Bipolar disorder and the NDIS

A guide for participants, families and carers working out what the NDIS funds for bipolar disorder, and how to ask for it.

FOR PARTICIPANTS & FAMILIES
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About this guide

This guide is for people living with bipolar disorder, and for the families and carers around them. It is written by Independent Life Disability Supports (InLife), a registered NDIS provider working with families across Victoria.

We wrote it because the NDIS is complicated, and the people who need it most usually have the least time to work it out. We have kept it plain. Where the NDIS uses jargon, we explain it. Where bipolar disorder has its own vocabulary, we explain that too.

WHO THIS IS FOR

Three groups of readers

People recently diagnosed with bipolar disorder, or told they may qualify for the NDIS. Families and carers supporting someone living with it. Health professionals helping a person prepare an application.

WHAT YOU WILL FIND

Six sections, and the last is yours

What bipolar disorder is, and how it affects daily life. How the NDIS works and how to apply. The supports it commonly funds. How InLife works as a provider. Who to call. Pages to fill in and bring to your planning meeting.

A NOTE ON LANGUAGE

This guide is written in English. InLife supports families in Farsi, Urdu, Hindi, Punjabi and English, and this guide is published in eleven languages. Ask, and we will work in the language that suits your household. Interpreters are free at every NDIS meeting, and you never have to ask a family member to interpret their own health conversation.

What is in here

THE WORKBOOK IS YOURS

The last four pages are a workbook: your details, a map of your week, and space for your goals. Fill them in and bring this guide to your planning meeting. A planner who can see your week does not have to imagine it.

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SECTION ONE

About Bipolar Disorder

What bipolar disorder is, how it affects daily life, and where the NDIS fits in.

What is Bipolar?

Bipolar disorder is a mental health condition characterised by shifts in mood, energy and activity that go beyond ordinary ups and downs. People with bipolar disorder experience episodes of depression (low mood, low energy, loss of interest) and episodes of elevated mood — either mania (high energy, reduced sleep, racing thoughts, sometimes impaired judgement) or hypomania (a less severe form). Between episodes, many people experience periods of stable mood.

The NDIS uses the term psychosocial disability — the access pathway focuses on functional impact, not on the diagnosis itself. For bipolar disorder to meet the NDIS access test, the condition needs to be severe, recurrent and substantially affecting daily life — work or study, managing the home, social participation, self-care, and self-management. Many people with bipolar work, study, parent, lead organisations and contribute creatively to their communities. Recovery is non-linear but real.

Common signs and symptoms

- Episodes of depression — low mood, fatigue, loss of interest, changes to sleep and appetite.
- Episodes of mania (Bipolar I) — elevated mood, reduced need for sleep, racing thoughts, impulsivity, sometimes psychotic features.
- Episodes of hypomania (Bipolar II) — elevated energy and mood that may feel productive but disrupts sleep and judgement.
- Mixed episodes — features of both mania and depression at the same time.
- Disrupted sleep patterns, which often precede and trigger episodes.
- Sometimes anxiety or obsessive symptoms alongside mood episodes.
- Side effects from mood-stabilising medications — sedation, weight gain, tremor, cognitive slowing in some cases.

The medical context

- Diagnosis is made by a psychiatrist, usually after observing patterns over time — there is no blood test.
- Mood stabilising medications (lithium, valproate, lamotrigine, second-generation antipsychotics) are the cornerstone of treatment.
- Psychological therapy — CBT, Interpersonal and Social Rhythm Therapy (IPSRT), family- focused therapy — has strong evidence.
- Sleep regulation is one of the most reliable levers in bipolar management.
- Lifestyle factors (regular exercise, low alcohol use, structured routine) directly affect mood stability.
- Many people with bipolar are highly creative, productive professionals — diagnosis is not destiny.

BIPOLAR IS NOT

Bipolar is not 'mood swings'. The episodes are distinct, often lasting weeks, and substantially different from ordinary day-to-day mood. Bipolar is not a personality trait, not weakness, and not caused by life events alone — there is a strong biological component.

WHERE TO LEARN MORE

The Black Dog Institute and Bipolar Australia have plain-language resources. SANE Australia covers complex mental illness including bipolar. The Royal Australian and New Zealand College of Psychiatrists publishes lay information. Orygen leads research on youth and young-adult mental health.

How Bipolar Disorder can affect daily life

Everyone's experience of Bipolar is different. The list below covers areas the NDIS commonly funds support around — it is not a prediction. The conversation with your treating team and the NDIA Planner is what shapes your supports.

MOOD CYCLE

How your mood moves

Episodes are distinct from ordinary mood — they last weeks, change behaviour, and have early warning signs. The clinical team and OT work with you on recognising the pattern and responding early.

WORK AND STUDY

How you earn and learn

Many people with bipolar work in demanding professional roles. Workplace OT, flexible scheduling, return-to-work supports after episodes, and frank conversations with employers all help.

PHYSICAL HEALTH

How your body holds up

Mood stabilisers and second-generation antipsychotics affect weight, cardiovascular and metabolic health. EP, dietitian and GP coordination is built into the plan.

SLEEP AND RHYTHM

How your day is built

Regular sleep, regular meals, regular exercise — these are not lifestyle advice, they are clinical interventions in bipolar. The plan is built around supporting a steady daily rhythm.

RELATIONSHIPS

How you connect

Bipolar affects partners and families — family-focused therapy is evidence-based and funded. Carer respite, education, and peer connection are part of the plan.

IDENTITY AND CREATIVITY

How you stay you

Many people with bipolar are deeply creative — not because of the illness but alongside it. The plan respects creative work, professional ambition, family life and the things that make you yourself.

An ordinary life

A diagnosis of Bipolar is not a closed door. The NDIS exists to fund what each person needs to live an ordinary life — to work or study, to spend time with family, to participate in

> ***"Bipolar is part of who you are. With the right supports, it is not a barrier to who you become."***

INDEPENDENT LIFE · HOW WE BEGIN EVERY PLAN

What an ordinary life can look like

- their community, to enjoy the things they enjoy.
- What "ordinary life" looks like
- Working — part-time, full-time or self-employed
- Studying — TAFE, university, postgraduate
- Parenting, with the right family supports
- Driving, where it is medically safe
- Living independently with the right scaffolding
- Creative work — music, writing, art, performance
- Intimate relationships, friendships, family connection
- Faith community participation — gurdwara, mosque, church, temple
- Volunteering, leadership roles, peer mentoring
- Travel — domestic and international, with sleep planning

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SECTION TWO

The NDIS basics

What the scheme is, whether you can access it, and how to prepare for a planning meeting.

What is the NDIS?

The National Disability Insurance Scheme funds the supports a person needs because of disability. It is not income support and it is not health care.

THE WORD	WHAT IT ACTUALLY MEANS
National	It runs across the whole country, wherever you live.
Disability	It funds support for intellectual, physical, sensory, cognitive, neurological and psychosocial disability, where the functional impact is substantial and likely to be lifelong.
Insurance	It takes a lifetime view, investing earlier so that less support is needed later where that is possible.
Scheme	It funds what you need to build skills, stay independent and live an ordinary life.

Who runs it

The **NDIA** (National Disability Insurance Agency) makes funding decisions. The **NDIS Quality and Safeguards Commission** regulates providers, handles complaints and protects participant rights.

The NDIS in one sentence

It funds "reasonable and necessary" supports so you can live an ordinary life. What that means in practice is the conversation you will have at your planning meeting.

Can I access the NDIS?

The four basic rules

- You are under 65 when you apply.
- You are an Australian citizen, permanent resident, or hold a Protected Special Category Visa.
- You have a permanent disability that substantially affects how you do everyday activities.
- You need support in at least one of: communication, mobility, social interaction, learning, self-care, self-management.

How to apply

- Phone the NDIA on 1800 800 110 to request an Access Request Form.
- Your GP or treating team completes the evidence sections. They are usually the ones who can describe your functional impact.
- The NDIA aims to decide within 21 days of a complete form.

FOR BIPOLAR DISORDER SPECIFICALLY

Severe and chronic bipolar disorder can meet the NDIS access pathway as a psychosocial disability where the functional impact is substantial and likely to be permanent. Episodic conditions can still meet the permanence test where the underlying condition is enduring and the impact across the cycle is significant.

IF YOUR APPLICATION IS DECLINED

You can ask the NDIA for an **internal review** (a section 100 review) within three months of the decision. If you are still dissatisfied, you can apply to the **Administrative Review Tribunal** on 1800 228 333 or at art.gov.au. The ART took over this work from the AAT in October 2024, so older letters and websites may still use the old name. Many decisions are changed at the internal review stage once stronger evidence is supplied, so it is worth gathering evidence before you escalate.

Before the planning meeting

The planning meeting is where your first plan gets built with the NDIA. It runs about ninety minutes. Going in prepared changes what comes out.

ONE

Write your goals

Big and small. Where do you want to be in twelve months? In five years? Goals are written in everyday language, not medical terms.

TWO

Map your day

Use the workbook at the back of this guide. Note where help would change things, and be specific about the hard parts of the day.

THREE

Gather evidence

Functional Capacity Assessment, GP letters, hospital discharge summaries, allied health reports, current medication list.

FOUR

Bring someone

Family, an advocate or a support coordinator. You can ask for a free interpreter, and you should if English is not your first language.

EXAMPLE GOALS

Goals are written in everyday language, not medical terms. The NDIA accepts goals like "I want to be able to make my own breakfast" or "I want to volunteer at the local library."

At the planning meeting

The meeting is run by an NDIA planner or a Local Area Coordinator. Both can build your plan with you.

What they will ask

- Your personal details and how you would like to be contacted.
- Which community or mainstream supports you already use: GP, hospital, family, church, mosque, gurdwara, temple.
- Your safety at home and in the community.
- Your goals, for the next twelve months and beyond.
- The kind of support that would help you reach them.

What you can do

- Take your time. Pause, think, ask for the question again.
- Use pictures, photos or other communication aids.
- Have family or a support person speak on your behalf.
- Ask for an interpreter, at no cost to you.
- Decline to answer anything that feels invasive.

> **BRING THIS GUIDE**
>
> The workbook pages at the back are designed for this meeting. Filled in, they give the planner a coherent picture of who you are and what you need, without you having to hold it all in your head on the day.

“Reasonable and necessary” supports

Your plan is built from supports the NDIA considers reasonable and necessary. Reasonable means fair, taking into account what is already available to you. Necessary means you need it to live an ordinary life or work toward your goals.

A support must meet all six tests

- Related to your disability, not general living costs.
- Value for money, judged against the alternatives.
- Likely to be effective and beneficial, with evidence behind it.
- Takes into account informal supports: family, carers, community.
- Most appropriately funded by the NDIS, not by health, education or housing.
- Not a day-to-day living cost everyone has, such as rent, food or ordinary internet.

WHAT THIS LOOKS LIKE FOR BIPOLAR DISORDER

For severe bipolar disorder, supports that pass the test focus on relapse prevention, functional recovery and stable daily living. These commonly include psychosocial recovery coaching, support workers trained in mental health (consistent staff matter enormously), capacity-building therapies (psychology — especially IPSRT and CBT — OT, exercise physiology, dietetics), peer worker support, help with daily routines, sleep regulation supports, vocational and educational scaffolding, and family-focused supports.

Three ways to manage your funds

At the planning meeting you choose how your funding is paid out. You can change this at any time during the plan, and you can use a different method for different parts of your budget.

OPTION ONE

NDIA managed

The NDIA pays your providers directly. No paperwork for you, and no invoices to check. You can only use registered providers.

OPTION TWO

Plan managed

A plan manager processes invoices and tracks your budget. You can use both registered and unregistered providers. Plan management is funded by the NDIS on top of your other budgets, at no cost to you.

OPTION THREE

Self managed

You pay providers yourself and claim back from the NDIA. The most flexibility, including on price, and the most administration.

THIS IS YOUR CHOICE, NOT YOUR PROVIDER'S

Each option suits different households, and no provider should push you toward one. Ask your planner or Local Area Coordinator to talk you through the trade-offs, and change it later if it is not working. InLife works under all three.

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SECTION THREE

Your supports

The therapies, equipment and support workers the NDIS commonly funds for bipolar disorder.

Allied health for Bipolar Disorder

Allied health is the clinical layer of your supports — therapies and assessments delivered by registered professionals. For Bipolar, the disciplines most commonly funded are: Allied health is funded under Capacity Building — Improved Daily Living.

PSYCHOLOGY

Psychologist — therapy and pattern recognition

CBT, Interpersonal and Social Rhythm Therapy (IPSRT — strong evidence in bipolar), early warning sign work, relapse prevention planning. Works alongside the participant's psychiatrist.

PEER WORKER SUPPORT

Peer Worker — lived experience

Workers with their own lived experience of bipolar recovery, employed in a paid role to walk alongside participants. Practical wisdom that complements clinical care.

DIETETICS

Dietitian — metabolic health

Mood stabilisers and second-generation antipsychotics often cause weight gain and metabolic changes. Dietitian input supports long-term cardiometabolic health.

OCCUPATIONAL THERAPY

OT — routine and rhythm

Building sustainable daily routines, sleep hygiene, sensory regulation, vocational rehabilitation, return-to-work planning after episodes. Central to NDIS psychosocial plans.

EXERCISE PHYSIOLOGY

EP — physical and mental health

Regular exercise is one of the most reliable mood stabilisers. EPs build programmes that work across the mood cycle — sustainable in low-energy weeks, structured in high- energy ones.

SOCIAL WORK

Social Worker — family and systems

Family-focused therapy (evidence-based in bipolar), navigating systems (employment, Centrelink, housing), supported decision-making conversations, advance planning.

A NOTE ON FUNDING CATEGORIES

Allied health is funded under Capacity Building, Improved Daily Living, and is given to you in hours. You can use any registered allied health provider you choose. Hourly rates are capped by the NDIS price limits, so a provider cannot charge you above the cap. InLife coordinates allied health; we do not deliver it, and we are not registered for therapeutic supports.

Equipment commonly funded

The NDIS funds disability-related equipment under Capital, as assistive technology. These are the items most often funded for bipolar disorder.

EQUIPMENT	WHAT IT IS FOR
Mood tracking apps and tools	Daily mood, sleep and energy tracking — supports early recognition of episodes and conversations with treating team.
Sleep monitoring technology	Wearable sleep trackers — disrupted sleep is one of the earliest warning signs of an episode.
Medication management aids	Webster packs, vibrating watches, app-based reminders. Medication adherence is the single biggest relapse prevention factor.
Light therapy box	Bright light therapy is evidence-based for the depressive phase of bipolar and for seasonal patterns.
Wearable activity monitoring	Activity trackers support exercise routines, sleep patterns, and provide early data on emerging episodes.
Communication and reminder technology	Smartphone with structured calendar, alarm-based reminders for medication, appointments, sleep schedule.
Sensory regulation tools	Weighted blankets, noise-cancelling headphones — useful in both hypomanic overstimulation and depressive overwhelm.
Smart-home aids	Automatic lighting routines (supports circadian rhythm), automatic blackout for sleep, voice assistants for low-energy days.

How a request works

- An occupational therapist or other clinician assesses the need and writes a report.
- The report, with quotes where required, goes to the NDIA.
- Low-cost items can come straight out of an existing budget. Higher-cost items need the assessment and approval first.

Home modifications

Minor home modifications cost up to $20,000 and do not change the structure of the home. **Complex** modifications go beyond that, or affect the structure, and the NDIS funds a building construction practitioner to work alongside your home modification assessor. Neither is the same thing as Specialist Disability Accommodation, which is a separate funding stream for purpose-built housing.

Support workers, the everyday backbone

Support workers help with the daily tasks that disability makes harder: personal care, getting to appointments, cooking, medication prompting, community access, staying connected.

Most participants have a named team of three to five workers across the week. The right team feels like a small group of familiar people who know how you like things done, not a roster of strangers.

What good looks like

- The same workers week after week, not whoever is free that day.
- Workers who speak your home language at the door.
- Respect for your faith, dietary practice and household norms.
- Trained on your specific clinical needs before the first shift.

And what you should expect

- Backup workers you have met and approved in advance.
- Shift notes shared within 24 hours, in plain language.
- One escalation point when something is wrong.
- The right to change your team without having to explain why.

> **THE INLIFE MEET-AND-APPROVE PROMISE**
>
> No worker meets a participant for the first time on a shift. You meet them, you decide, then we roster. That holds across every plan we deliver.

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SECTION FOUR

Why InLife

How we roster, how we match workers to households, and what we commit to.

How InLife is different

Plenty of providers fill shifts from a rotating casual pool drawn across several agencies. For someone living with bipolar disorder, that is the wrong shape. We roster deliberately instead: a named team around each household, and no worker on a shift the household has not already met and approved.

CONSISTENCY

The same workers

A named team who know your routine, your preferences and your clinical needs. No strangers on a Tuesday because somebody called in sick.

LANGUAGE

Your language at the door

Our team works in Farsi, Urdu, Hindi, Punjabi and English. Workers are matched to the language your household actually speaks, including the language you fall back on when you are tired or unwell.

ONE POINT OF CONTACT

No call trees

One phone number and one email, both reaching the managing directors. No agency switchboard, and no “someone will get back to you”.

RECORDS

Written so you can read them

Every shift note and every report written in plain language, and a monthly summary of what has been used, copied to your support coordinator.

REGISTERED, AND VERIFIABLE

InLife is a registered NDIS provider, regulated by the NDIS Quality and Safeguards Commission, covering Core supports, Module 1 high-intensity daily personal activities and Module 2A behaviour support plan implementation. Every registration group is public on the Commission's provider register. We do not deliver therapeutic supports or Specialist Disability Accommodation, and we will tell you so rather than stretch to fit.

Independent Life

WHY INLIFE

How we match workers to households

Matching is the part most providers skip. We treat it as the most important conversation we have with a new household.

ONE

Language

The languages spoken at home, including the one a person reaches for in moments of stress or confusion.

TWO

Gender

Cultural and personal preferences about who delivers personal care, taken as a requirement rather than a preference.

THREE

Cultural fit

Faith observance, dietary practice, household norms and family hierarchy.

FOUR

Clinical competency

The specific skills the person's support requires: medication, transfers, mealtime management, seizure response.

FIVE

Geography

Close enough that workers arrive on time and stay reliable over a long placement.

SIX

You decide

We shortlist, you meet them, you approve. Only then do we roster. If it is not working, say so and we change it.

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SECTION FIVE

Resources & next steps

Where to turn, how plan reviews work, your rights, and the words the NDIS uses.

Where to turn

About the NDIS

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
NDIA	1800 800 110 · ndis.gov.au	Access decisions, plan reviews, general NDIS enquiries.
NDIS Commission	1800 035 544 · ndiscommission.gov.au	Complaints about providers and workers, conduct, restrictive practices.
Administrative Review Tribunal	1800 228 333 · art.gov.au	External review of NDIA decisions after an internal review. Took over from the AAT in October 2024.
Disability Advocacy Network	1300 365 085 · da.org.au	Independent advocacy when you feel unheard.
TIS National	131 450	Free interpreting, in more than 150 languages.

For Bipolar Disorder specifically

ORGANISATION	HOW TO REACH THEM	WHAT THEY DO
Bipolar Australia	1300 651 050 · bipolaraustralia.org.au	Bipolar-specific peak body. Information, peer support groups, family resources, advocacy.
Black Dog Institute	02 9382 4530 · blackdoginstitute.org.au	Mood disorders research and education centre. Online self-help, courses, lived-experience resources.
SANE Australia	1800 187 263 · sane.org	National peak body for complex mental illness. Helpline, online community, peer support.
Beyond Blue	1300 224 636 · beyondblue.org.au	24/7 mental health support and information line. Free counselling, online forums, resources.
Mental Health Carers Australia (national.	mentalhealthcarersaustralia.org.au — for.	National peak body representing mental health carers, family and kin.
Lifeline (24/7 crisis)	131114·lifeline.org.au	24-hour crisis support and suicide prevention service. Free and confidential.

Reviewing your plan

About two months before your plan ends you will be contacted to begin a reassessment. This is your chance to reshape supports around the year you have actually had.

Questions worth bringing

- What worked? What did not?
- Which goals did you reach, and which need more time?
- Where did you underspend or overspend, and why?
- Are your funding categories the right shape?
- Has your clinical picture changed?

Reasons to ask early

- A hospital admission or a significant clinical change.
- You need more support hours than the plan funds.
- Equipment you did not know you needed at the start of the year.
- A change in informal supports, such as losing a primary carer or moving house.

> **BRING EVIDENCE, NOT ARGUMENT**
>
> Shift notes that show the gap, allied health reports, hospital letters. Your support coordinator can help you build the case. InLife will provide every shift note and report you need, and we do not charge you for asking.

Your rights, and raising a concern

As an NDIS participant you have the right to

- Decide what supports you receive, and from whom.
- Be treated with dignity and respect.
- Receive supports that are safe and culturally appropriate.
- Get information in your preferred language.
- Make a complaint without losing supports.
- Choose someone to act for you: a nominee, an advocate or a guardian.
- An interpreter, at no cost.

If something is wrong

About a decision	NDIA · 1800 800 110
About a provider or worker	NDIS Commission · 1800 035 544
About InLife specifically	admin@independentlife.au, which reaches both managing directors
To appeal an NDIA decision	Internal review first, then the Administrative Review Tribunal · 1800 228 333
Independent advocate	Disability Advocacy Network · 1300 365 085
Interpreter	TIS National · 131 450

COMPLAINING IS PROTECTED

Raising a complaint is a legally protected action. No provider may reduce your support, treat you differently, or end your service because you complained. That is enforced by the NDIS Commission, and it applies to us as much as to anyone else.

The words the NDIS uses

ARF	Access Request Form. What you submit to apply.
ART	Administrative Review Tribunal. Reviews NDIA decisions after an internal review. It took over from the AAT in October 2024, so older paperwork may use the old name.
Core	The flexible budget covering daily personal care, community access and consumables.
Capacity Building	Funding to build skills: allied health, support coordination, employment supports.
Capital	Funding for equipment and home modifications. It cannot be moved to other categories.
FCA	Functional Capacity Assessment. A clinician's report on what you can and cannot do day to day.
LAC	Local Area Coordinator. An NDIA partner who can build your plan with you.
NDIA	National Disability Insurance Agency. Makes the funding decisions.
NDIS Commission	NDIS Quality and Safeguards Commission. Regulates providers and handles complaints.
Plan manager	A third party who processes invoices and tracks your budget for you.
SC	Support Coordinator. A funded role that helps you put your plan into practice.
SDA	Specialist Disability Accommodation. A separate funding stream for purpose-built housing. It is not a home-modification threshold.

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SECTION SIX

Your workbook

Pages to fill in and take with you. Your details, your week, and your goals.

About me

Take this page to your planning meeting. The planner will want to know who you are before deciding what supports you need.

MY NAME

NDIS NUMBER

DATE OF BIRTH

PHONE

MY ADDRESS

PERSON HELPING ME

THEIR RELATIONSHIP TO ME

MY LANGUAGES

CULTURAL BACKGROUND

MY GP

MY SPECIALIST OR TREATING TEAM

EMERGENCY CONTACT

My week

Sketch a typical week as it is now, and mark the points where help would change things. The gaps are the argument.

Monday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Tuesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Wednesday

MORNING

AFTERNOON

EVENING

OVERNIGHT

My week, continued

Thursday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Friday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Saturday

MORNING

AFTERNOON

EVENING

OVERNIGHT

Sunday

MORNING

AFTERNOON

EVENING

OVERNIGHT

My goals

Three things you want, and what would have to be true for you to do them. Written in your words, not clinical ones.

My top three goals for the next twelve months

1 ______

2 ______

3 ______

Three things I need to be able to do them

1 ______

2 ______

3 ______

QUESTIONS TO ASK ON THE DAY

What did you fund, and why that amount? Which budget does each support come from? What happens if my needs change mid-plan? Who do I contact if something is not working? When does this plan end?