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**Australian Government**

**Department of Health,  
Disability and Ageing**

Sheean Werkmeister  
Coroner's Registrar, Coroners Support Services  
Coroners Court of Victoria  
[cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Registrar

Thank you for your letter of 6 January 2026 regarding the Coroners Court of Victoria's investigation into the death of Emma Louise Terrill (reference number: COR 2020 005925).

On behalf of the Australian Government, I extend my sincere condolences to the family of Emma Louise Terrill for their loss. I also thank Coroner Fitzgerald for her findings and recommendation.

I acknowledge Coroner Fitzgerald recommends the Australian Government Department of Health, Disability and Ageing (the Department) consider increasing the benefit for mental health case conferencing Medicare Benefits Scheme (MBS) item numbers and expanding what is covered by these item numbers to include complex psychiatric conferencing between a GP and psychiatrist in the absence of the patient.

The Australian Government is committed to working with both health professionals and those seeking treatment to ensure people have access to appropriate mental health care, and will continue to play its part in improving mental health outcomes and supporting the wellbeing of all Australians, including those with complex mental health conditions.

While the Commonwealth reserves its position on whether it is bound by section 72(3) of the *Coroners Act 2008* (Vic), noting and recognising the important role of the Coroners Court of Victoria in investigating and preventing deaths, the Department provides the following voluntary response to the recommendation.

I hope this response is of assistance.

Yours sincerely

A handwritten signature in cursive script that reads 'Louise Riley'.

Louise Riley  
Assistant Secretary  
MBS Policy and Reviews Branch  
24 March 2026

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**AUSTRALIAN GOVERNMENT RESPONSE  
INVESTIGATION INTO THE DEATH OF EMMA LOUISE TERRILL**

**RECOMMENDATION 1**

*That the Australian Government Department of Health, Disability and Ageing consider increasing the benefit for mental health case conferencing Medicare Benefits Scheme (MBS) item numbers and expanding what is covered by these item numbers to include complex psychiatric conferencing between a GP and psychiatrist in the absence of the patient.*

RESPONSE

The Australian Government notes this recommendation.

The Australian Government is committed to working with the mental health sector and people with lived experience of mental illness to create an equitable, evidence-based and sustainable mental health system capable of meeting the needs of all Australians. This is demonstrated through the estimated \$8 billion investment into the Health, Disability and Ageing portfolio for mental health and suicide prevention in 2025-26. Actions include the introduction of the new Medicare Mental Health Check In digital service; expanding the free services backed by Medicare including Medicare Mental Health Centres, headspace and Youth Specialist Care Centres; and providing funding to deliver more than 2,000 training places for mental health professionals and peer workers.

The *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative was introduced in November 2006 and aims to improve outcomes for people with a clinically diagnosed mental disorder through evidence-based treatment. Under this initiative, Medicare benefits are available to patients for selected mental health services provided by eligible general practitioners (GPs), eligible prescribed medical practitioners (PMPs), clinical and registered psychologists and eligible social workers and eligible occupational therapists. Through Better Access, eligible people can access Medicare benefits for up to 10 individual and 10 group psychological services per calendar year.

The [Productivity Commission Inquiry into Mental Health \(2020\)](#) identified the need to strengthen integration across the mental health system by improving informed entry pathways and supporting more person-centred, coordinated care. To enhance informed access to mental healthcare services, the Commission recommended that the Australian Government introduce a Medicare item for general practitioners and paediatricians to obtain advice from a psychiatrist about a patient under their care, supporting better multidisciplinary collaboration and more appropriate treatment planning (Recommendation 10.3).

In response to this recommendation, on 1 July 2023, 21 new mental health case conferencing MBS items were introduced under the Better Access initiative (**Attachment A**). These items enable eligible providers to hold up to four mental health case conferences annually, facilitating collaborative care between professionals involved in a patient's mental health care, such as a GP, psychologist or psychiatrist. A case conference is a structured multidisciplinary meeting where providers review a patient's history, agree on the patient's care needs and desired outcomes, assign tasks to team members to achieve those outcomes, and assess progress against any previously set goals. In recognition of the additional effort of providers to co-ordinate and participate in case conferences, these items are associated with higher MBS fees and associated benefits compared to equivalent standard consultations.

A mental health case conference must be organised by a GP, PMP, or consultant physician specialising in the practice of their field of psychiatry or paediatrics. For a Medicare benefit to be payable, the case conference must also include participation from at least two additional members of the multidisciplinary team, each providing distinct types of treatment to the patient. Eligible team members may comprise medical practitioners, allied health professionals, home and community service providers, and care coordinators.

It is important to note that existing mental health case conference items do not stipulate limitations in the scope of patient complexity level for a benefit to be paid. Clinicians retain full clinical discretion regarding the conduct of each component of the case conferencing process, including in circumstances involving complex psychiatric case conferencing. Although it is recommended that the patient and, where appropriate, the patient's carer be invited to participate, their attendance is not a requirement for the service to be rendered. However, irrespective of the patient's decision to attend, the relevant provider must explain the nature of the proposed mental health case conference and ask for the patient's consent to the conference taking place before this can be arranged.

Any future changes to the mental health case conferencing arrangements would be considered through the MBS continuous review program (the program). The program involves the ongoing review of Medicare items and services to ensure the MBS continues to support high-quality care, remains clear and evidence based, and aligns with the needs of patients and health professionals alike. The program is managed by the Department of Health, Disability and Ageing, and was established in 2021. The program builds on the work of the MBS Review Taskforce (2015-2020), and complements existing services provided by the Medicare Services Advisory Committee.

In addition to mental health case conferencing items, the MBS supports psychiatry non-patient interview items. Non-patient interviews are for the purpose of interviews with patient relatives or close associates to investigate the particular problem with which the patient presented or the interaction between the patient and the person interviewed. The items also provide for interviews concerned with the continuing management of the patient, focusing on clinically relevant problems arising in the management of the patient. In all cases, prior to the arrangement of a non-patient interview, the patient must provide their consent to the non-patient interview taking place.

Additionally, the Australian Government agreed in the 2025-26 Budget to expand MBS 'patient-end support' (PES) items. The PES items provide MBS benefits for services by practitioners who provide clinical support to patients during video consultations with a private non-GP Specialist or Consultant Physician, such as a psychiatrist. PES services support a multidisciplinary approach that allows for telehealth to do more for patients during their consultation by allowing for physical assessment and effective collaboration of care and handover between providers that includes patients in the decision making. Longstanding MBS PES services recognise when a practice nurse or an Aboriginal or Torres Strait Islander Health Practitioner supports a patient to engage in a specialist video consultation. From 1 March 2026, an additional 32 MBS items have been introduced for GPs, PMPs and Nurse Practitioners to provide this service directly to patients.

The Australian Government is also aware of the challenges people are experiencing in accessing affordable mental health care. MBS fees undergo annual indexation on 1 July each year. Indexation rates vary according to government-set cost indices, including the Consumer Price Index, and aim to maintain service viability whilst ensuring continued access to Medicare-funded care. To address out of pocket costs, Medicare safety nets provide additional benefits once an annual limit is reached. The most significant of which is the Extended Medicare Safety Net which

provides an increase in benefits of up to 80% of out-of-pocket costs once the annual threshold has been reached.

Item Number	Description	Schedule Fee
<b>General Practitioner Items</b>		
930	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	\$82.50
933	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	\$141.05
935	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference, if the conference lasts for at least 40 minutes	\$235.15
937	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 15 minutes, but for less than 20 minutes	\$60.60
943	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 20 minutes, but for less than 40 minutes	\$103.90
945	Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference, if the conference lasts for at least 40 minutes	\$172.85
<b>Consultant Physician Items</b>		
946	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	\$164.65
948	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	\$247.15
959	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	\$329.25
961	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 15 minutes but less than 30 minutes, with the multidisciplinary case conference team	\$118.25
962	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 30 minutes but less than 45 minutes, with the multidisciplinary case conference team	\$188.65
964	Attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry or paediatrics, as a member of a multidisciplinary case conference team, to participate in a mental health case conference of at least 45 minutes, with the multidisciplinary case conference team	\$259.00
<b>Prescribed Medical Practitioner Items</b>		
969	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	\$66.05
971	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	\$112.90
972	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate a mental health case conference if the conference lasts for at least 40 minutes	\$188.15
973	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	\$48.50
975	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	\$83.10
986	Attendance by a prescribed medical practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 40 minutes	\$138.30
<b>Eligible Allied Health Practitioner Items</b>		
80176	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 15 minutes, but for less than 20 minutes	\$57.00
80177	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 20 minutes, but for less than 40 minutes	\$97.75
80178	Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in a mental health case conference if the conference lasts for at least 40 minutes	\$162.60