



Australian Government
Department of Health and Aged Care

Australian Government response to the *Better Access* evaluation



Overview of the Better Access evaluation

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS)* initiative (Better Access) aims to improve the treatment and management of mental illness in the community.

Under Better Access, patients can access Medicare-rebated mental health services provided by general practitioners (GPs), non-vocationally registered medical practitioners (non-VR MPs), psychiatrists, clinical psychologists, psychologists, social workers and occupational therapists. Approximately 1.3 million people receive psychological therapy through Better Access each year.

The University of Melbourne evaluated Better Access from August 2021 to December 2022. The evaluation aimed to understand if Better Access improves health outcomes, increases access to mental health care, and how it could be improved.

The evaluation comprised 10 studies and drew on administrative data; longitudinal studies; surveys of consumers, providers and referring practitioners; qualitative interviews; and a consultative forum.

Many stakeholders provided input and advice on issues related to Better Access, including professional bodies and associations, mental health care specialists, and consumer and carer representatives.

The evaluation was supported by a Stakeholder Engagement Group, with representation across the mental health sector including people with lived experience of mental illness. A Clinical Advisory Group (CAG) also provided advice and guidance on clinical matters. The CAG included mental health care specialists from clinical psychology, psychology, social work, occupational therapy, general practice and psychiatry backgrounds.

In December 2022, the independent evaluators delivered their report to Government, containing 16 recommendations. These aimed to maintain positive results for people who benefit from clinical services and increase access for people unable to use the initiative now. These included recommendations to:

- build multidisciplinary and complementary models of care
- align treatment under Better Access with clinical need
- better support GPs to refer patients to a range of services.

The evaluation can be found on the Department of Health and Aged Care's website at www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report.

Overview of the Government Response

The Australian Government welcomes the findings of the evaluation. The Government is committed to delivering a more equitable, comprehensive and sustainable mental health system.

Almost half of all Australians will experience a mental disorder in their lifetime. All Australians should be able to access the mental health care they need, no matter where they live or what they earn.

The Better Access evaluation provides a valuable contribution to the policy considerations about the mental health system in Australia. Key themes from the evaluation reflect the findings of successive inquiries into Australia's mental health system. This includes the Productivity Commission Inquiry Report on Mental Health and the Select Committee on Mental Health and Suicide Prevention. There are significant gaps in services for people with mild mental health concerns and limited supports available for people with complex needs. The mental health system is fragmented and difficult to navigate. The system needs to evolve and move away from episodic care to holistic, person-centred and integrated care.

The Better Access evaluation and this response focuses on a range of reforms to improve the mental health of Australians.

Consultation and engagement

The Government is grateful for those who shared their time and expertise throughout and following the evaluation. Their input has informed the Government's response to the Better Access evaluation and broader mental health reform.

The Government held the Mental Health Equity and Access Forum (forum) on 30 January 2023, bringing together almost 80 experts, clinicians, service providers, researchers and people with lived experience of mental ill-health.

On 22 February 2023, the Minister for Health and Aged Care, the Hon Mark Butler MP, and the Assistant Minister for Mental Health and Suicide Prevention, the Hon Emma McBride MP, held a targeted workshop to consider solutions to respond to the findings of the evaluation. The workshop was attended by system experts, clinicians, and people with lived experience of mental ill-health.

The Minister for Health and Aged Care and the Assistant Minister for Mental Health and Suicide Prevention then established the Mental Health Reform Advisory Committee (Advisory Committee) to continue this critical work. The Advisory Committee has explored opportunities for mental health reforms under four themes:

- distributional equity of mental health care
- low intensity services and models of care
- solutions for people with complex needs
- triage, assessment and referral.

Throughout consultation, participants have emphasised the importance of applying a whole-of-system lens to mental health reform. This requires considering solutions to not only Medicare-subsidised services, but also to services across the system – from early intervention services to multidisciplinary services for people with complex needs.

These discussions helped inform the Government's investment of \$888.1 million over 8 years from 2024-25 through the 2024-25 Budget to respond to the Better Access evaluation and strengthen Australia's mental health system.

This builds on previous investment of \$586.9 million in the mental health system through the 2023-24 Budget to lay the foundations for reform by:

- addressing critical workforce shortages
- extending essential services
- ensuring vulnerable and disadvantaged groups can access the care they need.

A further \$475.1 million was provided in the 2023-24 Mid-Year Economic and Fiscal Outlook (MYEFO) for national crisis services and digital mental health program reform.

These investments provide the first steps towards the long-term goal of an equitable, integrated and fit-for-purpose mental health system.

The Government will continue to listen and work in partnership with stakeholders to implement the response to the Better Access evaluation. This includes people with lived and living experience of mental ill-health including the national mental health lived experience peak bodies once established, the mental health sector and state and territory governments.

System-wide challenges

Australia's mental health system is facing the same deep, structural challenges as the broader health system. This includes workforce shortage and retention, increasing chronic disease burden, and changes in patient needs.

The Better Access evaluation has been delivered at a time of significant health reform to better support the health and wellbeing of Australians. Key activities underway across Government include the:

- re-negotiation of the National Health Reform Agreement and National Mental Health and Suicide Prevention Agreement (National Agreement)
- National Disability Insurance Scheme (NDIS) Review including the creation of Foundational Supports
- Royal Commission into Defence and Veteran Suicide
- continued response to the Royal Commission into Aged Care Quality and Safety
- Unleashing the Potential of our Health Workforce – Scope of Practice Review
- implementation of the Strengthening Medicare Taskforce report.

These processes, alongside existing mechanisms to support the ongoing review of Medicare services, present opportunities to consider system-wide issues raised in the evaluation. These include workforce issues, affordability and increasing cost of healthcare, outcomes measurements, and the interface between mental health and other systems, including the NDIS and aged care.

Addressing these broader challenges requires a staged approach to minimise unintended consequences and foster sustainable cultural change. The Government's response to the Better Access evaluation provides a platform for broader system reform.

Toward an equitable and integrated mental health system

A whole-of-system response is required to meet Australia's mental health care needs.

Stakeholders have been clear; mental health services need to be reviewed and reformed as a whole-of-system initiative. The MBS is only part of the solution. Mental health reform needs to consider fundamentals such as the workforce, and invest in complementary models of comprehensive, person-centred care and a mix of public and private services.

This response provides a strong platform for the next stage of reform, including continued collaboration with states and territories to develop an integrated system of care, psychosocial reform under the National Agreement and its intersections with Foundational Supports. It

provides time to consult, build and evaluate new services, and improve the targeting and reach of existing services to prevent gaps.

The Government supports 7 recommendations (1, 2, 3, 7, 8, 13 and 15), which have already been or are in the process of being implemented. The Government supports in-principle 2 recommendations (6 and 11) as the themes of these recommendations are being implemented or considered through work underway. The Government notes 6 recommendations (4, 5, 9, 10, 14 and 16) and will further consider the issues as appropriate.

The Government does not support one recommendation (12) to introduce additional treatment sessions as part of a tiered model under Better Access. The Government is committed to finding a fairer approach to addressing the challenges of supporting people with severe and complex needs.

Key findings and response

Complementary service delivery models

Better Access was introduced in 2006 to increase access to mental health care and improve outcomes for people with mild to moderate mental health conditions. Since this time, the reach of Better Access has increased substantially, and demand is significantly outstripping supply.

The Better Access evaluation confirmed that there is a mismatch between who is accessing Better Access services and level of need. First Nations peoples, people from rural and remote areas, and people on low incomes are less likely to access treatment, despite experiencing higher levels of distress.

For some people, Better Access may not be enough or the best treatment option. More complementary services that are integrated with Better Access are needed to improve care.

The Better Access evaluation found the initiative does not serve people with complex needs well. This cohort require more intensive, comprehensive and holistic support to keep them well and safe in the community.

The Advisory Committee noted Primary Health Networks (PHNs) and centre-based services help bridge the gap in service access for people underserved by the MBS. PHN commissioned services are either free or low cost.

In contrast, the Productivity Commission estimates that up to 2 million Australians are being treated with medication and/or individual therapy that are more costly for them than what is necessary for their needs. The Productivity Commission estimated that some Australians are not accessing any care and would benefit from low intensity support. This would help manage demand for more costly and already stretched clinical treatment services.

Government response

- *The Better Access evaluation recommended (**Recommendation 1**) that models of service delivery that complement Better Access are warranted. For those with severe and complex needs, Better Access should be supplemented by other multidisciplinary models that not only provide more intensive, longer-term clinical care but also offer holistic support for dealing with life's complexities. For those with lower levels of need, less intensive options (e.g. digital services) should be explored. The way in which combinations of these models might work for consumers, providers and funders should be carefully evaluated.*
- *The Government supports the recommendation.*

Through the 2024-25 Budget, the Government is providing \$588.5 million over eight years from 2024-25 and \$113.4 million per year ongoing for a new national early intervention service for people experiencing mild mental health concerns or transient distress. This service will be free and can be accessed without a diagnosis or referral. People will be able to access cognitive behavioural therapy sessions through phone or video, delivered by a trained workforce. Online tools and resources will also be available for people to work through at their own pace, in their own time.

The Government is also investing in complementary models to provide additional multidisciplinary care to those who need it.

As part of the 2024-25 Budget, the Government provided \$29.9 million over four years from 2024-25 to improve the effectiveness and reach of the nationwide network of adult mental health centres (Medicare Mental Health Centres). This includes increasing access to free psychology and psychiatry services, particularly in regions of workforce shortages.

For people who need support for complex needs, PHNs will be funded \$71.7 million over four years from 2024-25 to bring on mental health workers to provide free wraparound care for people in general practices and other primary care settings.

Workforce capacity, composition and distribution

Two of the evaluation's recommendations relate to the mental health workforce.

The Better Access evaluation identified that many Better Access providers are at capacity. This is negatively impacting the availability of services and wait times for care. The current distribution of the workforce also means people in regional, rural and remote areas and low socio-economic areas are least able to access care, and when they do, must wait longer.

Government response

- *The Better Access evaluation recommended (**Recommendation 2**) that means of addressing workforce capacity and composition issues should be considered in the context of the National Mental Health Workforce Strategy and the complementary service delivery models noted above. Improved tailoring of the program would be likely to reduce overall demand and allow consumers' needs to be better matched to providers' training, levels of experience and scopes of practice.*
- *The Government supports the recommendation.*

The Government is committed to building a mental health workforce that is fit for purpose, supports people to work to their scope of practice, and makes the best use of a diverse and multi-skilled workforce. Transforming the mental health system into a stepped care model will improve equity of access including for those in regional, rural and remote areas.

Addressing systemic workforce issues requires long-term planning and investment, with coordinated action across all governments. Under the National Mental Health and Suicide Prevention Agreement, all governments committed to the development and implementation of the 10-year *National Mental Health Workforce Strategy 2022-2032* (Strategy).

The Strategy was released in October 2023. It outlines an agreed vision and roadmap to build a sustainable workforce that is skilled, well-distributed and supported to deliver mental health treatment, care and support for all Australians when and where they need it. The Government is working with all state and territory governments, alongside First Nations and lived experience representatives, to guide implementation of the Strategy through the National Mental Health Workforce Working Group.

While this work is underway, the Government has made significant investments in the training pipeline. Through the 2023-24 Budget, the Government invested \$109.1 million to address bottlenecks in the psychology pipeline, grow the mental health workforce and upskill the broader health workforce in mental health.

The 2024-25 Budget will build on this investment by further diversifying the mental health workforce and mobilising additional or alternative workforces. Peer workers are an important part of a person-centred approach to mental health care, support and recovery. As part of the 2024-25 Budget, the Government announced funding for a national census and a new national peer workforce association to unlock the potential of the critical lived experience workforce. This builds on the Government's previous investment through the Mental Health Peer Workforce Scholarship Program to support 390 peer workers undertake a Certificate IV in Mental Health Peer Work.

A varied, skilled and supported mental health workforce is critical to reform. The Government will also fund the exploration of a psychology assistant role in the mental health workforce, including in the delivery of early intervention support.

The Government has also invested in the clinical mental health workforce by funding the Psychiatry Workforce Program (PWP) addressing actions under the Strategy to increase the

psychiatry workforce, particularly in rural and remote areas. The PWP aims to increase the number of Aboriginal and Torres Strait Islander psychiatry trainees, promote psychiatry to medical graduates through early engagement of medical students, and develop a nationally recognised Certificate of Psychiatry for medical practitioners, including general practitioners (GPs) and emergency medicine specialists to grow and diversify the workforce.

The Government is also committed to supporting the existing workforce and reducing the effects of burn out and distress. As part of the 2024-25 Budget, the Government has extended critical programs including:

- Drs4Drs, a confidential counselling and crisis support service for doctors, medical students, their partners and spouses
- Black Dog Institute's The Essential Network, supporting access to digital mental health programs and individual sessions with clinical psychologists, psychiatrists or peer workers
- Hand-N-Hand Peer Support, offering free confidential peer support for health professionals.

Government response

- *The Better Access evaluation recommended (**Recommendation 3**) that workforce distribution issues – particularly the lack of providers in rural and remote areas – should also be considered in the context of the National Mental Health Workforce Strategy. Broad measures to recruit and retain providers in rural and remote areas are likely to be more successful than ones that are tied to the MBS.*
- *The Government supports the recommendation.*

In the 2024-25 Federal Budget, the Government is investing \$71.7 million over four years from 2024-25 for PHNs to design and deliver multidisciplinary services for people with severe or complex needs in primary care settings including general practices and Aboriginal Community Controlled Health Services (ACCHOs).

Social workers, occupational therapists, tertiary-qualified counsellors and psychotherapists, mental health nurses, First Nations health workers, and peer workers will provide clinical and non-clinical supports tailored to individual needs. This may include coordination and navigation, case management, brief interventions, psychosocial support, and social prescribing.

PHNs will be able to choose the most appropriate funding and delivery mechanism to suit local needs and market conditions. This initiative will support all 31 PHNs, covering all regional, rural and remote areas in Australia. This leverages previous investment of \$79.4 million over four years from 2023-24 as part of the Strengthening Medicare reforms to increase PHNs' commissioning of allied health and nursing services in underserved and disadvantaged communities. As part of the 2024-25 Budget, the Government's Strengthening Medicare agenda will also boost funding for extra Urgent Care Clinics and increase the supply of healthcare in areas of shortage. This complements the Government's previous commitments to improve primary care in rural and regional Australia.

This initiative will address priority areas for action identified in the National Mental Health Workforce Strategy 2022-2032 including strengthening coordinated care, collaboration and multidisciplinary ways of working within and between the mental health, wider health and social service workforces and enabling greater participation of the lived experience (peer) workforce.

Through the 2023-24 Budget, the Government has invested in growing the availability and capability of the mental health workforce, including addressing issues of maldistribution. Key measures include \$91.3 million to address bottlenecks in the psychology training pipeline

through additional postgraduate psychology places, internships and supervisor training places, and \$17.8 million to upskill the broader health workforce in mental health.

Fifty per cent of psychology internships and supervisor training places will be allocated to priority groups, including people from regional, rural and remote areas.

Additionally, the National Mental Health Pathways to Practice Program Pilot is providing over 1600 mental health placements for psychology, nursing and allied health students and graduates in non-acute mental health settings. This program aims to boost the training pipeline into the mental health sector, including in regional, rural and remote locations.

The Government is also investing an additional \$40.5 million over four years (2021-22 to 2025-26) to increase the psychiatry workforce through the PWP. A key objective of PWP is to increase the psychiatry workforce in rural and remote areas across Australia. This includes funding to support up to 30 FTE training posts per year and development of a Certificate of Psychiatry to broaden the skill sets of GPs and other medical practitioners to confidently deliver higher levels of mental health care in a range of health settings.

Therapies available through Better Access

The Better Access evaluation noted stakeholders agreed Better Access was too restrictive in addressing the different therapeutic needs of different cohorts, and in supporting multidisciplinary and holistic models of care. However, the evaluation found stakeholders did not agree on how Better Access should change.

The Government is committed to making it easier for people to access a range of services that meet both their mental and physical health needs. Changes to allow GPs to use MBS standard consultation items to review mental health treatment plans and deliver mental health care will help GPs consider and treat patients' mental health and physical health needs together.

The Government is also acting to improve the integration between MBS-subsidised mental health services and allied health services for people with a chronic condition and complex care needs with a GP Management Plan. The Government will update guidance to promote access to a broader range of MBS-subsidised allied health services for patients with chronic mental health conditions, such as dietetics and exercise physiology services. This recognises that people with mental illness are more likely to have a range of physical health conditions such as cardiovascular disease, metabolic syndrome and diabetes.

The Government appreciates the diversity of views in the mental health and health sectors on access to and rebates under the MBS for different professional groups and types of therapies.

Government response

- *The Better Access evaluation recommended (**Recommendation 4**) that additional psychological therapies could be added to the list of approved therapies under Better Access, providing that they meet National Health and Medical Research Council (NHMRC) Level 1 or 2 evidence standards.*
- *The Government notes the recommendation.*

The Medicare Benefits Schedule (MBS) Continuous Review was established in 2021 to ensure the MBS supports high-quality care, equity of access, and reflects contemporary practice and emerging evidence. This program assurance mechanism involves reviews of existing MBS items and consideration of new services that do not require a Health Technology Assessment via the Medicare Services Advisory Committee. Government consideration of changes to MBS items involves consideration of the most suitable pathway of assessment, whether that be via the Medicare Services Advisory Committee (MSAC) for new MBS items that require Health Technology Assessment or the MBS Continuous Review.

In line with the Strengthening Medicare Taskforce Report, the Government has funded an independent review of the barriers and incentives for primary care professionals working to their full scope of practice. The *Unleashing the Potential of our Health Workforce - Scope of Practice Review* has identified the dominance of the MBS as a health funder in Australia as a factor. The Review is being conducted in four phases between September 2023 and October 2024, and will inform future policy directions.

The Government has also commissioned the Australian Psychological Society to carry out a review of the evidence base for psychological interventions used in the treatment of mental disorders. The review will update and incorporate relevant research on psychological treatments and interventions for mental illness since 2018.

Referring people to the most appropriate care

The Better Access evaluation found people who benefit most from Better Access are those with more severe symptoms, or high levels of psychological distress. The evaluation also found that while some people in need are missing out, there are substantial numbers of people with lower levels of need receiving treatment who may be better supported by low intensity services.

Properly targeting Better Access is critical to people accessing clinically appropriate treatment for their level of need in line with a stepped care model of mental health. The Government recognises that people often first present in general practice to seek help with their mental health. However, unlike other areas of health, there has not been a routine use of triage tools to objectively determine the level of care a person initially requires.

The Advisory Committee has acknowledged the potential gains from moving towards a consistent triage, assessment and referral process. The Advisory Committee has noted the complexities of implementing decision support tools for mental health into primary care workflow.

Government response

- *The Better Access evaluation recommended (**Recommendation 5**) a tool like the Initial Assessment and Referral Decision Support Tool (IAR-DST) could be used to inform and better target the mental health treatment plan, in order to direct people towards (or potentially away from) Better Access services based on their level of need. Appropriate training and support for GPs would be required, as would suitable mechanisms for recompensing GPs for appropriate triage and referral.*
- *The Government notes the recommendation.*

The Government is taking steps to redesign Better Access to support GPs to deliver mental health care, and ensure clinical treatment is targeted to those who need it most. The Government will develop comprehensive guidance for referring practitioners, in consultation with the sector, to support best practice assessment of patients and refer people to the most appropriate services within and outside of Better Access.

Implementation of the Initial Assessment and Referral Decision Support Tool for Mental Healthcare (IAR-DST) as a decision-making tool for GPs has had variable success with different cohorts but has not been taken up at expected rates. Implementation evidence and feedback indicates that experienced GPs are more likely to make a decision on a person's treatment and support requirements based on their own self-assessment while less experienced GPs benefit from decision support tools like the IAR-DST. The Government is focussing on educating GPs on the stepped system of care for mental health and various treatment options available to patients. The Government will also work with the primary care sector to develop further resources and training and support GPs to make greater use of the full range of possible treatment options both within and outside Better Access.

Government response

- *The Better Access evaluation suggests (**Recommendation 6**) that GPs should be supported to refer to the most appropriate providers within Better Access and to a broader range of services (particularly low intensity services) outside it. Up-to-date service directories that list allied health professionals providing services within Better Access and point to high quality digital services might be one means of doing this.*
- *The Government supports in-principle the recommendation.*

A national communications campaign for health professionals and the public will help promote trust, confidence, and uptake of new and expanded mental health supports and services including the new national early intervention service and Medicare Mental Health Centres.

This will build on work underway, including the \$8.9 million provided in the 2023-24 MYEFO process to modernise digital mental health service navigation and referrals. As part of this, a sector-led consortium is developing advice to government on digital solutions that will better help people navigate digital services to get the support they need for their level of distress. This will foster greater collaboration across the sector and reduce system fragmentation.

The national Head to Health website and inbuilt navigation service will continue to be maintained while the consortium undertakes this work.

The IAR-DST provides a framework to guide mental health assessment. It aims to provide a consistent approach for health professionals to determine the level of care each patient needs, based on the least intensive and least intrusive intervention that will lead to the most significant possible gain. It is designed to complement health professionals' clinical judgement and patient preferences and choice. The IAR-DST and related Guidance is evidence-based and informed by advice from health professionals, researchers, and policy makers.

The Government has also introduced age-based adaptations of the IAR-DST. Health professionals will now be able to conduct an IAR based on the patient's age supported by Guidance based on the patient either being a child, adolescent, adult or older adult.

Fostering communication and collaboration between providers

The Better Access evaluation found that good communication between referring practitioners and allied health professionals is critical for optimal care. The evaluation also found there is scope to improve mental health treatment plans to ensure providers and consumers are on the same page.

Government response

- *The Better Access evaluation recommended (**Recommendation 7**) that mental health treatment plan should be retained but should be standardised, simplified, and used to help GPs understand the needs of individual consumers and work collaboratively with other providers to meet these needs, rather than just being a requirement for referring consumers to Better Access. Appropriate funding mechanisms will need to be in place to achieve this.*
- *The Government supports the recommendation.*

The Government is retaining the mental health treatment plan and will work with stakeholders to standardise, simplify, and encourage its use as a tool to better understand and respond to patient needs. This will embed care planning as an important part of quality care.

The Government will also link Better Access to MyMedicare to ensure people with a diagnosed mental illness receive continuity of care and can access additional supports in general practice when needed. These changes will require a mental health treatment plan

and referral to Better Access services to be completed by a GP at a person's MyMedicare registered practice or their usual GP.

This action builds on the Government's commitment to Strengthening Medicare. In 2023, the Government funded a range of initiatives to lay the groundwork for significant reform in primary care, including a range of supports to expand multidisciplinary team care. These initiatives will enhance collaboration between primary care providers.

Government response

- *The Better Access evaluation has suggested (**Recommendation 8**) that the case conferencing item numbers announced in the 2022-23 October Federal Budget should also be used as a way of fostering more collaborative care. The uptake and impact of these item numbers should be monitored.*
- *The Government supports the recommendation.*

The Government introduced 21 new MBS items from 1 July 2023 to improve access to multidisciplinary, collaborative, and coordinated mental health care. Eligible providers can provide services which attract a Medicare benefit for organising and coordinating or participating in case conferences to discuss a patient's mental health care.

In 2024, the department will progress a review of MBS allied health items for chronic disease management through the MBS Review Advisory Committee (MRAC). While this review will focus on the chronic disease management items, it will consider how the items support multidisciplinary care for chronic disease and may provide insights applicable to the mental health items.

Affordability

The evaluation made three recommendations related to affordability of services.

The evaluation confirmed out-of-pocket costs for Medicare-subsidised mental health services are increasing. Co-payment rates have increased across most types of Better Access services, with 74.5% of treatment services involving a co-payment. At the same time, median out-of-pocket costs have increased from \$81.41 in 2022 to \$92.04 in 2023.

For many, even small out-of-pocket costs can have a direct effect on their access to mental health care. The Productivity Commission estimates 44% of Australians with mental ill-health stated that they do not see a doctor and/or did not get the recommended care because of the cost. The Better Access evaluation found people on low incomes were less likely to access treatment despite experiencing higher levels of psychological distress. The evaluation also found that nearly a third (32%) of people who ceased mental health treatment early did so because of the cost.

As part of the redesigned Better Access initiative, GPs will be able to use standard consultations for mental health care including mental health treatment plan reviews. This will increase the MBS benefit for GP consultations for mental health care and will allow GPs to access the 'tripled' Bulk Billing Incentive if they bulk bill a Commonwealth concession card holder or child under the age of 16. These changes will support GPs to bulk bill children under 16 and Commonwealth concession card holders for mental health care.

The Advisory Committee has acknowledged the difficulty addressing affordability and equity issues through the MBS. While the Government is responsible for setting MBS fees and benefits, practitioners deliver services through private businesses. The Government does not require health practitioners to bulk bill services, or otherwise regulate out-of-pocket costs for patients. The Advisory Committee noted that options to control out-of-pocket costs within the MBS carries significant risk of unintended consequences. The Advisory Committee supported consideration of other options to improve the availability of free or low-cost mental

health services outside of the MBS, including block-funded services, such as Medicare Mental Health Centres, and PHN-commissioned services.

As part of the 2024-25 Budget, the Government is investing in free alternative care pathways for people underserved or unable to access other parts of the mental health system. A new national early intervention service will support people to access free, evidence-based cognitive behavioural therapy and self-guided supports without the need for a diagnosis or referral. The upgraded national network of Medicare Mental Health Centres will provide free community-based services for people with moderate to complex needs including access to psychologists and psychiatrists. A further \$71.7 million over four years from 2024-25 will support PHNs to work with general practices to provide free wraparound support to patients.

Government response

- *The Better Access evaluation suggests (**Recommendation 9**) that the appropriate level for schedule fees should be determined in a standardised, transparent way.*
- *The Government notes the recommendation.*

The MBS Continuous Review program provides a critical program assurance and continuous improvement mechanism for the MBS. The MBS Continuous Review program will inform future policy with regard to the MBS.

The Government's 2024-25 Budget provides \$588.5 million over eight years from 2024-25 and \$113.4 million per year ongoing for a new national early intervention service providing low intensity mental health support. This service will provide free low intensity cognitive behavioural therapy, delivered by skilled and trained professionals, via phone or video. Services will be free and accessible without a diagnosis or referral from a GP.

The new national early intervention service is part of a \$361 million mental health package that expands the range and reach of free mental health services. The investment will ensure services better cater to a range of needs, whether someone needs a low, moderate or high level of support. Providing free services to people at the earliest point of intervention, will make it less likely that their problem will go untreated and worsen into something more serious. It will also take pressure off the Better Access program and support psychologists to work to their full scope of practice and spend more time treating people with moderate and high needs.

Australians with more complex mental health needs will benefit from the network of 61 Medicare Mental Health Centres. Medicare Mental Health Centres have built on the established Head to Health network, with clinical capability upgraded to ensure that every centre can provide free access to a psychologist and psychiatrist. They are free, walk in, and need no referral.

Government response

- *The Better Access evaluation recommends (**Recommendation 10**) that the rules around the Extended Medicare Safety Net (EMSN) should be modified to increase the affordability of Better Access services. Potential options might include modifying the threshold, or quarantining a threshold for mental health-related item numbers.*
- *The Government notes the recommendation.*

Medicare Safety Nets are the primary way the Government helps consumers with gap and out-of-pocket costs of health care. The Extended Medicare Safety Net (EMSN) pays up to 80% of out-of-pocket costs (capped at the lesser of 300% of the schedule fee or \$500) for services once a patient – or their family, if applicable – has incurred a total of \$2,544 (or \$811 for concession card holders) in out-of-pocket costs for MBS services within a calendar year.

As part of the 2023-24 MYEFO, the Government committed to establishing a Working Group within the Department of Health and Aged Care to review the Medicare Safety Nets and related arrangements, consider reform options, and present recommendations to Government. The Department is in the process of establishing the Working Group.

Government response

- *The Better Access evaluation recommends (**Recommendation 11**) that other options to increase affordability that sit within or outside the MBS should also be explored (e.g. bulk-billing incentives, loadings on specific item numbers, practice incentive payments, service incentive payments, and blended funding models).*
- *The Government supports in-principle the recommendation.*

As part of the redesigned Better Access initiative, GPs will be able to use standard consultations for mental health care including mental health treatment plan reviews. This will increase the MBS benefit for GP consultations for mental health care and will allow GPs to access the 'tripled' Bulk Billing Incentive if they bulk bill a Commonwealth concession card holder or child under the age of 16. These changes will support GPs to bulk bill children under 16 and Commonwealth concession card holders for mental health care.

Through the new national early intervention service and enhancements to Medicare Mental Health Centres, the Government is investing in free, alternative care pathways for people underserved or unable to access other parts of the mental health system.

The Government is also undertaking a Review of General Practice Incentives. Findings and recommendations from the Review will inform the direction of future policy.

Additional 10 sessions

The Better Access evaluation noted the temporary introduction of 10 additional sessions during COVID-19 was well-supported by the sector and consumers.

Government response

- *The evaluation recommended (**Recommendation 12**) reinstating the additional 10 sessions for people with more complex mental health needs. If the additional 10 sessions are retained, the review could occur after the initial 10 sessions. However, alternative review cadences might be recommended based on consumers' levels of need. Recommended reviews might also be complemented by reviews done at the discretion of the GP, allied health professional and consumer, as a means of collaborating and in line with best practice.*
- *The Government does not support this recommendation.*

While the evaluation recommended reinstating the additional 10 sessions it also showed the number of new people accessing Better Access reduced while the additional 10 sessions were in effect.

Increasing session numbers as part of a tiered model of treatment carries a high-risk of further entrenching inequities. The Better Access evaluation found that providing additional services to existing consumers limited the capacity of providers to offer treatment to new users, and many people from lower socioeconomic backgrounds and regional, rural and remote areas were missing out. Since the additional Better Access sessions ceased on 31 December 2022, 44,927 additional people entered the program and used the initial 10 Better Access individual treatment sessions in 2023, compared to 2022 figures.

The Advisory Committee has extensively considered options to improve Better Access for people with complex mental health needs. The Advisory Committee has advised that more Better Access sessions are not the solution for people with complex needs and called for more sophisticated offerings.

The Government is committed to a whole-of-system approach to mental health reform. The Government is investing in complementary models to more fairly and efficiently deliver more care to those who need it.

The Government is rolling out a national network of 61 Medicare Mental Health Centres to provide free community-based services for people with moderate to complex needs. While not intended to provide ongoing care, the number of sessions provided to consumers are not capped. A further \$29.9 million over four years from 2024-25 will be provided to strengthen the clinical capacity of centres to safely and appropriately support people with severe and complex needs. This includes through a phased adoption of minimum workforce requirements and free telehealth access to psychologists and psychiatrists as part of a multidisciplinary team.

The Government will also provide \$71.7 million over four years from 2024-25 to PHNs to design and deliver multidisciplinary care for people with severe or complex needs in general practices and other primary care settings. Multidisciplinary teams of social workers, counsellors, peer workers and other mental health workers will provide free wraparound support to patients.

The Government will also update guidance to better support people with chronic mental health conditions and complex needs who are accessing clinical treatment through Better Access to access additional multidisciplinary care through MBS Chronic Disease Management items. Under a Chronic Disease Management Plan, patients can access 5 sessions delivered by a broader range of allied health professionals including dietitians, exercise physiologists, and mental health nurses.

The new national early intervention service will complement Better Access and improve the availability of services at all levels of the stepped care continuum. Lower intensity services can form part of a broader treatment package for people with higher level needs and assist GPs to manage patients with higher level mental health needs in between or while waiting for clinical treatment, specialist care, or where people are reluctant to access higher intensity services.

Telehealth

Government response

- *The Better Access evaluation found the extension of telehealth options has improved access to psychological care without jeopardising patient outcomes. **Recommendation 13** noted that telehealth options should continue to be monitored to ensure they are achieving their maximum effect.*
- *The Government supports the recommendation.*

The Government has made telehealth items under Better Access permanent for all. This will help consumers access the services they need in a way that works for them. This will particularly benefit people living in rural and remote areas and areas of workforce shortages, and those who are not able or prefer not to travel. Evidence shows that psychological therapy delivered by videoconference can be equally effective as face-to-face therapy.

The Minister for Health and Aged Care has also tasked MRAC to undertake a post-implementation review of MBS telehealth services.

The scope for the review included:

- permanent and temporary MBS funded telehealth services
- the MBS Taskforce Telehealth Principles (to be used as a framework for future consideration of MBS funded telehealth services)

- the appropriateness of current settings for video and telephone consultations to ensure the right balance between access, quality and safety (including identifying any specific services or patient populations requiring improved access via telehealth)
- current patient telehealth eligibility settings and related exemptions within the MBS.

The review considered contemporary clinical evidence and advice from health experts, peak organisations, providers and consumers. The MRAC has completed this review. A final report was submitted to Government in May 2024 and has been published online by the Department of Health and Aged Care. The recommendations will be considered by Government in due course and will inform future MBS telehealth policy.

In addition, MBS telehealth items will continue to be monitored as per standard departmental procedures and processes (noting that regular collection and reporting on MBS data does not include patient outcomes).

Services for people in residential aged care facilities

As a temporary COVID-19 measure, Better Access services were available for people living in residential aged care facilities through a GP referral until 31 December 2022. The Better Access evaluation found these services were not well utilised.

Low uptake may be due to a range of broader issues, such as COVID-19 lockdowns, barriers in access to primary care and allied health services in residential aged care facilities and workforce shortages.

Government response

- *The Better Access evaluation concluded it is possible that alternative means of ensuring access to high quality mental health care for this cohort might better meet their needs. Consequently, it recommended (**Recommendation 14**) that further investigation is required to determine whether the dedicated item numbers for people living in residential aged care facilities are the best means of ensuring access to high quality mental health care for this group.*
- *The Government notes the recommendation.*

The Government has funded PHNs under the *Improved Access to Psychological Services in Aged Care Facilities* initiative to commission psychological services for aged care residents with or at risk of mild to moderate mental health conditions. This initiative is available until 30 June 2026. This will provide service continuity for aged care residents while careful consideration is given to models of care and the recommendations of the Royal Commission into Aged Care Quality and Safety. Aged care residents with a diagnosed mental disorder can also access MBS-subsidised clinical treatment services through a psychiatrist referral under the Better Access initiative.

The Government's Strengthening Medicare reforms will also support residents of residential aged care homes access mental health care from GPs. Older people will benefit from registering in MyMedicare, with new incentives being introduced in 2024 to support more regular proactive visits and care planning from GPs and practices.

Family and carer-inclusive practices

The Better Access evaluation and Productivity Commission found there was scope to improve support for families and carers, including through the MBS.

Government response

- *The Better Access evaluation recommended (**Recommendation 15**) that rebates for family and carer consultations should also be considered as a means of providing more*

holistic care. Again, if such item numbers were to be introduced their uptake and impact should be monitored.

- *The Government supports the recommendation.*

The Government values the immense contribution that families, carers and kin make to the lives of the people they care for, the mental health system and the broader community. The mental health system needs to better consider their needs and their role in the recovery of people with mental illness.

The Government introduced 48 new time-tiered MBS items on 1 March 2023. These items allow providers to deliver up to two Medicare-subsidised services per year to a patient's family and carers as part of the patient's treatment. This recognises the important role family members and carers play in supporting people with mental illness and in a patient's treatment and care. The Department of Health and Aged Care continues to monitor the impact of these changes to inform future policy.

The Government also delivers a range of programs to support carers and their individual needs, including through the Carer Gateway and financial assistance through payments and concessions. Through the Carer Gateway, a range of resources are available to support carers and their individual needs, including counselling, in person peer support groups, coaching and online skills courses. These services aim to improve carer wellbeing and increase capacity to support carers to participate socially and economically, as well as reinforce resilience through preventative support services.

The Government is also providing \$7.5 million to establish and operate two independent national mental health lived experience peak bodies: one representing consumers and the other presenting families, carers and kin. These two independent national bodies will amplify the voices of consumers and carers to drive equitable reform in mental health.

This follows work led by the National Mental Health Commission to scope the establishment of lived experience peaks, and gives effect to the Productivity Commission Inquiry into Mental Health to fund separate peak bodies to represent the views of both consumers and carers.

The Department of Health and Aged care has worked closely with the mental health sector to ensure diverse lived experiences are heard in the design and establishment of the peaks. The peak bodies commenced the process of establishment in 2024.

Routinely assessing outcomes

The Better Access evaluation highlighted data limitations on outcomes and quality of care. The evaluation noted there is no precedent for routine outcome measurements in Medicare-subsidised programs and the vast majority of data relates to activity and expenditure. Similar findings were made by the Productivity Commission and MBS Review Taskforce. Complementary information and analysis on the outcomes and quality of services can help ensure high value care is being delivered.

Government response

- *The Better Access evaluation notes (**Recommendation 16**) that steps should be taken to implement routine outcome measurement as a quality assurance tool for the Better Access program.*
- *The Government notes the recommendation.*

While the MBS Continuous Review provides critical program assurance and a continuous improvement mechanism for the MBS, the Government appreciates that the standardised use of outcome measures would be beneficial for patient-level decision making and resource planning and allocation.

The Government will consider the most appropriate approach to the introduction of outcome measures for Medicare-subsidised services from a whole-of-scheme perspective.

Attachment A: Recommendation Summary

Recommendation	Government Response
<p>Recommendation 1</p> <p>Models of service delivery that complement Better Access are warranted. For those with severe and complex needs, Better Access should be supplemented by other multidisciplinary models that not only provide more intensive, longer-term clinical care but also offer holistic support for dealing with life's complexities. For those with lower levels of need, less intensive options (e.g. digital services) should be explored. The way in which combinations of these models might work for consumers, providers and funders should be carefully evaluated.</p>	<p>Supported</p>
<p>Recommendation 2</p> <p>Means of addressing workforce capacity and composition issues should be considered in the context of the National Mental Health Workforce Strategy and the complementary service delivery models noted above. Improved tailoring of the program would be likely to reduce overall demand and allow consumers' needs to be better matched to providers' training, levels of experience and scopes of practice.</p>	<p>Supported</p>
<p>Recommendation 3</p> <p>Workforce distribution issues – particularly the lack of providers in rural and remote areas – should also be considered in the context of the National Mental Health Workforce Strategy. Broad measures to recruit and retain providers in rural and remote areas are likely to be more successful than ones that are tied to the MBS.</p>	<p>Supported</p>
<p>Recommendation 4</p> <p>Additional psychological therapies could be added to the list of approved therapies under Better Access, providing that they meet National Health and Medical Research Council (NHMRC) Level 1 or 2 evidence standards.</p>	<p>Noted</p>
<p>Recommendation 5</p> <p>A tool like the Initial Assessment and Referral Decision Support Tool (IAR-DST) could be used to inform and better target the mental health treatment plan, in order to direct people towards (or potentially away from) Better Access services based on their level of need. Appropriate training and support for GPs would be required, as would suitable mechanisms for recompensing GPs for appropriate triage and referral.</p>	<p>Noted</p>
<p>Recommendation 6</p> <p>GPs should be supported to refer to the most appropriate providers within Better Access and to a broader range of services (particularly low intensity services) outside it. Up-to-date service directories that list allied health professionals providing services within Better Access and point to high quality digital services might be one means of doing this.</p>	<p>Supported in-principle</p>

<p>Recommendation 7</p> <p>The mental health treatment plan should be retained but should be standardised, simplified and used to help GPs understand the needs of individual consumers and work collaboratively with other providers to meet these needs, rather than just being a requirement for referring consumers to Better Access. Appropriate funding mechanisms will need to be in place to achieve this.</p>	<p>Supported</p>
<p>Recommendation 8</p> <p>The case conferencing item numbers announced in the 2022-23 October Federal Budget should also be used as a way of fostering more collaborative care. The uptake and impact of these item numbers should be monitored.</p>	<p>Supported</p>
<p>Recommendation 9</p> <p>The appropriate level for schedule fees should be determined in a standardised, transparent way.</p>	<p>Noted</p>
<p>Recommendation 10</p> <p>The rules around the Extended Medicare Safety Net (EMSN) should be modified to increase the affordability of Better Access services. Potential options might include modifying the threshold, or quarantining a threshold for mental health-related item numbers.</p>	<p>Noted</p>
<p>Recommendation 11</p> <p>Other options to increase affordability that sit within or outside the MBS should also be explored (e.g. bulk-billing incentives, loadings on specific item numbers, practice incentive payments, service incentive payments, and blended funding models).</p>	<p>Supported in-principle</p>
<p>Recommendation 12</p> <p>The additional 10 sessions should continue to be made available and should be targeted towards those with complex mental health needs. If the additional 10 sessions are retained, the review could occur after the initial 10 sessions. However, alternative review cadences might be recommended based on consumers' levels of need. Recommended reviews might also be complemented by reviews done at the discretion of the GP, allied health professional and consumer, as a means of collaborating and in line with best practice.</p>	<p>Not supported</p>
<p>Recommendation 13</p> <p>Telehealth options should continue to be monitored to ensure they are achieving their maximum effect.</p>	<p>Supported</p>

<p>Recommendation 14</p> <p>Further investigation is required to determine whether the dedicated item numbers for people living in residential aged care facilities are the best means of ensuring access to high quality mental health care for this group.</p>	<p>Noted</p>
<p>Recommendation 15</p> <p>Dedicated family/carer item numbers should also be considered as a means of providing more holistic care. Again, if such item numbers were to be introduced their uptake and impact should be monitored.</p>	<p>Supported</p>
<p>Recommendation 16</p> <p>Steps should be taken to implement routine outcome measurement as a quality assurance tool for the Better Access program. This will require significant effort and investment in consultation and communication, system design and governance, technology, and ongoing administrative and financial support.</p>	<p>Noted</p>