



# Fact sheet for patients: Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative aims to improve outcomes for people with a clinically diagnosed mental disorder through evidence-based treatment. Under this initiative, Medicare benefits are available to eligible patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered), eligible social workers, occupational therapists and other prescribed medical practitioners.

## What Medicare services can be provided under the Better Access initiative?

Medicare benefits are available for up to 10 individual and 10 group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan (MHTP) or
- Under a referred psychiatrist assessment and management plan (PAMP) or
- A psychiatrist or paediatrician.

Mental health services under this initiative include psychological therapy services provided by clinical psychologists and focussed psychological strategies services provided by appropriately qualified GPs and eligible psychologists, social workers and occupational therapists.

Psychiatrists and paediatricians can directly refer patients with mental disorders to Better Access for allied mental health services without a MHTP or PAMP. Health Professionals are free to determine their own fees including whether to bulk bill patients for the professional services they provide. Charges exceeding the Medicare benefit are the responsibility of the patient.

## What are the eligibility requirements?

The Better Access initiative is available to patients who have been assessed by a GP, psychiatrist or paediatrician as having a mental disorder who would benefit from a structured approach to the management of their treatment needs.

A mental disorder<sup>1</sup> means a significant impairment of any or all of an individual's cognitive, affective and relational abilities that:

- (a) may require medical intervention; and
- (b) may be a recognised, medically diagnosable illness or disorder; and
- (c) is not dementia, delirium, tobacco use disorder or mental retardation.

## How can I access these services under Medicare?

### Step 1:

Visit your GP, psychiatrist or paediatrician who will assess whether you have a mental disorder and are eligible to receive Better Access services.

You can be referred for, and receive Medicare benefits for Better Access allied mental health services once you have:

- a GP MHTP in place, or
- are being managed by a health practitioner under a referred psychiatrist assessment and management plan (PAMP), or
- have been referred by a psychiatrist or paediatrician.

All patients require a current MHTP or PAMP where relevant, to claim a Medicare benefit for Better Access services. A MHTP or PAMP may be provided to the allied mental health provider with the referral. A MHTP does not expire and a referral is valid until the referred number of sessions have been completed, regardless of whether a patient chooses to change their allied mental health provider or services.

### Step 2:

If you are eligible to receive Better Access services, you can receive an initial treatment course of up to a maximum of **six** allied mental health services comprising either psychological therapy services provided by an eligible clinical psychologist and / or focussed psychological strategies by an eligible allied mental health professional. These services can be individual or group therapy sessions, or a combination of both. Your referring practitioner will use their clinical discretion to determine the number of allied mental health services you will be referred for, up to a maximum of **six sessions** in any one referral.

### Step 3:

Patients referred to Better Access are eligible for Medicare benefits for a maximum of 10 individual and 10 group allied mental health services each calendar year. There is nothing precluding patients from accessing more than 10 individual and 10 group allied mental health services in a calendar year, however, Medicare benefits are only available for a maximum of 10 individual and 10 group allied mental health services each calendar year.

Depending on your health care needs and following the initial course of treatment (a maximum of **six** sessions on your initial referral), you can return to your GP, psychiatrist or paediatrician and obtain a new referral for up to an additional **four** sessions in line with a total of **10 individual treatment services a patient can receive Medicare benefits for per calendar year**.

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<sup>1</sup> Diagnostic and Management Guidelines for Mental Disorders in Primary Care (ICD-10, Chapter 5, Primary Care Version), developed by the World Health Organisation, 1996

Whether you have a clinical need to access additional MBS allied health services will be determined by your treating health practitioner. Consideration will also be given to the written report received from the allied mental health professional at the completion of your initial course of treatment. At this time, a review of your GP MHTP, or PAMP where relevant, may also be undertaken to ascertain whether your clinical needs have changed.

If you require more than 10 Better Access services in a calendar year, talk to your GP and/or treating practitioner about other alternative options available, including services available through Primary Health Networks (PHNs) and Medicare Mental Health Clinics. To find your local PHN and what services may be available in your region, go to [www.health.gov.au/phn](http://www.health.gov.au/phn) and use the map locator to search for your postcode. For more information on Medicare Mental Health Centres, you can make a free call to the Head to Health Phone Service on 1800 595 212.

## Changes to the Better Access Initiative

MBS telehealth services introduced on a temporary basis in response to the COVID-19 pandemic were made permanent as of [1 January 2022](#). This means that eligible Australians can access telehealth, regardless of their location in Australia, where it is safe and clinically appropriate to do so. The same limits with respect to the number of Better Access services available in a calendar year still apply.

There are also several MBS items for the provision of group psychological therapy and focussed psychological strategies services offered via video conference to improve access to services for people in rural, remote and very remote locations. Geographic eligibility for these services is determined according to Modified Monash Model (MMM 4-7) classifications. Eligible patients must be located within an MMM4-7 area at the time of the telehealth service.

While there are no restrictions on the allied mental health provider's (AMHP) location, a patient and an AMHP must be located a minimum of 15 kilometres apart at the time of the service, as measured by the most direct route by road. The patient or AMHP is not permitted to travel to an area outside the minimum 15 kilometre distance in order to claim a video attendance item when using these items. More information about the Modified Monash Model areas 4-7, including links to a search tool to identify the classification of a specific location, is available via:

[https://www.health.gov.au/Modified Monash Model](https://www.health.gov.au/Modified_Monash_Model).

Note: these group MBS items are for video attendances only and cannot be used for telephone attendances.

From 1 March 2023, a patient's family and carer(s) can access **two** Better Access services as part of the patient's course of treatment. These two services will count towards:

- the maximum **six** session limit for each course of treatment
- the patient's calendar year allocation of 10 individual services under Better Access.

For example, where a patient has a referral for six sessions in a course of treatment, and two of these sessions are provided to the family member or carer, the patient can receive up to four sessions before returning to their referring practitioner for another referral (as appropriate).

To be eligible, the patient must have been referred by:

- a medical practitioner as part of a MHTP or PAMP, or
- a psychiatrist, or
- a paediatrician.

More information on Family and Carer Participation under the Better Access Initiative can be found via: [https://www.health.gov.au/Family and Carers Participation under Better Access](https://www.health.gov.au/Family_and_Carers_Participation_under_Better_Access).

## Further information

Further information on the Better Access initiative is available via:

<https://www.health.gov.au/Better Access Initiative>.

Information regarding eligibility, claiming and payment processes can be obtained from Services Australia on 132 011 or on the [Medicare website](#).