



FACT SHEET FOR PATIENTS

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative* aims to improve outcomes for people with a clinically-diagnosed mental disorder through evidence-based treatment. Under this initiative, Medicare rebates are available to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered) and eligible social workers and occupational therapists.

What Medicare services can be provided under the Better Access initiative?

Medicare rebates are available for up to ten individual and ten group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan; or
- Under a referred psychiatrist assessment and management plan; or
- A psychiatrist or paediatrician.

Allied mental health services under this initiative include psychological assessment and therapy services provided by clinical psychologists, and focussed psychological strategies services provided by appropriately qualified GPs and eligible psychologists, social workers and occupational therapists.

Psychiatrists and paediatricians are able to directly refer patients with mental disorders for Medicare rebateable allied mental health services.

Health professionals are free to determine their own fees for the professional services they provide. Charges in excess of the Medicare rebate are the responsibility of the patient.

What are the eligibility requirements?

The Better Access initiative is available to patients with an assessed mental disorder who would benefit from a structured approach to the management of their treatment needs.

Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of this initiative.

The conditions classified as mental disorders for the purposes of these services are informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version.

How can I access these services under Medicare?

Step 1:

Visit your GP who will assess whether you have a mental disorder and whether the preparation of a GP Mental Health Treatment Plan is appropriate for you, given your health care needs and circumstances. If you are diagnosed as having a mental disorder, your GP may either prepare a GP Mental Health Treatment Plan, or refer you to a psychiatrist who may prepare a psychiatrist assessment and management plan. Alternatively, your GP may refer you to a psychiatrist or paediatrician who, once an assessment and diagnosis is in place, can directly refer you to allied mental health services. Whether a patient is eligible to access allied mental health services is essentially a matter for your treating health practitioner to determine, using their clinical judgement and taking into account both the eligibility criterion and the general guidance.

Step 2:

You can be referred for certain Medicare rebateable allied mental health services once you have:

- a GP Mental Health Treatment Plan in place; or
- are being managed by a GP under a referred psychiatrist assessment and management plan; or
- been referred by a psychiatrist or paediatrician.

Your GP or psychiatrist/paediatrician can refer you for up to six individual or six group allied mental health services, which may comprise either psychological assessment and therapy by a clinical psychologist or focussed psychological strategies by an allied mental health professional. It is at the clinical discretion of your referring practitioner as to the number of allied mental health services you will be referred for (to a maximum of six in any one referral).

Step 3:

Depending on your health care needs, following the initial course of treatment (a maximum of six services but may be less depending on your clinical need), you can return to your GP or psychiatrist/paediatrician and obtain a new referral to obtain an additional four sessions to a maximum of ten individual and ten group services per calendar year. Whether you have a clinical need to access the additional allied health services which attracts a rebate is a decision for your treating health practitioner, taking into account the written report received from the allied mental health professional at the completion of a course of treatment. At this time, a review of your GP Mental Health Treatment Plan may also be undertaken.

Exceptional circumstances

From 1 March to 31 December 2012 provision exists for patients to access up to an additional six services individual allied mental health services under exceptional circumstances, to a maximum total of 16 services per patient in the 2012 calendar year. From 1 January 2013 the number of individual allied mental health services for which a person can receive a Medicare rebate will be ten services per calendar year. Exceptional circumstances apply when there has been a significant change in the patient's clinical condition or care circumstances which necessitates a further referral for additional services. It is up to the referring practitioner (e.g. GP) to determine that the patient meets these requirements.

A Fact Sheet providing more detailed information on the arrangements for accessing further allied mental health services under exceptional circumstances can be found at: www.health.gov.au/mentalhealth-betteraccess

Further information

Further information on the Better Access initiative is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba>.

Information regarding eligibility, claiming and payment processes can be obtained from Medicare Australia on 132 011 or at www.medicareaustralia.gov.au.