



AUSTRALIAN MENTAL HEALTH ACCESS REPORT 2026

National trends in access, demand,
workforce capacity and service gaps

Prepared by:
Therapy Near Me

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EXECUTIVE SUMMARY DASHBOARD

Australia's mental health system is under sustained pressure.

High and rising demand is meeting uneven access and a workforce that cannot keep pace.



1 in 5

Australians aged 16–85 experienced a mental disorder in the previous 12 months.

Anxiety disorders are the most common category.



2.8M

Australians received Medicare-subsidised mental health services in 2024–25.

Reflecting strong and sustained service use.



13M

Medicare mental health services delivered nationally in 2024–25.

Mental health care is a high-volume part of the health system.



\$14.5B

Government expenditure on mental health-related services in 2023–24 across major programs.

Continued investment, but demand is outpacing capacity.



Workforce Shortage

Workforce shortages and maldistribution are the largest structural barrier to timely access across Australia.

Particularly in psychiatry, child & adolescent care and regional services.



Child & Adolescent Demand

Child and adolescent demand continues to rise, driven by anxiety, school refusal, self-harm risk and developmental concerns.

A major national pressure point.



KEY TAKEAWAY



Australia's mental health system is experiencing high and rising demand across the country, while access remains uneven.

Workforce capacity, distribution and affordability are the central structural barriers to improving mental health access.



Telehealth has become permanent access infrastructure, complementing face-to-face care and extending reach, especially in regional and rural Australia.



KEY FINDINGS AT A GLANCE

The evidence shows high demand, uneven access and workforce constraints are the defining challenge.



1

RISING DEMAND

Around 1 in 5 Australians aged 16–85 experienced a 12-month mental disorder, with anxiety disorders the most common category.



2

HIGH SERVICE USE

Approximately 2.8 million Australians received Medicare-subsidised mental health services in 2024–25, accounting for about 13 million services nationally.



3

WORKFORCE SHORTAGE

Workforce shortages and maldistribution are the largest structural barriers to timely access, particularly for psychiatry, child & adolescent care, and regional services.



4

REGIONAL INEQUALITY

Regional and remote communities face fewer providers, long travel distances, digital exclusion, limited specialist care and reduced choice of practitioner.



5

CHILD & ADOLESCENT PRESSURE

Child and adolescent mental health demand continues to rise, driven by anxiety, school refusal, self-harm risk, and developmental concerns including autism and ADHD assessment.



6

NDIS IMPACT

NDIS-related demand is reshaping the mental health and disability support landscape, particularly psychosocial disability, autism support, and behaviour support.



THE BIG PICTURE

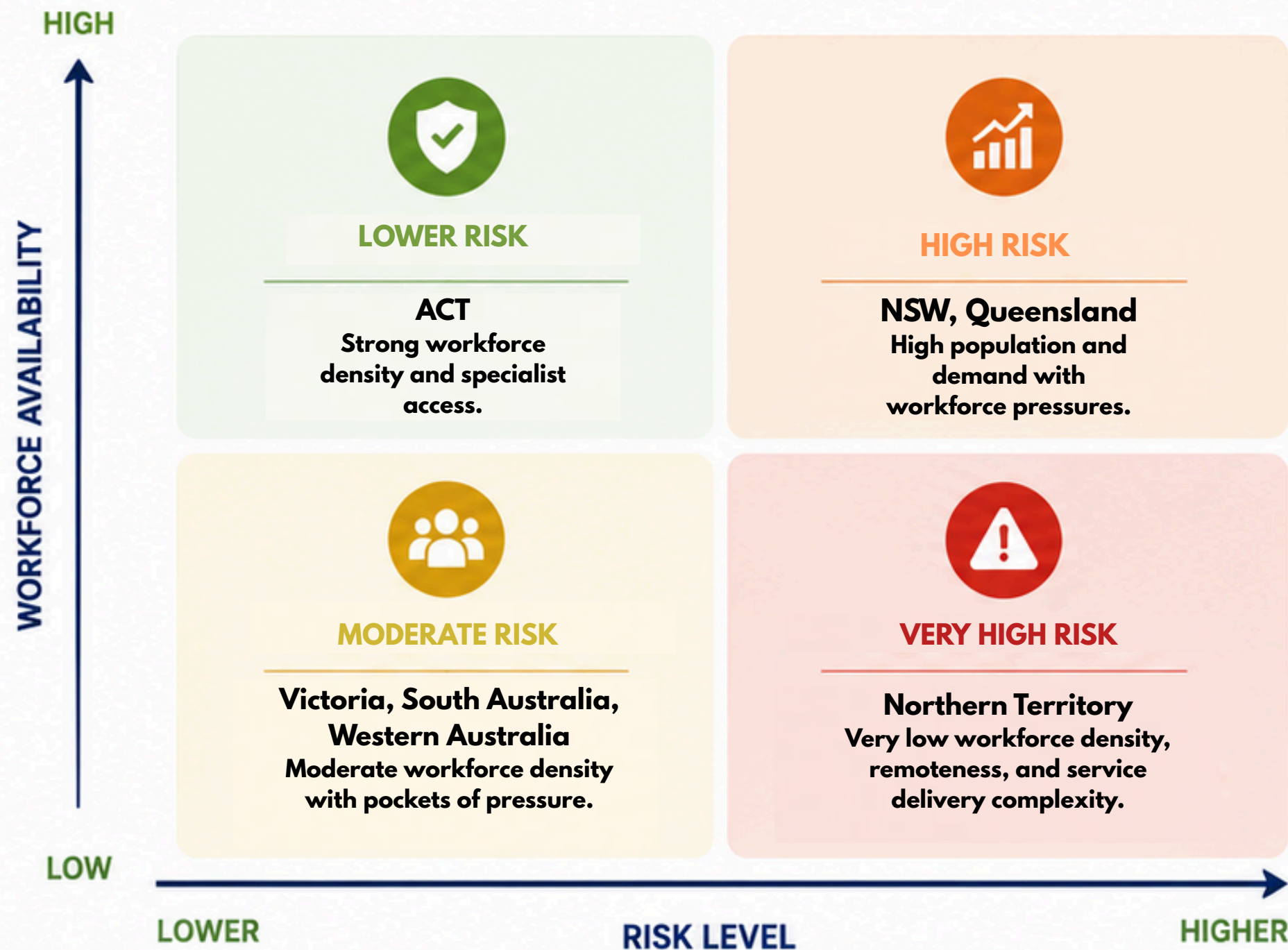
Australians are more aware of their mental health needs and more willing to seek support, but service capacity, affordability and workforce availability have not kept pace. System reform must focus on workforce, regional investment, early intervention and integrated care.



Workforce availability is the central structural barrier to mental health access in Australia.

MENTAL HEALTH WORKFORCE RISK MATRIX BY JURISDICTION

Workforce availability and distribution are the central structural barriers to improving mental health access across Australia.



WHAT THIS MEANS

Jurisdictions in the high and very high risk categories face the greatest challenges in workforce supply, geographic distribution, and access to specialist care.



KEY DRIVERS OF WORKFORCE RISK

- Workforce density
- Geographic remoteness
- Population distribution
- Service delivery complexity
- Local training pipelines
- Retention and incentives



POLICY IMPLICATIONS

- Prioritise workforce investment in high and very high risk jurisdictions.
- Expand incentives, training pathways, supervision and retention strategies.
- Strengthen local service hubs and outreach models.
- Improve data visibility on workforce distribution and vacancies.

TOP 20 MENTAL HEALTH ACCESS HOTSPOTS

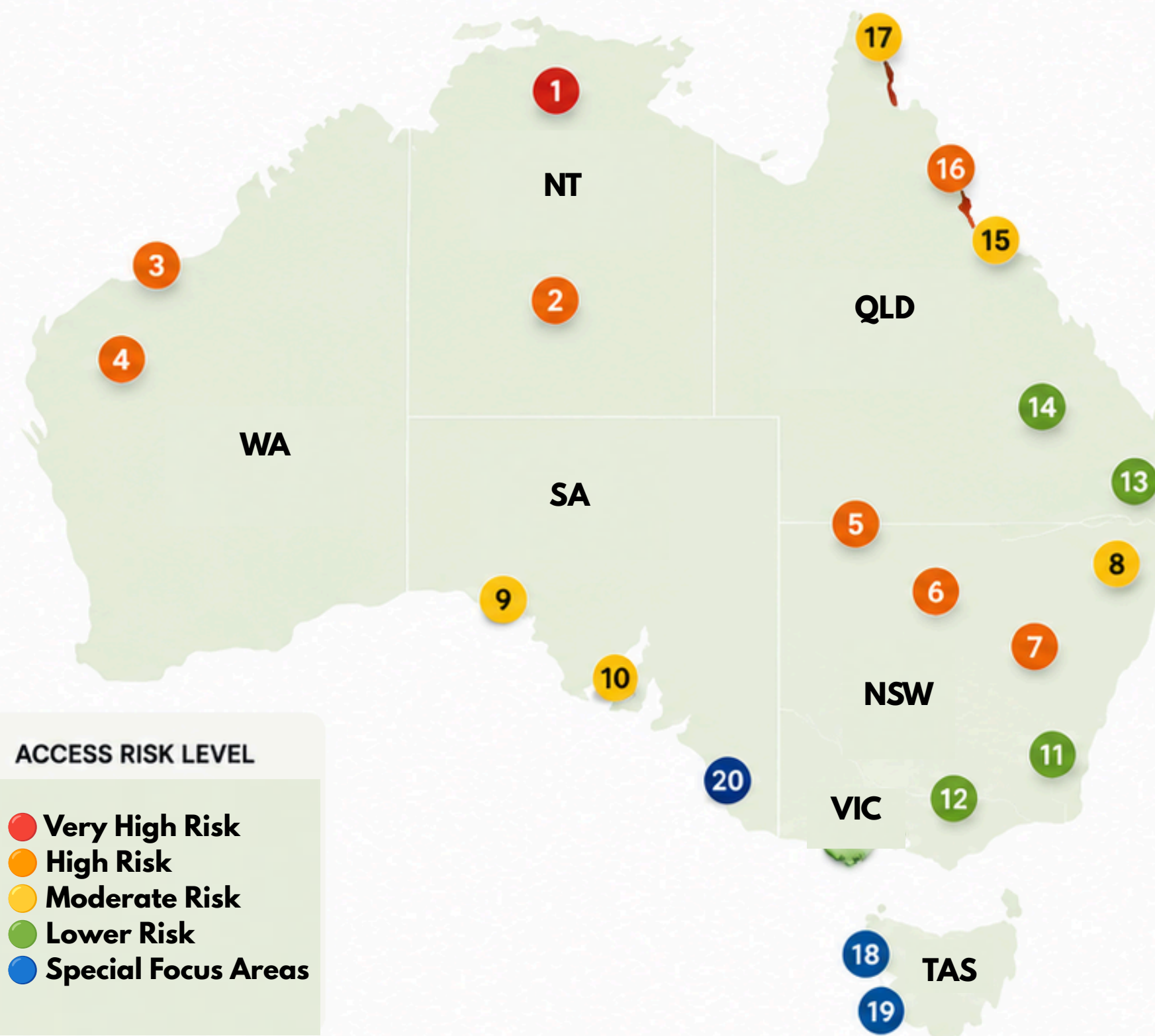
NATIONAL PRIORITY REGIONS

These regions experience the greatest barriers to timely access to mental health support due to workforce shortages, remoteness, high demand and service delivery challenges.



PURPOSE

The Top 20 Hotspots are identified using the Australian Mental Health Access Index 2026. They highlight where investment and coordinated action will have the greatest impact.



1. Northern Territory Remote Communities
2. Central Australia
3. Kimberley
4. Pilbara
5. Far West NSW
6. Western NSW
7. Murrumbidgee
8. Northern Rivers
9. Country SA
10. Eyre Peninsula
11. Gippsland
12. Mallee
13. Wide Bay
14. Central Queensland
15. North West Queensland
16. Far North Queensland
17. Cape York
18. North West Tasmania
19. Burnie & West Coast Tasmania
20. Inland Agricultural Communities

REGIONAL VS METROPOLITAN ACCESS

Significant and persistent differences in access to mental health care

Australians living outside major cities face more barriers, longer waits and fewer choices.



REGIONAL & REMOTE AUSTRALIA

Access challenges are greater and more complex



Fewer Providers

Lower workforce density and fewer specialist services.



Longer Wait Times

Higher demand relative to supply leads to longer waits.



Travel Burden

Greater distances to appointments and higher costs.



Limited Specialist Care

Limited access to psychiatry, child services and assessments.



Digital Exclusion

Connectivity gaps and digital literacy barriers remain.



Reduced Choice

Smaller choice of practitioners and service types.



METROPOLITAN AUSTRALIA

Greater access and more service options



Higher Provider Density

More psychologists, psychiatrists and allied health professionals.



Shorter Wait Times

More availability and faster appointment access.



Lower Travel Time

Services are closer and more accessible.



Greater Specialist Access

More specialist services across a wider range of needs.



Better Digital Connectivity

More reliable internet and telehealth infrastructure.



More Choice

Wider range of practitioners and service models.



THE BOTTOM LINE

Regional and remote Australians experience compounding barriers that require coordinated investment in workforce, infrastructure, outreach and digital solutions.



CHILD & ADOLESCENT MENTAL HEALTH

A MAJOR NATIONAL PRESSURE POINT

Rising demand, longer waits and limited specialist capacity are impacting children, young people and their families.



KEY STATISTICS



1 in 7

Children aged 4–17 experience a mental disorder in any 12-month period.

Mental ill-health often emerges early.



~50%

Of mental disorders emerge before age 18.

Early support is critical for long-term outcomes.



RISING

Demand for ADHD assessments and support services continues to outpace supply.

Long waits are common across many regions.



RISING

Demand for autism assessments and supports across metropolitan, regional and remote areas.

Specialist capacity remains limited.



INCREASING

Reports of school refusal, anxiety, self-harm risk and emotional distress among young people.

Schools are under growing pressure.

KEY PRESSURE AREAS



Specialist Shortages

Child and adolescent psychiatrists, clinical psychologists and allied health professionals are in short supply nationally.



Long Wait Times

Many families wait months for assessment and treatment, particularly outside major cities.



Regional Inequality

Fewer providers, long travel distances and limited specialist services create significant access barriers.



Family Impact

Mental ill-health in young people affects education, family wellbeing and long-term life outcomes.



THE BOTTOM LINE

Child and adolescent mental health must be a national priority. Investment in early intervention, workforce, school-linked supports and family services will deliver long-term social and economic benefits.



TELEHEALTH AND THE TRANSFORMATION OF MENTAL HEALTH ACCESS

Telehealth is now a permanent and essential component of Australia’s mental health system. It extends reach, improves convenience and helps reduce access barriers—especially in regional and remote communities.



TELEHEALTH’S KEY ROLE

-  Connects people to mental health professionals regardless of distance.
-  Supports continuity of care for people in rural, remote and underserved areas.
-  Improves convenience and reduces travel time and associated costs.
-  Expands choice and builds system resilience during disruptions.

TELEHEALTH IN AUSTRALIA: KEY STATISTICS

-  **8.5M+** Australians used a telehealth service in 2023–24.
-  **~40%** of Medicare-subsidised mental health services are delivered via telehealth.
-  **100%** of Australians can access a mental health professional via telehealth.
-  **HIGHEST GROWTH** in regional and remote areas, improving access where workforce shortages are most severe.

BENEFITS OF TELEHEALTH

-  **Wider Reach**
Extends specialist care to communities with limited local providers.
-  **Timelier Access**
Reduces wait times and improves ability to respond early.
-  **Cost Efficiency**
Reduces travel and time costs for consumers and the system.
-  **Continuity of Care**
Supports ongoing treatment and reduces gaps in care.
-  **System Resilience**
Strengthens service delivery during crises and workforce pressures.



THE BOTTOM LINE

Telehealth should be viewed as complementary infrastructure, not a substitute for local services. Sustainable access requires telehealth plus local workforce investment, commissioning and integrated care.



ACTION PRIORITIES FOR IMPROVING MENTAL HEALTH ACCESS



A coordinated, multi-level response is required.

These priorities address the key barriers identified in this report and will drive meaningful, sustainable improvements in mental health access across Australia.

PRIORITY ACTIONS

- | | | | |
|---|---|---|--|
| 1 |  | 1. INVEST IN THE WORKFORCE
Increase training places, scholarships and incentives—with a focus on regional and remote areas. | Addresses workforce shortages and geographic maldistribution. |
| 2 |  | 2. STRENGTHEN REGIONAL AND REMOTE ACCESS
Expand outreach, mobile and telehealth services, and support local commissioning. | Reduces geographic barriers and improves service availability. |
| 3 |  | 3. INTEGRATE DIGITAL AND FACE-TO-FACE CARE
Embed telehealth within stepped and integrated care models to improve access and continuity. | Improves accessibility, timeliness and continuity of care. |
| 4 |  | 4. EXPAND EARLY INTERVENTION AND PREVENTION
Invest in school-based supports, youth services and community prevention initiatives. | Addresses rising demand and improves long-term outcomes. |
| 5 |  | 5. ENHANCE DATA, PLANNING AND ACCOUNTABILITY
Improve data visibility, workforce planning and outcome measurement. | Enables evidence-based decisions and continuous improvement. |

IMPLEMENTATION ENABLERS

- | | |
|---|--|
|  | STRONG PARTNERSHIPS
Collaborate across Commonwealth, State and Territory governments, PHNs, NGOs, universities, ACCHOs and lived experience organisations. |
|  | SUSTAINABLE INVESTMENT
Ensure long-term, targeted funding aligned to need and evidence. |
|  | LOCAL LEADERSHIP
Empower communities to design, deliver and evaluate services that meet local needs. |
|  | REGULATORY AND POLICY REFORM
Reduce administrative barriers and support innovative, person-centred models of care. |
|  | COMMUNITY ENGAGEMENT
Prioritise co-design and lived experience in all planning and decision-making. |

LOOKING AHEAD: BUILDING AN ACCESSIBLE MENTAL HEALTH SYSTEM

A shared commitment to equity, resilience and better outcomes for all Australians.

Improving mental health access is an achievable goal. With coordinated action, sustained investment and compassionate leadership, Australia can build a mental health system that is equitable, accessible and responsive to the needs of all communities.



EQUITY

Ensure all Australians can access the mental health care they need, where and when they need it.



ACCESS

Remove barriers related to geography, workforce, cost and service availability.



QUALITY

Deliver evidence-based, culturally safe and person-centred care across the continuum.



COLLABORATION

Strengthen partnerships across governments, sectors and communities to drive lasting change.



RESILIENCE

Build a system that is sustainable, adaptable and prepared for future challenges.



THE VISION

An Australia where every person—no matter where they live—can access timely, appropriate and high-quality mental health care and support



KEY STATISTICS FOR CITATION

Evidence to inform policy, planning and investment decisions.

These national indicators highlight the scale of need, service use, investment and access challenges across Australia.



**1 IN 5
AUSTRALIANS**

Australians aged 16–85
experience a mental disorder in
a 12-month period.



**2.8 MILLION
SERVICE USERS**

Australians received Medicare-
subsidised mental health services
in 2024–25.



**13 MILLION
SERVICES DELIVERED**

Medicare mental health services
delivered nationally in 2024–25.



**\$14.5 BILLION
GOVERNMENT EXPENDITURE**

Government expenditure on mental
health-related services in 2023–24
across main program payments.



WORKFORCE SHORTAGE — #1 BARRIER

Identified as the largest structural
barrier to timely mental health
access.



**TOP 20
HOTSPOTS IDENTIFIED**

Twenty regions facing the greatest
barriers to mental health access
across Australia.



These statistics demonstrate the scale and complexity of mental health need and service delivery in Australia, and the urgent need for coordinated, targeted and sustained action.

FOR PHNs, UNIVERSITIES AND MENTAL HEALTH ORGANISATIONS

The **Australian Mental Health Access Report 2026** may be cited or linked to in:



Needs assessments and regional planning

Use the data to understand local need and inform strategic planning and investment.



Workforce planning and commissioning

Support evidence-based workforce strategies and service commissioning.



Student placement resources and research

Access insights to guide placement planning, curriculum design and research priorities.



Mental health access discussions and advocacy

Inform policy discussions, submissions and advocacy with credible national evidence.



Public mental health education and awareness

Raise awareness and understanding of mental health access challenges and solutions.



Collaboration and Partnership Enquiries
For collaboration, data enquiries or
partnership opportunities, please contact
Therapy Near Me



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METHODOLOGY

Evidence. Transparency. Rigour.

The **Australian Mental Health Access Report 2026** was developed using a mixed-methods approach, integrating national data sources, expert insight and lived experience.



OUR APPROACH



1. DATA COLLECTION

We analysed national datasets from government agencies, including Medicare (MBS), PHN reporting, ABS, AIHW, NDIS, and jurisdictional health datasets.



2. INDEX DEVELOPMENT

We constructed the Mental Health Access Index (0–100) using seven domains to assess access, workforce, utilisation, need, affordability, integration and outcomes.



3. EXPERT CONSULTATION

We engaged mental health clinicians, service leaders, researchers, PHNs and policymakers to validate findings and identify emerging priorities.



4. LIVED EXPERIENCE INSIGHT

We incorporated insights from people with lived experience and carers to ensure the report reflects real-world perspectives.



5. GEOSPATIAL ANALYSIS

We used geospatial modelling to identify access hotspots, gaps and regional variations across Australia.



6. VALIDATION & QUALITY ASSURANCE

Findings were reviewed for accuracy, consistency and reliability to ensure a robust and evidence-informed report.



OUR COMMITMENT

We are committed to transparency, data quality and continuous improvement. This report provides a reliable evidence base to support better decisions and better mental health outcomes for all Australians.

REFERENCES / CITATIONS

Built on trusted data. Transparent and citable.

The Australian Mental Health Access Report 2026 draws on authoritative national datasets, peer-reviewed publications and reports from government and leading organisations.



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- 15 Rural Health Information Hub. Rural and Remote Mental Health Access, 2023.
- 16 Therapy Near Me. Australian Mental Health Access Index 2026: Technical Report (methodology and data model).



All data sources were accessed between January and April 2025. Where possible, reference years reflect the most recent full-year data available. For a full list of sources, definitions and methodology, please refer to the Methodology section.



CONTACT THERAPY NEAR ME

Evidence. Access. Equity.

Therapy Near Me is Australia's leading mental health directory and intelligence platform.
We connect people, services and communities to improve mental health access nationwide.



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Australia's trusted mental health directory and intelligence platform.



Report

<https://therapynearme.com.au/australian-mental-health-access-report-2026/>

Download or share the full Australian Mental Health Access Report 2026.



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Follow us for data insights, policy updates and sector news.

WAYS TO CONNECT AND COLLABORATE



For PHNs, policymakers and government enquiries

We welcome collaboration to improve mental health access through evidence and innovation.



For universities and researchers

Partner with us to advance data-driven research and workforce development.



For organisations and service providers

Work with us to strengthen service visibility, integration and community outcomes.



Access the Full Report

Visit the link on the left to access, download and share the Australian Mental Health Access Report 2026.



OUR COMMITMENT

We are committed to transparency, evidence and impact.
Together, we can build a more accessible and equitable mental health system for all
Australians.

