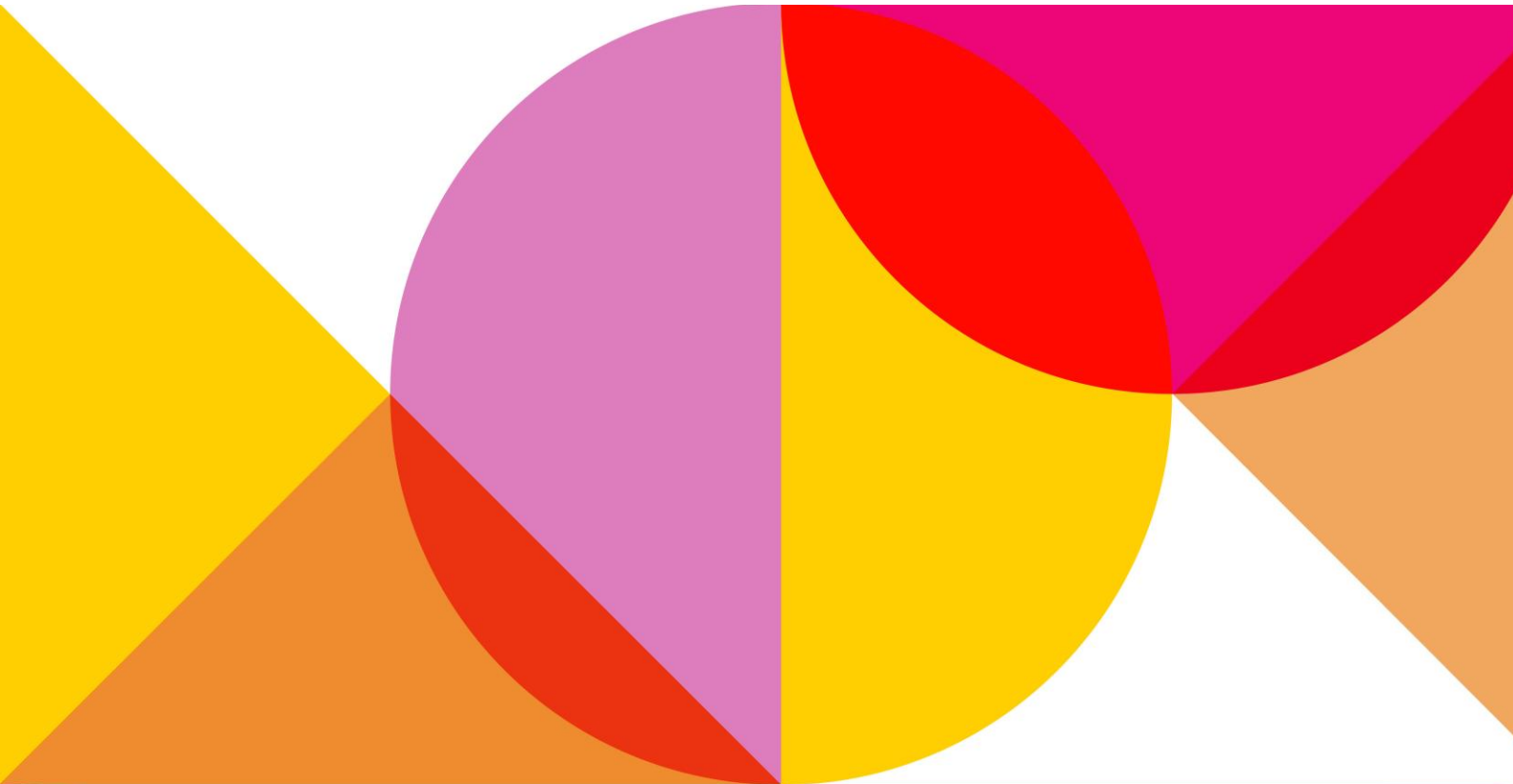
NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

SUBMISSION

Inquiry into Access and Affordability of Medical Specialists in Australia

15 October 2026



NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Acknowledgement of Country

The National Mental Health Consumer Alliance acknowledges the Traditional Custodians of the lands and waters across Australia where we live, work, and advocate.

We pay our deepest respects to Aboriginal and Torres Strait Islander peoples, and to their Elders past and present. We acknowledge that First Nations lived experience is inseparable from the impacts of colonisation, dispossession, racism, and structural inequity. These ongoing injustices must be named, understood, and addressed.

The National Mental Health Consumer Alliance works in solidarity with the Indigenous Australian Lived Experience Centre, recognising the critical leadership of First Nations peoples in truth-telling, healing, and social and emotional wellbeing.



NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

About Us

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues.

We are the people experiencing mental health challenges, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website:

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NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Terminology

All references to ‘Consumer’ and ‘lived experience’ in this submission refers to mental health consumers with lived experience of mental health challenges and / or suicidality.

We use the term “mental health consumers” as a catchall term due to its connection with our movement’s history. We also respectfully acknowledge that different people self-identify with different terms.

We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this submission.



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The National Mental Health Consumer Alliance (the Alliance) has prepared this submission in response to the Inquiry by the House of Representatives Standing Committee on Health, Aged Care and Disability into access and affordability of medical specialists in Australia. This submission draws on a two-hour online focus group convened with mental health consumers from across Australia on June 15 as well as informal conversations with other consumers. All references to 'Consumer' and 'lived experience' refer to mental health consumers with lived experience of mental health challenges. We use the term "mental health consumers" as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms.

Executive Summary

Australia's public and private system of medical specialists is failing to provide accessible, affordable, timely and equitable care to mental health consumers, leaving individuals and their families in crisis. Australians from First Nations and LGBTIQA+ communities, people with disabilities as well as those who live in rural and remote regions are suffering disproportionately, undermining the government's promise of universal health care.

While mental health consumers want medical specialist fees capped, their concerns are extensive and go beyond the terms of reference of this inquiry. But their experiences must be noted because they describe a largely unaccountable system beset by poor service and discrimination.

Consumers consulted by the Alliance experience multiple layers of inaccessibility besides specialist availability and waitlists such as demands for up-front payments; being denied access to private specialists because they don't have private health insurance; opaque and dysfunctional communication about referrals, and having to travel long distances in regional, rural and remote areas. They report poor psychological safety including repeated instances of medical misogyny,

feeling minimised and invalidated. Many feel discriminated against. They are fatigued and dismayed trying to navigate a public and private system that is not working for them, from rude reception staff to verbally abusive specialists.

Some mental health consumers called the fees charged by psychiatrists "predatory". They are ashamed having to skip meals to pay for specialist appointments. All consumers consulted by the Alliance during a focus group consultation on June 15 had either delayed or opted not to see a medical specialist in the last 12 months because of out-of-pocket costs.

Mental health consumers feel disempowered dealing with specialists. Few believe they can complain because of what they see as a significant power imbalance. Seeking a second opinion – an inherent right - is out of reach because of access and affordability constraints. Therapeutic rapport with clinicians is vital for mental health consumers. This is denied to many Australians because they can't shop around for psychiatrists, whose median out-of-pocket costs for an initial consultation are the highest in any specialist category.[i]

All this undermines statements on federal government websites such as: *Medicare is Australia's universal health care scheme. Medicare gives people access to many health and hospital services, no matter where they live or how much money they have.*[ii]

The Alliance urges the House of Representatives Standing Committee on Health, Aged Care and Disability to recommend a series of measures to deal with the challenges around specialist medical fees. We want fees capped, but this can't be a blunt instrument. Accessibility needs to be addressed in all its complexity, as well as service quality. Consumers need more avenues to provide feedback or make complaints. Peer workers are urgently needed to improve service navigation. Consumers are exhausted and feel abandoned. So are their loved ones and carers.

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Recommendations

The Alliance makes the following recommendations:

1. People with lived experience of mental health challenges must be able to access public mental health services, including psychiatry, when and where they need them. The Australian Government must ensure that people are not forced to pay unaffordable private fees because appropriate public services are unavailable.

2. The Australian Government should develop and fund a national psychiatry workforce plan, designed with mental health consumers, to increase the number and diversity of psychiatrists and ensure equitable access in rural, regional and remote communities. The plan should include transparent access targets and public reporting on whether consumers can obtain timely, culturally safe and trauma-informed care.

3. The Australian Government should work with states and territories to provide accessible and adequately funded travel, accommodation, childcare and support-person assistance for consumers who must leave their community to obtain specialist care. Eligibility and reimbursement processes should be simple, timely and designed with consumers, including people with disability and people experiencing financial hardship.

4. The Australian Government should work with states and territories and people with lived experience of mental health challenges to expand public outpatient psychiatry so consumers can obtain timely assessment, treatment, medication review and second opinions without being forced into unaffordable private care. Service planning and access targets should be developed with consumers and reported publicly in a consumer friendly way.

5. The Australian Government should work with the Australian Association of Peer Workers and mental health consumers to establish and fund independent peer navigation services for specialist medical care. Consumers should be able to choose peer support to understand referrals, appointments, fees and options; prepare for consultations; seek a second opinion; and raise concerns without fear that doing so will affect their care.

6. The Australian Government should cap excessive specialist medical fees and require specialists to disclose the total likely cost of care before a consumer agrees to an appointment. Fee reform must be developed with consumers and accompanied by safeguards for timely access, psychologically safe and trauma-informed care, adequate consultation time, continuity of care and access to second opinions.

Specialists fee increases should be capped to a certain percentage so consumers can be assured they can continue receiving supports into the future.

7. People with lived experience of mental health challenges must have access to psychologically safe care with trauma-informed specialists who can work across diverse groups, including Aboriginal and Torres Strait Islander communities, that is available in the public system at no cost to the consumer.

10. The Australian Government should establish simple, accessible, independent and safe ways for mental health consumers to provide feedback or make complaints about specialist care without fear of losing access to treatment or lack of confidence that the complaint will go anywhere.

Questions, processes and measures used should be co-designed with mental health consumers; mental health consumers should be able to respond anonymously or with support; and services should be required to report publicly in consumer known and consumer centric ways on themes,

actions and improvements arising from that feedback. A lack of complaints should NOT assume that everything is working well.

11: The Australian Government should establish national consumer-led standards for specialist referral pathways across public and private services. Consumers must receive timely confirmation that a referral has been received, clear information about eligibility, likely waiting times, fees and next steps, prompt notice of cancellations or changes, and an explanation when a referral or appointment is refused. Consumers should not bear the burden of repeatedly chasing providers to find out whether they can access care.

12: The Australian Government should prohibit specialist services from refusing care solely because a consumer does not have private health insurance and should regulate demands for full payment or non-refundable deposits before care is provided. Services should not retain consumers' credit or debit card details as a condition of access. Any advance payment arrangements must be transparent, proportionate and accompanied by accessible hardship, instalment and exemption options.

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Submission

The Alliance thanks the House of Representatives Standing Committee on Health, Aged Care and Disability for the invitation to make a submission to the inquiry into access and affordability of medical specialists in Australia. Noting the scope of the Terms of Reference, this submission focuses on the following four topics as consultations with mental health consumers identified these as the areas of greatest concern.

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

High costs and long wait times mean one in five Australians who need specialist care delay or don't get it, according to a Grattan report[iii]. Each year, 1.9 million people miss out. Nearly one million people do so because of cost.[iv] A national survey of more than 4,000 Australians, including 2,300 people who had been referred to a specialist, showed the vast majority want the government to make specialist care more accessible.[v]

There is a chronic shortage of psychiatrists in Australia, especially outside major cities, a classification known as Monash Modified Category 1 (MMC 1). Indeed, government data shows 85% of FTE psychiatrists are in major metropolitan areas while only 1.8% are in rural and remote areas (MMC 4-7).[vi] Workforce shortages were negatively impacting patient care, said 93% of 1,250 psychiatrists who responded to a survey by the Royal Australian and New Zealand College of Psychiatrists (RANZCP), published in 2024.[vii]

One of the barriers to consumers seeing a psychiatrist is the dearth of appointments in the public system. While nearly three quarters of oncology and anaesthetics appointments are in the public system, it's less than one in 20 for psychiatry.[viii] Australians wait an average 77 days for their first

appointment with a psychiatrist outside a public hospital, but some wait at least eight months. People wait longer in regional and remote areas. Telehealth appointments have not reduced the city-country disparity.[ix]

This has major implications for consumers because an initial appointment with a psychiatrist could lead to a mental health diagnosis, along with medication and treatment options. Delays to a first appointment can result in a worsening of symptoms, an inability to work, increased social isolation and possible presentations to hospital emergency departments.

One Tasmanian mental health consumer, fighting back tears during the Alliance focus group, said they had to present to a hospital emergency department more than once because they couldn't get in to see a psychiatrist. "It's a nightmare in Tasmania. There's waiting periods and some (psychiatrists) have closed their books … The fight to see a psychologist is horrible as well."

A consumer in Canberra with mental health challenges said despite living in the nation's capital it could take up to three months to see a psychiatrist. "I just have to deal with it myself. I try to get support from my family. Sometimes I cry all day."

"Extreme" fees

Another barrier to entry to psychiatrist appointments is the "extreme" fees charged by those in private practice, the highest among Australian specialists. The median out of pocket cost for psychiatrists was around $150-$230 for an initial consultation during the 2018-2023 period. It was above $600 for psychiatrists who charge so-called extreme fees.[x]

Overall, people in wealthy communities get about a quarter more medical specialist services than poorer communities despite being healthier. Half of remote and very remote areas receive less than one specialist service per person a year. People in the wealthiest communities receive more than

double the number of psychiatry appointments as those in the poorest. Some Australians, such as First Nations People, miss out because there are no culturally safe options. And language barriers, transport difficulties, and other system factors can affect access to specialist care for people from culturally and linguistically diverse communities.[xi]

A mental health equity indicator published by researchers in 2024 showed Australians in very high mental distress received six times fewer Medicare-funded services (including psychiatry) in 2019 if they lived in the most disadvantaged areas of the country compared to those in the richest.[xii]

Mental health consumers describe a system where private medical specialists have shut books, or appointments in the public system take months or years to get. In some rural and remote areas, there aren't any specialists, even ones that visit. Consumers who need to travel several hours for a return appointment said it means time off work and finding money for fuel and sometimes accommodation.

The physical and mental toll on people with disabilities who travel long distances, especially if they have children, sometimes makes getting to appointments insurmountable. The Alliance has heard of consumers who've moved interstate in the hope of shorter wait times for specialists. The Canberra consumer said she was considering getting specialist treatment in an Asian country for her spouse for one of his conditions because there was a two-year waiting list in the capital.

A mental health consumer in regional Tasmania described as "shocking" having to wait up to 2 1/2 years to see a specialist in Launceston for what they called a 24/7 pain condition. When they finally saw the specialist through the public health system, they described the experience as traumatising, their pain minimised and then charged "like a wounded bull" for the service.

"Treatment fatigue"

Many mental health consumers have multiple health issues. For some, barriers to access and high costs combined with the stress of trying to navigate a dysfunctional system made it mentally and physically impossible to address all their concerns, something one consumer in NSW called "treatment fatigue".

Several consumers said the Disability Support Pension (DSP) was only helpful when they crossed a threshold that made specialist appointments affordable. It was the same with the Medicare Safety Net. But the five rebatable allied health appointments available under a Chronic Condition Management Plan each calendar year were used quickly by people with complex health conditions, who then faced out-of-pocket costs, they said.

Mental health consumers have their human rights breached as they contend with discrimination such as service refusal unless they pay up front. This applies especially to people on the Disability Support Pension (DSP), who are discriminated against because of their socioeconomic status. Some said specialists insist on keeping their credit/debit card details on file, which limits their options if they are unhappy with the service and could lead to a person's personal data being breached. Other consumers report being denied access to private specialists because they don't have private health insurance, the assumption being they can't afford it. "I think it's appalling they're asking for payment before they've provided the service," the NSW consumer said.

Other barriers include dysfunctional communication about referrals or being refused an appointment with no explanation given.

Second opinion out of reach

Some barriers are deeply personal. Consumers report poor psychological safety including repeated instances of medical misogyny, feeling

invalidated and dismissed, including not having concerns taken seriously. Intersectional mental health consumers experience compounding effects of discrimination. A consumer in metropolitan Western Australia said a diagnosis of borderline personality disorder (BPD) early in their adult life meant some psychiatrists refused to see them. While other clinicians had disputed the diagnosis, it was on their medical file, and they had experienced discrimination ever since.

A female consumer in regional WA said: "The misogyny I've experienced has been extreme. I went through private and public and all I wanted was to be validated and heard because I know there's no treatment for my condition. But the misogyny was terrible. I was constantly getting shut down, made out that I was making things up."

Mental health consumers should be entitled to a second opinion. This is out of reach for many because of cost, accessibility and the risk it will damage an existing relationship. When a Tasmanian consumer in a metropolitan area told her psychiatrist about the desire to seek a second opinion she had received from a psychiatrist via telehealth, the specialist was "very defensive and really didn't want to discuss it".

Recommendation 1: People with lived experience of mental health challenges must be able to access public mental health services, including psychiatry, when and where they need them. The Australian Government must ensure that people are not forced to pay unaffordable private fees because appropriate public services are unavailable.

Recommendation 2: The Australian Government should develop and fund a national psychiatry workforce plan, designed with mental health consumers, to increase the number and diversity of psychiatrists and ensure equitable access in rural, regional and remote communities. The plan should include transparent access targets and public reporting on whether consumers can obtain timely, culturally safe and trauma-informed care.

Recommendation 3: The Australian Government should work with states and territories to provide accessible and adequately funded travel, accommodation, childcare and support-person assistance for consumers who must leave their community to obtain specialist care. Eligibility and reimbursement processes should be simple, timely and designed with consumers, including people with disability and people experiencing financial hardship.

Recommendation 4: The Australian Government should work with states and territories and people with lived experience of mental health challenges to expand public outpatient psychiatry so consumers can obtain timely assessment, treatment, medication review and second opinions without being forced into unaffordable private care. Service planning and access targets should be developed with consumers and reported publicly in a consumer friendly way.

Recommendation 5: The Australian Government should fund an independent second-opinion pathway for mental health consumers, including access through telehealth where appropriate, without requiring permission from the treating specialist. Consumers must be able to seek another clinical view without financial penalty, unreasonable delay or fear that their existing care will be withdrawn or damaged.

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

Mental health consumers describe the system of referral pathways for consumers to access medical specialists as dysfunctional and opaque. They describe having appointments suddenly cancelled after they had waited months, having to chase information, getting little clarity and often

dealing with reception staff who were unhelpful or rude. This back and forth was disempowering, especially when some specialists required 12-month renewals for appointments. Simple things like 12-month medication reviews might need a fresh GP referral, which adds to the cost in the absence of bulk-billing. There was little transparency or communication within the public system around appointments.

"You're always on the back foot," said the Tasmanian consumer based in a metropolitan area. "You have to ask for everything, keep following up, referrals aren't there … They can change appointments with the drop of a hat, and you've been waiting months and organised your life around it, saving money."

Added the NSW consumer: "A busy service isn't an excuse not to get back to someone when something needs specialist input. That just makes things worse."

Recommendation 6: The Australian Government should work with the Australian Association of Peer Workers and mental health consumers to establish and fund independent peer navigation services for specialist medical care. Consumers should be able to choose peer support to understand referrals, appointments, fees and options; prepare for consultations; seek a second opinion; and raise concerns without fear that doing so will affect their care.

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

The average out-of-pocket cost for a non-bulk billed specialist consultation increased from A$46 in 2009–10 to $126 in 2024–25, or 11.9% per year. These are averages, so actual fees could be much higher and vary by specialty.[xiii] Indeed, one in 10 Australians was charged $400 in out-

of-pocket costs for their initial consultation with a psychiatrist, which is often only one of several professionals a person with mental health challenges sees for support.[xiv]

A study published in 2022 on out-of-pocket payments for Medicare mental health services provided by GPs, psychiatrists and psychologists showed out-of-pocket payments for mental health care has risen consistently over the 2013–21 period. These payments are a barrier to accessing treatment for people with chronic health conditions, making people with mental health challenges more likely to skip care and that this effect has been found to be stronger in Australia than other countries.[xv]

The national survey of more than 4,000 Australians found 30% have delayed or cancelled specialist care due to cost in the past three years. This rises to one-in-two families with multiple children managing long-term health conditions. The survey - by Private Healthcare Australia (PHA), the private health insurance industry's peak representative body - showed people are experiencing widespread bill shock and hidden fees when accessing community-based specialist care psychiatrists, surgeons and cardiologists. Families, young people and regional Australians are hardest hit. Among other things, the survey found.[xvi]

- One-in-two people did not know the fee for their specialist appointment before attending;
- 38% received a bill they were not expecting;
- 55% received a bill larger than expected;
- 29% were charged illegal 'administration' or 'booking fees' not visible through Medicare, and;
- 18% were asked to pay non-refundable deposits before their appointment.

The consequences of this aligns with our findings: all consumers consulted by the Alliance during the focus group meeting on June 15 had either delayed or opted not to see a medical specialist in the last 12 months because of out-of-pocket costs.

"Profiting" off the suffering of people

Several consumers referred to the fees charged by psychiatrists as "predatory", especially given overall dissatisfaction with service quality and the time it had taken to get an appointment. Other costs consumers raised include the costs of tests and scans not covered by Medicare, travel costs and paying for childcare to attend appointments.

A consumer in the Northern Territory, referring to fees charged by psychiatrists, said: "It's predatory. It's highly educated, very privileged people profiting off the suffering of people who haven't had good social and emotional wellbeing, nor good socioeconomic circumstances."

Consumers reported feeling ashamed and embarrassed at not being able to afford specialist fees, at having to rely on community pantries, food banks and relief services to access specialist care.

The consumer in metropolitan WA, who is on the DSP, said: "Fifty-five percent of my income goes to rent. It's literally trying to figure out what bills you can split or defer, or which charity and relief services can help cover things. When you're living with complex health and mental health, it's amazing so many of us are still alive."

All consumers consulted by the Alliance during the focus group consultation wanted specialist fees capped, but said this needed to be done while addressing their concerns around service quality. One of their top concerns was psychologically safe care with trauma-informed specialists who can work across diverse groups, including Aboriginal and

Torres Strait Islander communities. "Access to inappropriate care is far more dangerous for me than no care at all," said the NSW consumer.

People with complex health concerns also need adequate time with a specialist, and access to case conferencing with their medical team. Some consumers expressed concern that capping fees would be a disincentive for professionals to enter certain fields while doctors should be incentivised to specialise in under-resourced areas.

"We're approaching a breaking point," said the consumer in metropolitan WA. "These costs are leading to people's conditions getting worse. This will lead to far more costs to the health system. Far more cost to our quality of life and our loved ones and support systems. We deserve to access these things without a significant burden to our health and life."

Recommendation 7: The Australian Government should cap excessive specialist medical fees and require specialists to disclose the total likely cost of care before a consumer agrees to an appointment. Fee reform must be developed with consumers and accompanied by safeguards for timely access, psychologically safe and trauma-informed care, adequate consultation time, continuity of care and access to second opinions.

Specialists fee increases should be capped to a certain percentage so consumers can be assured they can continue receiving the support into the future.

Recommendation 8: People with lived experience of mental health challenges must have access to psychologically safe care with trauma-informed specialists who can work across diverse groups, including Aboriginal and Torres Strait Islander communities, that is available in the public system at no cost to the consumer.

Recommendation 9: The Australian Government should significantly increase the number of rebated appointments available under the Chronic Condition Management Plan and allow the number and mix of

services to reflect each consumer's needs. People with lived experience of multiple health challenges should not have to ration care, skip essential appointments or choose between treatment and basic living costs once five appointments are exhausted.

The number of rebateable appointments under the Chronic Condition Management Plan needs to be increased significantly from five.

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

Mental health consumers forced to delay specialist treatment because of cost, lack of access and long wait times suffer symptom deterioration, present to hospital emergency and face poorer employment and life outcomes Consumers get locked into a never-ending cycle of skipping meals and relying on charitable organisations to pay out-of-pocket specialist fees.

Australians wait an average 77 days (11 weeks) for their first appointment with a psychiatrist outside a public hospital, with some waiting as long as eight months.[xvii] As the authors of this research noted, such delays can have "serious consequences" for mental health consumers with lived experience of schizophrenia, ongoing depression, and bipolar disorder.[xviii]

Hospitals are expensive and traumatic places to provide mental health support. Yet more people are seeking care for their mental health in emergency departments, they are arriving sicker (according to their triage category), and they wait longer for care.[xix]

Mental health consumers don't trust the specialist medical system to have their best interests at heart. The public health sector is opaque, hard to navigate, while the private system is profit driven. Terms such as "patient-

centred care" are seen as lip service, especially for people with complex needs. Mental health consumers feel abandoned, marginalised, and unseen. We want to be treated as human beings with the same rights as any other Australian.

These systemic barriers leave mental health consumers deeply exhausted and burnt out. Many feel they are a burden to the people they rely on. We want to be met with compassion, gentleness and curiosity—not forced to fight for services that the government says Medicare provides to everyone, regardless of where they live or how much money they have.

On top of that, consumers find it hard to complain about specialist medical services because of the power imbalance, lack of understanding of how to make a complaint and a sense, or indeed knowledge, that nothing will change. "I could have complained to AHPRA (Australian Health Practitioner Regulation Agency), but I didn't feel like it would achieve anything because of the power dynamic," said the WA regional consumer.

Added the consumer in metropolitan Tasmania: "It's the bigger picture effect of the biomedical model, not acknowledging the harm done. This is not just on immediate family, it's intergenerational. It puts pressure on the crisis system because things get delayed. The lack of accountability, the lack of access impacts everything … We need to get through to the government that we can't just isolate one thing (fees). Everything is related."

Recommendation 10: The Australian Government should establish simple, accessible, independent and safe ways for mental health consumers to provide feedback or make complaints about specialist care without fear of losing access to treatment or lack of confidence that the complaint will go anywhere.

Questions, processes and measures used should be co-designed with mental health consumers; mental health consumers should be able to

respond anonymously or with support; and services should be required to report publicly in consumer known and consumer centric ways on themes, actions and improvements arising from that feedback. A lack of complaints should NOT assume that everything is working well.

Recommendation 11: The Australian Government should establish national consumer-led standards for specialist referral pathways across public and private services. Consumers must receive timely confirmation that a referral has been received, clear information about eligibility, likely waiting times, fees and next steps, prompt notice of cancellations or changes, and an explanation when a referral or appointment is refused. Consumers should not bear the burden of repeatedly chasing providers to find out whether they can access care.

Recommendation 12: The Australian Government should prohibit specialist services from refusing care solely because a consumer does not have private health insurance and should regulate demands for full payment or non-refundable deposits before care is provided. Services should not retain consumers' credit or debit card details as a condition of access. Any advance payment arrangements must be transparent, proportionate and accompanied by accessible hardship, instalment and exemption options.

Conclusion

The Alliance welcomes the Inquiry by the House of Representatives Standing Committee on Health, Aged Care and Disability. Excessive specialist fees demand urgent action, but consumers' experiences show that affordability cannot be separated from availability, accessibility, safety, quality and accountability. A narrow response focused on fees alone will not fix a system in which people wait months or years to see a specialist psychiatrist, travel long distances, struggle through opaque referral pathways, forgo essential care and feel unable to speak up when care causes harm.

We are concerned the public debate is focusing largely on fees, illustrated by news headlines such as: Australia's medical specialist fees are 'out of control', Mark Butler says. Here's why, and how to fix it[xx]; 'Out of control' specialist fees will be Labor's next health priority[xxi]; Doctors accuse Butler of playing 'blame game' over specialists' fees[xxii]; Specialist doctors are charging too much. 4 options to rein in excessive fees[xxiii].

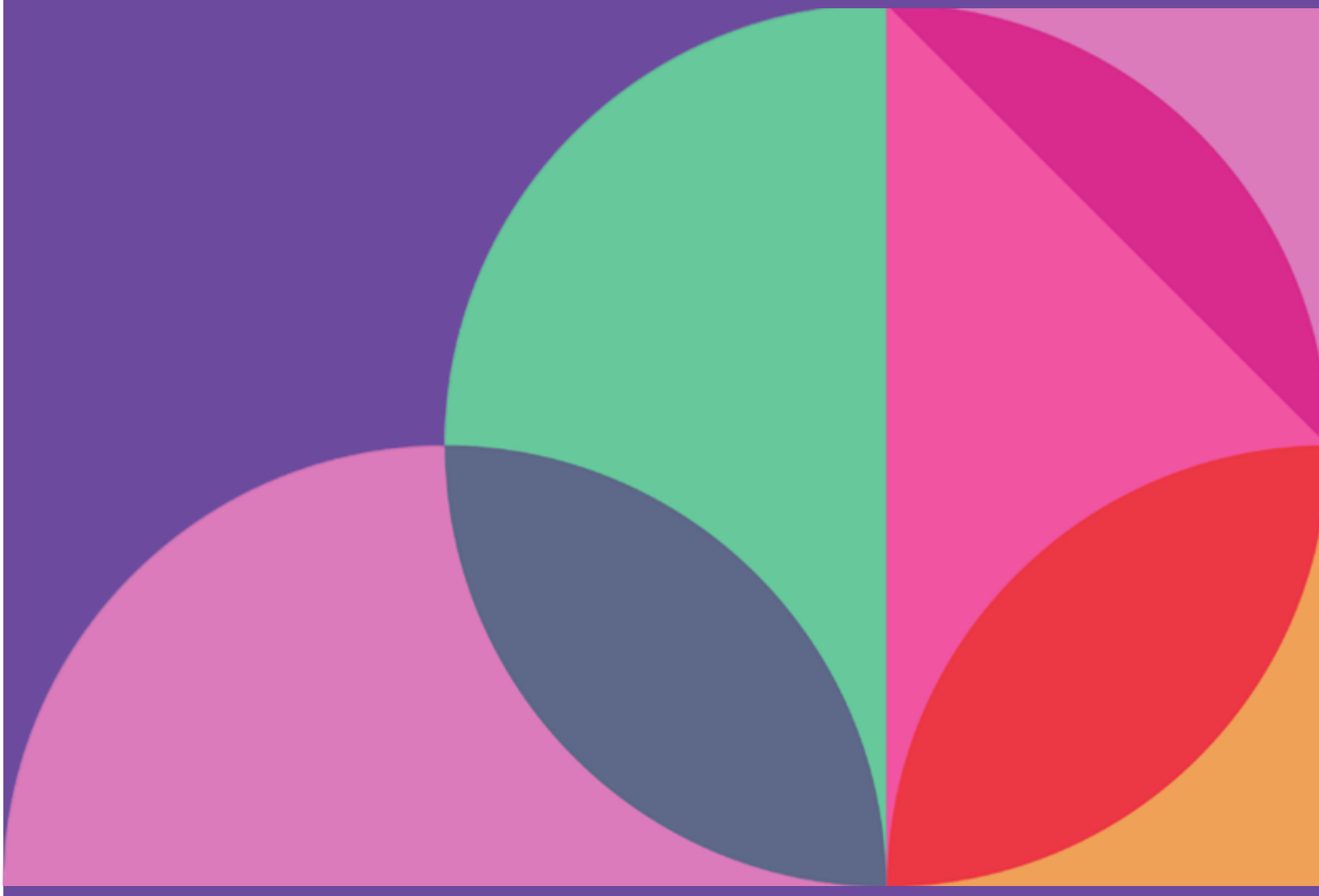
The message from mental health consumers is clear: specialist care must be available when and where it is needed, affordable without financial hardship, psychologically and culturally safe, and accountable to the people who rely on it. The Australian Government must work with states and territories—and with consumers as equal partners—to implement the recommendations in this submission as a coordinated package of reform.

People with lived experience should not have to exhaust themselves fighting for care. They deserve a specialist system that listens, responds and delivers on Medicare's promise of equitable access for every Australian.

Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience. We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

Nothing about us without us.



Endnotes

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