

Mental Health Care Plans: sessions, Medicare rebates and costs

Information for clients



If you have been told to “get a mental health care plan” before seeing a psychologist, this article explains what that actually means and what it is worth to you. A Mental Health Care Plan, now formally called a Mental Health Treatment Plan, is a plan your GP prepares so that you can claim a Medicare rebate on sessions with a psychologist, and in some cases an occupational therapist or social worker. With a plan and a referral, Medicare will rebate up to ten individual sessions in a calendar year, usually as a first course of up to six and a second course once your GP has checked in on how things are going. From 1 July 2026 the rebate for a session of 50 minutes or more is \$149.05 with a clinical psychologist and \$101.55 with a registered psychologist.

What is a Mental Health Care Plan?

A Mental Health Care Plan is part of the Australian Government’s Better Access initiative, which subsidises psychological treatment through Medicare. Your GP talks with you about what is happening, records it in a plan and keeps that plan on your file. What your psychologist actually needs is the referral letter your GP writes under the plan, which states how many sessions you are being referred for.

How do I get one?

Book a longer appointment with your GP and ask to be assessed for a Mental Health Treatment Plan. Since 1 November 2025, the plan must be prepared either at the practice where you are registered with MyMedicare or by your usual GP, meaning the doctor who provides most of your care, so if you do not have a regular GP it is worth finding one first. The same change removed the separate Medicare item for reviewing a plan; your GP now reviews your progress in an ordinary appointment, and the number of sessions you can claim has not changed.

Psychiatrists and paediatricians can also refer you directly to a psychologist under Better Access, without a GP plan.

How many sessions do I get?

Medicare will rebate up to ten individual sessions and up to ten group sessions each calendar year, from 1 January to 31 December. Your first referral covers up to six sessions. Once those are used, you return to the doctor who referred you so they can review how things are going and, if more support would help, refer you for the remaining sessions. Any sessions left on a referral at the end of the year carry over, but sessions you use in the new year count towards that year’s ten.

● How much is the Medicare rebate in 2026?

From 1 July 2026, for an eligible session of 50 minutes or more, the rebate is \$149.05 with a clinical psychologist (MBS item 80010) and \$101.55 with a registered psychologist (MBS item 80110). Clinical psychologists hold an endorsement in clinical psychology after additional postgraduate training, which is why their sessions attract a higher rebate. Rebates are indexed each July, so it is worth checking the date on any figure you read.

● What will I actually pay?

The gap is the difference between the session fee and the rebate. You pay the fee on the day, claim the rebate from Medicare, and the difference is your out-of-pocket cost. We confirm your fee and rebate before your first session so there are no surprises. Out-of-pocket costs for out-of-hospital Medicare services also count towards the Medicare Safety Net, which can increase your rebates later in the year if your costs are high.

● What does a Mental Health Care Plan not cover?

A plan covers treatment sessions, so some of the services we offer fall outside it:

- some or all parts of a psychological assessment, depending on what it includes
- high performance psychology in most circumstances
- sessions with a provisional psychologist, and coaching with one of our ADHD coaches who is not a psychologist, which do not attract a Medicare rebate (coaching delivered by one of our psychologists as part of your treatment may be rebatable)
- medicolegal assessments for legal or insurance purposes.

Psychiatry is rebated separately. You need a referral from your GP, and the rebate depends on the type and length of the consultation.

● What are the alternatives?

If you have private health extras cover, you may be able to claim part of the fee through your fund instead, although you cannot claim both Medicare and private health for the same session. NDIS participants can often use their Capacity Building funding, and WorkCover WA, the Insurance Commission of WA (for motor vehicle injury claims) and DVA fund sessions in some circumstances.

● Frequently asked questions

Do I need a plan to see a psychologist?

No. You can book with a psychologist at any time without one. A plan, or a direct referral from a psychiatrist or paediatrician, is only needed if you want to claim the Medicare rebate.

Is a Mental Health Care Plan the same as a Mental Health Treatment Plan?

Yes. They are two names for the same Better Access plan, and everything in this article applies to both.

Does my plan expire?

No. A Mental Health Treatment Plan has no expiry date. What runs out are the sessions on your referral and the yearly limit of ten.

Do I need a new plan each year?

Generally not. Government guidance is that a new plan should only be created in exceptional circumstances, such as a significant change in your mental health. If you need more support down the track, a review of your existing plan and a new referral is usually all that is needed.

What happens after ten sessions?

Medicare will not rebate further individual sessions in that calendar year. You can continue at the full fee, claim through private health extras if you have it, or ask your GP about other options such as services funded through your Primary Health Network. Your allowance resets on 1 January.

Can I switch to a different psychologist?

Yes. Your referral stays valid for the sessions it covers even if you change psychologist, so you do not need a new referral just to change. Sessions you have already used still count towards your ten.

Can I use my referral for telehealth sessions?

Yes. Rebated sessions can be delivered by video or phone as well as in person.

Does BeWell bulk bill?

No. We are not a bulk-billing practice, so there is a gap between our fee and the rebate, and we will always confirm it with you before you book.

How to start

Once you have your referral letter, email it to info@bewellco.com.au, send it through our [Make a referral page](#) or bring it with you to your first appointment. Please check that it is signed and dated and states the number of sessions, as we need all three to claim the rebate.

Sources

- Department of Health, Disability and Ageing – Frequently asked questions: Better Access to psychiatrists, psychologists and general practitioners through the MBS (updated May 2026). health.gov.au
- Department of Health – Better Access redesign from 1 November 2025. health.gov.au
- Services Australia – Allied health referrals for mental health treatment services. servicesaustralia.gov.au
- MBS Online – items 80010 and 80110, schedule fees from 1 July 2026. mbsonline.gov.au

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