Australian Government
Department of Health, Disability and Ageing

# Medicare Mental Health Check In

## Webinar for health professionals, 4 November 2026

**Response to Questions and Answers:**

| Question | Answer |
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| **Eligibility, cost and accessing Medicare Mental Health Check In** | |
| Who can access Medicare Mental Health Check In, is it free and is a Medicare card required? | Medicare Mental Health Check In is a free national service for people aged 16 years and over who are living in Australia and where the service is clinically appropriate.<br>A Medicare card or referral is not required to access Medicare Mental Health Check In. This means the service is available to people living in Australia who may not be eligible for Medicare, including international students, International Medical Graduates, and other visa holders. |
| Can people self-refer to Medicare Mental Health Check In? | Yes. People can self-refer through the Medicare Mental Health Check In website by completing a short online form. The service team will contact the person, undertake a targeted intake assessment and support them to commence or, where required, connect them with a more appropriate service. |
| When is Medicare Mental Health Check In available? | Medicare Mental Health Check In offers practitioner-guided telehealth sessions Monday to Friday from 8:00am–8:00pm and weekends and public holidays from 10:00am–4:00pm weekends and public holidays. All program content for self-guided and guided users can be accessed 24/7, once the person has been assessed as eligible and has registered.<br>People can call Medicare Mental Health on 1800 595 212 (8:30am–5:00pm weekdays, excluding public holidays) to learn more about the service or hear about other services. |

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| Can people access Medicare Mental Health Check In while receiving, waiting for or transitioning from another mental health service? | Yes. The service is intended to complement, not replace, other supports or care someone may be receiving. Previous use of, or completion of, Mental Health Treatment Plan sessions does not exclude a person from using the service.<br>The service may also be suitable as interim support where the person has mild mental health needs, can engage with structured online tools and would benefit from a targeted, time-limited Low-intensity Cognitive Behavioral Therapy (LiCBT) program. Concurrent access alongside another service may be possible, subject to clinical suitability. |
| What support is available for people under 16, and what consent requirements apply to people aged 16 and 17? | Medicare Mental Health Check In is currently available to people aged 16 years and over. People 16 to 17 years old can access the service once a clinician has determined that they have the capability and maturity to consent to the treatment. |
| **Referral and intake pathways** | |
| How can a health professional or organisation refer someone to Medicare Mental Health Check In? | GPs can use the available direct referral pathway via HealthLink. Direct GP referral through practice software/HealthLink (or via a secure webform) is being introduced in phases. Six participating PHNs including North Western Melbourne PHN, Western Victoria PHN, Western Sydney PHN, South Western Sydney PHN, Brisbane North PHN and Brisbane South PHN can utilise this pathway.<br>Phase 2 will be implemented on 18 November and will extend the pathway to a further 12 PHNs (total 18 PHNs): Adelaide PHN, Central and Eastern Sydney PHN, Country SA PHN, Country WA PHN, Eastern Melbourne PHN, Gippsland PHN, Nepean Blue Mountains PHN, North Coast PHN, Northern Territory PHN, Perth North PHN, Perth South PHN, South Eastern NSW PHN. For the remaining 13 PHN regions that have not adopted the Medicare Mental Health Intake or Medicare Mental Health Check In eReferral form, St Vincent's Health Australia (SVHA) is considering how the Check In eReferral should be rolled out in these regions and will engage these PHNs shortly on possible approaches.<br>The Department is considering options to support PHNs that don't use HealthLink, so more GPs can refer directly to Medicare Mental Health Check In.<br>Medicare Mental Health Centres can refer people assessed as clinician-rated Initial Assessment and Referral Decision Support Tool (IAR-DST) level 1-2 to the service via the Primary Mental Health Care Information System (PMHCIS) or using the external webform at Check In Health Referral Form. |

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| | Other health professionals and organisations can support a person to use the online self-referral form available at the Medicare Mental Health Check In website or call Medicare Mental Health on 1800 595 212 (8:30am–5:00pm weekdays, excluding public holidays). |
| What happens after someone is referred or self-refers? | Those who are referred who are eligible and suitable and present with no immediate risks will receive an email inviting them to register within hours.<br>Where suitability is not clearly documented, or for self-referrals, Medicare Mental Health Check In will contact the person within a day or at their nominated time to complete a short, targeted assessment to confirm current level of needs, LiCBT suitability, identify any current risks and select an appropriate program. Relevant information supplied by a referrer can help reduce the need for the person to repeat their story. |
| How will the referring health professional be kept informed? | With the person's consent, their Medicare Mental Health Check In practitioner informs the referring GP or other relevant health professionalwhen support begins, if the person is not eligible or their needs change, and when support ends through a discharge summary. In urgent situations, the service may also contact the person's GP or other relevant health professional to support ongoing care and safety. |
| Is HealthLink available nationally? | Direct GP referral through practice software/HealthLink (or via a secure webform) is being introduced in phases. Six participating PHNs including North Western Melbourne PHN, Western Victoria PHN, Western Sydney PHN, South Western Sydney PHN, Brisbane North PHN and Brisbane South PHN can utilise this pathway.<br>Phase 2 will be implemented on 18 November and will extend the pathway to a further 12 PHNs (total18 PHNs): Adelaide PHN, Central and Eastern Sydney PHN, Country SA PHN, Country WA PHN, Eastern Melbourne PHN, Gippsland PHN, Nepean Blue Mountains PHN, North Coast PHN, Northern Territory PHN, Perth North PHN, Perth South PHN, South Eastern NSW PHN.<br>The Department is considering options to support PHNs that don't use HealthLink, so more GPs can refer directly to Medicare Mental Health Check In.<br>Where HealthLink is not available, GPs and other health professionals can support patients to access the service through self-referral and by calling the Medicare Mental Health phone service. |
| **What support the service provides** | |

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| What mental health concerns does Medicare Mental Health Check In support? | Medicare Mental Health Check In is designed for people aged 16 years and over experiencing mild mental health challenges or transient distress, including stress, worry, low mood and feeling overwhelmed. A formal diagnosis is not required.<br>Suitability against the IAR-DST translates to clinician-rated level 1 or 2. |
| What is Low-intensity Cognitive Behavioural Therapy (LiCBT) and what programs are available? | LiCBT is a single-strand intervention based on Cognitive Behavioural Therapy to help people understand and manage mild mental health challenges using structured, practical strategies. Medicare Mental Health Check In offers six digital programs addressing common concerns such as worry, low mood, unhelpful thoughts, fears, sleep and problem solving. |
| How is the right program selected if someone has more than one concern? | For practitioner-guided support, the person is supported by a practitioner via telehealth to identify factors contributing to their current difficulty and select the program that will best address those factors. Some techniques overlap across programs, including activity scheduling and strategies for managing worry cycles.<br>Self-guided support works best for people who already have some awareness of what contributes to their current difficulty. In this pathway, people can independently select the program with strategies they believe will address contributing factors to their most important presenting issue. |
| Can people complete more than one program, repeat a program or return to the service? | People may complete more than one program where required. However, only one program can be completed at a time, and it is highly recommended for people to continue practicing and implementing the strategies they learn into their daily lives before commencing another program. People can access material up to three months after completion of the program and can download program information from completed modules to retain and revisit. |
| How many practitioner-guided sessions are available and how long are they? | The program runs for approximately six weeks. In these six weeks, practitioner-guided support is available weekly resulting in approximately six telehealth sessions over the six-week period, with the possibility of one or two additional sessions if clinically indicated. The first appointment is generally 45 minutes, with subsequent sessions usually 15 to 30 minutes. |
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| How quickly will someone be contacted after accessing the service? | Those who are referred who are eligible and suitable and present no immediate risks will receive an email inviting them to register within hours. |

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| | Where suitability is not clearly documented, or for self-referrals, Medicare Mental Health Check In will contact the person within a day or at their nominated time to complete a short, targeted assessment to confirm current level of need, LiCBT suitability, identify any current risks, and select an appropriate program. Relevant information supplied by a referrer can help reduce the need for the person to repeat their story. |
| Who provides practitioner-guided support, and is artificial intelligence used? | Practitioner-guided support is provided by qualified mental health practitioners trained to deliver LiCBT. These include practitioners that are qualified as counsellors, social workers, psychologists, registered nurses and occupational therapists.<br>Artificial intelligence (AI) is not used for assessment, treatment delivery, progress monitoring or clinical advice. Any AI use is limited to non-clinical website search and translation functions and is subject to governance oversight. |
| What happens if someone disengages or needs more intensive support? | If a person disengages, the service attempts to contact them and offers an opportunity to re-engage with the service. If their needs are outside the scope of the service, the service supports a warm connection to Medicare Mental Health or another appropriate service. For urgent or crisis needs, staff follow escalation pathways and may remain on the call with the person while appropriate support is arranged. |
| Is Medicare Mental Health Check In suitable for someone in crisis or with more complex mental health needs? | No. This service is not a crisis or emergency service. It is intended for people with mild mental health challenges or transient distress and who can engage with structured online tools. People experiencing acute risk, moderate to severe symptoms or more complex needs should be supported to access an appropriate higher-intensity, crisis or emergency services. |
| **Accessibility and inclusion** | |
| What support is available for people who have difficulty accessing or using digital services? | Some Medicare Mental Health Centres have computers and may be able to facilitate access to Medicare Mental Health Check In or other digital services. The Department will continue to explore partnerships and ways to improve accessibility for people who have difficulty accessing or using digital services. |
| What language and interpreter support is available? | Interpreters are available for guided sessions in more than 150 languages, including Auslan. People who require interpreters receive longer sessions to account for translations. The website, user portal and online modules are available in the 10 most commonly spoken languages in Australia, including: Arabic, Chinese (Mandarin and Cantonese), Filipino, Greek, Hindi, Italian, Punjabi, Spanish and Vietnamese. |

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| How does Medicare Mental Health Check In support neurodivergent people and others who may need adjustments? | A person's suitability for the service is considered individually, including whether their needs fall within the service scope and whether digital delivery will work for them. In practitioner-guided support, practitioners can adjust delivery to a degree and work with the person to understand what is helpful. |
| **Other Medicare Mental Health services** | |
| How does Medicare Mental Health Check In work with Medicare Mental Health Centres, PHN-commissioned services and other mental health care? | Medicare Mental Health Check In adds a nationally available, digital, low-intensity option. It does not replace PHN-commissioned services, Medicare Mental Health Centres, GP care or ongoing clinical treatment. It intends to complement these services, providing a lower intensity of care where LiCBT is clinically appropriate. |
| Where can people find information about Medicare Mental Health Centres, Kids Hubs and other Medicare Mental Health services? | Medicare Mental Health Centres provide free, face-to-face support and service navigation, while Medicare Mental Health Kids Hubs support children aged 0 to 12 and their families with mild to moderate emotional and behavioural needs. Information about locations, eligibility and rollout should be obtained through the current Medicare Mental Health service information and service finder. |
| **Service delivery and governance** | |
| Is Medicare Mental Health Check In available nationally, who delivers it and how is clinical quality and safety overseen? | Medicare Mental Health Check In is a national service delivered by St Vincent's Health Australia. It is supported by service-specific clinical governance and Australian Government assurance arrangements, including clinical supervision, escalation, incident management, quality and safety processes. |
| **Further information** | |
| Where can people find health professional resources, employment opportunities and webinar follow-up materials? | Health professional and consumer resources, including referral information, is available through the Medicare Mental Health Check In website.<br>Employment opportunities are managed through St Vincent's Health Australia. |