**Medicare Benefits Schedule Review Taskforce**

**Taskforce Findings: Mental Health Reference Group Report**

This document outlines the Taskforce’s recommendations in response to the report from the Mental Health Reference Group (MHRG).

| Number of items reviewed | 47 |
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| Number of recommendations endorsed | 9 |
| Number of independent Taskforce recommendations | 0 |

The Taskforce endorsed nine recommendations from the Final Report from the MHRG and submitted them to the Minister for Health for Government consideration.

The recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system through deleting obsolete or low clinical value items; consolidating or splitting items to address potential misuse; modernising item descriptors to reflect best practice; and providing clinical guidance for appropriate item use through explanatory notes.

**List of Taskforce endorsed Mental Health Recommendations**

**Recommendation 3 – Introduce a 3-tiered system for access to Better Access sessions for patients with a diagnosed mental illness**

This recommendation proposes introducing a 3‑tiered system for access to Better Access sessions for patients with a diagnosed mental illness, with each tier allowing a greater number of sessions.

| **Note:** While supportive of the objective behind this recommendation, the Taskforce agrees the proposed model of care would be better placed outside the MBS. Further, the Taskforce notes there may be evidence to suggest a gap in services, but it is unclear there is sufficient evidence that simply increasing the number of sessions would address this need. |
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**Recommendation 4 – Establish a new working group or committee to review access to, and rebates for, Better Access session delivered by different professional groups**

This recommendation proposes establishing a new working group or committee to review access to, and rebates for, Better Access sessions delivered by different professional groups, noting that:

1. the group would need adequate time and resources to complete its mandate,
2. government would need to carefully consider membership of the group to ensure unbiased, balanced and well-informed discussion and recommendations, and
3. this new group should be established urgently to maximise value for the patient and the health system.

**Recommendation 5 – Reduce minimum number of participants in group sessions**

This recommendation proposes reducing the minimum number of attendees at a group session from six to four and clarifying that family and couples therapy is not included under the group therapy items.

**Recommendation 7 – Enable family and carers to participate in therapy and/or consultation**

This recommendation proposes amending existing items for psychological therapies and focused psychological therapies (FPS) to allow sessions with family members, guardians, carers and/or residential staff.

**Recommendation 8 – Measure Better Access outcomes**

This recommendation proposes the Government invest time and resources collecting patient outcomes (through the MBS) to help ensure that patients are improving as a result of mental health treatment, and to guide improvements in services into the future.

**Recommendation 9 – Update treatment options**

This recommendation proposes an evaluation of eligible therapies under Better Access to inform a list of any eligible therapies that have been omitted. This list could then be submitted to MSAC for consideration and subsequent addition to the approved list of therapies under Better Access.

**Recommendation 10 – Unlinking GP focused psychological strategy items from M6 and M7 items**

This recommendation proposes unlinking GP focused psychological strategy items from the M6 and M7 items, resulting in patients being able to receive up to 10 mental health sessions per calendar year from a GP, regardless of the number of sessions they receive from other mental health professionals.

**Recommendation 12 – Promote the awareness of digital mental health services and other low-intensity treatment options**

The Taskforce recommended promoting and increasing awareness of digital mental health and other low-intensity treatment options integrated with therapist support.

**Recommendation 13 – Support access to mental health services in residential aged care**

The Taskforce recommended continued monitoring of new funding recently announced for residents in residential aged care facilities (RACFs).