**Ref No:** SQ17-000607

**OUTCOME:** 2 - Health Access and Support Services

**Topic:** Mental Health and Suicide Prevention

**Type of Question:** Hansard Page 31, 30 May 2017

**Senator:** O'Neill, Deborah

**Question:**

Senator O'NEILL: How many people living in regional, remote and rural areas will this assist?
Ms Cole: That calculation is based on an eight per cent growth figure anticipated in terms of the number of Australians accessing those services. It is not an individualised figure; it is a figure around growth in the Medicare benefit.
Senator O'NEILL: How many people do you believe it will assist?
Ms Cole: I will have to take that on notice because it depends a lot on how many services each individual chooses. It is an eight per cent growth in the service rate, noting that it can be up to a certain limit. But most people do not actually take the full amount.

**Answer:**

From 1 November 2017, telehealth mental health items will be available to people residing in Monash Modified Model regions four to seven, which is over three million people according to ABS 2014 data. Medicare is a demand driven measure and there are no restrictions on access for people living in rural and remote locations in the event that demand for these services exceeded the assumed growth rate of eight per cent.

Although Medicare rebates for Better Access services are available for up to 10 individual and 10 group allied mental health services per calendar year to patients with an assessed mental disorder, national program data suggests that on average, Better Access consumers require or choose to utilise approximately five services per calendar year. Considering several factors including the average cost of these Medicare services, it is conservatively estimated that on average, between 3,500 to 4,500 people living in regional, remote and rural areas will seek assistance through this measure in a calendar year.