



Health professionals and service providers – Frequently Asked Questions

Why is Medicare Mental Health Check In being established?

The Australian Government has established Medicare Mental Health Check In (previously known as the National Early Intervention Service) to provide early intervention support to prevent mild mental health challenges or transient distress from escalating. It will offer free support to people who are feeling down, stressed or overwhelmed, experiencing mild anxiety or depression, or are going through a hard time but don't need high-level care.

The Productivity Commission's Inquiry into Mental Health and the independent evaluation of the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative* (Better Access program) recommended a national platform to provide low-intensity digital mental health services.

Why is Medicare Mental Health Check In offering digital Low-intensity Cognitive Behavioural Therapy (LiCBT)?

Evidence shows the effectiveness of LiCBT for people with mild anxiety and depression. In the United Kingdom's Talking Therapy service, LiCBT is the main offering for mild symptoms of anxiety and depression and has shown strong positive outcomes.

The Government established the Mental Health Reform Advisory Committee to help shape its response to the evaluation of the Better Access program and deliver long-term mental health reforms across the system.

The Committee supported greater use of low-intensity digital services and models of care to support people at risk of experiencing or experiencing mild mental health challenges.

Which workforce will deliver LiCBT?

To support the safe and effective delivery of LiCBT and build trust in Medicare Mental Health Check In, the LiCBT practitioner workforce will include people with experience in mental health related roles (e.g. psychologists, counsellors), and those who regularly support people facing mental health challenges.

All practitioners will undergo training on the delivery of LiCBT.

How will Medicare Mental Health Check In change over time?

The Government is committed to improving Medicare Mental Health Check In by gradually incorporating new service enhancements and innovations. We will achieve this by regularly evaluating and monitoring outcomes and other emerging evidence.

As the service expands and the workforce grows, the model of care and workforce may evolve based on emerging evidence and best practice.

How will people access Medicare Mental Health Check In?

The Medicare Mental Health phone service (1800 595 212) will determine whether a person is eligible for Medicare Mental Health Check In and if it is suitable for the person's level of care needs. No referral from a GP or other health professional will be needed.

Health professionals and services will also play a key role by raising awareness of Medicare Mental Health Check In with suitable patients.

Who is Medicare Mental Health Check In for?

Medicare Mental Health Check In will support people:

- living in Australia
- aged 16 years and older
- experiencing, or at risk of experiencing, mild mental challenges
- who could benefit from LiCBT, such as people who are experiencing short-term challenges, low moods, and mild anxiety and depression.

Is Medicare Mental Health Check In part of the Digital Mental Health Program?

Medicare Mental Health Check In is a separate initiative to the Digital Mental Health Program (DMHP).

The DMHP funds online therapy, peer forums, web chats, email and phone counselling, and crisis lines. This program has been funded for numerous years, and these services reduce barriers like cost, distance, stigma, language, and long wait times.

Through the 2023–24 Mid-Year Economic Outlook (MYEFO), \$135.2 million was invested for a competitive grant opportunity under the DMHP. This measure also provided \$266.5 million to the Core National Crisis and Support Services funded under the DMHP.

The outcome of the competitive grant opportunity was announced in February 2025, with 12 leading mental health services to provide digital and online mental health support, including services which target priority populations.

The 2025–26 Budget provided an additional \$45.6 million over three years from 2025–26 for service continuity.

An independent evaluation of Medicare Mental Health Check In will also inform future priorities and objectives of the Digital Mental Health Program. This will ensure future grants are targeted at areas of need, fill service gaps and don't duplicate other services.

Will the service provider be accredited against the National Safety and Quality Digital Mental Health Standards?

St Vincent's Health Australia, the service provider delivering Medicare Mental Health Check In, are accredited against the National Safety and Quality Digital Mental Health Standards. St Vincent's Health Australia must remain compliant and renew accreditation every 3 years.

Find more information on the **Standards**.

Will Primary Health Networks (PHNs) still be able to commission low-intensity services?

Yes. Primary Health Networks (PHNs) will continue to commission low-intensity mental health services. The introduction of Medicare Mental Health Check In means PHNs can focus on supporting people who may find it hard to access traditional or mainstream services.

Medicare Mental Health Check In will not replace mental health services for people who are experiencing moderate or complex mental health challenges.

The service is designed to support people experiencing, or at risk of experiencing, mild mental health challenges or transient distress, as well as people who could benefit from LiCBT, such as those experiencing short-term challenges, low moods and mild anxiety and depression.

How will current PHN service provision be affected?

PHN commissioned low- intensity mental health services should be provided to consumers who are unable to access mainstream services like Medicare Mental Health Check In or for whom these services are not suitable for their needs.

As part of the ongoing regional planning and commissioning process, PHNs will need to review their needs assessments to determine

which services will continue, which services will be refocussed, and which services may need to be decommissioned. Consideration should be given to the least disruption to service provision.

As Medicare Mental Health Check In matures and service provision expands, PHNs will need to monitor the changing mental health needs of their regions through ongoing needs analysis and planning and adjust service delivery as necessary to meet need.