

Accessing a Mental Health Care Plan

What has happened to you in the past can leave you deeply distressed, anxious, depressed or troubled by intrusive thoughts or flashbacks. For some people this can undermine mental wellbeing and enjoyment of life.

If you or someone you love wants to take steps to address mental health concerns, Medicare offers a rebate for some mental health practitioners such as registered psychologists and social workers. Depending on the practitioner and your income, the rebate covers most or sometimes all of the cost. These are the steps:

1. Establish contact with your GP

First, make an appointment to see your General Practitioner (GP). It is advised that you see a GP you already have a relationship with. If you don't have an existing relationship with a GP you may want to search for medical practices online to locate one in your area. Contacting a larger medical practice can make it easier to access a GP who can see you as a new patient and conduct a mental health assessment.

2. Check eligibility and agree on a Mental Health Care Plan

After initial discussions and assessments with you, your GP will decide if a Mental Health Care Plan is recommended for you. Your agreement to accept this service will be recorded by your GP. This involves your GP taking a relevant history that includes a mental health (MH) assessment, identifying if there are any safety concerns, and providing you with a diagnosis or formulation. Your GP will then prepare your Mental Health Care Plan, where you will jointly agree on goals, the referral and treatment options, and what actions you will need to take.

3. Consult with mental health practitioner

You can now start consulting your MH practitioner and work towards your goals. You may have a practitioner you would like to see, or your GP can suggest one for you. Your GP will only refer you to practitioners who are fully qualified and, depending on your plan, appropriate to work with you. There may be a short wait involved before you can start your sessions. You can expect the practitioner to report back to your GP after the first six sessions.

4. Mental Health Care Plan review

Between four weeks to six months after you first agree to your Mental Health Care Plan, your GP will review your progress with you. A review may identify that your Care Plan goals are achieved, or indicate that other options are required. Based on this review and the MH practitioner's recommendations, an additional six appointments with the practitioner can be approved by your GP. The maximum number of appointments per client is 12 per year.

Mental health consultation

If you want additional assistance during the life of your plan, you may be able to see your GP for a MH consultation. This means you can specifically discuss other issues related to your MH concerns. This appointment is slightly longer than a standard GP appointment.

Please note that whatever you discuss with your GP forms part of your medical history. Insurance companies may have the right to access this information when assessing you for insurance requests and claims. People should not be discouraged by this but may need to take it into consideration.