NDIS Psychology & Mental Health Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/the-role-of-psychology-in-ndis/

Details:

NDIS-funded psychology is not general mental health treatment with a different invoice on it. It is work on the psychological barriers that stop you doing the everyday things your plan says you want to do. That means emotional regulation, coping strategies, social skills, adjusting to a diagnosis, and the assessments and reports that evidence your support needs. It is funded from your Capacity Building budget, usually under Improved Daily Living. If you want the funding mechanics set out in full, read NDIS psychology and counselling . This article is about what actually happens once the funding is there. To start, call 1300 771 465 or use the referral form .

Who NDIS psychology is for

There is a common assumption that psychology in the NDIS is only for people whose disability is a mental health condition. That is one group, and an important one, but it is not the whole picture.

Psychology is funded for any participant where a psychological barrier is getting in the way of a plan goal. In practice that includes:

People with psychosocial disability , where a mental health condition is itself the disability.

People with a physical or sensory disability who are dealing with anxiety, low mood, grief or loss of confidence connected to it.

People with intellectual disability, autism or ADHD working on emotional regulation, self-understanding and social skills.

People with an acquired brain injury managing emotional and behavioural change.

People adjusting to a recent diagnosis , along with the family and support team around them.

The common thread is function. The question is not how you feel in isolation. It is what the feeling stops you doing, and whether psychology can change that.

Psychosocial disability: when mental health is the disability

Psychosocial disability is the NDIS term for a mental health condition whose effects are significant and long-term enough to limit daily functioning, social participation and independence.

Having a mental health diagnosis is not the same as having a psychosocial disability under the scheme. To meet access, the condition has to create a substantial and permanent or long-term impairment, and you have to meet the scheme's age and residency requirements. The evidence is assessed across six functional domains:

Self-care — managing personal hygiene and grooming

Self-management — managing your health, decisions and daily routines

Mobility — moving around independently

Learning — taking on new skills and knowledge

Communication — understanding and expressing information

Social functioning — relationships and taking part in the community

You need to show significant impairment in one or more of these that is directly related to the condition. This is why the evidence a psychologist prepares matters so much at access and at review: it translates a diagnosis into a description of daily life.

Once a plan is in place, NDIS psychology for psychosocial disability is framed as capacity building . The work is building routines, developing strategies for participation, strengthening social skills and building independence. Clinical treatment and stabilising symptoms stays with the health system, generally through your GP, your local mental health service or Medicare. Many people use both at once, for different purposes. That is allowed. Claiming the same session under both is not.

Adjustment to disability, and why it is its own thing

A new or acquired disability is not only a medical event. People describe losing a version of themselves, and families describe roles and routines changing overnight.

Adjustment to disability is a specific piece of psychological work, and Bloom offers it as its own service line. It covers processing the emotional impact of a diagnosis, working through grief and loss, rebuilding a sense of identity and self-trust, and developing the practical coping strategies that make the next year manageable. It also extends to the people around you. Family members and carers process their own response to the diagnosis, learn about the condition, and get support adapting to roles they did not choose.

The approach is strengths-based on purpose. Identifying what you can still do, and what you have to work with, tends to produce better adjustment than an inventory of what has been lost.

Writing psychology goals that survive a plan review

This is where a lot of funding is quietly lost, and it is worth getting right early.

Psychology goals must be tied to your disability and its functional effects, and they need to describe real-life function rather than symptoms . The difference sounds small and is not:

"Reduce my anxiety" is hard to evidence. It has no observable outcome attached.

"Manage emotional responses when my routine changes, so I can keep attending my community group" is measurable, clearly disability-related, and points at something a reviewer can see.

Good goals also belong to you rather than to the clinician. They should reflect what matters in your life and line up with the broader goals already written into your plan.

How progress gets measured

Ask your psychologist this at the start, not at the end: how will we know if this is working? A provider worth using will have an answer ready.

Progress is normally tracked through some combination of:

Baseline measures taken at the initial assessment, so later change has something to be measured against

Standardised tools or questionnaires covering mood, anxiety, behaviour or functional capacity

Functional observations of real-world change in daily activities and participation

Goal Attainment Scaling , which rates progress towards individually written goals on a standard scale

A progress report prepared before your plan reassessment then pulls this together: your goals, what assessments were done and what they mean in daily life, progress against each goal with evidence behind it, what approaches worked and what did not, and recommendations for the next plan period.

Reports are written to be read by the NDIA, your support coordinator and your family, not only by other clinicians.

Where psychology sits in the rest of your team

Psychology rarely works alone, and the combinations are fairly predictable.

Psychology and speech pathology — an autistic child working on emotional expression and social communication at the same time.

Psychology and occupational therapy — an adult with ADHD working on focus, routine and executive functioning alongside the emotional side of it.

Psychology and positive behaviour support — where behaviours of concern are present, the psychologist works on emotional resilience and understanding while the PBS practitioner identifies triggers and builds consistent strategies across home, school and community.

The pattern is that psychology handles why something is happening internally, and the other disciplines handle the practical skill or environment. Neither works as well without the other when needs are complex.

It helps to know that psychology is also distinct from several NDIS roles people confuse it with. A support coordinator helps you understand and use your plan and connects you with providers. A support worker provides direct, hands-on assistance and reinforces strategies in everyday settings. A psychosocial recovery coach works with you on recovery and wellbeing goals in a practical, coaching relationship. None of them do psychological assessment, diagnosis or therapy. Only a registered psychologist does.

Choosing a psychologist, and what the first session is like

Proximity is not the main thing. These are the questions worth asking before you commit:

Do you have experience with my type of disability or support needs, such as autism, ADHD, intellectual disability, psychosocial disability or acquired brain injury?

How do you adapt therapy for people who find talking hard, or who communicate differently?

Can you work with my other providers, including my OT, speech pathologist or behaviour support practitioner?

Do you write reports for NDIS plan reviews?

Can you see me at home or by telehealth if I cannot attend a clinic?

How will we measure progress and know whether therapy is helping?

A good provider will welcome all six.

Before therapy starts you will be asked how your plan is managed — NDIA-managed, plan-managed or self-managed — which budget you intend to use, and what your main goals are. A service agreement is then set up covering the sessions, reporting and how invoicing works. Fees and other commercial terms are set out in that agreement before anything begins; call 1300 771 465 if you want them explained first.

The first appointment itself is mostly listening. Your psychologist works to understand your strengths, challenges and history, how your disability affects your mood, thinking, relationships and daily life, and what is currently getting in the way of your goals. Standardised questionnaires may be used to build a baseline. You finish with a plan you have agreed to, and a decision about where sessions happen — at home, in the community, or by telehealth.

Getting started

Bloom delivers psychology primarily in the community: your home, school, day program, or wherever you usually are. Clinics are available case by case, and telehealth can be mixed with in-person sessions. Services cover New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT — see all locations .

Children and young people can also be supported through the Paediatrics 0-9 and Paediatrics 10-17 programs.

To begin, call 1300 771 465 , use the referral form or contact us . There is also a plain-English Easy Read guide to psychology and NDIS support .

If you need help right now, Bloom's psychology service is a planned therapy and assessment service, not a crisis service. In an emergency call 000 . For 24-hour crisis support, Lifeline is on 13 11 14 .

Common questions about psychology and the NDIS

Do I need a mental health diagnosis to get NDIS psychology?

No. What matters is that you are an NDIS participant and that the psychology is reasonable and necessary and related to the functional effects of your disability. Many participants funded for psychology have a physical, intellectual or developmental disability rather than a mental health condition.

Can a mental health condition alone make me eligible for the NDIS?

It can, as psychosocial disability, but only where the condition creates a significant and permanent or long-term impairment across the functional domains above. A diagnosis on its own is not enough. Evidence about daily functioning is what the decision turns on.

Why does the NDIS say it will not fund treatment for my depression?

Because treating and stabilising mental health symptoms is a health system responsibility. The NDIS funds the functional side: routines, independence, participation at work, study and in the community. The same person often needs both, paid for by different systems.

My psychology goal was written as "improve my mental health". Is that a problem?

It is a weak goal, because nothing in it can be observed or measured. Ask your psychologist to help rewrite it around what you want to be able to do. Functional wording is easier to evidence and easier for a reviewer to agree with.

How often will I have sessions?

That depends on your goals and how much your plan holds. It can be weekly, fortnightly, monthly or something else, and it usually changes as you progress. Your psychologist will discuss it at the first appointment.

Should I see a psychologist or a behaviour support practitioner?

If the difficulty is how you feel and think — anxiety, mood, trauma, confidence, relationships — start with psychology. If it is behaviour that is unsafe or that is stopping you taking part at school, work or in the community, start with positive behaviour support . Where both are true, they work together.

Can psychology happen at home or online?

Yes. Bloom's main delivery method is in the community, including in your home, and telehealth is available. Home and telehealth sessions often suit children, people with high anxiety and people with mobility needs.

Who can make a referral?

Anyone. You can refer yourself, or a family member, carer, support coordinator, plan manager, GP or other allied health professional can refer for you. Use the referral form or call 1300 771 465.

What if I am not sure whether psychology is already in my plan?

Look under Capacity Building, Improved Daily Living. If it is not clear, ask your support coordinator, plan manager or Local Area Coordinator. You can also call Bloom on 1300 771 465 and we can help you read it. What a plan holds is specific to you, so no general answer will tell you.

What is the National Disability Insurance Scheme (NDIS)?

The NDIS is an Australian government initiative designed to provide support and funding to people with disabilities, empowering them to live independent and fulfilling lives through access to services such as healthcare, education, and social support.

Why is psychology considered important within the NDIS?

Psychology plays a crucial and integral role in the NDIS because it addresses mental health challenges that individuals with disabilities are more likely to experience than the general population, and the NDIS recognizes mental health and emotional wellbeing as essential to overall quality of life and independence for people living with disability.

What types of psychology services are funded by the NDIS?

NDIS-funded psychology services include psychological assessments (to understand a person's strengths, challenges, and history), therapeutic interventions (addressing anxiety, depression, trauma, and emotional regulation), counselling (supporting people through life transitions and disability adjustment), and capacity building (developing skills and strategies to support independence and quality of life).

Are NDIS psychology services personalised to each participant?

Yes, psychology services provided under the NDIS are tailored to the individual's needs and goals, for example offering social skills-focused therapy for someone with anxiety around social situations, or emotional regulation therapy for someone with a traumatic brain injury.

Who publishes this article and what is Bloom Healthcare?

The article is published by Bloom Healthcare, described as a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care delivered by highly qualified health practitioners across Australia.

What keywords or topics is this article categorized under?

The article is categorized under the topic 'Psychology' and tagged with the keywords mental health, NDIS, psychologist, psychology, and well-being.

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