Counselling - NDIS Provider - Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/psychology-counselling-alt/

Details:

If you are a parent, carer, support coordinator or plan manager arranging psychology for someone else, you can refer directly. You do not need a GP referral for NDIS-funded psychology. Send a referral through the referral form , email hello@bloom-healthcare.com.au , or call 1300 771 465 . Bloom aims to make contact within 24 hours of receiving a referral. The rest of this page covers when to refer, what to include so the referral does not bounce back to you, what happens after you send it, and how families and support workers stay involved once therapy starts.

If you want the funding and clinical detail instead - eligibility, support categories, assessment types - that is on the main psychology and counselling page .

Who can refer

Anyone connected to the person can start this:

family members and carers

support coordinators and plan managers

GPs, psychiatrists and paediatricians

teachers, school staff and community teams

other allied health professionals

the person themselves

If you are a support coordinator, say so in the referral and be clear about your role and what you are responsible for. It changes who we contact first and how information flows back to you.

When to refer someone for psychology

The hardest part is usually knowing whether it is time. These are the patterns that suggest psychology would help.

Mental health and emotional signs

persistent anxiety, low mood or depression that is affecting day-to-day functioning

difficulty managing stress, sensory overload or emotional responses

trauma, or difficulty processing past events

isolation, low self-esteem, or feeling hopeless

grief or difficulty adjusting to a disability or a life transition

Behaviour and participation signs

behaviours of concern that affect safety, learning, work or community participation

trouble with emotional regulation

school refusal, or persistent inability to attend school or work

withdrawing from social situations, or reduced community engagement

difficulty forming or keeping relationships

Functional impact

daily routines are not holding together

independence in self-care, household tasks or community participation is slipping

motivation or confidence is the thing stopping participation, not skill

carer strain is rising, or the person is relying on support for things they could do more independently

The timing test

A referral is worth making when the concern:

has lasted more than a few weeks and is not improving on its own

shows up across more than one setting - home, school, work, community

is affecting daily routines or participation in things that matter to the person

is escalating in frequency or intensity

involves isolation or safety risk

or when the person is themselves ready and interested

People with disability experience mental health difficulties at higher rates than the general population, and they face extra barriers on the way in: stigma, difficulty finding providers who understand disability, and cost and accessibility problems. If you are hesitating because you are not sure it is "bad enough", the timing test above is a more useful guide than a gut feel.

Psychology or positive behaviour support?

Referrers get sent back and forth on this constantly, so it is worth deciding before you send.

Refer to psychology when the concern is how the person feels and thinks - anxiety, low mood, trauma, self-esteem, emotional processing, relationships - or when a cognitive, diagnostic or functional capacity assessment is what is actually needed.

Refer to positive behaviour support when behaviour is unsafe to the person or others, when behaviour is significantly limiting participation in education, community or employment, when there are frequent escalations, or when communication barriers are producing frustration and behavioural responses.

Refer to both when the picture is complex or spans settings. A common pattern: the psychologist works with the person on emotional resilience and processing, while the behaviour support practitioner works with the family, school and support workers on triggers and consistent strategies. This is often where the biggest change happens, and it needs both funding lines to be available.

If you are not sure, say what you are seeing in the referral and let the intake team triage it. That is faster than guessing.

What to put in the referral

A thin referral costs everyone a week. This is what makes one actionable.

Participant and plan information

the person's details and NDIS number

plan dates and management type - NDIA-managed, plan-managed or self-managed

the NDIS goals, ideally copied straight out of the plan

Functional and clinical context

the top two or three functional challenges - what is actually hard, at home, school, work or in the community, with concrete examples

relevant medical history and any precautions

identified risks: falls, seizures, behaviour considerations, communication needs

relevant diagnoses and how they affect the person's emotional or psychological functioning

Supports and preferences

what supports are already in place, and what is not working

preferred setting for sessions - home, school, clinic or telehealth

any recent reports or assessments from other providers

consent, and who the key contact is

Two or three specific examples of how psychology could help are worth more than a paragraph of general description. "Cannot leave the house for appointments without a two-hour escalation" tells a triage team more than "has anxiety".

What happens after you send it

Contact within 24 hours. Bloom's administration team starts processing the referral, gathers the relevant documentation and creates the client file.

Intake form. A welcome email goes out with a link to an intake form. The more detail on it, the better the match.

Triage and allocation. The Operations Manager reviews the intake information and, where needed, puts a risk management plan in place. A clinician is then allocated based on location and accessibility, clinician capacity, clinical expertise and area of interest, identified risk factors, and the person's specific needs and goals.

First contact from the clinician. The allocated clinician makes contact to confirm the mode of delivery - in clinic, in home or community, or telehealth by secure video - to check whether interpreting services are needed, to explain billing and how rebates are processed, and to book the first appointment.

Confirmation. A confirmation email follows with appointment details and a link to consent forms, and a reminder goes out the day before.

If you are the referrer rather than the participant, tell us at the referral stage how much of this you want to be copied into.

Where families, carers and support workers fit once therapy starts

This is the part families most often ask about, and the answer is not "you wait outside".

Change happens in everyday environments, not only in the session, so the people around the participant are part of the work.

For families and carers , psychology can include education about trauma, neurodivergence or psychosocial disability; guidance on understanding and responding to emotional and behavioural challenges; training in how to reinforce strategies in daily life; and emotional support for carers, who carry real load. Parent coaching around behaviour, emotions and communication is a standard part of paediatric work, and it is what carries the therapy into the home.

For support workers , psychologists provide training and coaching so evidence-based strategies get applied consistently - particularly around emotional regulation, coping strategies and responding to behaviour. Trauma-informed care training for support networks is part of this. The aim is knowledge

transfer: the support team understands the reasoning, not just the instruction, so strategies survive contact with a bad day.

Across the whole team , strategies are built to be practical in real routines, consistent across settings so the person is not getting contradictory messages at home and at school, and matched to the person's learning style. Where behaviour support is also involved, the psychologist and the PBS practitioner work to one approach rather than two.

Bloom's family-centred approaches for children and young people run through the Paediatrics 0-9 and Paediatrics 10-17 programs.

Working with support coordinators and plan managers

If you coordinate supports, the practical points are these.

Coordination across providers. Where a participant has psychology alongside occupational therapy, speech pathology, physiotherapy, exercise physiology or behaviour support, the disciplines are aligned to shared goals rather than run in parallel. Tell us who else is involved at referral and we will work with them.

Progress updates. Clinicians share therapy progress, outcome measures and recommendations so you are not chasing information before a plan meeting.

Reporting timed to plan reviews. Ask for the report well before the reassessment date. Report writing is clinician time and it is drawn from the participant's funding, so it needs to be scoped in the service agreement rather than assumed.

Scheduling. Where several services are running, session timing is coordinated to avoid clashes and to keep the participant actually able to attend.

Building the evidence for the next plan

If your concern is that the current Improved Daily Living budget will not cover what the person needs, the reassessment is won or lost on the quality of the evidence. What the NDIA looks for:

The therapy approach explained, with evidence of outcomes achieved and progress made towards goals. This is the core requirement, so baselines need to be set early - you cannot demonstrate progress against a baseline you never took.

Functional impact in real life , with specific examples of daily situations that break down at home, school, work or in the community, and what happens without adequate support - carer strain, safety risk, reduced participation.

A report that states the goals, what was assessed, what the findings mean functionally rather than diagnostically, measurable outcomes with baselines and targets, and a recommended frequency and focus of support tied explicitly to the goals.

The reasonable and necessary case : the support is related to the disability and its functional impacts, is likely to be effective, represents value for money, and is not already covered by another support.

Why the current budget is insufficient : goals that remain unmet because of funding constraints, evidence that the current frequency is not enough to shift the problem, and evidence that existing supports have already been used well.

Useful outcome measures for this are the concrete ones: community outings completed, days a routine was followed without prompting, consistent attendance at school or work, quality of social interaction. Bring previous therapy reports, school reports and specialist letters to the meeting.

How to make the referral

Referral form: make a referral

Email: hello@bloom-healthcare.com.au

Phone: 1300 771 465

General enquiries: contact us

Coverage: find a location

There is also a plain-English Easy Read guide to psychology and NDIS support that is useful to share with the person you are referring.

Common questions about referring someone to psychology

Can I refer someone else without their consent?

No. Consent and a key contact should be included in the referral. If the person cannot give consent themselves, the referral needs to come from or be supported by the person who is legally able to make that decision for them. Call 1300 771 465 if you are unsure how that applies to your situation.

Do I need a GP referral?

Not for NDIS-funded psychology. A GP referral and a Mental Health Treatment Plan are required for the Medicare pathway, where sessions are rebated. Bloom also accepts private payment and Victims of Crime referrals.

How fast will someone get back to me?

Bloom aims to make contact within 24 hours of receiving a referral, and the allocated clinician then makes contact to arrange the first appointment. How soon the first session happens depends on location and clinician availability, so ask about that specifically when you speak to intake.

What if I do not know whether the person has psychology funding?

Send the referral anyway and say what you know. The intake conversation covers plan management type and which budget category is intended. A support coordinator, plan manager or Local Area Coordinator can confirm what is in the plan, and the plan document itself lists Capacity Building categories.

Can psychology be funded if the person is not an NDIS participant?

Not through the NDIS. Other pathways exist - Medicare with a GP referral, private payment, or Victims of Crime referral. Call 1300 771 465 to talk through which fits.

Will the psychologist talk to me, or only to the participant?

That depends on consent and on who the participant wants involved. Family, carers and support workers are routinely part of the work through coaching, education and shared strategies, but the participant's consent governs what is shared. Set this up at intake rather than later.

Can psychology help me as the carer?

Psychology delivered under a participant's NDIS plan is funded for that participant, and part of it can include support and education for the people caring for them. If you need therapy in your own right, that is a separate pathway - talk to your GP about a Mental Health Treatment Plan.

Can sessions happen at school?

Yes. Community delivery includes schools and day programs, and for children this is often the most useful setting because it is where the difficulty happens. Note the preferred setting in the referral.

The person I support is non-speaking or finds talking hard. Can they still access psychology?

Yes, and it is worth asking directly how the clinician adapts therapy for people who communicate differently. Note the communication needs in the referral so the allocation accounts for it, and flag whether interpreting services are needed.

What do I do if the plan runs out of psychology funding mid-plan?

Raise it early with the plan manager or support coordinator, and ask the psychologist for a progress report while there is still funding to write one. The section above on building evidence for the next plan sets out what the NDIA looks for at reassessment.

Can Bloom provide a report for a tribunal matter?

Bloom's psychologists prepare reports for NDIS purposes and can appear before the Administrative Review Tribunal (ART) in proceedings relating to the NDIS. Raise it as early as possible so there is time to prepare the evidence properly.

What if there is an immediate risk?

A referral is not the right tool for an emergency. If someone is at immediate risk, contact their GP, the local mental health service, or call 000. Note any safety risks in the referral so triage can respond appropriately.

What does Bloom Healthcare's Psychology & Counselling service page cover?

The page describes Bloom Healthcare's NDIS Psychology and Counselling service, which provides tailored support to manage disability and boost function and quality of life.

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 and client centricity, delivered by highly qualified health practitioners across Australia.

What kind of therapeutic interventions does Bloom Healthcare's Psychology and Counselling service offer?

Bloom Healthcare's Psychology and Counselling services include Individual and Family Counselling, Cognitive Behavioural Therapy (CBT), Trauma Counselling, Cognitive and Diagnostic Assessments,

Adjustment to Disability Support, and Paediatric Therapy.

What conditions can cognitive and diagnostic assessments help identify?

Cognitive and diagnostic assessments offered as part of Psychology and Counselling services provide comprehensive evaluations for conditions including Autism Spectrum Disorder (ASD), ADHD, depression, and anxiety.

What focus areas does Psychology and Counselling address?

The service addresses anxiety management, depression support, emotional regulation, behavioral challenges, and life transitions such as ageing, illness, loss, and reduced independence.

Does Bloom Healthcare provide psychology support for children?

Yes, Bloom Healthcare offers Paediatric Therapy as part of its Psychology and Counselling services, addressing emotional regulation, behavioral challenges, and developmental needs in children.

How can I contact Bloom Healthcare?

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

What is the legal name of Bloom Healthcare?

The legal name of the organization is Bloom Healthcare Pty Ltd.

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