

Mental health support through the Medicare Benefits Schedule



Australian Government

Department of Health,
Disability and Ageing

You may be eligible to receive Medicare benefits for mental health treatment sessions under the Australian Government's Medicare Benefits Schedule (MBS). These services are delivered by care providers and are personalised for you. If you meet the relevant eligibility criteria, you will need a referral from your GP to access these services.

Depending on your location, preferences and mental health provider, your sessions may be in person, through video or over the phone. These services can be tailored to help anyone, including First Nations people, people from culturally and linguistically diverse communities, and the LGBTQIA+ community. Those who need interpreting assistance can visit www.tisnational.gov.au (charges may apply).

If you are eligible for any of these services, you'll receive Medicare benefits for the sessions you attend under the plan created by your GP, but you may still have out-of-pocket costs.

If you are not eligible, you can still access the services, but at full cost.

If you need immediate support, call one of these 24/7 crisis lines

13YARN

13 92 76

Beyond Blue

1300 22 46 36

Kids Helpline (ages 5-25)

1800 55 1800

Lifeline

13 11 14 or text 0477 13 11 14

MensLine Australia

1300 78 99 78

Red Nose Australia Grief and Loss Support Services

1300 308 307

Suicide Call Back Service

1300 659 467

Mental Health Treatment

www.healthdirect.gov.au/mental-health-treatment-plan or
www.health.gov.au/our-work/better-access-initiative



A Mental Health Treatment Plan is a strategy to help you manage a diagnosed mental disorder such as anxiety or depression.

If you are eligible for services under the Better Access initiative, you can claim Medicare benefits for up to 10 individual **and** up to 10 group mental health sessions each calendar year. Sessions under the Better Access initiative are provided by eligible GPs, psychologists (clinical and registered), psychiatrists, eligible social workers and eligible occupational therapists.

Your GP will assess your eligibility and refer you to a suitable provider for treatment, or you may choose your own provider once you receive your GP's referral. Any provider you choose must be eligible to provide services as part of Mental Health Treatment Plans. After your first course of treatment (up to 6 sessions), you'll have a review with your GP to check your progress and decide if you need more support.

Eating Disorder Treatment and Management

Eating Disorder Treatment and Management Plans (EDTMPs) can help you manage an eating disorder.

If you are eligible for services under an EDTMP, you can claim Medicare benefits for up to 40 psychological **and** 20 dietetic sessions within a 12-month period.

Your GP will assess your eligibility and if a second consultation is required, the GP may refer you to another specialist doctor, such as a psychiatrist or paediatrician, for an assessment and creation and management of an EDTMP. You will then be referred to a suitable provider for treatment, or you may choose your own provider once you receive your GP's referral. Any provider you choose must be eligible to provide services as part of EDTMPs.

After your first course of treatment, you'll have a review with the medical practitioner who completed your initial EDTMP to check your progress and decide if you need more support. If you are also managing another mental disorder, your GP may recommend a Mental Health Treatment Plan as well.

Chronic Condition Management

www.health.gov.au/our-work/upcoming-changes-to-mbs-chronic-disease-management-arrangements



A GP Chronic Condition Management Plan is developed collaboratively between the GP and the patient for the management of the patient's chronic condition(s).

Plans are available to patients who have at least one medical condition that has been (or is likely to be) present for at least 6 months or is terminal. These services can also provide mental health support to patients managing other chronic conditions.

If you are eligible for a GP Chronic Condition Management Plan, you can claim Medicare benefits for up to 5 sessions with an allied health professional each year. If you are an Aboriginal and/or Torres Strait Islander person, you can claim Medicare benefits for up to 10 sessions each year. Available allied health services include psychology and mental health services. A diagnosed mental health condition is not required to access these services under the Chronic Condition Management Plan. You will be referred to a suitable provider for treatment, or you may choose your own provider once you receive your GP's referral. Any provider you choose must be eligible to provide services as part of Chronic Condition Management Plans.

Perinatal Mental Health Centres

www.gidgetfoundation.org.au



The Perinatal Mental Health Centres, delivered through Gidget Foundation Australia, offer free, individual, in-person psychological services for expectant and new parents across Australia who have a diagnosis of a perinatal mood or anxiety disorder. Services are provided under the Better Access initiative, whereby eligible patients can claim Medicare benefits for up to 10 individual **and** 10 group mental health sessions each calendar year. Gidget Houses are accessible and provide you with compassionate holistic care.

Gidget House services are covered by Medicare bulk billing, so they are free for you. To access these services, you will need a referral from a GP and a Mental Health Treatment Plan.