

GP MENTAL HEALTH TREATMENT PLANS & VALID BETTER ACCESS REFERRALS

A Quick Reference Guide for GP's



A mental health treatment plan (MHTP) is a structured plan developed by GPs to assist patients in managing mental health issues effectively. It outlines the patient's mental health concerns, treatment goals, and strategies for improvement. The plan and subsequent referral allows the patient to claim a rebate for psychology services provided under Medicare's Better Access initiative and help to cover the costs of up to 10 individual sessions of mental health treatment and up to 10 group therapy sessions each calendar year.

A patient can continue on the same MHTP **indefinitely**, with the GP updating the original plan over the years if appropriate. In certain circumstances, it may be appropriate for the GP to prepare a new mental health treatment plan, such as if a significant change occurs with the patient's circumstances or if a patient transfers their care to a new GP.

Psychologists must receive a valid referral to provide Better Access services. Psychologists cannot accept the MHTP in place of a referral.

Referrals

A valid referral should include the following:

- Patient's **name, date of birth** and **address**.
- The **number of sessions** the patient is being referred for. Under Better Access this is:
 - A maximum of **six sessions at a time for individual sessions**. The current allowance is up to 10 sessions per calendar year, usually achieved over two referrals (6 sessions on the initial referral and 4 sessions on the subsequent referral).
 - A maximum of **10 sessions at a time for group sessions**.
- States that a **Mental Health Treatment Plan**, healthcare home shared care plan or referred psychiatrist assessment and management plan has been created.
- Requests the **provision of psychological treatment**.
- States an eligible **diagnosis or symptoms**. For the purposes of Better Access services, dementia, delirium, tobacco use disorder and "mental retardation"* (as per the legislative wording derived from ICD-10, 1996) are not regarded as mental disorders.
- A list of any current medications.
- **Signed and dated** and contains either the **practice address** or **provider number**.

Referrals are valid for the number of services shown on the referral.

*Note: The term "mental retardation" is historical terminology used in the underlying ICD-10 reference. Contemporary clinical language uses "intellectual disability".

Reviews / Re-referrals

Under the Better Access initiative, psychologists must provide a report back to the referring practitioner after each course of treatment.

An appointment can be made with the patient following receipt of the psychologist's report at the end of a course of treatment. At this time, the referring GP can assess the patient's clinical need for further sessions.

If the referring GP determines that further treatment is needed after receiving a psychologist treatment report, another referral will be required.

Further information about the reporting requirements relating to these services can be accessed in MBS explanatory notes [MN.6.2](#) and [MN.6.3](#), and information on the GP Mental Health Treatment items can be found at MBS note [AN.0.56](#).

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Calendar year claiming limits

In a calendar year (1 January to 31 December), your patient can receive the following services:

- up to 10 individual Medicare-rebated mental health services for psychological therapy or focussed psychological strategies and
- up to 10 group therapy services (involving 4–10 patients as part of psychological therapy or focussed psychological strategies).

Course of treatment

The number of services stated in the referral is a 'course of treatment'.

- A patient can have two or more courses of treatment within their calendar year, with a limit of 10 sessions, and the maximum number of sessions on a referral is 6 individual sessions.
- Patients require a **new referral** for each course of treatment.

The maximum number of sessions allowed in a calendar year for each course of treatment is:

- An initial course of treatment is a maximum of 6 sessions.
- Subsequent course/s of treatment – a maximum of 6 sessions up to the patient's cap of 10 'initial' sessions. For example, if the patient received 6 sessions in their initial course of treatment, they can only receive 4 sessions in a subsequent course or courses of treatment.

Where a referral does not specify the number of sessions, or specifies a number of sessions above the maximum allowance for the course or treatment or calendar year (including any sessions the patient has already received that year), the psychologist should contact the referring practitioner to determine the number of services required.

However, if the psychologist is unable to get in contact with the referring practitioner to confirm the number of services, they can use their clinical judgment to provide services under the referral, noting the patient cannot receive more than:

- the maximum number of services allowed for that particular course of treatment; and
- the maximum number of services allowed in a calendar year.

Can sessions be used across multiple calendar years?

Yes. If there are remaining (unused) sessions, referrals can be carried over into the next calendar year.

Patients can receive up to 10 individual sessions **each calendar year**. Referrals are **valid for the number of services** shown on the referral letter, up to a maximum of 6 sessions per referral. Mental health referrals do not expire at the end of the year.

Any services carried across calendar years will count towards the maximum of 10 sessions in the calendar year in which they were accessed.

For further information, please refer to the [Services Australia guide](#). If you have any questions, please feel free to contact the Australian Association of Psychologists via admin@aapi.org.au or phone [0488 770 044](tel:0488770044) or Services Australia.

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