

# **Australian Democrats response to Questions from the Hobart Women's Health Centre for Federal Candidates in the 2010 Election**

We take this opportunity to make a few preliminary comments on our commitment to women's health. The Australian Democrats remain the only Federal political party to have a separate policy for women's health and we have done so for the last several elections.

Democrats Senators have, for many years been at the forefront of debates about the need for a National Women's Health Policy, the need for a 'gender lens' to be applied to mainstream health and the many social determinants of health and well-being for women. We have fiercely fought for the reproductive rights of women, whether access to midwives or to safe, affordable abortion, usually in the face of great opposition. We delivered on removing the ministerial veto over RU486 making the option of medical abortion available to many women now.

We attach all our relevant policy platforms

## **A commitment to a National Women's Health Policy**

A gendered approach to policy development across government departments.

We entirely support what we call a 'gender lens' to be applied to all government policy and action and we consider the best mechanism for this to be a National Women's Health Policy – an important framework that was lost under Labor in the 1990s. Quoting our 2010 election plan:

- A national body within the Department of Health and Ageing for women's health which applies a **gendered lens** to improving the health of women and girls
- A new **National Women's Health Policy**

## **The need for a national health plan (to address)**

### **Bulk billing**

Bulk billing rates have increased substantially since the low point under the Howard Government thanks to incentive payments it remains the case that only around 74% of consultations are bulk billed and the out of pocket payments for GPs and particularly specialists remain too high. In 2007 we called for a return to the 'pact' between government and doctors wherein doctors agree to charge fees that are close to the schedule fee and governments agree to an indexation system for the schedule fee, and therefore the rebate, that is transparent and fair. We consider it timely to revisit the question of indexation and of safety nets with the objective of returning universality to Medicare.

### **Hospital waiting lists**

We have not called for a substantially higher number of acute care beds. We consider that much more focus on prevention and wellness would obviate the need of great expansion and there are practical steps that can be taken to

relieve the pressure on hospitals such as providing medical services and rehabilitation for the elderly in residential aged care and having more flexible arrangements and partnerships in place for respite and emergency care there too.

We could substantially reduce the number of acute psychiatric beds by providing timely and community based services for mental health, viz:

- **An additional \$3-4b/year is needed in mental health** to more closely reflect its prevalence and respond to its 'burden of disease' – an increase from 7.8% of health budget spending to 13.3%. This spending would be significantly offset by the savings to the health system in reducing pressure on acute care beds, through fewer people with mental illness ending up in the justice system and from more people living well and contributing to society rather than dependent on welfare.

GP shortages (especially female GP's in Tasmania)

- Allocating **Medicare provider numbers on a per capita geographic** basis to better serve rural communities

Dental/Oral Health

- A **national public dental health program** that is free for concession card holders and special needs groups, and which includes a full dental check-up and basic dental treatment every two years. This program should be funded at per capita levels that will meet the goals of the national oral health plan and delivered in a timely manner, as determined by national benchmarks – with costs to be shared equally between the Commonwealth and the States.
- A much greater focus on **preventive oral health** programs, including dental health promotion and public education campaigns
- **Monitoring the oral health** of Australians, diagnosing and investigating the problems and providing solutions and treatment
- Screening and dental hygiene programs in all **primary schools**
- Dental health assessment and follow-up by dental hygienists in **residential aged care**
- Long range dental health **workforce planning** and more university places for dentists and dental hygienists
- Incentives to encourage graduates to work in geographic **areas of need** and flexible funding options for dental services in those areas
- Improved salaries and conditions for dentists working in the **public sector**
- Outreach services for special need groups, particularly **Indigenous** Australians
- A program of **research** into oral disease prevention and the effect of changing diet patterns on oral health

## **The dilemma of competing demands of investment in health promotion and prevention and the immediate needs of primary health service delivery**

Continued investment in Women's Health including a significant increase in funds for Hobart Women's Health Centre in its role in health promotion and prevention in Tasmania

- Dedicated funding for **Women's health centers** and family planning centers
- More **training for GPs** in women's health issues
- \* Programs on **public awareness** of specific health risks for women and girls

## **Mental Health**

Implementation of a gendered approach to mental health services, particularly relating to the lack of separate facilities for women in mental health facilities

- **gender separation in psychiatric hospitals**

Increasing support available for professionals such as social workers and psychologists through Medicare

Agreed – the Democrats have argued for many years for the inclusion of allied health professionals under Medicare and the shifts in government policy over the last few years on this were at least in part because of our advocacy. It would be timely to conduct an evaluation of the effectiveness of the current arrangements to determine if rural areas in particular are receiving a fairer share of the Medicare dollar for mental health

Programs aimed at raising community awareness, reducing stigma and discrimination, and protecting the rights of people living with a mental illness

## **Consumer voice, social inclusion, carer supports and de-stigmatisation**

- guarantee **consumers' rights** to be consulted on treatment and services
- a far greater utilisation of peer engagement in all services
- support to assist people to engage fully in society – in employment, housing, recreation and relationships - linked to clinical services
- increases in **respite care allowances** and **carer benefits** raised to at least the minimum wage
- early and ongoing **engagement with families** to provide information and skills to strengthen the support they can give
- adequate resourcing of organizations providing **advocacy**, support and education
- **first aid training** in mental health for those routinely in contact with people who may have mental health problems, especially teachers and police

- ongoing programs to **destigmatise** mental illness, identify early symptoms and treatment options and provide hope for living well with mental illness

Increasing transitional support programs for people moving from hospital care to independent community living

#### **Accommodation and social supports**

- more **secure extended care units** and **community based care units** for those at very high risk
- more clinically supported, stand-alone 'step-up, step-down' **short and medium term accommodation** facilities for those discharged from acute care or prisons and for those needing sub-acute care
- long term, secure, individual **housing** for people on disability support pensions, using head leasing arrangements, subsidised rents and in-home packages of support
- universal **screening of prisoners** for mental illness, treatment while in prison, and release to supported accommodation

Body image issues in the media and the trends of some schools and government to concentrate on weight and obesity instead of a healthy lifestyle

- programs in schools and in the community to **promote mental health and wellbeing** and to address bullying, violence against women and children, alcohol use, body image, self harm and depression

The lack of eating disorders information and services in Tasmania

The Senate Mental Health inquiry in 2000 (initiated by the Democrats) found that the suite of services and expertise in mental health was alarmingly patchy and eating disorders was one area in particular that was inadequate, not just in Tasmania. Our proposed national system of primary mental health centres would bring together far greater expertise in a full range of disorders.

- a national system of community-based **mental health centres** staffed by psychiatrists, psychologists, GPs and psych nurses
- **training** for clinicians in screening for co-occurring substance use and mental health disorders and in evidence-based treatments

#### **Housing**

Increased funding for emergency and supported transitional accommodation

- more housing options for women fleeing violence whether in their own home or in refuges

Addressing the debilitating interest repayment associated with the Federal Housing Agreement loan

Agree

Increasing availability of affordable rental housing

Agree

### **Violence against women**

Levels of violence against women remain at unacceptable levels despite broad based efforts to address the problem. Why is this so and what further strategies are required?

•In tackling **family violence** we need:

- prevention programs, particularly education in respectful relationships in all schools and from the earliest years
- more research on the factors that give rise to violence and the remedies and better evaluation of work done so far, particularly on perpetrator programs
- better legal and service response systems for women in crisis, including financial and housing support, recovery and resilience building for families and rehabilitation for perpetrators
- more housing options for women fleeing violence whether in their own home or in refuges

### **Employment**

Pay equity – measures to address the difference between average wages based on gender

- A **Work & Family Act** and a Commissioner to monitor and promote the importance of good work and family practices including restrictions on long and unsocial hours of work
- For parents to have the right to **flexible working hours** and to return to work part time
- More affordable and accessible **childcare**, especially for the under-twos
- Enhanced programs in **respite** for caring responsibilities and more options for caring for older disabled children

Bullying in the workplace

We would welcome a greater emphasis on public awareness campaigns to prevent bullying in the workplace and supports and better protection for those making complaints.

Superannuation – women's lack of opportunity to accumulate sufficient superannuation to support retirement (esp. with the influx of baby boomers about to retire)

Closing the wage gap will be part of the solution to retirement incomes but we have always advocated a top up for women who are out of the workforce for extended caring duties.

Working Women's Centres – The need to reinstate funding for this service

Agree

### **Maternal Health/Midwifery**

Birth choices – What measures are needed to ensure women are able to have options around birthing practices

- A **National Maternity Action Plan** to give all pregnant women greater choice in where and how they give birth, including home and other non-hospital birthing options, the option of publicly funded midwifery services throughout pregnancy and childbirth with a single caregiver and good access to most common birth options, including choices in natural birth, epidural or other pain management
- Postnatal care** and support which is flexible and tailored to individual needs and funding support for advocacy and support groups
- A national **home visitor program** for families with a new baby offering a range of services to supplement those of midwives and maternal and child health nurses

### **Status of Women**

The continuing societal, environmental, economic and structural barriers to women's equal opportunities in all aspects of life including employment, housing, education and training, and health and well being.

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We are keen to hear your party's views on the issues we have raised and will be delighted to share your responses with Tasmanian women.

**We would value a response to this request by Friday 30<sup>th</sup> July 2010**

on [glynis@hwhc.com.au](mailto:glynis@hwhc.com.au) or ring 62313212 if you would like to discuss this further, Thank You.