

Standing Committee on Health, Aged Care and Disability
Inquiry into access to and affordability of medical specialists in Australia
September 2026

Equitable access to Specialist Psychiatric care in Australia

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the access to and affordability of medical specialists in Australia

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. RANZCP has more than 9000 members, including around 6500 qualified psychiatrists.

Key findings

- Psychiatry workforce shortages are a fundamental barrier to access and affordability, contributing to long wait times, reduced service availability, and unmet need.
- Affordability measures alone will not resolve access barriers. Limited specialist capacity can prevent consumers accessing care regardless of their ability to pay, while gaps in public services can increase reliance on private care and out-of-pocket costs.
- Expanding psychiatry training capacity is critical to growing the workforce. Strong demand for training, alongside limited training positions, demonstrates significant potential to expand the domestic workforce.
- Rural, regional and remote (RRR) communities face disproportionate barriers to specialist psychiatric care, driven by workforce maldistribution, socioeconomic disadvantage and limited service availability.
- Many people with moderate to severe mental illness face significant gaps in access to care, as they do not meet eligibility thresholds for public specialist services and are unable to afford or access private treatment.
- Referral reform alone will not resolve access barriers. Effective access requires sufficient workforce capacity, appropriate eligibility criteria and better coordination across services.
- Access should be based on clinical need and complexity, not diagnostic category alone, with more consistent approaches to eligibility and service delivery.
- Integrated models of care can improve access and make better use of limited specialist capacity, including consultation-liaison, shared care, communities of practice and telehealth.

Recommendations

RANZCP recommends that the Inquiry:

1. Recognise psychiatry workforce shortages as a key driver of access and affordability, and support measures to expand training, strengthen retention and improve workforce distribution.

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2. Improve access to specialist psychiatric care in rural, remote and regional communities, through sustainable workforce and service models, including appropriate use of telehealth.
3. Strengthen publicly funded specialist mental health services for people with moderate to severe mental illness.
4. Improve consistency and transparency in referral and eligibility pathways, ensuring access to specialist mental health care is based on clinical need and complexity, rather than diagnostic criteria alone.
5. Support integrated models of care, including consultation-liason, shared-care, communities of practice, and telehealth to improve access, reduce fragmentation, and make better use of specialist capacity.

Introduction

RANZCP welcomes the opportunity to contribute to the House Standing Committee on Health, Aged Care and Disability's Inquiry into the access to and affordability of medical specialists in Australia (the Inquiry).

The College commends the Minister for recognising that access to medical specialists is a growing issue for Australians, and is integral to ensuring that primary, secondary, and tertiary care systems complement one another.

Psychiatrists are medical specialists who are highly qualified and able to provide psychiatric expertise founded in concepts of medical knowledge.[1] Psychiatrists play a critical role across the health system, providing specialist mental health assessment, treatment and care for people experiencing mental ill-health, while also leading multidisciplinary teams that support care in community and primary care settings.

1. Psychiatry workforce shortages are a key driver of access and affordability problems

1.1 Workforce capacity is a fundamental barrier to access

Measures focused solely on specialist fees, rebates or referral processes will not resolve the underlying access problem where there are simply insufficient psychiatrists to meet demand.

Access and affordability challenges in psychiatry are fundamentally constrained by workforce capacity. While affordability is an important consideration, many consumers face difficulties in accessing psychiatric care regardless of their ability to pay because specialist services are simply unavailable or lack sufficient capacity in many parts of Australia.

Affordability should therefore be considered alongside the structural factors that constrain access, including workforce shortages, service availability, geographic maldistribution, and system capacity.

Australia's psychiatry workforce remains insufficient to meet current and projected demand. There are currently 16 psychiatrists per 100,000 population, and workforce modelling projects a 20.7% undersupply of psychiatrists by 2048.[2] [Nine in ten psychiatrists report](#) that workforce shortages are negatively impacting patient care.

The shortage of psychiatrists has been anticipated globally,[3] and recognised across federal workforce planning, including the [National Medical Workforce Strategy](#), the [National Mental Health Workforce Strategy](#), and the [Psychiatry Supply and Demand Study](#). The consequences are experienced directly by

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consumers through longer waits for assessment and treatment, reduced service availability, and poorer health outcomes.

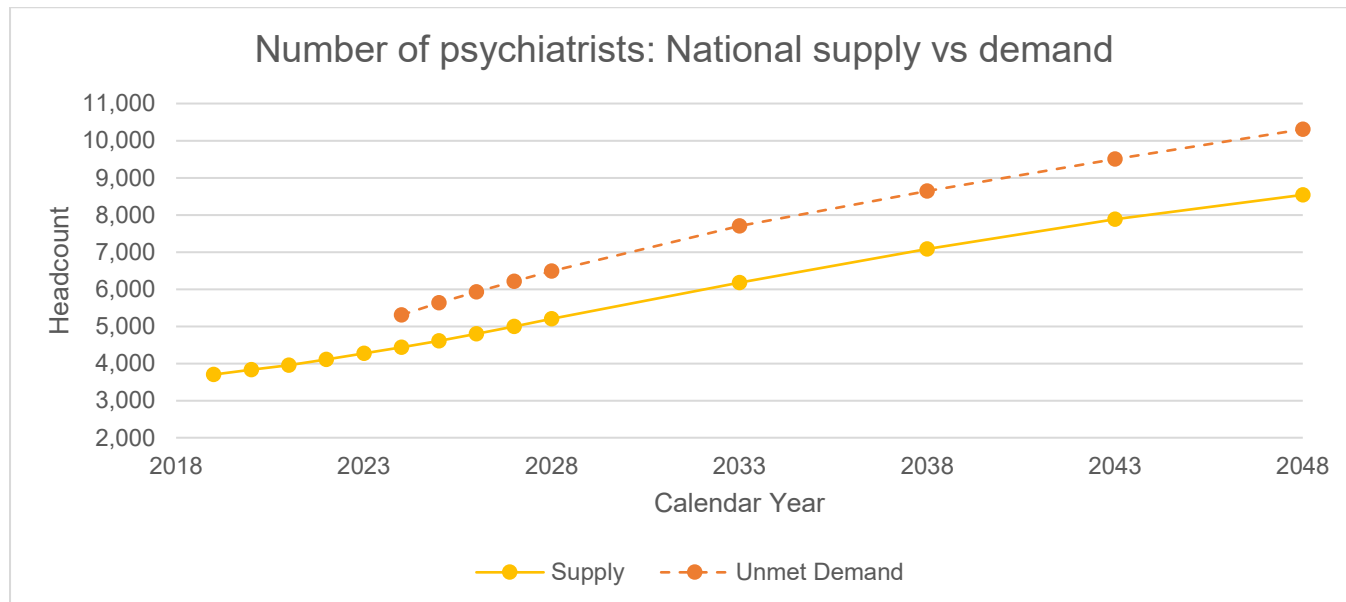


Figure 1. Projected national psychiatrist supply and demand, Australia, 2024-2048. Source: [Department of Health, Disability and Ageing, Psychiatry Supply and Demand Study](#)

1.2 Expanding domestic training capacity

There is strong evidence of demand for psychiatry training. Recent Victorian workforce data showed more than 300 applicants, including 247 eligible candidates, competing for just 113 public psychiatry training positions. More than half of eligible participants were therefore unable to secure a training position, despite the state's ongoing workforce shortages.

This illustrates that workforce constraints are not solely driven by a lack of interest in psychiatry, but also by limited training capacity. There is an opportunity to grow the workforce by expanding the number of funded training positions, and ensuring sufficient supervision and training infrastructure.

The Inquiry should therefore support measures that expand training capacity, strengthen workforce retention, and improve workforce distribution across Australia.

2. Improving access in rural, regional, and remote Australia

Rural, regional and remote (RRR) Australians experience poorer health outcomes than their metropolitan counterparts.[4-6] They also face disproportionate barriers to accessing specialist psychiatric care. Contributing factors include the maldistribution of medical specialists, limited availability of publicly funded services, and greater reliance on private care. While out-of-pocket costs may in some cases be lower, significant barriers to timely and equitable access remain.[7]

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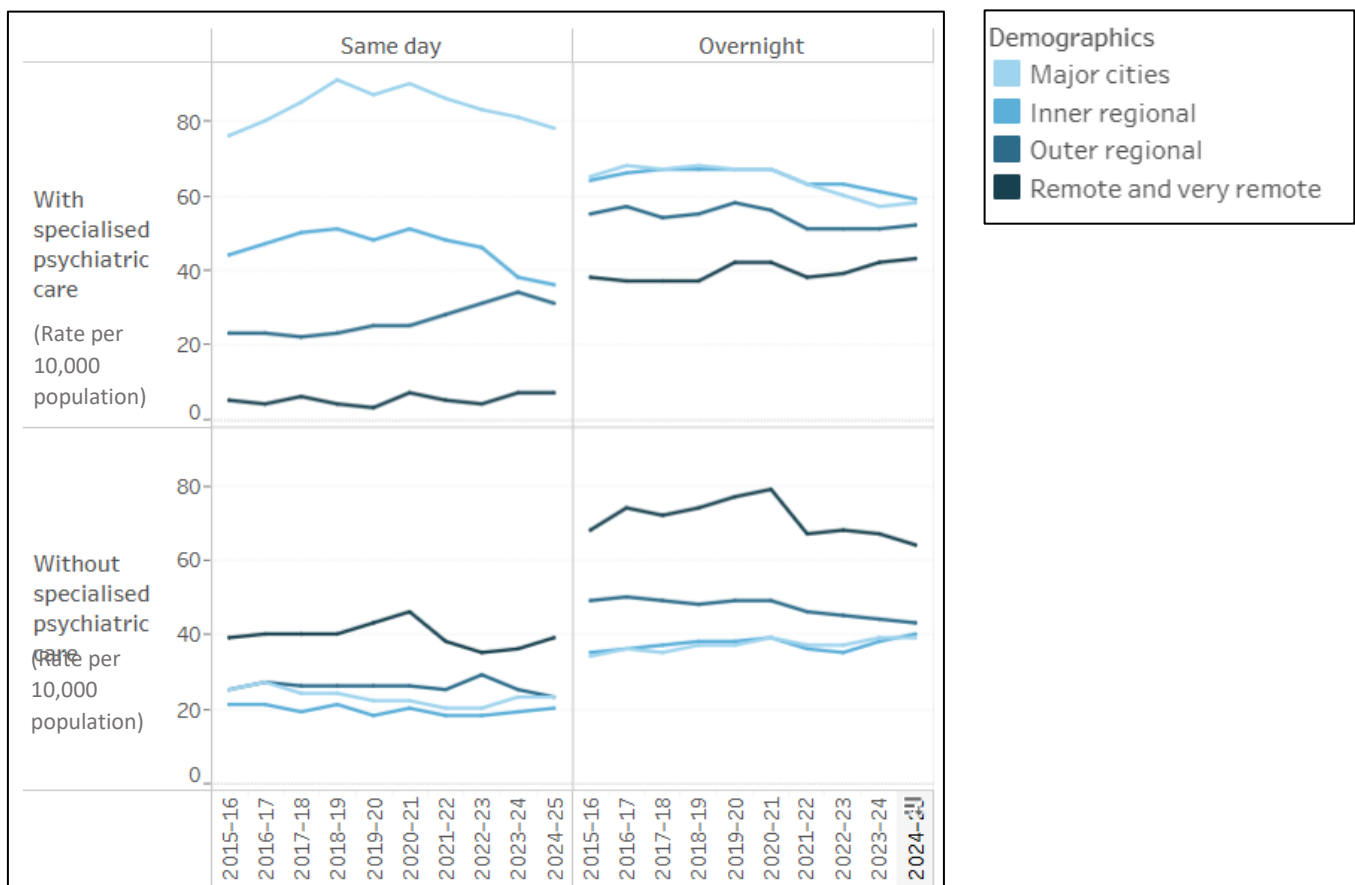


Figure 2: Admitted patient mental health-related hospitalisations (number and rate per 10,000 population) by rurality. Source: [AIHW Admitted Mental Health Patient Data](#)

[Data](#) from Queensland shows approximately 75% of patients discharged from acute psychiatric inpatient services received community mental health follow-up within seven days, however, this fell to 70% in remote areas and 66% in very remote areas. These disparities highlight the ongoing influence of workforce availability and service capacity on timely access to specialist mental health care, particularly for people living in rural and remote communities.

Socioeconomic disadvantage is more prevalent in many RRR communities,[8, 9] further compounding access barriers. In some regions, consumers face difficulty accessing psychiatric assessments and reports required for schemes such as the Department of Veterans' Affairs (DVA) and workers' compensation due to an insufficient specialist workforce.

The viability of private psychiatric practice can also be challenging in lower socioeconomic and smaller population communities, limiting service availability and exacerbating inequities in access. As a result, many consumers are unable to access timely public mental health care while also facing barriers to affordable private specialist services.

Improving the distribution of specialists and supporting sustainable service models in RRR communities should be a key priority of the Inquiry.

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Telehealth and shared care models can also extend access to specialist expertise where local workforce capacity is limited. However, these approaches should complement, rather than replace investment in a sustainable local specialist workforce.

3. Strengthening public specialist services, and addressing those falling through the gaps

While out-of-pocket costs are an important consideration, measures focused solely on specialist fee setting are unlikely to resolve underlying access problems. Workforce shortages, increasing demand, fragmented care pathways and restricted service eligibility criteria all contribute to poor access outcomes.

Sustainable improvements in affordability will depend on broader reforms that expand service capacity, strengthen publicly funded specialist care, and improve integration across the mental health system.

The Productivity Commission's [Mental Health Inquiry](#) identified fragmentation and poor coordination between services as significant barriers to accessing care, particularly for people whose needs do not meet the thresholds for public specialist mental health services, but who are unable to access private care. This group is commonly referred to as the '*missing middle*'.^[10, 11]

Across Australia, public mental health services have increasingly narrowed eligibility criteria in response to workforce shortages and service demand. As a result, many consumers with moderate to severe illness, significant functional impairment, or complex psychosocial circumstances may not meet thresholds for public specialist care, yet remain unable to access private psychiatry due to cost, workforce shortages or service availability.

This contributes to a gap in care, and increases pressure on general practice, emergency departments and other parts of the health system.

Many people experiencing this gap also experience housing insecurity, poverty, trauma, family violence, social exclusion and other social determinants of mental ill-health. These factors can increase the need for specialist mental health care and create additional barriers to accessing private services.

Addressing the missing middle is critical to improving both access to and affordability of specialist psychiatric care. When people with moderate to severe mental illness are unable to access appropriate public services, they may be forced to seek care in the private sector, experience prolonged delays, or go without treatment altogether.

4. Improving referral pathways and access based on clinical need

4.1 Referral frameworks

Addressing referral pathways therefore requires more than administrative reform. Improvements must be accompanied by measures that expand psychiatrist workforce capacity, strengthen coordination between services, and improve integration across public and private mental health sectors.

Access psychiatric care is frequently determined not only by referral pathways, but also by service eligibility criteria and workforce capacity. Referral frameworks are intended to support equitable and timely access to specialist care. However, their effectiveness is limited where specialist services lack sufficient capacity to meet demand.

Mental health consumers commonly require care across multiple settings, including general practice, community mental health services, private psychiatry, public specialist services, hospitals and psychosocial

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support services. Unlike many medical conditions that follow defined referral pathways, people with mental illness often move between multiple providers and service sectors throughout their care journey.

The effectiveness and transparency of referral pathways can be affected by differences in service design and governance. For example, specialist mental health services in Victoria operate under the [Mental Health and Wellbeing Act 2022](#) rather than the [Health Services Act 1988](#), meaning they sit outside the Statewide Referral Criteria framework that applies to many other specialist health services.

While this reflects the unique nature of mental health service delivery, it highlights how access and referral arrangements can vary significantly between jurisdictions.

For many consumers, particularly those experiencing moderate to severe mental illness, the principal barrier is not obtaining a referral but finding a specialist service with capacity to accept that referral.

4.2 Access based on clinical need

Many people with moderate to severe mental illness experience difficulty accessing publicly funded specialist care because their diagnostic label is not a recognised priority, or because the complexity of their individual presentation does not fit neatly within existing service models. Access to specialist mental health care must be proportional to clinical need, not based on diagnostic criteria.

This contributes to fragmentation, long wait times and growing reliance on private services. These challenges are compounded by psychiatrist workforce shortages and inconsistent service models across jurisdictions.

ADHD provides a clear example of these broader system pressures. Despite being a recognised neurodevelopmental condition that can significantly affect education, employment, relationships and mental health, access to publicly funded ADHD assessment and treatment remains limited and inconsistent across Australia. Many consumers face long waiting lists, high out-of-pocket costs, and fragmented pathways between general practice, psychiatry, paediatrics and psychosocial supports.[12] [ADHD commonly co-occurs](#) with other mental health conditions, meaning accurate diagnosis and treatment often require specialist psychiatric expertise.[13, 14]

The broader policy issue is that consumers should be able to access specialist mental health care according to their clinical needs, rather than being excluded because their diagnosis does not align with a particular service eligibility category.

Governments must work towards nationally consistent public pathways for assessment and treatment, supported by multidisciplinary care models, and sufficient psychiatry workforce capacity.

5. Making better use of specialist expertise through integrated models of care

Despite Australia not facing a universal shortage across all medical specialties,[3] workforce shortages in psychiatry are well documented and continue to constrain access to specialist mental health care. Demand for psychiatric care exceeds available capacity, resulting in long wait times, unmet need and increasing pressure on both public and private services.[2]

While workforce growth remains essential, integrated models of care can help make better use of scarce specialist expertise by improving coordination, supporting earlier intervention and ensuring specialist services are directed to consumers with the greatest clinical need.[11, 15]

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5.1 Consultation-liaison models

Innovative consultation-liaison approaches can improve access to specialist expertise. For example, the Virtual Psychiatry Hub (NSW) and GP-Psychiatry Support Line (Australia) provide opportunities for primary care clinicians to obtain psychiatric advice and support without necessarily requiring a direct psychiatrist consultation for every consumer.

These approaches may reduce unnecessary referrals, support earlier intervention, and enable scarce specialist appointments to be directed towards consumers with more complex needs.

5.2 Communities of practice

Communities of practice bring together psychiatrists, general practitioners and other health professionals to support shared learning, case discussion and mentoring.[16] By equipping the broader health workforce more service specific skills and expertise, communities of practice can support the management of mental illness in primary care settings, reduce unnecessary referrals, and support earlier intervention.[17]

Models such as Project ECHO and the Virtual Psychiatry Hub have demonstrated their value in building workforce capability, particularly in underserved and rural, regional and remote communities. While these models do not replace specialist assessment and treatment, they can extend the reach of psychiatric expertise and promote more efficient use of specialist resources.[18, 19]

5.3 Telehealth

Telehealth is an important enabler of access, particularly in rural, regional, and remote communities. It can facilitate shared-care arrangements, improve continuity of care, and strengthen coordination between primary care, specialist psychiatry, community mental health services, and psychosocial supports.[4, 20] While telehealth improves access, it cannot overcome workforce shortages in isolation.

Governments should support integrated and multidisciplinary mental health models of care, including shared-care arrangements, specialist consultation-liaison services and telehealth-enabled care, that improve access to psychiatric expertise, reduce fragmentation, improve affordability and enable limited specialist workforce capacity to be directed towards consumers with the greatest clinical need.

Conclusion

Psychiatry plays a critical role within Australia's health system, yet access to specialist psychiatric care is increasingly constrained by workforce shortages, rising demand, geographic maldistribution and fragmentation across the mental health system.

Access and affordability are inseparable. . Where there are insufficient psychiatrists or inadequate public specialist service capacity, consumers may experience longer wait times, fewer treatment options and greater reliance on private care, particularly where public services lack capacity. This can result in significant out of pocket costs, and inequitable access for people who cannot afford private treatment.

These issues are fundamentally questions of equity. People with complex and enduring mental illness are disproportionately affected by service gaps, fragmented care and barriers to affordable treatment. While innovative models of care, telehealth and shared-care arrangements can improve access, they cannot replace the specialist workforce and public service capacity needed to meet growing demand.

Without decisive investment, access to specialist psychiatric care will continue to deteriorate, particularly for those with the greatest need. RANZCP urges the Federal Government to address both the supply of

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psychiatrists and the capacity of publicly funded specialist mental health services to ensure timely, affordable and equitable access to care for all Australians.

To discuss the information contained within this submission, please contact Felicity Loxton, Executive Director, Policy and Advocacy, via policy@ranzcp.org

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