

Medicare-subsidised mental health-specific services

Medicare-subsidised mental health-specific services are provided by [psychiatrists](#), [general practitioners \(GPs\)](#), [psychologists](#) and [other allied health professionals](#). The services described here are provided in a range of settings—for example, hospitals, consulting rooms, home visits, telephone and videoconferencing—as defined in the Medicare Benefits Schedule (MBS). Information is presented on both patient and service provider characteristics and is limited to MBS-subsidised services only. These data relate only to mental health services that are claimed under specific mental health care MBS item numbers. Therefore, the reported number of patients who receive mental health-related services is unlikely to represent all patients who receive mental health care. It is unclear how many additional people receive GP mental health-related care that is billed as a consultation against generic GP MBS item numbers. For further information on the MBS data, refer to the [data source](#) section on this website.

Additional mental health-specific items are included in the MBS periodically. There were a number of new items introduced during the 2019–20 collection period including:

- November 2019: to support patients with eating disorders
- January 2020: for Australians adversely affected by bushfire
- March 2020: in response to COVID-19 to support provision of care via telehealth.

Data downloads

[<xls link>Medicare-subsidised mental health-specific services](#)

[<pdf link>Medicare-subsidised mental health-specific services](#)

Data presented covers the time period 1984–85 to 2019–20. This section was last updated in May 2021.

Key points

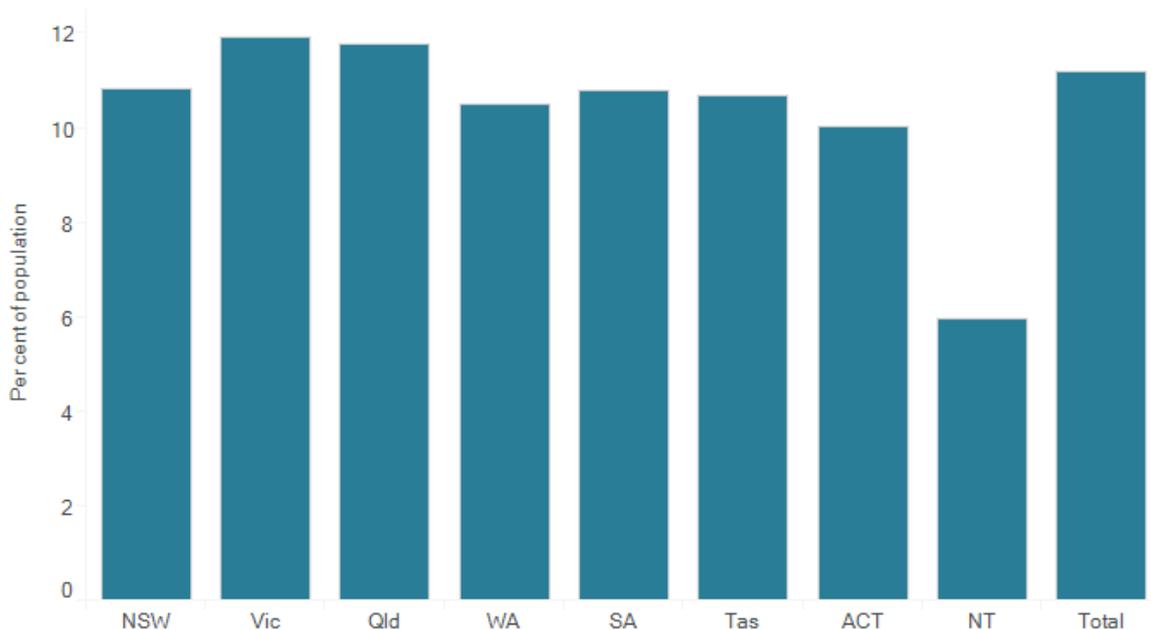
- **10.7%** of Australians (**2.7 million people**) accessed **12.4 million** Medicare-subsidised mental health-specific **services** in 2019–20. This is an increase from **6.2%** of Australians in 2009–10.
- **12.8%** of Australian **females** accessed Medicare-subsidised mental health-specific services compared to **8.5%** of Australian **males** in 2019–20.

- **45.3%** of Medicare-subsidised mental health-specific services were provided by **psychologists** (including clinical psychologists), **30.6%** were provided by **GPs** and **20.3%** were provided by **psychiatrists** in 2019–20.
- **11.8%** of Medicare-subsidised mental health-specific services were delivered via **telehealth** in 2019–20.
- In the April–June period of 2020 **3.2%** fewer **people** accessed services compared to the January–March period of 2020, while **8.4%** more **services** were accessed.

People receiving services

In 2019–20, 2.7 million Australians (10.7% of the population) received Medicare-subsidised mental health-specific services. Victoria had the highest proportion of the population receiving services (11.4%), closely followed by Queensland (11.2%). The Northern Territory had the lowest proportion of the population receiving services (5.7%) (Figure MBS.1).

Figure MBS.1. Proportion of population receiving Medicare-subsidised mental health-specific services, by states and territories, 2019-20



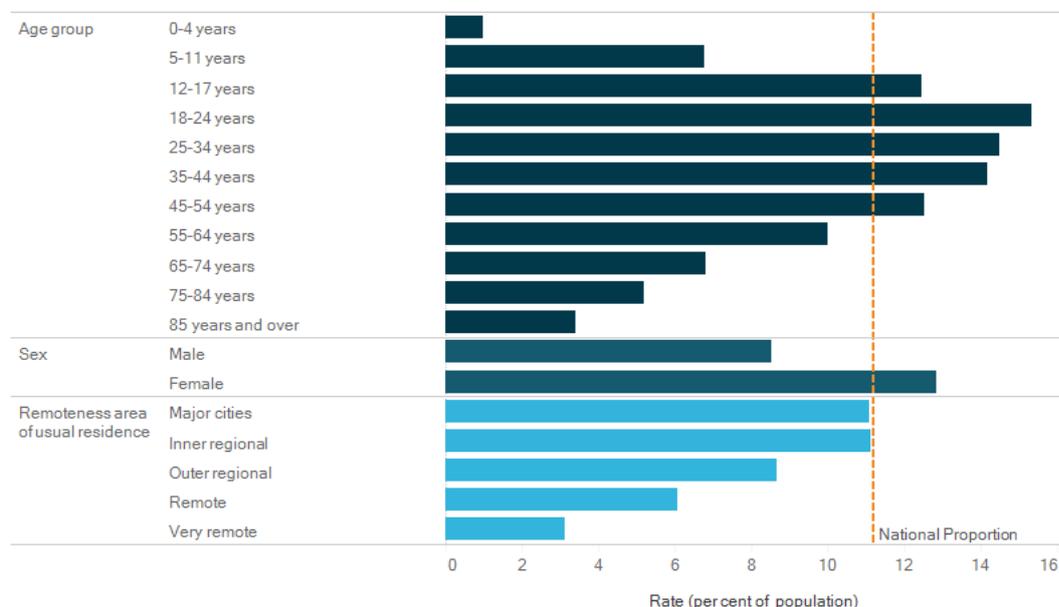
Source: Medicare Benefits Schedule data; Table MBS.1.

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People aged 18–24 years were most likely to receive Medicare-subsidised mental health-specific services (15.3% of people aged 18–24 years), followed by 25–34 years (14.5%) and 35–44 years (14.1%) (Figure MBS.2). A higher proportion of females (12.8% of the female population) accessed services compared with males (8.5%). The proportion of the Australian population receiving services varied according to the remoteness area of patient’s residence. The proportion of people receiving services was highest for those living in *Major cities* and

Inner regional areas (11.1%), with the proportion of the population receiving services decreasing with increasing remoteness to 3.1% of people living in *Very remote* areas.

Figure MBS.2. Proportion of population receiving Medicare-subsidised mental health-specific services, by demographic group, 2019-20



Source: Medicare Benefits Schedule data; Table MBS.2.

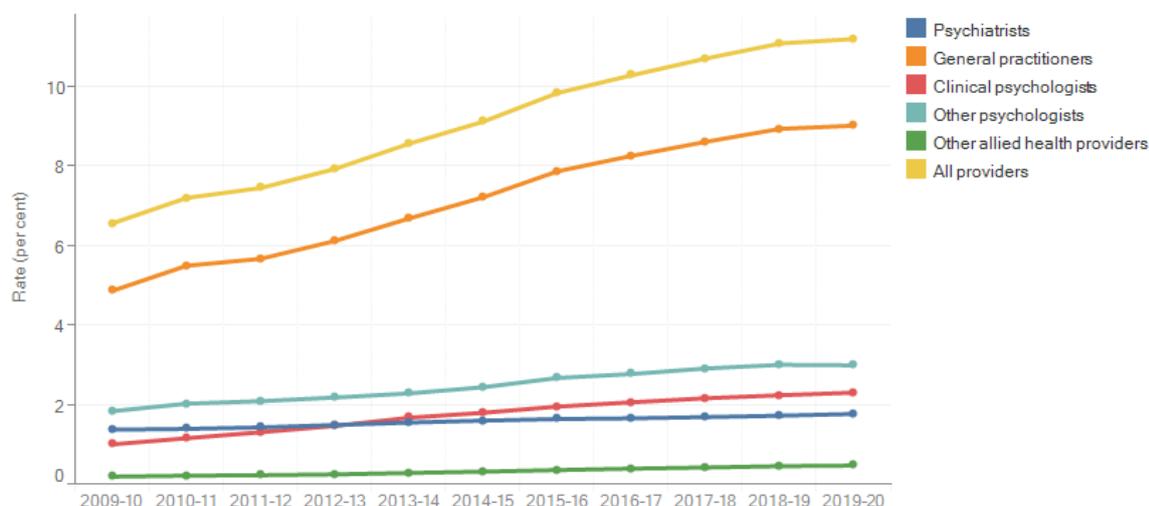
www.aihw.gov.au/mhsa

In 2019–20, 8.8% of the Australian population received Medicare-subsidised mental health-specific services from a general practitioner; 1.7% received services from a psychiatrist; 2.2% received Psychological Therapy Services from a clinical psychologist; 2.9% received psychology services other than Psychological Therapy Services, from a psychologist (clinical psychologist or other psychologist); and 0.4% received services from other allied health professionals, noting that an individual may receive services from more than one provider type. See General Practice section at end of chapter for further information about mental health-related GP care.

Over time

The number of people receiving Medicare-subsidised mental health-specific services increased from 1.4 million (6.2% of Australians) in 2009–10 to 2.7 million (10.7% of Australians) in 2019–20. Increases were seen for all provider types, with the greatest percentage point increase occurring for general practitioners (from 4.8% to 8.8%). The proportion of Australians accessing clinical psychologist MBS services has increased from being lower than the proportion accessing psychiatrist MBS services in 2009–10 to exceeding it in 2019–20 (Figure MBS.3).

Figure MBS.3. Proportion of Australian population receiving Medicare-subsidised mental health-specific services, by provider type, 2009-10 to 2019-20



Source: Medicare Benefits Schedule data; Table MBS.4.

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General Practitioners

General practitioners (GPs) are often the first port of call for people seeking mental health care services. GPs provide a variety of services to people with a mental illness and may refer patients on to specialised services.

There were two data sources up until 2016 that provided complimentary insights into mental health-related GP care: the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity and the mental health-specific Medicare Benefits Schedule (MBS) items which are reported in this section. The BEACH survey estimated that around 12.4% of all GP encounters were mental health-related in 2015-16. The most common management for mental health-related problems was for the GP to prescribe, supply or recommend medication (61.6 per 100 mental health-related problems managed). Depression was the most commonly managed mental health-related problem during the GP encounters (about 32.1%).

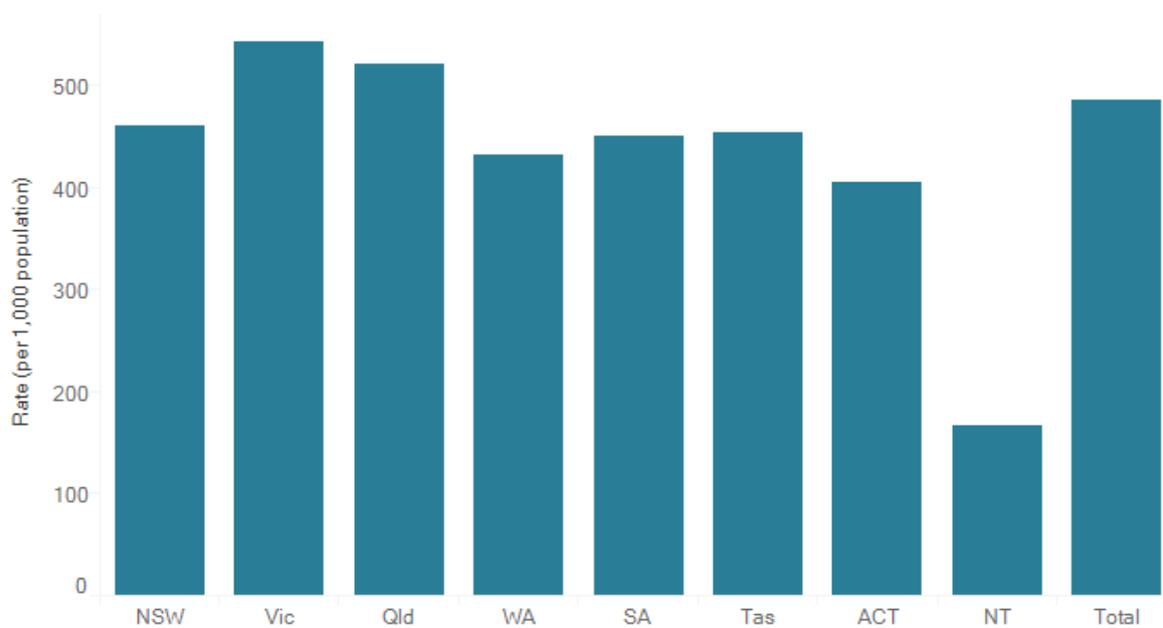
Mental health-specific services

Services

There were 12.4 million Medicare-subsidised mental health-specific services provided to 2.7 million Australians in 2019-20. Further details of the characteristics of these services are

described below. Victoria (542.6 services per 1,000 population) had the highest rate of services, and Northern Territory (164.3) had the lowest, considerably lower than the national rate (486.1) (Figure MBS.4).

Figure MBS.4. Rate (per 1,000 population) of Medicare-subsidised mental health-specific services, by state and territory, 2019-20

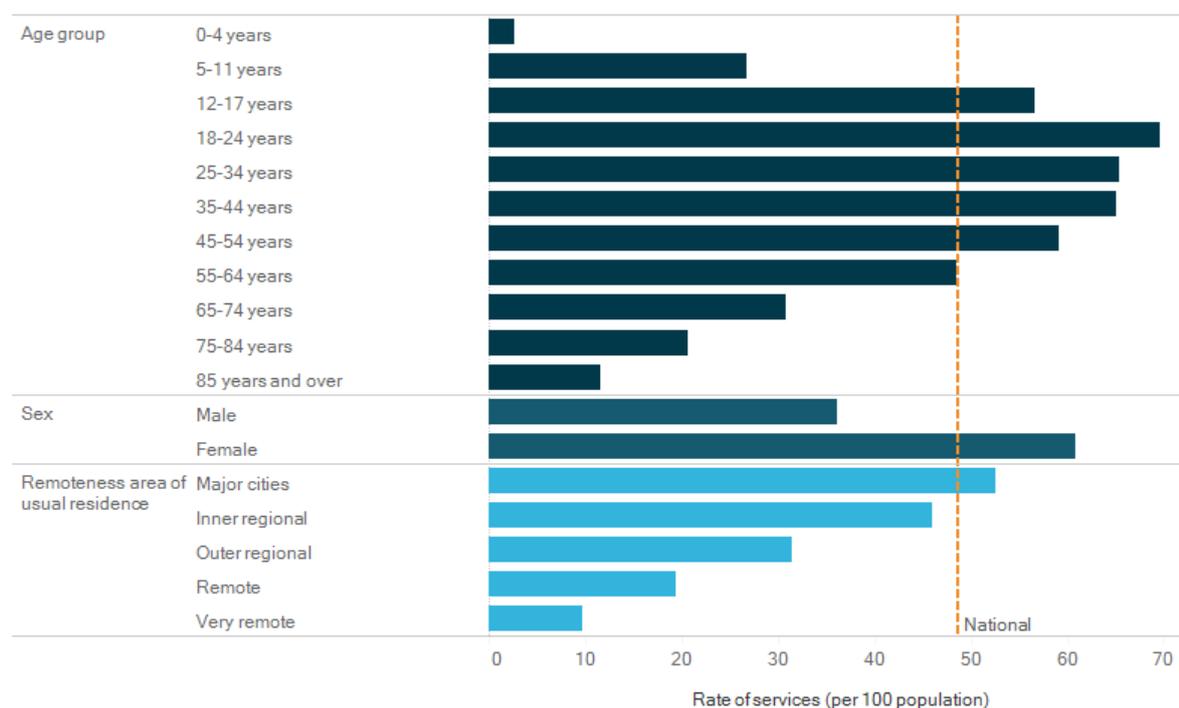


Source: Medicare Benefits Schedule data; Table MBS.12.

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In 2019–20, Australians aged 18–24 years had the highest rate of Medicare-subsidised mental health-specific service use (69.6 services per 100 people aged 18–24 years), and people aged 0–4 years had the lowest usage rate (2.6 services per 100 people aged 0–4 years). Females had a higher rate of service usage than males (60.8 and 36.2 services per 100 females and males, respectively). People living in *Major cities* had the highest rate of service use (52.5 services per 100 people living in *Major cities*), with rates decreasing with increasing remoteness to 9.4 for *Very remote* (Figure MBS.5).

Figure MBS.5. Rate (per 100 population) of Medicare-subsidised mental health-specific services accessed by patients, by patient demographics, 2019-20



Source: Medicare Benefits Schedule data; Table MBS.10.

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Average number of services per patient

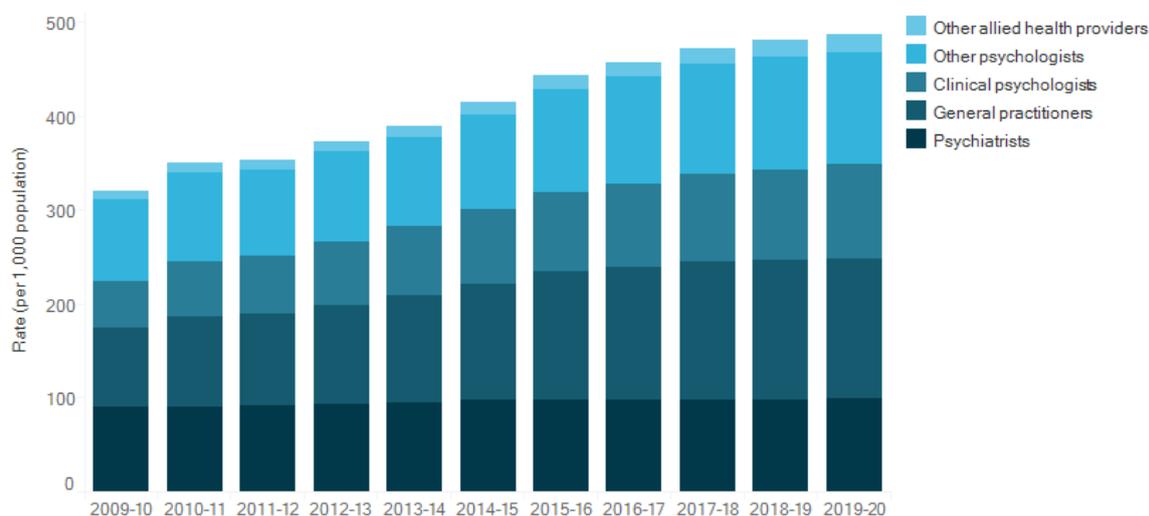
In 2019–20, patients in Victoria had the highest average number of Medicare-subsidised mental health-specific services per patient (4.8), compared to the national average of 4.5 services per patient. The Northern Territory had the lowest number of services per patient at 2.9. The average number of services per patient for all other states and territories ranged between 4.2 and 4.6 services per patient. For the age groups analysed, people aged 55–64 had the highest average number of services per patient (4.8) and patients aged 0–4 years had the lowest (2.6). Females had more services per patient than males (4.7 and 4.2, respectively).

Over time

The total number of Medicare-subsidised mental health-specific services increased from 7.0 million in 2009–10 to 12.4 million in 2019–20; increasing from 319.6 services per 1,000 population in 2009–10 to 486.1 in 2019–20 (Figure MBS.6). The increase in the rate of services was mostly due to increases in services provided by GPs (increase of 2.0 million from 2009–10 to 2019–20), followed by Psychological Therapy Services provided by clinical psychologists (1.5 million), and other psychological services provided by clinical psychologists and other psychologists (1.2 million). There was a relatively small increase in the rate of Medicare-subsidised mental health-specific services delivered by psychiatrists (average annual change of 0.9% from 2009–10 to 2019–20). In 2006–07 new items were added through the Better

Access initiative. In 2019–20, further Better Access items were added, as well as additional mental health-related items in response to the COVID-19 pandemic (next section). Refer to [DoH 2020](#) reference for further information about Better Access.

Figure MBS.6. Rate (per 1,000 population) of Medicare-subsidised mental health-specific services, by provider type, 2009-10 to 2019-20



Source: Medicare Benefits Schedule data; Table MBS.12.

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Services provided via telehealth during the COVID-19 pandemic

During the course of the COVID-19 pandemic, the Australian Government introduced a wide range of additions to the MBS to support provision of care via telehealth, to help reduce the risk of community transmission of COVID-19 and provide protection for both patients and health care providers. These items include mental health services provided by GPs, psychiatrists, psychologists and allied health workers.

Nearly 1.5 million (11.8%) services were provided via telehealth (phone or video) in 2019–20. Psychiatrists and clinical psychologists provided a higher proportion of Medicare-subsidised mental health-specific services via telehealth than other types of providers (14.6% and 14.4% respectively), and GPs provided the lowest proportion of mental health MBS services via telehealth (8.2%). For more detail about the use of telehealth services during the pandemic, more information can be found in the [Mental health impact of COVID-19](#) section.

Use of services during the beginning of the COVID-19 pandemic

New analyses of the Medicare-subsidised mental health-specific services by quarter have been included to show seasonal variations in service use, and provide more insight into the impact of events such as the COVID-19 pandemic. These include service and person counts disaggregated by provider type, age group and sex (Tables MBS.24–MBS.27).

From 2015–16 to 2018–19 the number of people receiving Medicare-subsidised mental health-specific services and the number of services being delivered was consistently highest in the April–June period and lowest in the October–December period. Note that reduced service usage is typical during public holidays and particularly the Christmas/New Year period.

In 2019–20, an unseasonably low number of people used services in April–June, likely due to movement restrictions during lockdown periods. However, a relatively high number of services were still used, meaning more services were used per person in April–June (2.1) than in other quarters (1.8–1.9).

Providers show different patterns of activity over the year. Psychiatrists provide services to a relatively stable number of patients, while GPs and psychologists show more seasonal variations. The number of patients accessing GP provided mental health services typically peak in the January–March period, while the number of patients accessing psychologist provided services typically peak in the April–June period. However this pattern was not observed in 2019–20; it is too early to tell if this is a one-off change driven by lockdown restrictions.

Data source and key concepts

Medicare Benefits Schedule data

The MBS data presented relate to services provided on a fee-for-service basis for which MBS benefits were paid. The year and month is determined from the date the service was processed by Medicare, rather than the date the service was provided. Patient counts for demographic characteristics (e.g. sex, age) are derived from the last service processed in the reference period.

Services Australia collects data on the activity of all persons making claims through the MBS and provides this information to the Department of Health (DoH) ([Services Australia, 2020](#)). Information collected includes the type of service provided (MBS item number) and the benefit paid by Medicare for the service. The item numbers and benefits paid by Medicare are based on the Medicare benefits schedule book ([DoH 2021](#)). Services that are not included in the MBS are not included in the data. The table below lists all MBS items that have been defined as mental health-specific.

Data Source MBS.1: Medicare-subsidised mental health-specific items

Provider type	Item group	MBS Group & Subgroup	MBS item numbers
Psychiatrists	Initial consultation new patient	Group A8	296, 297, 299
	Patient attendances—consulting room	Group A8	291, 293, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319
	Patient attendances—consulting room - review of eating disorder treatment and management plan	Group A36	90266
	Patient attendances—videoconference - review of eating disorder treatment and management plan	Group A36	90268

COVID-19 services – Patient attendances—telehealth	Group A40	91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91840, 91841
Patient attendances—hospital	Group A8	320, 322, 324, 326, 328
Patient attendances—other locations	Group A8	330, 332, 334, 336, 338
Group psychotherapy	Group A8	154, 155, 156, 342, 344, 346
COVID-19 services – Group psychotherapy	Group A40	92455, 92456, 92457, 92495, 92496, 92497
Interview with non-patient	Group A8	157, 158, 159, 348, 350, 352
COVID-19 services – Interview with non-patient	Group A40	92458, 92459, 92460, 92498, 92499, 92500
Telepsychiatry	Group A8	288, 353, 355, 356, 357, 358, 359, 361
Telepsychiatry follow up – face-to-face	Group A8	364, 366, 367, 369, 370
Case conferencing	Group A15	855, 857, 858, 861, 864, 866
Electroconvulsive therapy	Group T1 Subgroup 13	14224
Electroconvulsive therapy	Group T3	153
Referred consultation for assessment, diagnosis and development of a treatment and management plan for autism or any other pervasive developmental disorder (PDD)	Group A8	289
Eating Disorders Treatment Plan	Group A36	90260, 90262

	COVID-19 services – Eating Disorders Treatment Plan	Group A40	92162, 92166
	COVID-19 services – telehealth and phone services	Group A40	92172, 92178, 92434, 92435, 92436, 92437, 92474, 92475, 92476, 92477
General practitioners	GP Mental Health Treatment Plan—accredited	Group A20 Subgroup 1	281, 282, 2710(a), 2715, 2717
	COVID-19 GP Mental Health Treatment Plan—accredited	Group A40	92116, 92117, 92122, 92123, 92128, 92129, 92134, 92135
	COVID-19 GP Mental Health Treatment Plan—accredited (aged care facility)	Group A42	93402, 93406, 93407, 93410, 93411, 93433, 93434, 93437, 93438, 93441, 93442
	GP Mental Health Treatment Plan—non-accredited	Group A20 Subgroup 1	272, 276, 2700, 2701, 2702(a)
	GP Mental Health Treatment—other	Group A20 Subgroup 1	277, 279, 894, 896, 898, 2121, 2150, 2196, 2712, 2713, 2719(a)
	COVID-19 GP Mental Health Treatment Plan – non-accredited	Group A40	92112, 92113, 92114, 92115, 92118, 92119, 92120, 92121, 92124, 92125, 92126, 92127, 92130, 92131, 92132, 92133, 92170, 92171, 92173, 92176, 92177, 92179, 93421, 93422, 93423, 93451, 93452, 93453
	COVID-19 GP Mental Health Treatment Plan – non-accredited (aged care facility)	Group A42	93400, 93401, 93403, 93404, 93405, 93408, 93409, 93431, 93432, 93435, 93436, 93439, 93440

COVID-19 GP Mental Health Group A36 Treatment Plan – eating disorder services		90264, 90267, 90269, 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281, 90282
GP Eating Disorders Plan	Group A36	90250, 90251, 90252, 90253, 90254, 90255, 90256, 90257, 90261, 90263, 92163, 92167
COVID-19 GP Eating Disorder Treatment and Management Plan – Telehealth Service	Group A40	92146, 92147, 92148, 92149, 92150, 92151, 92152, 92153, 92154, 92155, 92156, 92157, 92158, 92159, 92160, 92161
Focussed Psychological Strategies	Group A20 Subgroup 2	283, 285, 286, 287, 371, 372, 941, 942, 2721, 2723, 2725, 2727, 2729, 2731, 2733, 2735
Focussed Psychological strategies – COVID-19 services	Group A40	91818, 91819, 91820, 91821, 91842, 91843, 91844, 91845, 92182, 92184, 92186, 92188, 92194, 92196, 92198, 92200, 93287, 93288, 93291, 93292, 93300, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93310, 93311
Focussed Psychological Strategies - bushfire affected people	Group A39	91283, 91285, 91286, 91287, 91371, 91372, 91721, 91723, 91725, 91727, 91729, 91731
Family Group Therapy	Group A6	170, 171, 172, , 996 ^(a) , 997 ^(a) , 998 ^(a)

	Family Group Therapy	Group A7	221, 222, 223
	Electroconvulsive therapy	Group T10	20104
	3 Step Mental Health Process —general practitioner(a)	Group A18 Subgroup 4	2574, 2575, 2577, 2578
	3 Step Mental Health Process —other medical practitioner(a)	Group A19 Subgroup 4	2704, 2705, 2707, 2708
Clinical psychologists	Psychological Therapy Services	Group M6	80000, 80001, 80005, 80010, 80011, 80015, 80020, 80021
	Eating Disorders Psychological Treatment	Group M16	82352, 82353, 82354, 82355, 82356, 82357, 82358, 82359, 93076, 93079, 93110, 93113
	Focussed Psychological Strategies - bushfire affected people	Group M17	91000, 91001, 91005, 91010, 91011, 91015
	COVID-19 Psychological Therapy Services	Group M25	93312, 93313, 93330, 93331, 93332, 93333, 93334, 93335, 93375, 93376
Psychologists including clinical psychologists	Enhanced Primary Care	Group M3	10968
	Focussed Psychological Strategies (Allied Mental Health)	Group M7	80100, 80101, 80105, 80110, 80111, 80115, 80120, 80121, 91169, 91170, 91183, 91184
	Focussed Psychological Strategies - bushfire affected people	Group M17	91100, 91101, 91105, 91110, 91111, 91115

	COVID-19 Additional focussed psychological strategies	Group M26	93316, 93319, 93350, 93351, 93352, 93353, 93354, 93355
	Initial focussed psychological strategies	Group M28	93381, 93382
	COVID-19 Psychology health service—residential aged care facility	Group M29	93512, 93535, 93557
	Assessment and treatment of PDD	Group A10	82000, 82015
	COVID-19 Telehealth Services	Group M18	91166, 91167, 91181, 91182, 93032, 93035, 93040, 93043
	Allied health service for Indigenous Australians who have had a health check	Group M11	81355
	Eating Disorders Psychological Treatment	Group M16	82360, 82361, 82362, 82363, 82364, 82365, 82366, 82367, 93084, 93087, 93118, 93121
	Initial services (allied health service for Indigenous Australians)	Group M30	93590
Other allied health providers	Enhanced Primary Care —mental health worker	Group M3	10956
	Focussed Psychological Strategies (Allied Mental Health)—occupational therapist	Group M7	80125, 80126, 80130, 80135, 80136, 80140, 80145, 80146
	Focussed Psychological Strategies (Allied Mental Health)—social worker	Group M7	80150, 80151, 80155, 80160, 80161, 80165, 80170, 80171

Focussed Psychological Strategies - bushfire affected people (occupational therapist)	Group M17	91125, 91126, 91130, 91135, 91136, 91140
Focussed Psychological Strategies - bushfire affected people (social worker)	Group M17	91150, 91151, 91155, 91160, 91161, 91165
Focussed Psychological Strategies - COVID-19 affected people	Group M18	91172, 91173, 91175, 91176, 91185, 91186, 91187, 91188, 93326, 93327, 93362, 93363, 93364, 93365, 93366, 93367, 93385, 93386
COVID-19 Additional focussed psychological strategies	Group M26	93322, 93323, 93356, 93357, 93358, 93359, 93360, 93361
COVID-19 Initial focussed psychological strategies	Group M28	93383, 93384
Initial allied health service – mental health worker	Group M29	93506, 93529
Initial allied health service for Indigenous Australians – mental health worker	Group M30	93551, 93584
Follow-up allied health services for Indigenous Australians— mental health worker	Group M11	81325

Eating Disorders Services	Group M16	82350, 82351, 82368, 82369, 82370, 82371, 82372, 82373, 82374, 82375, 82376, 82377, 82378, 82379, 82380, 82381, 82382, 82383, 93074, 93092, 93095, 93100, 93103, 93108, 93126, 93129, 93134, 93137
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(a) Item discontinued.

(b) Item numbers have differing implementation and discontinuation dates. Details are available in the [Medicare Benefits Schedule books](#).

Provider type important notes:

- General practitioners includes services provided by Medical practitioners, including General practitioners, but excluding specialists or consultant physicians.
- Clinical psychologist includes item numbers that can only be claimed by eligible Clinical psychologists.
- Other psychologist includes item numbers that can be claimed by any eligible psychologist, clinical and other. The proportion of activity claimed against these items by Clinical psychologists has not been estimated in the presented data. That is, the services rendered by Clinical psychologists will be present in both the Clinical psychologist and Other psychologist categories.

Psychiatrist items—pre 1996

Restructuring of Group A8 items occurred as of 1 November 1996. Item numbers 134, 136, 138, 140, 142, 144, 146, 148, 150 and 152 were discontinued as of 31 Oct 1996. Historical psychiatrist data includes services claimed against these item numbers.

Bushfire items

Item numbers for claims by people whose mental health was affected by a bushfire during 2019–20 include services provided by:

- GPs: 894, 896, 898, 2121, 2150, 2196, 91283, 91285, 91286, 91287, 91371, 91372, 91721, 91723, 91725, 91727, 91729, 91731;
- Clinical psychologists: 91000, 91001, 91005, 91010, 91011, 91015;

- Other psychologists: 91100, 91101, 91105, 91110, 91111, 91115; and
- Other allied health: 91125, 91126, 91130, 91135, 91136, 91140, 91150, 91151, 91155, 91160, 91161, 91165.

BEACH Survey

The BEACH survey was conducted by the Family Medicine Research Centre at the University of Sydney from 1998 to 2016 and supported financially by government and private industry.

BEACH was the only continuous, randomised study of GP activity in the world and the only national program that provided direct linkage of all management actions to the problem. It provided information about GP encounters based on data collected from a sample of GPs. Data linkages between indication and patient management are unique to BEACH, where it was considered an important source for research into GP management of mental health services.

The number of estimated GP encounters deemed to be mental health related from the BEACH survey were greater than the number of Medicare subsidised mental health specific services as not all mental health-related GP encounters were billed using MBS item numbers. The BEACH survey found the proportion of estimated GP mental health-related activity billed as Medicare subsidised mental health specific GP services increased from around 10.6% in 2007–08 to around 18.1% in 2015–16. However, the cessation of the BEACH survey in 2016 prevents ongoing comparison between the BEACH survey data and the MBS data ([Britt et al. 2016](#)).

The AIHW is pursuing the identification of more recent alternative data sources to accurately present information on mental health care provided by GPs.

Additional information on the BEACH survey can be obtained from [General practice activity in Australia 2015–16](#). Details on the data that were collected in the final 18th year of BEACH survey can be found in the [archived reports and data section](#).

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Key concepts

Medicare-subsidised mental health-specific services

Key Concept	Description
Medicare-subsidised general practitioner (GP) services	Medicare-subsidised general practitioner (GP) services are services provided by medical practitioners who are vocationally registered under Section 3F of the <i>Health Insurance Act 1973</i> , or are Fellows of the Royal Australian College of General Practitioners or Fellows of the Australian College of Rural and Remote Medicine and meet the requirements for the relevant Quality Assurance and Continuing Medical Education program or trainees for vocational registration (DoH 2021:18). GP mental health services include services provided by medical practitioners, including general practitioners, but excluding psychiatrists (DoH 2019: 107–166, 190, 218, 276–278, 456, 782, 1219–1223).
Medicare-subsidised other allied mental health services	Medicare-subsidised other allied mental health services are services provided by other allied mental health professionals such as

health services occupational therapists, social workers and mental health nurses. These services cover focussed psychological strategies—allied mental health (occupational therapist and social worker items) and enhanced primary care—allied health (mental health worker item). Mental health workers include Aboriginal health workers, mental health nurses, occupational therapists and some social workers as well as psychologists. Although some psychologists are covered by this item they cannot be readily separated from the other mental health workers covered, so this item is counted under the heading of other allied mental health services. The [data source](#) section lists these item groups and MBS item numbers. For Medicare payments to be made on these items the provider (occupational therapist, social worker or other appropriate provider) must be registered with Medicare Australia as meeting the credentialing requirements for provision of the service (DoH 2019: 1225–1231, 1294–1299, 1314–1315).

Medicare-subsidised psychiatrist services **Medicare-subsidised psychiatrist services** are services provided by a psychiatrist (or, for electroconvulsive therapy, by either a psychiatrist or another medical practitioner together with an anaesthetist) on a fee-for-service basis that are partially or fully funded under the Australian Government’s Medicare program. These services cover patient attendances (or consultations) provided in different settings as well as services such as group psychotherapy, telepsychiatry, case conferences and electroconvulsive therapy. These item groups along with the relevant MBS item numbers are listed in the [data source](#) section. Note that for items in the range 291 to 370 (MBS Group A8) and 855 to 866 (Case conference—consultant psychiatrist) only medical practitioners who are recognised as psychiatrists for the purposes of the *Health Insurance Act 1973* are eligible to provide services attracting an MBS subsidy (DoH 2019: 69–72, 117–119, 227–237, 260–261, 323, 456).

Medicare-subsidised psychologist services **Medicare-subsidised psychologist services** are services provided by psychologists that are rebatable by Medicare through psychological therapy services, focussed psychological strategies and enhanced primary care items. The [data source](#) section lists these item groups with the relevant MBS item numbers. For these items to be eligible for Medicare rebates, the provider must meet the following eligibility requirements and be registered with Medicare Australia.

Medicare rebates for psychological therapy services are only available

for services provided by clinical psychologists who are fully registered in the relevant jurisdiction and are members of, or eligible for membership with, the Australian Psychological Society's College of Clinical Psychologists. Clinical membership is only available for registered psychologists who have completed the standard 4 years of study in psychology and attained an accredited doctorate degree in clinical psychology or master's degree in clinical psychology with 1 year of supervised post-masters clinical psychology experience.

Medicare rebates for focussed psychological strategies and enhanced primary care are available for services provided by psychologists who are fully registered in the relevant jurisdiction regardless of any specialist clinical training. Registered psychologists must complete the standard 4 years of study in psychology with an additional 2 years of supervised practice, postgraduate coursework or a research degree, and meet any other jurisdiction-specific requirement for registration (DoH 2019: 77–78, 1219–1222, 1288–1291).

Psychologist (other) *Clinical psychologist* includes psychological therapy services provided only by clinical psychologists. *Psychologist (other)* includes services provided by both clinical psychologists and other psychologists (DoH 2019: 77–78, 1286–1287, 1225–1231, 1239–1244, 1291–1294, 1305–1308, 1337).
