



**Mental Health
Australia**

Access to and affordability of medical specialists in Australia

Submission to Inquiry of the House Standing Committee on Health,
Aged Care and Disability

16 October 2026

Mentally healthy people, mentally healthy communities

mentalhealthaustralia.org.au



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About Mental Health Australia

Mental Health Australia is the national, independent peak body for the mental health sector. We unite the voices of the mental health sector and advocate for policies that improve mental health. Mental Health Australia represents 160 members, including organisations representing people with lived experience of mental health challenges, family, carers and kin, service providers, professional bodies, researchers and state and territory peak bodies.

This submission was developed in consultation with Mental Health Australia members including through an open invitation for feedback and targeted consultations. The submission also draws on current available evidence and reflects on previous consultation with members to inform:

- [Sector Priorities for the National Mental Health and Suicide Prevention Agreement](#)
- [Sector workforce priorities – National Mental Health & Suicide Prevention Agreement](#)
- [National Child and Youth Mental Health Priorities | Mental Health Australia](#)



Artwork: “Together We Thrive” by Wiradjuri artist, Kristie Peters

Acknowledgment of Country

Mental Health Australia acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea, and community. We pay our respects to all Aboriginal and Torres Strait Islander peoples and their cultures, and to all Elders both past and present and express our support to voice, treaty and truth telling.



1 Introduction

Mental Health Australia welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Disability *Inquiry into access to and affordability of medical specialists in Australia* (the Inquiry).

Mental health challenges are now the leading global cause of living with poor health or ‘non-fatal burden of disease’¹. Mental health challenges are one of the biggest threats to population wellbeing, the ongoing sustainability of Australia’s health systems, and national productivity. Each year 1 in 5 people in Australia (aged 16-85) experience mental health challenges, and nearly 1 in 2 people (43%) experience mental health challenges at some time their life. Latest research indicates one in seven children and adolescents (4-17yo) experience mental health challenges².

The Australian Government’s National Mental Health Workforce Strategy 2022-32 notes that the economic cost of mental ill-health and suicide in Australia is estimated to be \$43 billion to \$70 billion (2018–19), and diminished health and reduced life expectancy for those with mental ill-health, self-inflicted injury (self-harm) and/or who die by suicide is estimated to cost approximately \$151 billion³. People who live with mental health challenges are also more likely to experience a range of adverse social, economic and health outcomes. Broader social impacts include direct and indirect caring responsibilities, social isolation and loneliness, absenteeism, as well as potentially reduced opportunities for social and economic participation. These impacts extend to the individual and their families, carers and kin.

In primary care, General Practitioners (GPs) continue to see a rise in complex mental health care needs in patients, with 71% of GPs reporting mental health as a top reason for GP visits⁴. The General Practice Health of the Nation 2025 report noted mental health remains the most common reason for patient visits, led by anxiety and depression⁵. Mental health pressure is being felt across the system, with hospital emergency departments (EDs) playing a role in responding to mental health challenges. The Australian Institute of Health and Welfare reports that after falling from 121 mental health-related emergency department presentations per 10,000 people in 2020–21 to 109 in 2021–22 and remaining stable in 2022–23, the rate increased to 116 in 2024–25—around 318,200 presentations nationally, or 3.5% of all presentations⁶.

The evidence is clear: mental health is one of Australia’s most significant health and socioeconomic challenges. Addressing it requires sustained, system-wide reform so that support is affordable, accessible, person-centred and responsive to the needs of local communities. Central to this effort is a strong, skilled and sustainable workforce. This Inquiry presents a timely opportunity to strengthen the pipeline of medical specialists and multidisciplinary teams, ensuring people can access high-quality care when and where they need it.

Specialist medical care – including psychiatry, infant and child mental health specialists (such as paediatricians), and other specialists that require a referral such as psychologists and other allied health professionals - are an essential component of effective multi-disciplinary care for many people experiencing

¹Santomauro D, Miller P, Shadid J et al. Updated trends in the global prevalence and burden of mental disorders, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023 *The Lancet*, 407, 2040-2064

² [Prevalence and impact of mental illness - Mental health - AIHW](#) (February 2024)

³Department of Health and Aged Care, National Mental Health Workforce Strategy 2022-2032, (2022), <https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032>

⁴ General Practice Health of the Nation 2025, Royal Australian College of General Practitioners, [Health-of-the-Nation-2025.pdf](#)

⁵ General Practice Health of the Nation 2025, Royal Australian College of General Practitioners, [Health-of-the-Nation-2025.pdf](#)

⁶ [Emergency departments - Mental health - AIHW](#) (26 May 2026)



mental health challenges. However, access to specialist care is increasingly challenging, with 18% people reporting delaying or not using care due to cost in 2025-25⁷.

Severe workforce shortages are impacting the community's access to mental health support and limiting the sector's capacity to implement mental health reform⁸. Australia has an estimated 32% shortfall in mental health workers, anticipated to grow to 42% by 2030 if current shortages are not addressed⁹. Workforce shortages and distribution challenges impact the people who need it most, including children and young people. Scoping work undertaken by Emerging Minds found regions with the highest prevalence of mental health need for infants and children often have the lowest availability of services and workforces.

There is a need to both increase supply of medical specialist workforces, as well as increasing the capacity of generalist workforces to address gaps in access to specialist care. There is an opportunity through the national network of Medicare Mental Health Centres (MMHC) to expand training opportunities for psychiatrists, and provide much needed free access to psychiatry, including in rural, regional and remote communities, and in areas that experience higher socioeconomic disadvantage. Embedding trainee and experienced psychiatrists in MMHC will better enable multidisciplinary teams to support people with more complex issues, respond to local need, and provide people with choice and person-centred care. This opportunity extends to Mental Health Kids Hubs and headspace.

Mental Health Australia's consultations also identified: the need to fund and implement the National Mental Health Workforce Strategy 2022–2032 (workforce strategy) which articulates a number of mental health workforce issues including maldistribution and inequitable service delivery; review existing guidance developed by the sector to support implementation of the workforce strategy; increase the flexibility of referral pathways to medical specialists; and address out-of-pocket costs and bulk-billing to support early access to support and care. These changes will have a positive impact on individuals, their families, carers and kin, communities, and the broader mental health system by focusing on early intervention as opposed to crisis response.

Summary of recommendations

Recommendation 1: The Australian Government to fund and accelerate implementation of the National Mental Health Workforce Strategy 2022–2032 (workforce strategy) in partnership with states and territories, and informed by sector advice. The new National Mental Health and Suicide Prevention Agreement is a key mechanism for actioning implementation.

Recommendation 2: The Australian Government recognise psychiatry workforce shortages as a critical driver of inequitable access, rising costs and delayed care—and respond with urgent, sustained investment to expand training capacity and flexibility, increase supervision positions, retain skilled psychiatrists, and ensure equitable distribution of psychiatrists - particularly regional, rural and remote communities (RRR), and out metropolitan areas. (See recommendation 7 and 8 for opportunities.)

Recommendation 3: The Australian Government should review current referral pathways between General Practitioners (GPs) and psychiatrists and other medical specialists and enable and implement alternate referral pathways between qualified professionals as recommended by the 2025 Scope of Practice Review undertaken by the Department of Health, Disability and Ageing.

Recommendation 4: Cultural capabilities of practitioners should be considered with referral reforms. Medical specialists should have training in appropriate capabilities to work with Australia's diverse

⁷ Patient Experiences, 2024-25 financial year | Australian Bureau of Statistics

⁸Department of Health and Aged Care, National Mental Health Workforce Strategy 2022-2032, (2022), <https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf>, p16

⁹Department of Health and Aged Care, National Mental Health Workforce Strategy 2022-2032, (2022), <https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf>, p16



populations including, Aboriginal and Torres Strait Islander cultural understanding, LGBTQIA+ capabilities, gender affirming care, understanding of working with diverse cultural and religious communities and neurodivergent people, and ensure paediatric care is available.

Recommendation 5: The Australian Government recognise the out-of-pocket costs of specialist services impact the most socioeconomic disadvantaged individuals and communities, and prioritise improving the availability and affordability of psychiatrists, and the broader mental health workforce.

Recommendation 6: The Australian Government continue to invest in and expand multidisciplinary and accessible centred-based services (including Medicare Mental Health Kids Hubs, youth services, and Medicare Mental Health Centres) to provide free access to psychiatry. The Government should consider how funding models and commissioning cycles can be strengthened to support the provision of free psychiatry in all centres and ways to improve equity across centre-based services and the broader service system.

Recommendation 7: The Australian Government should release the recent clinical review and independent evaluation of the Medicare Mental Health Centres to inform ongoing improvements and government and sector collaboration.

Recommendation 8: The Australian Government should work towards nationally consistent public pathways for ADHD assessment and treatment, supported by multidisciplinary care models, and sufficient psychiatry workforce capacity.



2 Accessing mental health medical specialists

Refers to Terms of Reference:

a) Examine current access to medical specialists in cities, regional and rural communities, with consideration of workforce distribution, shortages, waiting times and barriers to recruitment, retention and training.

2.1 Mental health workforce

Inequitable distribution of workforce. There is significant inequity in access to mental health care, reflecting mental health workforce supply is highest in major cities across all professions, and most sharply for psychiatrists and psychologists¹⁰. For people in rural, regional and remote communities, socioeconomic disadvantage and limited-service availability create a compounding crisis—driving greater distress, worsening mental health outcomes and denying too many people timely access to the care they need.

Lack of medical specialists (psychiatry). Workforce modelling indicates Australia currently has approximately 16 psychiatrists per 100,000 population and is projected to face a 20.7% undersupply of psychiatrists by 2048¹¹. Modelling conducted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has identified that for every 571 Australian children with moderate to severe mental illness, there is just one child adolescent psychiatrist, and Australia has a projected shortfall of at least 230 fewer clinicians than needed by 2028¹². The shortage of psychiatrists has been anticipated globally, and recognised across federal work including the National Medical Workforce Strategy, the National Mental Health Workforce Strategy, and the Psychiatry Supply and Demand Study. Shortages of specialists increases the pressure on an already fractured and over-stretched system.

These shortfalls will even further exacerbate existing challenges in accessing care, in particular impacting young people as they transition to adulthood without appropriate support and care. The peak age of onset for any mental health conditions is 14.5 years, an important reminder of why early access to specialist care is critical¹³. RANZCP has noted that in Australia, First Nations young people, culturally and linguistically diverse youth, those in rural and remote areas, and young people with complex needs (including disability, juvenile justice, or out-of-home care) are less likely to get the care they need¹⁴.

Without a strong and sustainable workforce, Australia's mental health system cannot deliver the care people need. More broadly, Australia's mental health workforce is currently experiencing a range of issues including workforce shortages, high turnover, limited training funds, poor remuneration, burnout, negative workplace cultures, stigma associated with working in mental health, barriers to multidisciplinary care and underutilisation of specific workforces¹⁵.

Additional sector advice

Issues impacting the mental health workforce are clearly identified in the National Mental Health Workforce Strategy 2022-32 (workforce strategy), along with priority actions to address these. Implementation of the workforce strategy has been slow, and Mental Health Australia recommends that Australian Governments

¹⁰ Australian Institute of Health and Welfare. (2026). Mental health workforce. <https://www.aihw.gov.au/mental-health/topic-areas/facilities-resources/workforce>

¹¹ Department of Health Disability and Aging. Psychiatry Supply and Demand Compendium Report. 2025.

¹² The Royal Australian & New Zealand College of Psychiatrists. (2026). Child and Adolescent Psychiatry Workforce Summary Report 2026.child-and-adolescent-psychiatry-workforce-summary-report-paper.pdf

¹³ The Royal Australian & New Zealand College of Psychiatrists. (2026). Child and Adolescent Psychiatry Workforce Summary Report 2026.child-and-adolescent-psychiatry-workforce-summary-report-paper.pdf

¹⁴ [child-and-adolescent-psychiatry-workforce-summary-report-paper.pdf](#) (page 5)

¹⁵ National Mental Health Workforce Strategy 2022-2032 [national-mental-health-workforce-strategy-2022-2032.pdf](#) (page 15 and 25).



fully fund and accelerate implementation of the workforce strategy to address workforce shortfalls and improve access to care, including for medical specialists.

The Australian Government should deliver key priorities outlined in the workforce strategy to attract, train, distribute, support and retain mental health workforces, including medical specialists. This must include embedding student placement and graduate support into program funding, and federal investment into the domestic training pipeline. The new National Mental Health and Suicide Prevention Agreement (National Agreement) is a key mechanism for actioning these priorities.

Implementation of the workforce strategy should continue to be informed by lived experience and other mental health sector experts. The National Mental Health Workforce Sector Advisory Group, facilitated by Mental Health Australia for the Australian Government, has previously made a range of recommendations to support governments' implementation of the workforce strategy. It is recommended that the Inquiry refer to these recommendations outlined in the following documents:

- National Mental Health Workforce Strategy 2022-2023 implementation priorities (June 2025)
- Mental health workforce wellbeing (September 2025)
- New and innovative models of care (December 2025)
- Sector workforce priorities – the next National Mental Health & Suicide Prevention Agreement (July 2026).

The specialist mental health workforce works across a variety of settings, with mental health nurses mainly in hospitals, occupational therapists mainly in public community mental health care (CMHC)¹⁶, and psychologists and psychiatrists mainly in private practice:

- Psychologist: about 15,400 total FTE (50%) in private practice, 4,800 (16%) in educational settings and 2,200 (7%) in CMHC
- Psychiatrists: about 1,600 total FTE (38%) in private practice, 1,400 (34%) in hospital settings and 880 (22%) in CMHC
- Mental health occupational therapists: 1,300 (47%) in CMHC, 560 (20%) in hospitals, 440 (16%) in private practice
- Mental health nurses: about 18,200 total FTE (67%) in hospitals, 5,700 (21%) in CMHC, 700 (3%) in residential mental health care¹⁷.

Mental Health Australia members have noted that the consequences of a lack of psychiatrists - particularly in the public system - and other mental health professionals significantly impacts community access to care, and the effectiveness of the mental health system overall. These shortages most acutely impact people in remote, rural and regional areas (RRR) and outer metropolitan areas, including Aboriginal and Torres Strait Islander communities, children and young people, and LGBTQIA+ people living in these communities. These individuals can face longer waits for assessment and support (risking escalation of mental health issues), reduced service availability, and poorer health outcomes. Workforce shortages also have a significant impact on family, carers and kin, who spend significant time and resources supporting loved ones, as well as the broader health system, including emergency departments, GPs and allied health professionals.

Members also noted that inequitable distribution and workforce shortages extend to other medical specialists which can significantly impact mental health outcomes. Specifically, lack of access and affordability of paediatricians (for example, to undertake ADHD and autism assessments and management) and endocrinologists (crucial to gender affirming care) can have detrimental impacts on children and young people experiencing mental health challenges.

¹⁶Community mental health care refers to government funded and operated specialised mental health care provided by community mental health care services and hospital based ambulatory care services, such as outpatient and day clinics.

¹⁷ Workforce - Mental health - AIHW (May 2026)



In relation to the psychiatry workforce in particular, the Inquiry should consider previous recommendations made by RANZCP in its 2027-28 pre-budget submission including:

- **Build a sustainable and distributed psychiatry workforce pipeline** by investing in the establishment of additional Commonwealth-supported psychiatry training places each year and funding protected training leadership and supervision capacity. New places should be directed towards areas and settings experiencing the greatest workforce need, particularly in rural, regional and remote Australia, and support culturally safe care for Aboriginal and Torres Strait Islander peoples and diverse communities.
 - **Close gaps in care for people with serious, complex and enduring mental illness** through a nationally coordinated package that:
 - reviews Medicare rebates and other Commonwealth-funded remuneration arrangements for specialist psychiatry, to better recognise complex, multidisciplinary and coordinated care; and
 - expand psychosocial supports to address unmet need for these critical services outside the National Disability Insurance Scheme.
 - **Strengthen child and adolescent psychiatry, early intervention and integrated care** by investing in embedding child and adolescent psychiatry expertise within Medicare Mental Health Kids Hubs, and establish a national consultation, advice and telehealth network supporting primary care, schools and community services.
- **Recommendation 1:** The Australian Government to fund and accelerate implementation of the National Mental Health Workforce Strategy 2022–2032 (workforce strategy) in partnership with states and territories, and informed by sector advice. The new National Mental Health and Suicide Prevention Agreement is a key mechanism for actioning implementation.
 - **Recommendation 2:** The Australian Government recognise psychiatry workforce shortages as a critical driver of inequitable access, rising costs and delayed care—and respond with urgent, sustained investment to expand training capacity and flexibility, increase supervision positions, retain skilled psychiatrists, and ensure equitable distribution of psychiatrists - particularly regional, rural and remote communities (RRR), and out metropolitan areas. (See recommendation 7 and 8 for opportunities.)



3 Effectiveness, transparency and equity of referral pathways

Refers to Terms of Reference:

b) Examine the effectiveness, transparency and equity of referral pathways from the perspective of patients, primary health care practitioners and medical specialists across the public and private health sectors, with consideration of factors affecting referral patterns and any systemic, regulatory or administrative barriers to the appropriate utilisation of these pathways.

3.1 Ineffective referral pathways

There are barriers to receiving an initial referral. People with lived experience of mental health challenges and their families, carers and kin noted that obtaining a GP referral to a medical specialist can in itself be a significant barrier. Limited GP appointment availability in many areas, scarce bulk-billed services, and variable GP confidence and knowledge about when a specialist referral is appropriate can delay and/or prevent care. This is often the case with paediatric psychiatry, and in communities with limited access to health professionals such as regional, rural and remote areas, and some outer metropolitan areas.

For people seeking mental health care, a referral is not the same as access. Care pathways are rarely simple or linear, and people may be passed between multiple practitioners only to encounter closed books, long waits or services unable to meet their needs. For this reason, multidisciplinary services and upskilling of allied health professionals familiar with the individual and the local service system are important in providing a pathway to appropriate mental health care.

Additional sector advice

People with mental health conditions often need to access multiple supports. In many cases, they may already have a care team or allied health professional who has a good understanding of their mental health. Upskilling other professionals to support referrals will save the individual, and their family, carers and kin, time and money by alleviating the need (including cost, time and need to 'retell their story') to see a GP for a referral to medical specialist.

The 2025 Scope of Practice Review undertaken by the Department of Health, Disability and Ageing provides a pathway to faster, more equitable access to psychiatric care to enable appropriately qualified allied health professionals—including psychologists, midwives and nurse practitioners—to refer directly to psychiatrists when specialist support is needed¹⁸ such as: 'Psychologist referral to psychiatrist (e.g. where the complexity of the person's mental health condition requires additional support and/or is likely to benefit from a medication program or management)' (Recommendation 12 of the Practice Review).

Members also emphasised that the barrier is often not obtaining a referral but finding a specialist service with the capacity and capability to accept it and deliver timely, appropriate care. Members noted that restrictive eligibility criteria and significant workforce shortages can determine whether care is available at all, and that referral reform will not deliver timely or equitable access unless matched by sufficient medical specialist capacity to meet demand.

Mental Health Australia also heard that poor integration between services creates fragmented care pathways, drives unnecessary referrals and costs, and delays access to specialist treatment. Addressing these issues requires sustained investment in multidisciplinary care teams, non-clinical models of care and integrated digital pathways that work alongside the medical specialist workforce. This investment is essential to reduce pressure across the system and ensure people receive timely, coordinated and

¹⁸Department of Health, Disability and Ageing. (2024). Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report | Australian Government Department of Health, Disability and Ageing



comprehensive support. Recommendations to leverage existing infrastructure and innovative models of care are outlined in section 5.

It is also important to note that even though the mental health system and workforce are under significant pressure, cultural safety and capability must remain central to service delivery to ensure best outcomes, including for children and young people¹⁹. Members outlined that medical specialist - and the broader health system - need the skills and resources to provide culturally safe and appropriate treatment and care for Australia's diverse population. This includes Aboriginal and Torres Strait Islander peoples, LGBTQIA+ communities, neurodivergent people, people with disability, and people from diverse cultural and/or religious backgrounds. Specialist child and youth paediatric psychiatry and support for gender-affirming care should also be considered. The workforce can better respond to diverse needs by embedding holistic approaches—such as Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) frameworks—and applying an intersectional lens. Diversifying the workforce to reflect Australia's communities will also support this approach.

Mental Health Australia's State of Multicultural Mental Health report recommended that the Australian and state/territory governments should make funding and policy commitments to build workforce capability and sustainability by investing in bilingual/bicultural mental health professionals and the broader workforce, including: providing incentives to enable services to recruit and retain more bilingual/bicultural staff (including interpreters, clinicians and peer workers) ; supporting culturally and linguistically diverse community members to gain new or additional qualifications in relevant fields; and engaging with training and education providers and industry to develop pathways from education into employment²⁰. Mental Health Australia recommends [The State of Multicultural Mental Health in Australia](#) report to the Inquiry for further consideration around supporting the mental health needs of multicultural communities.

Recommendation 3: The Australian Government should review current referral pathways between General Practitioners (GPs) and psychiatrists and other medical specialists and enable and implement alternate referral pathways between qualified professionals as recommended by the 2025 Scope of Practice Review undertaken by the Department of Health, Disability and Ageing.

Recommendation 4: Cultural capabilities of practitioners should be considered with referral reforms. Medical specialists should have training in appropriate capabilities to work with Australia's diverse populations including, Aboriginal and Torres Strait Islander cultural understanding, LGBTQIA+ capabilities, gender affirming care, understanding of working with diverse cultural and religious communities and neurodivergent people, and ensure paediatric care is available.

¹⁹ [Final-report Scoping-child-mental-health-workforce-capability Part1-compressed.pdf](#)

²⁰ [The State of Multicultural Mental Health in Australia](#)



4 Impact of affordability of specialist services

Refers to Terms of Reference:

c) Examine the affordability of specialist services, including out of pocket costs for consultations, diagnostics, procedures, and patient access to specialists through public health services, as well as factors influencing fee setting by specialists in the public and private health sectors.

d) Examine the impact on patient outcomes by delays due to cost, distance and waiting times, and broader system impacts on primary care, emergency departments, public hospitals, chronic disease management, as well as impacts on people due to deferred or missed care.

4.1 An unaffordable system for those who need it most

Affordability is key barrier for people being able to receive timely, appropriate, and ongoing support. For many people, any out-of-pocket cost is a barrier to accessing care. This is compounded by inequitable workforce distribution and service availability, particularly across RRR areas. In 2024-25, 20% of the surveyed population did not see a mental health professional due to cost, up from 12% in 2020-21²¹. Cost of living and housing stress (rising living costs, rental stress and housing affordability) contributed to financial hardship and insecurity, and influence how often people access mental health care. In 2024-25, people aged 25-34 and people living in areas of most disadvantage were more likely to report cost as a reason for not seeing a mental health professional when needed²².

Young people, families, carers and kin, and people in remote and rural areas are most disadvantaged.

Mental Health Australia members noted that cost burden is significant for individuals who need it most, with many out-of-pocket expenses not related to medical costs being a key barrier. This includes travel costs to and from appointments, time off work (if casual resulting in a loss of income) and/or education. This burden is also significant for families, carers and kin, who may take time off work or other caring responsibilities to support access and cover out-of-pocket costs.

Access to mental health support is limited through public health services. Mental Health Australia heard that individuals and their families, carers and kin presenting to public hospitals in crisis have experienced a lack of mental health understanding and stigma from workers, and long ED wait times, and are therefore often referred back into the costly private system (e.g. to see a psychologist or GP for a referral). Delayed access to early intervention can lead to further distress and more costly support if mental health challenges become more complex.

Additional sector advice

Mental Health Australia has heard reports of people delaying assessment and treatment, not filling prescriptions or choosing between healthcare and other essentials, as financial stress and out-of-pocket costs affect visits to mental health providers. Cost associated with accessing medical specialist can be significant. A lack of bulkbilling for psychiatry, and other specialists, impacts people's ability to access care and often delay care due to cost²³.

Members highlighted that out-of-pocket costs compound existing barriers to mental health care, including for young people, Aboriginal and Torres Strait Islander people, LGBTIQ+ people, people living in RRR, and people with disability. LGBTIQ+ Health Alliance noted that LGBTIQ+ people can face additional challenges associated with specialist workforce shortages, limited choice of practitioners, travel costs, confidentiality and difficulty finding practitioners with appropriate LGBTIQ+ capability. The State of Multicultural Mental

²¹ National Mental Health Commission 2025 Report Card [national-report-card-2025_0.pdf](#)

²² National Mental Health Commission 2025 Report Card [national-report-card-2025_0.pdf](#)

²³ [More people delaying mental health care due to cost: New report on Australia's mental health system | National Mental Health Commission](#)



Health in Australia report also noted that systemic and structural barriers impact culturally and linguistically diverse communities, with financial constraints such as service and medication costs, transport expenses and limited access to bulk-billing pose additional obstacles, particularly for individuals with temporary or precarious visa status, impacting access to services²⁴.

Timely care depends on more than affordability. Workforce shortages and limited-service availability can leave people without care, while a lack of targeted and culturally appropriate services can make support inaccessible or unsuitable. Distance, inadequate public transport, long waiting times, referral requirements and fragmented service systems compound these barriers, making it harder for people to begin care and sustain the support they need.

Current wait times for children and young people seeking mental health support are unacceptable and exacerbating mental distress. For example, Australian data shows the average wait time for children and young people (aged 0-18 years) to access a psychologist or other allied health mental health supports can vary between 6 months to over one year²⁵.

Mental Health Australia members also reported that program funding is not keeping pace with inflation and delivery costs, including workforce costs—constraining the sector’s ability to respond as community need grows. This has flow on effects to the public system when there is a lack of prevention, early intervention or treatment options available. As noted in the introduction, the Australian Institute of Health and Welfare reports that after falling from 121 mental health-related emergency department presentations per 10,000 people in 2020–21 to 109 in 2021–22 and remaining stable in 2022–23, the rate increased to 116 in 2024–25—around 318,200 presentations nationally²⁶.

Mental Health Australia recognises that efforts to improve affordability must not only focus on fees, but also the structural factors that constrain access, including workforce shortages, service availability and system capacity. We welcome this Inquiry examining all of these facets to improve affordable access to specialist care.

The sector understands that the Australian Government is currently undertaking work to examine variation in fees for specialist medical services and awaits the consultation outcomes and further work to identify excessive fees for specialist medical services, and opportunities to support people seeking care.

Recommendation 5: The Australian Government recognise the out-of-pocket costs of specialist services impact the most socioeconomic disadvantaged individuals and communities, and prioritise improving the availability and affordability of psychiatrists, and the broader mental health workforce.

²⁴ [The State of Multicultural Mental Health in Australia](#)

²⁵ Mental Health Australia, National Child and Youth Mental Health Priorities - June 2025

²⁶ [Emergency departments - Mental health - AIHW](#)



5 Innovative and emerging models of care

Refers to Terms of Reference:

e) Assess innovative and emerging models of care that may improve access to medical specialists

5.1 Build on existing infrastructure, recognise diverse needs and models of care

Leverage existing infrastructure to increase access to psychiatry and multi-disciplinary care in the community. There are key opportunities for the Australian Government to further develop the mental health workforce and models of care in existing multidisciplinary services such as Medicare Mental Health Kids Hubs, headspace and Medicare Mental Health Centres. Embedding a pipeline of trainee psychiatrists working in multidisciplinary teams across these centres will enable people to access psychiatry services when they need it, and build the capability of other disciplines, allowing for earlier and more targeted support, reducing the impact of mental health challenges on communities, as well as providing important training opportunities for psychiatrists.

A connected system of care. People should not have to navigate a maze of disconnected services to get the care they need. Psychiatrists can work in partnership with care teams, alcohol and other drug services, GPs and other practitioners to deliver coordinated case planning, seamless support and genuine choice. Multidisciplinary centres, such as the Medicare Mental Health Centres, support this approach. Centres are generally well connected to the broader local and regional health system, understand what services are available and can provide warm referrals and integrated care, including with GPs. This reduces the impact on the individual, and their families, carers and kin, to navigate a complex and often fragmented system. Funding models should reflect this important role of centre-based services noting that innovative approaches are needed in rural and remote communities. Rural and remote communities may require strong ‘satellite’ services connect to broader regional systems, telehealth and better use of existing local workforce.

Additional sector advice

Children, young people and families

The prevalence of mental health challenges among young people is growing far faster than any other age cohort²⁷ – yet Australia’s systems to prevent and support children and young people experiencing mental health concerns are not equipped or scaled to meet this challenge. There are particular gaps in supports for infants, children and families.

An estimated 13% of children in Australia are experiencing a mental health condition, and one in five children show vulnerability to mental health challenges in their first year of primary school²⁸. Existing supports are inequitably distributed, with regions with the highest child and infant mental health need often having the lowest availability of services and workforces²⁹.

Early intervention and multidisciplinary models such as Medicare Mental Health Kids Hubs and headspace Centres provide the opportunity to improve access to psychiatrists by providing fee-free earlier assessment and coordinated pathways into specialist services for children, young people and their families, carers and kin, with emerging or complex mental health issues.

²⁷Australian Bureau of Statistics (2020-2022) National Study of Mental Health and Wellbeing; Australian Bureau of Statistics (2007) National Survey of Mental Health and Wellbeing

²⁸Goodyear, M., Taylor, E., Marsh, C., Scharling-Gamba, K., Mclean, S., Burn, M., & Morgan, B. (2024). Scoping child mental health workforce capability: Final report. Emerging Minds

²⁹Goodyear, M., et al. (2024). Scoping child mental health workforce capability: Final report.



The Australian Government should continue to expand the network of Medicare Mental Health Kids Hubs in partnership with State and Territory Governments, to increase access to free mental health supports for children (0-12) and their families, carers and kin. These hubs are critical to addressing gaps and inequity in access to child and infant mental health support and deliver the cornerstone recommendation of the National Children's Mental Health and Wellbeing Strategy³⁰.

Mental Health Australia has heard through our members that Kids Hubs provide valuable access to free psychiatry. The sector also noted that while the Kids Hubs are flexible to respond to local need, workforce is often determined by what workforce is available rather than need. For example, there are a lack of on-site psychologists and psychiatrists in RRR areas, and some services cannot respond to the complexity of need. Tele-health and secondary consultation mechanism should be expanded to ensure access to paediatricians and psychiatry in RRR areas and low socioeconomic areas given the maldistribution of workforces. Research has also highlighted the value of leveraging and building locally grown rural workforces which, due to their existing experience, are immediately more responsive to, and understanding of, local need³¹.

headspace

'headspace' is Australia's National Youth Mental Health Foundation, providing early intervention mental health services to 12–25-year-olds. headspace provides support for young people with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. headspace plus includes psychiatry services. Mental Health Australia heard from the sector that there is the opportunity to bolster headspace by funding a pipeline of trainee psychiatrists within centres. This approach will support building the psychiatry workforce while providing holistic support for young people and their family, carers and kin.

The Early Career Program developed by headspace has been found to successfully contribute to the growth of the mental health workforce through resourcing for educator roles to provide supervision, structured education and support positive early career experiences for students and graduates³². This model should be expanded, adapted and embedded across programs as an effective and scalable model for growing the mental health workforce, which also facilitates important experience in multidisciplinary teams, supports evidence-based practice, and increases service capacity.

Medicare Mental Health Centres

Initial reviews of Medicare Mental Health Centres (MMHC) indicate these supports are effectively addressing key gaps in mental health care. Co-evaluation of the centres delivered by Neami in 2024 found MMHCs were reaching people who would not have sought support elsewhere, providing care and access to multidisciplinary support that is highly valued by consumers, and reducing presentations to hospital and EDs. Since this review, many more MMHCs have been established, and Government has undertaken both a clinical review led by the Chief Psychiatrist and an independent evaluation. The Australian Government should publicly release the findings of these two recent reviews to inform ongoing improvement, integration and alignment of MMHCs.

During consultation, members had positive views of MMHCs as multidisciplinary hubs providing wrap-around, holistic and tailored care with an understanding of the local service system. However, commissioning and funding of MMHCs appeared fractured, with the model-of-care dependent on workforce availability rather than need.

³⁰ [national-children-s-mental-health-and-wellbeing-strategy---full-report.pdf](#)

³¹ [Final-report_Scoping-child-mental-health-workforce-capability_Part1-compressed.pdf](#)

³² Evaluation snapshot report (2025) [09.25 headspace-ECP-Snapshot_Report_09.pdf](#)



Members identified a number of challenges and opportunities with MMHCs expansion, including to psychiatry:

- MMHCs provide a significant opportunity to improve equitable access to free psychiatric care, particularly for people who cannot afford private fees or experience difficulty navigating conventional referral pathways, however, this capacity cannot simply be absorbed within existing MMHC budgets.
- Psychiatric expertise is scarce and costly to secure in community-based settings, particularly in regional and rural areas. Recruitment is highly competitive, with MMHCs drawing from the same limited workforce as public mental health services, hospitals and private providers.
- Under current funding arrangements (involving shorter-term commissioning cycles), centres can face a direct trade-off between investing in psychiatric capacity and maintaining broader service capacity.

The sector made a number of suggestions, including:

- Psychiatry and other specialist clinical functions should be adequately considered and funded in multidisciplinary centre models, including the associated costs of clinical governance, supervision, administration and multidisciplinary coordination.
- Expand the current model of tele-psychiatry for remote and rural areas to all services. MMHC operating in rural areas, centres under establishment, and some satellite services are able to access psychiatry through government-funded telepsychiatry arrangements. This approach would complement locally employed and subcontracted psychiatry models, and improve equity of access across the network.
- Improve integration with the broader system. MMHCs need clear shared-care arrangements with GPs, public mental health services, hospitals and community-based supports. These should include joint appointments with public mental health services, mechanisms for consultation, shared planning, warm referral, escalation and step-down care.
- Strengthen the workforce through regional loadings, supported training and placement pathways within MMHCs (and other multidisciplinary centre-models), and inclusion and strengthening of peer and lived experience roles. Greater use of nurse practitioners and the full scope of allied health professionals should also form part of the response, while recognising that these roles complement rather than replace psychiatry where specialist medical assessment, diagnosis or prescribing is required.
- Longer and standardised commissioning across the country in line with Mental Health Australia's sector sustainability statement ([MHA Sector Sustainability Statement.pdf](#)). Multi-year funding would help centres recruit and retain scarce specialist staff, establish durable partnerships and develop integrated local models, and support pathways to MMHCs, rather than repeatedly reconstructing these arrangements through short commissioning cycles.

While face-to-face is preferable for many, the sector was pragmatic in noting that for many areas tele-psychiatry was a better option than no psychiatry at all. Members noted the importance of multidisciplinary care, having more than one clinician on the team for support (i.e. mental health nurse supported by psychiatry), the importance of local system knowledge and integration, and that the addition of other specialists like pharmacology on site would be welcome, however not possible for all MMHCs.

Mental Health Australia also heard that there are several concerns with accessing ADHD assessments and supports. Mental Health Australia understands that ADHD assessment and support is not currently available



in MMHCs and there are long waitlists for public services. Expanding assessment and support through MMHCs, with adequate workforce support, provides an opportunity to support the growing number of Australians seeking support for neurodiverse conditions that impact their lives. The Australian Governments should work towards nationally consistent public pathways for ADHD assessment and support, enabled by multidisciplinary care models, and sufficient psychiatry workforce capacity.

Recommendation 6: The Australian Government continue to invest in and expand multidisciplinary and accessible centred-based services (including Medicare Mental Health Kids Hubs, youth services, and Medicare Mental Health Centres) to provide free access to psychiatry. The Government should consider how funding models and commissioning cycles can be strengthened to support the provision of free psychiatry in all centres and ways to improve equity across centre-based services and the broader service system.

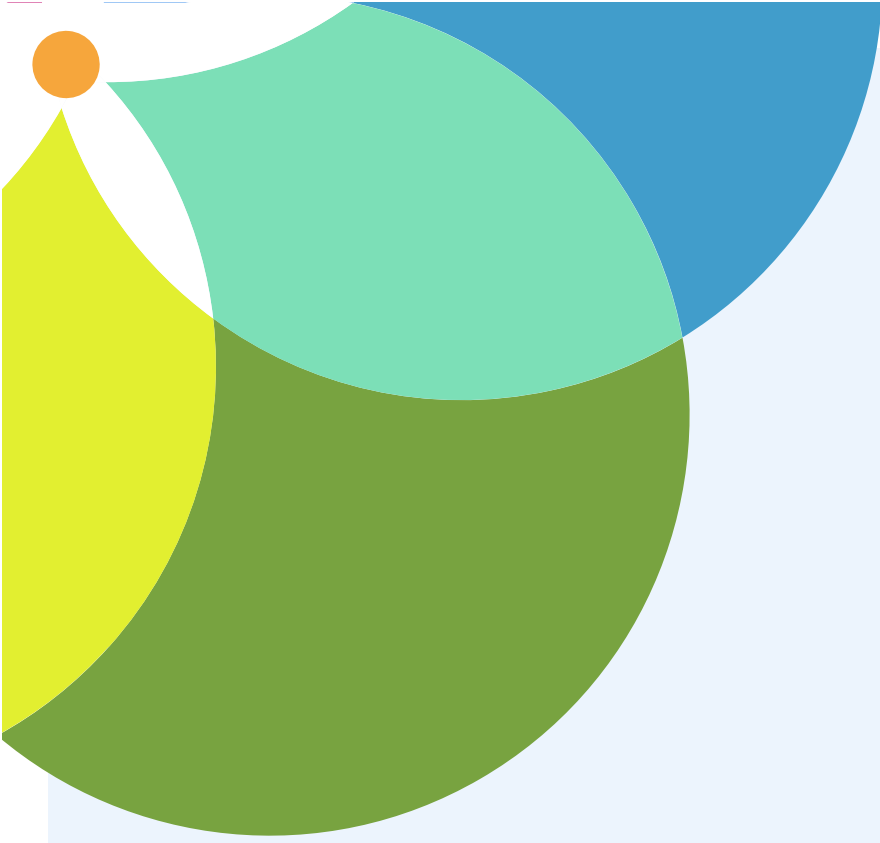
Recommendation 7: The Australian Government should release the recent clinical review and independent evaluation of the Medicare Mental Health Centres to inform ongoing improvements and government and sector collaboration.

Recommendation 8: The Australian Government should work towards nationally consistent public pathways for ADHD assessment and treatment, supported by multidisciplinary care models, and sufficient psychiatry workforce capacity.

Conclusion

Mental ill-health is one of Australia's most significant health and socioeconomic challenges, and the strength of the workforce will determine whether reform delivers better outcomes for people and communities. A credible response must address workforce supply, capability, distribution and access as part of the national reform agenda. Australia should strengthen the medical specialist pipeline while building the capacity of generalist and multidisciplinary teams, supported by flexible referral pathways and collaborative models of care. MMHCs provide a practical platform to expand psychiatry training, increase free specialist access and embed trainee and experienced psychiatrists in teams supporting people with complex needs; comparable opportunities should be pursued through Mental Health Kids Hubs and headspace. These measures should be underpinned by funded implementation of the National Mental Health Workforce Strategy 2022–2032, informed by existing sector guidance and matched by action on out-of-pocket costs and bulk-billing so that increased workforce supply translates into care people can navigate and afford.

The Inquiry should recommend a coordinated package of sustained action: grow and better distribute the specialist medical workforce; strengthen generalist and multidisciplinary capability; use existing national service networks as platforms for training and accessible specialist care; implement the National Mental Health Workforce Strategy; improve referral flexibility; and reduce financial barriers to treatment. Together, these reforms would support earlier intervention, reduce avoidable crises and improve continuity, choice and person-centred care for individuals, families, carers, kin and communities.



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