



Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (MBS)

Q: How will this initiative work?

- A: The initiative will provide patients with a mental disorder with better access to psychiatrists, psychologists, GPs and other allied mental health workers by introducing a range of new Medicare Benefits Schedule (MBS) items.

Revised MBS arrangements for psychiatrists will place more emphasis on patients seeing a psychiatrist for an initial visit more quickly, and then being directed to the most clinically appropriate service. Options include ongoing treatment by a psychiatrist, a GP-managed Mental Health Care Plan, referral to a clinical psychologist or other allied mental health professional, or some combination of these.

New MBS items will be available for services provided by clinical psychologists and other allied mental health professionals to patients being managed under a GP Mental Health Care Plan. Access to MBS items for GPs with appropriate training to deliver focussed psychological strategies will continue to be available.

Q: How will it improve and increase access to appropriate mental health care?

- A: The MBS items and new referral pathways to clinical psychologists and other allied mental health service providers will help GPs and psychiatrists to provide more and better targeted mental health care for patients. The initiative will improve access to other professionals, in particular to appropriately trained psychologists.

This initiative also includes a significant component for providing more accessible training in mental health care for primary care providers.

Q: How will the new Medicare items support psychiatrists to provide specialised services for those with more complex care needs?

- A: Directly referring patients to MBS-funded clinical psychologists and other allied mental health workers increases access to a wider range of psychological services, allowing psychiatrists to focus on patients with more acute and complex care needs.

Under a separate new initiative due for introduction in July 2007, specialist mental health nurses will provide care for patients with a severe mental disorder. This will also help private psychiatrists and GPs to focus on patients with more complex care needs.

Q: How many people with a mental disorder are expected to draw on this initiative?

- A: It is expected that by 2010-11, an additional 35,000 patients with severe mental illness will be able to have access to psychiatric care as a result of this initiative. Over the first five years of the initiative almost 960,000 clinical psychology services are expected to be provided and almost 170,000 GP Mental Health Care plans developed.

Q: Will the extended Medicare safety net apply to these Items?

A: Yes. Any co-payments paid by patients for these new items will contribute towards their safety net eligibility.

Q: How does this initiative relate to the current Better Outcomes in Mental Health Care (BOIMHC) Program?

A: The increased range of referral pathways complements the range of initiatives funded under the Better Outcomes in Mental Health Care Program (BOIMHC). Access by appropriately trained GPs to MBS items for the delivery of Focussed Psychological Strategies will continue.

The 3 Step Mental Health Process items (or PIP incentive payment 'trigger' items) will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007. The 3 Step Mental Health Process incentive payment and associated MBS trigger items will be withdrawn from 1 May 2007.

The GP Psych Support Service will also continue to provide a network for GPs to seek patient management advice from a psychiatrist within 24 hours. Divisions of General Practice will continue to operate their Access to Allied Psychological Services projects to 2008-09.

The new MBS items for clinical psychologists and other allied health professionals will be implemented in consultation with key stakeholders, including GP representative groups and the Australian Psychological Society, to ensure alignment with the BOIMHC program.

Q: Have there been any changes to the (BOIMHC) Program?

A: The Australian Government will continue to honour its commitment to supporting the key components of BOIMHC, including education and training for GPs, appropriate remuneration of GPs for delivery of Focussed Psychological Strategies, support from psychiatrists, and access to allied health services.

In particular, the Access to Allied Psychological Services (ATAPS) component will continue through Divisions of General Practice to offer an alternative referral pathway for GPs, and the GP Psych Support component will continue to provide advice to GPs on the management of patients. Consultation will take place with professional groups and Divisions about adapting education, training and infrastructure associated with BOIMHC to support the *Better Access* initiative.

Q: How will the COAG Mental Health 'Better Access' Initiative affect the role of Divisions of General Practice?

A: Divisions of General Practice will continue to manage the ATAPS component of BOIMHC and this has been reflected in the recent renewal of funding agreements to June 2009. It is likely the introduction of the new MBS items for psychology and allied health services may, over the medium term, reduce demand for allied health services through ATAPS, although the impact is likely to vary from Division to Division.

The Department of Health and Ageing will consult with the Australian Divisions of General Practice and Divisions to provide guidance during the implementation of the new initiative.



GP Mental Health Care Medicare items

Q: What are the new GP Mental Health Care items?

A: From 1 November 2006 new GP Mental Health Care items will be available on the Medicare Benefits Schedule (MBS).

The new items provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to clinical psychologist and allied mental health service providers. These items are based on a similar model of care – assess, plan and review – as the Better Outcomes in Mental Health Care 3 Step Mental Health Process.

Q: What is a GP Mental Health Care Plan?

A: GPs will be able to develop care plans for treatment and continuing management of patients where this is appropriate. A GP Mental Health Care Plan will involve the GP assessing the patient, identifying needs, setting and agreeing management goals, identifying any action to be taken by the patient, selecting appropriate treatment options and arrangements for ongoing management of the patient, and documenting this in the plan. GPs will be able to provide ongoing patient management through new review and consultation items.

Q: What is a mental disorder for the purposes of the mental health care items?

A: 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. This includes patients with mental disorders arising from:

- Chronic psychotic disorders
- Acute psychotic disorders
- Schizophrenia
- Bipolar disorder
- Phobic disorders
- Generalised anxiety disorder
- Adjustment disorder
- Unexplained somatic complaints
- Depression
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Post-traumatic stress disorder
- Eating disorders
- Panic disorder
- Alcohol use disorders
- Drug use disorders
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit) disorder
- Enuresis (non-organic)
- Obsessive Compulsive Disorder
- Mental disorder, not otherwise specified

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

Q: Do the GP Mental Health Care items have a mandatory training requirement?

A: Although it is not mandatory, it is strongly recommended that GPs providing mental health care using the new GP Mental Health Care items have completed appropriate mental health training (in addition to normal medical training), such as training recognised through the General Practice Mental Health Standards Collaboration.

There is funding available through the Better Access initiative to support education and training.

Q: When can a GP refer a patient for other services?

A: Patients may be referred for treatment and services under normal GP referral arrangements at any time.

Referrals for Medicare rebateable Psychological Therapies or Focussed Psychological Strategies should be provided, as required, in two groups of up to six sessions, with the need for the second group of sessions to be reviewed by the GP after the initial six sessions. This can be done using a GP Mental Health Care Review, a GP Mental Health Care Consultation or a standard consultation item.

In addition, eligible patients will also be able to receive up to 12 group therapy services in a calendar year where such services are possible and seen as appropriate by the provider. This maximum of 12 group services may be made up of psychological therapy services, FPS – allied mental health services, or a mix of both.

Q: How do the new GP Mental Health Care items relate to the 3 Step Mental Health Process?

A: The 3 Step Mental Health Process (incentive payment ‘trigger’) items, through the Practice Incentives Program (PIP), will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007.

The 3 Step Mental Health Process incentive payment and associated MBS trigger items will be withdrawn from 1 May 2007.

From 1 November 2006, it is anticipated that patients with a mental disorder will be managed under the new GP Mental Health Care items (items 2710, 2712 and 2713). The 3 Step Mental Health Process items cannot be used in addition to the new GP Mental Health Care Plan and Review items for treatment of the same patient.

Q: How do the new GP Mental Health Care items relate to the CDM items?

A: The Chronic Disease Management (CDM) Medicare items continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. The CDM items have not changed.

The GP items in this initiative are based on a similar model of care – assess, plan and review – as the BOIMHC 3 Step Mental Health Process. The GP items are also based on a similar structure to the Chronic Disease Management items, except that GP referral to clinical psychologists and allied mental health services does not require team care arrangements. These referral pathways reflect the different needs of patients with a mental disorder.

Wherever possible, patients should have only one plan for primary-care management of their mental disorder. The creation of multiple plans should be avoided unless the patient clearly requires an additional plan to manage a separate medical condition.

Q: Is there a limit on the number of GP Mental Health Care Consultation items that can be claimed per year?

A: There is no limit or "cap" on the number of GP Mental Health Care Consultation items that can be claimed by a medical practitioner for services to eligible patients. This item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for patients being managed under a GP Mental Health Care Plan. The GP Mental Health Care Consultation item may be used for ongoing management of a patient with a mental disorder. However, it should not be used for the development of a GP Mental Health Care Plan and cannot be used at the same time as the GP Mental Health Care Plan or Review items.

Q: What information is available about the new GP Mental Health Care items?

A: More detailed information is available at www.health.gov.au or by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients). New MBS items are subject to the normal MBS regulatory approval process.



Allied mental health professional Medicare items

Q: What are the new Allied Mental Health Medicare items?

- A: From 1 November 2006 new Allied Mental Health Medicare items will be available on the Medicare Benefits Schedule. Medicare rebates will be available for up to 12 individual allied mental health services per patient per calendar year, in two groups of six services with a review by the referring practitioner after the first six services.

Allied mental health services that can be provided under this initiative include Psychological Therapy services provided by eligible clinical psychologists and Focussed Psychological Strategies services provided by eligible psychologists, social workers and occupational therapists.

Q: Who can access services under this initiative?

- A: A patient is eligible to claim Medicare rebates for these services where they are referred by a medical practitioner who is managing the patient under a GP Mental Health Care Plan, and/or a psychiatrist assessment and management plan, or on referral from a psychiatrist or paediatrician.

Q: What are the provider eligibility requirements to provide services under this initiative?

- A: A clinical psychologist with eligibility for membership of the Australian Psychological Society's College of Clinical Psychologists, and registered with the Psychologists Registration Board in the state or territory in which they are practising (Clinical psychologists whose state/territory registration includes any limitation are not eligible to register with Medicare Australia to provide Psychological Therapy services under this initiative)

To be eligible to provide Focussed Psychological Strategies under this initiative, allied health professionals must meet specific eligibility requirements relevant to their discipline and be registered with Medicare Australia.

Q: Will publicly funded psychologists be able to access the new items?

- A: Items 80000 – 80170 inclusive do not apply for services that are provided by any other Commonwealth- or state-funded programs. However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Services or State/Territory Government health clinic, these items can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the service as long as all requirements of the items are met, including registration with Medicare Australia. These services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

Q: What are Psychological Therapy services?

- A: In addition to psycho-education, it is recommended that cognitive-behaviour therapy be provided in Psychological Therapy Services. However, other evidence-based therapies, such as interpersonal therapy, may be used if considered clinically relevant.

Q: What are Focussed Psychological Strategies services?

A: A range of acceptable strategies has been approved for use by allied health professionals using the Focussed Psychological Strategies (FPS) items. These are:

- Psycho-education (including motivational interviewing)
- Cognitive-Behavioural Therapy (including behavioural interventions and cognitive interventions)
- Relaxation strategies (including progressive muscle relaxation and controlled breathing)
- Skills training (including problem-solving skills and training, anger management, social skills training, communications training, stress management, and parent management)
- Interpersonal Therapy (especially for depression)

There is flexibility to include narrative therapy for Aboriginal and Torres Strait Islander people.

Q: How many services can a patient receive under this initiative?

A: Eligible patients can generally receive up to 12 individual services in a calendar year in two groups of up to six services, although provision will exist for patients to receive additional services where exceptional circumstances arise (exceptional circumstances will be identified by the referring medical practitioner). This maximum of 12 services may be made up of Psychological Therapy services, FPS – allied mental health services, or a mix of both, including services provided through ATAPS. The patient's GP should assess the patient's need for additional services after the initial six services.

In addition, eligible patients will also be able to receive up to 12 group therapy services in a calendar year where such services are possible and seen as appropriate by the provider. This maximum of 12 group services may be made up of psychological therapy services, FPS – allied mental health services, or a mix of both.

Q: Do referring practitioners require a specific form to refer patients on to eligible allied mental health professionals for treatment?

A: No. The referral may be a letter or note to an eligible allied mental health professional, signed and dated by the referring practitioner.

Q: What about out-of-pocket expenses and Medicare safety net provisions?

A: Charges in excess of the Medicare benefit for items under this initiative are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient.

Q: What about patients with private health insurance cover?

A: Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients with such insurance can either: access rebates from Medicare under the allied mental health items by following the claiming process; or receive services from allied mental health professionals and claim where available on their insurer's ancillary benefits.

Patients cannot use their private health insurance ancillary cover to top up the Medicare rebates paid for these services. It is important for patients to check with their health fund which ancillary services are covered and what their out-of-pocket expenses are likely to be.

Q: How do I find out more information about this initiative?

A: More detailed information on the allied mental health professional Medicare items is available at www.health.gov.au. For information about eligibility and payment process telephone Medicare Australia on 132 150 (for providers) or 132 011 (for patients).



Mental Health Services in Rural and Remote Areas

Q: When will the initiative be implemented?

A: Phase one of the *Mental Health Services in Rural and Remote Areas* initiative will begin on 1 November 2006.

Q: Where will the funding be provided?

A: Under phase one, funding will be provided to several organisations in rural and remote locations. These locations will be where there are significant gaps in mental health services but there is some existing infrastructure.

Rural and remote locations across Australia will be targeted under this measure and could include areas such as the Northern Territory outside Darwin, Central and Northern South Australia, North-Western Western Australia, Cape York in Queensland, Western New South Wales, East Gippsland in Victoria and North-Western Tasmania.

Phase two of the *Mental Health Service in Rural and Remote Areas* initiative will build on phase one and may also include service capacity building in rural and remote communities where there is a relatively low level of mental health service provision.

Q: How will the *Mental Health Services in Rural and Remote Areas* initiative be implemented? Will funds be provided to Divisions of General Practice?

A: Funding will be provided to organisations that can deliver mental health services in identified rural and remote locations. These organisations could include, but are not limited to, Divisions of General Practice. Other potential organisations could include Aboriginal Medical Services and the Royal Flying Doctor Service.

Q: Does this initiative complement the Access to Allied Psychological Services (ATAPS) projects provided through Divisions of General Practice?

A: *Mental Health Services in Rural and Remote Areas* complements the services provided under the ATAPS component of the Better Outcomes in Mental Health Care Program. The organisations that will be providing these services may also include some of the Divisions presently delivering ATAPS projects.