, and works to reduce restrictive practices.

The short version: psychology explores why something is happening internally; behaviour support deals with what is happening day to day and how everyone around the person responds. They pair well. A child having emotional outbursts might see a psychologist to work on understanding and regulating emotions, while a behaviour support practitioner builds the routines, sensory supports and consistent responses that the household and school use.

Occupational therapy covers the practical side — routines, executive function, sensory environment, daily living and equipment.

Speech pathology covers communication, language, social communication and augmentative and alternative communication.

Reports, and what they are for

Bloom psychologists produce:

NDIS plan review and reassessment reports — current presentation and functional impact, progress over the plan period, ongoing risks or unmet needs, and clear recommendations for future support

Diagnostic assessment reports — the assessment findings with recommendations, delivered with a psychoeducation feedback session so the results are actually understood

Functional capacity assessment reports — evaluation across the functional domains, used as evidence for eligibility and funding

Progress documentation — session notes, progress against goals, and changes to the plan as needs shift

Ask for reports well before a plan reassessment. Reports take time to prepare and an out-of-date one is a weak piece of evidence.

If the NDIS says no

If an access request is refused, or supports you asked for are not funded, the first step is an internal review by the NDIA, where the agency reconsiders its decision. This is the point to add evidence that was missing the first time — specialist letters, therapy assessments, functional capacity assessments, updated reports showing changed circumstances.

If you are still dissatisfied after the internal review decision, there is an external review pathway. The time limit for lodging one is short and it starts from the date of the internal review decision, so read the decision letter carefully and act quickly. The letter sets out the current external review body and the deadline; you can also ring the NDIA on 1800 800 110 to confirm.

Bloom can help with the evidence side — documenting changes in circumstances and preparing assessments and reports.

Access at Bloom

Referrals can come from you, a family member, a GP, a paediatrician, a support coordinator, or another provider. Contact by phone on 1300 771 465 , by email at hello@bloom-healthcare.com.au , or through the referral form.

Bloom aims to contact you within 24 hours of a referral and to schedule an initial meeting within 5 business days where possible. At intake you will be asked how your NDIS plan is managed (NDIA-managed, plan-managed or self-managed), which budget the funding sits in, and what your main goals and concerns are.

Sessions are delivered at home, in community settings such as schools, day programs and aged care facilities, or by telehealth through a secure video platform. Clinic appointments are available case by case. In-home sessions are often the right choice for children with high anxiety and for people for whom travel is difficult.

Common questions about psychology for autism, ADHD and neurodivergence

Do I need a diagnosis before seeing a psychologist?

No. You can see a psychologist to work out what is going on, or for support that has nothing to do with a diagnosis. A diagnosis matters for Better Access rebates and for NDIS access, not for whether therapy is worth having.

Can a psychologist diagnose ADHD or autism?

Psychologists are among the professionals who diagnose both, along with paediatricians, psychiatrists and multidisciplinary teams. Prescribing medication for ADHD is a separate matter and requires a medical practitioner.

Is autism or ADHD enough to get NDIS funding?

Not on its own. Access depends on permanent and significant functional impact. Evidence of how the condition affects daily tasks, learning, social interaction and participation is what carries the application.

My child is under 9. What applies?

The early childhood approach covers ages 0 to 9, extended from 7 from 1 July 2023 and phased in progressively over the following two years. Under 6, developmental delay can be enough without a formal diagnosis. From 6 to 9, the focus is on identified permanent disability.

Should we wait for Thriving Kids?

No. It has not started — state-based services begin 1 October 2026, with national scale expected by 1 January 2028. It does not change what you can apply for now.

How many Medicare sessions can I have?

Up to 10 individual and 10 group sessions per calendar year, with referrals usually written in blocks of up to 6 and a re-referral needed to use the rest.

Do I need a new Mental Health Treatment Plan every year?

No. Plans do not expire once processed. A new one is needed only if the clinical picture has changed significantly. You may still need a re-referral to continue sessions within the annual entitlement.

Can I use Medicare and the NDIS at the same time?

Yes, for different things — Medicare for clinical treatment, the NDIS for functional capacity support. The same session cannot be claimed under both.

Does telehealth work for this?

For many people, yes. Medicare telehealth psychology attracts the same rebate as in-person, and telehealth is available for NDIS-funded sessions too. Some assessment components are better done in person; the clinician will tell you which.

Will my report be written in a way I can actually use?

That is the intention. Bloom's assessment reports come with a feedback session so the findings are explained rather than just handed over, and are written to be both clinically sound and usable for NDIS purposes.

Do you work with adults diagnosed later in life?

Yes. Bloom's assessment and therapy services cover ages 6 to 90, and late diagnosis is a common reason adults come in. Much of that work is about identity, masking, self-advocacy and rebuilding self-esteem rather than about symptoms.

What does it cost?

That depends on the pathway. NDIS-funded sessions are claimed from your plan. Medicare sessions attract a rebate with a gap fee payable by you. Private fees are set out in the service agreement given to you before therapy starts. Ring 1300 771 465 for a quote for your situation.

How do I start?

Complete the referral form , call 1300 771 465 , or email hello@bloom-healthcare.com.au . You can also read more about Bloom's psychology and counselling service .

Who publishes this article and what is their role?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider.

What is Bloom Healthcare's mission or philosophy?

Bloom Healthcare believes all people have the right to access quality healthcare, and its model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How does the article define neurodivergence?

Neurodivergence refers to the diversity of human brains and minds, encompassing conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Tourette's syndrome, and more, viewed as inherent aspects of human diversity rather than disorders or

deficits.

According to the article, why might neurodivergent people face stress or isolation?

Because the world is often structured around neurotypical expectations, neurodivergent people may encounter barriers that lead to stress, misunderstanding, and isolation.

What is the psychologist's role in supporting neurodivergent individuals, according to the page?

Psychologists help neurodivergent individuals understand themselves, advocate for their needs, and build strategies that honour their unique strengths and experiences, rather than trying to change who they are.

What does assessment and understanding involve when working with neurodivergent clients at Bloom Healthcare?

Assessing autism or ADHD helps clarify why someone thinks, feels, or responds the way they do and provides language for what they've often felt internally for years; at Bloom Healthcare, assessments are thorough and sensitive to how neurodivergence presents across age, gender, and culture.

How can someone contact Bloom Healthcare?

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

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