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AUSTRALIAN EVIDENCE REVIEW | 2026

Australian Psychology Fees and Affordability Evidence Review 2026

A national public-source scan of advertised fees, Medicare gaps and household financial burden

FINAL TARGETED PUBLIC-SOURCE REVIEW

Version 1.0 | Publication date: 18 July 2026 | Research cut-off: 18 July 2026

PUBLICATION STATUS

Final report for a defined targeted public-source review. This publication is not the completed probability-sample Australian Mental Health Affordability Index 2026-27 and does not provide official state or territory rankings.

SELECTED NATIONAL DESCRIPTIVE FINDINGS

$260
Median advertised standard fee

$130.95
Median calculated consumer gap

4.95 hrs
Gross minimum-wage hours per median gap

Corporate author: Therapy Near Me Research Team | Publisher: Therapy Near Me

https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/

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Harvard

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Vancouver

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Scope statement

The findings describe exact publicly advertised fees identified through a targeted web-based search. The study was designed to examine fee transparency, Medicare gaps and illustrative affordability burdens and to test an experimental affordability-index methodology. It was not a probability sample of all Australian psychology providers.

Contents

1. About this report

This publication is a final report for a defined targeted public-source research project. It examines exact advertised standard fees for routine 50-60-minute psychology consultations, maps those charges to verified Medicare benefits, and calculates illustrative consumer gaps and financial burdens. It also documents an experimental composite model developed to test index construction and uncertainty procedures.

The project was originally designed as a probability-sample Australian Mental Health Affordability Index. Deep research improved the evidence base substantially, but the probability-selected SA2 frame, design weights and jurisdiction sample thresholds were not completed. The publication was therefore reframed so that the title, claims and structure match the evidence actually available.

The report can support descriptive conclusions about the selected public-source records, reproducible Medicare-gap calculations and methodological lessons about fee monitoring. It cannot support market-wide prevalence estimates, official jurisdiction rankings, causal claims or inference to providers that did not appear in the targeted web-based frame.

2. Executive summary

The targeted national scan identified 65 clinic-locations, including 63 locations with an exact public fee and two locations with either no exact price or an ambiguous range. The exact-fee file contained 108 location-level observations. After shared schedules were controlled by retaining one copy of each fee variant per globally unique pricing policy, the primary national file contained 81 fee variants, including 79 local in-person variants and two national telehealth-only variants. [Claims ES1-ES3; Tables 1-3]

Among the 79 local in-person fee variants, the median advertised standard fee was $260 and the interquartile range was $235 to $275. The observed range was $190 to $360. The median calculated consumer gap was $130.95 for an eligible consumer under the stated MBS assumptions. [Claims ES4-ES5; Tables 5-6]

Clinical psychologist fee variants had a higher median provider charge than registered psychologist variants ($275 compared with $239). However, the median calculated gap was lower for clinical psychologist variants ($125.95) than for registered psychologist variants ($137.45), reflecting the higher Medicare benefit for the clinical psychology items. These are descriptive differences in the selected records and do not establish that practitioner category caused the observed price or gap differences. [Claim ES6; Tables 2 and 6]

At the median local gap, six eligible sessions cost $785.70, eight cost $1,047.60, and ten cost $1,309.50. Under a same-calendar-year scenario with all ten Better Access individual services initially available, the median 12-session cost was $1,809.50 and the median 13-session cost was $2,084.50 because services after the tenth were charged at the full provider fee. [Claim ES7; Tables 7-8]

The median local gap represented 6.50% of modelled gross weekly household income and 4.95 hours of work at the gross National Minimum Wage. Ten median-gap sessions represented approximately 1.25% of modelled annual gross household income and 49.53 minimum-wage hours. [Claims ES8-ES9; Tables 9-10]

Advertised concession arrangements were identified for 8 of 48 globally unique exact-fee policies (16.7%). No exact-fee policy in the dataset explicitly advertised bulk billing for the standard service. These measures concern advertised policy language and do not establish eligibility, capacity, uptake or realised consumer access. [Claim ES10; Table 3]

The experimental jurisdiction results were highly uncertain. No jurisdiction met the combined stability definition used in the workbook: six were classified as highly sensitive and two as moderately sensitive. Bootstrap rank distributions were broad, and several jurisdictions occupied most possible rank positions across replicates. These results are presented only to demonstrate model behaviour and must not be interpreted as official state or territory rankings. [Claim ES11; Tables 14-16]

3. Ten key findings

1. Targeted source coverage

63 of 65 targeted clinic-locations displayed an exact price (96.9%). This is a disclosure rate within the selected frame, not an estimate for the Australian market.

Numerator 63; denominator 65 clinic-locations; Australia; source access 18 July 2026; targeted frame; no design-based uncertainty; Deep_Research_Clinic_Frame.

2. Advertised fee distribution

The median fee among 79 local in-person pricing-policy fee variants was $260, with an interquartile range of $235-$275 and an observed range of $190-$360.

AUD per standard subsequent 50-60-minute service; all eight jurisdictions; one variant per global pricing policy; descriptive uncertainty only; Deep_Research_Fees.

3. Practitioner-category fee difference

The median clinical psychologist fee was $275 across 41 local variants, compared with $239 across 38 registered psychologist variants.

AUD; local in-person; one variant per policy; no causal interpretation; Deep_Research_Fees.

4. Median Medicare gap

The median calculated consumer gap was $130.95 across 79 local variants for an eligible consumer under the applicable 1 July 2026 MBS item assumptions.

AUD per service; Australia; benefit eligibility assumed; Deep_Research_Burdens.

5. Ten-session burden

Ten sessions at the median calculated gap cost $1,309.50.

AUD; 10 eligible individual services; same provider charge and benefit; n=79 variants; Deep_Research_Burdens.

6. Costs beyond ten Better Access services

The median same-calendar-year cost rose to $1,809.50 for 12 sessions and $2,084.50 for 13 sessions when later sessions were charged at the full provider fee.

AUD; assumes all 10 individual Better Access services initially available; Safety Net effects excluded; Deep_Research_Burdens.

7. Minimum-wage benchmark

One median gap equated to 4.95 gross National Minimum Wage hours; ten sessions equated to 49.53 hours.

Hours at $26.44 per hour from 1 July 2026; gross benchmark; n=79 variants; Deep_Research_Burdens.

8. Income-relative burden

The median gap equated to 6.50% of modelled gross weekly household income.

Percentage; state Census income uprated to March 2026 with WPI; n=79; modelled denominator; Deep_Research_Burdens.

9. Advertised support options

8 of 48 globally unique exact-fee policies (16.7%) contained concession or hardship language; none explicitly advertised bulk billing for the standard service.

Policy denominator; targeted public sources; advertised availability only; Deep_Research_Fees.

10. Experimental rankings were unstable

No jurisdiction was classified as stable after combining deterministic model variation with bootstrap rank dispersion; six were highly sensitive and two moderately sensitive.

Eight jurisdictions; unweighted pricing-policy cluster bootstrap, 2,000 replicates; not an official ranking; Deep_Research_Index and Deep_Research_Bootstrap.

Table 1. Study scope and sample flow

Unit: Counts and percentages. Reference period: Source pages accessed 18 July 2026. Sample: 65 targeted clinic-locations; 108 raw fee observations. Source: Deep_Research_Clinic_Frame and Deep_Research_Fees. Publication status: Final for targeted review.

Note: The primary national descriptive file retains one copy of each globally unique fee variant. Two cross-jurisdiction schedules produce 50 jurisdiction-policy units but 48 globally unique exact-fee policy identifiers.

Stage	Count	Interpretation
Targeted clinic-locations in expanded frame	65	All states and territories plus national telehealth-only search
Clinic-locations with exact public fee	63	96.9% of targeted frame; not a market disclosure rate
No exact public fee	1	Price varied or was not stated exactly
Ambiguous price range	1	Range excluded because category-price mapping was not exact
Raw location-level fee observations	108	Shared schedules repeated across applicable locations
Primary globally deduplicated fee variants	81	One copy per exact fee-variant identifier
Local in-person primary variants	79	Used for national local-fee headline results
National telehealth-only variants	2	Retained separately; one provider
Globally unique exact-fee pricing policies	48	Two schedules crossed jurisdiction boundaries
Jurisdiction-policy analytical units	50	Used in jurisdiction-stratified controls

4. National public-source fee overview

The primary national descriptive analysis uses one copy of each exact fee variant associated with a globally unique pricing policy. This approach limits the influence of chains that publish one schedule across several clinic-locations. The location-weighted sensitivity analysis retains all 108 location-level rows.

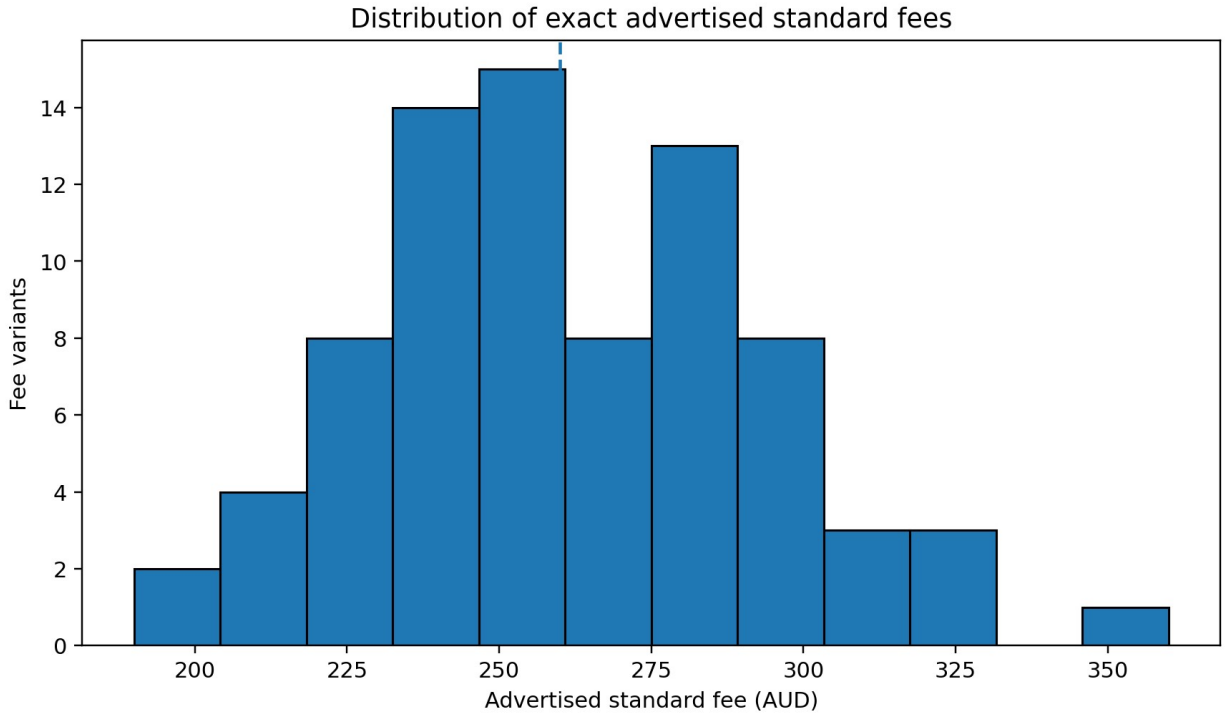

Figure 1. Distribution of exact advertised standard fees

Source: Deep_Research_Fees. Sample: n=79 local in-person fee variants. One globally unique pricing-policy fee variant per category; diagnostic targeted dataset.

Table 2. Exact public-fee observations by practitioner category

Unit: AUD per standard subsequent service. Reference period: Prices accessed 18 July 2026. Sample: 79 local in-person fee variants. Source: Deep_Research_Fees. Publication status: Final for targeted review.

Note: Clinical and registered categories were taken from the public clinic source and remain subject to the independent AHPRA-verification limitation.

Category	Fee variants	Median fee	Mean fee	IQR	P10-P90	Observed range
Clinical psychologist	41	$275	$276.83	$260.00-$290.00	$250.00-$311.00	$230.00-$360.00
Registered psychologist	38	$239	$241.84	$223.25-$260.00	$214.40-$276.50	$190.00-$290.00
All local in-person	79	$260	$260.00	$235.00-$275.00	$220.00-$296.00	$190.00-$360.00
National telehealth-only	2	$215	$215.00	$202.50-$227.50	$195.00-$235.00	$190.00-$240.00

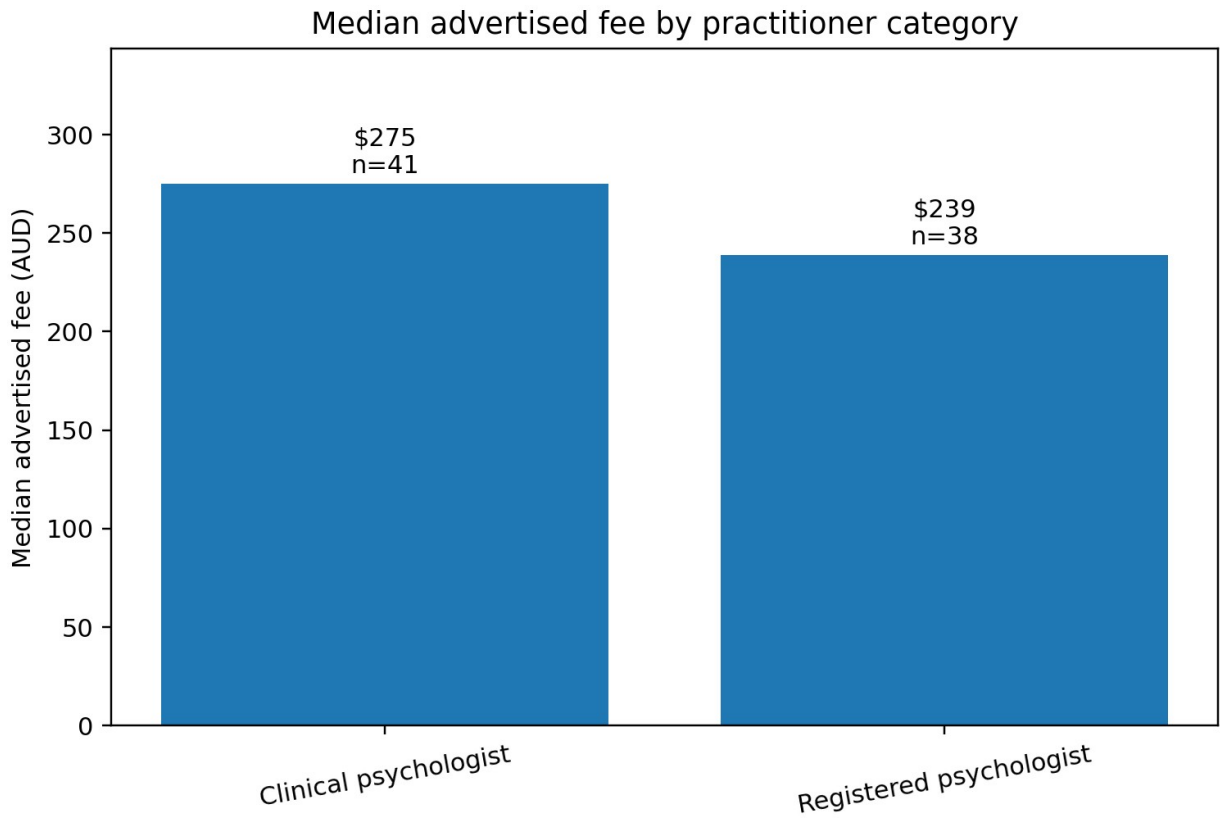

Figure 2. Median advertised fee by practitioner category

Source: Deep_Research_Fees. Sample: Clinical n=41; registered n=38. Descriptive targeted public-source records; no causal interpretation.

Table 5. National descriptive fee results

Unit: AUD per standard subsequent service. Reference period: Prices accessed 18 July 2026. Sample: 81 primary fee variants; 79 local and 2 national telehealth-only. Source: Deep_Research_Fees. Publication status: Final for targeted review.

Note: Primary analysis retains one globally unique fee variant. The location-weighted sensitivity median was also $260, with a mean of $258.56 across 108 rows.

Analysis group	n	Median	Mean	IQR	P10	P90	Minimum	Maximum
All primary variants	81	$260	$258.89	$235.00-$275.00	$220.00	$295.00	$190.00	$360.00
Local in-person	79	$260	$260.00	$235.00-$275.00	$220.00	$296.00	$190.00	$360.00
Location-weighted sensitivity	108	$260	$258.56	$237.25-$275.00	$220.00	$300.00	$190.00	$360.00

5. Fee transparency and source coverage

Exact prices were recorded for 63 of 65 targeted clinic-locations. One clinic described fees without an exact amount and one source displayed a range that could not be mapped unambiguously to practitioner category. Those two records were retained in the disclosure denominator but excluded from the exact-fee analysis.

The high exact-price proportion is a property of the targeted web-search frame. Search methods were more likely to locate clinics with visible and indexable pricing pages, so the result should not be interpreted as the prevalence of public fee disclosure across the Australian private psychology market.

Shared pricing schedules were explicitly identified. Some schedules applied to several locations or crossed jurisdiction boundaries. National results therefore use globally unique fee variants, while jurisdiction tables treat the same schedule in each relevant jurisdiction as a separate jurisdiction-policy unit. Several pages contained older Medicare text or dated fee schedules; exact provider charges were retained where the charge was clear, while Medicare benefits were applied from current official sources rather than copied from clinic webpages.

Table 3. Fee-disclosure and source-coverage results

Unit: Counts and percentage of targeted frame. Reference period: Source pages accessed 18 July 2026. Sample: 65 clinic-locations; 50 public source pages. Source: Deep_Research_Sources and Deep_Research_Clinic_Frame. Publication status: Final for targeted review; QA limitations disclosed.

Note: All source pages had archive capture and independent AHPRA cross-check fields marked pending in the research workbook.

Measure	Result	Interpretation
Exact-price clinic-locations	63/65 (96.9%)	Targeted-frame disclosure only
No exact public price	1 clinic-location	Retained in denominator; excluded from fee calculations
Ambiguous range	1 clinic-location	Excluded from exact-fee calculations
Public source pages reviewed	50	Access date recorded as 18 July 2026
Exact-fee source pages	48	Two source pages did not produce an exact usable fee
Archived source captures	Pending for all source pages	Independent publication-lock control not completed
Independent AHPRA category checks	Pending	Category classifications remain a limitation
Therapy Near Me fee records	0	Publisher-affiliated fees excluded

6. Medicare policy context

The provider charge is the amount set by the clinic or practitioner. The MBS Schedule fee is a government-assigned fee for an eligible item and is not a compulsory provider price or price cap. The Medicare benefit is the amount payable for an eligible service. The consumer gap in this review is the provider charge minus the Medicare benefit payable under the stated assumptions. Bulk billing occurs when the provider accepts the Medicare benefit as full payment for the item and does not charge an additional gap.

Table 4. Verified Medicare items and benefits

Unit: AUD per eligible service. Reference period: Effective 1 July 2026. Sample: Four primary 50+ minute Better Access items. Source: MBS Online items 80010, 91167, 80110 and 91170. Publication status: Verified official policy input.

Note: Eligibility, valid referral, service duration, provider eligibility and other item requirements must be met.

Item	Provider category	Modality	Minimum duration	MBS Schedule fee	Medicare benefit
80010	Eligible clinical psychologist	In person, consulting rooms	50 minutes	$175.30	$149.05
91167	Eligible clinical psychologist	Video	50 minutes	$175.30	$149.05
80110	Eligible psychologist	In person, consulting rooms	50 minutes	$119.45	$101.55
91170	Eligible psychologist	Video	50 minutes	$119.45	$101.55

Under Better Access, eligible patients may receive Medicare benefits for up to 10 individual and 10 separate group mental health treatment services per calendar year. An initial individual course may contain no more than six services; further services require review and a new referral, subject to the annual limit. Up to two family or carer participation services may be used within the patient's individual allocation and count towards course and annual limits. Referral pathways include an eligible GP or prescribed medical practitioner under the applicable MyMedicare or usual-practitioner rules, a psychiatrist assessment and management plan, or direct referral from an eligible psychiatrist or paediatrician. [1, 6]

Individual video items used in this review are available where item and Better Access requirements are satisfied. The special geographic rules applying to some group telehealth services are not the basis for items 91167 and 91170. Better Access items generally do not apply to services funded under another Commonwealth or state program or to admitted-patient services unless an applicable exemption exists. [1-6]

The primary burden calculations exclude Medicare Safety Net effects because entitlement depends on the person or registered family, accumulated eligible costs, verified payments and item caps. For 2026, the Original Medicare Safety Net threshold is $594.40, the general Extended Medicare Safety Net threshold is $2,699.10, and the concessional or Family Tax Benefit Part A threshold is $861.20. Threshold accumulation resets on 1 January. [7]

7. Consumer-gap analysis

$$G = max(F - R, 0)$$

In the formula, F is the advertised provider charge and R is the applicable Medicare benefit. The calculation assumes that the consumer and provider satisfy the item requirements and that the consumer has an eligible service available.

Table 6. Consumer-gap results

Unit: AUD per eligible standard service. Reference period: Provider prices accessed 18 July 2026; MBS benefits effective 1 July 2026. Sample: 79 local in-person variants and 2 national telehealth-only variants. Source: Deep_Research_Burdens. Publication status: Final for targeted review.

Note: The registered psychologist median gap exceeds the clinical psychologist median gap because the registered-psychologist Medicare benefit is lower, despite the lower median provider charge.

Analysis group	n	Median gap	Mean gap	IQR	P10-P90	Observed range
Clinical psychologist - local	41	$125.95	$127.78	$110.95-$140.95	$100.95-$161.95	$80.95-$210.95
Registered psychologist - local	38	$137.45	$140.29	$121.70-$158.45	$112.85-$174.95	$88.45-$188.45
All local in-person	79	$130.95	$133.80	$116.95-$149.70	$100.95-$171.45	$80.95-$210.95
National telehealth-only	2	$89.70	$89.70	$89.08-$90.32	$88.70-$90.70	$88.45-$90.95

Note: The calculation does not use 12G or 13G. Medicare safety net effects, price changes and other variants are excluded.

8. Course-of-care costs

$$C_n = nG, \text{ for } n = 6, 8 \text{ or } 10 \text{ eligible services}$$

$$C_{12} = 10G + 2F \quad / \quad C_{13} = 10G + 3F$$

The 12- and 13-session formulas assume that all sessions occur within one calendar year, the consumer begins with all 10 individual Better Access services available, valid referrals are obtained, and no alternative funding applies after the tenth eligible service. Sessions after the tenth are therefore charged at the full provider fee.

Table 7. Six-, eight- and ten-session consumer costs

Unit: AUD per course. Reference period: Prices accessed 18 July 2026; benefits effective 1 July 2026. Sample: 79 local in-person fee variants. Source: Deep_Research_Burdens. Publication status: Final for targeted review.

Note: Values are medians of row-level course calculations, not the cost of a clinically recommended standard course.

Analysis group	Six sessions	Eight sessions	Ten sessions
Clinical psychologist - local	$755.70	$1,007.60	$1,259.50
Registered psychologist - local	$824.70	$1,099.60	$1,374.50
All local in-person	$785.70	$1,047.60	$1,309.50
National telehealth-only	$538.20	$717.60	$897.00

Table 8. Twelve- and thirteen-session same-calendar-year scenarios

Unit: AUD per course. Reference period: Prices accessed 18 July 2026; benefits effective 1 July 2026. Sample: 79 local in-person fee variants. Source: Deep_Research_Burdens. Publication status: Final for targeted review.

Note: The calculation does not use 12G or 13G. Medicare Safety Net effects, price changes and other funding are excluded.

Analysis group	12 sessions: 10G + 2F	13 sessions: 10G + 3F
Clinical psychologist - local	$1,809.50	$2,084.50
Registered psychologist - local	$1,852.50	$2,091.50
All local in-person	$1,809.50	$2,084.50
National telehealth-only	$1,327.00	$1,542.00

A course crossing two calendar years must be calculated session by session. Actual cost depends on the service date, services already used in each calendar year, referral status, the MBS benefit effective on each service date, the provider charge at that time and the person's Medicare Safety Net position.

9. Household-income burden

The primary income denominator is described as modelled gross weekly household income. It starts with each jurisdiction's 2021 Census median weekly household income and applies an approximate compounded ABS Wage Price Index factor through March 2026. The factor was 1.168014523 in the supplied workbook.

WPI measures movements in the price of labour. It does not measure household-income growth directly and does not capture changes in employment, hours worked, household composition, transfer income, unemployment, tax or investment income. The clinic's jurisdiction-level income value is also not the actual income of its patients and does not account for consumer travel across regions.

Table 9. Modelled gross household-income burdens

Unit: Percentage of gross income. Reference period: Income baseline: 2021 Census; modelled to March 2026. Sample: 79 local in-person fee variants. Source: Deep_Research_Burdens and Economic_Inputs. Publication status: Final for targeted review; modelled denominator.

Note: Ten-session annual burden equals ten times the row-level gap divided by 52 times modelled weekly income.

Analysis group	Median gap / weekly income	IQR	Ten-session cost / annual income
Clinical psychologist - local	6.18%	5.35%-7.07%	1.19%
Registered psychologist - local	6.83%	6.10%-7.54%	1.31%
All local in-person	6.50%	5.84%-7.31%	1.25%
National telehealth-only	4.40%	4.37%-4.43%	0.85%

Sensitivity analysis retained the raw 2021 Census denominator and tested an alternative Average Weekly Earnings uprating factor based on full-time adult ordinary-time earnings. Re-estimating the normalisation anchors under those income alternatives did not change the experimental point ranks. This should not be read as validation of the income model; the small samples and re-normalisation limit the diagnostic value of rank invariance.

10. Equivalised disposable-income context

The workbook retains the ABS national median equivalised disposable household income of $1,192 per week for 2022-23 in June 2023 prices. This measure adjusts disposable household income for household size and composition and differs conceptually from gross Census household income. [10]

It was not used as the primary local burden denominator because it is a national 2022-23 value rather than a state, SA2 or observed 2026-27 income measure. Treating it as current local income would create an unsupported geographic and temporal interpretation. It is retained as contextual evidence for future sensitivity work.

11. National Minimum Wage burden

The work-hour benchmark uses the official gross National Minimum Wage of $26.44 per hour from 1 July 2026. The separately published weekly amount is $1,004.90 for a 38-hour week. The weekly value was not derived by multiplying the rounded hourly rate. [8]

Table 10. National Minimum Wage burdens

Unit: Gross work hours. Reference period: National Minimum Wage effective 1 July 2026. Sample: 79 local in-person fee variants. Source: Deep_Research_Burdens and Fair Work Ombudsman. Publication status: Final for targeted review.

Note: The benchmark does not account for tax, living costs, award rates, enterprise agreements, penalty rates, casual loading or employment continuity.

Analysis group	Hours for one median gap	Hours for ten sessions
Clinical psychologist - local	4.76	47.64
Registered psychologist - local	5.20	51.99
All local in-person	4.95	49.53
National telehealth-only	3.39	33.93

12. Clinical versus registered psychologist fees

Within the selected local records, the clinical psychologist median provider charge was $275, which was $36 above the registered psychologist median of $239. The applicable clinical psychology benefit was also $47.50 higher. As a result, the calculated median gap was $125.95 for clinical psychologist variants and $137.45 for registered psychologist variants.

The category comparison is descriptive. Practice structure, location, practitioner experience, endorsement, appointment timing, clinician-specific premiums and shared pricing policies may all be associated with charges. The dataset does not isolate the independent effect of practitioner category.

13. In-person and telehealth observations

The national telehealth-only stratum contained one provider and two exact fee variants: one clinical psychologist price and one registered psychologist price. The median provider charge across those two observations was $215, and the median calculated gap was $89.70.

These two observations were kept separate from jurisdiction results because a national telehealth service cannot be attributed to a state solely from its administrative or marketing location. The sample is too small to support a national telehealth market average or a robust comparison with in-person services.

14. Capital-region and regional-centre findings

The available geography classification supports only a targeted comparison between capital city or capital-region locations and selected regional centres. It does not provide a verified Remote or Very Remote stratum and should not be generalised to regional Australia as a whole.

Table 12. Capital-region and regional-centre comparison

Unit: AUD, percentages and policy counts. Reference period: Prices accessed 18 July 2026. Sample: 50 jurisdiction-policy units across selected locations. Source: Deep_Research_Regional_Results. Publication status: Diagnostic targeted comparison.

Note: No Remote or Very Remote findings are reported.

Geography group	States	Locations	Policies	Fee variants	Median fee	Median gap	Gap / weekly income	Concession prevalence
Capital city / capital-region	8	48	40	69	$260.00	$133.45	6.25%	15.0%
Regional centre	5	14	10	18	$257.57	$118.45	5.54%	10.0%

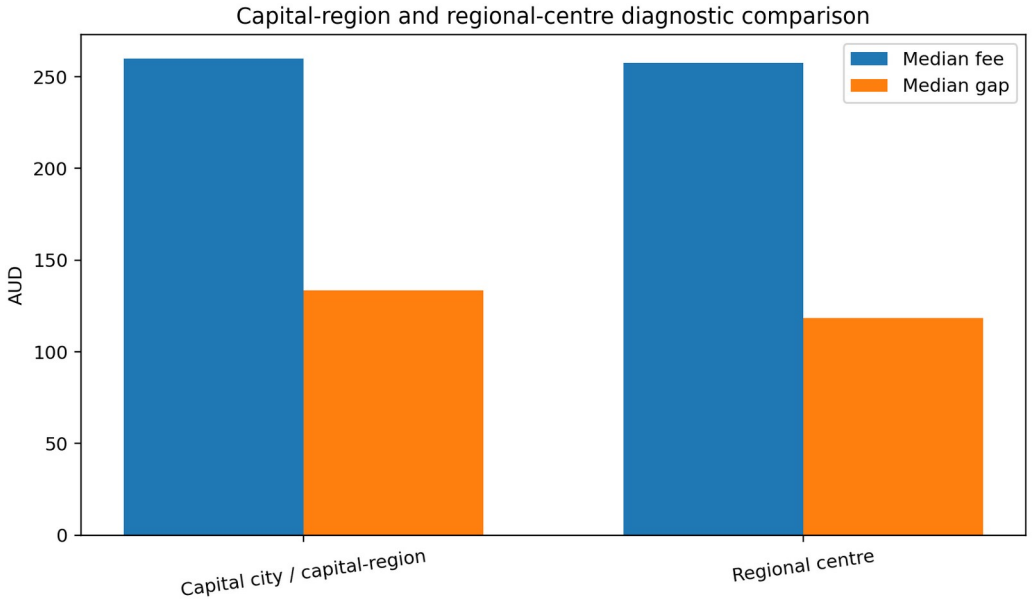

Figure 7. Capital-region and regional-centre diagnostic comparison

Source: Deep_Research_Regional_Results. Sample: 40 capital/capital-region pricing policies and 10 regional-centre pricing policies. Unweighted targeted records; Australia-level income denominator used for the broad comparison.

15. Jurisdiction descriptive results

The following table presents targeted jurisdiction results. These are not probability-sample estimates and are not official rankings. Primary estimates retain one copy of each fee variant per jurisdiction-policy unit.

Table 11. Jurisdiction descriptive results from the targeted public-source dataset

Unit: AUD, percentages, hours and counts. Reference period: Prices accessed 18 July 2026; economic inputs through March or July 2026. Sample: Eight jurisdictions. Source: Deep_Research_State_Results. Publication status: Targeted jurisdiction results - not probability-sample estimates.

Note: Fee-disclosure rates apply only to the targeted frame. Experimental scores are excluded from this descriptive table.

Jur.	Frame	Exact	Disclosure	Policies	Fee variants	Median fee	Mean fee	P10-P90 fee	Median gap	Gap / weekly income	Min-wage hours	Concession	Bulk billing
NSW	16	16	100.0%	10	17	$275.00	$274.48	$238.00-$310.40	$148.45	6.95%	5.61	20.0%	0.0%
VIC	12	12	100.0%	12	20	$252.50	$251.10	$214.80-$290.50	$125.95	6.13%	4.76	16.7%	0.0%
QLD	15	15	100.0%	12	21	$250.00	$254.00	$220.00-$280.00	$125.95	6.44%	4.76	25.0%	0.0%
WA	6	6	100.0%	3	5	$260.00	$271.00	$228.00-$326.00	$125.95	5.94%	4.76	0.0%	0.0%
SA	4	4	100.0%	4	8	$249.00	$251.62	$230.00-$278.00	$128.45	7.56%	4.86	0.0%	0.0%
TAS	3	3	100.0%	2	3	$250.00	$240.00	$218.00-$258.00	$108.45	6.84%	4.10	0.0%	0.0%
ACT	4	4	100.0%	4	5	$270.00	$279.00	$262.00-$304.00	$163.45	5.90%	6.18	0.0%	0.0%
NT	4	2	50.0%	2	3	$275.00	$270.00	$263.00-$275.00	$173.45	7.21%	6.56	0.0%	0.0%

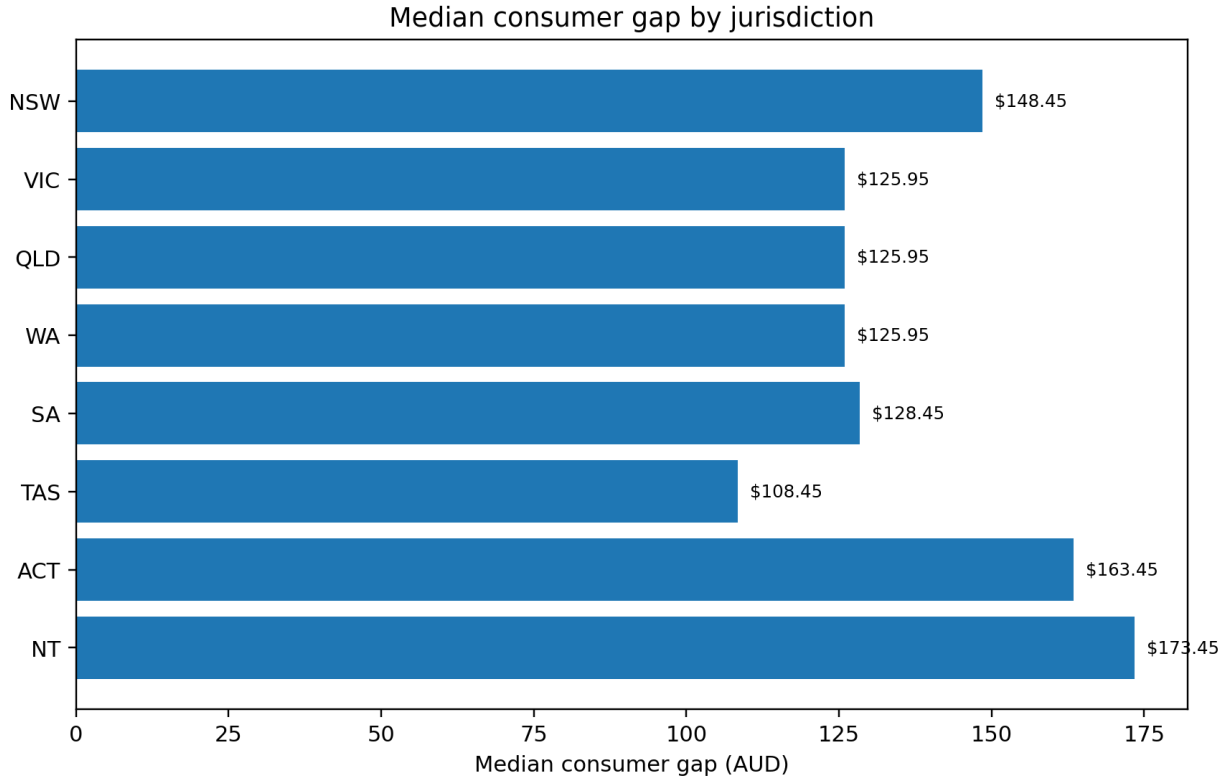

Figure 3. Median consumer gap by jurisdiction

Source: Deep_Research_State_Results. Sample: Eight targeted jurisdiction estimates. Not probability-sample estimates; no official jurisdiction ordering is implied.

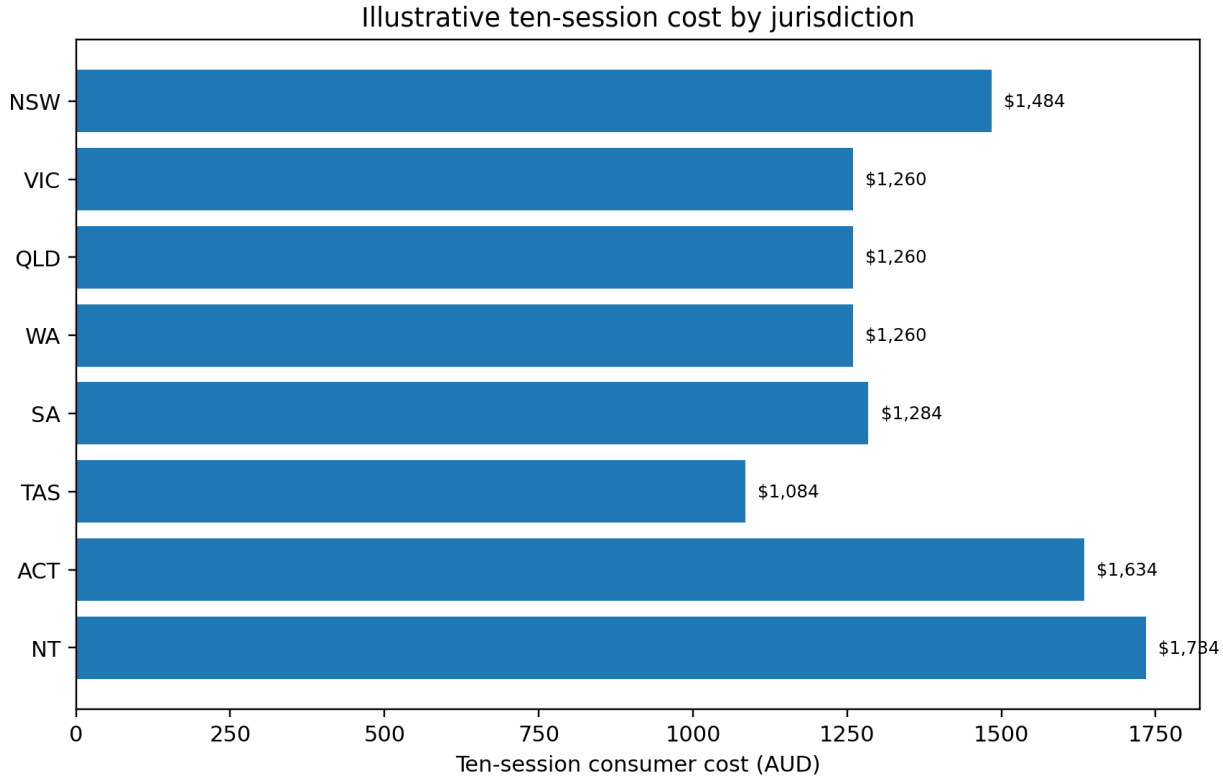

Figure 4. Illustrative ten-session cost by jurisdiction

Source: Deep_Research_State_Results. Sample: Eight targeted jurisdiction estimates. Assumes ten eligible Better Access services; not an official jurisdiction comparison.

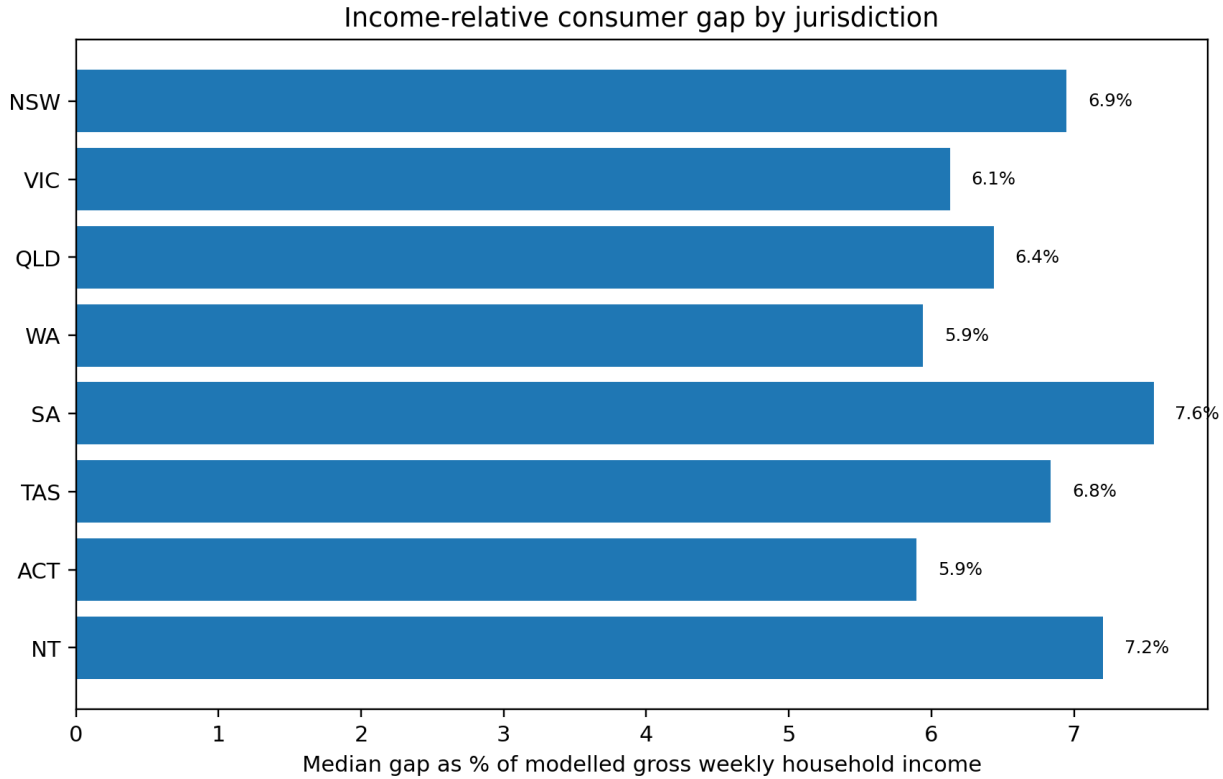

Figure 5. Income-relative consumer gap by jurisdiction

Source: Deep_Research_State_Results. Sample: Eight targeted jurisdiction estimates. Modelled state income denominator; not patient income.

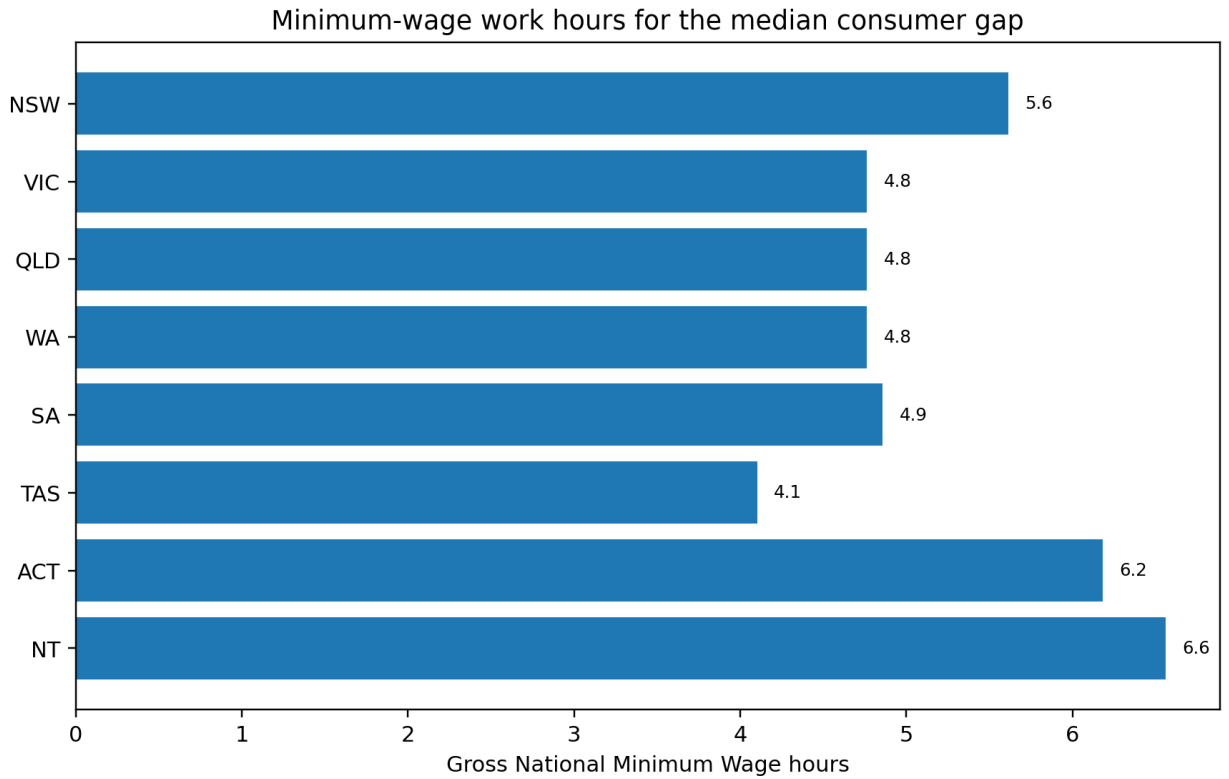

Figure 6. Minimum-wage work hours for the median consumer gap

Source: Deep_Research_State_Results. Sample: Eight targeted jurisdiction estimates. Gross benchmark; not after-tax affordability.

16. Advertised concessions and bulk billing

Concession, hardship or reduced-fee language was identified for 8 of 48 globally unique exact-fee policies (16.7%). No exact-fee policy explicitly advertised bulk billing for the standard subsequent service included in the analysis.

These measures describe advertised policy language. They do not establish consumer eligibility, available places, duration, whether each clinician participates or whether a particular consumer received the arrangement. “Unclear” was not interpreted as “not available”; it was coded as no explicit advertised evidence for the prevalence calculation.

17. Experimental affordability-index methodology

The experimental model was developed to test component construction, scoring direction, normalisation, weighting, sensitivity and rank uncertainty. It was not used to produce official Australian jurisdiction rankings.

Table 13. Experimental index components and model weights

Unit: Percentage weights. Reference period: Targeted dataset and provisional base-year anchors. Sample: Eight jurisdiction component sets. Source: Deep_Research_Index and model specifications. Publication status: Experimental methodology only.

Note: Lower cost and burden components were scored so that higher values indicated better affordability. C6 was degenerate because no policy explicitly advertised bulk billing and received the neutral score specified in the workbook.

Code	Component	Direction	Equal weight	Research justified	Core burden	Absolute cost	Support weighted
C1	Median consumer gap	Lower is better	1/6	0	0	50%	0
C2	Median gap / modelled weekly income	Lower is better	1/6	70%	100%	0	60%
C3	Ten-session cost / modelled annual income	Lower is better	1/6	0	0	0	0
C4	Minimum-wage hours per median gap	Lower is better	1/6	0	0	30%	0
C5	Advertised concession availability	Higher is better	1/6	5%	0	10%	10%
C6	Advertised bulk-billing availability	Higher is better	1/6	5%	0	10%	10%
C7	Lower-cost quartile burden	Lower is better	0	20%	0	0	20%

For lower-is-better components, the provisional P10/P90 score was:

$$Score = 100 \times (P90 - X) / (P90 - P10), \text{ capped to 0-100}$$

For higher-is-better components, the numerator direction was reversed. The equal-weight model is exploratory because C1 and C4 are proportional under a common wage, and C2 and C3 are closely related under annualisation. The research-justified model therefore concentrated weight on income-relative burden and lower-cost burden, with limited weight on advertised support options.

18. Experimental model results - not official jurisdiction rankings

Mandatory interpretation

These ranks describe the small targeted public-source dataset under an experimental model. They are not estimates of the true affordability rank of Australian states or territories.

Table 14. Experimental jurisdiction scores with uncertainty

Unit: Score 0-100 and rank positions. Reference period: Targeted prices accessed 18 July 2026. Sample: Eight jurisdictions; 2,000 policy-cluster bootstrap replicates. Source: Deep_Research_Index and Deep_Research_Bootstrap. Publication status: Experimental only - not official rankings.

Note: Point ranks must be interpreted with score intervals, rank intervals and sensitivity classifications.

Jur.	Experimental score	Point rank	95% score interval	90% rank interval	Deterministic rank range	Combined sensitivity
NSW	36.99	5	7.61-93.32	2-7	3-6	Highly sensitive
VIC	82.82	3	29.97-97.50	1-5	1-3	Moderately sensitive
QLD	61.80	4	28.88-92.57	2-5	1-5	Highly sensitive
WA	86.60	2	2.50-92.50	1-8	1-5	Highly sensitive
SA	2.50	8	2.50-43.22	6-8	5-8	Moderately sensitive
TAS	30.53	6	2.50-61.17	4-8	2-8	Highly sensitive
ACT	92.50	1	66.97-92.50	1-3	1-7	Highly sensitive
NT	8.80	7	5.09-57.26	5-7	4-8	Highly sensitive

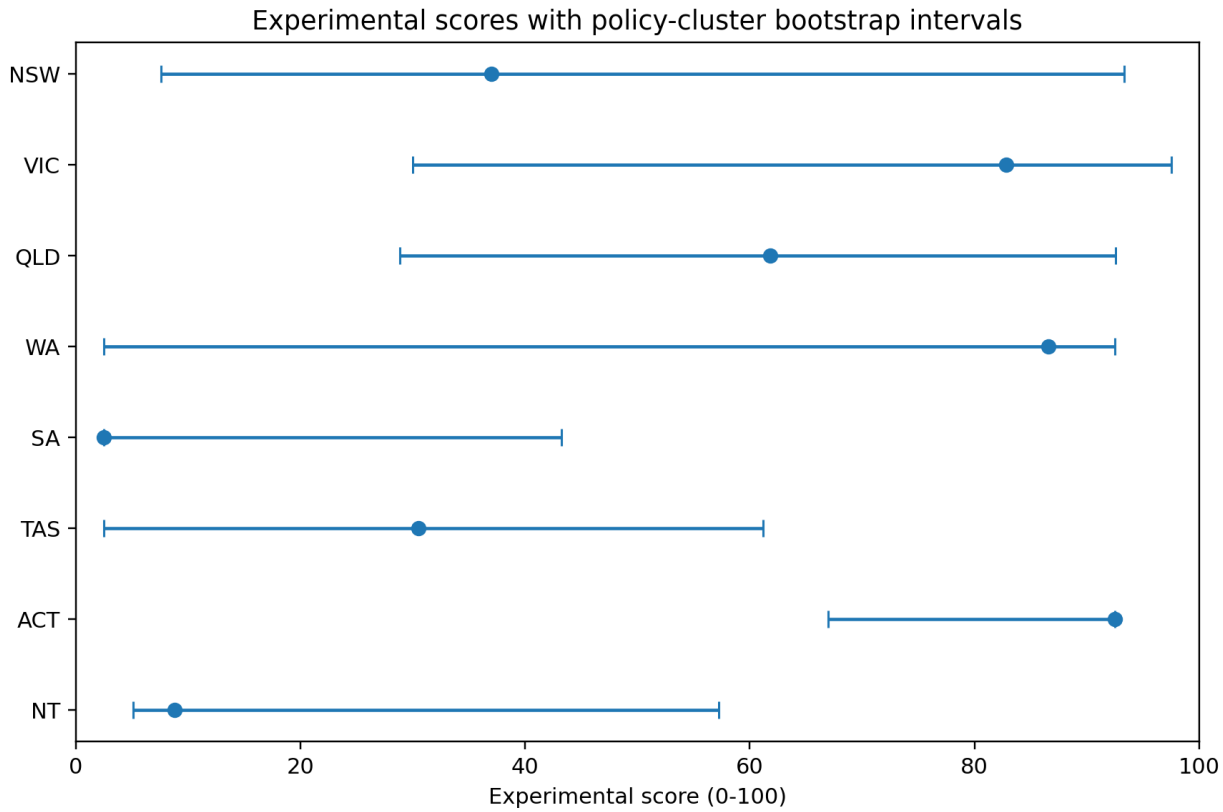

Figure 8. Experimental scores with policy-cluster bootstrap intervals

Source: Deep_Research_Index and Deep_Research_Bootstrap. Sample: Eight jurisdictions; 2,000 replicates. Experimental targeted dataset; not design-based uncertainty.

Table 16. Bootstrap rank probability distributions

Unit: Probability by experimental rank. Reference period: 2,000 pricing-policy cluster bootstrap replicates. Sample: Eight jurisdictions; 16,000 jurisdiction-replicate rows. Source: Deep_Research_Bootstrap and Bootstrap_Replicates. Publication status: Experimental unweighted uncertainty.

Note: Each replicate re-estimated components, P10/P90 anchors, scores and ranks.

Jur.	Policies	Rank probability distribution	90% rank interval	Interpretation
NSW	10	1:3.5%; 2:5.3%; 3:11.5%; 4:20.2%; 5:28.3%; 6:18.1%; 7:11.3%; 8:1.7%	2-7	Wide
VIC	12	1:25.5%; 2:27.4%; 3:22.9%; 4:13.8%; 5:7.8%; 6:2.2%; 7:0.5%	1-5	Wide
QLD	12	1:3.4%; 2:9.7%; 3:29.6%; 4:39.9%; 5:15.5%; 6:1.8%; 7:0.1%	2-5	Material
WA	3	1:13.7%; 2:33.1%; 3:17.2%; 4:9.2%; 5:2.9%; 6:3.4%; 7:13.8%; 8:6.9%	1-8	Wide
SA	4	5:1.0%; 6:6.7%; 7:28.7%; 8:63.6%	6-8	Material
TAS	2	2:0.1%; 3:1.4%; 4:12.0%; 5:33.6%; 6:28.3%; 8:24.7%	4-8	Wide
ACT	4	1:54.0%; 2:24.6%; 3:17.3%; 4:3.9%; 5:0.2%	1-3	Material
NT	2	4:1.1%; 5:10.8%; 6:39.4%; 7:45.5%; 8:3.1%	5-7	Material

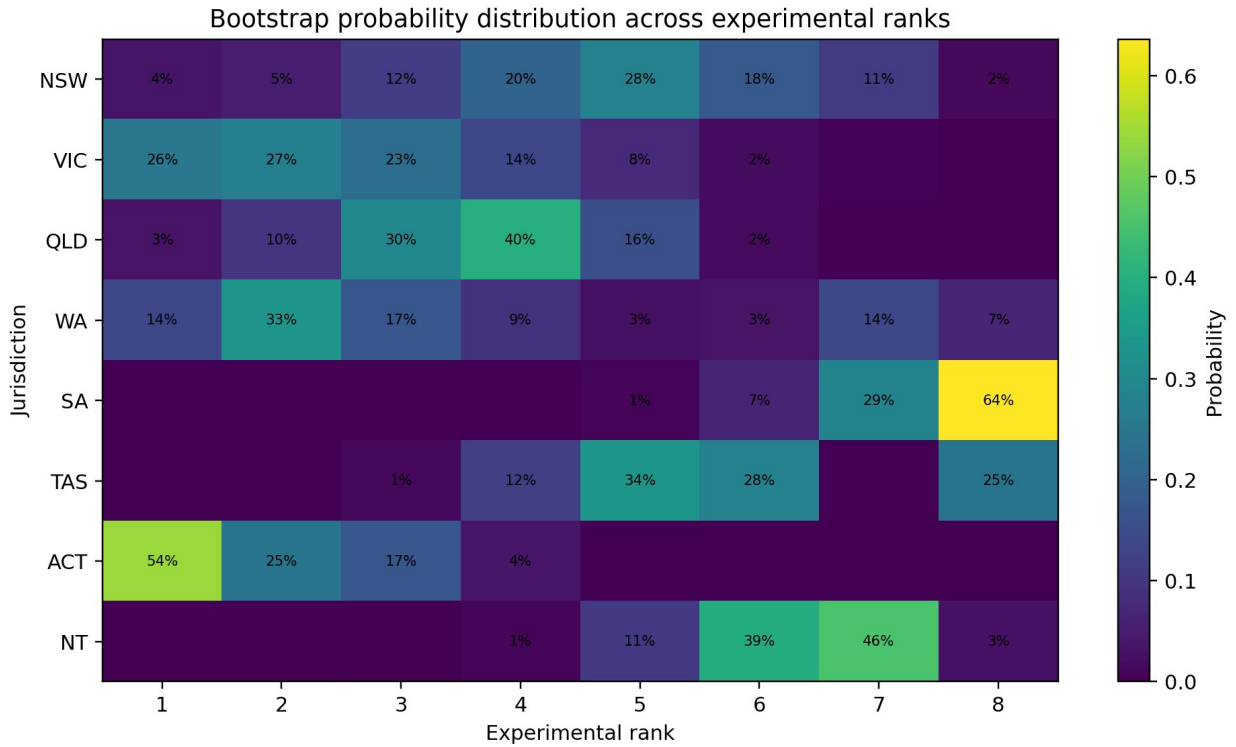

Figure 9. Bootstrap probability distribution across experimental ranks

Source: Bootstrap_Replicates. Sample: Eight jurisdictions; 2,000 replicates. Unweighted pricing-policy cluster bootstrap; not probability-design inference.

19. Sensitivity and uncertainty

The completed deterministic analysis compared equal weighting, core burden, absolute-cost and support-weighted models; removed each headline component; used min-max and percentile-rank normalisation; retained raw 2021 income; used an alternative Average Weekly Earnings uprating factor; compared location-weighted and one-pricing-policy aggregation; and tested limited Northern Territory non-disclosure bounds.

Each bootstrap replicate resampled identified pricing policies within jurisdiction and re-estimated jurisdiction components, P10/P90 anchors, scores and ranks. The bootstrap was unweighted and was not stratified by probability-selected SA2s because no such sample existed. It quantifies instability within the targeted dataset, not national design-based uncertainty.

Table 15. Deterministic sensitivity results

Unit: Experimental rank positions. Reference period: Targeted dataset, 18 July 2026. Sample: Eight jurisdictions; 16 rank scenarios. Source: Deep_Research_Sensitivity. Publication status: Experimental only.

Note: The table selects major model families; the workbook contains the complete set.

Jur.	Headline	Equal	Core	Absolute	Support	Min-max	Percentile	Location-weighted	Rank range	Classification
NSW	5	5	6	6	5	5	5	5	3-6	Moderately sensitive
VIC	3	1	3	3	2	3	3	3	1-3	Moderately sensitive
QLD	4	2	4	1	4	4	4	4	1-5	Highly sensitive
WA	2	3	2	4	3	2	2	1	1-5	Highly sensitive
SA	8	7	8	5	8	8	8	7	5-8	Moderately sensitive
TAS	6	4	5	2	6	6	5	8	2-8	Highly sensitive
ACT	1	6	1	7	1	1	1	2	1-7	Highly sensitive
NT	7	8	7	8	7	7	7	6	4-8	Highly sensitive

The raw 2021 and alternative AWE income models did not change the experimental point ranks after anchors were re-estimated. Location weighting changed several positions, and removal of components changed some jurisdictions by multiple ranks. When deterministic variation was combined with the bootstrap intervals, six jurisdictions were classified as highly sensitive and two as moderately sensitive; none met the combined stable classification.

20. Cost-related delayed care

ABS Patient Experiences data provide independent context about cost barriers. Among people who reported needing to see a psychologist in 2024-25, 25.3% delayed or did not see one because of cost. The corresponding estimates were 25.4% for psychiatrists and 17.0% for another mental health professional. The denominator is people who needed that type of care, not the total Australian population. [11]

This contextual result does not validate the advertised-fee estimates and does not establish that the fees observed in this review caused delayed care. It shows that cost was a reported barrier in a separate national survey.

Broader context includes an estimated 21.5% of people aged 16-85 meeting criteria for a 12-month mental disorder in 2020-2022 and about 2.8 million people receiving Medicare mental health services in 2024-25. These figures describe need and service use, not the affordability of the selected private-provider records. [12-13]

21. Policy implications

- Encourage providers to publish a current standard fee, appointment duration, practitioner category and effective date in a consistent format.
- Require clear separation of initial, subsequent, assessment, after-hours and concession prices so consumers can identify the relevant charge.
- Present current Medicare benefits separately from provider prices and avoid reproducing outdated rebate values on clinic pages.
- Describe concession and bulk-billing eligibility, capacity and limitations rather than using unqualified availability language.
- Publish both in-person and telehealth charges where they differ and identify whether a national telehealth price is location-independent.
- Develop accessible consumer calculators that show provider charge, benefit, gap, annual service limits and full-fee sessions after Medicare entitlements are exhausted.
- Create a repeatable national fee-monitoring program with probability selection, non-disclosure analysis, archived evidence and design-based uncertainty.
- Improve linkage between service-price evidence and current, geographically appropriate disposable-income measures.

These recommendations arise from transparency and measurement limitations identified in the review. The study does not establish that any single intervention will reduce cost-related delayed care.

22. Consumer information

An indicative consumer gap can be estimated by subtracting the applicable Medicare benefit from the provider charge. Consumers should confirm the exact fee, appointment duration, practitioner category, referral validity, current Medicare benefit and available annual services before booking.

Provider charges may exceed the MBS Schedule fee because the Schedule fee is not a price cap. A valid Better Access referral is required for the items analysed in this report. The initial course is generally limited to six services, with review and a further referral needed for remaining services up to the annual limit of 10 individual services. Unused services on a referral may remain usable in the next calendar year, but services delivered after 1 January count toward the new year's annual cap. [1, 6]

Medicare Safety Net effects may increase benefits after the relevant thresholds are reached, but the amount depends on verified costs, family registration, eligible out-of-hospital services and item caps. Consumers should check Services Australia information or seek advice about their own circumstances. This report does not provide individual financial, clinical or Medicare advice.

23. Methodology

23.1 Research question and design

The review asked what exact standard psychology fees were publicly advertised in a targeted national web-based search, what Medicare gaps followed under current item rules, and what illustrative burdens resulted under stated income and wage benchmarks. The targeted search did not create known inclusion probabilities.

23.2 Inclusion criteria

- Publicly accessible clinic or practitioner source page.
- Exact provider charge rather than an unmapped range or “from” price.
- Routine or subsequent individual psychology consultation.
- Duration of 50-60 minutes, including clearly stated ranges such as 50-55 minutes.
- Clinical psychologist or registered psychologist category sufficiently stated on the source page for initial coding.
- In-person service for jurisdiction analysis or national telehealth-only service retained in a separate stratum.

23.3 Exclusions and coding

- Initial appointments, assessment packages, reports, after-hours premiums, student or provisional prices and undefined ranges were excluded from the primary standard-fee analysis.
- Concession prices were recorded separately and not substituted for the standard fee.
- Shared schedules were assigned pricing-policy identifiers. National results retained one copy of each globally unique fee variant; jurisdiction analysis retained one copy within each jurisdiction-policy unit.
- Provider charges were not taken from the MBS Schedule fee and outdated clinic-page rebate text was not used as the current Medicare input.
- Therapy Near Me fees were excluded.

23.4 Geography

Clinic-locations were assigned to state or territory and a broad capital city, capital-region or regional-centre grouping. Final SA2, SEIFA and Remoteness Area verification was not completed. No Remote or Very Remote result is reported.

23.5 Economic inputs

State median weekly household incomes came from 2021 Census QuickStats and were uprated approximately to March 2026 using compounded WPI movements. Raw 2021 values and an AWE-based factor were used in sensitivity analysis. The National Minimum Wage was entered separately as an hourly and weekly official value.

23.6 Experimental index and bootstrap

The experimental model normalised jurisdiction component estimates to provisional P10/P90 anchors. Higher scores indicated better affordability. A 2,000-replicate policy-cluster bootstrap, using random seed 20260718, resampled pricing policies within each jurisdiction and recalculated components, anchors, scores and ranks. The machine-readable output contains 16,000 jurisdiction-replicate rows.

24. Limitations

Table 17. Limitations and evidence-status register

Unit: Qualitative status. Reference period: Research cut-off 18 July 2026. Sample: 19 material limitations. Source: Methodology and Publication_Gate. Publication status: Final disclosure.

Note: Limitations apply to interpretation of all results.

Limitation	Effect on interpretation
Targeted convenience search	The frame was assembled through targeted web research rather than probability-selected SA2s. Web-visible clinics are likely overrepresented.
No design weights	Known inclusion probabilities, calibration weights and valid effective sample sizes were unavailable.
Small jurisdiction samples	Jurisdictions contributed two to 12 independent pricing policies and did not meet the future study thresholds.
Differential fee disclosure	Clinics without visible prices may differ systematically from those with visible prices.
Changing webpages	Provider charges and policy language may change after the research cut-off.
Contractor variation	Some clinic pages stated that individual practitioner fees may vary from a guidance price.
Shared pricing policies	Several clinic-locations used the same schedule; deduplication choices affected experimental results.
Incomplete AHPRA verification	Practitioner-category coding was not independently checked against the AHPRA register for every observation.
No independent double coding	The supplied record does not document a completed second-coder review or adjudication.
No archived source captures	URLs and access dates were recorded, but archive captures remained pending.
Limited telehealth-only evidence	The separate national telehealth-only stratum contained one provider and two fee variants.
No verified remote stratum	Remote and Very Remote findings could not be produced.
Modelled income	Current household income was modelled from 2021 Census values using wage series; it was not observed current disposable income.
Gross burden	Income and wage burdens are gross and do not account for tax or living costs.
No patient-level eligibility	The study did not observe patient income, referral status, prior service use or Safety Net position.
No access or quality outcome	Fees do not measure waiting times, service quality, suitability or treatment outcomes.
Safety Net excluded	Primary burdens did not model individual Medicare Safety Net effects.
Future schedule unavailable	The operative 1 January 2027 MBS values were not available at the 18 July 2026 cut-off.
Experimental anchors and ranks	Scores depend on provisional anchors and normative weights, with wide bootstrap distributions.

25. Conflicts of interest

Therapy Near Me is a mental-health service provider and has a commercial interest in the Australian psychology market. Therapy Near Me fee observations were excluded from the public-fee dataset. The report should be interpreted with the declared commercial interest in mind. The research methods, calculation workbook and public source register are provided to support scrutiny.

26. Funding statement

This research was prepared using internal financial and in-kind resources. No external research grant or commissioned funding was identified in the supplied research record. No external funder role in study design, data collection, analysis, interpretation, writing or publication decisions is reported.

27. Authorship and contributor roles

Corporate author: Therapy Near Me Research Team.

Contributor role	Corporate contribution record
Conceptualisation	Research question, publication framing and analytical scope
Methodology	Public-source fee protocol, Medicare mapping, burden formulas and experimental index design
Data collection	Targeted public web search and source recording
Validation	Internal source and calculation checks; external validation not completed
Formal analysis	Descriptive statistics, burden calculations, sensitivity analysis and bootstrap
Medicare-policy review	Verification of current item amounts, Better Access limits and Safety Net rules
Writing	Health-policy, economic and data-journalism synthesis
Visualisation	Fee, burden, experimental score and evidence-gap figures
Supervision and project administration	Therapy Near Me research publication workflow

28. Review and governance

The supplied research record documents internal statistical auditing, Medicare-policy verification and public-source review. It does not document completed external peer review, independent double coding or independent AHPRA verification for every fee observation. This publication is therefore not described as peer reviewed.

The project used publicly available business information, did not record personal health information and did not contact clinics as part of the supplied research process. No external human research ethics approval is reported. The publication should be governed as a public-source service-price review, with corrections handled under the policy in Section 33.

29. Future national-index research

The defined public-source review is complete, but the originally proposed probability-sample index would require a separate national fieldwork program. The frozen future design specifies 320 probability-selected SA2s, approximately 1,600 clinic-location pricing units, known inclusion probabilities, minimum jurisdiction samples, remote oversampling and independent QA.

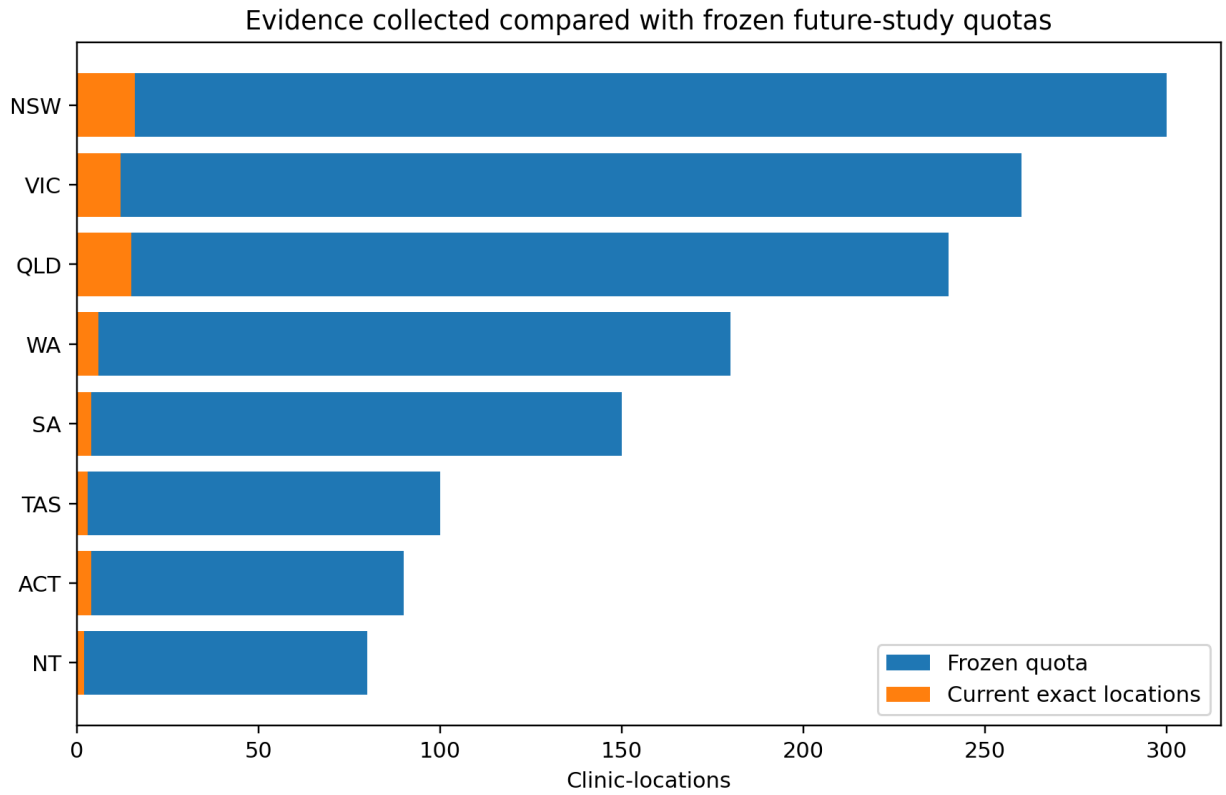

Figure 10. Evidence collected compared with frozen future-study quotas

Source: Fieldwork_Remaining. Sample: Eight jurisdictions. The figure describes future research requirements, not a quality score for this report.

Table 18. Future national-index fieldwork requirements

Unit: Clinic-location and SA2 counts. Reference period: Research plan at 18 July 2026. Sample: Eight jurisdictions plus national telehealth-only stratum. Source: Fieldwork_Remaining and Publication_Gate. Publication status: Future research agenda.

Note: Current exact locations arose from targeted research and are not probability-selected.

Jur.	Target locations	Current exact	Remaining	Publishable min.	Remaining to min.	SA2 target	Probability SA2s	Required action
NSW	300	16	284	100	84	68	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
VIC	260	12	248	100	88	56	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
QLD	240	15	225	100	85	56	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
WA	180	6	174	100	94	40	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
SA	150	4	146	100	96	34	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.

Jur.	Target locations	Current exact	Remaining	Publishable min.	Remaining to min.	SA2 target	Probability SA2s	Required action
TAS	100	3	97	100	97	24	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
ACT	90	4	86	60	56	20	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
NT	80	2	78	60	58	22	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
NATIONAL	200	1	199	100	99	Separate national stratum	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.

Additional requirements include calibrated and trimmed design weights, effective sample sizes, complete fee non-disclosure sensitivity, archived source evidence, independent double coding, AHPRA category verification, a stratified design bootstrap, approved base-year anchors, operative 1 January 2027 MBS values and a final publication-lock audit.

30. Technical appendix

30.1 Core formulas

$$\textit{Consumer gap: } G = \max(F - R, 0)$$

$$\textit{Eligible course cost: } C_n = nG,\ n \in \{6, 8, 10\}$$

$$\textit{Same-year 12-session scenario: } C_{12} = 10G + 2F$$

$$\textit{Same-year 13-session scenario: } C_{13} = 10G + 3F$$

$$\textit{Weekly income burden} = G / \textit{modelled gross weekly household income}$$

$$\textit{Ten-session annual burden} = 10G / \textit{modelled gross annual household income}$$

$$\textit{Minimum-wage hours} = G / 26.44$$

30.2 Income uprating

Primary model: 2021 Census median weekly household income multiplied by 1.168014523, an approximate factor obtained by compounding published seasonally adjusted quarterly WPI movements from December 2021 to March 2026. Alternative sensitivity: November 2025 full-time adult ordinary-time earnings divided by the corresponding November 2021 value, producing the factor retained in Economic_Sensitivity.

30.3 Normalisation

$$\textit{Lower is better: } S = 100 \times (U - X) / (U - L)$$

$$\textit{Higher is better: } S = 100 \times (X - L) / (U - L)$$

L and U were provisional P10 and P90 anchors. Scores were capped to 0-100. When lower and upper anchors were equal, the degenerate component received a neutral score of 50. Missing components were not silently reweighted in the model definitions used.

30.4 Bootstrap

The pricing-policy cluster bootstrap used 2,000 replicates and random seed 20260718. Within each jurisdiction, independent pricing policies were sampled with replacement. Every replicate re-estimated component statistics, P10/P90 anchors, scores and rank positions. The output contains 16,000 jurisdiction-replicate records. It is not a stratified design bootstrap.

30.5 Limited non-disclosure bound

The workbook tested a limited Northern Territory bound by assigning two non-exact locations synthetic gaps at the national observed P10 or P90. This is a narrow diagnostic bound and not a complete missing-price model.

30.6 Table-to-workbook mapping

Report content	Authoritative workbook sheet
Study scope, source coverage and disclosure	README; Deep_Research_Sources; Deep_Research_Clinic_Frame
Fee distributions and category results	Deep_Research_Fees
Medicare gap and course calculations	Deep_Research_Burdens; Economic_Inputs
Jurisdiction results	Deep_Research_State_Results
Regional comparison	Deep_Research_Regional_Results
Experimental components, scores and intervals	Deep_Research_Index
Deterministic sensitivity	Deep_Research_Sensitivity
Bootstrap summary and replicate data	Deep_Research_Bootstrap; Bootstrap_Replicates
Future study requirements	Fieldwork_Remaining; Publication_Gate

31. Recommended citation

APA 7: Therapy Near Me Research Team. (2026). Australian Psychology Fees and Affordability Evidence Review 2026: A national public-source scan of advertised fees, Medicare gaps and household financial burden (Version 1.0). Therapy Near Me. https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/

Harvard: Therapy Near Me Research Team 2026, Australian Psychology Fees and Affordability Evidence Review 2026: A national public-source scan of advertised fees, Medicare gaps and household financial burden, version 1.0, Therapy Near Me, viewed [date], https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/.

Citation scope

Cite this report for the targeted public-source fee scan, original affordability calculations and experimental model analysis. Cite the original government source when reproducing an official MBS, ABS, AIHW, Fair Work or Services Australia statistic.

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17. Australian Bureau of Statistics. 2021 Victoria, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/2

18. Australian Bureau of Statistics. 2021 Queensland, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/3

19. Australian Bureau of Statistics. 2021 South Australia, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/4

20. Australian Bureau of Statistics. 2021 Western Australia, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/5

21. Australian Bureau of Statistics. 2021 Tasmania, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/6

22. Australian Bureau of Statistics. 2021 Northern Territory, Census All persons QuickStats. Reference period: 2021 Census. Accessed 18 July 2026. https://www.abs.gov.au/census/find-census-data/quickstats/2021/7

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33. Version history and correction policy

Version	Date	Status	Change	Effect on results
1.0	18 July 2026	First published edition	Initial publication of the targeted public-source review	Original results

Corrections may be reported to office@therapynearme.com.au. Minor typographical or metadata corrections that do not alter results will receive a patch version. Corrections that change a numerical result, interpretation or conclusion will receive a new minor version and a visible correction notice. Previous versions should be archived and remain identifiable.

Provider webpages may change after the research cut-off. The published report preserves the results as analysed at 18 July 2026; later fee changes should be addressed through a new data version rather than silently replacing the historical record.

34. Traceability appendix

Table 19. Claim-to-source traceability matrix

Unit: Claim metadata. Reference period: Research cut-off 18 July 2026. Sample: 14 major claims. Source: Authoritative workbook and official sources. Publication status: Final audit record.

Note: All executive-summary and key-finding numbers are represented.

ID	Final claim	Report support	Workbook/ source	Calculation	Numerator	Denominator	Unit	Geography	Period	Aggregation	n	Uncertainty	Status
ES1	65 clinic-locations in targeted frame	Table 1	Deep_Research_Clinic_Frame	Clinic-location count	65	Targeted clinic-locations	count	Australia	18 Jul 2026	Targeted frame	65	No design uncertainty	Internal audit
ES2	63 clinic-locations with exact fees	Tables 1 and 3	Deep_Research_Clinic_Frame	Exact disclosure count	63	65 clinic-locations	count and %	Australia	18 Jul 2026	Targeted frame	65	No design uncertainty	Internal audit
ES3	108 raw observations; 81 primary fee variants	Table 1	Deep_Research_Fees	Deduplication by fee_variant_id	108 / 81	Location rows / unique variants	count	Australia	18 Jul 2026	Location and policy-variant	108	No design uncertainty	Internal audit
ES4	Median local advertised fee $260	Table 5; Figure 1	Deep_Research_Fees	Median local primary fee	$260	79 fee variants	AUD	Australia	18 Jul 2026	One global fee variant per policy	79	IQR $235-$275	Internal audit
ES5	Median local consumer gap $130.95	Table 6	Deep_Research_Burdens	Median max(F-R,0)	$130.95	79 fee variants	AUD	Australia	Fees 18 Jul; MBS 1 Jul 2026	One global fee variant per policy	79	IQR $116.95-$149.70	Internal audit
ES6	Clinical median $275; registered $239	Table 2; Figure 2	Deep_Research_Fees	Category medians	$275 / $239	41 / 38 variants	AUD	Australia	18 Jul 2026	One global fee variant per policy	79	Descriptive	Internal audit
ES7	Ten-session median $1,309.50; 12 $1,809.50; 13 $2,084.50	Tables 7-8	Deep_Research_Burdens	Course formulas	$1,309.50 / $1,809.50 / $2,084.50	79 variants	AUD	Australia	MBS effective 1 Jul 2026	Row-level median	79	Descriptive	Internal audit
ES8	Median gap 6.50% of modelled weekly income	Table 9	Deep_Research_Burdens; Economic_Inputs	G / modelled weekly income	6.50%	79 variants	percentage	Australia	Income model to Mar 2026	Row-level median	79	IQR 5.84%-7.31%	Internal audit
ES9	Median gap 4.95 minimum-wage hours	Table 10	Deep_Research_Burdens	G / 26.44	4.95	79 variants	hours	Australia	Wage effective 1 Jul 2026	Row-level median	79	IQR 4.42-5.66 hours	Internal audit
ES10	Advertised concession policy rate 16.7%; bulk billing 0%	Table 3	Deep_Research_Fees	Any explicit policy language	8 / 0	48 globally unique exact policies	percentage	Australia	18 Jul 2026	Policy level	48	No design uncertainty	Internal audit

ID	Final claim	Report support	Workbook/ source	Calculation	Numerator	Denominator	Unit	Geography	Period	Aggregation	n	Uncertainty	Status
ES11	Six highly sensitive; two moderately sensitive; none stable	Tables 14-16	Deep_Research_Index; Deep_Research_Bootstrap	Combined deterministic and bootstrap classification	6 / 2 / 0	8 jurisdictions	count	Australia	18 Jul 2026	Experimental model	8	2,000 bootstrap replicates	Internal audit
CTX1	25.3% delayed or did not see psychologist due to cost	Section 20	ABS Patient Experiences	Published survey estimate	25.3%	People who needed a psychologist	percentage	Australia	2024-25	ABS survey	National survey	ABS sampling error applies	Official source
CTX2	21.5% had a 12-month mental disorder	Section 20	ABS National Study	Published survey estimate	21.5%	People aged 16-85	percentage	Australia	2020-2022	ABS survey	19.8m population base	ABS sampling error applies	Official source
CTX3	2.8 million received Medicare mental health services	Section 20	AIHW Medicare mental health services	Administrative service-use estimate	2.8m	Australian population	people	Australia	2024-25	Administrative data	National	AIHW limitations apply	Official source

35. Public fee-source register

The following source register lists the public clinic pages used in the targeted frame. Fee values and coding are contained in the research workbook. Source access date was 18 July 2026. Archive captures and independent AHPRA cross-checks remained pending at the research cut-off.

Table 20. Public fee-source register

Unit: Source IDs and URLs. Reference period: Accessed 18 July 2026. Sample: 50 public source pages. Source: Deep_Research_Sources. Publication status: Final source register; independent archive/AHPRA QA pending.

Note: Clinic pages may change after the research cut-off.

Source ID	Organisation	Scope	Exact fee found	URL
DRS-001	Ivy Psychology	NSW	Yes	https://www.ivypsychology.com.au/fees
DRS-002	ST&A Psychology	NSW	Yes	https://stapsychology.com/rebates-fees/
DRS-003	The Psychology Alley	NSW	Yes	https://thepsychologyalley.com.au/fees-rebates
DRS-004	Mind Project Clinical Psychology	NSW	Yes	https://www.mindproject.com.au/fees/faq
DRS-005	MindBox Psychology	NSW	Yes	https://mindboxpsychology.com.au/faqs/
DRS-006	The Psychology Spot	NSW	Yes	https://www.thepsychologyspot.com.au/wollongong-psychologist-fee-schedule
DRS-007	ELD Psychology	NSW	Yes	https://www.eldpsychology.com.au/psychologist-fees-medicare-rebate
DRS-008	River Psychology	NSW	Yes	https://www.riverpsychology.com.au/fees

Source ID	Organisation	Scope	Exact fee found	URL
DRS-009	New Vision Psychology	NSW	Yes	https://newvisionpsychology.com.au/fees-rebates/
DRS-010	MindSure Psychology	NSW	Yes	https://www.mindsure.com.au/fees-rebates
DRS-011	Cairnmillar Clinic	VIC	Yes	https://www.cairnmillar.org.au/clinic/fees-rebates/
DRS-012	Soul Bird Psychology	VIC	Yes	https://soulbirdpsychology.com.au/fees-and-rebates/
DRS-013	PsychologyCare	VIC	Yes	https://psychologycare.com.au/psychologist-fees/
DRS-014	Coburg Clinical Psychology	VIC	Yes	https://www.coburgclinicalpsychology.com.au/fees-rebates
DRS-015	Acorn Psychology	VIC	Yes	https://www.acornpsychology.com.au/fees
DRS-016	Kate Li Psychology	VIC	Yes	https://katelipsychology.com.au/
DRS-017	Dr Liam Casey	VIC	Yes	https://www.drliamcasey.com/
DRS-018	Geelong Psychology Group	VIC	Yes	https://geelongpsychologygroup.com.au/fees/
DRS-019	Happy Minds Psychology	VIC	Yes	https://www.happyminds.net.au/faqs
DRS-020	PAWS Psychology	VIC	Yes	https://pawspsychology.com.au/fees/
DRS-021	Neo Psychology	VIC	Yes	https://www.neopsychology.com.au/fees-and-policies/
DRS-022	The Crawley Clinic	VIC/TAS	Yes	https://thecrawleyclinic.com.au/patient-information/
DRS-023	Brisbane City Psychologist	QLD	Yes	https://www.brisbanecitypsychologist.com.au/practitioner/dr-jane-austin/
DRS-024	Brisbane Centre for Psychology	QLD	Yes	https://brisbanecentre4psych.com.au/fees-faqs/
DRS-025	North Brisbane Psychologists	QLD	Yes	https://northbrisbanepsychologists.com.au/fees-and-rebates/
DRS-026	Room to Grow Psychology	QLD	Yes	https://www.roomtogrow.com.au/fees/
DRS-027	Positive Pathways Psychology	QLD	Yes	https://positive-pathways.com.au/fees/
DRS-028	Brisbane Family Psychology	QLD	Yes	https://www.brisbanefamilypsychology.com.au/fees/
DRS-029	Unburden Psychology	QLD	Yes	https://www.unburdenpsych.au/fees-and-rebates
DRS-030	Centre for Relational and Sexual Wellbeing	QLD	Yes	https://www.centrersw.com/fees
DRS-031	Therese Price Clinical Psychology	QLD	Yes	https://theresepriceclinicalpsychology.com.au/fees-and-rebates
DRS-032	Sunshine Coast Psychology Clinic	QLD	Yes	https://www.sunshine-coast-psychology.com.au/ForNewClients/FeesRebates-579/
DRS-033	Gold Coast Psychology Centre	QLD	Yes	https://goldcoastpsychologycentre.com.au/fees-and-rebates/
DRS-034	PsychCare Psychology	QLD/WA	Yes	https://psychcarepsychology.com.au/fees/

Source ID	Organisation	Scope	Exact fee found	URL
DRS-035	Perth Clinical Psychologists	WA	Yes	https://www.perthcp.com.au/referrals-fees-rebates/
DRS-036	Core Clinical Psychology	WA	Yes	https://corecp.com.au/fees/
DRS-037	Spectrum Health Consulting	SA	Yes	https://spectrum-health.com.au/psychological-therapy-2/
DRS-038	Willow Tree Psychology	SA	Yes	https://www.willowtreepsychology.com.au/Referrals
DRS-039	Blue Sky Psychology	SA	Yes	https://blueskypsychology.com.au/faq/
DRS-040	Prime Path Psychology	SA	Yes	https://primepathpsychology.com.au/fees/
DRS-041	Argyle Psychology	TAS	Yes	https://argylepsychology.com.au/faq
DRS-042	Climb Psychology	ACT	Yes	https://www.climbpsychology.com.au/fees-and-rebates
DRS-043	Ease Psychology	ACT	Yes	https://www.easepsychology.com.au/services-and-fees
DRS-044	Professional Wellbeing Canberra	ACT	Yes	https://www.professionalwellbeing.com.au/frequently-asked-questions.html
DRS-045	Psychologists Canberra	ACT	Yes	https://psychologistscanberra.com.au/policies/
DRS-046	Midpoint Psychology	NT	Yes	https://midpointpsychology.com.au/faq/
DRS-047	Northside Health NT	NT	Yes	https://www.northsidehealthnt.com.au/fees
DRS-048	Tele-Psych	National telehealth	Yes	https://www.tele-psychs.com.au/fees-rebates
DRS-049	Darwin Psychology Service	NT	No exact fee	https://www.darwinpsychology.com.au/referrals-and-fees
DRS-050	Pynk Health Darwin page	NT / national	No exact fee	https://pynkhealth.com.au/psychologist-fees/