

Submission  
No 298

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Name:** Name suppressed  
**Date Received:** 12 December 2020

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Partially  
Confidential

As a general psychologist I observed the elderly, and people per se appreciated the Medicare Teleservice psychology support items, especially the 'Plus 10 items' for Covid -19 support. This also aided people with co-morbid presentations, trauma, i.e., Eating disorders, Suicide and Self-harm ideation, Family Violence, and Anger Management.

I would like to see Teleservice and additional items for severe and enduring MH concerns (especially suicide / self-harm ideation) evolve across Australia with adequate remuneration for experienced general psychologists who have been registered for some time but only receive approximately 66% of the bulk billed rebate that a clinical psychologist receives.

Additionally, the mobile and internet reception in Port Macquarie and outer areas is very poor and more adequate infrastructure needs to be installed for better reception in semi-rural areas.

The Medicare Teleservice regional demographic criteria for providing Teleservice needs to be relaxed to allow a free market and fair pay for people who want to provide services to semi-rural, rural, and remote areas. Client's in these areas report difficulty accessing psychology support.

Another concern is the nationwide lack of community offender management support especially when related government services attempt to dictate private psychologist scope of work and fee structure.