

Budget 2021 – Health and aged care

Health overview

The 2021-22 Women’s Budget Statement acknowledges that the health of Australian women and girls is critical to their overall wellbeing and ability to participate in society, but only provides an additional \$351.6 million over four years to implement a number of initiatives consistent with the 2020-30 Women’s Health Strategy across maternal, sexual and reproductive health, ageing, chronic conditions, preventative health and mental health.

The additional funding is welcomed by NFAW, following our calls post the 2020-21 Budget for the Government to provide further funding for the Strategy. However, more spending will be required in future budgets to fulfil the vision of the Strategy.

The 2021-22 Budget represented the Government’s first response to the Productivity Commission’s 2020 Inquiry into Mental Health. The package totalled \$2.3 billion over four years but fell well short of full implementation of the Commission’s recommendations.

The Government’s response provides additional funding for prevention and early intervention, suicide prevention, treatment services, supporting the vulnerable and workforce measures. There were important investments in perinatal mental health services, including the funding of a new universal mental health check. However, more investment will be required to significantly reduce the high burden of disease caused by poor mental health including in many of the social determinants of poor mental health such as poor social housing and inadequate levels of income support.

The Budget also includes a number of initiatives to meet the Closing the Gap targets, however we note the overall spending on Aboriginal and Torres Strait Islander health is set to decline in the 2021-22 Budget. While the improved focus on Aboriginal Controlled Health Organisations is a positive, the Government must maintain and expand the overall funding envelope.

The Government has provided funding to continue access to tele-health until the end of 2021, however this should become an ongoing feature of our health system to improve access.

Mental Health

The Budget

The Government is providing \$2.3 billion over four years to partly implement recommendations from the [Productivity Commission's Review of Mental Health](#).

Mental Health

Payments (\$m)

	2020-21	2021-22	2022-23	2023-24	2024-25
Department of the Treasury	..	19.4	19.7	19.5	19.4
Department of Health	-	386.0	519.8	457.8	541.0
National Mental Health Commission	-	5.2	5.1	4.9	4.9
Department of Social Services	-	1.6	1.8	2.3	-
Services Australia	-	1.1	0.8	0.3	0.3
Total — Payments	..	413.3	547.2	484.8	565.6

Source: 2021-22 Budget Paper 2, p. 117.

The additional funding covers a broad range of programs, including:

Prevention and Early Intervention

- \$111.2 million for digital mental health services to provide Australians access to digital mental health services.
- \$77.1 million for the National Legal Assistance Partnership to support the early resolution of legal problems for those experiencing mental illness and for mental health workers in Domestic Violence Units and Health Justice Partnerships to support women who have experienced family violence.
- \$47.4 million to contribute to working with states and territories to achieve universal perinatal mental health screening across public antenatal and postnatal care settings.

Suicide Prevention

- \$158.6 million to work with states and territories to achieve universal aftercare services for all Australians discharged from hospital following a suicide attempt and to trial initiatives to provide aftercare services to those that may not have presented to a hospital.

Treatment

- \$487.2 million over four years from 2021-22 to establish a network of Head to Health adult mental health centres and satellites to provide accessible, coordinated, multidisciplinary care. This includes a central intake and assessment service to triage and refer people to the most appropriate services.

- \$278.6 million over four years from 2021-22 to expand and enhance headspace youth mental health services, including in conjunction with the states and territories.
- \$112.4 million over four years from 2021-22 for continuity of psychosocial support services for people with a severe psychosocial disability who are not eligible for the National Disability Insurance Scheme.
- \$111.4 million over three years from 2022-23 to support the take up of group therapy sessions and participation of family and carers in treatment provided under therapy sessions and participation of family and carers in treatment provided under the Better Access initiative.
- \$54.2 million over four years from 2021-22 to work with the states and territories to establish child mental health and wellbeing hubs to provide multidisciplinary care and preventive services.
- \$46.6 million over four years from 2021-22 for parenting education and support to parents and carers with children aged under 12 years and to develop national guidelines to assist with early identification of emerging emotional difficulties.
- \$34.2 million over four years from 2021-22 to expand and implement the Initial Assessment and Referral tool to assist health practitioners to consistently assess and refer consumers in the mental health system.
- \$26.9 million over four years from 2021-22 to provide additional support for people with eating disorders and their families, and to establish a National Eating Disorder Research Centre.

Supporting the Vulnerable

- \$79.0 million over four years from 2021-22 to implement initiatives under the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy providing crisis and support services for Aboriginal and Torres Strait Islander people.
- \$16.9 million over four years from 2021-22 to provide mental health services and support to Australians from culturally and linguistically diverse communities, including for survivors of torture and trauma.

Workforce and Governance

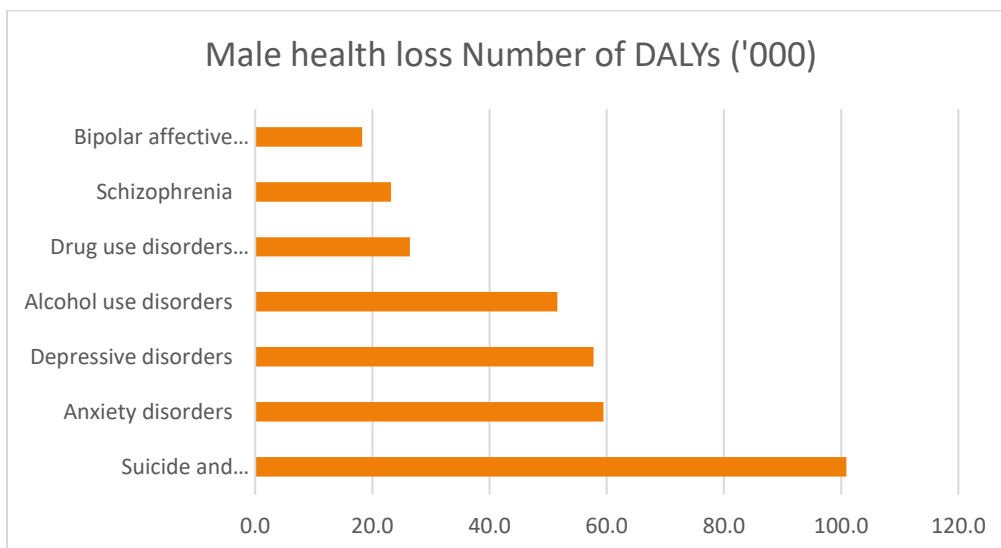
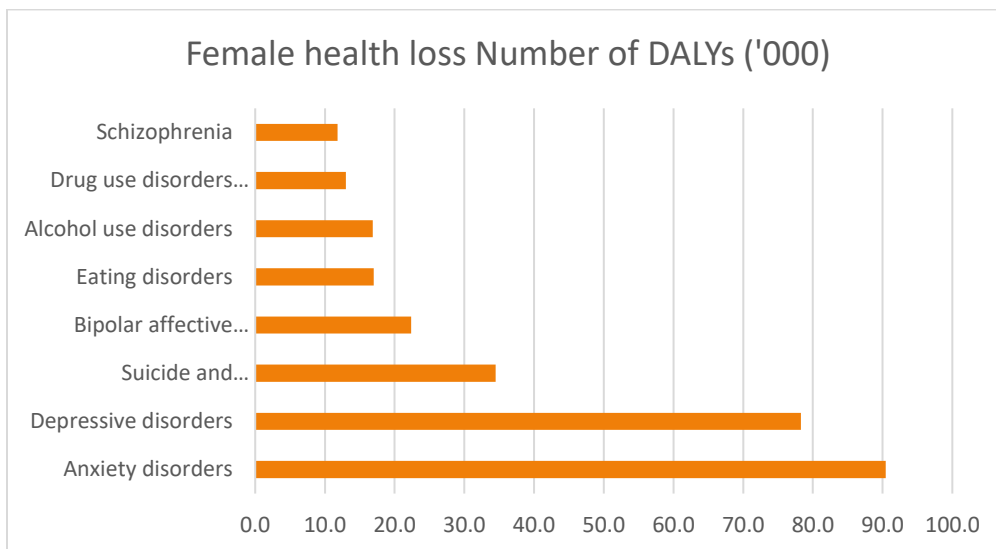
- \$117.2 million over four years from 2021-22 to establish a national database on service delivery, performance and outcomes across the mental health system and conduct longitudinal surveys on the mental health of children and Aboriginal and Torres Strait Islander Australians.
- \$58.8 million over two years from 2021-22 to fund initiatives to attract, upskill and re-distribute mental health professionals and increase the number of Aboriginal and Torres Strait Islander mental health workers.

Gender implications

Why is this an issue for women?

Women report higher levels of poor mental health, with one in five experiencing depression and one in three experiencing anxiety during their lifetime. 22 per cent of Australian females accessed at least one mental health or support service since April 2020, compared to 14 per cent of men. The current underinvestment in mental health services impact men and women but disproportionately impacts women, due to the higher incidence of poor mental health.

Women are less likely to suicide than men, accounting for approximately one quarter of all suicides each year. However, women are more likely to experience suicide ideation, poor mental health and mental illness (PC (2020), AIHW (2020), Commonwealth Government (2021)). This creates differences in the health loss across mental illnesses and gender with women experiencing lower losses for suicide and self harm, but higher losses for anxiety and depression:



DALY = Disability Adjusted Life Years

What are the 2021 Budget impacts on women?

The package represents a down-payment on reform, but more is needed to fully implement the Productivity Commission's recommendations, remove the fragmented care that results from overlapping state and federal government responsibilities and reduce the high out of pocket costs associated with accessing mental health care.

Aboriginal and Torres Strait Islander Health

In July 2020 the Australian Government announced a new set of Closing the Gap targets, and a number of minor funding announcement were included in the 2020-21 Budget for Aboriginal and Torres Strait Islander Health (Prime Minister and Minister for Indigenous Australians, Media Release – National Agreement on Closing the Gap, 2020). While the 2021-22 Budget has included a number of additional measures, the Government has flagged that it is waiting for agreement of the implementation plan with State and Territory Governments in mid-2021.

Specific measures included in the 2021-22 Budget, include (Budget Paper No.2, 2021-22 Budget, p. 119):

- \$79.0 million over four years from 2021-22 to implement initiatives under the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy providing crisis and support services for Aboriginal and Torres Strait Islander people
- \$117.2 million over four years from 2021-22 to establish a national database on service delivery, performance and outcomes across the mental health system and conduct longitudinal surveys on the mental health of children and Aboriginal and Torres Strait Islander Australians
- \$58.8 million over two years from 2021-22 to fund initiatives to attract, upskill and re-distribute mental health professionals and increase the number of Aboriginal and Torres Strait Islander mental health workers

Gender implications

Aboriginal and Torres Strait Islander women have higher rates of co-morbid conditions, including diabetes, breast, cervical and ovarian cancers than non-Indigenous women. They are also more likely to be subjected to physical and sexual violence.

Aboriginal and Torres Strait Islander women have a higher birth rate, and in 2013 their fertility rate was 2.3 babies per woman compared to 1.9 babies per non-Indigenous woman.

Overall, the life expectancy for Aboriginal women is 73.7 compared to 83.1 for non-Aboriginal women.

Reproductive and Sexual Health

The Budget

The [Portfolio Budget Statements 2021–22 Budget Related Paper No. 1.7 Health Portfolio](#) outline a number of measures which impact on reproductive and sexual health.

Promotions

- \$16.6 million over 4 years and \$4.2 million 2025-26 for women's health initiatives, including the Jean Hailes for Women's Health.

Period Pain and Endometriosis Program

- \$5 million over 21-22 to support the Pelvic Pain Foundation of Australia for their Periods, Pain and Endometriosis talks Program. ([Commonwealth of Australia Budget 2021-22 Paper No 2 Payment Measures Womens Health p. 125](#)).

Reduction of stillbirths by 20 per cent by 2025

- \$1.8 million over 4 years to increase the number of stillbirth autopsies and investigations, and develop educational resources for parents to increase awareness and support informed decision making regarding autopsies on stillborn babies. (On top of \$11 million announcement over four years announced at launch of [National Still Birth Action and Implementation Plan](#).)

Lowering preterm births

- \$13.7 million over 3 years for a national rollout of the Australian Preterm Birth Prevention Alliance Program, designed specifically to lower the rate of preterm births across the population.

IVF

- \$95.9 million for 5 new MBS items for pre-implantation genetic testing (PGT) of embryos for specific genetic or chromosomal abnormalities prior to implantation and pregnancy.
- \$22.0 million over four years from 2021-22 to amend gynaecology items including rebates for gonadotrophin-stimulated ovulation induction.

LARCs (Long Acting Reversible Contraceptives) are also included in the \$22 million although the budget papers do not indicate what is intended by this allocation or how 'gynaecological oncology services will be restructured to 'align with clinical practice'.

Gender implications

Most Australian women will have recourse to reproductive health services over the course of their lives. The budget commitments support the ongoing implementation of actions under the [National Women's Health Strategy's](#) first priority area 'Maternal, Sexual and Reproductive Health (p. 22).

The IVF provisions will substantially lower costs for genetic testing and specific fertility treatments.

What are the 2021 Budget impacts on women?

The major initiatives supporting the programs on endometriosis, reduction of still births and lowering preterm rates will have significant impacts on reducing pain and discomfort relating to endometriosis and improving women's experiences of pregnancy and birth.

A key success measure in the National Women's Health Strategy is to 'Increase in the availability and uptake of Long Acting Reversible Contraception' (LARCs) (p. 23). Oral contraceptives and condoms are more strongly associated with unintended pregnancy than long acting reversible contraceptives but there is [evidence](#) that many women are unaware of the advantages of LARCs and that GPs and health practitioners could provide better information on contraceptive options.

Provisions relating to IVF significantly lower costs for preimplantation testing. The National Cervical Screening program has the near term objective of eliminating cervical cancer.

Resumption of access to telehealth for people who have not attended the GP practice in the last 12 months, but who seek consultations on reproductive health and pregnancy options, will support the National Strategy's priority action to increase 'access to sexual and reproductive health care information, diagnosis, treatment and services' and achievement of the success measure for more 'Equitable access to pregnancy termination services' (p. 23).

There is [evidence](#) of a significant increase in demand from women, young people, including marginalized groups for reproductive health services such as contraception and advice on STIs via telehealth in the first March-May phase of the 2020 lockdown when recent GP engagement was not an access condition.

Chronic conditions and preventative health

The Budget

- \$67.6 million over four years from 2021-22 to continue the existing BreastScreen Australia Expansion National Partnership Agreement, which supports women aged 70 to 74 to undertake mammograms to screen for breast cancer (Budget Paper No.2, p. 125).

- \$32.8 million over four years from 2021-22 to fund research, policy advice and education to inform the National Cervical Screening Program services to process cervical screening tests for Victorian residents (Budget Paper No.2, p. 125).The Government will amend the listing of Kisqali® (ribociclib), to be used in combination with Fulvestrant Sandoz® (fulvestrant), to treat women with unresectable advanced or metastatic breast cancer. Without the PBS subsidy, around 1,600 women might pay more than \$50,000 per course of treatment. Instead they will now pay \$41.30 per script or \$6.60 with a concession card. (Budget Paper No.2, p. 115).
- \$204.6 million for the extension of temporary telehealth MBS services from 1 April 2021 to 31 December 2021, with revised billing arrangements from 1 July 2021.

Gender implications

Why is this an issue for women?

Women in Australia experience a higher burden of disease than men, are more likely to have multiple chronic conditions, experience poor mental health and experience sexual violence. Addressing this disparity will require additional resources and funding to fully implement the National Women’s Health Strategy.

Under the current expanded arrangements, women are accessing more tele-health services than men – with latest ABS Statistics showing that in the past four weeks 19 per cent of women compared to 9 per cent of men had accessed a telehealth service.

Nearly half of the burden of disease for women is from cancer, musculoskeletal conditions and cardiovascular disease.

Breast cancer is responsible for 3.1 per cent of the disease burden experienced by women, with almost 70,000 DALYs per year lost due to the condition.

What are the 2021 Budget impacts on women?

The Budget investments will improve the health of Australian women, however there is need for a much greater focus on preventative health than committed to in the 2021-22 Budget.

The continuation of the telehealth measures introduced during COVID-19 is welcomed, but should be made permanent to improve ongoing access to primary health care. The initiative is particularly important for women with a disability and long term health conditions, with these population groups more likely to have accessed the services.

Recommendations

- The Government fully implement the Productivity Commission’s recommendations in its 2020 Inquiry into Mental Health, and work with state and territory governments to address care fragmentation that undermines mental health care delivery.
- Additional investments are made to reduce the high out of pocket costs associated with accessing mental health care.

- That telehealth for reproductive health and pregnancy consultations be funded on an ongoing basis as a means of achieving the National Women's Health Strategy's priorities relating to equity of access.
- That telehealth more broadly for primary health care continue to be supported, given its important role in supporting access to women to basic health care.
- That the quantum of the increased allocation for Long Acting Reversible Contraceptives in the budget be stated and its intended contribution to supporting the National Strategy's success measure of increasing women's LARC use.
- The Government commits additional resources to Aboriginal and Torres Strait Islander health to ensure the successful implementation of the Closing the Gap Agreement.