Liptember Foundation

Response to the Productivity Commission: Mental Health and Suicide Prevention Agreement Review (Interim Report)

31 July 2025

1. Introduction to Liptember Foundation

The Liptember Foundation is Australia's leading organisation dedicated to advancing women's mental health.

We exist to address the unique and often overlooked mental health challenges faced by women and girls, championing the critical need for a gendered approach to research, policy, and mental health care. From menstruation to menopause and everything in between, we advocate for gender-informed mental health strategies that recognise how life stages, biology, and gendered experiences shape mental health outcomes.

Through year-round advocacy, funding of targeted research, and development of evidence-based educational programs and resources, we collaborate with government, industry, and community to drive meaningful change in how women's mental health is understood and treated across the country.

In 2025, our research titled 'Beyond the Surface: Investigating the mental health realities for Australian women in 2025' included the perspectives of over 7,000 women and gender-diverse people across Australia, providing a comprehensive picture of the drivers and barriers influencing women's mental health across their life course.

Our research consistently shows that women face unique pressures - financial strain, gendered violence, caregiving burdens, hormonal and reproductive health factors - that are too often overlooked in system design and dramatically influence mental health outcomes.

We are committed to ensuring the mental health and suicide prevention system responds to the specific realities of women's lives, focusing on gender-responsive mental health care.

Luke Morris
CEO & Founder

2. Executive Summary

The Liptember Foundation welcomes the Productivity Commission's Interim Report acknowledgement of fragmentation and inequity across Australia's mental health system, but we are deeply concerned that the current Agreement is gender-blind in its design and implementation. Without a gender-responsive approach, reform risks entrenching inequity and failing to meet the unique needs of women. Women's mental health is shaped by a complex interplay of biological, social and structural factors; including reproductive health, gender-based violence, financial stress, unpaid care work, and systemic discrimination - yet these realities remain overlooked. Our 2025 research and lived experience evidence show that women continue to face stigma, long wait times, unaffordable costs, and gender bias when seeking support.

To achieve meaningful reform, we recommend embedding a dedicated Gender-Responsive Schedule within the Agreement, co-designed with women with lived experience, and backed by investment in holistic, wrap-around care that integrates mental and physical health services. Affordable and accessible service models, expansion of the regulated workforce, strengthened prevention strategies, and gender-responsive training are all essential to address the crisis. We further call for sex and gender-disaggregated data collection and stronger integration between adjacent systems such as housing, reproductive health and family violence services. By embedding gender-responsiveness at every level, the National Agreement can deliver a more equitable, effective and sustainable mental health system—one that recognises and supports women at every stage of life.

With mental health being largely influenced by the complex role that gender plays, it's clear that sound preventative strategy and effective mental health support services will ultimately fail without the inclusion of a Gender-Responsive Schedule within the next National Mental Health and Suicide Prevention Agreement.

Including a gender-responsive approach will not only benefit women, but also their male and gender diverse counterparts who are also in need of gender-responsive mental health care with their specific needs in mind.

3. Key Concerns and Response to the Interim Report

We welcome the Interim Report's acknowledgement of fragmentation, duplication and inequity across Australia's mental health system. However, we are deeply concerned that gender-responsiveness is absent from the Agreement's design and implementation. A one-size-fits-all approach will not deliver equitable outcomes for anyone, especially women.

3.1 Gender-blind system design

Gender is not explicitly mentioned in the current Agreement. The absence of a gender-responsive approach means services fail to consider women's unique needs, including reproductive health, experiences of trauma, and caregiving burdens among other social determinants underpinning mental health outcomes.

3.2 Failure to address upstream drivers and key triggers

Women's mental health is influenced by a range of intersecting social determinants that must be addressed to achieve meaningful reform. Physical health, particularly sexual and reproductive health issues, can have significant impacts on mental wellbeing. Experiences of gender-based violence, financial stress, sleep deprivation and the mental load of unpaid care work—particularly for mothers and carers—are further compounding factors.

Structural discrimination affecting Indigenous women, culturally and linguistically diverse (CALD) women, LGBTQIA+ women, and women living with disability also contributes to poorer outcomes, as does the ongoing presence of societal stigma. The Agreement's narrow focus on the mental health system fails to account for these complex, interconnected influences and their cumulative effects on women's lives.

3.3 Fragmentation within and across adjacent systems

While the Interim Report highlights fragmentation within the mental health system, adjacent systems (reproductive health, housing, family violence) are equally disconnected. Women seeking support often "bounce" between services, retraumatised by repeated disclosures and unable to access coordinated care.

3.4 Gaps across the life course

Mental illness often onsets in adolescence and early adulthood, yet prevention and intervention across the life course—puberty, perinatal period, menopause and older age—are poorly developed, sit in silo's and are inconsistently funded.

Women need a targeted, wholistic approach to health care that considers the whole woman, her physical and mental health needs. This wrap-around support requires psychological services integrating within women's physical health services.

4. Lived-Experience Evidence

To ground our concerns in the voices of women themselves, we share the following lived experiences shared with us as part of our 2025 research:

- "It's my own problem - It comes from having to work to provide an income, the stressors of the workplace and [raising] a family with no help."
- "I don't have the time to look after myself as a single parent. I put my kids first. Their needs are more important than mine."
- "I am already on five medications for my heart failure and auto-immune disorder. I am not willing to take any more medication if it can be avoided. I feel that if my health stabilises, my mental health will improve; so I concentrate on that."
- "I don't want anyone to think of me differently - to them, I'm happy and I make jokes which is enough. If I were to speak out about something I would just be a burden and [create stress] for others."
- "I have always been the one to hold everyone else up; so I push my own needs aside and try to cover up what battles I face alone."
- "Sessions are too expensive to continue long enough. I couldn't afford $160/session."
- "The available help is very generic. I feel like people judge you. Tailored treatment is not really there."
- "The Male GP couldn't relate. Got told it's part of being a woman there are no treatment options available. Just have to deal with it."

These accounts reflect systemic issues: financial stress, long wait times, cultural stigma, poor gender-responsive training and socio-cultural inequities. They make clear that the current system is not built for women's realities, particularly those facing compounding disadvantage.

5. Recommendations

5.1. Establish a Dedicated Gender-Responsive Schedule

A dedicated Gender-Responsive Schedule must be embedded within the National Mental Health and Suicide Prevention Agreement to ensure women's mental health is a core priority. This schedule should be co-designed with women with lived and living experience to reflect the realities of their diverse needs. It must include explicit measures for priority population groups, including Aboriginal and Torres Strait Islander women, culturally and linguistically diverse (CALD) women, LGBTQIA+ women, and other groups outlined in Liptember Foundations 2025 research who are disproportionately impacted by poor mental health outcomes. Other peak bodies that represent the mental health needs of other genders should be involved in this development also, to ensure the unique needs of all genders are considered.

5.2. Invest in Targeted and Holistic, Wrap-around Support

There is a critical need to invest in targeted and holistic, wrap-around support for women in the form of psychological services alongside physical women's health services - Especially during key life transitions like puberty, pregnancy, motherhood and menopause; where women can be extremely vulnerable to mental ill-health.

Our research shows that women with female-specific physical health conditions (like PCOS and Endometriosis) are experiencing significantly higher rates of psychological distress compared to those with physical health conditions that impact both sexes, and those without physical health conditions. We also know that women who have mental health issues and endometriosis experience Premenstrual Dysphoric Disorder (PMDD) at rates nearly three times higher (at 11% or one in nine) than women in the general female population. These women need wrap-around support that focuses on treating their physical and psychological symptoms simultaneously. There are clear opportunities to maximise the impact of investments by integrating targeted mental health services into established care models, such as including mental health support into the newly announced Endometriosis Clinics.

Secondly, women face many unique biological changes that appear at critical life transitions - specifically puberty, pregnancy, motherhood and menopause – that expose them to greater risk of mental ill-health. Two in five women who have experienced physical birth trauma experience PTSD; which is more than two times higher than women in the general female population. 74% of young women going through puberty with mental health issues are also dealing with body image issues; resulting in these young women also experiencing higher rates of eating disorders compared to the general female population - like binge eating disorder (23% which is 2.1x higher) and anorexia nervosa (10% which is 3.3 times higher).The recommendations laid out in the 'National Women's Health Strategy 2020-2030 under Priority area 4: Mental health' are a step in the right direction. However, targeted funding into preventative and responsive mental health support that is gender-informed for women in these life stages needs to be prioritised in implementation.

5.3. Fund Accessible and Affordable Mental Health Service Models

Accessibility was a significant barrier for many women seeking out mental health support in 2025. Around one in seven women said they did not find it easy to access support services, with 15% of women stating long waiting lists to see a mental health professional was a barrier to getting the help they need.

Financial constraints were a substantial barrier faced by women seeking support, with 36% (more than one in three) women stating they were unable to afford help or considered it too costly. Restoring access to 20 rebated mental health sessions under Medicare will go a long way to easing this burden for Australian women. It will also allow women to establish the connection that they need to gain the benefits of professional help. Most of the time, women are only scratching the surface with their mental health professionals in the initial 10 sessions, building trust and rapport. Consistent access to professional mental health services is key to enable better long term mental health outcomes for women.

Liptember Foundation advocates strongly for accessible and affordable service models to ensure women can seek care when and where they need it. Services like bulk-billed telehealth services with mental health professionals, integrated mental health supports delivered alongside women's physical health services, and tailored mental health services that address the unique challenges women face during key life transitions such as puberty, pregnancy, motherhood, and menopause. These approaches will help close the gaps in care and reduce the barriers that prevent women from accessing timely and effective support.

5.4. Increase the Scope of Government-regulated Mental Health Professions

To comprehensively address women's mental health needs, the existing mental health workforce needs to be optimised and strategically expanded to broaden the range of accessible support services. When it comes to the third most prevalent mental health issue in Australian women - body image issues - 44% of women who sought help did so by talking socially with friends and loved ones for support; with two in three (63%) women stating that this was a very helpful form of support. Counsellors, mental health peer workers or social workers are some of the professions with skill sets honed in relationship building and connection, some through lived experience, that are being underutilised to solve the current mental health crisis in Australian women. Developing national guidelines to standardise roles for counselling and mental health peer workers will expand the network of government-regulated mental health professions, enabling these services to be included in the Medicare Benefits Schedule. Building on the work already undertaken on lived-experience peer workforce guidelines by the National Mental Health Commission in 2021 would be a good way to expedite this process.

5.5. Strengthen Prevention Strategies and Address Social Determinants

One proposed measure to strengthen prevention strategy is a coordinated national screening approach when it comes to mental health across the life course. For example, pregnant women are especially vulnerable to experiencing mental ill-health, especially perinatal anxiety - which is occurring in one in five (22%) pregnant women currently experiencing mental health issues and 3% of all women with mental health issues. Alarmingly, only one in five pregnant women are aware of where to access mental health support - despite their frequent engagement with the healthcare system. This underscores a huge, missed opportunity for early intervention. A nationally consistent perinatal mental health screening program is needed across public and private hospitals, with targeted mental health assessment as part of routine antenatal care for pregnant women. The implementation and training of healthcare professionals is critical in ensuring consistency and full adaptation of these guidelines with care providers. The Gidget Foundation has undertaken initial work with their 'Emotional wellbeing screening program' which can be built upon to streamline implementation.

More than one in three (37%) women experiencing menopause or perimenopause are suffering with perimenopausal depression or anxiety in 2025. For Australian women, this is a pressing crisis that demands national attention. We know that 72% of women with mental health issues reached out to their GP for help in 2025, showing that GPs are a key point of contact for women. Building on the Government's commitment to Medicare-rebated long appointments for menopause with GPs; as well as the development of a national guideline to menopause care, it is essential that mental health be included as a core focus. This will enable GPs to provide holistic care during these consultations, addressing both physical and mental health needs. Expansive training with GPs will also be needed to ensure uptake of the guideline and consistent rollout for all women seeking support for menopause.

Additionally, prevention must be prioritised by investing in programs that directly address the underlying social determinants impacting women's mental health. This includes funding initiatives that respond to gender-based violence, women's sexual and reproductive health issues, housing insecurity and the pressures of caregiving. mental health screening should be routinely integrated into reproductive, perinatal and menopause services to ensure early identification and intervention at key life stages.

5.6. Introduce Sex and Gender Disaggregated Metrics

To track progress and ensure accountability, sex and gender disaggregated metrics must be introduced across all mental health reporting. These measures should be supported by annual public reporting to highlight successes, identify gaps, and drive continuous improvement. Disaggregated data will provide a clearer understanding of how different genders experience the mental health system, ensuring that reforms are evidence-based and equitable.

5.7. Embed Gender-Responsive Workforce Training

Recognising that women have unique mental health needs and experiences is critical in enabling equitable and effective health care that address these diverse needs including those related to reproductive health, gender-based violence, and unpaid care work. The national '#EndGenderBias Survey Detailed Report 2024' conducted by the Department of Health and Aged Care and the National Women's Health Advisory Council found that two-thirds of women in Australia have experienced gender bias or discrimination in their healthcare; with experiences of gender bias reported by more than 30% of women seeking help for mental health conditions. This includes experiences of bias in consultations with healthcare providers, structural barriers to accessing healthcare, and the evidence base used to inform healthcare decisions. Tailoring medical and allied health curricula and professional development to ensure a sex and gender responsive approach, from a physical and mental health perspective, will embed this best practice into the health workforce moving forward. This will pave the foundations for building a more gender-sensitive health workforce, ready and adaptable to tailor their approach based on the patients needs.

To ensure women and other genders receive care that reflects their unique experiences, gender-responsive training must be embedded across the health workforce.

5.8. Meet Women Where They Are

Services must be designed to meet women in the settings they already frequent and find most effective to ensure mental health support is more accessible and less stigmatised.

Our research highlights that women regularly seek out mental health professionals to support them with their mental health issues. Of women seeking help from mental health professionals, 62% reached out to Psychologists; followed by Psychiatrists (25%) and Counsellors (11%). The recently announced Medicare Mental Health Centres should be complemented by a national telehealth service that provides appointments with mental health professionals, beyond the limitations of physical centres. A national telehealth service would overcome barriers of accessibility and affordability, ensuring women can have the support they need regardless of geographic location or socio-economic status.

5.9. Integrate Adjacent Systems

Women's mental health outcomes can only improve when the systems that influence their wellbeing are better connected. Mental health services should be linked with disability, reproductive health, housing, alcohol and other drugs (AOD), and family violence systems to create a holistic and coordinated approach. Cross-agency care coordination models should also be piloted to support women with complex needs, reducing fragmentation and improving access to timely care.

6. Collaborative Response and Next Steps

The Liptember Foundation believes the most effective way to achieve lasting change is through collaboration. We invite the Productivity Commission to meet with us to explore how the Gender-Responsive Schedule can be embedded into the final Agreement.

We would also welcome the opportunity to co-host a roundtable with lived-experience representatives—including women from Indigenous, CALD, LGBTQIA+ and disability communities—to guide implementation.

7. Conclusion

The mental health of Australian women is at crisis point, yet the current National Agreement is not designed to meet their needs. Without a targeted, gender-responsive approach, the Agreement risks further entrenching inequity.

Reform must integrate gender-responsiveness into the mental health system, tackle upstream determinants, integrate adjacent systems and support women at every life stage.

The Liptember Foundation stands ready to partner with governments, service providers and the broader community sector to ensure that the role of gender is embedded at every level of reform – to deliver a future where all women can achieve their optimal mental health.

References:

Liptember Foundation. (2025). Beyond the Surface: Investigating the Mental Health Realities for Australian Women in 2025.