Australian Government
Department of Health, Disability and Ageing

# Fact sheet for patients: involving Family or Carers in Mental Health Treatment under Better Access

Medicare benefits are available if you would like to involve a family member or carer in your mental health treatment under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefit Schedule* (MBS) initiative (Better Access).

## Should I involve a family member or carer in my treatment?

Involving a family member or carer can help them support and care for you. The people closest to you often have information which can help your practitioner understand your treatment needs and contribute to your wellbeing and recovery.

However, it is your decision whether to involve someone else in your treatment. You can discuss this with your General Practitioner (GP) or Prescribed Medical Practitioner (PMP), or treating allied health professional, such as your psychologist (eligible clinical or eligible registered), as to whether these services may be appropriate based on your circumstances. If you give consent for a family member or carer to be involved in your treatment, Medicare benefits are available for up to 2 services per calendar year.

Any services a family member or carer receives to help support and care for you will count towards your Better Access allocation of 10 individual services per calendar year, and do not impact your allocated services under group therapy mental health treatment services.

## How do I involve a family member or carer in my treatment?

If you are considering involving a family member or carer in your treatment you should speak with either your GP or PMP, or eligible treating allied health professional.

Before any services can be delivered to a family member or carer you will need to provide your consent. Your GP or PMP or treating allied health professional will use their clinical judgement to determine the most appropriate mental health treatment for your care as part of your treatment.

To help decide this, your GP or PMP or treating allied health professional may ask you questions about your relationship with the person you would like to involve, including their level of involvement in your treatment.

## Do I need a mental health treatment plan or a referral?

Before you can involve someone in your mental health treatment you **must** have:

- a referral from a GP or PMP as part of a mental health treatment plan or psychiatrist assessment and management plan, or
- a direct referral from a psychiatrist, or
- a direct referral from a paediatrician.

To be eligible for a Medicare benefit, a Medicare benefit will only be paid if you have a valid referral for mental health treatment services. Your referral for mental health treatment services must have been undertaken by either a GP or PMP at the general practice you are enrolled in for MyMedicare, or your usual medical practitioner. This includes a GP or PMP who is located at the medical practice that has provided the majority of your care over the previous 12 months or will be providing the majority of your care over the next 12 months. This restriction does not apply if you have received a direct referral from a psychiatrist or a paediatrician. In this case, you can still claim a Medicare benefit.

Further information on MyMedicare, including eligibility requirements, how to register, and exemptions to eligibility requirements is available in Information for MyMedicare patients in the MyMedicare section of the Australian Government Department of Health, Disability and Ageing website.

See also ‘How do I involve a family member or carer in my treatment?’ above.

## How do I consent to a family member or carer being involved in my treatment?

Before you consent to a family member or carer being involved in your treatment, your GP or PMP or treating allied health professional must explain the service that will be delivered to your family member or carer. If you would still like the person to be involved, they will make a written record of your consent.

You can withdraw your consent at any time by letting your GP or PMP or treating allied health professional know.

## How many services can a family member or carer participate in?

A family member or carer can receive up to 2 services per calendar year.

Services may be accessed by your family member or carer at any stage of your course of treatment and do not need to be accessed consecutively. They will count towards:

- your initial course of treatment under Better Access – a maximum of 6 services, and
- your subsequent course of treatment under Better Access – your remaining services up to a maximum of 10 services per calendar year.

For example, if you have received a referral for 6 services in your initial course of treatment, and 2 of these services are provided to a family member or carer, you will only receive 4 individual services. You will then need to see your referring practitioner for a review to determine if you require a subsequent course of treatment where you may receive your remaining 4 services.

## If a family member or carer receives services, do I get less services?

Yes. If you consent to a family member or carer being involved in your treatment, and they use 2 services, these 2 services will be deducted from your course of treatment (refer to the example above) and will count towards your Better Access allocation of up to 10 individual services per calendar year.

## Can I be there when my family member or carer has a session?

No. The purpose of these services is to allow your family member or carer to support you in your treatment and a Medicare benefit will only be paid if you are not in attendance.

If you are not comfortable with this, you should speak with your GP or PMP or treating allied medical professional as it may be appropriate in some cases for your family member or carer to come to 1 or more of your individual services with you instead.

## Can I have more than one person involved in my treatment?

Yes. You can have more than 1 family member or carer involved in your treatment. However, a Medicare benefit will only be payable for 2 services per calendar year in total which can be provided to a person other than you under the Better Access initiative.

You should speak with your GP or PMP or treating allied health professional if you would like multiple people involved in your treatment.

## What happens if I no longer want my family member or carer involved?

You can withdraw your consent to a family member or carer being involved in your treatment at any time by telling your GP or PMP or treating allied health professional.

## Do I have to pay for services my family member or carer receive?

For Medicare benefit purposes, these family and carer services will be made in your name, not in the name of your family member or carer. However, if your family member or carer pays for the services,

the Medicare benefit can be paid to them, if they specify they are the claimant. For further information relating to Medicare services, patient benefits or your Medicare claims, please contact Services Australia on the Medicare general enquiry line on 132 011.

You should speak with your GP or PMP or treating allied health professional before the appointment to find out if the service will cost more than the Medicare benefit, as there may be an out-of-pocket cost between their fee and the Medicare benefit which you will be required to pay.

## Can I involve someone who is not a family member or carer in my treatment?

Yes. You can involve anyone who is important to you in your treatment, and who you feel could support and contribute to your wellbeing and recovery.

Any services they receive will count towards your Better Access allocation of 10 individual services per calendar year. Only 2 services per calendar year in total can be provided to people involved in your treatment.

## I am a parent of a child receiving mental health treatment so can I be involved?

If your child has the capacity to provide consent for you to be involved in their mental health treatment, for example due to their age, then they must tell their GP or PMP or treating allied health professional. The child can also withdraw their consent at any time.

If your child does not have capacity to provide consent, then the general laws relating to consent to medical treatment apply. As these may be different depending on the State or Territory you live in, you will need to speak with your child's GP or PMP or treating allied health professional as to what rules apply.

## Can my family member or carer involved in my treatment use the services for their own mental health treatment?

No. These 2 services are not to provide mental health treatment to your family member or carer. The purposes of these 2 services is to help your family member or carer to support you and your treatment.

Should your family member or carer require mental health treatment themselves, they should see their own GP or PMP for an assessment to be made on their own mental health.