Mental health-related prescriptions

This section presents Pharmaceutical Benefits Scheme (PBS) information on prescriptions for mental health-related medications; both subsidised prescriptions and under co-payment prescriptions (that is, prescriptions that cost less that the threshold for subsidy under the PBS). Mental health-related medications reported in this section comprise antipsychotics, anxiolytics, hypnotics and sedatives, antidepressants, and psychostimulants and nootropics prescribed by all medical practitioners.

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

Data downloads

<xlsx and pdf links to be added>

 Data coverage includes the time period 2005–06 to 2016–17. Data in this section were last updated in February 2018.

Key points

35.7 million mental health-related prescriptions (subsidised and under co-payment) were provided in 2016–17.

4.0 million patients received mental health-related prescriptions, an average of 8.8 prescriptions per patient, in 2016–17.

65.2% of all mental health-related prescriptions were subsidised by the PBS/RPBS in 2016–17.

87.4% of the mental health-related prescriptions were prescribed by GPs; **7.9%** prescribed by psychiatrists; **4.6%** prescribed by non-psychiatrist specialists in 2016–17.

69.4% of all mental health-related prescriptions were Antidepressant medications in 2016–17.

Overview

There were 35.7 million prescriptions for mental health-related medications (subsidised and under co-payment) dispensed in Australia in 2016–17. This is equivalent to 1,465.7 mental health-related prescriptions per 1,000 population. These prescriptions were provided to 4.0 million patients, which equates to 16.6% of Australians. There were an average of 8.8 prescriptions per patient in 2016–17.

Of the 35.7 million mental health related prescriptions, 23.3 million were subsidised under the PBS/RPBS and were provided to 2.4 million patients; an average of 9.8 prescriptions per patient in 2016–17.

Patient characteristics

Around 1 in 6 Australians (16.6% of the Australian population) received a mental health-related prescription in 2016–17. Tasmania (21.2% of the Tasmanian population) had the highest proportion of people dispensed with mental health-related prescriptions, (subsidised or under co-payment), while the Australian Capital Territory (15.3%) had the lowest (excluding the Northern Territory – see the Note accompanying Figure PBS.1).

Figure PBS.1: People (per cent of the population) dispensed with mental health-related prescriptions, by states and territories, 2016-17
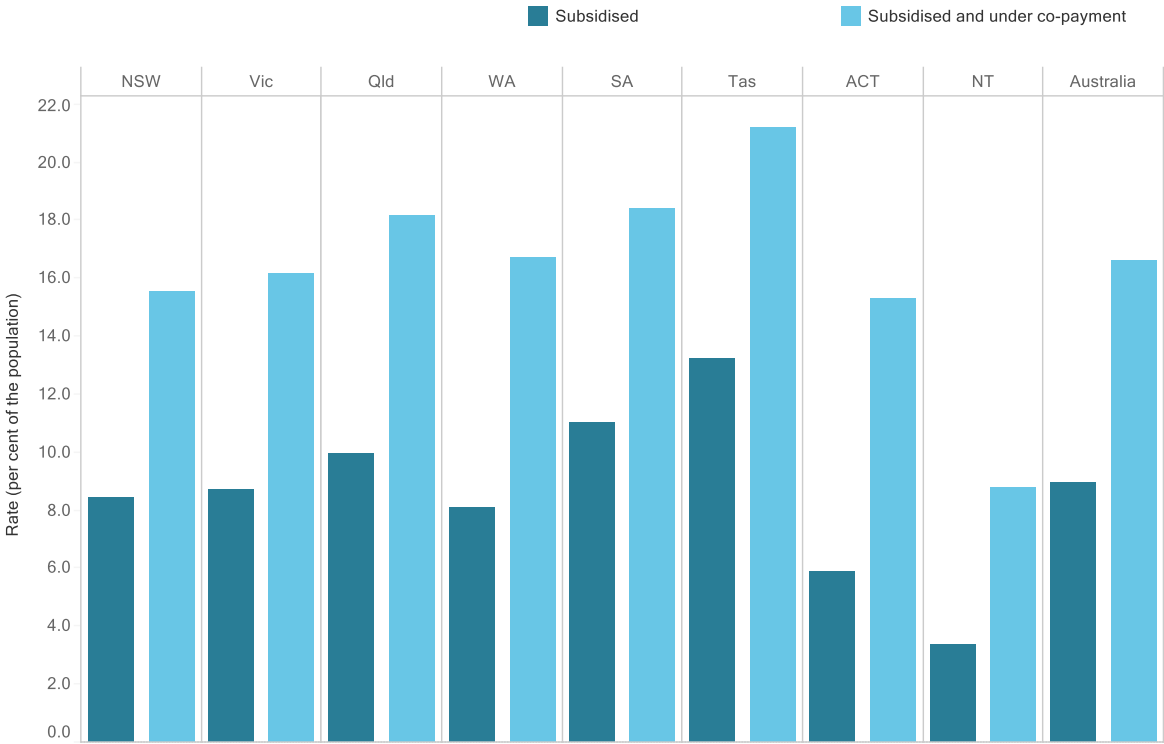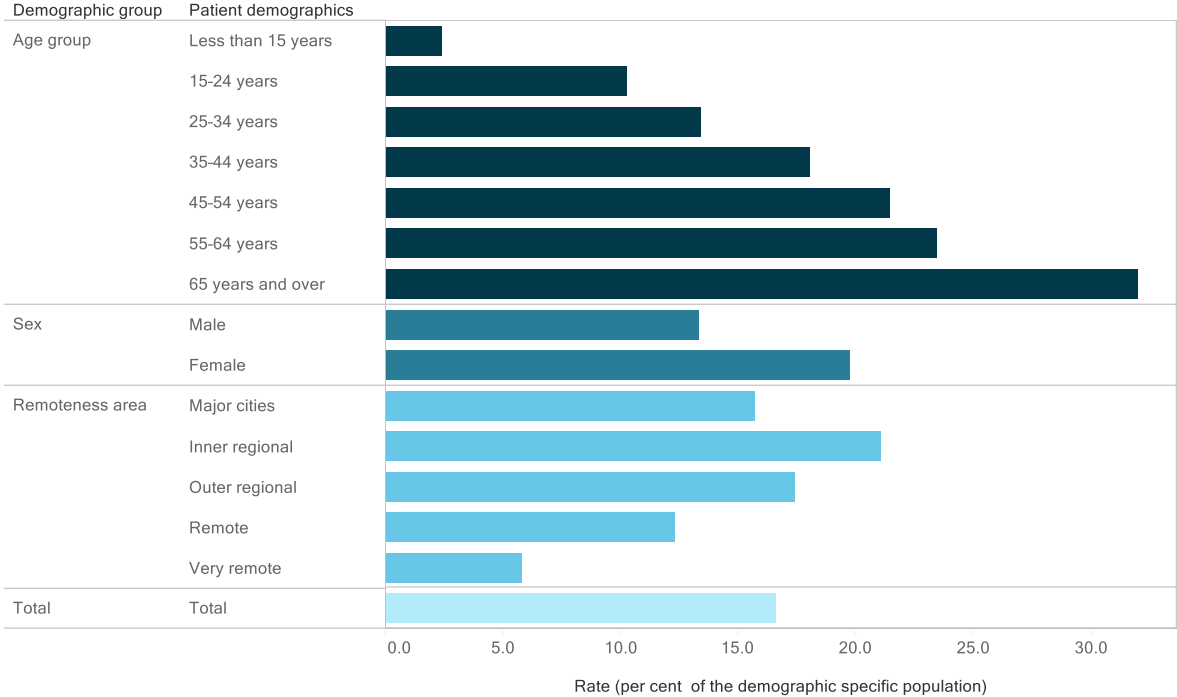

Source: Pharmaceutical Benefits Scheme; Table PBS.2

Note:
A 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 rather than the PBS payment system. Therefore data presented for the Northern Territory represents an underestimate.

Patients aged less than 15 years (2.4% age specific population) were the age group with the lowest proportion of people receiving mental health-related subsidised and under co-payment prescriptions in 2016–17, with rates then increasing by age group to 32.0% for those aged 65 years and over (Figure PBS.2). A higher proportion of females received mental health-related prescriptions than

males (19.8% and 13.4% of the respective populations). A greater proportion of people living in Inner regional areas were dispensed with mental health-related prescriptions (21.1% of the Inner regional population), followed by people living in Outer regional areas (17.4%), Major cities (15.7%), Remote (12.3%) and Very remote (5.8%) areas.

Figure PBS.2: People (per cent of the population) dispensed with mental health-related prescriptions (subsidised and under co-payment), by patient demographics, 2016-17


Rate (per cent of the demographic specific population)

Over time

The proportion of people receiving mental health-related prescriptions has been relatively stable, both for subsidised prescriptions (data available from 2005–06) and subsidised and under co-payment (data available from 2012–13) (Figure PBS.3). The proportion of the population receiving subsidised and under co-payment mental health-related prescriptions has risen on average by 2.3% each year between 2012–13 and 2016–17.

Figure PBS.3: People (per cent of the population) dispensed with mental health-related prescriptions, 2005-06 to 2016-17
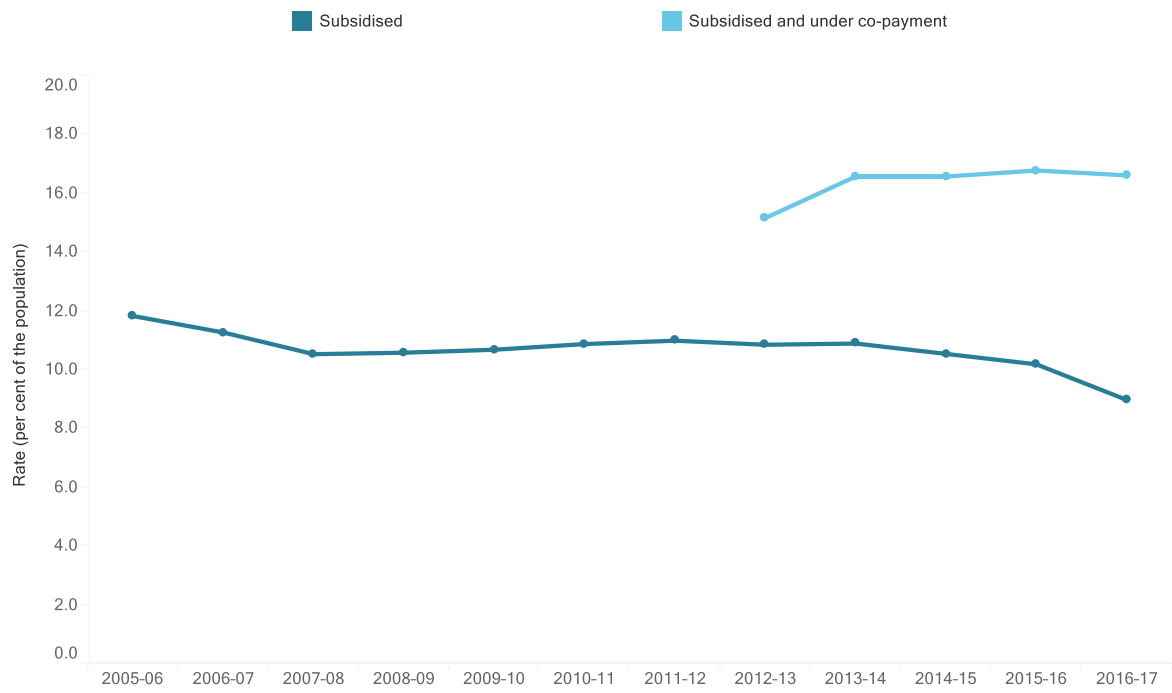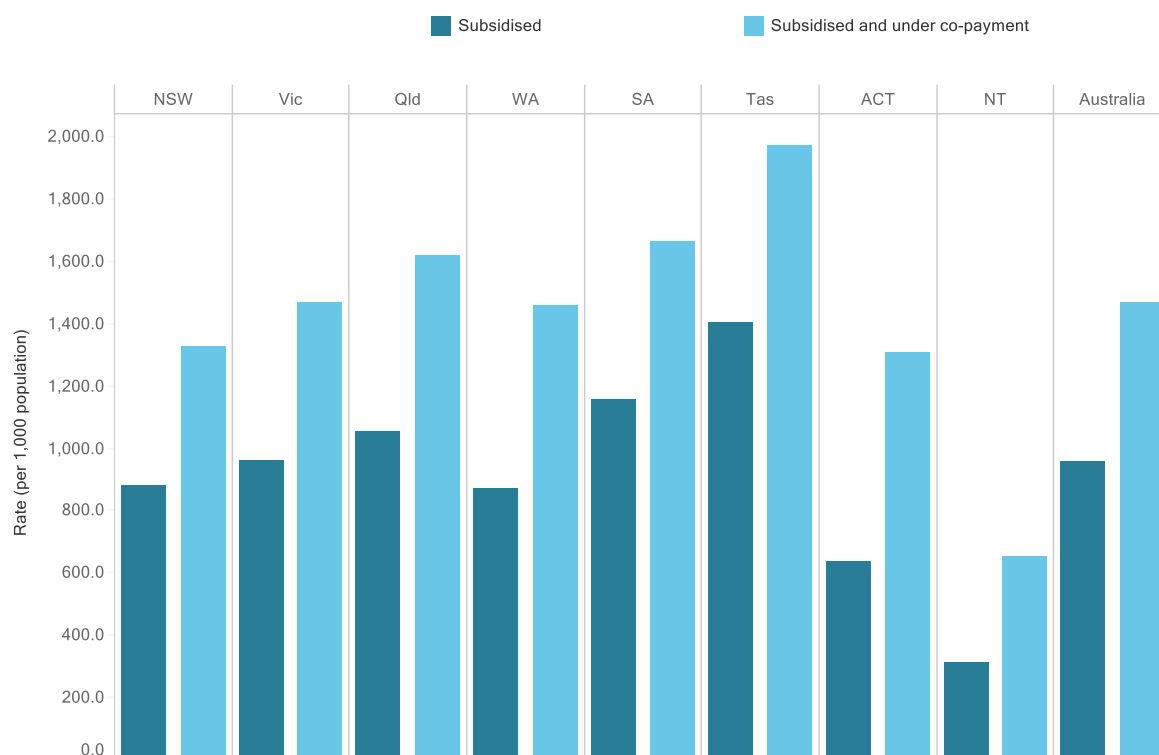

Source: Pharmaceutical Benefits Scheme; Table PBS.3

Prescriptions

States and territories

The Australian Capital Territory (636.7 subsidised and 1,308.8 subsidised and under co-payment prescriptions per 1,000 population) had the lowest rate of PBS and RPBS prescriptions per 1,000 population for both subsidised and subsidised and under co-payment prescriptions in 2016–17 (with the exception of the Northern Territory; see Figure PBS.4, and the associated note). Conversely, Tasmania had the highest rate of prescriptions (1,402.4 subsidised and 1,974.8 subsidised and under co-payment prescriptions per 1,000 population). These patterns were similar to the patient rates (see Figure PBS.1).

Figure PBS.4: Mental health-related prescriptions (rate per 1,000 population), by states and territories, 2016–17

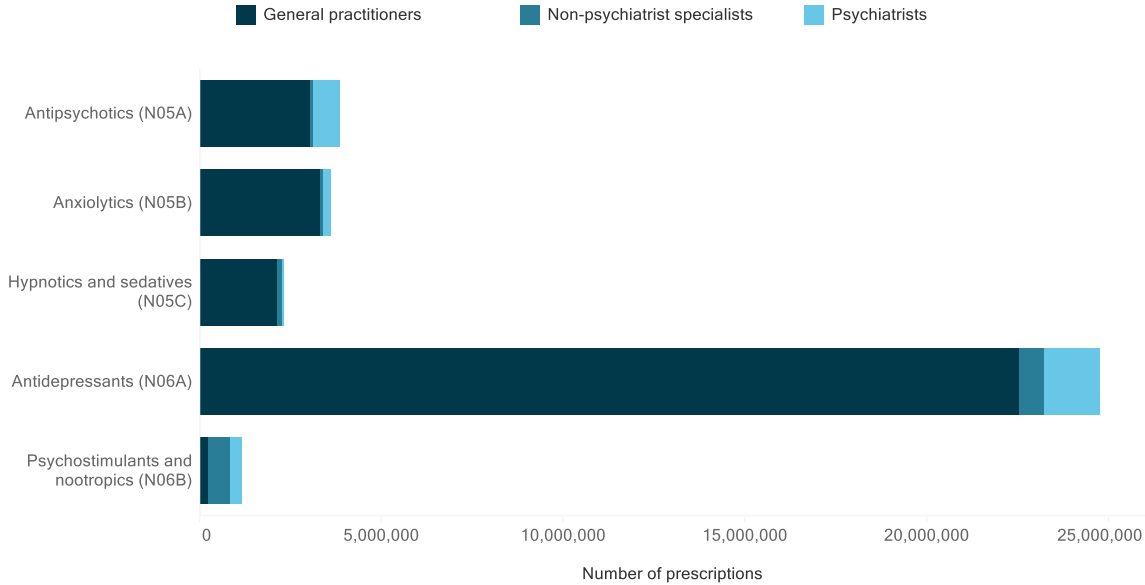*Source:* Pharmaceutical Benefits Scheme; Table PBS.6

Note: A 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 PBS payment system. Therefore data presented for the Northern Territory represents an underestimate.

Prescription characteristics

Of the 35.7 million mental health-related prescriptions (subsidised and under co-payment) provided in 2016–17, the majority (87.4%) were prescribed by GPs, with another 7.9% prescribed by psychiatrists and 4.6% by non-psychiatric specialists. These proportions were similar for subsidised prescriptions.

The majority of subsidised and under co-payment mental health-related prescriptions were for antidepressant medications (69.4%, or 24.8 million) in 2016–17, followed by antipsychotics (10.9%), anxiolytics (10.1%), hypnotics and sedatives (6.5%) and Psychostimulants and nootropics (3.2%) (Figure PBS.5). Among the categories of medications, the majority of prescriptions were issued by GPs, except for Psychostimulants and nootropics. Similar patterns were observed for subsidised prescriptions.

PBS.5: Mental health-realated prescriptions (subsidised and under co-payment), by type of medication and prescribing medical practitioner, 2016–17

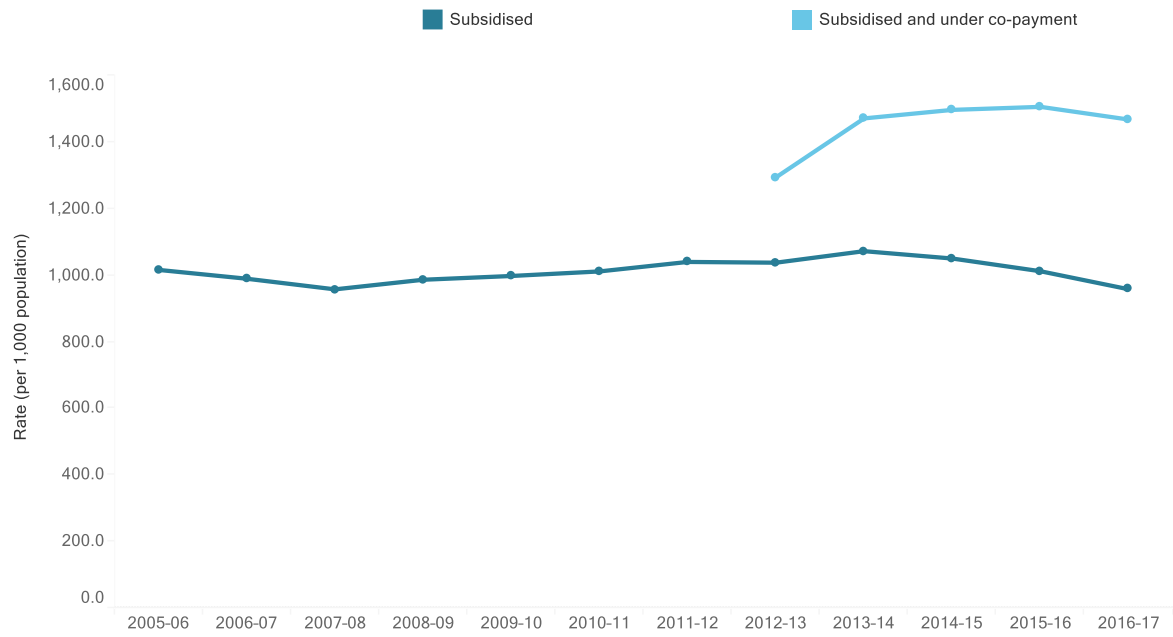*Source:* Pharmaceutical Benefits Scheme, Table PBS.6

Antipsychotics and antidepressants (8.4 prescriptions for both) had the highest average number of subsidised and under co-payment prescriptions per patient in 2016–17. Psychostimulants and nootropics had the least number of prescriptions prescribed, but had the third highest rate of prescriptions per patient (7.2). A similar pattern was observed for subsidised prescriptions.

Females (1,769.0 per 1,000 population) had a higher rate of subsidised and under co-payment mental health-related prescriptions than males (1,157.5) in 2016–17. Of the age groups, those aged 65 and over (2,940.8) had the highest prescription rate, while those aged less than 15 (191.7) had the lowest. For remoteness areas, people living in Inner regional areas (1,937.1) had the highest prescription rate. The variation in prescription rates among demographic groups was broadly consistent with the number of people receiving mental health-related prescriptions (see Figure PBS.2).

Over time

For the period 2012–13 to 2016–17, the rate (per 1,000 population) of subsidised and under co-payment mental health-related prescriptions increased on average by 3.2% annually. In contrast, the rate of PBS and RPBS subsidised prescriptions decreased by 2.0% annually (Figure PBS.6).

Figure PBS.6: Rate (per 1,000 population) of mental health-related prescriptions, 2005-06 to 2016-17

Source: Pharmaceutical Benefits Scheme; Table PBS.7

Data source

Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data

The Commonwealth government subsidises the cost of prescription medicines through two schemes, the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) for eligible war veterans and their dependants.

People fall into two broad classes: general and concessional. Concessional beneficiaries include pensioners, Health Care card holders, Commonwealth Seniors Health card holders and Veterans card holders. Under the PBS/RPBS, the patient is required to contribute a co-payment which is indexed annually; $38.80 for general patients and $6.30 for those with a concession card as of 1 January 2017. If a medicine is priced below the relevant co-payment threshold the consumer pays the full price and the prescription is classified as 'under co-payment'. If a medicine is not listed in the PBS Schedule of Pharmaceutical Benefits, the consumer pays the full price as a private prescription, and the data is not included in the presented tables.

The collection of under co-payment prescription data for the PBS and RPBS commenced on 1 April 2012. The data collected is identical to that collected for subsidised prescriptions. Prior to 2012 the only source of under co-payment data was a survey of pharmacies funded by the Department of Health (see the information on DUSC below). Time series presentation of survey data with the under co-payment data is not possible as the DUSC data may have been an underestimate of prescription volumes.

Most prescriptions for General Schedule medicines (Section 85) are dispensed through community pharmacies, but PBS is also available in private hospitals and through eligible public hospitals to patients on discharge and day patients. In addition, a number of drugs are distributed under alternative arrangements where these are considered more appropriate (Section 100). Examples are the Highly Specialised Drugs program and General Schedule medicines that are supplied directly to indigenous patients via Aboriginal Health Services in remote areas of Australia (AHS program).

PBS/RPBS does not include the following:

- Private prescriptions
- Over the counter medicines
- Medicines supplied to public hospital inpatients

The Department of Human Services (DHS) processes all prescriptions dispensed under the PBS/) and Repatriation Pharmaceutical Benefits Scheme (RPBS and provides this data to the Department of Health. The PBS/RPBS data maintained by Health has been used to produce this report. 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 DHS 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 (see the Expenditure section).

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

- The number of patients dispensed with under co-payment prescriptions cannot be derived by subtracting the number of patients receiving subsidised prescriptions from the total number of patients shown in the tables. Patients may receive both subsidised and under co-payment prescriptions which means there is duplication of some people in tables PBS.2–5.

- Programs funded by the PBS/RPBS that do not use the DHS online processing system include:

  - Aboriginal health services program

  - Opiate Dependence Treatment Program.

  Only one of these has a 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.

- All data is presented by the date of supply, that is, when the prescription was dispensed to the patient. For demographic tables, patients/prescriptions are allocated to the last category in which the patient appears. The reporting category most affected by this will be age group, as age is calculated at the time of supply, and patients' ages will be one year greater for prescriptions supplied after their birthday than before it.

- State and territory are determined by the Department of Health according to the patient's residential address as recorded on the Medicare Enrolment file. If the patient's state or territory is unknown, then the state or territory of the pharmacy supplying the item is reported.

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 2016). 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 another 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).

Data Source PBS.1 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 2016–17[a]
Prochlorperazine	N05AB04	A04AD	542,363
Lithium carbonate	N05AN01	N06AX	106,061

(a) Prescriptions data using date of service basis.
Source: DHS (Department of Human Services) 2017.

Drug Utilisation Sub-Committee (DUSC) database

Previous Mental health services in Australia prescription data products included data source from the DUSC database. From 1 April 2012, following the implementation of the under co-payment data collection, the DUSC-sponsored Pharmacy Guild survey ceased to be the source of under co-payment prescription data. As a result, time series data prior to 2012 has been removed from the tables as the previous survey methodology may be an underestimate of the volumes of under co-payment prescriptions.

References

DHS (Department of Human Services) 2017. Pharmaceutical Benefits Schedule Item Reports website, Canberra: Commonwealth of Australia. Viewed 10 November 2017, <http://medicarestatistics.humanservices.gov.au/statistics/pbs_item.jsp >

DoH 2014. Pharmaceutical Benefits Scheme Collection of Under Co-payment Data. Viewed 1 February 2017 <http://www.pbs.gov.au/info/statistics/under-co-payment/under-co-payment-data >.

WHO 2016. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed February 2017, <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 5 selected medication groups as classified in the Anatomical Therapeutic Chemical (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) (WHO 2016).
Prescriptions	The information on **prescriptions** in this section is sourced from the processing of the PBS/RPBS and refers to medications prescribed by medical practitioners and subsequently dispensed by approved suppliers (community pharmacies or hospital pharmacies). Consequently, it is a count of prescriptions dispensed rather than a count of the prescriptions written by medical practitioners.
Subsidised prescriptions	**Subsidised prescriptions** are prescriptions paid for through a Commonwealth government subsidy, either the PBS or the RPBS. Patients must satisfy a number of conditions before they can be eligible for subsidised prescriptions. Not all medications can be claimed under the scheme. See the data source section for more information.
Under co-payment prescriptions	**Under co-payment prescriptions** are those prescribed medications where the total cost of the prescription is under the threshold for PBS/RPBS subsidy, and the total cost is therefore covered by the patient. See the data source section for more information.

References

WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed April 2016, http://www.whocc.no/atc/structure_and_principles/

WHO 2016. Lexicon of alcohol and drug terms published by the World Health Organization. Viewed May 2016, http://www.who.int/substance_abuse/terminology/who_lexicon/en/