



Better Access redesign from 1 November 2025

The Australian Government is making changes to the Better Access initiative to respond to the Better Access evaluation. These changes include:

- linking the preparation of a Mental Health Treatment Plan (MHTP), referrals for treatment and reviews of a MHTP to either a patient's General Practitioner (GP) or Prescribed Medical Practitioner (PMP) at their MyMedicare registered practice or their usual medical practitioner, to improve continuity of care.
- removal of MHTP review and mental health consultation items under the Medicare Benefit Schedule (MBS), with GPs and PMPs able to use time-tiered professional (general attendance) items to review, refer and/or provide ongoing mental health consultation for a patient's mental health. This allows GPs greater flexibility to determine the appropriate amount of time they need to spend with the patient based on their individual circumstances.
- development of guidance and promotional material to support the sector and patients. GPs and PMPs will be encouraged to refer patients who require at least a moderate level of support for Better Access treatment services and, where psychological intervention under the Better Access initiative is not appropriate, to consider other interventions or pathways.

What is the impact of these changes?

From 1 November 2025, Medicare benefits will only be payable for Better Access services where the mental health treatment plan, review of the mental health treatment plan and referrals has been undertaken at a patient's MyMedicare registered practice or by their usual medical practitioner.

- A patient's usual medical practitioner is someone who has provided the majority of services to the person in the past 12 months or who is likely to provide the majority of services to the person in the following 12 months. This includes other GPs and PMPs who are employed at the patient's usual medical practice.
 - It is important to note that patients can choose to see their usual medical practitioner irrespective of their existing MyMedicare registered status. This is because patients may choose to seek mental health support through a separate GP or PMP for a wide variety of reasons, and these changes will not impact the ability for patients to continue to do this.
- For example, if a patient is registered with a MyMedicare practice but wishes to see a GP at another practice (e.g. a headspace GP) as they consider them to be their 'usual medical practitioner' for their mental health support needs, there is nothing precluding the patient from doing so because of the changes coming in to affect.

The department is also in the final stages of developing guidance materials for GPs/PMPs and their patients to raise awareness of the available Australian Government-funded mental health

supports available across the stepped care continuum to support referral of patients. These will be shared with the sector and will be made available on the department's website once finalised.

Further information

Further information on the Better Access initiative is available via: [www.health.gov.au/Better Access Initiative](http://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](#).