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 records (DoHA 2013). Data on prescriptions for non-subsidised mental health-related medications are 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 records (DoHA 2012). For further information on the PBS and RPBS, the medications covered by these schemes, and the DUSC database, 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 23 million PBS- and RPBS-subsidised prescriptions for mental health-related medications in 2011–12, accounting for 11.2% of all subsidised prescriptions.

- 86.1% of the mental health-related subsidised prescriptions were provided by GPs, with another 8.1% being prescribed by psychiatrists and 5.8% by non-psychiatrist specialists.

- Subsidised prescriptions comprised 72.3% of the estimated 33 million community-dispensed mental health-related prescriptions.

- There was an average annual increase of 3.0% in the rate of community-dispensed prescriptions for mental health-related medications from 2007–08 to 2011–12.

References

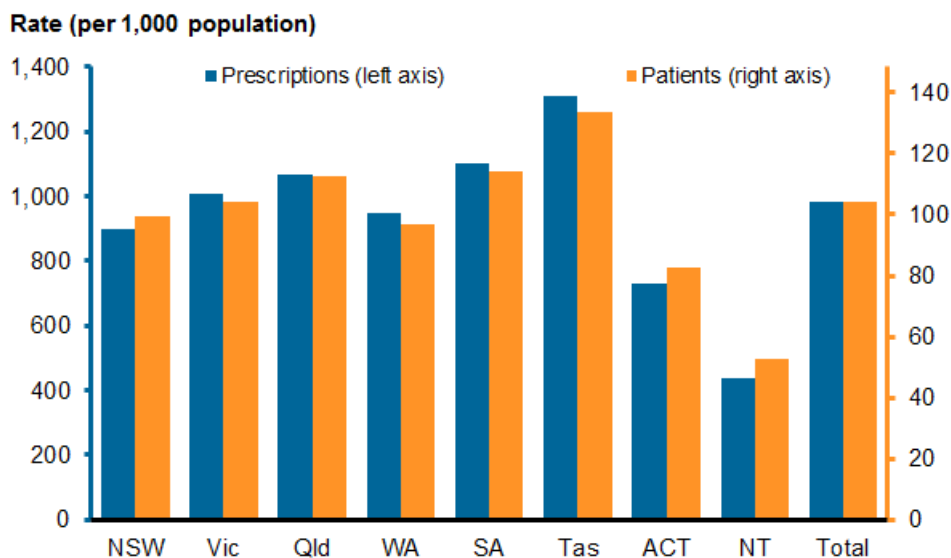DoHA 2013. Schedule of Pharmaceutical Benefits, various issues, Canberra: Commonwealth of Australia. Viewed 22 March 2013, <http://www.pbs.gov.au/info/publication/schedule/archive>.

DoHA 2012. Australian statistics on medicines 2010. Canberra: Commonwealth of Australia.

Australian Institute of Health and Welfare
Mental health services in Australia

States and territories Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme prescriptions

There were 208 million PBS- and RPBS-subsidised prescriptions for medications in 2011–12, of which 23.4 million (11.2%) were for mental health-related medications. This is equivalent to 982 subsidised mental health-related prescriptions per 1,000 population. These prescriptions for mental health-related medications were provided to 2.5 million patients, which equates to 104 patients per 1,000 population. Combining these data, there were an average of 9.5 prescriptions per patient in 2011–12.

The rate of prescriptions per 1,000 population was relatively low in the Australian Capital Territory (731.4 per 1,000 population). Tasmania had a considerably higher rate of prescriptions than the national average (1,307.6 prescriptions per 1,000 population). The jurisdictional rates of patients receiving these medications (per 1,000 population) showed a similar pattern to the rates of prescriptions (Figure PBS.1). Compared to the national average, the patient rate was relatively higher than the prescription rate in New South Wales, the Australian Capital Territory and the Northern Territory and relatively lower in Western Australia and Tasmania.

Figure PBS.1: Mental health-related subsidised prescriptions and patients, by states and territories, 2011–12
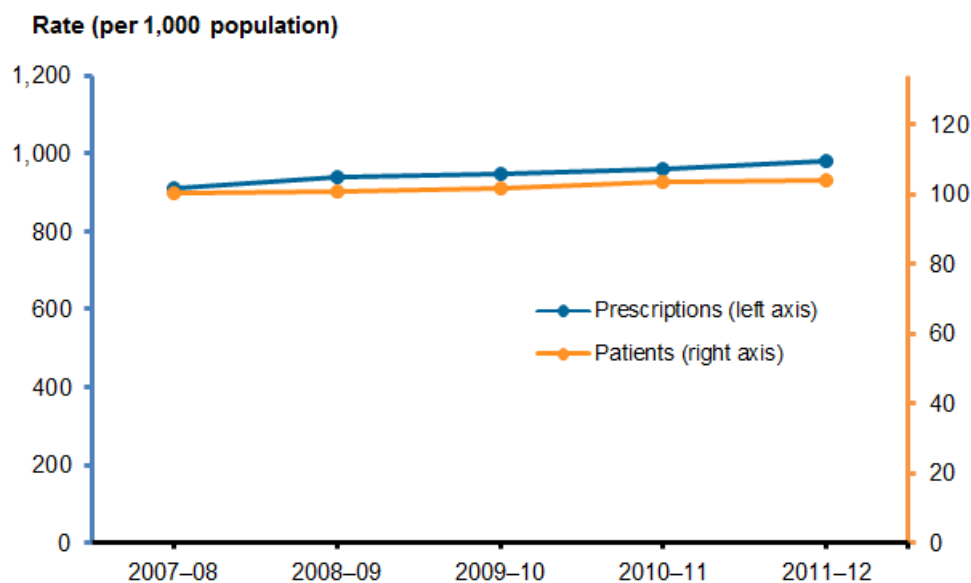

Note: A substantial proportion of the Australian Government subsidy of pharmaceuticals in the Northern Territory is funded through the Aboriginal Health Service program, which is supplied through the Aboriginal Health Services and not through the usual PBS payment system. Therefore, figures presented for the Northern Territory are considered to be an underestimate.

Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (Department of Health and Ageing). Source data for this figure are accessible from Table PBS.3 & Table PBS.7 (255KB XLS) in the mental health-related prescriptions excel table downloads.

Australian Institute of Health and Welfare
Mental health services in Australia

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 (Figure PBS.2). In 2011–12, the rate of prescriptions per 1,000 population was 982.3 while the rate of patients was 104.1. Similarly, the rate of prescriptions per patient has remained steady over the last few years.

Figure PBS.2: Mental health-related subsidised prescriptions and patients, 2007–08 to 2011–12
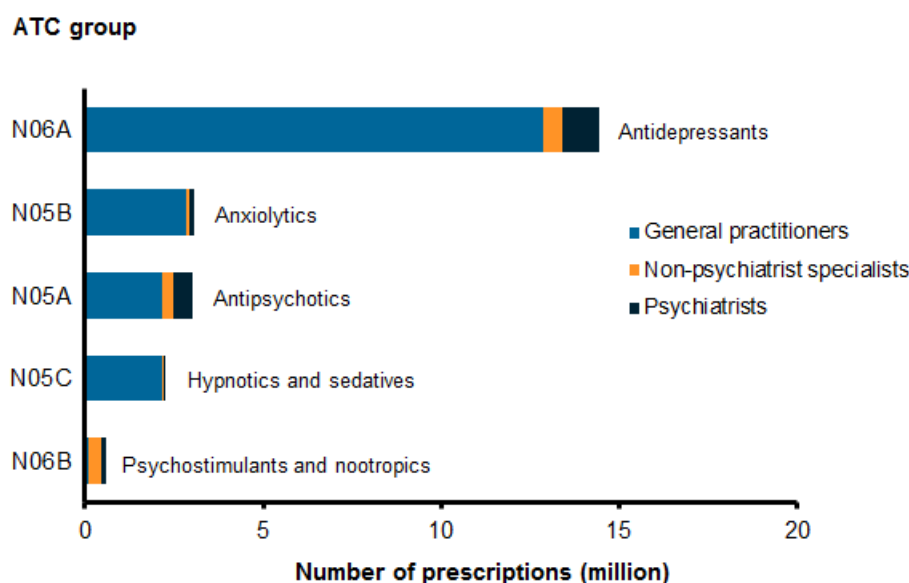

Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (Department of Health and Ageing). Source data for this figure are accessible from Table PBS.4 & Table PBS.8 (255KB XLS) in the mental health-related prescriptions excel table downloads.

Australian Institute of Health and Welfare
Mental health services in Australia

PBS/RPBS subsidised prescription characteristics

Of the 23.4 million subsidised mental health-related prescriptions, the majority (86.1%) were prescribed by GPs, with another 8.1% prescribed by psychiatrists and 5.8% by non-psychiatrist specialists.

Most of the prescriptions were for antidepressant medications (61.7%, or 14.4 million), followed by anxiolytics (13.1%), antipsychotics (13.0%) and hypnotics and sedatives (9.7%) (Figure PBS.3).
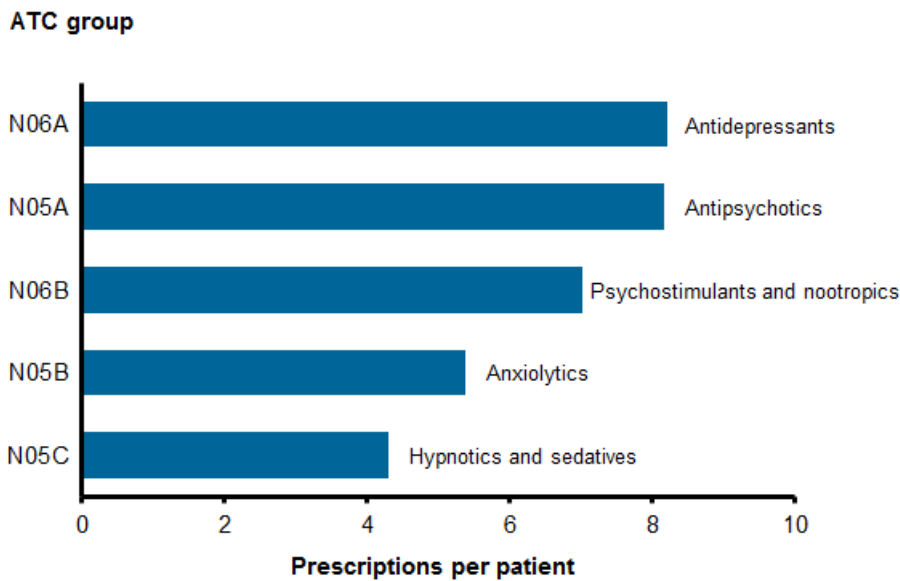
Figure PBS.3: Mental health-related subsidised prescriptions, by ATC group of medication prescribed and prescribing medical practitioner, 2011–12

Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (Department of Health and Ageing); Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2011). Source data for this figure are accessible from Table PBS.2 (255KB XLS) in the mental health-related prescriptions excel table downloads.

The prescription category psychostimulants and nootropics, which had the least number of prescriptions, had the third highest rate of prescriptions per patient (7.0) in 2011–12 (Figure PBS.4). Antidepressants and antipsychotics had the same rates of prescriptions per patient (8.2).

Figure PBS.4: Mental health-related subsidised prescriptions per patient, by ATC group of medication prescribed, 2011–12

Sources: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data (Department of Health and Ageing); Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2011). Source data for this figure are accessible from Table PBS.2 (255KB XLS) in the mental health-related prescriptions excel table downloads.

There was variation in the rate of patients and subsidised prescriptions, across sex, age and remoteness area. Females, those aged 65 and over and those people living in *Major cities* were the most typical users of subsidised mental health-related prescriptions.

Reference

WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed March 2013, http://www.whocc.no/atc/structure_and_principles/

Australian Institute of Health and Welfare
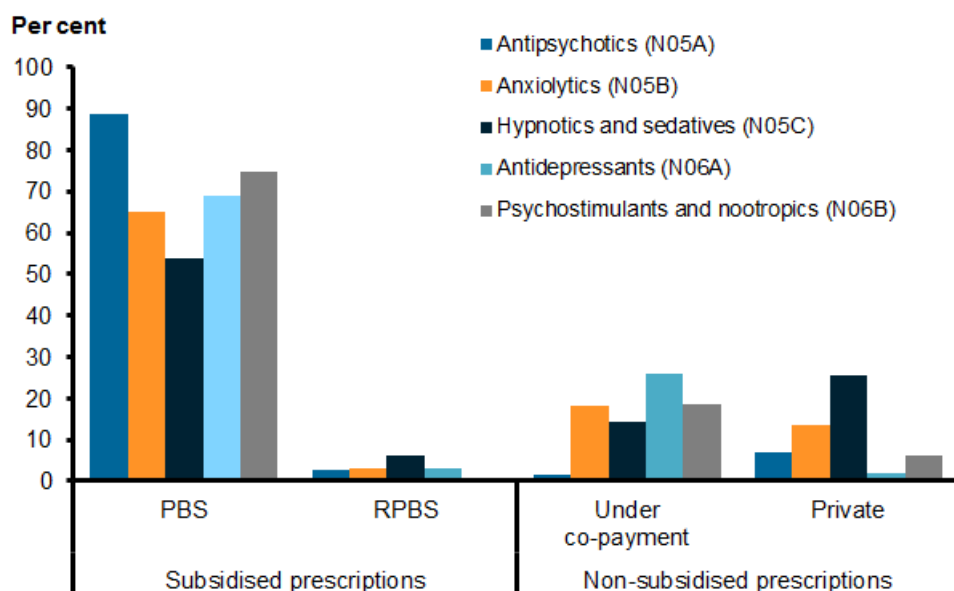Mental health services in Australia

Community-dispensed prescriptions

PBS and RPBS data do not cover non-subsidised mental health-related prescriptions. However, using data from the DUSC database it is possible to estimate the non-subsidised use of mental health-related prescription medicines in the Australian community. Note that there was a change in the methodology used to generate the DUSC database as of 1 April 2012, therefore, time series data should be interpreted with caution. See the data source section for further information.

Note also that the DUSC data are based on the date of supply of prescription. This differs from PBS and RPBS data that used the date the service was processed by Medicare Australia. Therefore, any comparisons with previous figures should be made with caution.

Nearly three-quarters (72.3%) of the estimated 32.7 million community-dispensed prescriptions for mental health-related medications were dispensed under the PBS or RPBS in 2011–12. The remainder (an estimated 9.1 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 (under co-payment) (Figure PBS.5).

Figure PBS.5: Community-dispensed prescriptions, by patient category for mental health-related ATC groups, 2011–12

Source: Drug Utilisation Sub-Committee database (Department of Health and Ageing). Source data for this figure are accessible from Table PBS.9 (255KB XLS) in the mental health-related prescriptions excel table downloads.

Reference

DoHA 2012. Australian statistics on medicines 2010. Canberra: Commonwealth of Australia.

DHS (Department of Human Services) 2013. Collection of under co-payment prescription data, Canberra: Commonwealth of Australia. Viewed 26 March 2013, <http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/collection_of_under_co-payment_precscription_data.jsp>.

Australian Institute of Health and Welfare
Mental health services in Australia

Community-dispensed prescriptions over time

There has been an average annual increase of 3.0% in the rate of community-dispensed prescriptions for mental health-related medications over the five-year period from 2007–08 to 2011–12 (Figure PBS.6).

Figure PBS.6: Community-dispensed prescriptions, by patient category for mental health-related ATC groups, 2007–08 to 2011–12

Note: There was a change in the methodology used to generate the DUSC database as of 1 April 2012, therefore, time series data should be interpreted with caution. See data source section for further information.

Source: Drug Utilisation Sub-Committee database (Department of Health and Ageing). Source data for this figure are accessible from Table PBS.10 (255KB XLS) in the mental health-related prescriptions excel table downloads.

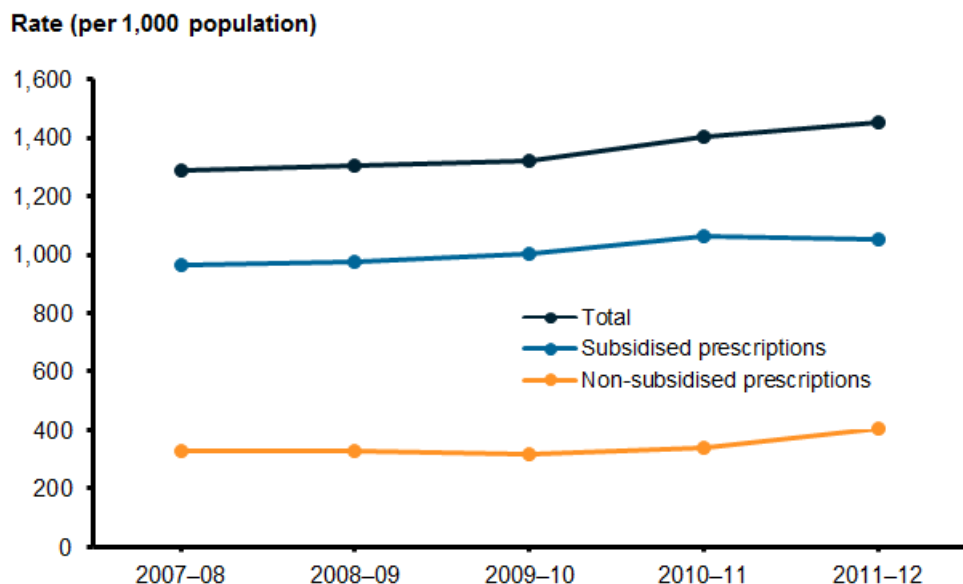Australian Institute of Health and Welfare
Mental health services in Australia

Data source

Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data

The Department of Human Services 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 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 under 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 PBS processing system include

    - most Section 100 drugs funded through public hospitals (although the pharmaceutical reform measures for public hospitals under the National Healthcare Agreement and the Chemotherapy Pharmaceutical Access Program are paid through Medicare)

    - 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

Australian Institute of Health and Welfare
Mental health services in Australia

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).

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 2011–12[a]
Prochlorperazine	N05AB04	A04AD	603,540
Lithium carbonate	N05AN01	N06AX	104,754

(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 one 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, rather than the date of prescribing or the date of supply by the pharmacy.

Drug Utilisation Sub-Committee (DUSC) database

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 2012)—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 in the DUSC database.

Note that information from the DUSC database is based on the date of supply of prescription. This differs from information presented elsewhere in this section that used the date the service was processed by Medicare. 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.

From 1 April 2012, under co-payment prescription data is supplied directly to the Department of Human Services (DHS 2013). That is, the DUSC-sponsored Pharmacy Guild survey ceased to be the source of under co-payment prescription data. This permits a more accurate count of this data, similar in quality to that of PBS and RPBS data. Therefore, time series data should be interpreted with caution as the previous survey methodology may be an underestimate of the volumes of under co-payment prescriptions.

Reference

WHO (World Health Organization) 2011. ATC: Structure and principles. Oslo: WHO Collaborating Centre for Drug Statistics Methodology. Viewed March 2013, http://www.whocc.no/atc/structure_and_principles/

DHS (Department of Human Services) 2013. Collection of under co-payment prescription data, Canberra: Commonwealth of Australia. Viewed 26 March 2013, <http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/collection_of_under_co-payment_precscription_data.jsp>.

Australian Institute of Health and Welfare
Mental health services in Australia

Key concepts

Mental health-related prescriptions

Key Concept	Description
Mental health-related medications	**Mental health-related medications** are defined in this section as 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).
Prescriptions	The information on **prescriptions** in 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 March 2013, http://www.whocc.no/atc/structure_and_principles/

Australian Institute of Health and Welfare
Mental health services in Australia