

## 11 Mental health-related prescriptions

This section presents information on [prescriptions](#) for mental health-related [medications](#) from two sources. First, information is presented on prescribed mental health-related medications that are subsidised by the Australian Government through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) from Medicare Australia records (DoHA 2010). Second, data are presented for subsidised and non-subsidised prescriptions for mental health-related medications from the Drug Utilisation Sub-Committee (DUSC) database which combines prescription estimates for non-subsidised prescriptions (DoHA 2009).

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 2009–10, accounting for 11% of all subsidised prescriptions.
- Of these, the majority (85%) were provided by GPs, with another 9% being prescribed by psychiatrists and 5% by non-psychiatrist specialists.
- Subsidised prescriptions comprised 76% of the estimated 29 million community-dispensed mental health-related prescriptions.
- The rate per 1,000 population of community-dispensed prescriptions for mental health-related medications increased from 2005–06 to 2009–10 by an annual average increase of 2%.

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### References

DoHA 2009. Australian statistics on medicines 2008. Canberra: Commonwealth of Australia.

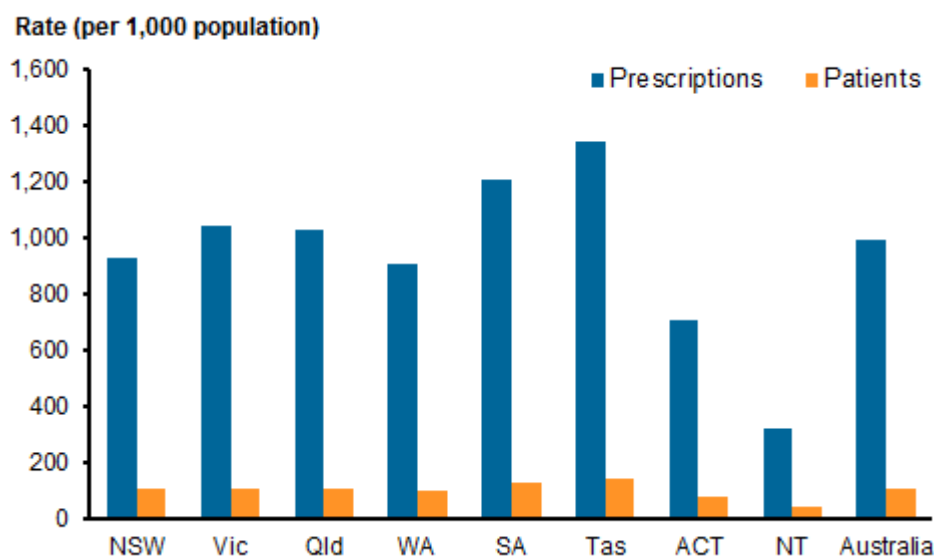
DoHA 2010. Schedule of Pharmaceutical Benefits, effective 1 June 2010. Canberra: Commonwealth of Australia.

## States and territories PBS-RPBS prescriptions

There were 197 million PBS- and RPBS subsidised prescriptions for medications in 2009–10, of which 22.1 million (11.2%) 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 2.3 million patients, representing an average of 9.4 prescriptions per patient.

There was some variation in the number and type of mental health-related medications prescribed across states and territories in 2009–10 (Figure 11.1). The rate of prescriptions per 1,000 population was relatively low in the Australian Capital Territory (705 per 1,000 population). In contrast, Tasmania and South Australia had considerably higher rates of prescriptions than the national average (1,345 and 1,207 prescriptions per 1,000 population, respectively).

Similarly, the rate of patients receiving these medications (per 1,000 population) in 2009–10 was relatively low in the Australian Capital Territory (79 per 1,000 population), while Tasmania and South Australia reported higher patient rates (139 and 124 patients per 1,000 population, respectively) compared with the national average (106).



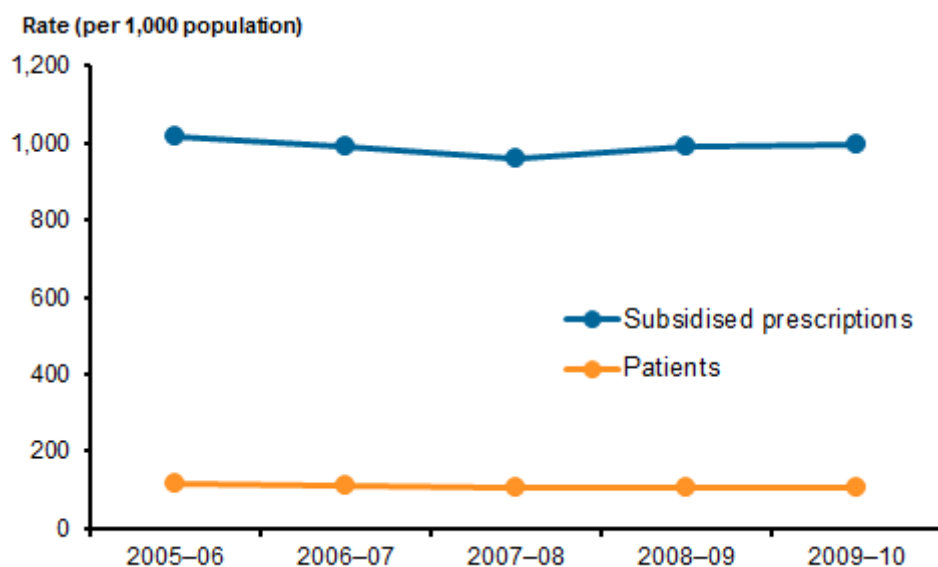
Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (DoHA)

**Figure 11.1: Mental health-related subsidised prescriptions and patients, per 1,000 population, by states and territories, 2009–10**

## PBS-RPBS prescriptions over time

PBS- and RPBS-subsidised mental health-related prescriptions rose from 20.4 million in 2007–08 to 22.1 million in 2009–10. This is in contrast to the decline over the previous 2 years. Similarly, the rate of prescriptions (per 1,000 population) increased from 959 in 2007–08 to 996 in 2009–10 (Figure 11.2). Overall, the rate declined from 1,017 per 1,000 population in 2005–06 to 996 per 1,000 in 2009–10 at an average annual rate of 0.5%.

The number of patients receiving subsidised mental health-related medications has declined over the 5 years to 2009–10 by an average annual rate of 2.6%; from 117 per 1,000 population in 2005–06 to 106 in 2009–10 (Figure 11.2).



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

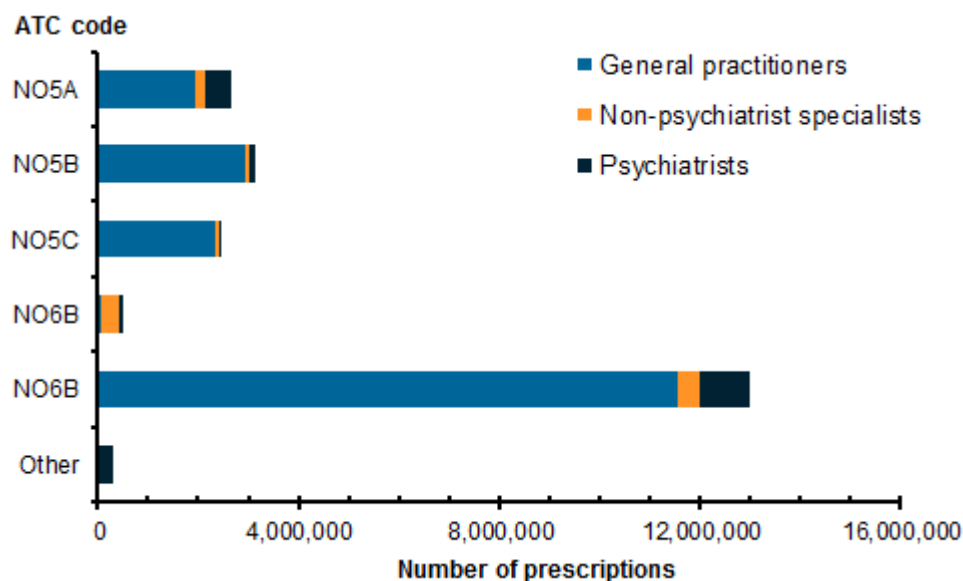
**Figure 11.2: Mental health-related subsidised prescriptions and patients, per 1,000 population, 2005–06 to 2009–10**

## PBS-RPBS subsidised prescription characteristics

Of the 22.1 million subsidised mental health-related prescriptions, the majority (85.3%) were provided by GPs, with another 9.4% being prescribed by psychiatrists and 5.3% by non-psychiatrist specialists.

Most of the prescriptions were for antidepressant medication (58.9%, or 13.0 million), followed by anxiolytics (14.2%), antipsychotics (12.1%) and hypnotics and sedatives (11.1%)(Figure 11.3).

There was some variation in the number of subsidised prescriptions, across sex, age and area of residence group. A typical subsidised mental health-related prescription would be dispensed to a female, aged 65 years and over, and living in a major city.



### Key

NO5A Antipsychotics

NO5B Anxiolytics

NO5C Hypnotics and sedatives

NO6A Antidepressants

NO6B Psychostimulants and nootropics

Other Includes other N codes as well as other ATC medication groups

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

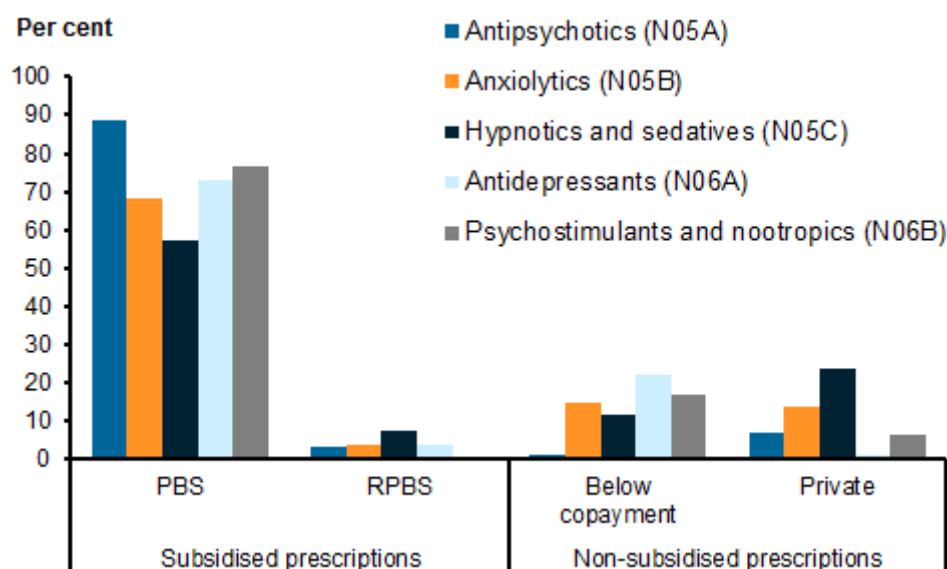
**Figure 11.3: Mental health-related subsidised prescriptions, by type of medication prescribed and prescribing medical practitioner, 2009–10**

## Community dispensed prescriptions

As previously noted, the PBS and RPBS data on prescriptions for mental health-related medications drawn from Medicare Australia records do not cover non-subsidised prescriptions. However, using data from the DUSC sponsored Pharmacy Guild survey—an ongoing survey of community pharmacies—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 (76%) of the estimated 28.9 million community-dispensed prescriptions for mental health-related medications were dispensed under the PBS or RPBS in 2009–10. The remainder (7 million) was 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).

It should be noted that the DUSC data are based on the date of supply of prescription. This differs from information presented previously in this section that use 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.

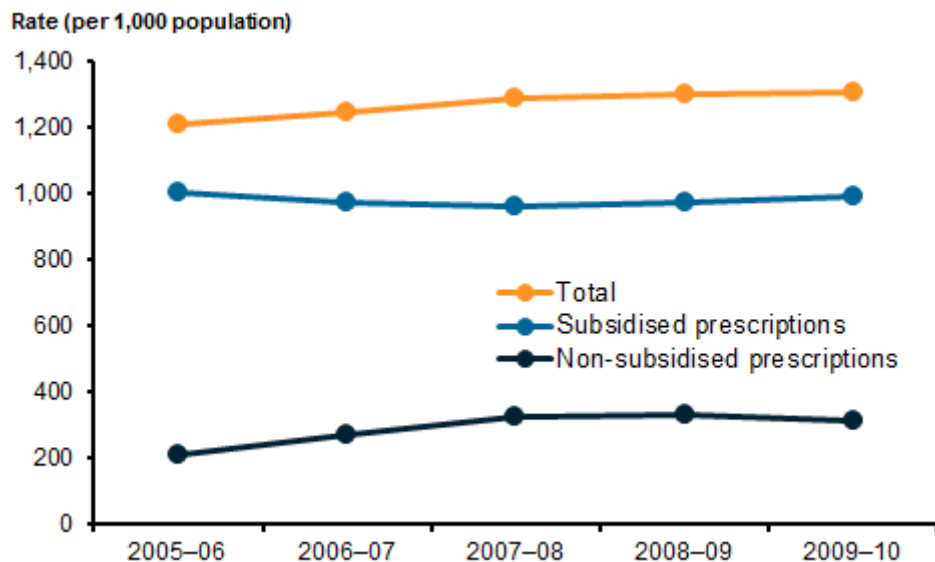


Source: Drug Utilisation Sub-Committee database (DoHA)

**Figure 11.4: Community-dispensed prescriptions by patient category for mental health-related ATC groups, 2009–10**

## Community dispensed prescriptions over time

The rate of community-dispensed prescriptions for mental health-related medications over the 5 year period from 2005–06 to 2009–10 has increased at annual average of 1.9% (Figure 11.5). Most of the increase can be attributed to the increase in the number of non-subsidised medication prescriptions dispensed from 2005–06 to 2007–08, in addition to a smaller increase in the subsidised medication prescriptions dispensed from 2007–08 to 2009–10.



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, 2005–06 to 2009–10**

## Data source

### Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data

Medicare Australia collects data on prescriptions funded through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) and provides the data 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 in this publication 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 copayment prescriptions (where the patient copayment covers the total costs of the prescribed medication) and over-the-counter medications.
- The level of the copayment 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 copayment 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 sections 11 and 14 of this publication: 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. 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 following table).

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

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<b>Drug name</b>	<b>WHO ATC Code</b>	<b>PBS Schedule Code</b>	<b>Scripts dispensed in 2009–10<sup>(a)</sup></b>
Prochlorperazine	N05AB04	A04AD	605,159
Lithium carbonate	N05AN01	N06AX	104,639

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(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 the age group data as the 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.