

Mental health-related prescriptions

This section presents information on [prescriptions](#) for mental health-related [medications](#) from two sources. Information on prescribed mental health-related medications subsidised by the Australian Government through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) are from Medicare Australia records (DoHA 2012). Data on prescriptions for mental health-related medications are derived from the Drug Utilisation Sub-Committee (DUSC) database which combines prescription estimates for non-subsidised prescriptions with the actual counts of the subsidised prescriptions from the Medicare Australia records (DoHA 2011).

For further information on the PBS and RPBS, the medications covered by these schemes, and the DUSC, refer to the [data source](#) section. Related data on expenditure on medications subsidised under the PBS and RPBS are presented in the [Expenditure](#) section.

Key points

- There were over 22 million PBS- and RPBS-subsidised prescriptions for mental health-related medications in 2010–11, accounting for 11% of all subsidised prescriptions.
- 86% of the mental health-related subsidised prescriptions were provided by GPs, with another 8% being prescribed by psychiatrists and 6% by non-psychiatrist specialists.
- Subsidised prescriptions comprised 76% of the estimated 31 million community-dispensed mental health-related prescriptions.
- There was an average annual increase of 2.6% in the rate of community-dispensed prescriptions for mental health-related medications from 2006–07 to 2010–11.

References

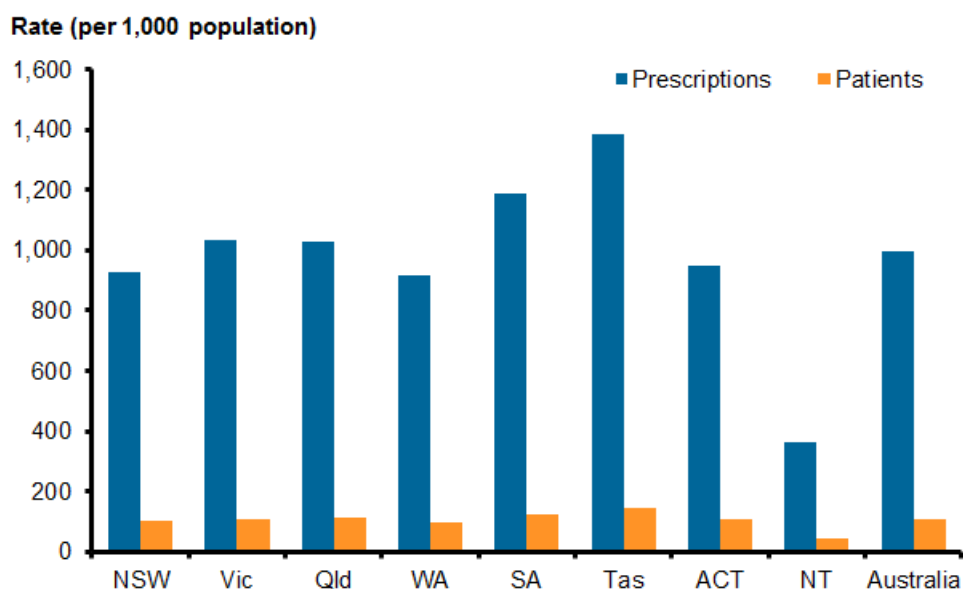
DoHA 2012. Schedule of Pharmaceutical Benefits. various issues, Canberra: Commonwealth of Australia. Viewed 22 February 2012, < <http://www.pbs.gov.au/info/publication/schedule/archive> >.

DoHA 2011. Australian statistics on medicines 2009. Canberra: Commonwealth of Australia.

States and territories PBS-RPBS prescriptions

There were 201 million PBS- and RPBS subsidised prescriptions for medications in 2010–11, of which 22.4 million (11.1%) were for mental health-related medications. This is equivalent to 996 subsidised mental health-related prescriptions per 1,000 population. These prescriptions for mental health-related medications were provided to 2.4 million patients, representing an average of 9.3 prescriptions per patient. The patient rate was 107 patients per 1,000 population in 2010–11.

The rate of prescriptions per 1,000 population was relatively low in Western Australia (914.0 per 1,000 population). Tasmania and South Australia had considerably higher rates of prescriptions than the national average (1,381.9 and 1,186.6 prescriptions per 1,000 population, respectively). The rate of patients receiving these medications (per 1,000 population) in 2010–11 showed a similar pattern (Figure 11.1), however, compared to the national average, the patient rate was relatively higher than the prescription rate in New South Wales and the two territories and relatively lower in Victoria, South Australia and Tasmania.



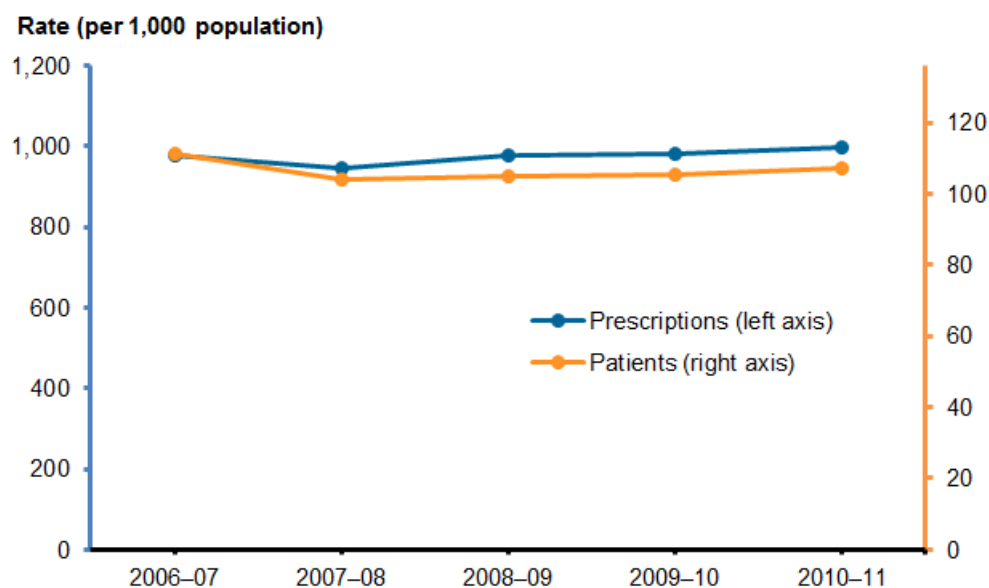
Note: A substantial proportion of the Australian Government subsidy of pharmaceuticals in the Northern Territory is funded through the Aboriginal Health Service program, which is supplied through the Aboriginal Health Services and not through the usual PBS payment system.

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

Figure 11.1: Mental health-related subsidised prescriptions and patients, per 1,000 population, by states and territories, 2010–11

PBS-RPBS prescriptions over time

The rate of PBS- and RPBS-subsidised mental health-related prescriptions and patients per 1,000 population has remained steady over the past few years after a slight dip in 2007–08 (Figure 11.2).



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

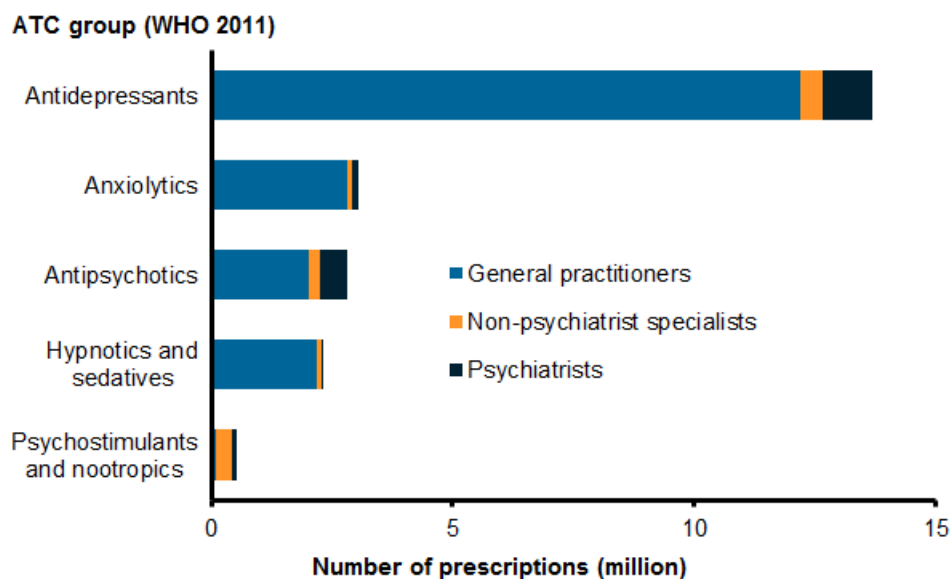
Figure 11.2: Mental health-related subsidised prescriptions and patients, per 1,000 population, 2006–07 to 2010–11

PBS-RPBS subsidised prescription characteristics

Of the 22.4 million subsidised mental health-related prescriptions, the majority (86.2%) were provided by GPs, with another 8.2% being prescribed by psychiatrists and 5.5% by non-psychiatrist specialists.

Most of the prescriptions were for antidepressant medication (61.1%, or 13.7 million), followed by anxiolytics (13.6%), antipsychotics (12.5%) and hypnotics and sedatives (10.3%)(see Figure 11.3).

There was some variation in the number of subsidised prescriptions, across sex, age and area of residence group. Females, those aged 65 and over and those people living in a major city are typical users of subsidised mental health-related prescriptions.



Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA). Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2011)

Figure 11.3: Mental health-related subsidised prescriptions, by ATC group of medication prescribed and prescribing medical practitioner, 2010–11

Reference

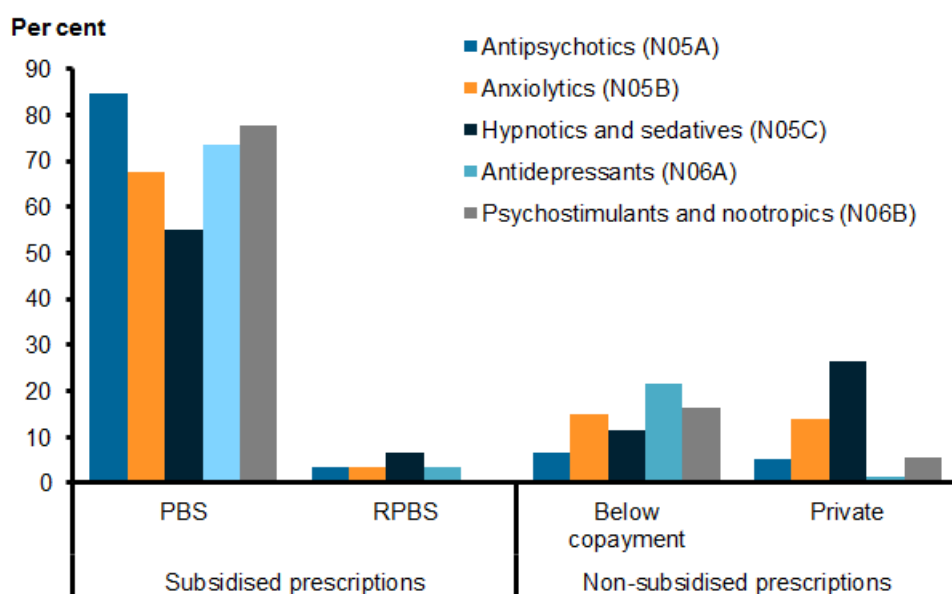
WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed June 2012, http://www.whocc.no/atc/structure_and_principles/

Community dispensed prescriptions

PBS and RPBS data do not cover non-subsidised mental health-related prescriptions. However, using data from the DUSC sponsored Pharmacy Guild survey—an ongoing survey of community pharmacies (DoHA 2011)—it is possible to estimate the non-subsidised use of mental health-related prescription medicines in the Australian community. The survey data are combined with the actual PBS and RPBS counts from Medicare Australia in the DUSC database.

Over three-quarters (75.9%) of the estimated 31.1 million community-dispensed prescriptions for mental health-related medications were dispensed under the PBS or RPBS in 2010–11. The remainder (an estimated 7.5 million prescriptions) were privately funded due either to the ineligibility of the patient or the medication, or the price being below the required patient contribution (Figure 11.4).

Note that the DUSC data are based on the date of supply of prescription. This differs from information presented previously in this section that used the date the service was processed by Medicare Australia. Therefore, the PBS and RPBS mental health-related prescriptions data will not exactly match those presented elsewhere in this section and any comparisons with previous figures should be made with caution.



Source: Drug Utilisation Sub-Committee database (DoHA).

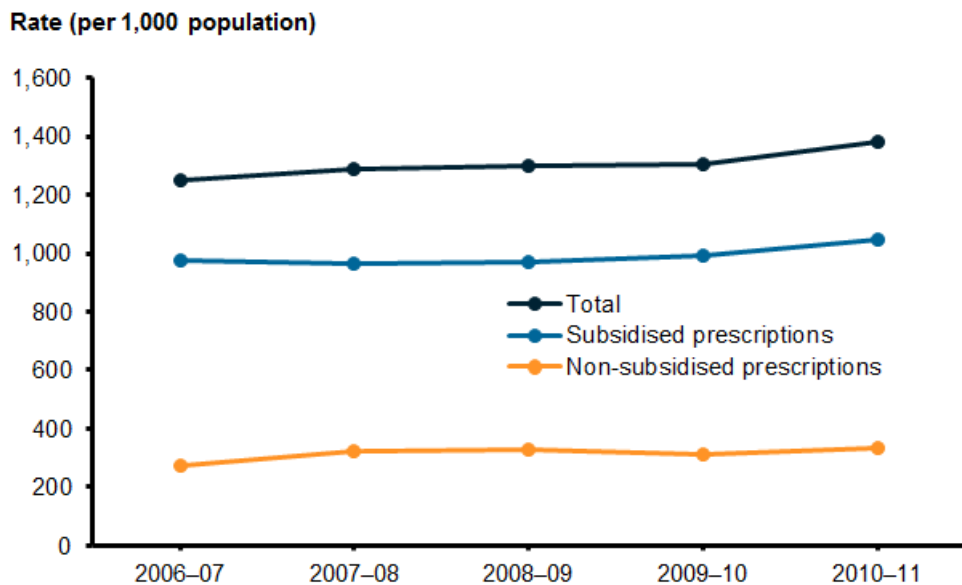
Figure 11.4: Community-dispensed prescriptions, by patient category for mental health-related ATC groups, 2010–11

Reference

DoHA 2011. Australian statistics on medicines 2009. Canberra: Commonwealth of Australia.

Community dispensed prescriptions over time

There has been an average annual increase of 2.6% in the rate of community-dispensed prescriptions for mental health-related medications over the 5-year period from 2006–07 to 2010–11 (Figure 11.5). The growth in the number of non-subsidised medication prescriptions has eased following strong increases up to 2007–08, while growth in subsidised medication prescriptions has been steady from 2007–08 onwards.



Source: Drug Utilisation Sub-Committee database (DoHA).

Figure 11.5: Community-dispensed prescriptions per 1,000 population, by patient category for mental health-related ATC groups, 2006–07 to 2010–11

Data source

Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data

Medicare Australia provides data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) to DoHA. Information collected includes the characteristics of the person who is provided with the prescription, the medication prescribed (for example, type and cost), the prescribing practitioner and the supplying pharmacy (for example, location). The figures reported relate to the number of mental health-related prescriptions processed by Medicare Australia in the reporting period, the number of people provided with the prescriptions and their characteristics, as well as the prescription costs funded by the PBS and RPBS.

Although the PBS and RPBS data capture most of the prescribed medicines dispensed in Australia, these data have the following limitations:

- They refer only to prescriptions scripted by registered medical practitioners who are approved to work within the PBS and RPBS and to paid services processed from claims presented by approved pharmacists who comply with certain conditions. They exclude adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions.
- They exclude non-subsidised medications, such as private and below co-payment prescriptions (where the patient co-payment covers the total costs of the prescribed medication) and over-the-counter medications.
- The level of the co-payment increases annually and drug prices can reduce for a variety of factors (for example, patent changes), which means that some medicines that were captured in previous years might fall below the co-payment level and thus be excluded in following years.
- Programs funded by the PBS that do not use the Medicare Australia PBS processing system include
 - most Section 100 drugs funded through public hospitals (although the pharmaceutical reform measures for public hospitals under the Australian Health Care Agreements and the Chemotherapy Pharmaceutical Access Program are paid through Medicare Australia)
 - Aboriginal health services program
 - Opiate Dependence Treatment Program
 - Special Authority Program
 - Botox (including Dysport)
 - in vitro fertilisation
 - human growth hormones.

Only one of these has a significant bearing on the mental health-related prescriptions data published in the Prescriptions and Expenditure sections: the Aboriginal health services program. Most affected are the data for *Remote* and *Very remote* areas and the data for the Northern Territory. Consequently, the mental health-related prescriptions data in these sections will not fully reflect Australian Government expenditure on mental health-related medications.

The ATC classification version used is the primary classification as it appears in the PBS Schedule of Pharmaceutical Benefits. This can differ slightly from the WHO version (WHO 2011). There are two differences between the WHO ATC classification and the PBS Schedule classification that have a bearing on mental health data. Prochlorperazine is regarded as an other antiemetic (A04AD) in the PBS Schedule while it is an *antipsychotic* according to the WHO classification. This means that information on prochlorperazine will not appear in the data provided as it is not classed as an N code in the PBS Schedule. Lithium carbonate on

the other hand is classified as an *antidepressant* in the PBS Schedule while it is an antipsychotic according to the WHO classification. This means that *lithium carbonate* will appear in the data as an antidepressant rather than an antipsychotic (see the following table).

Differences between the WHO ATC classification and the PBS Schedule of Pharmaceutical Benefits classification

Drug name	WHO ATC Code	PBS Schedule Code	Scripts dispensed in 2010–11 ^(a)
Prochlorperazine	N05AB04	A04AD	600,908
Lithium carbonate	N05AN01	N06AX	109,421

(a) Prescriptions data using date of service basis.

Source: Drug Utilisation Sub-Committee database (DoHA).

To avoid double counting in the demographic tabulations, patients are allocated to the last category in which they appear. The category most affected by this will be age group as age is calculated at the time of supply, and patients' ages will be 1 year greater for prescriptions supplied after their birthday than before it.

State and territory are determined by DoHA according to the patient's residential address. If the patient's state or territory is unknown, then the state or territory of the pharmacy supplying the item is reported.

Unless otherwise indicated, the year was determined from the date the service was processed by Medicare Australia, rather than the date of prescribing or the date of supply by the pharmacy.

Reference

WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed June 2012, http://www.whocc.no/atc/structure_and_principles/

Key concepts

Mental health-related prescriptions

Key Concept	Description
Mental health-related medications	Mental health-related medications are defined in this section as: <ul style="list-style-type: none">• five selected medication groups as classified in the ATC Classification System (WHO 2011), 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, general practitioners (GPs), non-psychiatrist specialists and psychiatrists)• all other medications prescribed by psychiatrists.
Prescriptions	The information on prescriptions is sourced from the PBS/RPBS and /or the Pharmacy Guild Survey and refers to medications prescribed by medical practitioners and subsequently dispensed in community pharmacies (or, for Section 100 drugs, by hospital pharmacies). Consequently, it is a count of medications dispensed rather than a count of the prescriptions written by medical practitioners.

References

WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed June 2012, http://www.whocc.no/atc/structure_and_principles/