NDIS Psychology & Counselling in Australia | Bloom Healthcare

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

Details:

Psychology and counselling can be funded through an NDIS plan when the support is directly related to your disability and helps you work towards the goals written in your plan. It is usually funded from the Capacity Building budget, most often under Improved Daily Living , and sometimes under Improved Relationships where behaviour and social skills are the main focus. The NDIS funds psychology to build and maintain your functional capacity and participation. It does not fund clinical treatment or stabilisation of mental health symptoms, which stays with the health system and is generally paid for through Medicare. Bloom Healthcare delivers psychology and counselling in your home and community across Australia. To start, call 1300 771 465 or use the referral form .

Who can access NDIS-funded psychology

Not everyone is automatically eligible. Two things have to be true.

First, you need to be an NDIS participant. That means you have a permanent and significant disability and have met the scheme's access requirements, and you have an approved plan.

Second, the psychology has to be reasonable and necessary. This is the test the NDIS applies to every support. For psychology, it generally means the service:

is directly linked to the functional impact of your disability, rather than short-term life stress on its own

helps you work towards a goal that is already in your NDIS plan

builds or maintains your functional capacity and your ability to take part in everyday life

supports your independence and quality of life

There is no age cut-off in the scheme itself. Bloom supports children, adolescents and adults, including through the Paediatrics 0-9 and Paediatrics 10-17 programs where family-centred approaches are used.

What the NDIS will not fund

Understanding the boundary saves a lot of frustration at plan review. The NDIS is generally responsible for non-clinical supports that focus on functional ability, independence and social and economic participation. The mental health system is generally responsible for clinical services such as diagnosis and treatment of a mental health condition, and for treating or stabilising symptoms.

In practice that means a request framed as "I need therapy for my depression" is a health system request. The same person's need, framed as "my mood means I cannot keep a daily routine, get to appointments or hold my job, and I need strategies that work at home and at work", is the kind of request the NDIS is designed to fund.

If you are not sure which side of the line you sit on, or whether your current plan already holds the funding, speak to your support coordinator or Local Area Coordinator, or call Bloom on 1300 771 465 .

How psychology is funded, and what it is claimed under

Psychology and counselling sit in the Capacity Building part of an NDIS plan.

Where it is funded from	When it is used
Capacity Building - Improved Daily Living	The most common category. Covers one-to-one therapy, assessment, skills training, emotional regulation and coping strategies, social skills work, and reports written for plan review.
Capacity Building - Improved Relationships	Used where behaviour, social interaction and relationship skills are the main focus, often alongside Positive Behaviour Support .
Core Supports	Occasionally used for ongoing support work, depending on how the plan is designed.

How much you have, and how many sessions that buys, depends entirely on your individual plan. Bloom cannot tell you what is in your plan without seeing it. Your plan manager, support coordinator or the NDIS myplace portal can. Fees and any other commercial terms are set out in the service agreement you sign before therapy starts.

NDIS, Medicare or private: which pathway fits

This is the single most common question people bring to a psychology page, so it is worth setting out clearly.

Medicare pays through the Better Access initiative. It is built for clinical mental health treatment. You need a clinically diagnosed mental health condition and a referral pathway - a GP, psychiatrist or paediatrician writes a Mental Health Treatment Plan or an eligible referral. Better Access allows up to 10 individual sessions and up to 10 group sessions per calendar year . Referrals are normally written in blocks of up to six sessions, then reviewed if more are needed. Medicare pays a set rebate per session and the practitioner sets their own fee, so there can be a gap payment. Rebate amounts are set by Services Australia and change, so check the current figure with your GP or Services Australia rather than relying on a number you read online.

The NDIS pays for disability-related functional support. There is no session cap set by the scheme; the number of sessions comes out of your plan budget. The focus is capacity and participation, not symptom treatment.

Bloom also accepts private payment and Victims of Crime referrals for therapy where neither of the above applies.

Many people with psychosocial disability use both Medicare and the NDIS for different purposes at the same time. That is allowed. What is not allowed is claiming the same session twice - each session must be funded by one system only.

A short way to decide:

Choose the Medicare pathway if your main goal is symptom relief and stabilisation, you want a time-limited course of treatment, and you have not yet used Better Access this year.

Choose the NDIS pathway if daily living tasks regularly break down because of disability-related impacts, your participation in work, study or community life is limited, and you need strategies that are applied in your real environment rather than only in the therapy room.

What psychology and counselling with Bloom includes

The origin page lists the services. What follows is what each one actually involves.

Individual intervention and counselling. Therapeutic support matched to your needs and learning style. Approaches include Cognitive Behavioural Therapy, and for trauma work, Narrative Exposure Therapy and Exposure Therapy. Available under the NDIS, Medicare, private payment or Victims of Crime referral.

Capacity and skill building. Practical, evidence-based work on the skills that make daily life run: emotion regulation, behavioural control, managing money and routines, sleep habits, personal hygiene and building relationships. This is the part of psychology the NDIS is most clearly designed to fund, because it is measured in what changes outside the session.

Cognitive and diagnostic assessments. Cognitive assessments for people aged 6 to 90. Diagnostic assessments including Autism Spectrum Disorder, ADHD, and depressive and anxiety disorders. Each includes a written report, a feedback session and psychoeducation about the diagnosis.

Functional capacity assessment. A structured look at how your disability affects your ability to manage daily tasks, covering self-care, self-management, mobility, learning and cognition, communication and social functioning. Often done jointly with occupational therapy.

Adjustment to disability. Support for you and your care team after a new diagnosis: education about the condition, identifying strengths and challenges, setting goals, and recommendations for treatment and equipment.

Autism-specific support. Assessment and therapy adapted for autistic people, including sensory and communication considerations.

Reporting for the NDIS, and Administrative Review Tribunal (ART) work. Reports for plan reviews and, where a decision is being contested, reports and appearances in tribunal proceedings.

What is not included

Prescribing medication. That is a medical role - your GP or psychiatrist.

Acute or crisis mental health care. If you are in crisis, contact your GP, your local mental health service, or emergency services on 000.

Diagnosis or treatment funded as clinical health care through your NDIS plan - see the boundary described above.

A guaranteed diagnostic outcome. An assessment tells you what the evidence shows, which may or may not be the diagnosis you expected.

Assessments: what each one produces and what it is for

Assessment is often the reason people come to psychology first, and the report is often what a plan review turns on.

Functional capacity assessment

Assesses self-care, self-management, mobility, learning, communication and social functioning. The report contains a summary of your current functional capabilities, an evaluation of support needs across each life domain, identified strengths and areas needing support, results of any psychometric screening with an interpretation, and recommendations tied to your goals.

The service normally includes the initial assessment, liaison with the other people involved in your support, interpretation of psychometric screening, and the report itself. The time it takes and what it costs are quoted to you before it begins.

Used for: demonstrating at a plan review how functional limitations affect daily activities, and what level and type of support you need to become more independent.

Cognitive assessment

Available for ages 6 to 90. Assesses memory, attention, decision making, problem solving, learning and executive functioning. The report gives written findings on cognitive strengths and limitations, an interpretation of the test results, and recommendations for ongoing support. A feedback session is included so the results are explained to you, not just handed over.

Used for: showing how cognitive limitations affect learning, communication, decision making and completing daily tasks, which in turn justifies support in those areas.

Diagnostic assessment

Covers Autism Spectrum Disorder, ADHD, and depressive and anxiety disorders. The report sets out the findings, the diagnostic reasoning, recommendations tailored to the diagnosis, and psychoeducation for you and your family, with a dedicated feedback session.

Used for: establishing clinical evidence of disability-related need. This matters for NDIS access decisions and for the reasonable and necessary test, because it shows the condition's impact on functioning and participation.

How it works, from referral to review

1. Referral or enquiry. Anyone can start this - you, a family member, a support coordinator, a plan manager or a GP. Use the referral form , contact us , or call 1300 771 465 .
2. First appointment. Your psychologist works to understand your strengths, challenges and history; how your disability affects your mood, thinking, relationships and day to day life; what is getting in the way of your goals; and how your NDIS plan goals line up with what psychology can do. You also decide together where sessions happen - at home, in the community, or by telehealth.
3. Goal setting. Goals are set collaboratively and written to be specific, measurable, attainable, relevant and time-bound, and tied back to the goals already in your NDIS plan. The important part is that they describe function, not only feelings. "Reduce my anxiety" is hard to evidence at a plan review. "Manage anxiety triggers in social situations so I can take part in community activities independently" is measurable and clearly disability-related.
4. Sessions. Frequency depends on your needs, your goals and how much funding your plan holds. It can be weekly, fortnightly, monthly or something else, and it can change as you progress. Your psychologist will discuss this at the first appointment.
5. Review checkpoints. A review after roughly six sessions is a common checkpoint to look at early progress and adjust the plan of treatment if it is not working.
6. Reporting for plan review. A formal progress report is normally prepared before your NDIS plan review meeting.

Evidence and documentation

The documents psychology produces are what carry your case into a plan review, so it helps to know what a strong one looks like.

A Bloom progress report is written in a format the NDIS can act on and covers your current presentation and functional impact, progress against the goals you set, any risks or considerations, and recommendations for supports in the next plan period.

What makes evidence persuasive at review:

It describes what is hard day to day, and why - not just a symptom list.

It shows which daily living tasks break down because of disability-related impacts.

It records real-world outcomes : community outings completed, days a routine was followed without prompting, consistent attendance at work or school, quality of social interaction.

It shows strategies being carried into real environments - home, school, work, community - not only used in session.

It gives a baseline early on, so progress can be measured against something.

Where assistive technology or a specialised support is being recommended, the report explains why it is needed and what it is expected to change.

How psychology differs from positive behaviour support

These two are constantly confused, and people are often referred to the wrong one.

	Psychology	Positive Behaviour Support
Main focus	Mental health, emotional wellbeing, cognition and psychological processes	Behaviours of concern and their underlying causes
Core question	Why do I feel, think and respond this way	What is happening in daily life and how do we respond proactively and safely
Typical delivery	One-to-one therapeutic conversation and assessment	Practical planning, observation and coaching across multiple settings, with family, carers and support workers
Common outputs	Therapy, cognitive and diagnostic assessment, functional capacity assessment	Functional behaviour assessment and a behaviour support plan

Start with psychology when the concerns are anxiety, low mood, trauma, self-esteem, emotional processing or relationship difficulties.

Start with PBS when behaviour is unsafe to the person or others - physical aggression, self-harm, property destruction, absconding - 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.

Use both when the picture is complex, persistent or occurring across several settings. Common examples: complex behaviour linked to trauma, anxiety or sensory processing, where the psychologist works on emotional resilience while the PBS practitioner identifies triggers and builds consistent strategies at home and school; a new autism or ADHD diagnosis, where psychology supports self-understanding and PBS addresses the behavioural side; or a dual diagnosis of intellectual disability with a mental health condition.

How psychology differs from counselling

Both are qualified mental health professionals, both deliver evidence-based support, and both can be funded under Capacity Building - Improved Daily Living.

The practical difference is scope. Psychologists in Australia are a regulated allied health profession and hold general registration with AHPRA. Their scope includes psychological assessment, diagnosis and clinical treatment, so cognitive assessments, diagnostic assessments and formal reports sit with them. Counsellors are allied health practitioners who meet specified membership or accreditation criteria, and

their work centres on therapeutic support - helping you process emotional and psychological challenges.

If what you need is a formal assessment, a diagnosis, or a report for a plan review or tribunal, you need a psychologist. If what you need is regular therapeutic support to work through something, either can help, and Bloom will match you to the right clinician.

Access and how to start

Bloom's primary method of delivery is in the community - your home, your school, a day program, or wherever you usually are. Clinics are available on a case-by-case basis; ask when you enquire. Sessions can also be delivered by telehealth, and telehealth can be mixed with in-person sessions.

Coverage includes New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT. See all locations for the suburb list.

Psychology is often combined with Bloom's other allied health services - occupational therapy, speech pathology, physiotherapy, exercise physiology, dietetics and positive behaviour support - where goals cross more than one discipline.

To start: 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 you can download.

Common questions about NDIS psychology and counselling

Do I need a diagnosis to get NDIS psychology funding?

You need to be an NDIS participant, which means you have already established a permanent and significant disability through the access process. Beyond that, the test for the psychology itself is whether it is reasonable and necessary and directly related to your disability, not whether you carry a particular mental health diagnosis. A diagnostic assessment can, however, be the thing that establishes evidence of disability-related need in the first place.

Is psychology in my plan already?

It is usually held in Capacity Building - Improved Daily Living. Check your plan under that heading, or ask your support coordinator, plan manager or Local Area Coordinator. If you are still not sure, call Bloom on 1300 771 465 and we can help you read it.

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

Yes, for different purposes. Many people with psychosocial disability do. What you cannot do is claim the same session under both. Each session is funded by one system only.

How many sessions will I get?

Under Medicare's Better Access, up to 10 individual and up to 10 group sessions per calendar year, usually referred in blocks of up to six. Under the NDIS there is no set number - it depends on how much your plan holds and how the funding is allocated. This is a question for your plan, not for a general answer.

Why does the NDIS say it will not fund my mental health treatment?

Because treating and stabilising mental health symptoms is a health system responsibility, not an NDIS one. The NDIS funds the non-clinical, functional side: independence, daily routines, participation at work, study and in the community. The same person often needs both, from different funding sources.

Can psychology be delivered at home or online?

Yes. Bloom delivers primarily in the community, including in your home, and telehealth is available. You can mix the two. Which suits you is discussed at the first appointment.

What is a functional capacity assessment and do I need one?

It assesses how your disability affects daily tasks across self-care, self-management, mobility, learning, communication and social functioning, and produces a report used to evidence support needs at plan review or in an NDIS application. You may need one if your plan does not reflect the level of support you actually require, or if a funding request has been declined for lack of functional evidence. Ask your support coordinator or call 1300 771 465 to talk it through.

What ages do you assess?

Cognitive assessments are available for ages 6 to 90. Diagnostic assessments cover Autism Spectrum Disorder, ADHD, and depressive and anxiety disorders. Children and adolescents can also be supported through the Paediatrics 0-9 and Paediatrics 10-17 programs.

Should I see a psychologist or a behaviour support practitioner?

If the issue is how you feel and think - anxiety, mood, trauma, self-esteem, relationships - start with psychology. If the issue is behaviour that is unsafe or that is stopping participation at school, work or in the community, start with positive behaviour support. If both are true, the two work together, and this is often where the biggest change happens.

What does a psychology report cost, and how long does it take?

The hours involved and the cost are quoted to you before the work begins and are set out in your service agreement. Call 1300 771 465 for a quote for your situation.

Can a psychologist help with an NDIS decision I disagree with?

Bloom's psychologists prepare reports for NDIS purposes and can appear before the Administrative Review Tribunal (ART) in proceedings relating to the NDIS. If you are contesting a decision, raise it early so there is time to prepare the evidence.

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 on your behalf. Use the referral form or call 1300 771 465.

What if I am in crisis right now?

Bloom's psychology service is a planned therapy and assessment service, not a crisis service. If you need help immediately, contact your GP, your local mental health service, or call 000.

What organization provides the NDIS Psychology & Counselling service described on this page?

Bloom Healthcare provides the NDIS Psychology & Counselling service, delivering support across Australia in home, community and telehealth settings.

What is the phone number for Bloom Healthcare's psychology and counselling service?

Bloom Healthcare can be reached at +61 1300 771 465.

Who is Bloom Healthcare's psychology and counselling service designed for?

The service is designed for NDIS participants and older Australians, offering mental health support, emotional regulation, adjustment and grief support, cognitive and psychological assessment, and capacity building.

Is Bloom Healthcare's psychology and counselling service a crisis service?

No, the page explicitly states that this is not a crisis service.

What topics does the page cover regarding NDIS-funded psychology?

The page covers who qualifies for NDIS-funded psychology, which NDIS support category pays for it, what assessments and therapy include, and how NDIS psychology differs from Psychosocial Recovery Coaching/PBS and Medicare.

What age range does Bloom Healthcare's cognitive and diagnostic assessment service cover?

Bloom Healthcare provides cognitive and diagnostic assessments for individuals aged 6 to 90.

What conditions can be diagnostically assessed through Bloom Healthcare's psychology service?

Diagnostic evaluations are available for Autism Spectrum Disorder (ASD), ADHD, depression, and anxiety, with each assessment including a detailed report, psychoeducation, and feedback to guide ongoing support.

What therapeutic approach does Bloom Healthcare use for conditions like depression and anxiety?

Bloom Healthcare uses Cognitive Behavioural Therapy (CBT), an evidence-based therapy that helps individuals reframe negative thinking and behaviour patterns, effective for depression, anxiety, eating disorders, and other mental health conditions.

Does Bloom Healthcare offer trauma counselling, and what methods does it use?

Yes, Bloom Healthcare offers trauma counselling using evidence-based approaches such as CBT, Narrative Exposure Therapy, and Exposure Therapy to help clients process trauma and build long-term resilience.

What access pathways can clients use to receive counselling from Bloom Healthcare?

Individual intervention and counselling can be accessed through NDIS, Medicare, private payment, or Victims of Crime referrals, and may include psychology, counselling, occupational therapy, speech pathology, physiotherapy, and exercise physiology through a multidisciplinary approach.