PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

Standing Committee on Health, Aged Care and Sport

Inquiry into Childhood Rheumatic Diseases

17 February 2022

PDR Number: IQ22-000026

Burden of disease report - Childhood rheumatic diseases

Spoken

Hansard page number: 2

Member: Mike Freelander

Question:

Dr FREELANDER: Is there room in the Commonwealth purview to do an assessment of the burden of disease in Australia?

Ms Wallbank: I know that the AIHW does include childhood rheumatic diseases in their burden of disease report, but I'll have to look into how much detail is in there. We could always ask more questions and provide more detail.

Answer:

The Australian Burden of Disease Study published by the Australian Institute of Health and Welfare (AIHW) includes estimates of the burden of disease in children for rheumatoid arthritis among the entire Australian population. This study is available online at: www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus.

In 2018, among children aged under 15, rheumatoid arthritis was the:

- 22nd leading cause of disease burden (not ranked in leading 25 causes in boys but ranked 14th in girls)
- 14th leading cause of non-fatal burden (ranked 15th in boys and ninth in girls)*.

^{*}Note: The study includes rheumatoid arthritis only and does not separately estimate disease burden due to other rheumatic diseases.

Modelling of self-reported data from the ABS National Health Survey 2017-18 was used in the study and while it is not clinical data, it was the best available data for rheumatoid arthritis among the entire Australian population. However, improvements in national data on rheumatoid arthritis among children would assist in refining future burden of disease estimates. The survey results are available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release.

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17 February 2022

PDR Number: IQ22-000029

Impact of rheumatic disease on children and their families and use of telehealth

Spoken

Hansard page number: 4

Member: Angie Bell

Question:

Ms BELL: I'm interested in the economic impact but also the social and psychological impacts—the mental health impacts on young children who have to wake up every morning and find themselves in this position of pain and angst, and the cost to their family as well in terms of taking time off work to look after an unwell child. Have there been any studies or any numbers gathered? Any data around that?

Ms Wallbank: That kind of impact? I will have a look. I haven't been made aware of anything in relation to this particular illness. I think if we look at the impact of chronic disease on families there would probably be evidence that we can dig up around that.

Ms BELL: I think it's always useful to have measurements around any of these illnesses in terms of moving forward with listings on the MBS, the cost to families and impact to the economy. Those sorts of measures are always helpful for getting outcomes for people in terms of arguing for steps forward.

Ms Wallbank: I agree.

Ms BELL: I think any studies around that would be really helpful—particularly in that mental health area, as to whether telehealth is being used as well.

Ms Wallbank: I'll see if we can get a breakdown of that, because there could be stats. I know we have millions of people using telehealth now. I'll see whether that's available as more of a breakdown in terms of the use.

Answer:

There are no national research or published data relating to the economic, social and psychological impacts of rheumatic disease on children and their families.

There are several data sources that may be further explored for information on the impact on children with rheumatic disease or other chronic conditions:

- Linked data assets such as the Australian Institute of Health and Welfare's National
 Integrated Health Services Information Analysis Asset and the Australian Bureau of
 Statistics' Multi-Agency Data Integration Project could be used for longer term studies.
 There is known difficulty in identifying people with chronic diseases in existing data
 collections, particularly if the condition is not treated with unique medications and/or if
 hospitalisation is a rare event and the condition is managed mainly in the community
 setting. Improved national data on primary health care would enhance these data assets
 into the future.
- The Longitudinal Study of Australian Children (LSAC) could be used to examine the broader impacts of certain chronic diseases in children over time. The LSAC is conducted in partnership between the Department of Social Services, Australian Institute of Family Studies and Australian Bureau of Statistics and is a study of approximately 10,000 young people. Whilst childhood rheumatic disease is not specifically included in this study, various 'paediatric conditions' such as asthma, epilepsy, autism and diabetes, are included, as well as other health/social/educational aspects. This study is available at: www.growingupinaustralia.gov.au/about-study.
- State based data sources, for example, the South Australia Early Childhood Data Project and in future years the Victoria GenV research program. This data is available at: genv.org.au.
- The 2021 Census contained a question on long-term health conditions. Further data will become available in June 2022. The answer to the Census question is available at: www.abs.gov.au/census/guide-census-data/census-dictionary/2021/variablestopic/health/type-long-term-health-condition-lthp.

Regarding the use of telehealth for mental health services in children, data are not published by age group, but this can theoretically be extracted from the Medicare Benefits Schedule data.

Data on the use of mental health services via telehealth for the total Australian population can be found in *Mental health services in Australia*, available at:

www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-subsidised-mental-health-specific-services.