



**PAIN LIVES HERE**

# **2026 NATIONAL PAIN REPORT**

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# Chairperson's Foreword

**This year marks a pivotal moment for chronic pain in Australia.** Led by Chronic Pain Australia, consumer organisations and peak bodies united to establish the National Pain Alliance, creating a stronger national voice for reform. The Faculty of Pain Medicine launched the Australian Standards for Health Practitioner Pain Management Education, and Arthritis Australia secured a landmark \$100 million investment in musculoskeletal and arthritis research. These achievements demonstrate the growing recognition that **pain lives here** – in our homes, workplaces and communities – and deserves national attention.

At the same time, Australia lost one of its most important sources of pain data. The decommissioning of the electronic Persistent Pain Outcomes Collaboration (ePPOC) has left a significant gap in our understanding of people attending specialist pain services.

For 12 years, the National Pain Report has documented the lived experience of Australians living with chronic pain. More than 6,000 people contributed to this year's report, making it Australia's only national dataset capturing the lived experience of chronic pain. We remain committed to ensuring these voices continue to inform policy, research and health systems reform.

**“Chronic pain is draining, life changing and invisible. It has changed my ability to work, my relationships and my family life.”**

— National Pain Report respondent

The findings are clear. Too many Australians wait years for a diagnosis, struggle to access affordable care, leave the workforce, or feel dismissed when seeking help. We describe this as **Australia's National Pain Gap** – the gap between the impact chronic pain has on millions of Australians, and the way it is recognised, measured and responded to.

Australia counts cancer. Australia counts diabetes. Australia counts heart disease. **It is time Australia counted chronic pain.** Without national health data, governments cannot fully understand the impact of chronic pain, plan the services people need, or measure whether care is improving. That is why this report matters.

Our aim is that each National Pain Report should tell a better story than the last. As you read this report, I encourage you to listen to the voices behind the data and support our **Make Pain Count petition**. Recognising chronic pain within Australia's health data is the first step towards ensuring it is recognised within Australia's health system.

What Australia does not count, Australia cannot change.



*N Ellis*

**Nicolette Ellis**

Chairperson

Chronic Pain Australia

# Acknowledgement

Chronic Pain Australia acknowledges the Traditional Custodians of the lands on which we live, work, and walk. We pay our deep respects to Elders past and present, and recognise the strength, resilience, and enduring connection of Aboriginal and Torres Strait Islander peoples to Country, culture, and community.

We acknowledge that pain is experienced not only physically, but also through the intergenerational impacts of colonisation, dispossession, and systemic disadvantage. We honour the voices of First Nations people living with pain and commit to listening, learning, and working in partnership to improve access to culturally safe, holistic pain care.





# Executive Summary

The 2026 National Pain Report draws on responses from 6,059 Australians, including people living with chronic pain and a small number of carers and family members. Unless otherwise stated, the findings presented throughout this report relate to respondents living with chronic pain. Their stories reveal that chronic pain reaches far beyond healthcare, shaping people's ability to work, study, care for their families, participate in their communities and maintain their mental wellbeing.

The findings of this report provide evidence of what Chronic Pain Australia describes as **Australia's National Pain Gap** - the disconnect between the scale and impact of chronic pain and how it is recognised, measured and responded to across Australia's health system.

Despite affecting 5.4 million Australians, chronic pain remains largely invisible within Australia's national health data. Unlike many other chronic conditions, chronic pain is not consistently identified or reported as a condition in national health datasets. As a result, Australia cannot accurately measure its prevalence, understand its impact, plan services, direct investment or evaluate whether care is improving over time.

## Key Findings

The 2026 National Pain Report reveals six consistent findings:

### Pain is reducing Australians' ability to work

**57%** reported that chronic pain had affected their ability to work.

**42%** had stopped working because of chronic pain.

### Cost is preventing access to care

**72%** identified cost as a barrier to accessing healthcare.

**63%** identified healthcare and medicine costs as their greatest concern.

### Australians are waiting too long for evidence-based pain care

**40%** waited more than three years to receive a diagnosis.

**52%** were never referred to either a multidisciplinary pain management program or a private pain specialist.

## Earlier onset chronic pain is associated with poorer outcomes across life

**38%** developed chronic pain before the age of 25.

Respondents whose pain began before age 25 were almost twice as likely to wait more than three years for a diagnosis and consistently reported greater pain complexity, financial hardship and poorer wellbeing.

## Chronic pain has a profound impact on wellbeing

**86%** reported that chronic pain had a **high impact** on their lives (*impact score of 80 out of 100 or higher*).

**80%** experienced sleep disturbances, making it the most commonly reported impact of chronic pain.

**1 in 3** respondents reported thoughts of taking their own life.

**71%** experienced mental health issues after developing chronic pain.

## People living with chronic pain continue to feel unheard

**58%** felt ignored or dismissed when seeking healthcare

Many also reported stigma from healthcare professionals, family members and the broader community.

These findings show that chronic pain is not simply a health issue. It is a workforce issue, a cost-of-living issue, a mental health issue and an equity issue.

The National Pain Report is more than an annual survey. It provides a national benchmark for measuring the lived experience of chronic pain and the consequences of Australia's National Pain Gap. Future reports should demonstrate not only the experiences of Australians living with chronic pain, but the progress we are making in addressing that gap.





# Pain Lives Across Australia

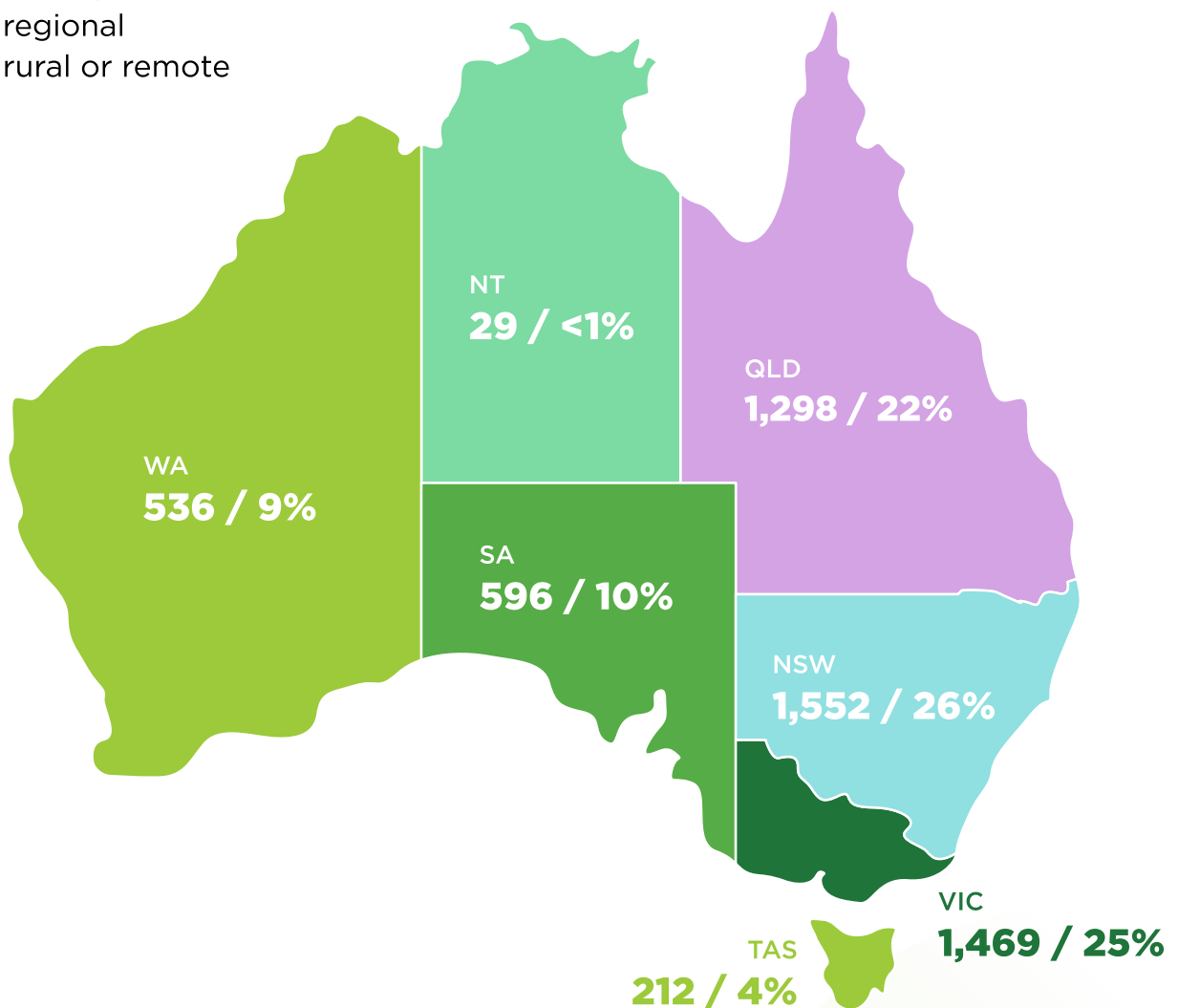
**6,059**  
**Australians**

**contributed to the 2026 National Pain Report.**

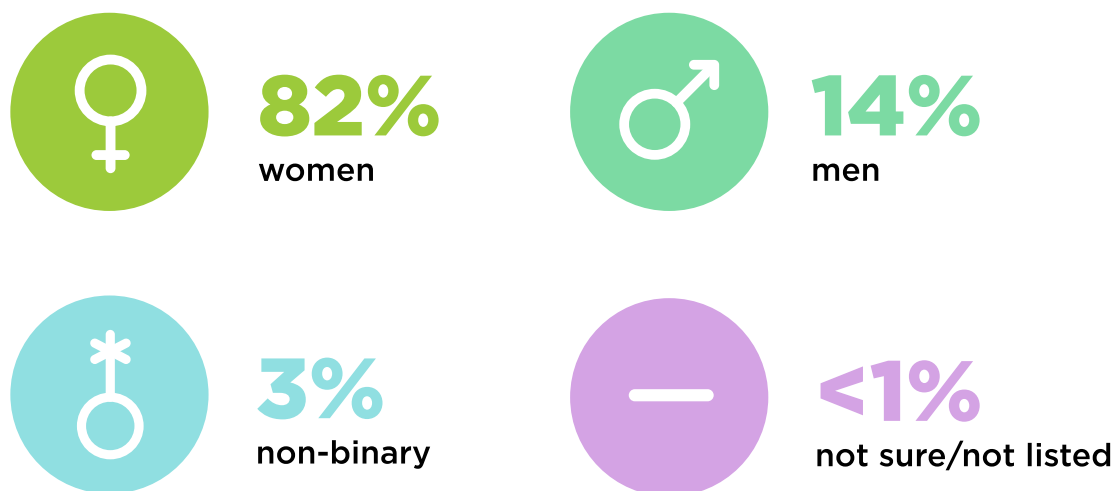
Australia's largest consumer-led report of people affected by chronic pain.

## Australia-wide Participation

**67%** metropolitan  
**32%** regional  
**1%** rural or remote



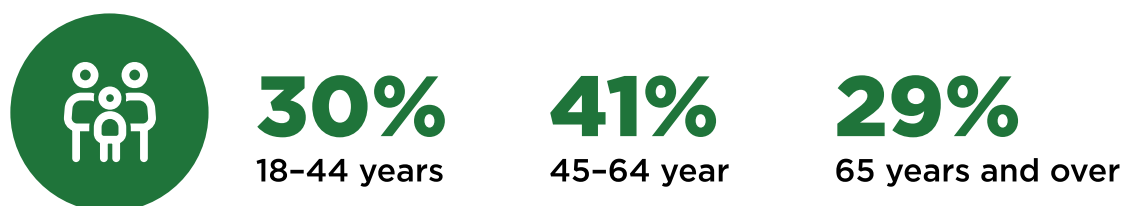
## Respondent Profile



## Priority Populations



## Age Profile



Nearly **one in three** respondents were **under 45** years of age, demonstrating that chronic pain is not just a condition of older Australians.



# Pain Lives **With Complexity**

# 4

**Median number of pain types experienced.**

## 62%

experienced **four or more** pain types.

## 33%

experienced **six or more** pain types.

## 11%

reported a **single** pain type.

Chronic pain rarely affects a single part of the body. Most respondents experienced **multiple** overlapping pain types.

## Most Common Pain Types

**61%** Joint pain

**46%** Neck pain

**38%** Widespread pain

**25%** Pelvic pain

**16%** Connective tissue disorder pain

**10%** Other pain type

**66%** Back pain

**49%** Nerve pain

**40%** Migraine/headache

**37%** Osteoarthritis

**22%** Abdominal pain

**11%** Rheumatoid arthritis

**7%** Complex Regional Pain Syndrome (CRPS)



## Chronic Pain Rarely Exists Alone

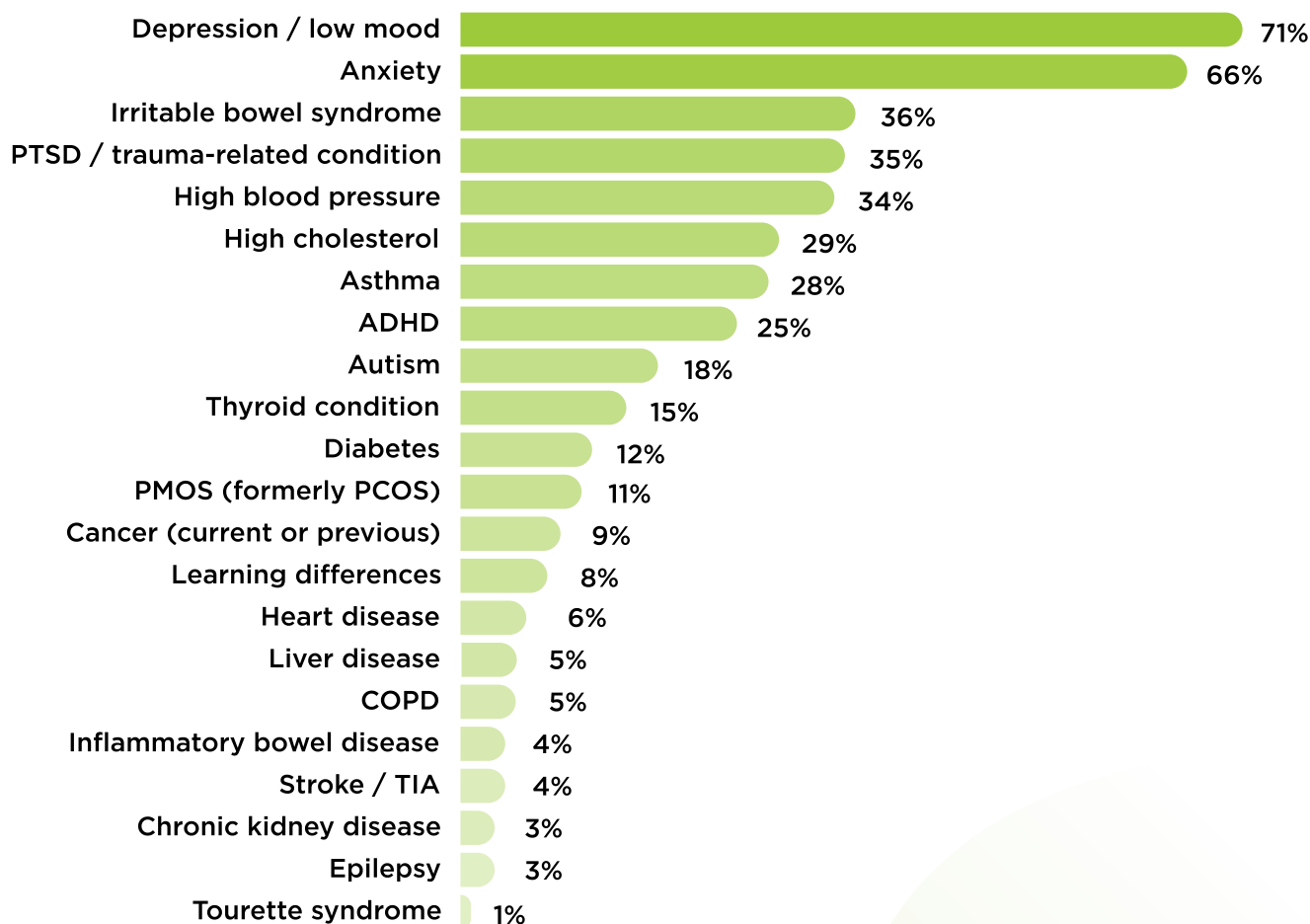
**74%** reported **two or more additional long-term health conditions**

**27%** reported **four or more** additional long-term health conditions.

**2%** reported **six or more** additional long-term health conditions.

Chronic pain rarely occurs in isolation. Nearly **three in four** respondents reported living with **two or more** additional long-term health conditions, highlighting the complexity of treatment and the importance of coordinated, multidisciplinary care.

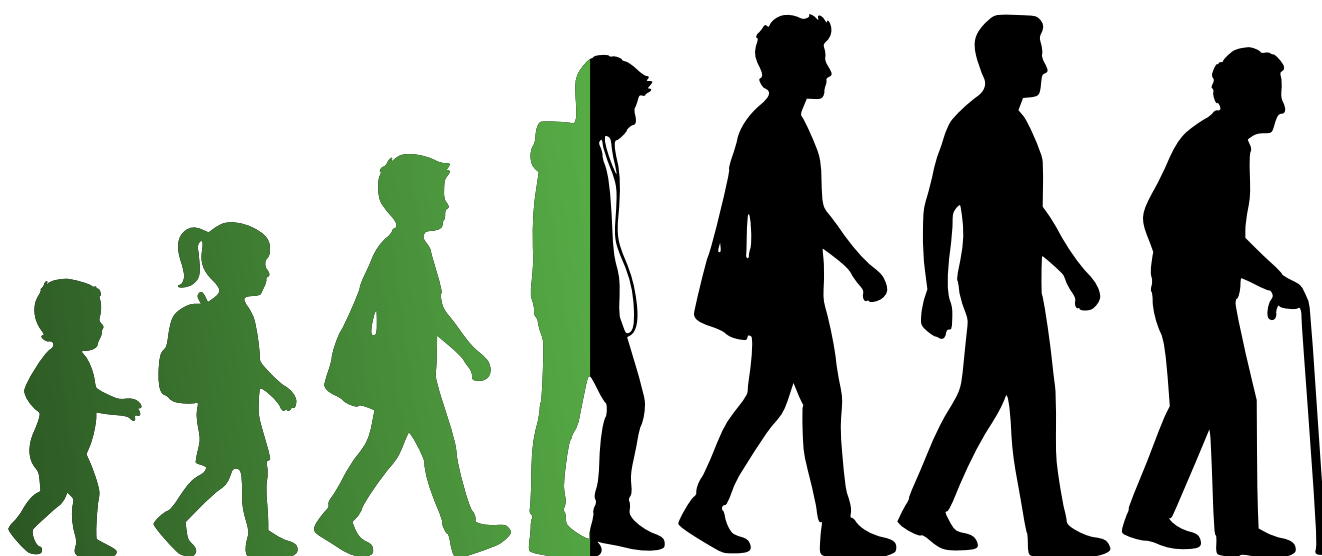
### Most Common Co-occurring Conditions:



# Insights

## Pain Often Begins Early

**38%** developed chronic pain before the age of 25.



Respondents whose pain began before 25 years of age reported:

**5**

average pain types compared with a median of **4** pain types across all respondents.

**73%**

experienced **four or more** pain types compared with **62%** of respondents overall.

**57%**

waited **more than three years** for a diagnosis, compared with **40%** of respondents overall.

Earlier onset of chronic pain was associated with greater pain complexity and substantially longer delays to diagnosis, reinforcing the importance of early recognition and intervention.



## Pain is becoming harder to manage.

During the past 12 months

**59%**

said their pain increased.

**31%**

reported no change.

**8%**

said their pain became manageable.

**2%**

reported their pain decreased.

**<1%**

reported their pain had resolved.

Most respondents reported their pain had either worsened or remained unchanged over the previous year.

## Neurodivergence deserves greater attention

**One in four** respondents reported **ADHD** and almost **one in five** reported **autism**.



Respondents reporting **ADHD** or **autism** experienced:

**5.6**

average pain types.

**6.5**

average additional chronic conditions.

**75%**

developed chronic pain before the age of 25.

**55%**

waited more than three years for a diagnosis.

**82%**

reported feeling ignored or dismissed when accessing healthcare.

Neurodivergent respondents reported earlier onset, greater complexity and longer diagnostic delays, highlighting an important area for future research, clinical care and service design.

# Pain Lives In Workplaces

Chronic pain affects whether people can work, how many hours they can sustain and how fully they can participate in their role. Some respondents had left work because of pain, while others remained employed through reduced hours, modified duties or lower productivity.

**42%** had stopped working because of chronic pain.

**57%** reported that chronic pain had affected their ability to work.

**44%** reported reduced productivity while at work.

**27%** continued working with reduced hours, modified duties or both.

## Greater pain complexity was associated with workforce exit

The likelihood of leaving the workforce increased as pain became more complex.

**43%** among those reporting **one to three** pain types.

**55%** among those reporting **four or more** pain types.

**58%** among those reporting **six or more** pain types.

## Earlier pain affects working life

Respondents whose pain began before age 25 reported greater disruption to their working lives, particularly reduced productivity.

**66%** inability to work, compared with **57%** among those whose pain began at 25 or older.

**61%** reduced productivity at work, compared with **37%**.

Earlier onset of chronic pain was associated with greater disruption to education, career development and long-term workforce participation.

## LGBTQIA+ Australians

Compared with non-LGBTQIA+ respondents:

**65%**

reported reduced productivity at work, compared with **41%**.

**70%**

experienced financial strain, compared with **59%**.

**44%**

had gone without at least one essential because of cost, compared with **31%**.

These findings suggest LGBTQIA+ respondents experienced a greater intersection of chronic pain, financial hardship and workforce disruption.

## Culturally and Linguistically Diverse Australians

Respondents from culturally and linguistically diverse backgrounds were more likely to report reduced productivity at work than other respondents.

**57%**

reported reduced productivity at work, compared with **44%**.

This suggests chronic pain may have a greater impact on workforce participation for culturally and linguistically diverse Australians.

“

*I'm still working, but it is hard. I spend my evenings and weekends recovering so I can work again.*

— National Pain Report respondent





# Pain Lives In Household Budgets

Chronic pain places ongoing pressure on household budgets. For many respondents, the cost of healthcare and medicines affected not only their access to treatment but also everyday spending on food, clothing and other essentials.

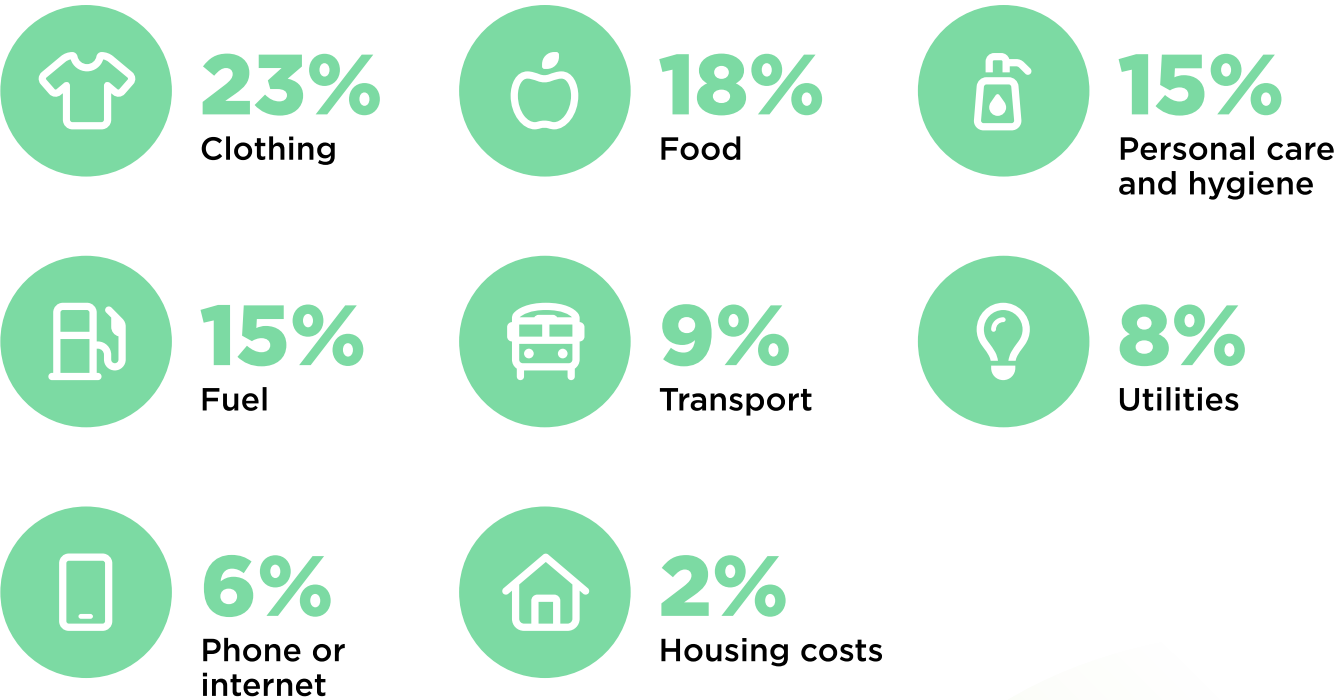
**72%** identified cost as a barrier to accessing healthcare.

**63%** identified healthcare and medicine costs as their greatest concern related to living with chronic pain.

**41%** went without at least one essential household item to afford healthcare or medicines.

**33%** went without two or more essential household items.

## What People Went Without



## Household Income

**47%**

reported household incomes of less than **\$1,000 per week**.

**63%**

reported household incomes below **\$1,500 per week**.

Many respondents were already living on relatively modest household incomes before accounting for the additional costs associated with chronic pain. Notably, almost half reported household incomes below **\$1,000 per week**, which is below the estimated poverty threshold for many Australian family households and well below median household income levels.<sup>1</sup>

## LGBTQIA+ Australians

Compared with non-LGBTQIA+ respondents:

**70%**

experienced financial strain, compared with **59%**.

**44%**

went without at least one essential household item, compared with **31%**.

These findings suggest that financial hardship associated with chronic pain may be amplified for LGBTQIA+ Australians, highlighting the intersection between health, employment and cost-of-living pressures.

<sup>1</sup> For comparison, the ACOSS-UNSW Poverty in Australia 2025 report estimates the poverty line (after housing costs) at **\$584 per week for a single adult** and **\$1,226 per week for a couple with two children**, based on 50% of median household disposable income.

“

***Every day is different. It doesn't just affect the person in pain—it affects the whole family.***

— National Pain Report respondent

# Pain Lives In Waiting

For many Australians, living with chronic pain means living with uncertainty. Delays in diagnosis, difficulty accessing appropriate care and barriers to multidisciplinary pain management continue to shape people’s experiences and outcomes. The 2026 National Pain Report shows that many respondents are waiting not only for answers, but for access to the care and support that could help them manage their pain earlier and more effectively.

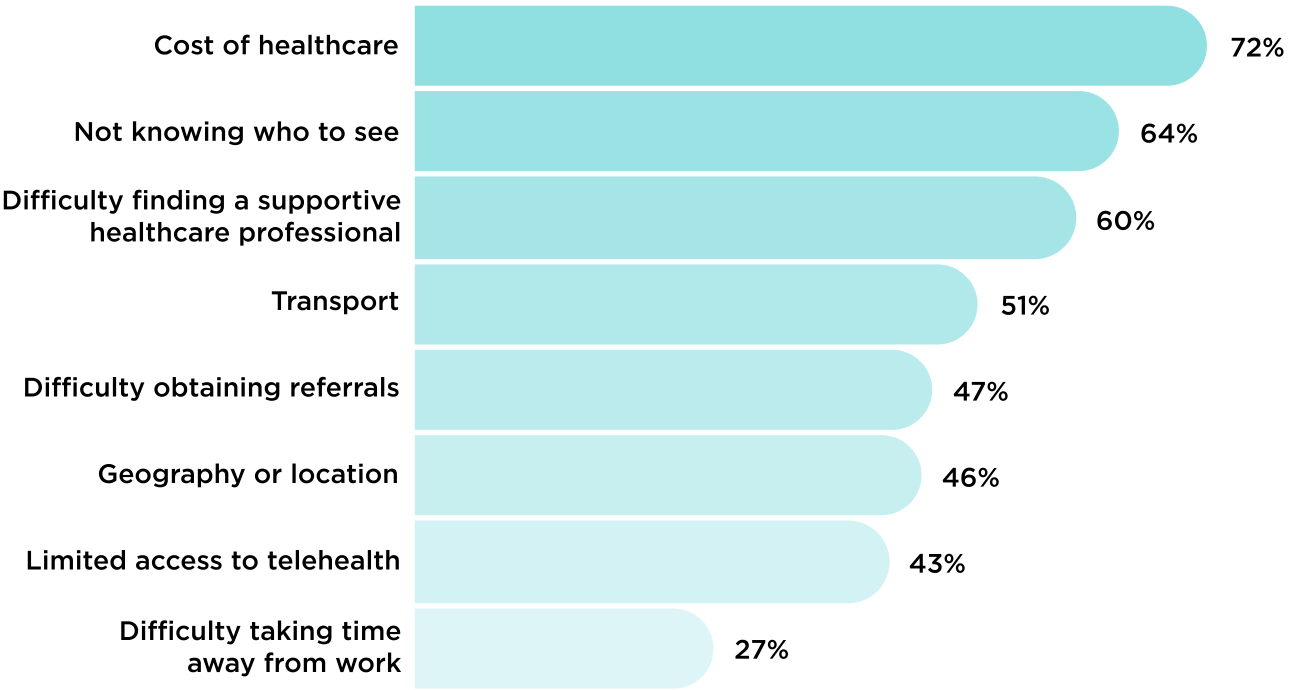
**52%** were never referred to either a multidisciplinary pain management program or a private pain specialist.

**72%** identified cost as a barrier to accessing healthcare.

**40%** waited more than three years to receive a diagnosis of chronic pain.

**57%** of respondents whose pain began before the age of 25 waited more than three years for a diagnosis.

## Barriers to Accessing Healthcare





## Access to Multidisciplinary Pain Care

More than half of respondents (**52%**) were never referred to either a multidisciplinary pain management program or a private pain specialist. Among the 1,382 respondents who were referred to a multidisciplinary pain management program, referral did not always result in timely access to care:



## Earlier onset pain was associated with longer waits for diagnosis

People whose chronic pain began before the age of 25 were nearly twice as likely to experience a delayed diagnosis.

Among respondents whose pain began before age 25, 57% waited more than three years for a diagnosis, compared with 29% of those whose pain began at age 25 or later.

This highlights the importance of recognising chronic pain early and ensuring timely access to appropriate assessment and care, regardless of age.

## Culturally and Linguistically Diverse Australians

Respondents from culturally and linguistically diverse backgrounds were more likely to report difficulties navigating the health system than other respondents.



These findings suggest that culturally appropriate information, clearer referral pathways and improved navigation support could help reduce barriers to accessing pain care.



“

***As a female, it has been impossible to be believed and not be dismissed as a psych case.***

— National Pain Report respondent





# Pain Lives Across a Lifetime

Chronic pain does not always begin later in life. More than one-third of respondents developed chronic pain during childhood, adolescence or early adulthood. Their experiences show how pain that begins early and remains unrecognised or inadequately treated can affect health, education, employment and financial security across a lifetime.

**38%**  
developed chronic pain  
before the age of 25.

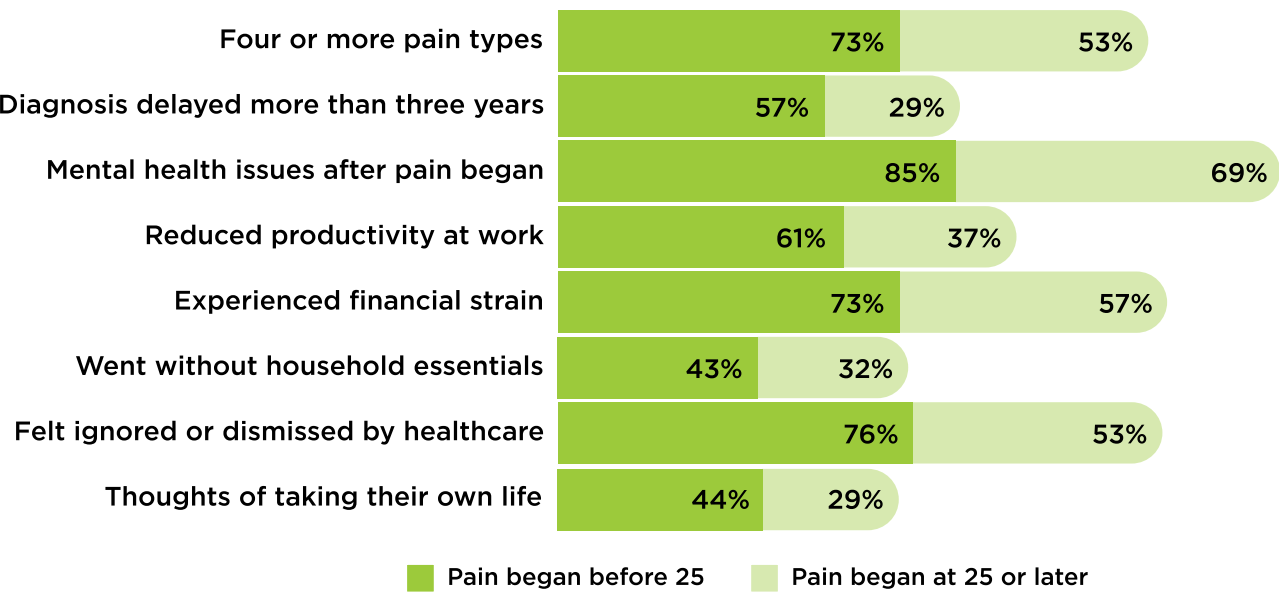
**5.3**  
was the average number of pain types  
reported by respondents whose pain  
began before age 25, compared with 3.9  
among those whose pain began later.

**57%**  
of respondents whose pain began  
before age 25 waited more than  
three years for a diagnosis.

**85%**  
of respondents whose pain began before  
age 25 experienced mental health issues  
after their pain began.

## Earlier onset was associated with poorer outcomes

Respondents whose chronic pain began before the age of 25 consistently reported poorer outcomes across multiple areas of life, including greater pain complexity, longer diagnostic delays, poorer mental health, increased financial hardship and more negative experiences accessing healthcare.







These findings highlight the importance of recognising and responding to chronic pain early to reduce its long-term impact across education, employment, health and wellbeing.

## Pain Beginning in Childhood

Among respondents whose chronic pain began before age 18:

**62%**

waited more than three years for diagnosis.

**76%**

experienced four or more pain types.

**46%**

reported thoughts of taking their own life.

**45%**

went without at least one essential to afford healthcare or medicines.

**78%**

felt ignored or dismissed when accessing healthcare.

When chronic pain begins in childhood, delayed recognition can affect formative years of education, social development and entry into the workforce. Earlier identification and age-appropriate care may help prevent the consequences of pain from extending across a person's lifetime.



## Neurodivergence

One in four respondents reported ADHD and almost one in five reported autism. Compared with other respondents, neurodivergent respondents were more likely to:

**75%**

develop chronic pain before age 25.

**5.6**

average number of pain conditions reported.

**6.5**

average number of co-occurring conditions.

**55%**

wait more than three years for diagnosis.

**82%**

feel ignored or dismissed by healthcare.

Neurodivergent respondents experienced earlier onset, greater pain complexity and longer delays to diagnosis, highlighting an important area for future research, clinical care and service design.

*Comparisons are descriptive and show associations within the survey cohort. They do not establish that early-onset pain directly caused the outcomes reported. Percentages are based on respondents who answered the relevant questions.*

“

**People told me it was all in my head. Don't stop believing your own experience.**

— National Pain Report respondent

# Pain Lives In Wellbeing

Living with chronic pain affects far more than physical health. The report findings show chronic pain has a profound impact on people's emotional wellbeing, quality of life and ability to participate in everyday activities. These impacts are often compounded by delayed diagnosis, barriers to care and the cumulative effects of living with persistent pain over many years.

**86%**

reported that chronic pain had a high impact on their lives.

**80%**

experienced sleep disturbances.

**71%**

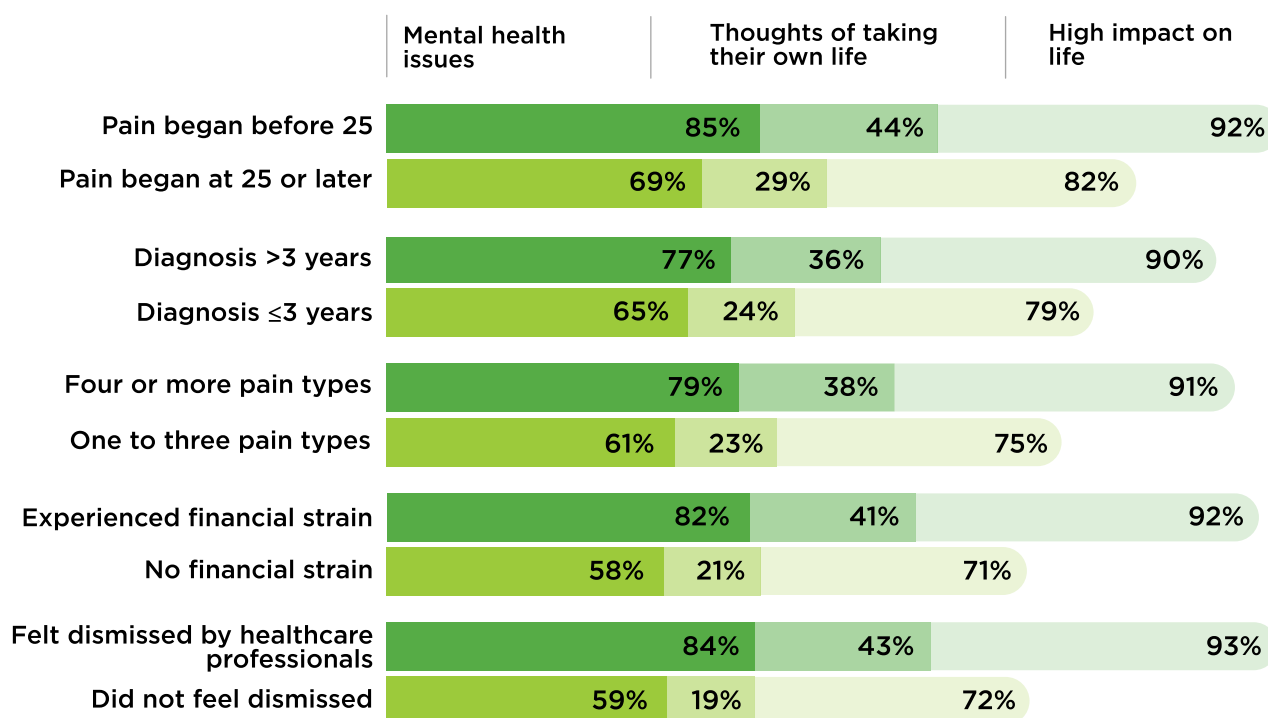
reported developing mental health issues after chronic pain began.

**33%**

reported thoughts of taking their own life.

## Factors Associated with Poorer Wellbeing

The report identified several factors consistently associated with poorer wellbeing. Respondents experiencing these factors were more likely to report mental health issues, thoughts of taking their own life and a high impact of chronic pain on daily life.





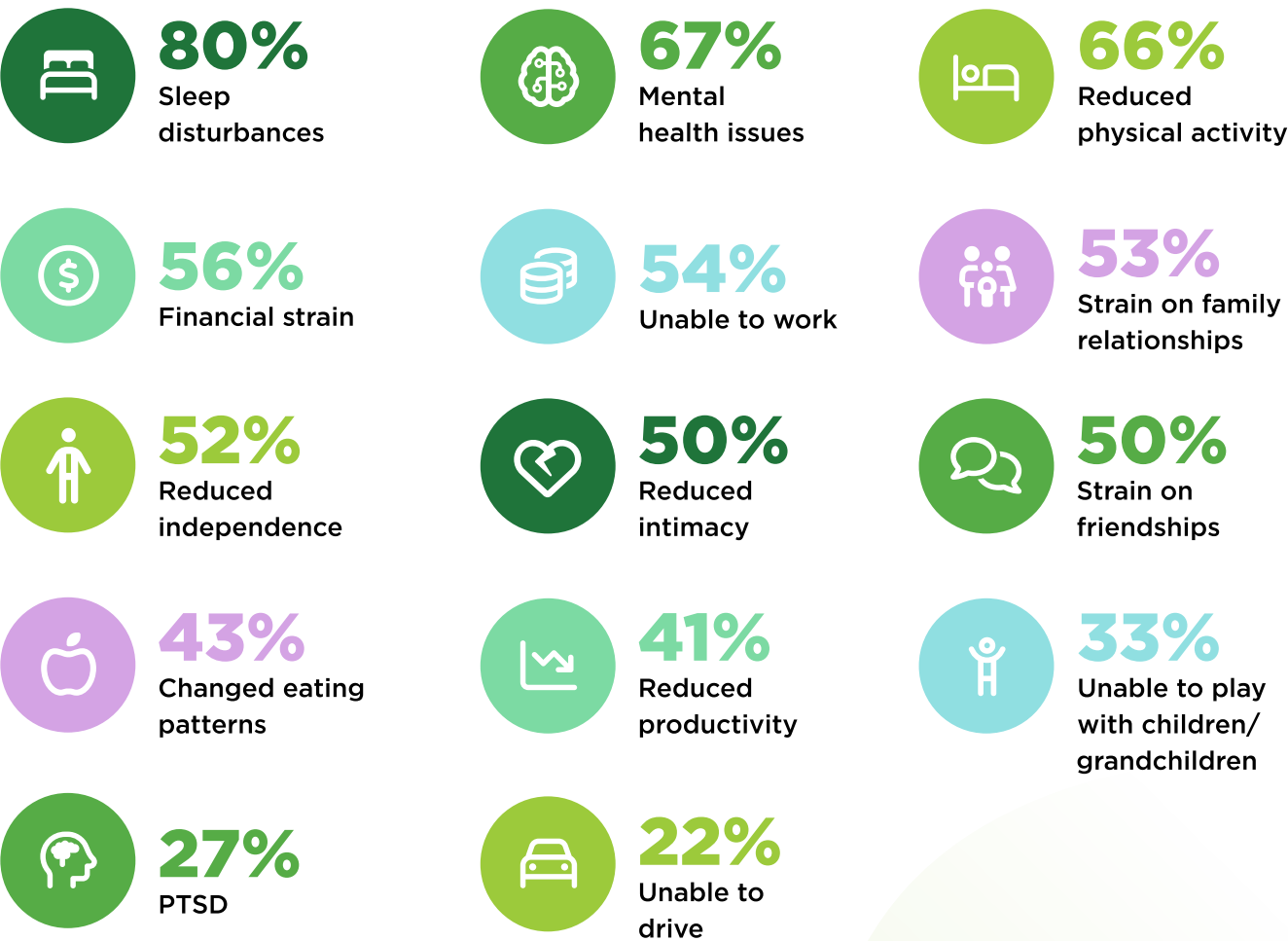
Poorer wellbeing was consistently associated with factors beyond pain itself. Earlier onset, delayed diagnosis, greater pain complexity, financial hardship and feeling ignored or dismissed by healthcare professionals were all linked to poorer mental health and a greater impact of chronic pain on everyday life.

## The Far-Reaching Effects of Chronic Pain

Respondents were asked how chronic pain had affected different aspects of their lives. The findings show that its impact extends well beyond physical symptoms, affecting almost every aspect of daily living.

Sleep disturbance was the most commonly reported consequence of chronic pain, followed by mental health issues and reduced physical activity. More than half of respondents also reported financial strain, being unable to work, reduced independence and strained family relationships, demonstrating that chronic pain affects health, social participation and quality of life simultaneously.

### Beyond the Pain





## Sleep and Pain are Closely Connected

**Four in five** respondents reported experiencing sleep disturbances, making it the most commonly reported consequence of chronic pain. Despite this, only 31% reported that a healthcare professional had discussed or offered a sleep assessment.

Medication (46%), establishing a regular sleep schedule (40%) and relaxation techniques (38%) were the most commonly discussed management strategies, while 22% reported that none of the listed sleep strategies had been discussed.

These findings highlight the importance of routinely assessing and managing sleep as part of comprehensive pain care.

## Psychological Distress

While many respondents described adapting to life with chronic pain, psychological distress remained common.

**33%**

reported thoughts of taking their own life.

**24%**

reported thoughts of self-harm.



### Support is available

If reading this content raises concerns for you or someone you know, contact Lifeline on **13 11 14**, or in an emergency call **000**.



## LGBTQIA+ Australians

Compared with other respondents:

**88%**

experienced mental health issues after developing chronic pain, compared with **70%**.

**56%**

reported thoughts of taking their own life, compared with **30%**.

**16%**

reported attempting suicide, compared with **5%**.

These findings highlight the importance of inclusive, psychologically safe and trauma-informed care for LGBTQIA+ Australians living with chronic pain.

“

*The hardest part isn't always the pain itself. It's losing the life I thought I was going to have.*

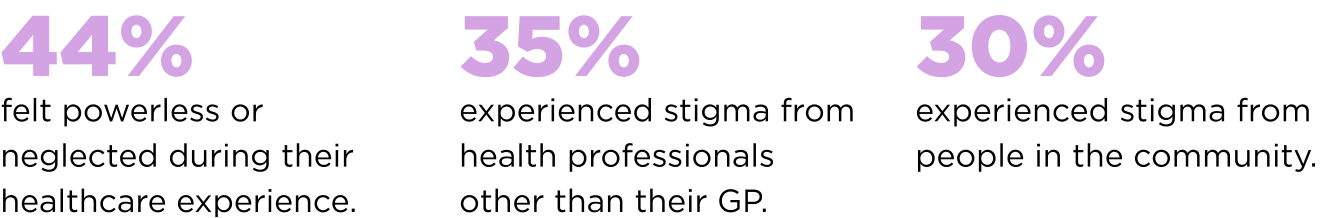
— National Pain Report respondent



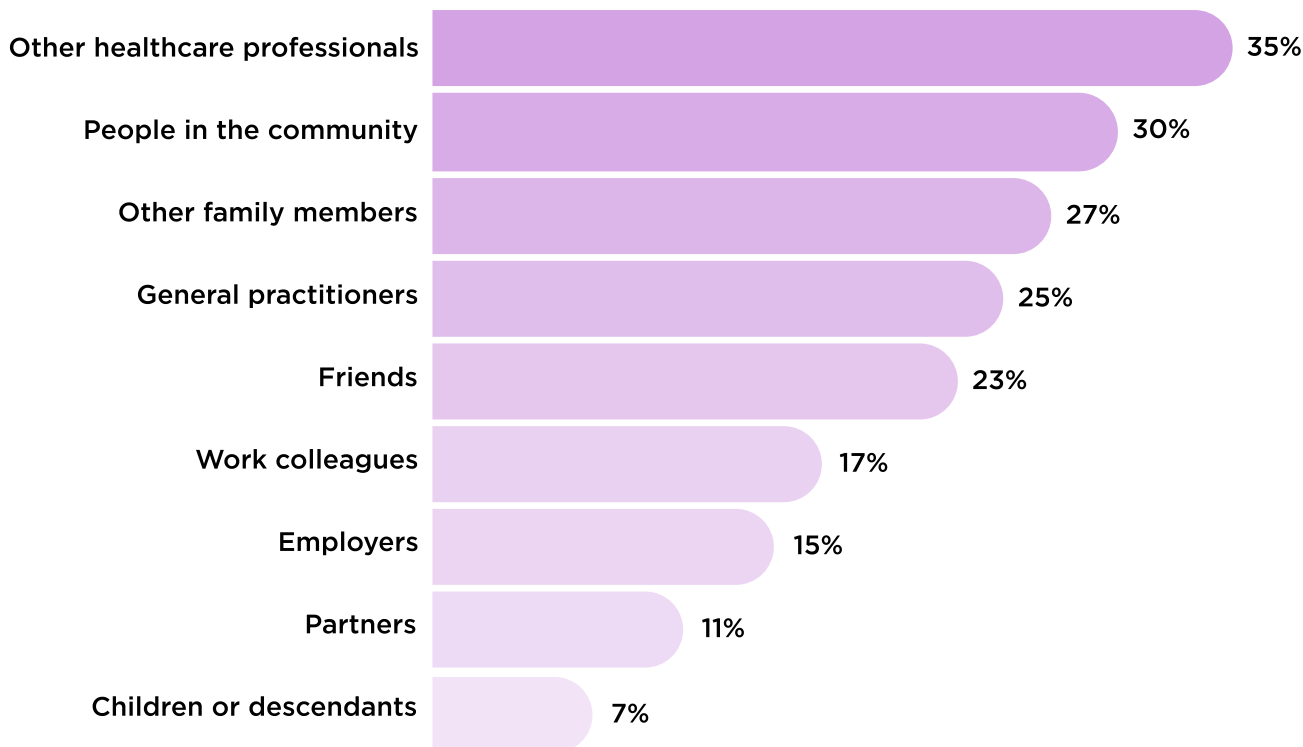
# Pain Lives Beyond The Clinic

Living with chronic pain is shaped not only by the pain itself, but also by how people are treated when they seek help. Many respondents described feeling dismissed, powerless or stigmatised within healthcare, while others experienced misunderstanding from family, friends, workplaces and the wider community. These experiences can affect people’s willingness to seek care, their mental wellbeing and their confidence in managing chronic pain.

**58%** felt ignored or dismissed when accessing healthcare for chronic pain.



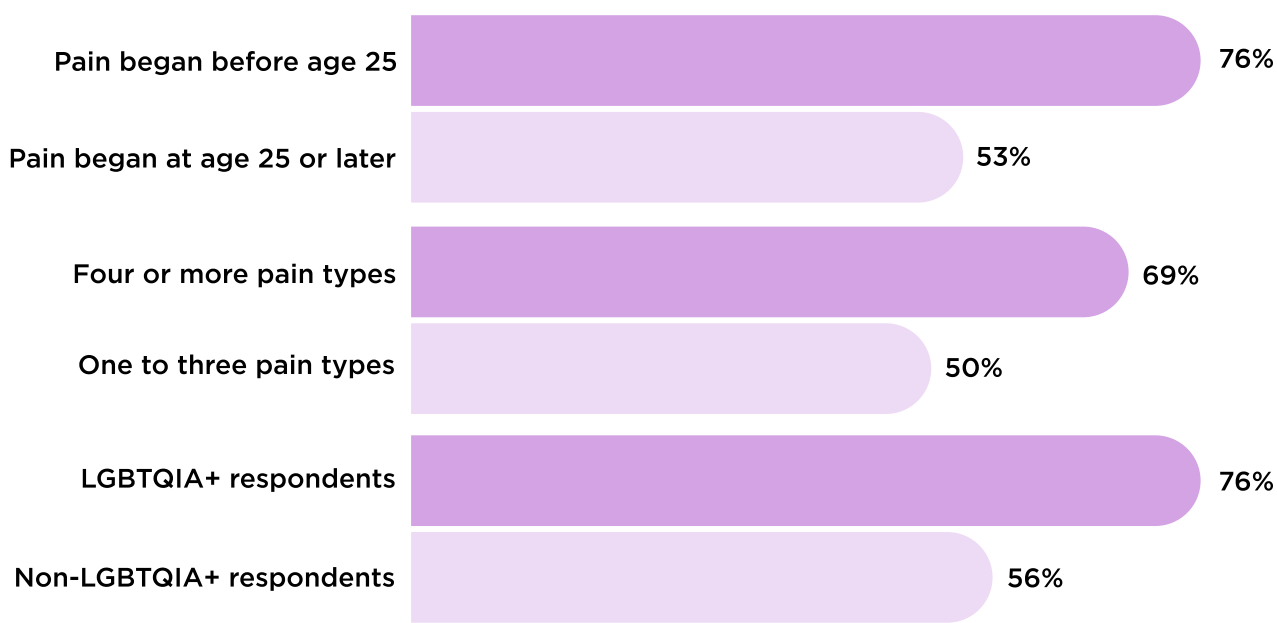
## Where Respondents Experienced Stigma



Stigma was reported both within and beyond healthcare, highlighting that chronic pain affects relationships, employment, community participation and people’s willingness to continue seeking care.

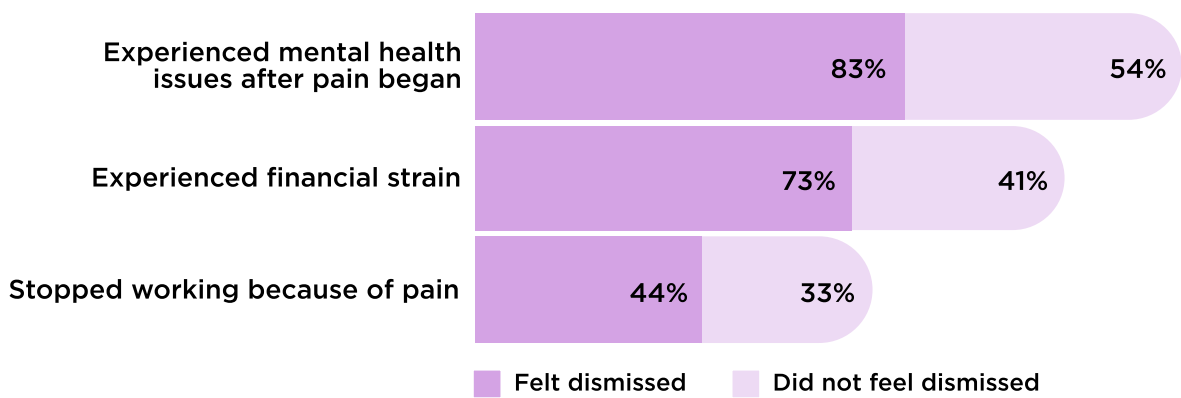
### Feeling dismissed was more common among some respondents

Experiences of feeling ignored or dismissed were more common among respondents whose pain began earlier in life, those living with more complex pain, and LGBTQIA+ respondents.



### Feeling dismissed was associated with poorer outcomes

Respondents who felt ignored or dismissed reported consistently poorer outcomes than those who did not.



Respondents who felt ignored or dismissed consistently reported poorer mental health, greater financial hardship and greater workforce disruption. While these findings do not establish that dismissal caused these outcomes, they demonstrate that negative healthcare experiences were concentrated among respondents experiencing greater pain complexity and broader impacts from chronic pain.

*Percentages are based on respondents to the 2026 National Pain Survey. Comparisons are descriptive associations within the survey cohort and do not establish causation. Respondents could identify more than one source of stigma, so percentages do not total 100%.*

“

***Always ignored. Always stigmatised. Always not listened to or believed. Be kind. Just because we don't show it all the time doesn't mean our pain isn't real.***

— National Pain Report respondent



# Making Pain Count

The 2026 National Pain Report tells a clear story. Chronic pain affects every aspect of people's lives, from education and employment to financial security, relationships and wellbeing. Yet despite affecting 5.4 million Australians, chronic pain is still not consistently recognised or measured across Australia's health system.

Throughout this report, respondents described the consequences of delayed diagnosis, barriers to evidence-based care, financial hardship and feeling unheard when seeking help. These experiences are not isolated challenges. This illustrates **Australia's National Pain Gap** - the gap between the scale and impact of chronic pain and the way it is recognised, measured and responded to.

## **Making chronic pain visible within Australia's health data is the first step towards closing Australia's National Pain Gap.**

When we count chronic pain, we can understand its true impact, plan better services, direct investment where it is needed most and measure whether Australians are receiving better care. Better data will not solve chronic pain on its own, but without it, we cannot know whether we are making a difference.

Importantly, the findings also show where change can have the greatest impact. Respondents whose pain began earlier in life consistently reported poorer outcomes across almost every area examined, including pain complexity, mental health, employment, financial security and experiences of healthcare. These findings reinforce the importance of recognising chronic pain early and ensuring timely access to appropriate care before its impacts become embedded across a person's lifetime.

Each National Pain Report provides a benchmark for assessing whether Australia is making progress. Chronic Pain Australia remains committed to ensuring the voices of people living with chronic pain continue to inform policy, research and health system reform.

The findings of this report point to four priorities for action:

- Recognise chronic pain within Australia's national health data.
- Improve timely access to multidisciplinary pain care.
- Recognise and respond to chronic pain earlier in life to reduce its lifelong impact.
- Measure the outcomes that matter to people living with chronic pain.



**PAIN LIVES IN EVERY COMMUNITY,  
EVERY WORKPLACE  
AND EVERY HOME.**

**PAIN LIVES HERE**

**It is time to Make Pain Count.**





# Methodology

## About the National Pain Survey

The National Pain Survey is Australia's largest annual survey of people living with chronic pain. Conducted by Chronic Pain Australia (CPA), the survey captures the lived experiences of people affected by chronic pain to better understand the personal, social and economic impacts of the condition, identify emerging issues, and inform advocacy, policy, research and service improvement.

The 2026 National Pain Survey was open between 24 April 2026 to 24 June 2026 and was completed by **6,059 respondents** from every Australian state and territory. Responses were collected through an online questionnaire promoted nationally via Chronic Pain Australia, consumer organisations, healthcare providers, professional networks and social media.

The survey included people living with chronic pain, carers and family members. Unless otherwise stated, findings presented throughout this report relate to respondents living with chronic pain.

## Survey Design

The survey was developed by Chronic Pain Australia in consultation with people living with chronic pain, clinicians and researchers. Questions explored a broad range of topics, including:

- the experience and impact of chronic pain
- diagnosis and access to healthcare
- employment and workforce participation
- financial impacts and cost of living
- mental health and wellbeing
- healthcare experiences and stigma
- pain management and multidisciplinary care
- co-occurring health conditions
- demographics and priority populations.

Many questions allowed respondents to select multiple responses. As a result, percentages may exceed 100% where multiple responses were permitted.



## Data Analysis

Survey responses were analysed using descriptive statistics. Comparisons presented throughout the report explore associations between respondent groups, including age of pain onset, pain complexity and other demographic characteristics.

The findings presented in this report describe the experiences of survey respondents and identify patterns within the data. They should not be interpreted as establishing causal relationships.

Percentages are based on respondents who answered each individual question unless otherwise stated. Minor differences in totals may occur due to rounding or incomplete responses.

## Interpreting the Findings

The National Pain Survey is a voluntary consumer survey and does not represent a population-weighted sample of all Australians living with chronic pain. Nevertheless, it provides one of Australia's most comprehensive sources of consumer-reported information on the lived experience of chronic pain.

The findings should be interpreted as reflecting the experiences of respondents who chose to participate. They provide valuable insight into the challenges faced by people living with chronic pain and highlight opportunities to improve policy, service delivery and access to evidence-based care.



This report would not have been possible without the dedication of our **volunteers**, the **voices** of our community, and the generous support of our **partners** and **sponsors**. We thank you for helping us shine a light on the realities of living with chronic pain.







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