

Committee Secretary

House of Representatives Standing Committee on Health, Aged Care and Disability

PO Box 6021, Parliament House, Canberra ACT 2600

By email to Health.Reps@aph.gov.au

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Submission to the inquiry into access to and affordability of medical specialists in Australia

IN SHORT

Medicare pays for the imaging report a surgeon relies on. For ADHD alone, and for anyone aged 25 or over, it has no item for the psychological assessment behind the diagnosis.

We are a psychology practice, not a medical specialty. We write because much of our work is diagnosis. People are referred to us to be assessed and diagnosed, for ADHD, autism and other conditions, and many then see a psychiatrist or paediatrician for medication or specialist care. Medicare treats our part of that work unevenly.

- Psychiatrists are few and concentrated in major cities. Our region has the lowest GP supply in Greater Sydney and some of its fastest growth.
- Medicare's psychology assessment items cover only people under 25 with a complex neurodevelopmental disorder or a listed disability. ADHD on its own is not covered at any age, and Medicare's own guidance says the matching specialist items aren't meant for ADHD alone either.
- People pay for the assessment, then a rising specialist gap, and wait in between.
- NSW is moving ADHD diagnosis into general practice and has budgeted for GPs to draw on allied health assessments. Commonwealth settings haven't caught up.

We make three recommendations. Each changes an existing Medicare instrument rather than creating a new program.

WHO WE ARE

Unbound Minds Psychology is a 37-person psychology practice with clinics in Kingswood (Nepean Health Hub) and Gledswood Hills (Macarthur), and telehealth across NSW. We see children, teenagers and adults, funded through Medicare, the NDIS, workers compensation and privately. Our psychologists assess and diagnose ADHD, autism and other conditions. They write reports that GPs, paediatricians and psychiatrists rely on, and we treat people before, during and after they see a medical specialist.

In 2023 we made a submission to the NSW Legislative Council inquiry into outpatient and community mental health care (Submission 69). The committee cited it in Report 64 (June 2024), including at paragraph 2.28, on Medicare rebates not reflecting the true cost of care

and on out-of-pocket costs deterring people from seeking and continuing treatment. This submission builds on that one. It contains no client information.

We address terms of reference (a) to (e).

ON ACCESS AND THE WORKFORCE (TERM OF REFERENCE A)

Psychiatrists are a small workforce. In 2024 about 4,500 psychiatrists were employed in Australia, 15 full-time equivalent (FTE) per 100,000 people, against 113 FTE psychologists. The psychiatrist rate was 18 per 100,000 in major cities and 7 in outer regional areas. NSW sat at 14.

City averages hide the outer suburbs. South Western Sydney PHN reports 115.9 GPs per 100,000 people, the lowest of any part of Greater Sydney. It names Campbelltown and Camden as places where the current GP workforce can't meet expected population growth, and lists "poor access to psychiatrists" among the issues raised in its 2024 consultations. Camden grew 3.7% and Wollondilly 3.9% in 2024-25, against 1.4% for Greater Sydney.

In 2024-25, 26.4% of people reported waiting longer than they felt acceptable for a medical specialist appointment, with 25.7% in major cities and 32.3% in outer regional and remote areas. For ADHD, the Senate Community Affairs References Committee found in 2023 that barriers included "limited availability and long wait times" for professionals who diagnose and prescribe, and a lack of public services, especially for adults.

ON REFERRAL PATHWAYS (TERM OF REFERENCE B)

In Medicare's design, the pathway for ADHD and autism runs through a medical specialist, but the work doesn't all happen there. The paediatrician and psychiatrist items for complex neurodevelopmental disorders (items 135 and 289) let the specialist diagnose using information from allied health providers. The matching psychology item (82000, or 93032 by video) pays a psychologist to "assist the eligible medical practitioner with diagnostic formulation".

That design has four gaps.

- **Order.** For autism, the psychology items follow a referral from the paediatrician or psychiatrist. A family on a long paediatric wait can't use them until after the first appointment, so some pay privately for an assessment in the meantime.
- **No shared standard.** There's no agreed standard for what an assessment report must contain for a specialist to rely on it. Where a report doesn't give the specialist what they need, parts of the assessment can be repeated, and the family waits and pays again.
- **ADHD sits outside the design.** ADHD is not on the list of eligible disabilities, and Medicare's guidance says items 135 and 289 "are not intended for standalone diagnosis" of ADHD. A young person with ADHD alone has no assessment pathway in the schedule.

- **Adults have no equivalent.** For people aged 25 and over, there's no Medicare item for psychological assessment or diagnosis. The adult pathway is a GP, a privately paid assessment, then a psychiatrist.

NSW is changing this pathway. Since 1 September 2025, trained GPs can continue ADHD stimulant treatment. By February 2026 more than 800 GPs had been trained, more than 5,000 patients had used the arrangement and more than 18,000 scripts had been filled. From March 2026, just over 300 GPs began training to diagnose and start treatment, from more than 700 expressions of interest, with priority to rural and regional GPs and Aboriginal community-controlled health settings. A second round is expected to start in November 2026. From early 2027 NSW will fund up to 2,500 free ADHD assessments by these GPs. They will receive up to \$600 per patient for support that can include "input from other clinicians such as dietitians or psychologists", and \$1.8 million will "give GPs access to allied health assessments and support to aid in diagnosis".

We support these reforms. They move routine work out of the specialist queue, and they recognise that a GP diagnosing ADHD needs what a specialist needs, which is good assessment information and a psychiatrist to call on for complex cases. NSW's fact sheet for participating GPs doesn't yet describe a role for psychological assessment, and Commonwealth items pay for none of it.

ON AFFORDABILITY (TERM OF REFERENCE C)

The Department of Health, Disability and Ageing reports that Australians paid \$4.17 billion out of pocket for out-of-hospital specialist services in 2025, up 75.8% since 2019. The average out-of-pocket cost for an initial specialist consultation rose from \$94.72 in 2016 to \$158.75 in 2025, a 67% rise against 32% for the CPI. The Department notes that people in ongoing psychiatric care "may have limited practical ability to shop around". In 2024-25, 8.6% of people aged 15 and over delayed or didn't see a specialist because of cost. Among people aged 25 to 34 it was 16.3%.

For an adult seeking an ADHD assessment, that specialist gap sits on top of an assessment with no Medicare item. The rebates that do exist for under-25s are limited. The schedule fee is \$119.45 for a session of at least 50 minutes, with a lifetime limit of eight services shared across the allied health assessment and treatment items in the group. Our 2023 submission to the NSW inquiry made the same point about cost deterring people from care.

Closing the gap is costable. In 2025 the Parliamentary Budget Office costed a broader proposal, ADHD and autism assessment items for all ages at 100% of the schedule fee, at \$269.9 million over three years. The item we propose is narrower.

ON THE IMPACT OF DELAYS (TERM OF REFERENCE D)

People don't stop needing care while they wait. They go back to the GP, see a psychologist without a diagnosis to guide treatment, or present in crisis. The Senate committee described the "significant personal health, wellbeing and financial costs" of the ADHD system. NSW Health says delays for children can mean "poorer academic progress" and later affect employment and mental health. When a psychologist can't get timely psychiatric advice,

therapy goes ahead without the full picture, and sessions can be spent holding a person steady rather than treating them.

ON NEW MODELS OF CARE (TERM OF REFERENCE E)

Medicare already has most of the parts.

- **Item 291** pays a psychiatrist for one comprehensive assessment and a written management plan returned to the GP within two weeks, so the GP can continue care. Its note expects "a single attendance". But nothing in the note asks the psychiatrist to draw on an assessment the patient already has, so a full history can be taken again.
- **Mental health case conference items** (since 1 July 2023) pay a GP, psychiatrist or paediatrician to organise a case conference and a psychologist to take part (items 80176 to 80178). They apply only to people referred for treatment under Better Access or with an eating disorder plan. A person referred for a diagnostic assessment usually falls outside them.

Coordination is where the pathway leaks. Of people who saw three or more health professionals for the same condition in 2024-25, 28.8% said no one helped coordinate their care.

Joined up, the parts make a pathway.

1. The GP refers for a funded psychological assessment and diagnosis, written to an agreed standard.
2. The psychologist diagnoses where the assessment supports it. Where medication is needed, the GP, trained under state reforms, confirms the diagnosis and starts treatment, or refers to a psychiatrist or paediatrician for a one-off assessment and plan that builds on the report.
3. The specialist, GP and psychologist hold a short case conference under the existing items when needed.
4. Care continues with the GP and psychologist, and the specialist's time goes to the people who need it most.

This changes no prescribing rules. It pays for assessment, diagnosis and coordination work that already happens.

WHAT WE'RE ASKING FOR

1. **Fund the assessment behind the diagnosis.**
 - A capped Medicare item for psychological assessment and diagnosis for people aged 25 and over, starting with ADHD, tied to a written report, with adult autism assessment as a second stage.
 - ADHD added to the conditions covered by the under-25 assessment items.
 - Referral for both from a GP, psychiatrist or paediatrician, or any medical practitioner authorised under state or territory law to diagnose ADHD, so the rule keeps pace with state reforms.

2. Make one report do the work once.

- A national standard for psychological assessment reports used in ADHD and autism diagnosis, agreed between the medical colleges and psychology bodies, so specialists can rely on them rather than repeat them.
- The item 291 note (AN.0.30) amended so the psychiatrist's assessment draws on a standard-compliant report where one exists, and item 291 promoted for adult ADHD where the GP can continue care.
- The mental health case conference items (80176 to 80178 and the matching organiser items) extended to people referred for a diagnostic assessment.

3. Plan specialist access where the growth is.

- Outer-metropolitan growth areas with low GP supply, such as Camden and Campbelltown, counted as areas of need in Commonwealth workforce programs and in state GP ADHD training priorities, alongside regional and rural areas.
- Psychiatry and paediatrics named in the Government's specialist fee work, with fee and waiting time data published by region.
- Psychologists and provisional psychologists counted in workforce planning for specialist mental health pathways. Commonwealth modelling estimates NSW was short about 2,937 FTE psychologists in health settings in 2025 once unmet demand is counted.

CLOSING

Thank you for the chance to contribute. We consent to this submission being published, and we'd be glad to give evidence at a hearing on how psychological assessment and diagnosis work alongside medical specialists in outer-metropolitan Sydney.

Yours sincerely,



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Unbound Minds

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