

11 Mental health-related prescriptions

11.1 Introduction

This chapter presents information on prescriptions for *mental health-related medications* that are subsidised by the Australian Government through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Under both schemes, Medicare Australia makes payments to pharmacists to subsidise pharmaceutical products that are regarded as necessary and/or life-saving and are listed in the *Schedule of Pharmaceutical Benefits* (DoHA 2007c).

Key concepts

Mental health-related medications are defined in this chapter as:

- five selected medication groups as classified in the Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2008)—namely antipsychotics (code N05A), anxiolytics (code N05B), hypnotics and sedatives (code N05C), antidepressants (code N06A) and psychostimulants and nootropics (code N06B)—prescribed by all medical practitioners (that is, GPs, non-psychiatrist specialists and psychiatrists); and
- all other medications prescribed by psychiatrists.

Mental health-related prescriptions are defined as prescriptions for mental health-related medications subsidised under the PBS/RPBS, which were dispensed by an approved pharmacist and for which the claim was processed by Medicare Australia in the reporting period.

Note that the intent of the definition of mental health-related medications used in this chapter is to capture, as far as possible, medications that were dispensed for mental health-related reasons. However, it is likely that some medications are included that were prescribed for non-mental health-related reasons (for example, some medications prescribed by psychiatrists may not relate directly to the patient's mental health problems), while other medications that were related to mental health problems may have been excluded (for example, some medications prescribed by GPs or non-psychiatrist specialists that fall outside of the five selected medication groups may have been prescribed for mental health-related problems).

It should also be noted that over-the-counter medications (including orthodox and alternative medications) and non-subsidised medications, such as private prescriptions and below copayment prescriptions (where the patient copayment covers the total costs of the prescribed medication), are not included in the PBS and RPBS data. Based on the Drug Utilisation Sub-Committee database, 78% of mental health-related prescriptions were dispensed under the PBS or RPBS in 2006–07 (DoHA 2008a). The remainder were privately funded due either to the ineligibility of the patient or the price being below the maximum patient contribution.

This chapter first presents information on mental health-related prescriptions for 2006–07, according to the type of medication prescribed and the prescribing medical practitioner, followed by data that covers the period from 2001–02 to 2006–07. Secondly, tables present the number of patients receiving mental health-related prescriptions for 2006–07, broken down by demographic characteristics and area of residence, as well as by

prescribing medical practitioner and type of medication prescribed. The latter is also presented in time series form for the period from 2001–02 to 2006–07.

For further information on the PBS and RPBS, and on data on medications covered by these schemes, refer to Appendix 1. Related data on expenditure on medications under the PBS and RPBS are presented in Chapter 14 of this publication.

In interpreting the information provided in this chapter, note that individual prescriptions will vary in the number of doses, the strength of each individual dose and the type of preparation (such as tablets or injections).

Each of the pharmaceutical products subsidised through the PBS or RPBS is listed in the *Schedule of Pharmaceutical Benefits* (DoHA 2007c). The coding of the pharmaceutical products in this schedule is based on the Anatomical Therapeutic Chemical (ATC) Classification System, defined by the World Health Organization (WHO 2008). This classification assigns therapeutic drugs to different groups according to the organ or system on which they act, as well as their therapeutic and chemical characteristics. In Table 11.1, the five selected medication groups that have been defined as mental health-related are briefly described. Specific medications within these groups may also be used in the management of patients with illnesses that are not psychiatric in nature (for example, use of hypnotics and sedatives during post-operative care).

Table 11.1: Drug groups defined for this report as mental health-related medications in the PBS/RPBS data

ATC code	Drug groups	Brief description of effects and indications
N05	Psycholeptics	A group of drugs that tranquilises (central nervous system depressants)
N05A	Antipsychotics	Drugs used to treat symptoms of psychosis (a severe mental disorder characterised by loss of contact with reality, delusions and hallucinations), common in conditions such as schizophrenia, mania and delusional disorder.
N05B	Anxiolytics	Drugs prescribed to treat symptoms of anxiety.
N05C	Hypnotics and sedatives	Hypnotic drugs are used to induce sleep and treat severe insomnia. Sedative drugs are prescribed to reduce excitability or anxiety.
N06	Psychoanaleptics	A group of drugs that stimulates the mood (central nervous system stimulants)
N06A	Antidepressants	Drugs used to treat the symptoms of clinical depression.
N06B	Psychostimulants	Agents used for Attention-Deficit Hyperactivity Disorder (ADHD) and to improve impaired cognitive abilities (nootropics)

Source: WHO 2008.

11.2 Prescriptions

This section presents information on the number and type of mental health-related prescriptions that were subsidised under the PBS and RPBS. In interpreting this information, note that a person may have obtained several subsidised mental health-related prescriptions during the period covered. Information on the number of people receiving mental health-related prescriptions is presented in the following section.

In 2006–07, medical practitioners provided 183.4 million PBS/RPBS-subsidised prescriptions for medications, of which 20.6 million (11.2%) were for mental health-related medications (Table 11.2). This is equivalent to 990 mental health-related prescriptions per 1,000 population (Table 11.3).

Of the 20.6 million mental health-related prescriptions, the great majority (86.3%) were provided by GPs, with another 9.5% being prescribed by psychiatrists and 4.2% by non-psychiatrist specialists.

Most of the 20.6 million prescriptions were for antidepressant medication (58.3%, or 12 million), followed by anxiolytics (15.8%), hypnotics and sedatives (13.4%) and antipsychotics (9.7%).

Table 11.2: Mental health-related prescriptions, by type of medication prescribed^(a) and prescribing medical practitioner^(b), 2006–07

ATC group (code)	General practitioners	Non-psychiatrist specialists	Psychiatrists	Total	Total (per cent)
Antipsychotics (N05A) ^(c)	1,453,905	153,690	390,425	1,998,020	9.7
Anxiolytics (N05B)	3,037,662	85,216	141,540	3,264,418	15.8
Hypnotics and sedatives (N05C)	2,632,598	85,360	54,435	2,772,393	13.4
Antidepressants (N06A)	10,642,397	391,199	1,004,580	12,038,176	58.3
Psychostimulants and nootropics (N06B)	48,906	155,341	69,984	274,231	1.3
Other ATC groups ^(d)	290,251	290,251	1.4
Total	17,815,468	870,806	1,951,215	20,637,489	100.0
Total (per cent)	86.3	4.2	9.5	100.0	..

(a) Classified according to the ATC Classification System (WHO 2008). Includes all scripts for 2006–07 where the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements, in particular for Clozapine.

(b) Does not include 28,863 scripts where the prescriber's specialty was unknown and the ATC level 3 code was N05A, N05B, N05C, N06A or N06B.

(c) Includes Clozapine dispensed through Section 100 arrangements by private hospitals but not by public hospitals.

(d) Includes other N codes as well as other ATC medication groups as presented in Table 11.4. Note that data for other ATC groups prescribed by GPs and non-psychiatrist specialist are not presented because they are not included in the definition of mental health-related medications.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).

There was some variation in the number and type of mental health-related medications prescribed across states and territories in 2006–07 (Table 11.3). The rate of prescriptions per 1,000 population was relatively low in the Australian Capital Territory (699 per 1,000 population) and New South Wales and Western Australia were also below the national average of 990 prescriptions per 1,000 population. In contrast, Tasmania and South Australia had considerably higher rates of prescriptions than the national average (1,332 and 1,172 prescriptions per 1,000 population, respectively) while Victoria and Queensland were also above average.

Regarding the distribution of mental health-related prescriptions across the ATC groups, Tasmanian providers prescribed a higher proportion of anxiolytics than the national average (21.8% compared with 15.8% for Australia) and a lower proportion of antipsychotics (6.3% compared with 9.7% for Australia) while providers in the Northern Territory and the Australian Capital Territory prescribed a higher proportions of antidepressants (around 65.4% compared with 58.3% for Australia) and Western Australian providers prescribed a higher proportion of psychostimulants and nootropics (3.3% compared with 1.3% for Australia).

Table 11.3: Mental health-related prescriptions, by type of medication prescribed^(a) and prescribing medical practitioner^(b), states and territories^(c), 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Antipsychotics including Clozapine (N05A)									
General practitioners	489,365	398,318	253,061	115,402	143,284	33,457	15,682	5,278	1,453,905
Non-psychiatrist specialists	32,024	64,083	29,384	16,701	6,651	1,947	1,317	1,570	153,690
Psychiatrists	133,455	117,218	67,426	21,958	35,900	6,158	7,282	1,026	390,425
Total	654,844	579,619	349,871	154,061	185,835	41,562	24,281	7,874	1,998,020
Anxiolytics (N05B)									
General practitioners	851,439	863,865	621,977	240,547	290,937	136,231	25,611	7,008	3,037,662
Non-psychiatrist specialists	20,663	26,529	18,871	8,189	8,388	1,726	599	249	85,216
Psychiatrists	35,303	49,227	30,053	7,367	13,296	4,775	1,152	367	141,540
Total	907,405	939,621	670,901	256,103	312,621	142,732	27,362	7,624	3,264,418
Hypnotics and sedatives (N05C)									
General practitioners	827,298	682,586	496,025	257,957	249,594	92,004	21,061	6,001	2,632,598
Non-psychiatrist specialists	23,491	26,468	17,529	9,589	6,232	1,147	632	266	85,360
Psychiatrists	13,608	16,761	12,125	4,115	5,803	1,315	649	56	54,435
Total	864,397	725,815	525,679	271,661	261,629	94,466	22,342	6,323	2,772,393
Antidepressants (N06A)									
General practitioners	3,248,693	2,603,935	2,263,408	1,085,409	930,648	331,153	138,834	40,179	10,642,397
Non-psychiatrist specialists	102,842	115,188	86,159	48,134	25,223	7,913	3,759	1,974	391,199
Psychiatrists	297,197	287,460	213,770	83,877	88,415	21,024	11,221	1,597	1,004,580
Total	3,648,732	3,006,583	2,563,337	1,217,420	1,044,286	360,090	153,814	43,750	12,038,176
Psychostimulants and nootropics (N06B)									
General practitioners	7,701	3,286	20,775	9,452	5,090	1,520	567	515	48,906
Non-psychiatrist specialists	57,312	32,906	21,471	24,654	9,094	7,524	1,569	811	155,341
Psychiatrists	16,849	8,032	6,347	30,530	5,168	1,349	1,644	65	69,984
Total	81,862	44,224	48,593	64,636	19,352	10,393	3,780	1,391	274,231
Other medications prescribed by psychiatrists^(d)									
Psychiatrists	84,887	83,521	65,425	22,608	23,483	5,799	3,553	968	290,251
Total	6,242,127	5,379,383	4,223,806	1,986,489	1,847,206	655,042	235,132	67,930	20,637,489
Rate (per 1,000 population) ^(e)	911	1,041	1,022	955	1,172	1,332	699	320 ^(f)	990

- (a) Classified according to the ATC Classification System (WHO 2008). Includes all scripts for 2006–07 where the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements, in particular for Clozapine.
- (b) Does not include 28,863 scripts where the prescriber's specialty was unknown.
- (c) State/territory is based on the patient's residential address. If the patient's address is unknown, the state or territory of the supplying pharmacy is used. Australia includes data where the state is unknown.
- (d) Includes other N codes as well as other ATC medication groups. Note that data for other ATC groups prescribed by GPs and non-psychiatrist specialist are not presented because they are not included in the definition of mental health-related medications.
- (e) Crude rate based on the preliminary Australian estimated resident population at 31 December 2006.
- (f) A substantial proportion of the Australian Government subsidy of pharmaceuticals in the Northern Territory is funded through the Aboriginal Health Services program, which is processed on the basis of boxes supplied to Aboriginal Health Services and not through the usual PBS systems.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).

Table 11.4: Mental health-related prescriptions, by type of medication prescribed^(a) and prescribing medical practitioner^(b), 2002–03 to 2006–07

Medication prescribed/ prescriber	2002–03	2003–04	2004–05	2005–06	2006–07	Average annual change (per cent)
Antipsychotics including Clozapine (N05A)						
General practitioners	1,118,971	1,169,958	1,231,005	1,344,013	1,453,905	6.8
Non-psychiatrist specialists	83,166	101,136	111,568	135,723	153,690	16.6
Psychiatrists	303,210	309,435	334,897	368,840	390,425	6.5
<i>Subtotal</i>	<i>1,505,347</i>	<i>1,580,529</i>	<i>1,677,470</i>	<i>1,848,576</i>	<i>1,998,020</i>	<i>7.3</i>
Anxiolytics (N05B)						
General practitioners	3,107,695	3,110,660	3,117,091	3,060,719	3,037,662	–0.6
Non-psychiatrist specialists	73,568	75,753	80,868	84,636	85,216	3.7
Psychiatrists	149,202	149,124	147,707	142,263	141,540	–1.3
<i>Subtotal</i>	<i>3,330,465</i>	<i>3,335,537</i>	<i>3,345,666</i>	<i>3,287,618</i>	<i>3,264,418</i>	<i>–0.5</i>
Hypnotics and sedatives (N05C)						
General practitioners	2,993,573	2,888,136	2,848,365	2,726,783	2,632,598	–3.2
Non-psychiatrist specialists	88,321	88,786	88,245	87,303	85,360	–0.8
Psychiatrists	68,267	64,380	61,629	57,594	54,435	–5.5
<i>Subtotal</i>	<i>3,150,161</i>	<i>3,041,302</i>	<i>2,998,239</i>	<i>2,871,680</i>	<i>2,772,393</i>	<i>–3.1</i>
Antidepressants (N06A)						
General practitioners	9,841,838	10,666,972	11,249,261	10,869,136	10,642,397	2.0
Non-psychiatrist specialists	365,854	403,139	408,700	401,446	391,199	1.7
Psychiatrists	1,038,628	1,070,005	1,082,196	1,029,864	1,004,580	–0.8
<i>Subtotal</i>	<i>11,246,320</i>	<i>12,140,116</i>	<i>12,740,157</i>	<i>12,300,446</i>	<i>12,038,176</i>	<i>1.7</i>
Psychostimulants and nootropics (N06B)						
General practitioners	38,166	37,453	38,688	44,293	48,906	6.4
Non-psychiatrist specialists	141,855	134,319	122,732	144,145	155,341	2.3
Psychiatrists	70,440	76,809	71,623	66,180	69,984	–0.2
<i>Subtotal</i>	<i>250,461</i>	<i>248,581</i>	<i>233,043</i>	<i>254,618</i>	<i>274,231</i>	<i>2.3</i>
Other medications prescribed by psychiatrists^(c)						
Psychiatrists	338,840	298,834	300,845	291,507	290,251	–3.8
Total	19,821,594	20,644,899	21,295,420	20,854,445	20,637,489	1.0
Rate (per 1,000 population) ^(d)	1,002	1,031	1,051	1,014	990	–0.3

(a) Classified according to the ATC Classification System (WHO 2008). Includes all scripts for 2006–07 where the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements, in particular for Clozapine.

(b) Does not include scripts where the prescriber's specialty was unknown.

(c) Includes other N codes as well as other ATC medication groups as presented in Table 11.5. Note that data for other ATC groups prescribed by GPs and non-psychiatrist specialist are not presented because they are not included in the definition of mental health-related medications.

(d) Crude rate based on the preliminary Australian estimated resident population at 31 December 2006.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).

Most jurisdictions showed the same relationships between the type of mental health-related medication and the medical practitioner who provided the prescription. Exceptions include the Northern Territory, which had a higher proportion of antipsychotic prescriptions provided by non-psychiatrist specialists than the national average (19.9% compared with 7.7% for Australia), and the Australian Capital Territory, which had a higher proportion of antipsychotic prescriptions provided by psychiatrists (30.0% compared with 19.5% for Australia). Queensland and the Northern Territory also had higher proportions of psychostimulant and nootropic prescriptions provided by GPs than the national average (42.8% and 37.0%, respectively, compared with 17.8% for Australia) and a lower proportion provided by psychiatrists (13.1% and 4.7%, respectively, compared with 25.5% for Australia). New South Wales, Victoria and Tasmania had a higher proportion of psychostimulant and nootropic prescriptions provided by non-psychiatrist specialists than the national average (over 70% compared with 56.6% for Australia).

Table 11.4 shows the trends in the prescription of mental health-related medications over the five years from 2002–03 to 2006–07.

Overall, mental health-related prescriptions increased from 19.8 million in 2002–03 to 20.6 million in 2006–07, at an annual average rate of 1.0%. There were increases in the number of antipsychotics, psychostimulants and nootropics, and antidepressants prescribed (on average by 7.3%, 2.3% and 1.7% per year, respectively). However, prescriptions for hypnotics and sedatives, as well as anxiolytics decreased on average by 3.1% and 0.5% per year, respectively. Other medications prescribed by psychiatrists also decreased (by 3.8% on average per year).

The biggest increase in prescription of a particular ATC group by a provider type was for the prescription of antipsychotics by non-psychiatrist specialists, which rose steadily by an average annual rate of change of 16.6%. The prescription of psychostimulants and nootropics by GPs also saw a substantial increase, especially since 2004–05 where it has increased by 12.4% per year. Non-psychiatrist specialists also increased their prescribing of this group, which covers attention deficit hyperactivity disorder (ADHD) medications, over this two-year period by 12.5% per year, whereas prescribing by psychiatrists declined slightly.

11.3 Patients

In 2006–07, 20.4 million PBS/RPBS-subsidised prescriptions for mental health-related medications were provided to 2.3 million patients (Table 11.5). (There were a further 0.3 million prescriptions for which patient identification was not available.) This represents an average of 8.7 prescriptions per patient.

There was very little variation in the number of prescriptions per patient across sex, age and area of residence groups, with lower average rates for young people and those in Remote and Very Remote areas being the only marked differences. There was more marked variation in the number of people obtaining mental health-related prescriptions per 1,000 population (rather than prescriptions per patient). Females, people aged 55 and over, and people living in Inner and Outer Regional areas had higher rates of receipt of mental health-related prescriptions than the national average of 112 patients per 1,000 population.

Table 11.5: Patients dispensed with mental health-related prescriptions: patient demographic characteristics and services received, 2006–07

Patient demographics	Number of patients	Per cent of patients	Rate (per 1,000 population) ^(a)	Number of scripts ^(b)	Per cent of scripts	Scripts per patient
Age (years)						
Less than 15	45,145	1.9	11	228,272	1.1	5.1
15–24	132,582	5.7	46	777,763	3.8	5.9
25–34	229,561	9.9	79	1,843,165	9.0	8.0
35–44	321,656	13.8	105	2,892,759	14.2	9.0
45–54	344,313	14.8	119	3,245,168	15.9	9.4
55–64	375,012	16.1	163	3,468,202	17.0	9.2
65+	878,500	37.7	323	7,901,887	38.8	9.0
Sex						
Male	888,880	38.1	86	7,640,997	37.5	8.6
Female	1,437,897	61.7	137	12,716,305	62.4	8.8
Area of residence						
Major cities	1,471,837	63.2	104	12,863,794	63.2	8.7
Inner regional	560,153	24.0	137	4,942,983	24.3	8.8
Outer regional	237,991	10.2	121	2,039,400	10.0	8.6
Remote	25,588	1.1	80	206,946	1.0	8.1
Very remote	6,734	0.3	40	48,927	0.2	7.3
Total	2,330,561	100.0	112	20,368,152	100.0	8.7

(a) Crude rate based on the preliminary Australian estimated resident population as at 31 December 2006, except for area of residence where 30 June 2006 preliminary estimates of resident population by Australian Standard Geographical Classification remoteness area used.

(b) Includes all scripts for 2006–07 where the prescriber was a psychiatrist or the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements. Excludes 298,200 scripts for which no identifying information exists.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).

Commensurate with the rates of mental health-related medications prescribed across states and territories, the rate of patients obtaining mental health-related prescriptions per 1,000 population in 2006–07 was very low in the Northern Territory and the Australian Capital Territory (45 and 87 per 1,000 population, respectively, while Tasmania and South Australia had very high patient rates (143 and 130 patients per 1,000 population, respectively) compared with the national average of 112 (Table 11.6).

Tasmania and the Northern Territory had very low rates of patients obtaining mental health-related prescriptions from psychiatrists (5.4% and 5.3%, respectively, of patients compared with 9.7% in the Australian Capital Territory and 8.6% nationally). Tasmania had a higher rate of patients obtaining mental health-related prescriptions from GPs than other jurisdictions (94.6% compared with 92.2% nationally), while a higher proportion of patients in the Northern Territory obtained mental health-related prescriptions from non-psychiatric specialists (12.5% compared with 11.0% nationally). Victoria also had a high proportion (12.9%) of patients obtaining mental health-related prescriptions from non-psychiatric specialists.

A high proportion of patients of psychiatrists in Western Australia obtained prescriptions for psychostimulant and nootropic medications (24.1% compared with a national average of only 5.5%). A similar proportion (24.5%) of the patients of non-psychiatric specialists receiving mental health-related medications in Tasmania obtained prescriptions for psychostimulants and nootropics compared with a national average of 13.5%.

The number of patients obtaining mental health-related prescriptions per 1,000 population declined over the five years to 2006–07 by an average annual rate of 1.5% per year (Table 11.7). The fall in the last two years of the period in particular was over 4% per year. The number of patients obtaining mental health-related prescriptions from psychiatrists fell by 1.1% per year over the five year period, and by 3.4% per year over the last two years of the period. The number of patients obtaining mental health-related prescriptions from GPs also fell slightly over the five years while those obtaining mental health-related prescriptions from non-psychiatric specialists rose by 2.8% per year and by 12.8% per year for antipsychotics in particular. Antipsychotics (including Clozapine) and psychostimulants and nootropics were the mental health-related medication groups with the greatest increase in patient numbers over the five year period across all prescriber types.

Table 11.6: Patients dispensed with mental health-related prescriptions, by prescribing medical practitioner^(a) and type of medication prescribed^(b), states and territories^{(c)(d)}, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
General practitioners									
N05A	73,676	57,557	38,893	17,682	21,359	5,271	2,432	958	217,837
N05B	158,342	147,469	115,062	41,691	50,831	21,436	4,476	1,405	540,725
N05C	168,648	141,539	103,061	53,372	51,926	17,245	4,883	1,399	542,087
N06A	461,562	361,759	314,965	149,514	129,701	45,015	20,544	6,743	1,489,824
N06B	1,583	695	4,576	1,576	825	238	103	96	9,692
<i>Total patients^(e)</i>	<i>674,198</i>	<i>535,509</i>	<i>442,318</i>	<i>204,362</i>	<i>190,789</i>	<i>66,426</i>	<i>26,895</i>	<i>8,804</i>	<i>2,149,344</i>
Non-psychiatrist specialists									
N05A	9,254	15,017	9,085	4,087	1,916	484	379	340	40,565
N05B	10,171	13,968	10,508	3,760	3,148	938	306	131	42,930
N05C	12,535	15,203	10,065	5,195	3,598	742	341	137	47,818
N06A	35,142	38,781	30,122	14,557	8,869	2,706	1,260	593	132,033
N06B	13,675	7,013	5,666	4,591	1,741	1,333	382	178	34,579
<i>Total patients^(e)</i>	<i>71,835</i>	<i>75,305</i>	<i>55,463</i>	<i>27,373</i>	<i>16,840</i>	<i>5,449</i>	<i>2,399</i>	<i>1,202</i>	<i>255,872</i>
Psychiatrists									
N05A	22,771	18,768	11,667	3,649	5,860	1,042	1,166	229	65,152
N05B	7,877	9,924	6,531	1,637	2,675	889	259	91	29,883
N05C	3,991	4,428	3,395	1,078	1,530	325	218	30	14,997
N06A	48,203	42,102	31,768	11,815	13,150	3,020	1,866	320	152,247
N06B	3,047	1,390	1,294	4,004	778	162	308	10	10,993
<i>Total patients^(e)</i>	<i>64,367</i>	<i>54,561</i>	<i>39,896</i>	<i>16,647</i>	<i>17,287</i>	<i>3,795</i>	<i>2,831</i>	<i>511</i>	<i>199,898</i>
All prescribers									
N05A	89,642	73,871	48,637	21,941	25,462	6,030	3,325	1,217	270,136
N05B	166,754	157,736	121,677	44,051	53,178	22,144	4,761	1,528	571,843
N05C	175,802	149,513	108,597	55,933	54,053	17,680	5,184	1,506	568,284
N06A	497,549	395,734	338,149	160,302	139,609	47,342	21,904	7,144	1,607,757
N06B	17,439	8,647	9,969	9,226	3,016	1,655	748	257	50,957
Total ^(e)	732,944	585,469	475,320	223,335	204,333	70,240	29,288	9,587	2,330,561
Rate (per 1,000 population) ^(f)	107	113	115	107	130	143	87	45	112

(a) Does not include counts for 24,577 patients where the prescriber's specialty was unknown. Data for these patients may also be in other categories so they may be included elsewhere in the above table.

(b) Classified according to the ATC Classification System (WHO 2008). Includes all scripts for 2006–07 where the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements, in particular for Clozapine. See Table 11.1 for a key to the ATC codes.

(c) State/territory is based on the patient's residential address. If the patient's address is unknown, the state or territory of the supplying pharmacy is used. There remains a small number of records for which state/territory is unknown and which appear only in the total Australia column.

(d) Excludes scripts where the patient identity is unknown.

(e) Total patients may be less than the sum of the numbers of patients for each of the ATC groups, as the same patient may obtain prescriptions for medications in more than one group.

(f) Crude rate based on the preliminary Australian estimated resident population at 31 December 2006.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).

Table 11.7: Patients dispensed with mental health-related prescriptions, by prescribing medical practitioner^(a) and type of medication prescribed^{(b)(c)}, 2002–03 to 2006–07

Prescriber/ medication prescribed	2002–03	2003–04	2004–05	2005–06	2006–07	Average annual change (per cent)
General practitioners						
N05A	182,166	188,255	195,758	208,963	217,837	4.6
N05B	568,140	565,574	561,061	549,147	540,725	-1.2
N05C	608,415	590,619	581,576	558,701	542,087	-2.8
N06A	1,453,475	1,539,759	1,587,354	1,546,274	1,489,824	0.6
N06B	7,686	7,570	7,738	8,951	9,692	6.0
<i>Total patients^(d)</i>	<i>2,174,439</i>	<i>2,243,081</i>	<i>2,283,437</i>	<i>2,225,916</i>	<i>2,149,344</i>	<i>-0.3</i>
Non-psychiatrist specialists						
N05A	25,017	30,168	33,240	37,321	40,565	12.8
N05B	37,159	38,413	39,478	42,270	42,930	3.7
N05C	49,071	49,595	48,829	48,606	47,818	-0.6
N06A	123,897	135,443	135,902	135,909	132,033	1.6
N06B	27,332	26,334	24,601	31,437	34,579	6.1
<i>Total patients^(d)</i>	<i>228,706</i>	<i>242,732</i>	<i>244,527</i>	<i>255,045</i>	<i>255,872</i>	<i>2.8</i>
Psychiatrists						
N05A	56,025	57,178	59,900	63,650	65,152	3.8
N05B	31,729	31,915	31,635	30,452	29,883	-1.5
N05C	18,682	17,798	17,230	15,737	14,997	-5.3
N06A	166,311	169,248	168,666	160,068	152,247	-2.2
N06B	10,619	11,305	11,101	10,413	10,993	0.9
<i>Total patients^(d)</i>	<i>209,165</i>	<i>213,313</i>	<i>214,408</i>	<i>206,774</i>	<i>199,898</i>	<i>-1.1</i>
All prescribers						
N05A	225,480	234,093	243,336	259,398	270,136	4.6
N05B	598,476	596,296	592,075	580,449	571,843	-1.1
N05C	636,432	618,929	609,269	585,358	568,284	-2.8
N06A	1,580,179	1,668,225	1,713,919	1,669,815	1,607,757	0.4
N06B	42,362	41,854	40,194	47,169	50,957	4.7
Total patients^(d)	2,355,599	2,425,843	2,463,760	2,408,690	2,330,561	-0.3
Rate (per 1,000 population) ^(e)	119	121	122	117	112	-1.5

(a) Does not include counts for patients where the prescriber's specialty was unknown. Data for these patients may also be in other categories so they may be included elsewhere in the above table.

(b) Classified according to the ATC Classification System (WHO 2008). Includes all scripts for 2006–07 where the ATC level 3 code was N05A, N05B, N05C, N06A or N06B. Does not include public hospital scripts dispensed through Section 100 arrangements, in particular for Clozapine. See Table 11.1 for a key to the ATC codes.

(c) Excludes scripts where the patient identity is unknown.

(d) Total patients may be less than the sum of the numbers of patients for each of the ATC groups as the same patient may obtain prescriptions for medications in more than one group.

(e) Crude rate based on the preliminary Australian estimated resident population at 31 December 2006.

Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA).