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THERAPY NEAR ME RESEARCH

Australian GP Mental Health Referral Guide 2026

A practical guide to Better Access, psychology referrals and alternative mental-health pathways

For general practitioners, prescribed medical practitioners and practice teams

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GUIDE NAVIGATION

Contents

This guide is structured for quick practice use: current Better Access rules first, then referral-writing, pathway selection, practical tools and references.

1 Quick reference: choosing a referral pathway
2 Better Access in 2026: what changed
3 Who is eligible for a Mental Health Treatment Plan
4 Mental Health Treatment Plan versus referral
5 Writing a valid Better Access referral
6 Course-of-treatment, review and reporting rules
7 Telehealth referrals and delivery
8 Choosing the right provider and pathway
9 Referral pathways outside Better Access
10 NDIS and psychosocial disability evidence
11 Children and young people
12 Urgent and crisis presentations
13 GP referral checklist
14 Sample psychology referral letter
15 Medicare rebate snapshot
16 Referring to Therapy Near Me
17 References and suggested citation

Purpose

This guide is designed as a practical referral-navigation resource. It summarises current national Better Access requirements, the information needed in a psychology referral, course-of-treatment rules, telehealth, alternative pathways and key steps after referral. It should be used alongside current MBS, Services Australia and Department of Health guidance and the clinician's own judgement.

Important

This guide is general information, not a substitute for individual clinical assessment, emergency care, legal advice or the current Medicare Benefits Schedule. Medicare rules, item numbers and rebate amounts can change. Verify current requirements before billing or relying on an item.

Companion research: The accompanying *Australian Access & Referral Report 2026* examines national access, affordability, geography and referral-data gaps. Both publications sit on the same permanent resource page.

1

QUICK REFERENCE

Choosing a referral pathway

Use the patient's clinical needs, risk, preferred modality, affordability, geography and likely service intensity to determine the most appropriate pathway. Better Access is one pathway, not the whole mental-health system.

Better Access - psychologist / eligible allied health

Referral: Yes | Medicare

Best suited to: clinically diagnosed mental disorder requiring at least moderate support.

Key point: MHTP or other qualifying pathway plus a valid written referral. Initial course: up to 6 individual services.

Private psychology

Referral: No for private access

Best suited to: patients choosing self-funded psychology.

Key point: a patient can usually book privately without a GP referral, but Better Access Medicare rebates require eligibility and a valid referral.

Medicare Mental Health Centre

Referral: No | Free

Best suited to: people seeking free face-to-face mental-health support, including distress.

Key point: free; no appointment, referral or diagnosis required.

Medicare Mental Health Check In

Referral: No | Age 16+

Best suited to: people aged 16+ with mild mental-health challenges.

Key point: free online low-intensity support; no referral or diagnosis required.

Psychiatry

Specialist referral rules

Best suited to: when specialist medical assessment or management is required.

Key point: follow current MBS specialist referral rules; psychiatry is distinct from the Better Access allied-health referral pathway.

NDIS psychosocial disability

Not a Better Access referral

Best suited to: people seeking disability supports where NDIS access requirements may be met.

Key point: GPs may provide evidence about diagnosis/impairment, treatment history, permanence and functional impact.

Emergency / acute crisis

Routine referral is not the immediate response

Best suited to: immediate danger, acute suicide risk, severe behavioural or psychiatric crisis.

Key point: call 000 or direct to the nearest emergency department / relevant acute mental-health service.

EAP / workers compensation / CTP / DVA / other funders

Funder-specific

Best suited to: patients eligible under an employer, insurer or statutory scheme.

Key point: check the specific funder's approval and referral requirements before treatment.

Fast rule of thumb: If the goal is Medicare-subsidised allied mental-health treatment under Better Access, confirm eligibility, ensure the Mental Health Treatment Plan is in place where required, and issue a separate valid referral. If the patient's needs are mild, urgent, primarily disability-related, or better met by another funded pathway, consider the appropriate alternative rather than defaulting automatically to Better Access.

2

BETTER ACCESS

What changed in 2026

From 1 November 2025, the Better Access pathway changed to strengthen continuity of care. Preparation of a Mental Health Treatment Plan, referrals for Better Access treatment and reviews are linked to the patient's MyMedicare-registered practice or the patient's usual medical practitioner. GP/PMP Mental Health Treatment Plan review and mental-health consultation items were removed; time-tiered general attendance items are used for review, referral and ongoing management. [4,6]

Usual practitioner / practice continuity

A patient's usual medical practitioner is generally a practitioner who has provided the majority of the patient's care in the previous 12 months or is likely to provide the majority of care in the next 12 months; this can include other GPs/PMPs at the patient's usual practice. [4,6]

MyMedicare is not mandatory for the plan itself

Patients are not required to be enrolled in MyMedicare to access a Mental Health Treatment Plan; however, if MyMedicare or usual-practitioner requirements apply to a service, those rules must be met. [2,7]

At least moderate support

Better Access referrals are intended for patients with a clinically diagnosed mental disorder who require at least a moderate level of support and are likely to benefit from structured management. [3,6]

The plan is a living document

The Mental Health Treatment Plan does not expire merely because the calendar year changes, and a new plan should not generally be prepared within 12 months unless clinically required or exceptional circumstances exist. [2,6]

3

ELIGIBILITY

Who is eligible for a Mental Health Treatment Plan

Core eligibility criteria

- The patient has a clinically diagnosed mental disorder.
- The patient requires at least a moderate level of support.
- The patient is likely to benefit from a structured approach to management.
- The plan is prepared by the patient's usual medical practitioner or an eligible GP/PMP at the relevant MyMedicare practice, consistent with current rules.

What the MBS expects to be documented

The MBS requires assessment and written documentation of the patient's mental disorder, including use of an outcome measurement tool unless clinically inappropriate, formulation/diagnosis, treatment goals, referral and treatment options, education, crisis/relapse planning where relevant, and arrangements for follow-up. A copy of the completed plan must be offered to the patient and retained in the medical record. [6]

Do not recreate the plan simply because a new calendar year has started

Services Australia states that a Mental Health Treatment Plan does not expire. Update and review the existing plan as clinically appropriate; create a new plan only when clinically required, generally not within 12 months unless exceptional circumstances exist. [2,6]

4

DOCUMENTATION

Mental Health Treatment Plan versus referral

A Mental Health Treatment Plan and a referral perform different functions. The plan records assessment and management. The referral authorises the specified course of eligible allied mental-health treatment for Medicare purposes.

DOCUMENT 1

Mental Health Treatment Plan

Documents assessment, diagnosis/ formulation, goals, treatment options, supports and follow-up arrangements. **Practical point:** it is not, by itself, the allied-health referral.

DOCUMENT 2

Referral letter

Requests a defined course of Better Access treatment from an eligible provider. **Practical point:** it must be signed and dated and include the required information.

DOCUMENT 3

Provider report

Communicates assessment, treatment provided and recommendations after the course. **Practical point:** the treating allied-health professional must report back after each course of treatment.

There is no mandatory standard Better Access referral form. A signed and dated letter is acceptable; an electronic signature is acceptable. [1]

5

REFERRAL-WRITING

Writing a valid Better Access referral

Required information

- Patient name.
- Date of birth.
- Address.
- Symptoms or diagnosis.
- Current medications.
- Number of treatment services requested.
- A statement confirming whether the patient has a Mental Health Treatment Plan or Psychiatrist Assessment and Management Plan.

Useful additions where clinically relevant

- Reason for referral and treatment goals.
- Relevant mental-health and medical history.
- Current risk or safety concerns and any safety plan.
- Relevant substance-use information.
- Previous psychological or psychiatric treatment and response.
- Communication, language, cultural or accessibility needs.
- Preferred modality and location constraints.
- Parent/guardian or authorised representative details.
- Relevant reports, discharge summaries or assessments.

Avoid unnecessary disclosure

Include enough information to allow safe triage and clinically appropriate treatment, but do not include unrelated sensitive information. The patient should understand what is being shared and why, subject to applicable consent, privacy and safety obligations.

6

TREATMENT COURSE

Course-of-treatment, review and reporting rules

Rule	Current Better Access position
Initial individual course	Up to 6 individual treatment services.
Subsequent individual course	Remaining services up to the patient's annual cap of 10 individual services.
Group services	Up to 10 group therapy mental-health treatment services per calendar year.
New referral	Required for each course of individual or group treatment.
Review before additional course	The referring practitioner reviews the plan/need for further treatment before an additional course.
Provider report	Treating allied-health professional provides a written report after each course; if treatment stops early, report after the last service.
Changing provider	A referral remains valid for the number of services shown even if the patient changes eligible allied-health provider.
Unused services at year end	May be used in the following year, but count towards the following year's annual claiming limit.
Annual limit	Up to 10 individual and 10 group services; the limit is applied by date of service.

The provider's report must include assessments carried out, treatment provided and recommendations for future management. [1,8] Better Access also allows up to two clinically appropriate family/carer participation services per calendar year in eligible circumstances; these count towards the patient's individual Better Access allocation. [1]

7

REMOTE CARE

Telehealth referrals and delivery

Better Access includes telehealth items. Services Australia states that video is the preferred alternative to face-to-face care, with some phone services available where video is not available. Individual mental-health treatment services can be delivered by telehealth when it is safe and clinically appropriate and the relevant MBS requirements are satisfied. [1,9]

- Discuss whether telehealth is clinically suitable for the patient and presentation.
- Confirm the patient has a private, safe environment and appropriate technology where possible.
- Consider the patient's location, emergency contacts and escalation plan for remote care.
- Confirm the treating practitioner is eligible for the relevant MBS item and modality.
- Do not assume telehealth removes affordability, digital-access or clinical-suitability barriers.

8

MATCHING

Choosing the right provider and pathway

A useful referral is not only technically valid; it should also be practically usable by the patient. Consider the following before nominating a provider or pathway.

01

Clinical fit

Does the practitioner work with the patient's age group, presentation and level of complexity?

02

Risk and acuity

Is scheduled outpatient treatment appropriate, or is urgent/acute assessment required?

03

Availability

Is the provider accepting referrals and able to offer a clinically reasonable timeframe?

04

Affordability

What is the provider fee, Medicare benefit and likely out-of-pocket cost?

05

Modality

Does the patient prefer or require telehealth, in-person care or another format?

06

Location

Is local access realistic, or would a national telehealth provider improve choice?

07

Language / culture

Are language, cultural, gender or communication preferences relevant to matching?

08

Continuity

Can the provider report back promptly and support review after the referred course?

09

Funding

Is Better Access the correct funding pathway, or is another scheme more appropriate?

Practice principle: match the pathway to the patient's actual clinical and access circumstances, not just the availability of a referral mechanism.

9

ALTERNATIVES

Referral pathways outside Better Access

Not every patient who needs mental-health support requires a Better Access referral. Current national services include several pathways that can be accessed without a GP referral. [5]

Medicare Mental Health Centres

Provide free mental-health information, support and care. They are open extended hours and do not require a referral or diagnosis; people can walk in. The national Medicare Mental Health phone service (1800 595 212) can help people identify suitable free or low-cost local services. [5]

Medicare Mental Health Check In

A free national service for people aged 16 years and over experiencing mild mental-health challenges. It provides evidence-based low-intensity support through online tools, with guided telehealth support available. No referral or diagnosis is required. [5,10]

Private psychology

Patients can generally access psychology privately without a Better Access referral. If they want to claim a Better Access Medicare benefit, the eligibility and referral rules must be met. A private pathway can be appropriate where the patient does not meet Better Access requirements, has exhausted the annual Medicare limit, or prefers to self-fund.

Public and community mental-health services

State and territory systems provide public community, acute and hospital mental-health services. Entry criteria and local triage arrangements vary. Use local health-service pathways for patients whose acuity, risk or complexity requires public-sector assessment or multidisciplinary care.

Employer, insurer and statutory schemes

EAP, workers compensation, motor accident, DVA and other third-party pathways operate under their own eligibility, approval and reporting rules. Confirm the payer, claim status, approved provider requirements and reporting obligations before treatment where relevant.

10

DISABILITY PATHWAY

NDIS and psychosocial disability evidence

NDIS access is a disability-access process, not a Better Access psychology referral. GPs and other treating professionals may nevertheless play an important role in helping a patient apply and in providing evidence. [11]

Supporting evidence may need to address

- The diagnosis and/or nature of the impairment resulting in disability.
- The history of the condition and impairments.
- Past, current and planned evidence-based treatments and their outcomes.
- Why the impairment is likely to be permanent where the disability pathway requires this.
- How the impairment affects day-to-day functional capacity across relevant life domains.
- The types of supports that may be required.

For psychosocial disability, the NDIS provides a specific evidence of psychosocial disability form. Evidence should be recent, provided by an appropriate treating professional and describe functional impact rather than relying on diagnosis alone. [11]

Keep the systems distinct

A person may need both health-system treatment and disability supports. A Mental Health Treatment Plan does not replace NDIS evidence, and NDIS access evidence does not replace a valid Better Access referral when Medicare-subsidised psychological treatment is being sought.

11

PAEDIATRIC REFERRALS

Children and young people

For children and young people, referral planning should account for age, developmental stage, consent/capacity, parent or guardian involvement, school and family context, practitioner scope and whether paediatric, psychiatric or public child-and-youth services are indicated.

- Better Access can apply to eligible children and young people when the relevant clinical and referral criteria are met.
- Paediatricians and psychiatrists can directly refer eligible patients for Better Access treatment services. [1,6]
- Medicare Mental Health Kids Hubs provide free support for children aged 0 to 12 years and their families, carers and kin, without requiring a diagnosis or referral. [5]
- For acute safety concerns, use emergency or local child-and-youth mental-health pathways rather than routine outpatient referral.

12

SAFETY

Urgent and crisis presentations

IMMEDIATE SAFETY

Routine referral is not an emergency response

If a patient is at immediate risk of harm to themselves or someone else, call triple zero (000) or direct them to the nearest emergency department. For urgent but non-immediate presentations, use the relevant state or territory mental-health triage service, public mental-health service, emergency department, existing treating team or other local escalation pathway. A scheduled psychology referral should not be relied upon as the sole response to an acute crisis.

000	13 11 14	1300 659 467
Immediate danger	Lifeline - 24/7	Suicide Call Back Service

13

BEFORE THE PATIENT LEAVES

GP referral checklist

- [ ] Clinical need and risk have been assessed.
- [ ] If Better Access is used, Mental Health Treatment Plan requirements are met.
- [ ] Patient name, date of birth and address are included.
- [ ] The number of services requested is stated.
- [ ] Relevant risk/safety information is included where appropriate.
- [ ] Provider capacity, likely fees and modality have been considered or explained.
- [ ] The patient has appropriate urgent/crisis instructions where indicated.
- [ ] The patient has been offered a copy of the Mental Health Treatment Plan where applicable.
- [ ] The intended pathway is appropriate for the patient's level of need.
- [ ] The separate referral letter is signed and dated.
- [ ] Symptoms/diagnosis and relevant current medications are included.
- [ ] The referral states whether a Mental Health Treatment Plan or PAMP is in place.
- [ ] Patient preferences and access needs have been considered.
- [ ] The patient knows who will contact whom next.
- [ ] A review/follow-up plan is recorded.

14

PRACTICE TOOL

Sample psychology referral letter

The following is a practical template only. Practices can use their own letterhead and workflow. There is no mandatory standard Better Access referral form. [1]

Psychology referral

Better Access - practical template

[DATE]	
To:	[Psychologist / service name]
Re:	[Patient full name]
DOB:	[DD/MM/YYYY]
Address:	[Patient address]
Contact:	[Phone / email if appropriate]
Dear [Practitioner/Service],	I am referring [patient name] for psychological treatment under the Better Access initiative.
Mental Health Treatment Plan:	[Yes - prepared/active on date ___]
Reason for referral:	[Concise symptoms/diagnosis, functional impact and treatment goals]
Current medications:	[Relevant medications / none]
Relevant history:	[Relevant mental-health, medical and treatment history]
Risk/safety information:	[Current risk considerations, safety plan or relevant escalation information]
Course requested:	[Up to 6 individual services for an initial course, or remaining eligible services for a subsequent course]
Preferred modality:	[Telehealth / in-person / no preference]
Additional information:	[Language, cultural, communication, guardian or accessibility needs where relevant]
Attachments:	[Relevant reports / discharge summary / copy of MHTP where appropriate]
	Please provide the required written report at completion of the course of treatment, or after the final attended service if the course is not completed.
Kind regards,	[Referrer name and qualifications] [Practice / provider number] [Contact details] [Signature / electronic signature]

15

PATIENT COSTS

Medicare rebate snapshot

The examples below are current from 1 July 2026 and are included to help GPs discuss likely patient costs. Provider fees are not set by the MBS and may be higher or lower than the schedule fee. Always check the current MBS before relying on a rebate figure. [8,9]

Provider / service	Item	Duration / modality	Schedule fee	Medicare benefit
Registered psychologist - FPS	80110	50+ min, in consulting rooms	$119.45	$101.55
Registered psychologist - FPS	91170	50+ min, video	$119.45	$101.55
Clinical psychologist - psychological therapy	80010	50+ min, in consulting rooms	$175.30	$149.05
Clinical psychologist - psychological therapy	91167	50+ min, video	$175.30	$149.05

The patient's actual out-of-pocket cost is the provider fee minus the Medicare benefit, subject to eligibility, claiming rules and any applicable Medicare Safety Net arrangements.

Provider fee
CHARGED BY THE PRACTITIONER

\-

Medicare benefit
WHERE ELIGIBLE

=

Out-of-pocket cost
BEFORE ANY SAFETY NET BENEFIT

Discussing likely costs

Provider fees are not set by the MBS and may be higher or lower than the schedule fee. Confirm the treating provider's fee and the patient's likely Medicare benefit before relying on an estimated gap.

16

PROVIDER PATHWAY

Referring to Therapy Near Me

This guide is designed to remain useful regardless of which provider a GP chooses. For practices wishing to refer to Therapy Near Me, the current intake pathway is summarised below.

- Therapy Near Me accepts eligible Better Access referrals under a Mental Health Treatment Plan, referrals associated with a Psychiatrist Assessment and Management Plan, direct referrals from eligible psychiatrists and paediatricians, private psychology referrals and approved third-party-funded referrals.
- Telehealth psychology is available Australia-wide. Selected in-person and home/community options may be available depending on location, clinical suitability and practitioner capacity.
- The intake team reviews the referral for clinical suitability, scope, risk, patient preferences and current availability, then contacts the patient or nominated representative about next steps.
- The treating psychologist provides the required written report to the referring practitioner at completion of the referred course of treatment.

Refer to Therapy Near Me

Use the secure GP referral pathway or contact the intake team directly.

GP REFERRAL FORM
therapynearme.com.au/gp-psychology-referrals/

PHONE
1800 632 763

EMAIL
office@therapynearme.com.au

Therapy Near Me fee example

As at 2 October 2026, Therapy Near Me's standard fee for a 50-minute appointment with an eligible registered psychologist is $195. With the current $101.55 Medicare benefit for the relevant 50+ minute registered-psychologist item, the expected gap is $93.45 before any applicable Medicare Safety Net benefit. Fees, benefits and eligibility can change; confirm current information before referral.

Companion research report: *From GP Referral to Mental Health Care: Australian Access & Referral Report 2026.* Available on the same permanent resource page.

17

SOURCE REGISTER

References and suggested citation

Authoritative sources checked for this edition on 2 October 2026.

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Publication note

This edition is designed to accompany the research report *From GP Referral to Mental Health Care: Australian Access & Referral Report 2026* on the same permanent resource page. Future versions can incorporate minor clinical updates or additional practice tools without materially changing the core referral guidance.