

Children face extensive wait times for costly private mental health support

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Parents are facing extensive wait times and substantial out-of-pocket costs when seeking private mental health support for their children, according to a new study.

The research led by the Murdoch Children's Research Institute (MCRI) and published in the *Journal of Pediatrics and Child Health*, has highlighted the strain on private mental [health](#) practices, finding one third were closed to new referrals.

The research team expressed concern about the impact of COVID-19 on already stretched [mental health services](#), with many [vulnerable children](#) potentially going without support.

The study found average wait times for pediatricians, psychiatrists, and psychologists were 44, 41, and 34 days, respectively. Average out-of-pocket costs for an initial appointment were \$120 for pediatricians, \$176 for psychiatrists and \$85 for psychologists. A third were closed to new referrals and only 43 percent could offer an appointment with the requested clinician.

MCRI Dr. Melissa Mulraney said this was the first objective Australian study on wait times and costs incurred by families seeking private sector care for their child with mental health problems.

In the secret shopper-style study of 317 private practices across Victoria and South Australia, researchers posed as a parent seeking an appointment for their child with anxiety or ADHD. The study was designed in consultation with the industry and was tailored to anxiety and ADHD, the two most common child mental health problems.

One in seven Australian children aged four to 17 years has a mental health disorder. But of these, only half had accessed mental health services.

Dr. Mulraney said long wait times and high costs were the most common reasons given by parents for not seeking mental health services for their child.

Pediatrician and MCRI Professor Harriet Hiscock said while all families faced substantial out-of-pocket costs, the price was particularly likely to prevent low socio-economic status families from accessing ongoing care.

"We need a larger and more equitably distributed child mental health workforce, as well as salaried clinicians who can provide low or no cost child mental health services to ensure timely, appropriate and affordable support," she said.

Professor Hiscock said more funding for the public mental health sector would clear a backlog of patients and see less families seeking help from private practices.

She said there was a shortage of child mental health specialists, especially for children under 12 years of age.

"Efforts to encourage training in the child mental

health workforce are needed such as raising quotas and adding incentives for medical students to complete specialist training in child psychiatry," she said. "Financial incentives and employment security would improve and increase services across rural and low socio-economic status regions."

Professor Hiscock said a shared care model should be considered for Victoria where GPs work with [child](#) mental health specialists to co-manage children with [mental health problems](#).

"This model is being piloted in Queensland for children with ADHD, with initial promising results," she said. "Developing and testing new care models that upskill our existing workforces should be a priority, especially as mental distress has risen sharply for children and adolescents during the COVID-19 pandemic. Children and adolescents are increasingly seeking help for high levels of anxiety, depression and sleeplessness. The pandemic is increasing demand on mental health services and we expect [children](#) to continue presenting with COVID-related mental health issues for some time, even as restrictions are eased," she said.

More information: Melissa Mulraney et al. How long and how much? Wait times and costs for initial private child mental health appointments, *Journal of Pediatrics and Child Health* (2020). [DOI: 10.1111/jpc.15253](#)

Provided by Murdoch Children's Research Institute

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